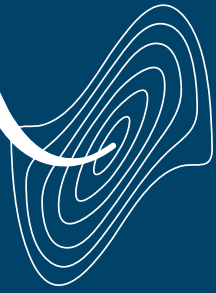


BIR
The British Institute of Radiology



News

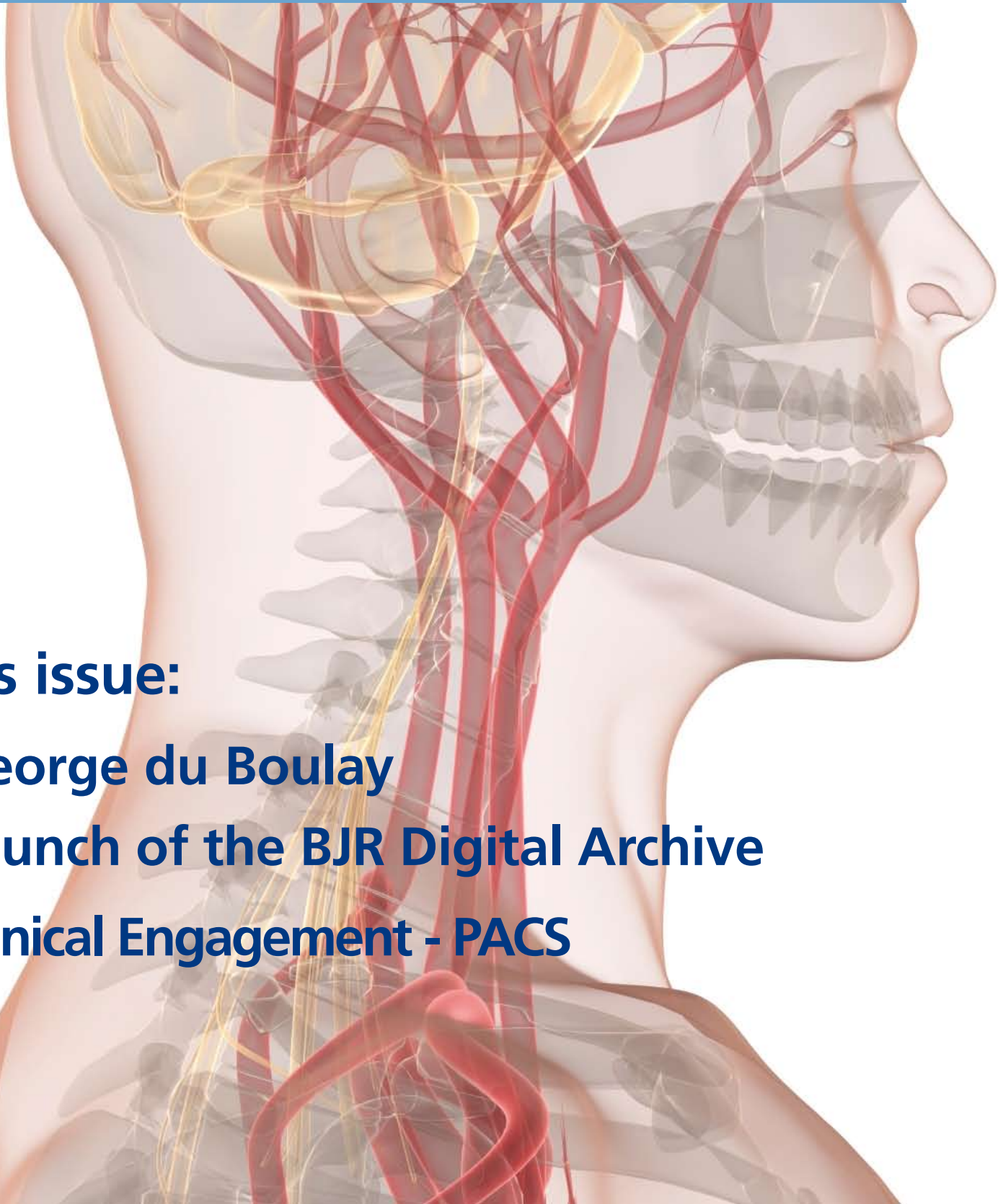
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Honorary Editors: Sue Marchant and Simon Blease

Summer 2009

This issue:

- **George du Boulay**
- **Launch of the BJR Digital Archive**
- **Clinical Engagement - PACS**



News on the BIR

Professor George Houssemayne du Boulay

Following a long illness, Professor George Houssemayne du Boulay C.B.E., F.R.C.R., F.R.C.P., born in 1922, died on Wednesday 25 March 2009. Obituary by **Dr Brian Kendall**.

Following education at Christ's Hospital School and Kings College, London George specialised in neuroradiology. He held a busy consultant appointment in the National Hospital for Nervous Diseases, Maida Vale between 1954 and 1968 and at St Bartholomew's Hospital from 1954 to 1971. George was a charismatic clinician and very skilful technician as well as a dedicated and encouraging teacher. During this period he attracted and trained many young radiologists into the developing subspeciality. Throughout this time and subsequently George managed to combine a heavy service commitment with basic and clinical research.

Between 1965 and 1986 he was head of the Nuffield Laboratories, Institute of Zoology: his research continued there until 2003. His special interest was in the cerebro-vascular system. His clinical and animal research not only increased the knowledge of physiology and pathophysiology of cerebral blood flow, particularly in relation to subarachnoid haemorrhage, vasospasm and C.S.F dynamics, it lead to detailed knowledge of the vascular anatomy of mammals and the significance of variations in their anatomy to physiological responses.

Radiologists in training were encouraged to take part in this research. Those who did so had the privilege of learning from an enthusiastic expert and of seeing

application of the highest ethical principles with gentle care and kindness to patient and animal alike.

Between 1968 and 1975 George was consultant radiologist at the National Hospital of Nervous Diseases: in 1975 he was appointed as the first Professor of Neuroradiology. George oversaw the development of academic neuroradiology and during this time he laid the foundations for the current major academic department.

Over this period major developments in computed imaging reduced dependence on indirect visualisation methods using invasive technology. Though the purchase price and running costs of computed imaging were well beyond departmental budget, through George's efforts funding was provided without which it would not have been possible to maintain the standard of excellence for which the hospital was renowned.

There was great mutual respect between George and all his staff and colleagues throughout the hospital and in general. Under his influence interdepartmental research and teaching flourished and training links with British and foreign centres were established.

During this time, George was also Editor in Chief of Neuroradiology and served as President of the British Institute of



Professor George Houssemayne du Boulay

Radiology and President of the British Society of Neuroradiology among innumerable other academic commitments. His international reputation was immense and in 1990 he was honoured by the prestigious invitation to be President of the Symposium Neuroradiologicum, testimony to the enormous personal respect in which he was held by the world's leading academic neuroscientists.

From 1985, George was Director of the Radiological Research Trust and he was also Trustee, becoming Vice President of the National Hospital Development Foundation. His tireless activity and charismatic personality ensured success in these ventures.

George leaves his loving wife Pamela, four of his sons, two daughters and fourteen adoring grandchildren as well as many bereft close friends and colleagues. He is and will continue to be sorely missed.

Regular Donation

I would like to make a regular donation of.....
each month/quarter/year until..... making
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Date:

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Name:.....

Address:.....

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Date:

Gift Aid Please treat all gifts of money that I make today, have made in the past, and will make in the future to The British Institute of Radiology, as Gift Aid donations

This issue...

The screenshot shows the BJR website interface. At the top, the BJR logo is displayed with the tagline 'The British Journal of Radiology'. Below the logo, a navigation bar lists categories: Diagnostic Imaging, Medical Physics, Radiography, Radiotherapy and Oncology, Radiobiology, and About the BJR. The main content area features a timeline from 1951 to 1968. The 1951 entry describes the first automatic film processors, and the 1968 entry mentions the death of KC Clark. A central advertisement for 'PURHYPO' is also visible. Below the timeline, there are sections for 'Launch of our BJR Retro-Digitization Project' and 'Latest news', including dates like 08.04.2009 and 01.04.2009. At the bottom, there are icons for 'Advertisements', 'Military Radiology', 'Meet the Editors', and 'About the BJR?'. A banner at the bottom of the screenshot reads: 'It is now official: The BJR Digital Archive project is launched and waiting for you to visit it! (see pages 10 & 11)'



- 02 News on the BIR**
Obituary of Professor du Boulay



- 05 BJR — July's Titles**
Highlights of the BJR July issue



- 06 UKRC**
Feedback on this year's conference



- 07 In the News**
PACS - Clinical Engagement



- 08 BIR Branches**
All about the Wessex branch



- 09 International**
Radiology in India



- 10 BJR Digital Archive Project**
The website is now launched!



- 12 Meet BIR members**
Jenny Harvey - Trainee Radiographer and Corporate Subscriber ACCURAY



- 13 Scanning the BIR**
- Jacqueline Fowler
 - BIR's awards and lectures



- 14 Games and competition**
Fill in the questionnaire and win a weekend away in Stratford-upon-Avon



- 15 A page of history**
"Photography of the invisible" and "Past President John McIntyre"



- 16 President's Column**
Challenges ahead for the BIR

Upcoming Events

Diagnostic Imaging Partnerships between Independent Sector and Primary Care Trusts

Thursday 24 September 2009

Venue: The British Institute of Radiology, London

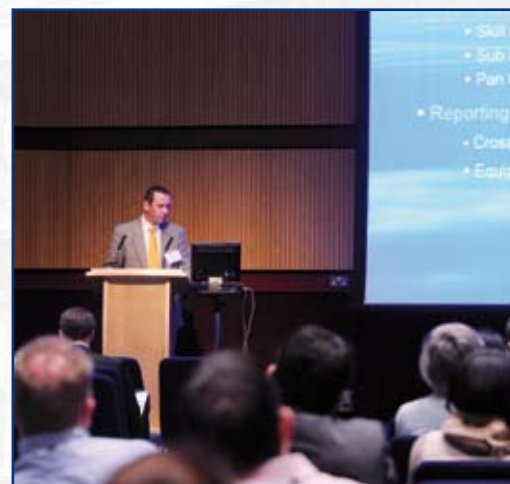
An interactive meeting describing recent developments in the provision of diagnostic imaging services direct to Primary Care. Experiences of Primary Care Trusts and Independent Sector providers will be discussed. The future direction of IS provision in this environment will also be reviewed.

Practical Aspects of Patient Dose Reduction in Diagnostic Radiology

Wednesday 21 October 2009

Venue: The British Institute of Radiology, London

This one-day meeting aims to highlight current practice in the field of patient dose measurement and reduction. It will describe dose metrics, how to gather relevant data, subsequent analysis and what to do then. The meeting will also discuss image quality and wider aspects of both optimisation and dose reduction. This is an excellent chance for junior scientists/technologists and radiographers to gain a complete overview of an important subject. The meeting will also be useful for students/trainees with an interest in this field.

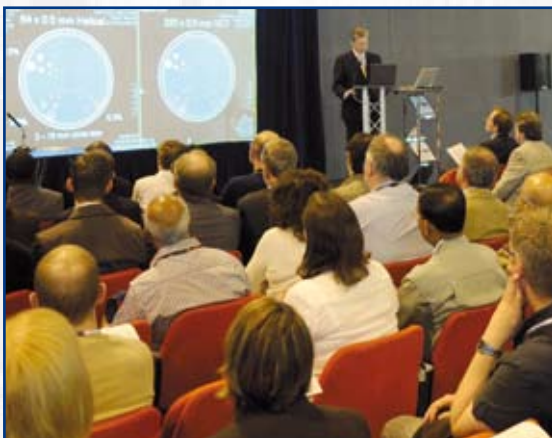


BIR Retired Members' Day 2009

Friday 30 October 2009

Venue: The British Institute of Radiology, London

Our President, Stuart Green, will be speaking on Einstein's 1905 theories and their relationship to modern medicine. Arpan Banerjee will present on the radiology of AIDS and Nicholas Cambridge will be speaking on Dr Samuel Johnson in this Johnson Tercentenary year. David Green will speak, with musical illustrations, on Dr Louis Boyd Neel (a forgotten musical pioneer) and Adrian Thomas will be reviewing the development of the British Journal of Radiology.



Imaging in Transplantation

Thursday 5 November 2009

Venue: The British Institute of Radiology, London

Transplantation is a rapidly changing field with the recent introduction of novel organ transplants and steady improvement in surgical techniques, immunosuppressive regimens and management of complications. The aim of this meeting is to outline some key medical and surgical concepts in transplantation and to illustrate the role of radiologists in the diagnosis and treatment of complications.

Find out more information on our website:

http://www.bir.org.uk/Forthcoming_Meetings.html

BJR - July titles to look out for

Here are some selected highlights from July's issue of the BJR. For the full content of these and other articles in the issue, please visit <http://bjr.birjournals.org/content/vol82/issue979/>

CT lung cancer screening in the UK

A J EDEY and D M HANSELL

Lung cancer is the most common cause of cancer-related death in the UK, with the 5-year survival rate being less than 10% for patients who present with symptoms. Could CT scanning for lung cancer be the answer to improve this survival rate? A J Edey explores this possibility and discusses tentative plans for a UK CT lung cancer screening trial.

Use of high-resolution MRI of the optic nerve in Graves' ophthalmopathy

N I DODDS, A W ATCHA, D BIRCHALL and A JACKSON

Could optic neuropathy in Graves' disease be associated with measurable optic nerve compression? Using MRI, Dodds et al have been able to support this hypothesis by providing evidence that, in this condition, the diameter of the optic nerve is significantly reduced in the orbital apex and in the pre-chiasmatal portion

Rheumatoid arthritis: a novel radiographic projection for hand assessment

L PEARMAN, J LAST, O FITZGERALD, D VEALE, M JOYCE, L RAINFORD, M MCENTEE, J MCNULTY, E THOMAS, J RYAN, A MCGEE, R TOOMEY D'HELFT, J LOWE and P C BRENNAN

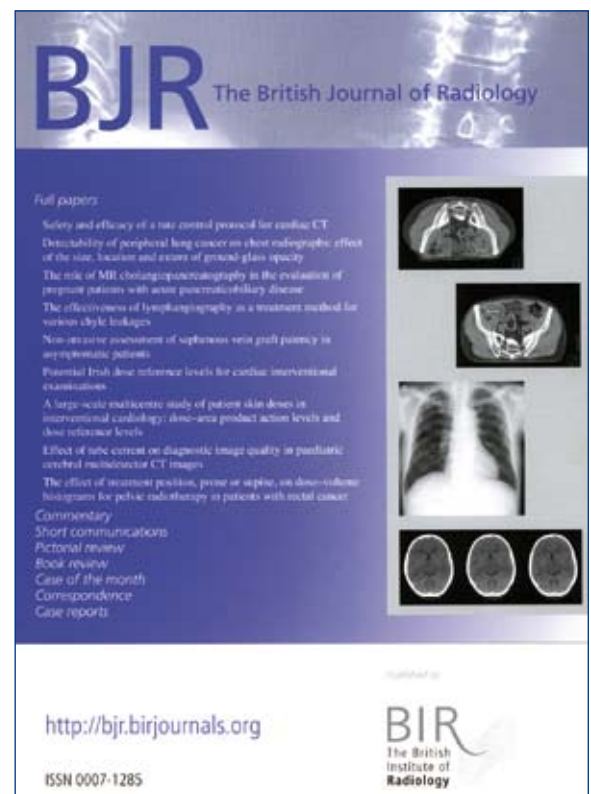
Rheumatoid arthritis (RA) — the most common form of inflammatory disease — affects 1–2% of the population. In order to score and monitor RA,

posteroanterior and Brewerton projections are well established in radiographic practice. But how efficacious are these techniques and could they be improved? With the use of a cadaveric hand, Pearman et al demonstrated significantly higher diagnostic efficacy (compared with the Brewerton projection) by using a 15° lateral rotation of the hand or 15° flexion at the wrist. The latter projection has been termed the UCD projection, and should be considered as an alternative to the Brewerton projection, especially on the basis of patient comfort.

Estimation of organ and effective doses resulting from cone beam CT imaging for radiotherapy treatment planning

L J SAWYER, S A WHITTLE, E S MATTHEWS and H C STARRITT

Sawyer et al measured organ doses for various kilovoltage cone beam CT exposures on the Varian Acuity simulator; an alternative method of dose estimation was also assessed. The organ and effective doses reported provide information needed for the justification and optimisation of cone beam CT procedures and, usefully, the authors compare these doses with those delivered by other imaging devices.



Anatomical, clinical and radiological delineation of target volumes in breast cancer radiotherapy planning: individual variability, questions and answers

P CASTRO PENA, Y M KIROVA, F CAMPANA, R DENDALE, M A BOLLET, N FOURNIER-BIDOZ and A FOURQUET

Major differences in anatomical and radiological delineation for breast cancer radiotherapy were observed among physicians in this ongoing study by Castro Pena et al, and have led to the development of written delineation protocols. The hope is that these practical solutions will improve delineation in everyday practice.

Log on to <http://www.bir.org.uk/BJR.html> to access the previous issues of the BJR!

UKRC Feedback

Reflections on UKRC 2009 and looking forward to UKRC 2010



Dr Stephen Davies, UKRC President 2008-09 and BIR Vice President

I write this piece as I await my flight to Boston from Heathrow Terminal 5 — a masterpiece of planning and innovation? Are there any parallels with UKRC?

Well, yes on both counts. Planning for this event began in earnest 18 months ago. My team of Vice Presidents swung smoothly into action and put together an excellent programme with real enthusiasm and efficiency. Yes to innovation. The innovations initiated

in 2008 were developed: interactive sessions, sunrise sessions, satellite sessions in the exhibition and the education on the stand sessions. These were all enthusiastically embraced by the Congress.

Eliot Siegel delivered the BIR Agfa Mayneord Lecture with his customary relaxed and humorous style. He drew an interesting parallel between a typical Microsoft computer interface and the interface for controlling a car. He gave us some key messages about the radiologist of the future (and present). Radiologists must show clinical leadership and we must become IT literate. He gave radiologists credit for their often unrecognised IT capabilities but gave a clear pointer to the future, in which we must be quite comfortable at complex workstation image analysis.

Stuart Silverman gave us a tour-de-force of CT of the renal tract with an excellent interactive session. I was really pleased with the interactive voting innovation and look forward to seeing its use develop at UKRC and the BIR in the future.

Ian Isherwood had kindly arranged for UKRC delegates to visit the Manchester Medical Society "Histories of Healing" Exhibition at the nearby John Rylands Library. There were some fascinating historical archives, including an exhibit on mass miniature radiography.

The exhibition was a great place for networking with Industry and colleagues from the radiology community. It is great to think that once one's appetite for the lecture programme is satisfied, there is so much to see and do in the technical exhibition.

The organisation of UKRC 2009 was a real credit to the BIR Organising team and the Dinner to Zibrant and the Organising committee.

UKRC 2009 provides a great platform to move forwards to UKRC 2010 (June 7-9 2010, Birmingham) ably led by Erika Denton. She and her team have put together a really exciting programme. The meeting continues to evolve, which is a healthy state for all of us. We must challenge the present, continue to embrace change and work for the future.



UKRC 2009 (from left to right): delegates stopping to read the scientific posters; the gala dinner themed "Fusion"; delegates reading more about the BIR on its stand; Dr Stephen Davies handing over the reins to next UKRC president Dr Erica Denton.

Clinical Engagement - PACS

Clinical engagement is important to any big change programme in the NHS, particularly one like PACS which has such a major impact on clinical practice, not just in imaging but across most other clinical specialties. By **Dr Erika Denton, FRCP, FRCR, Medical Director PACS Programme, NHS Connecting for Health, National Clinical Lead for Diagnostic Imaging, Department of Health.**

Structures and Processes

Effective clinical engagement has been important to the success of the national PACS programme so far. Early on, the programme focused on putting structures and processes in place which would enable us to do this in a systematic way.

As Medical Director for the programme, for instance, I chair a national stakeholder board, a group that comprises more than 20 individuals from a range of imaging and diagnostic backgrounds including representatives from the Royal College of Radiologists (RCR) and the Society of Radiographers. This group – in place since April 2005 - has been instrumental in overseeing the clinical content of the PACS service, ensuring that key issues facing the programme are exposed to sensible clinical opinion.

The last meeting was a good example, focusing as it did on issues as diverse as the incorporation of digital mammography for breast screening into PACS, information governance controls, image sharing with the independent sector, the recent RCR paper and a whole range of PACS/RIS developments and issues from across the country.

Clinical Leads

Crucially, the programme structure also includes five clinical leads. The clinical leads report to me and, in addition to being experienced and senior radiologists within their trusts, and

active within the professional bodies and sub groups, are passionate and highly knowledgeable about PACS and the scope it has for improving patient care.

The five clinical leads represent different parts of the country, either chairing or playing a leading role within regional stakeholder groups and representing those groups at the national forum. Not surprisingly, each part of the country has its own issues and the clinical leads play a vital role in representing the interests of users and the wider clinical community within those areas.

In addition to their regional and local responsibilities the clinical leads also each lead on an area of national importance, such as information governance, patient safety, teleradiology and data migration/retention. They are very much at the heart of the discussions about these issues within the wider programme and the SHAs.

Ongoing work for the PACS programme

Now that the national PACS roll-out is complete and trusts are realising the benefits the focus is very much on new developments, such as image sharing and how PACS can support imaging outside of radiology. This work is being heavily influenced by policy drivers within the Department of Health and the wider NHS and the clinical team is playing an important role here, getting



Dr Erika Denton, FRCP, FRCR

involved in projects as appropriate.

A good example is the work that has been underway to help address the imaging challenges associated with the National Stroke Strategy. Clinical lead John Somers has been chairing a steering group overseeing this project, which has also included representatives from the stroke networks, the professional bodies, SHAs and NHS Improvement.

Apart from the roles played by clinicians within the programme's governance structure, it's also important to highlight that the programme is of course continuing to engage with a larger part of the clinical population. This of course includes discussions with the relevant professional bodies and sub groups within them (e.g. the UK PACS and Teleradiology group). The programme also attends and speaks at a wide range of events and meetings.

Rhidian Bramley
North West and West Midlands / Information Governance

William Saywell
South / Benefits Realisation and Ultrasound

Tony Newman-Sanders
London / Patient Safety

Laurence Sutton
North East & Yorks & Humber / Data Migration/Retention

John Somers
East of England & East Mids / Future developments/Teleradiology

PACS Clinical Leads

BIR Wessex Branch

Did you know that the British Institute of Radiology was born in Wessex in 1897? We have had an active branch there ever since, and pride ourselves both on the quality of papers presented at our scientific meetings and on the stature of the guest speakers we manage to attract (current BIR President included!) **Dr Jo Fairhurst**, *BIR Wessex Branch Chairman*, tells us more.

How it all began...

It was the friendly atmosphere of the branch meetings which prompted me to join the BIR as a trainee radiologist in 1987. The meetings have always provided an opportunity for imaging professionals to meet together to exchange news and ideas, keep in touch and develop vital professional links between the major imaging centres in Wessex.

As a trainee, one of the most daunting challenges I faced was standing up in front of an audience of experienced imagers to deliver a paper or talk. The Wessex BIR scientific meetings allowed me to practise these skills in a supportive environment, and I believe this contributed greatly to increasing my confidence and improving my delivery. These opportunities still exist in the Wessex branch today: our Autumn meeting is always held in Southampton and focuses on presentations from radiologists in training. The Spring meetings are held in centres across Wessex, with occasional joint meetings held in conjunction with the South West Radiology Group every 3–4 years.

A strong and meaningful collaboration

The existence of the Wessex Branch has promoted a very strong and cohesive radiological community in the south of England. The opportunity to meet regularly under the auspices of a BIR Regional Meeting has fostered a tradition of collaboration, as well

as providing an excellent forum for dissemination of good practice and promoting novel diagnostic and interventional techniques. Above all, the Wessex BIR Branch provides us with a means of highlighting the importance of education and research in enriching our professional lives and improving the diagnostic service we can offer to patients.

Exciting meetings ahead

This year we will be holding an Extraordinary Scientific Meeting in September, in addition to our biannual events. The meeting will celebrate the contribution of Dr Keith Dewbury to ultrasound locally, regionally, nationally and internationally. We hope that Keith's colleagues, young and old, present and retired, will join us at what should be a very special event. The programme features a sparkling collection of internationally renowned speakers who will be addressing cutting-edge issues in key areas of ultrasound practice.



Dr Jo Fairhurst, BIR Wessex Branch Chairman

I would like to extend an invitation to all BIR colleagues across the UK to meet at Chilworth Manor in Southampton on 18 September. This is a delightful venue, with excellent meeting facilities in a beautiful rural setting. The meeting will be followed by a dinner and entertainment. Places will be limited to 120, so I advise early registration!

Ultrasound: As Good As It Gets?

A Meeting to Mark the Retirement of Dr Keith Dewbury

Friday 18 September 2009
Chilworth Manor, Southampton

This meeting is aimed at all imaging professionals involved in ultrasound, but will also be of interest to general radiologists and radiologists in training. Lecture topics will include elastography, contrast agents, 3D/4D imaging and screening.

Full programme can be found at
www.bir.org.uk/wessex.html

Radiology in India



Dr Maheep Gauer recently joined the BIR during our President's conference and tells us more about radiology in India and why he joined the Institute. By **Lizette Van Niekerk**, Marketing Manager.

Why did you decide to become a BIR member?

The BIR is dedicated to the fields of diagnostic and therapeutic radiological sciences. The Institute publishes literature and holds conferences/events dedicated to education. It maintains a library and online literature sources. Above all, this is a charity dedicated to science and everybody should contribute.

You are the Head of Gamma Knife Radiosurgery at the Vidyasagar Institute of Mental Health and Neuroscience in Delhi. What trends do you see in this area in India?

I started Gamma Knife Training in Japan in 1996 and, in 1998, this centre was established. As a dedicated neuroscience centre, we have been able to treat patients from all over India and abroad and have seen an excellent expansion in the field of Radiosurgery. Over the past 12 years, Gamma Knife surgery has become established in India. There are now six

centres in the country. More patients select radiosurgery than open surgery and they are given options to avoid surgery.

You attended our President's Conference in May. How do you think the Conference contributed to international collaboration and understanding in the area of Particle Therapy?

I found the programme very informative and appreciated that the speakers were chosen very carefully. The event gave me the opportunity to meet the stalwarts to discuss my ideas and engage with new people in the speciality.

In the United Kingdom there is an increasing move towards multidisciplinary collaboration to improve patient care. Is this a trend that you are also experiencing in India?

A multidisciplinary approach is important; no single science can



Dr Maheep Gauer at the BIR's President's Conference (May 2009).

completely treat a human being. In India, patient care often involves collaboration by neurosurgery, radiology, radiotherapy, radiosurgery, cardiology and other specialities.

More information

If you wish to learn more about the imaging field in India, here are a few websites that may be of interest to you:

- **Indian Radiologist.com**: <http://www.indianradiologist.com/>

The main aim of Indian Radiologist.com is to create a forum for Indian Radiologists throughout India and to contribute to Radiology education on the internet.

- **Society of Indian Radiographers**: <http://www.radiographers.org/>

It aims to be a major source of information for Radiographers (especially Indian Radiographers) and also a forum.

- **Indian Radiological & Imaging Association**: <http://www.iria.in/>

BJR — Radiology through the ages

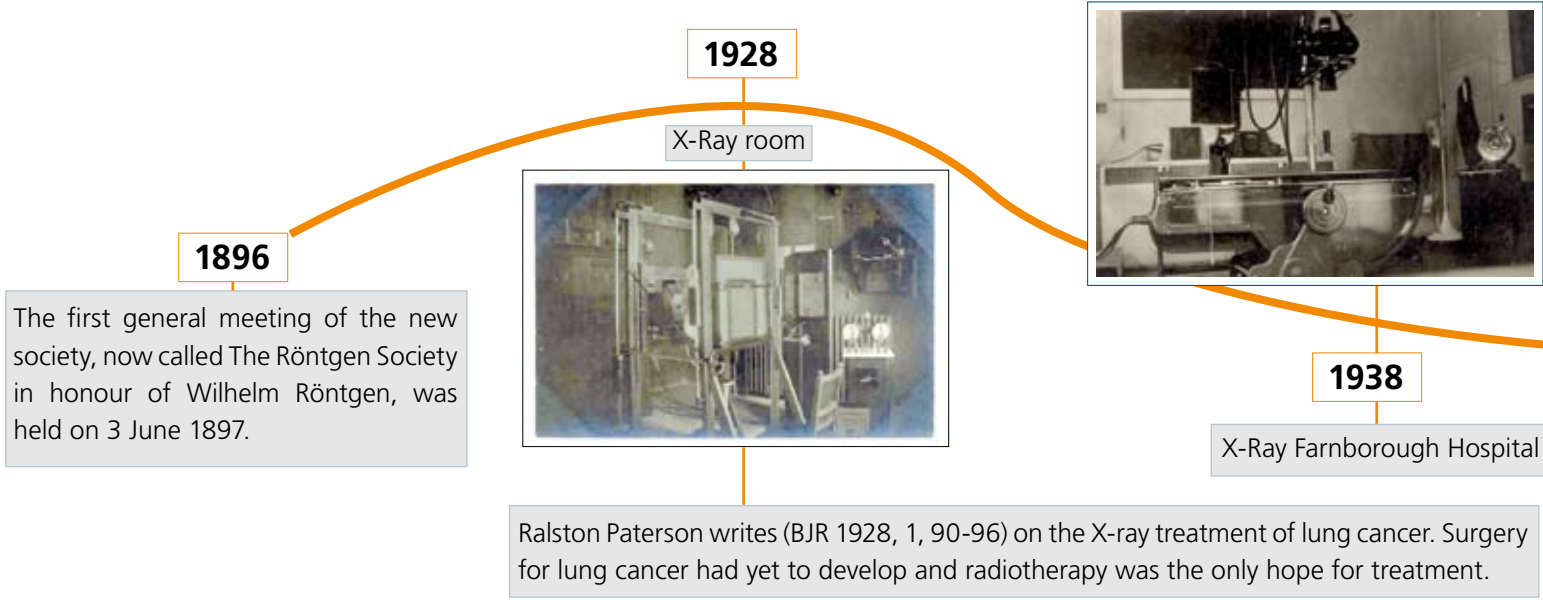
We had been waiting for this website to go live and it has now happened at last! With articles starting from 1928 (soon back to 1896!), the BJR's electronic archives will allow all Members of the BIR access to radiological knowledge from previous decades. By **Sherry Dixon**, BIR Publisher, and **Dr Adrian Thomas**, BIR Honorary Librarian and Archivist.

The British Institute of Radiology (BIR) is proud to invite its members to visit the new webpages for the recently launched electronic archive of The British Journal of Radiology (BJR). Log on to the BIR website, <http://retro.bir.org.uk>. From here BIR members can explore these informative and interactive webpages, and also link to full text articles from the archive. This unique digital archive is a new member benefit available to all BIR members at no additional cost.

Founded in 1896, BJR is the world's first radiology journal and had documented the development of the radiological sciences for over 100 years. The new electronic archive begins with the New Series BJR dating to 1928. The remainder of the archive, from the first issue published in 1896, is currently in development. The BIR looks forward to bringing the full history of this remarkable journal in electronic form to its members in the near future. The archive webpages features

The screenshot shows the BJR website interface. At the top, it says 'BJR The British Journal of Radiology'. Below that is a navigation bar with links for Diagnostic Imaging, Medical Physics, Radiography, Radiotherapy and Oncology, Radiobiology, and About the BJR. The main content area features a historical article from 1951 titled 'PERRYPO' with a photograph of a person. Below this is a section titled 'Launch of our BJR Retro-Digitization Project' with a photo of a man and text about the project. To the right is a 'Latest news' section with several news items. At the bottom, there are four columns: 'Advertisements', 'Military Radiology/Radiography', 'Meet the Editors', and 'About the BJR?'. Below the screenshot, there is a quote: 'It is just waiting for you to visit it! One click and you're on: <http://retro.bir.org.uk>'.

insightful commentary written by Dr Adrian Thomas covering all branches of the radiological sciences – diagnostic radiology, radiography, medical physics, radiobiology and radiotherapy and oncology.



BJR Digital Archive



Today

1990

AM Peters in May 1990 (BJR, 63, 411-429) reviewed the developments in nuclear medicine. In the 1990s nuclear medicine was in a time of major developments. There were significant developments in radiopharmaceuticals with technetium-99m labelled agents, complex biological agents and new compounds for labelling with positron emitters.

1982



Ultrasound Bromley Hospital

1971

EMI Scanner MK1

1968



KC Clark died in 1968 (BJR 41, 948). Miss 'Katie' Clark completed her training course at Guy's Hospital in 1921 and passed the first ever qualifying examination held by the Society of Radiographers.

1951

1941

The first automatic film processors simulated the traditional technique of wet manual processing with the films being carried along and sequentially lowered into baths of developer, fixative and washing using pneumatic lifting gear. The later film processors used a roller system.

The war affected all aspects of personal and professional life in the UK. Many of the younger men and women were in the armed forces and many retired people had to return to active work. The radiological services in wartime were discussed in the editorial of September 1941 (BJR 14, 294).



The major event of the 1980s was the opening of the new home for the institute at 36 Portland Place. Her Majesty the Queen, as patron, visited us on 11 February 1982.

Meeting BIR Members

Jenny Harvey - Trainee Radiographer

As a multidisciplinary institute, the BIR welcomes everyone with an interest in the Imaging field. Jenny, a young and dynamic radiographer, tells us more about herself and her BIR membership.



Hi Jenny. Could you tell us why you decided to study to become a diagnostic radiographer?

I decided to train to become a diagnostic radiographer after speaking to a locum GP at my local surgery. I mentioned that I was going to a School of Nursing open day and she said that radiography might better suit my background in

chemistry. I spent a day shadowing several radiographers at Southampton General Hospital, thoroughly enjoyed the day and the variety of work that radiographers are involved in and subsequently applied to the University of Portsmouth.

What is your favourite part of the work?

I really enjoy working with my patients, explaining the procedures and making them feel at ease. I also try to answer any questions they have whilst I carry out the examination or try to put them in touch with someone who can help. Equally, I enjoy using my technical skills to obtain the optimum examination for each patient while making them as comfortable as possible.

You have been a BIR trainee member for over a year now. What benefits have you gained from your membership?

I've been able to attend Wessex Branch Scientific Meetings free of charge, have used the free internet access to the BJR and Radiology to keep up to date with new research and papers and attended the Trainee drinks reception at the Art of Medicine exhibition, held recently at the BIR.

When you're not at work, what do you like to do?

I'm a member of a local rowing club, City of Oxford Rowing Club, and spend a lot of time training for that. I also volunteer for two charities: KEEN, which organises adapted sports and other activities for disabled children in and around Oxford, and Over The Wall, which provides American camp-style holidays for children affected by serious illnesses. Otherwise, I enjoy cooking for my friends and going out to pubs and cocktail bars in Oxford.

ACCURAY — Corporate Company Subscriber

Accuray EMEA, based in Paris, is one of the BIR's Company subscribers. Barry Bonner, Northern Europe Sales Manager, gives us a brief description of its activities.

Why did you decide to become a company subscriber of the BIR?

It is important for companies like Accuray to support organisations such as the BIR. Manufacturers have a responsibility to work closely with healthcare professionals within our industry, and our association with the Institute is an important part of this process.

What is the most exciting aspect of working in your field?

Working within such an important field of expertise is exciting in its own right, it is very rewarding working for

a company that has high values and that also produces a high-quality product. The most exciting element is being involved in developing acceptance of CyberKnife Robotic Radiosurgery within the UK. There will soon be a new treatment option for cancer patients within the NHS and it's great to be a part of this evolving process within Radiosurgery.

What contribution does Accuray make?

Accuray Incorporated is a leader in the field of radiosurgery, dedicated to providing an improved quality of life and a treatment to those diagnosed with cancer. Accuray develops and markets

the CyberKnife® Robotic Radiosurgery System (below), the world's first and only robotic radiosurgery system designed to treat tumours anywhere in the body with sub-millimetre accuracy.



Jacqueline Fowler — BIR's new General Secretary

The British Institute of Radiology is proud to welcome Jacqueline Fowler, who joined the BIR in June as the new General Secretary.

After graduating with a degree in English literature, Jacquie joined the Civil Service through its graduate entry scheme. She worked in various business-related organisations under the wing of the then Department of the Environment and gained experience in business planning and development. She joined The Royal College of Surgeons of England in 1995 and spent six years managing the business element of postgraduate surgical education and three years planning and fundraising for capital projects before joining the College's Faculty of General Dental Practice (UK) as Business Development Manager in 2004. Her wide-ranging responsibilities included public relations, attracting new members, financial management, developing sponsorship agreements, and overseeing activities such as publishing and research.

Jacquie is committed to working in the not-for-profit sector and particularly enjoys combining her business experience with the commitment of healthcare professionals to improve patient care. She is looking forward to both working with the Trustees and staff of the BIR, and to meeting the challenge of developing an organisation that is both relevant and attractive to members and the general public in the 21st century.

In her spare time, Jacquie is a Trustee of one of the UK's most important healthcare charities, The Stroke Association, to which she brings her general management skills and, especially, her background in charity fundraising. In her distant past, she was a ballroom dancer and qualified dance scrutineer (in the pre-Strictly Come Dancing era), but today her main hobby is photography. She also enjoys the cultural opportunities that London offers, including theatre, art galleries and shopping.



BIR's Lectures and Awards

On 12 May, the BIR was delighted to elect **Dr Michael Henk** as an **Honorary Fellow** on 12 May. A few days later, during the BIR's President Conference (19 & 20 May 2009), **Professor Eric Wright** gave the **Silvanus Thompson Memorial Lecture** on "*Radiation Carcinogenesis*". On 9 June, **Professor Eliot Siegel** presented a very successful **BIR Agfa Mayneord Memorial Lecture** on "*Imaging informatics: The key to success for the future of radiology*" at the UK Radiological Congress 2009.



Dr Stuart Green and Dr Mike Henk



Prof. Eric Wright and Dr Stuart Green



Prof. Eliot Siegel giving his lecture

Apply for the Sir Godfrey Hounsfield Lecture

Established in 1997 in honour of Sir Godfrey Hounsfield and his pioneering work in computed tomography, this lecture was initially endowed by Dr Marion Frank OBE, and subsequently funded by a bequest from Sir Godfrey Hounsfield.

Applications are invited from BIR Members of any age and discipline and the lecture carries a stipend of **£1000**. The subject of the lecture should be an account of a major recent advance in radiology and its allied sciences and it is usually given at the annual President's Conference.

Please send your application to the General Secretary (j.fowler@bir.org.uk) by 30 November 2009.

Games and Competition

Summer sudoku fun

For those who don't know this game yet, Sudoku is a logic-based, combinatorial number-placement puzzle. The objective is to fill a 9×9 grid so that each column, each row, and each of the nine 3×3 boxes (also called blocks or regions) contains the digits from 1 to 9 only one time each.

Completed puzzles are usually a type of Latin square with an additional constraint on the contents of individual regions. Leonhard Euler is sometimes incorrectly cited as the source of the puzzle, based on his related work with Latin squares.

(Source: Wikipedia)

8	3							9
		2		4	9	8		
							5	
9				3	5			
		4		6		2		
			1	2				8
	6							
		8	4	1		7		
1							6	4

Win a weekend in Stratford-upon-Avon!

Thanks to our recent partnership with BestWestern Hotels, we are delighted to offer a fantastic weekend away at the Best Western Grosvenor Hotel in Stratford-upon-Avon (Warwickshire) to a lucky BIR Member.

How to win this prize?

Very easy! Reply to the questions below and send your answers to marketing@bir.org.uk with your name and contact details by **Friday 14 August 2009**. (Terms and conditions apply)

Questions:

1. When is the "Imaging in Transplant" conference taking place?
2. What is the Wessex branch organising in September 2009?
3. In what year did the BJR release its first issue?
4. Who was the head of the Nuffield Laboratories, Institute of Zoology between 1965 and 1986?
5. Who has been appointed as the BIR's General Secretary?
6. Where is Accuray EMEA based?
7. What did Lois Goddard organise?
8. Who will lead UKRC 2010?



Best Western deals

We are now part of the Best Western Best Business membership scheme which entitles our members to a number of benefits. These include:

- Best Available Rate guaranteed
- A 5% saving on meeting venues
- A 15% saving on **leisure breaks** throughout the UK
- A negotiated rate on high volume bookings at specific hotels

This membership scheme is available to use for **business and leisure travel** anywhere in the UK. Our members can also join the **Best Western Rewards** scheme which entitles you to a number of rewards, including free nights at hotels around the world, experience days, wine, Amazon.co.uk vouchers, etc. The more you use it, the more rewards you get.

It is very easy to book. You can either call the dedicated number or visit the website. The most important thing to remember is to **use our BIR Best Business Number: 01477450**. This will ensure that members get the benefits and the BIR will get the rebate.

To book please call: 08457 73 73 73 or email: reservation@bestwestern.co.uk

Photography of the Invisible

By **Dr Adrian Thomas**, *Honorary Librarian and Archivist*

At ECR in Vienna this year, I visited "Photography of the Invisible" at the Albertina gallery (<http://www.albertina.at>). This exhibition examined the use of photography in 19th-century science and was organised by the San Francisco Museum of Modern Art. It was curious to see scientific images displayed in an art gallery. Scientists used microscopy, the telescope and radiography and "through photography they analysed motion, peered into distant galaxies, and penetrated the human body". The exhibition included photographs by Henry Fox Talbot, motion studies by Eadweard Muybridge, early X-ray photographs by Josef Maria Eder and Eduard Valenta and spirit photographs by Louis Darget. What started out as scientific progress can take on the trappings of magic and superstition, as

photography was utilised to offer visual evidence of clairvoyance, spirits and other occult influences. Such influences were seen in Sir William Crookes (our first honorary member with Wilhelm Röntgen) and Sir Oliver Lodge, our past-president.

There is a good exhibition catalogue "Brought to Light: Photography and the Invisible, 1840-1900" edited by Corey Keller, which is recommended. The exhibition gives a sense of the excitement of both scientists and the public. X-ray photographs have a strong artistic and aesthetic component, as shown by our recent art exhibition at the BIR and by the influence of radiography on many artists including Francis Bacon. The borderlands of science and art can become very

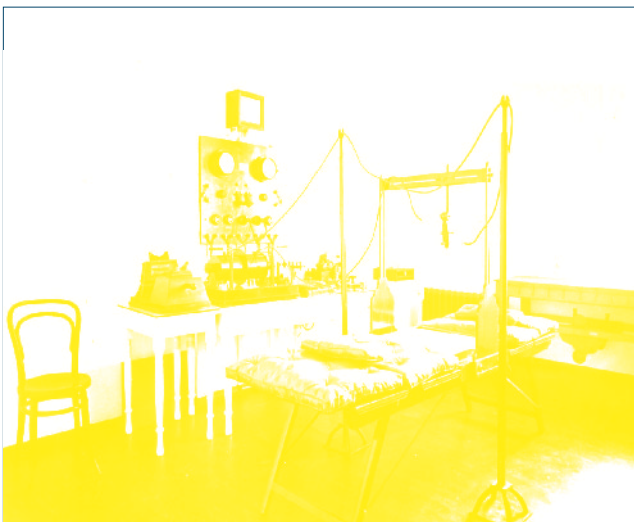


WW1 injury in album in BIR archives.

blurred. We have a collection of early radiographic images in our archives and they are worth displaying more widely. As our subject continues to develop, the depiction of the invisible becomes ever more interesting and exciting.

Past President: John McIntyre 1857–1928

By **Dr Adrian Thomas**, *Honorary Librarian and Archivist*



The X-ray department at Glasgow Royal Infirmary.

John McIntyre was born in Glasgow and graduated in 1882 from the University. In 1885, he was appointed as medical electrician to Glasgow Royal Infirmary

and as assistant surgeon with an interest in ENT in 1886.

After the discovery of X-rays in 1895, Röntgen sent a copy of his paper to Lord Kelvin, who passed it to J T Bottomley, who then contacted McIntyre, and they both worked on the new discovery.

In January 1896, McIntyre lectured at Glasgow University on "The New Light – X-rays" and then on 15th February 1896 Bottomley, Lord Blythswood and John McIntyre gave a presentation to the Philosophical Society of Glasgow. McIntyre obtained the permission of the managers of Glasgow Royal

Infirmary in March 1896 to set up an X-ray department, which was the first in the world. He was actively working on radiography and made the first demonstration of a renal stone, which was verified at surgery.

The first issue of the Archives of Clinical Skiagraphy (the forerunner of the BJR) contained three papers by McIntyre. He made his famous demonstration of the cineradiological study of the frog leg to the Royal Society of London in 1897. He was president of the Röntgen Society in 1900–01. His paper in the Archives of the Röntgen Ray (1902, 7, 101–2) on "The Electrical Pavilion, Glasgow Royal Infirmary" is worth reading. He died on 29th October 1928 in Glasgow.

Challenges ahead for the BIR



I am writing this, my third Presidents' Column, with mixed feelings. There are very many positives and in particular I greatly enjoyed my first Presidents Conference which focused on particle therapy, technology and clinical applications. I am enormously grateful to all those who agreed to speak at the meeting which I think was perhaps the best collection of speakers ever assembled in the UK on this topic – a fact reflected in the sell-out attendance. I very much hope that this meeting will help to launch a new phase of development in radiotherapy for our country. I am also greatly looking forward to UKRC in a few weeks which, as well as being a scientific event, provides a great opportunity for me and BIR staff to meet current and potential members and company subscribers face-to-face. I hope to take the opportunity to talk with as many of you as possible there.

This year we have had a really excellent new initiative for the BIR: our Art Exhibition, *The Art of Medicine*. Around 400 visitors came to the Institute during the week to be entertained and informed by what they saw. On top of organising the exhibition, Paul and Lois Goddard organised an auction for us, and with Margaret (my wife) and Mark (Paul and Lois' son) entertained us with music through the evening. All in all, we not only engaged a wider public in the activities of the Institute and in radiology in general, but we also brought in some much needed income. What could be better?

However, not all is rosy. A few weeks ago I presented a review of 2008 at the Institute's AGM, and Alan Budge (our Honorary Treasurer) followed with a financial report. The finances of the Institute have deteriorated in the last 6-8 months and, on top of the sizeable operating loss for 2008, a larger operating loss for 2009 is predicted if no action is taken. Clearly then, action will be taken and this has been my main focus over the last few weeks, working closely with Sue, the Officers and the Management Team to develop a robust plan for recovery. These are difficult times for the Institute and its staff but we must act to safeguard the Institute for the future.

In the current climate, it is important that all of our activities give some financial return and this brings me to another difficult area, UKRC. While the conference

itself has become a main fixture in the UK meetings calendar, it ceased generating significant income for the Institute a few years ago. It also concerns me that we have a major scientific/radiological meeting that leaves no formal footprint in the scientific literature. The rise of ECR also changes the landscape for a large commercial exhibition with big equipment on display. This subject generates strong feelings and the UKRC event has huge positive associations in the minds of some members. The RCR and BIR together have taken the view that radical change is necessary and have pushed the discussion forward. Change inevitably brings difficulties but you can be reassured that I am doing my very best to steer a path which combines the best interests of the Institute with those of the subject of radiology in our country. Our relationships with our partner societies are very important and we will find a way through the present tensions.

Stuart Green
BIR President

BIR News Notes – 13 May 2009



Letters to the President:

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