

# Profile ♦ Theodore E. Keats, M.D.



*1995 was a good year for Ted Keats. In September, he was awarded radiology's most prestigious award, the American College of Radiology's Gold Medal; in October, the International Skeletal Society awarded him its top prize. Both awards were made in recognition of a lifetime of achievement in radiology and service to his profession. Born in New*

*Brunswick, New Jersey in 1924, Dr. Keats received his B.S. in biology from Rutgers and his medical degree in 1947 from the University of Pennsylvania. Following an internship there, he did his radiology residency at the University of Michigan. He will retire in 2001 and will practice only half-time beginning in July. He reminisced recently about his 45 years as a radiologist and his 28 years as Chair of the Department.*

I came as Chair here in 1964. Initially, I had declined the job because I was scheduled for a sabbatical in Sweden. Professor Forsell, the father of Swedish radiology, had realized what radiology would become—the key to diagnosis. In contrast, x-ray departments in this country were largely an ancillary service, relegated to the basement (UVa's started in what had been a coal shed). Forsell located the x-ray department on the first floor with easy access to patients; there was daily rounding; they pioneered the innovative Seldinger approach which led to interventional radiology. The challenge of building a department intrigued me, and I was able to get the Dean to agree to a delay until after my sabbatical.

When I got here, I wanted to achieve three things. First, I wanted to provide good clinical service. There were many obstacles. I had to fight to regain turf lost to other departments, which were not only doing their own procedures, but using our equipment and technologists! My motto became "never allow a vacuum to develop." I had to anticipate what we could do for other departments and convince them that they could provide better service with our help. I brought in an excellent Norwegian interventionalist and, within three months, the Chief of Surgery agreed to let us do all angiography. There were five fluoro units in various departments, all operating at dangerous levels. Radiology was reduced to just a few people—the pay was deplorable and almost everyone had left. The radiologists owned the department, including the equipment, which was very limited and outdated. I convinced the hospital to take over the

technical side of the department, including purchasing new equipment.

My second goal was to make teaching an integral part of our job. There was a single, one-semester lecture course in the third year. It was a disaster; they got very little from it. I began a 5 p.m. open house for med students and did tutorials twice a week. Eventually our efforts led to the radiology elective and won me the Robley Dunglison award for best clinical teacher.

Finally, I wanted to establish a research effort, but it was a series of nightmares. There was no room for a lab – what had been the lab became nuclear radiology, then ultrasound. I got Siemens to give us \$900 thousand, the Dean matched it, and we built the labs in MR-4. There was no equipment. Siemens lent us an MRI for animal research and some other refurbished equipment. No one was doing research, so I recruited some researchers, primarily Ph.D.s. The first 10 years were difficult – years of bickering and fighting and, frankly, no fun, no quiet time, just intense activity. It was slow, but progress was steady. In retrospect, it was fun to accomplish as much as I did – we moved from a simple community hospital to a first-rate academic department, in a new hospital, with an accomplished faculty and wonderful staff, and an excellent lab and research team.

After 28 years as Chair, it was clear to me that times were changing. There was a new emphasis on funded research. Chasing research monies was something I had little interest in or talent for.

Radiology has been good to me. It's afforded me an opportunity to learn, travel, and do research. The ACR's Gold Medal was especially wonderful because it represents true recognition by my peers. I love my work, particularly the clinical work and editing my four journals. It's been a great adventure!

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