

# The EDITORS' MUSINGS



*Tan Yia Swam*

**Editor**

Dr Tan is learning new skills and stretching new boundaries in her private practice. Meanwhile, she still juggles the commitments of being a doctor, a wife, the SMA News Editor, the Vice-President of the SMA and a mother of three. She also tries to keep time aside for herself and friends, both old and new.

My surgical work is closely intertwined with radiology. During the training years, one learnt how to read CT scans and arrange urgent vascular interventions. Being able to have valuable discussions with like-minded radiologists to truly "correlate clinically" was a joy. What do we make of the non-enhancement? How about these tiny locules of air?

Now, doing pure breast work, being able to work with dedicated breast radiologists is another great joy. We'd review mammograms together (which cluster of microcalcifications should we aim for?), decide on which modality to use next (if necessary, supplementary ultrasound or MRI?), and discuss the technique and accuracy of localisation and peri-operative marking; such joint management gives patients a better outcome.

It is, therefore, my pleasure to focus this July issue on radiology. We have invited various writers across different institutions and subspecialties to share the recent developments and progress in radiology, as well as the training woes and rewards. Enjoy!

For this special "Doctors in Training" issue, we feature the field of roentgenology – better known as radiology these days. In 1895, Wilhelm Conrad Roentgen was a professor of physics at the University of Würzburg when he made his greatest discovery: X-rays (also known as Roentgen rays). He noticed that, as a cathode-ray tube was being operated in a darkened room, paper lined with barium platinocyanide lying some distance from the tube "lit up with brilliant fluorescence".

Rontgen theorised that unknown radiation was formed when electrons struck the wall of the cathode-ray tube, giving rise to a fluorescent chemical reaction. He found that it affected photographic plates and he took the first photographs of metal objects and the bones in his wife's hand. Unsurprisingly, the study of physics and radiation has always featured prominently in the training of a roentgenologist.

Another radiologist, Sven Ivar Seldinger, introduced the eponymous Seldinger technique, a key procedural innovation for the insertion of chest drains, central venous catheters, pacemaker leads, etc. The groundbreaking technique revolutionised angiography, which had a high rate of complications back then, and set the foundations for interventional radiography.

Ian Donald, Professor of Midwifery, published an



*Jipson Quah*

**Guest Editor**

Dr Quah is in private practice as a GP with a special interest in pathology. He enjoys discussing pathology reports with patients, music-making, fitness and editorial work.

important paper on obstetrical and gynaecological sonography. It contained illustrations of B-mode sonograms of various normal and pathological abdominal conditions, while also discussing the safety of diagnostic ultrasound. The diagnostic ultrasound has since become an indispensable tool for obstetricians, surgeons and emergency physicians, facilitating more accurate and efficient management of patients.

The dynamic field of radiology has been largely defined by technological innovations combined with groundbreaking clinical applications; this has given rise to rapidly advancing subspecialties, such as interventional radiology, nuclear medicine and now, even artificial intelligence. I believe that all of us will agree that it is impossible to practise medicine without the fine services of our radiology colleagues and we are delighted to have senior and junior radiologists from the various healthcare institutions share their insights in this issue. I trust that the rest of the medical fraternity will have a fascinating read. ♦