

## Foreign doctors working in South Africa

To the Editor: I am a registrar in the Division of Otolaryngology at the University of Cape Town. We recently managed to set up a registrar exchange programme between our department in Cape Town and the Southwest of England Otolaryngology Rotation. In setting up this exchange programme we have been in touch with many trainees from the UK who were very interested in working in South Africa.

We also published a brief communication in the *British Medical Journal* describing what it is like to work in otolaryngology in South Africa. The response to this was very positive and many doctors from all over the world contacted us for information about the possibilities of working here, both as fully registered doctors and as volunteers. They showed interest in working in all fields, from primary care to tertiary teaching hospitals. The doctors, however, all mentioned that they found it very difficult to get in touch with anyone able to provide them with information about registering and working

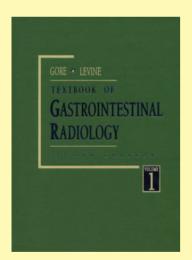
in South Africa. Obviously, more can be done to facilitate the recruitment of foreign doctors.

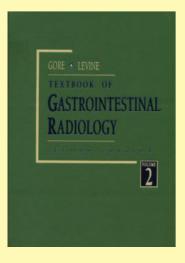
In South Africa our health service is under tremendous pressure because of a shortage of health care professionals, especially doctors. We should make the most of allowing enthusiastic well-trained overseas doctors, who are often willing to work as unpaid volunteers, to work here. Not only will they help to relieve some of the pressure on our health service, but they will also gain valuable experience. Hopefully they will also help spread the word, which may encourage more health care professionals to come and work in South

Do we realise that we can offer these doctors the unique opportunity of gaining experience by working and living in South Africa, while our health service may benefit at the same time?

## Nico Jonas

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In the 6 years since the publication of the first edition of Textbook of Gastrointestinal Radiology, much has changed in our discipline. Technical advances have led to the development of magnetic resonance cholangiopancreatography, helical computed tomography, virtual colonography, power color Doppler and harmonic ultrasound, breath hold abdominal magnetic resonance imaging, and digital fluoroscopy. Liver-specific magnetic resonance contrast agents and ultrasound contrast agents are now being used more widely. Tremendous strides have also been made in our understanding of the pathophysiology of a number of diseases—from the role of genetics in the etiology of colon cancer to an appreciation of the importance of Helicobacter pylori in the development of benign and malignant gastroduodenal disease. To keep pace with these technologic and scientific advances, every chapter in the second edition has been updated and significantly revised, several have been added or deleted, and nearly one third of the chapters have new authors to provide their topics with fresh insight.

Throughout this new edition, we have taken great care to maintain the fundamental goals of the first edition: to provide complete and up-to-date coverage of the state of knowledge in gastrointestinal radiology in a practical and useable way. As in the first edition, our basic organizing principle is the integration of rapidly changing information, common sense, and good judgment into an orderly and practical approach to radiologic diagnosis and treatment. To this end, the text contains sections on general radiologic principles for evalu-

ating the hollow viscera and solid organs, as well as for performing and applying specific imaging and therapeutic techniques. Other sections present the clinical, radiologic, and pathologic aspects of disease in the various gastrointestinal organs. These chapters are designed to illustrate and integrate the spectrum of abnormalities seen on all diagnostic modalities available to the radiologist: plain films, barium studies, cholangiography, computed tomography, ultrasonography, magnetic resonance imaging, scintigraphy, and angiography. To make the book more user friendly, the authors and editors have worked diligently to eliminate redundancies and produce a shorter, more compact text.

Once again, we have been able to assemble an outstanding group of internationally recognized authors for the second edition. Their time, effort, cooperation, and expertise are greatly appreciated. As editors, we have tried to strike a balance between uniformity of style and individuality of authors, so that each contributor is allowed to speak with his or her unique voice.

We hope the collective efforts of the authors of the 131 chapters and the two of us who have edited this second edition have succeeded in our objective to provide a valuable educational resource for students and practitioners of gastrointestinal radiology that is clear, interesting, and enjoyable to read.

RICHARD M. GORE, M.D. MARC S. LEVINE, M.D.