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EDITORIAL *VAN DIE REDAKSIE*

Erkenning van die Radioloog

Dit is op 8 November 1974 presies 79 jaar sedert Röntgen X-strale ontdek het. In Desember van dieselfde jaar het hy sy bevindings vir publikasie na die Würzburg Fisiese Mediese Vereniging onder die opskrif *Uber eine neue Art von Strahlen* gestuur. Die geweldige diagnostiese en terapeutiese waarde wat hierdie ontdekking vir die mensdom sou beteken is op daardie stadium nie besef nie. Diagnostiese radiologie het onontbeerlik geword vir die diagnosering en hantering van haas elke kliniese probleem. Die radioloog is 'n gekwalifiseerde medikus wat 'n hoër kwalifikasie behaal het volgens die reëls en regulasies van die Mediese Raad—in alle opsigte dus vergelykbaar met die kwalifikasies van ander spesialiteitsrigtings.

Ten spyte van bogenoemde feite gebeur dit dat die radioloog nie die erkenning van sy kollegas geniet wat 'n mens sou verwag nie. Wat is die redes hiervoor, en wat kan daaromtrent gedoen word?

Gedurende die voorgraadse studiejare maak die student bitter min kennis met die radioloog of die röntgen-departement. Gedurende die kliniese jare word enkele lesings deur die radioloog waargeneem, terwyl die studente nooit 'ingedeel' word om die departement te besoek nie—soos wel die geval is met ander rigtings soos dermatologie, oogheelkunde, ens. Sy enigste besoek aan die röntgen-departement is waarskynlik om 'n afspraak te reël met 'n radiografis! Die mediese student—die geneesheer van die toekoms—kry nie 'n insig in die aard en probleme van die radioloog se werk nie. Die radiologie-departement kan 'n veel groter rol speel in die opleidingsprogram van die voorgraadse student. Die anatomie, patologie en kliniese departemente kan met vrug die radioloog gebruik vir lesings en demonstrasies.

Daar is gans te min kontak tussen die radioloë en die klinici—hulle sien en gesels nie genoeg met mekaar nie. Uit die aard van sy werk is die radioloog in sy departement afgebaken, en kom hy bitter min in die hospitaalsale, teaters en teekamers. Net so is dit die moeite werd vir die klinikus om 'n besoek af te lê by die röntgen-departement—om daar persoonlik röntgen-foto's of beplanning van verdere radiologiese ondersoeke te bespreek. Weens gebrek aan kommunikasie is daar dan dikwels 'n gebrek aan samewerking.

Baie medici beskou die radioloog nie as iemand wat gekonsulteer moet word nie. Hy word onbewustelik geklassifiseer in 'n kategorie êrens tussen 'n tegnikus en 'n dokter, vir wie 'n mens **sê** wat hy moet doen i.p.v. **vra** wat die beste sou wees om te doen.

So word verkeerde ondersoeke soms aangevra vir spesifieke kliniese probleme tot nadeel van die pasiënt. Hierdie houding word van geslag tot geslag in ons mediese skole oorgeplant.

Diagnostiese radiologie is 'n vak wat alle aspekte van die mediese praktyk dek. Dit is deesdae haas onmoontlik om op hoogte te bly van alle aspekte van die onderwerp. Die radioloog bevind hom nou in die posisie dat hy met moeite sy man staan in besprekings met meer afgebakende vakrigtings soos bv. urologie, neurochirurgie, ortopedie ens. Die tyd het beslis aangebreek dat subspesialisasie in radiologie op 'n groter skaal in Suid-Afrika moet geskied, om te verseker dat die hoë standaard van radiologie in hierdie land gehandhaaf word.

Radioloë word daarvan beskuldig dat terwyl klinici saans en oor naweke hul eie radiologiese werk moet doen, die radioloog die volgende oggend op sy gemak sy verslag gee. Dit gebeur wel, maar is dit altyd die radioloog se skuld? Die klinikus is volkome geregtig om 'n na-uurse diens van sy radio-

logiese kollegas te verwag, en daarop aan te dring as dit nie voorsien word nie, maar die radioloog sal immers nie kom as hy nie gekonsulteer is nie! Daar is egter geen verskoning vir die radioloog wat nie bereid is om na-ure 'n radiologiese diens te lewer nie.

Dit is uiters belangrik vir die mediese praktyk, en in belang van die pasiënt dat die radioloog as volwaardige en gelykstaande konsultant deur sy kollegas erken en **gebruik** word. Alhoewel dit grotendeels die radioloog self is wat die erkenning moet verdien, het sy kollegas, en veral sy kliniese kollegas, ook 'n verantwoordelikheid en 'n bydrae om te lewer in dié verband.

History in the Making

Today is tomorrow's yesterday and the future's history. Unless we bear this in mind and make sure that we keep a record of what we are doing from day to day, historical collections will not be engendered. It is no use trying to judge what will be of interest in 20 years' time; we simply don't know. We have written about this before, but the subject bears repeating.[1,2] For instance, who of his students would not love to see a hitherto unpublished photograph of the late Professor Saint doing ward rounds, or hear a recording of one of his lectures?

One of our members recently brought us a magnificent scrapbook which he had meticulously kept over the years. It encompasses the entire period of his professional life, from the day he registered as a medical student to the present time, and we sincerely hope that he will keep up the good work for as long a time as his hands can manage the glue bottle. It makes fascinating reading, and there can be little doubt that at the time some of the events so faithfully recorded in the scrapbook took place, there could have been no inkling that they would be of interest to a later generation.

As time passes, one tends to forget detail, and it comes almost as a shock to see photographs of things and events that at the time were so trivial as virtually to escape notice. The scrapbook in question contains such interesting items as the invoice for a motor-car rented in the early 1930s, and it is difficult to accept that the vehicle pictured on the document was a current model and not a specimen advertised for enthusiastic vintage-car collectors. Statements of fees for various items of services rendered are equally startling, and one involuntarily experiences a feeling of pity for the poor colleague who had to subsist on such meagre pay, until a comparison with the cost of living of the time proves that the fees paid were quite adequate, and seen in the light of present-day remuneration, almost princely.

We do not want to discuss details, nor do we wish to highlight any single entry in the scrapbook as of supreme scientific moment, although there are many. The important point that is brought out by even a cursory glance through the book is that what at the time must have seemed so commonplace as hardly to warrant entry into such documentation, is now of supreme interest. How many of our readers can today, without much trouble, produce a glass drip-set with its rubber tubing which has by now probably perished? Yet these were standard items of equipment in every hospital as recently as the 1950s. An excellent example of how the familiar objects of everyday life disappear unnoticed from the scene, is the chocolate machine which stood on almost every station platform. One inserted a penny (a coin that is scarce today) and received a thin slab of chocolate by pulling an iron drawer that really felt as if it had been made to last. But when the Railways Administration tried to find such a machine for their museum in Johannesburg, a prolonged search was necessary before one could be unearthed.

It is of no use that the archivist frets over the lack of documentation about events of yesteryear, and mutters imprecations against the clerks of a bygone era who failed to maintain adequate filing systems. We, the doctors of today, are ensuring that a future medical historian will have an uphill struggle to collect exhibits for a museum depicting the events, thoughts and apparatus of today. We purposely refuse to make inquiries for fear of disappointment, but where is the scalpel that made the incision for the world's first human heart transplant? Silly sentimentality? Yes, perhaps it is, but do we see a gleam in some collector's eye?

1. Van die Redaksie (1970): S. Afr. Med. J., **44**, 937.
2. *Idem* (1972): *Ibid.*, **46**, 113.