

A new era at Wits

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When I was requested to do the editorial for this issue of *SAJR* from the Radiology Department of the University of the Witwatersrand, I was quite excited as it gave me the opportunity to be in 'Speakers Corner, Hyde Park' on a Sunday morning (cold and wet of course) and to express my views freely on the many issues that plague, as well as the occasional issues that please.

My congratulations to the Gauteng Department of Health for finding the antidote to the Y2K bug! Johannesburg General, Helen Joseph and Coronation hospitals all have new 16-slice CT scanners (Chris Hani Baragwanath Hospital has had two 4-slice CT scanners for the last few years), and 20 years after its inception the richest province in South Africa is bringing MR imaging to the public sector. The Johannesburg General has just had a state-of-the-art Siemens MRI installed, and at Chris Hani Baragwanath we are getting a GE MRI soon. This will undoubtedly have a profound impact on the affected radiology departments. The University of the Witwatersrand's academic hospitals can now get on board and join the 21st century. This has brought much-needed enthusiasm to our department.

I fully understand the need to improve the services in outlying referral hospitals, however I do not think that the powers-that-be are looking at the bigger picture. It is well and good to have state-of-the-art equipment in outlying hospitals, but remember these hospitals are recruiting qualified staff from the academic circuits, and it makes little sense not to educate our staff on such equipment and then to send them out to work, often alone, on very sophisticated equipment that they are not at all familiar with!

There is also a need to have some equity among all the academic hospitals, at least within a single circuit, in terms of staffing and financial remuneration. At present the bulk of the staffing, contract research, and private hospital facilities are still channelled to the previously advantaged hospitals.

On a different note, the University of the Witwatersrand, which is actively encouraging research and publications in an attempt to improve its academic profile, will no doubt benefit from the better equipment and recent increased demand for consultant posts in radiology. This should be a catalyst for research. I am already seeing an improvement in our department in terms of papers and MMed dissertations.

It is a pity that all the articles submitted could not be printed in this issue of the Journal due to insufficient sponsorship from our trade partners (which is rather disappointing). I believe they also have a responsibility to foster academia.

The original article in this issue highlights the problems experienced approaching focal brain lesions (FBLs) in HIV-positive patients. I am sure that the algorithm we propose will help clinicians and radiologists diagnose and manage FBLs in HIV-positive patients collectively.

The case reports describe common and not so common pathologies. My personal experience at CHBH is that we do not see haemorrhage in intracranial TB

often, and as such the case of intracerebellar haemorrhage in association with TBM and tuberculomas was particularly interesting, made more so by the extensive histopathological findings. As radiologists we do need clinical backup and pathological confirmation, and this case as well as the case report on BOOP highlights that. Although Lemierre's syndrome is relatively rare, following my receiving the article for review a similar case was seen at CHBH. Now that we will be getting our own MRI scanner the case report on mesial temporal sclerosis is welcome.

Finally, a big thank you to all my colleagues who submitted articles to the *SAJR*, good luck to those working on their MMeds, and best wishes to all as we tackle the 'new' language of MRI.

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Guest Editor