



# News

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**Spring 2009**

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- **Imaging and the Department of Health**
- **PACS set to build on a successful roll-out**

# The BIR : a charity above all.

The British Institute of Radiology is first and foremost a charitable body. It relies on donations from members and sponsorship from companies to keep going. It is a truly multidisciplinary society in which all people interested in the science of radiology, diagnostic or therapeutic, can find a forum. The reason for its unique nature can be found in its history. By **Prof. Paul Goddard**, *Art Exhibition Sub-Committee Chair*.

In December 1895, the world of science was turned upside down with a discovery made in Germany. Röntgen, working on emissions from a "Crooke's tube," discovered X-rays. The discovery was so unexpected that Lord Kelvin, the foremost physicist of the age, initially dismissed the announcement of their discovery as a hoax.

## Origins

The origins of the BIR can be traced back to within 16 months of Röntgen's original work. A first meeting was held on 2 April 1897 to form "The X-ray Society". The first general meeting of the new society, by then called "The Röntgen Society" in honour of Wilhelm Röntgen, was held on 3 June 1897. The medical society "The British Association for the Advancement of Radiology and Physiotherapy" (BARP) was formed in 1917, becoming the British Institute of Radiology in 1924. In 1927, the British Institute of Radiology and the Röntgen Society amalgamated to become "The British Institute of Radiology incorporated with the Röntgen Society". In 1958, Her Majesty the Queen granted a Royal Charter of Incorporation to the

BIR and in 1963 it became a registered charity.

## Medicine and Art

For those interested in any aspect of radiology, a trip to London is not complete without a visit to the BIR. In March, between the 16<sup>th</sup> and the 21<sup>st</sup>, the BIR will make an even more interesting venue than usual since it will be hosting an art exhibition entitled "The Art of Medicine". This is a free event that is intended to bring art and science together, and to introduce the BIR to a larger audience. There is already considerable interest from local schools and many pupils are expected to attend the event. Entry to "The Art of Medicine" will be free and a tombola of donated items will be held throughout the exhibition.

Also related to the exhibition will be a charity auction dinner. This is to be held on the evening of 20<sup>th</sup> March at the St Georges' Hotel, just a few yards south of the BIR.

## Charity Auction

The BIR continues to have an important and independent role in medicine that



"Jabberwocky" by Julian Warren, one of *The Art of Medicine* participating artists

can only continue with your support. Please come to the exhibition or support the charity dinner. The auction includes many artworks which will be of interest to a general audience. If you wish to enter a bid for the auction but cannot attend the dinner, you can send in your offer via silent bidding to [artofmedicine@bir.org.uk](mailto:artofmedicine@bir.org.uk) starting on 2nd March. Check out the available artwork on the web page: [http://www.bir.org.uk/auction\\_dinner\\_members.html](http://www.bir.org.uk/auction_dinner_members.html)

## Donation

I would like to make a donation of £..... to The British Institute of Radiology.

I want the BIR to treat all donations I have made and will make in future until I notify you otherwise as Gift Aid donations

Title: ..... Name(s):..... Surname:.....

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## Upcoming Events

### BIR President's Conference: Particle Therapy, Technology and Clinical Applications – Views of the Future of Radiotherapy

**Tuesday 19 – Wednesday 20 May 2009**

**Venue:** The British Institute of Radiology, London

This meeting is designed to showcase the present and future technology for particle therapy and provide some clinical presentations of experience with the currently available technology. *Day 1* will focus on technology and clinical experience. *Day 2* will take the discussion forwards to consider the role of carbon ions, imaging techniques to select patients for X-ray, proton and carbon ion therapy, and long-term consequences of radiotherapy.

### MR Physics without the Pain!

**Autumn 2009**

**Venue:** The British Institute of Radiology, London

Everything you ever wanted to know about MR physics but were afraid to ask! The physics of MR presented in a practical, enjoyable and none threatening way! This meeting aims to provide education on MR physics for experienced and training clinicians, radiographers and physicists.



### 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 improvements 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.



### Retired Members' Day

**Tuesday 20 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 be talking on the radiology of AIDS and Nicholas Cambridge will be speaking on Dr Samuel Johnson in this Johnson Tercentenary year of 2009. 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.

# The BJR, New Series, from January 1928 Available online from March 2009

*The British Journal of Radiology* (BJR) is one of the great medical journals and has chronicled the development of radiology from the earliest days. The project of making the journal available online is an exciting one and is a major achievement. The online content starts with the New Series of the *BJR*, which was published from 1928 as the journal of the then recently amalgamated British Institute of Radiology and Röntgen Society. The older journals will follow online in due course. By **Dr Adrian Thomas**, Honorary Librarian, BIR.

## Beginning

The journal started its life in May 1896 as the *Archives of Clinical Skiagraphy*. There were three issues and for the fourth the title was changed to the *Archives of Skiagraphy*. Mention is made in the fourth issue of a meeting that was held on the 18 March, 1897, announcing a new society to study X-rays. It was decided that membership should "include all who are interested in the scientific study of the Röntgen Rays," and this decision was to prove crucial to the ethos of the organisation. The first general meeting was held on 3 June, 1897, and the inaugural meeting was held on 5 November, 1897, with Silvanus Thompson as President. The name was changed from the X-Ray Society to the Röntgen Society, and the *Archives of Clinical Skiagraphy* was adopted by the society, becoming the *Archives of the Roentgen Ray*. This was "The Only Journal in which the Transactions of the Roentgen Society of London are officially reported."

Many fascinating hours may be spent looking at the work of our predecessors. We can read the classic papers from the early days of radiotherapy, radiobiology, medical physics, nuclear medicine, ultrasound, CT scanning and MRI. There is a tremendous wealth of material.

## Manchester Group

As an example, the Manchester group

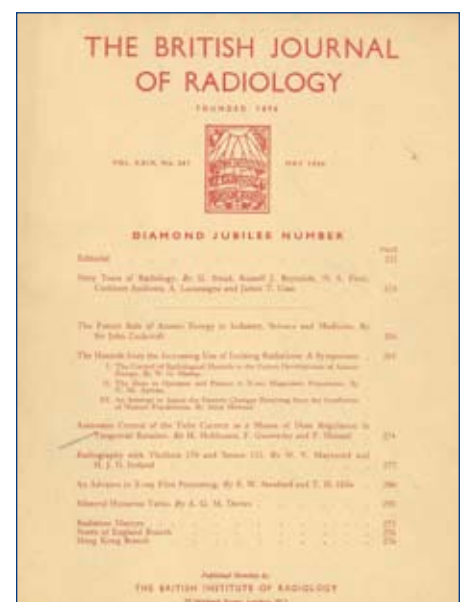
made huge contributions to our understanding of cancer and to its treatment using radiotherapy. In 1947 the highly influential book "Radium Dosage, The Manchester System" was published by E & S Livingstone and edited by the physicist WJ Meredith. The book was simply a collection of the papers that had been published in the *BJR* since 1934 by Ralston Paterson, Herbert Parker, FW Spiers, SK Stevenson, Margaret Tod and WJ Meredith.

James Brailsford from Birmingham made many contributions to skeletal radiology. In February 1931, there is printed his masterly account of "Chondro-Osteo-Dystrophy." Brailsford was a master of plain film interpretation and we can learn much today from his careful analysis. Many of his images can be used for teaching today.

In the field of radiobiology there are many original contributions including papers by Douglas Lea from the Strangeways Research Laboratories, Cambridge, and Louis Harold Gray and John Read from Mount Vernon Hospital, London. Many fundamental observations that developed our understanding of the action of radiation on tissues first appeared in the *BJR*.

## Physics and Stamps

Christopher Hill delivered his Presidential Address in 1990 and he recalled the dictum of Ernest Rutherford, that there are only two kinds of science: physics and



stamp collecting. He also noted that "the invention of CT came as a considerable embarrassment to most members of the medical physics community since, with hindsight, the principle and possibilities should have been 'obvious' to us all." Now, whilst I would be reluctant to disagree with Kit Hill, what comes over to me on reading past journals is that what is obvious retrospectively is not quite so obvious prospectively, which is why reading these past writings is so illuminating. He finishes by saying that the foreseeable future of the radiological sciences will not just be "more of the same." The BIR and the *BJR* therefore continue to change to ensure that they meet the special needs of our day.

Log on to <http://www.bir.org.uk/BJR.html> to access this extraordinary electronic archive.

# Industry Committee

The BIR currently has ten Committees. **Liz Beckmann**, *Managing Director of the Medical Imaging Group Ltd*, tells us more about one of them – the Industry Committee.



*From left to right: former BIR President Gunter Dombrowe (Siemens Healthcare) with Liz Beckmann (Medical Imaging Group Ltd).*

Since the formation of the Röntgen Society in 1897 and the evolution to the BIR in 1927, this organisation has been multidisciplinary. The inclusion of a committee to represent industry's views and to input to the world of Radiology has been fundamental.

## Development

It is true that there is no longer an indigenous X-ray manufacturing industry in the UK, but there is still a major development community, particularly in the software area. The collaboration between Industry and

the clinical and physics community is particularly entwined in UK Radiology. This close relationship has been one of the factors which enabled the significant number of innovations were developed in radiology in the 114 years since the discovery of X-rays.

The Industry committee acts as a focus and recognition of the value that the UK Radiology community has for the input and support of the diverse Radiology industry in the UK. The support of the UK Radiology industry is invaluable to

the BIR but it is not purely to encourage the financial support that the committee exists. The recognition of the large base of scientific knowledge and invaluable relevant information is the greatest value to the BIR. The range of commercial and marketing knowledge as well as scientific knowledge provides a source of advice, and the Industry committee acts as a conduit to these resources as an integral part of the BIR.

## Diverse Committee

The industry committee has traditionally provided meetings to the BIR in many areas of forefront technology and approaches to Radiology and therapy, and retains a focus to continue this. The membership of the committee remains diverse not only covering a wide breadth of relevant industries, but also of other allied fields including procurement, the NHS and the DoH.

Industry committee is currently working on several meetings one of which is looking at "Diagnostic Imaging partnerships between the Independent Sector Providers and Primary Care Trusts".

## Multidisciplinary

The structure of the BIR industry committee is intended to be itself multidisciplinary and include radiologists (diagnostic and clinical oncological) radiographers, as well as representatives of different elements of industry, Department of Health and the purchasing community. The Industry Committee continues to provide a crucial link to several standards organisations, and in particular to IHE.

# Imaging and the Department of Health

Over the last 3 years the main focus of the Department of Health has been towards reducing waiting times. Imaging is one of the success stories of the 18 week programme. This is largely down to huge changes in the way we deliver services and a lot of hard work across departments all over England. By **Dr Erika Denton**, *FRCR, FRCR, Medical Director PACS Programme, Connecting for Health, National Clinical Lead for Diagnostic Imaging, Department of Health.*

The numbers of patients waiting more than 6 weeks for an imaging investigation have reduced from 110,862 to less than 1,000 in 2 years. As well as helping to achieve the target, this is of course better for patients, ensuring earlier diagnosis and appropriate treatment.

## Local service redesign

Buy-in and leadership from frontline imaging teams has been crucial – this has not been about imposing something from the centre. There has been an expansion in equipment to meet increased demand, but the most significant changes have been in how imaging services are delivered, with a massive amount of local service redesign.

Greater use of technology with full roll out of PACS and the use of digital dictation systems has meant reporting times have fallen, which has shaved more time off the patient pathway.

The Department of Health diagnostic imaging stakeholder group, the National Imaging Board, works closely with the Radiology Service Improvement team now based at the NHS Institute. This team provides expertise in service improvement methodology and redesign and has played a crucial role in helping services towards patient centred imaging with, in many cases, no waits.

## Key achievements

These are some of the key achievements for imaging services:

- A median wait of 1.5 weeks (November 2008) for an imaging test

compared with 4.2 weeks in April 2006 (when figures were first published);

- 99.7 per cent of patients waiting for one of 5 key imaging tests now wait less than 6 weeks compared with only 63.2 per cent in April 2006;
- In 2007/08 over 3.0 million CT scans were performed in England – an increase of 158% over the past 10 years;
- In 2007/08 nearly 1.5 million MRI scans were performed in England – an increase of 211% over the past ten years;
- At September 2007, the imaging workforce had seen increases in the number of consultants working in radiology from 1473 to 2133 (45%) over the past ten years.

The National Imaging Board oversees a broad work programme which has resulted in several key publications which can be viewed on our website. <http://www.18weeks.nhs.uk/content.aspx?path=/achieve-and-sustain/Diagnostics/Imaging>

These include:

- **The Role Of Teleradiology In Supporting The Delivery Of Diagnostic Imaging Services**, which examines how the benefits of various forms of teleradiology can be harnessed to enhance the delivery of imaging services;
- **Clinical Governance In Ultrasound**, guidance produced because the rapid proliferation of equipment and the increasing numbers of non-imaging trained individuals using ultrasound presents unique challenges;
- **Commissioning a World Class Imaging Service**, an interactive tool developed to

support commissioners of imaging services. It aims to bring together valuable resources in one easy, convenient reference tool with multiple web-links.

<http://www.18weeks.nhs.uk/Content.aspx?path=/achieve-and-sustain/Diagnostics/Imaging/commissioning-guidance>

- **Implementing The National Stroke Strategy – An Imaging Guide**, produced in conjunction with the Department of Health Stroke Policy Team, offers guidance to commissioners and front line staff about the delivery of Imaging Services to support the National Stroke Strategy.

## Where do we go from here?

The focus is on sustaining low waits and addressing wider issues to improve the quality of imaging services. Our current work programme includes work on paediatric imaging, cardiac imaging, interventional radiology, forensic imaging and imaging services in the event of a major disaster. We are also building a joint work programme covering the broader diagnostic agenda.



Dr Erika Denton, FRCR, FRCR

# Introducing the Scottish Branch of the BIR

Dr Andrew Pearson, Consultant Radiologist from Borders General Hospital in Melrose and Scottish Branch Chair, talks to **Chloe Scragg**, BIR Branch Coordinator, about the BIR Scottish Branch.

The BIR first held a Branch meeting for its Scottish Members in 1936, and continued to do so until 1946 when it was decided by ballot among the Scottish Radiologists that future meetings were to be held by an unaffiliated body – the formation of the Scottish Radiology Society. And so, 63 years later, we are pleased to announce the re-formation of Scottish Branch of the BIR!

Dr Andrew Pearson, Consultant Radiologist from Borders General Hospital in Melrose, is the Scottish Branch Chairman and tells us more about it.

**Hi Andrew, congratulations on your new post as Chairman of the Scottish Branch of the BIR. The Scottish Branch of the BIR last met over 60 years ago: what do you hope to achieve in your new role as BIR Scottish Branch Chairman?**

I very much hope that we can build a vibrant, interactive regional branch providing imaging professionals in Scotland with both educational and networking opportunities to all disciplines within the imaging team. I shall aim to increase BIR membership, not least by introducing the organisation to students who may join the BIR for free!

**The BIR has a growing number of student members. How have you seen the radiology industry and profession in Scotland change since your student days?**

I was inspired by medical imaging as a student, and it was my favourite

subject. CT had only just been invented by Sir Godfrey Hounsfield and was not clinically available until after I graduated. Images in those days were limited to the brain and were very primitive, barely showing more than the ventricles! Since then the technology has changed beyond our wildest dreams to offer us the present day multidetector super-fast scanners which are now an essential tool in the investigation of many medical conditions.

Of course, ultrasound was strong in Glasgow thanks to Professor Ian Donald, and we were proud of our modern scanners which had the probe 'conveniently' mounted on an articulated arm, a great ergonomic step forward from the clunky but excellent Disonograph! No sign then of small handheld probes offering high-resolution real-time imaging, with Doppler and numerous other new technologies.

Nuclear Medicine was just moving from the old rectilinear scanners to primitive single headed gamma cameras. Now, twin headed SPECT scanners, most with built in CT, are standard which, together with advances in radioisotopes, have enabled massive progress in oncology and many other areas, leading to the change in name to Molecular Imaging.

This name, of course, also embraces PET, of which there was no sign in clinical practice when I was a student. MRI was also a distant hope in day to day clinical work.



*Dr Andrew Pearson, BIR Scottish Branch Chairman*

Since my student days, Medical Imaging has moved centre stage to become an essential tool in the rapid diagnosis of complex conditions, enabling early treatment and often cure of conditions which were previously often undiagnosed until there was no hope of successful treatment.

**And finally, when not busy working, what do you like to do in your free time?**

In my spare time I enjoy spending time with my wife, Jenny, and family including two young granddaughters. I also enjoy computing, music and photography together with travelling, principally throughout Spain, a largely underestimated country, which has so many delights to discover, especially inland and in the North.

# The Argentine Society of Radiology



Dr Alfredo Buzzi, a BIR member, is Secretary of the Sociedad Argentina de Radiología (SAR). The BIR had the pleasure of meeting with him at the SAR offices in Buenos Aires in November last year. By **Chloe Scragg**, BIR Branch Coordinator.

## The SAR is a very active society in Argentina. What is the greatest achievement of the Society since its formation?

For 92 years, the SAR has undoubtedly provided the core of academic and social activity for the Argentinean radiological community. It has carried out numerous activities among which we can highlight the publication of the "Revista Argentina de Radiología", edited since 1937 which is highly regarded throughout Latin America.

The SAR organises the annual Argentine Congress of Radiology (this year the 55th), which attracts over 2 000 professionals and is the second most important Radiological Congress in South America. In 1994 the Council of Professional Certification was created. It has been formed alongside members of the SAR.

Since 2000, the SAR has worked towards developing its International presence, and has formed links with many radiological societies throughout the world. The SAR offers many services to its members: legal advice, translation assistance, courses, meetings, a virtual campus, a Certification Program and grants for research, to name but a few!

## How would the SAR like to see the radiology community develop in Argentina over the next few years?

The economic situation that Argentina

and other Latin American countries face makes it very difficult for our radiological community to grow with the lack of advanced technology, which is needed for our professional development. We would like Argentinean radiologists to have access to all the new technological developments. This depends on several domestic political decisions regarding taxes, credits, etc.

It would also be important that the radiological community join together with organisations that work in defense of the professional practice.

To keep the high academic level reached throughout the years, it is important we maintain the ever-growing scientific, cultural and social activities.

## And finally, should any of our readers visit Buenos Aires, what would you recommend they should see and do in the city?

Buenos Aires is a very cosmopolitan city where tango, literature, good food, music, films, theatre, shopping tours, football and nightlife converge. The neighborhood of La Boca and the old part of the city San Telmo with its peculiar flea market held every Sunday, as well as the newly developed neighborhood of Puerto Madero with its countless restaurants are worth a visit. The Museum of Fine Arts and the Colón Theatre are things that no one can miss visiting.

Outside Buenos Aires, Argentina offers different landscapes thanks to the



Prof. Alfredo Buzzi and Chloe Scragg of the BIR at the SAR

diversity of our climate. Mountains, forests, rainforests, deserts, beaches and snow can be found all over the country! And of course, it is mandatory to eat our typical barbecue, accompanied with a good wine from our lands!

For further information regarding the SAR, please visit [www.sar.org.ar](http://www.sar.org.ar)

# PACS set to build on a successful roll-out

PACS wasn't a completely new technology in the NHS before the National Programme for IT (NPfIT), but it's fair to say that the programme made a massive difference to the speed with which PACS was adopted across the NHS in England.

By **Dr Erika Denton**, Consultant Radiologist, Medical Director, National PACS Programme, NHS Connecting for Health National Clinical Lead for Diagnostic Imaging, Department of Health.

Over a three year period 127 trusts received PACS as a result of NPfIT. It was a massive collaborative effort involving NHS Connecting for Health, SHAs, trusts, IT service providers, professional bodies and clinicians.

## Project of the year

The speed and success of the roll-out earned the PACS programme numerous plaudits. *Computing* magazine – never afraid to criticise NPfIT – awarded it the accolade of 'Public Sector Project of the Year' and a number of countries have approached us to learn from our experiences.

Rarely have so many NHS staff been so positive about a specific piece of technology. Far from being solely the concern of radiologists and radiographers, PACS is a great example of technology which has improved the working lives of all clinicians who come into contact with imaging, and patients, alike.

Nevertheless, there is still plenty of work



PACS enables images to be accessed at multiple locations within a trust.

to do and the national PACS programme is working closely with the SHAs and other stakeholders to further develop PACS/RIS services in England.

## Image sharing

Image sharing is an obvious priority. It made sense to roll-out PACS quickly as it meant trusts could experience the benefits of digital imaging over film as soon as

possible. However, although clinicians can view X-rays and scans at multiple locations within trusts, the sharing of these images across trusts is more complex.

There are a number of ways in which trusts can share images with their neighbours on a local basis and we are continuing to advise them on the various options which facilitate this.

## PACS Exchange

Work is also underway to implement interim/tactical image sharing solutions on a regional basis. This work is technically challenging and progress is being made at different rates around the country. London is a good example: here, the image sharing solution PACS Exchange is currently being used at two early adopter trusts – Mayday and Royal Marsden – and is already proving its value, especially in supporting multidisciplinary team meetings. PACS Exchange will be rolled-out more widely in the capital in the very near future.

We've also been investigating with the



Practising clinicians play a big role in guiding the PACS programme at national and regional level. As well as PACS Medical Director Erika Denton, there are also five clinical leads (from left to right): Rhidian Bramley, William Saywell, Tony Newman-Sanders, John Somers and Laurence Sutton



*Fewer patients are having their treatments delayed as a result of lost or misplaced images because of PACS.*

Department of Health how independent sector healthcare providers (ISHPs) can best share diagnostic images and reports with NHS trusts, thereby ensuring a seamless service for patients who move between the two. It will not be long now before a solution is made available to trusts and ISHPs.

In the longer term, images and reports need to be accessible via patients' care records. After all, digital imaging is an important element in the care pathway for most patients. The feasibility and timescales of this are currently being considered with a wide range of partners. However, if it is feasible and cost effective, integrating PACS with both the summary care and detailed care records envisaged as part of NPfIT will not be a quick process and will be dependent on the timescales needed to realise these services.

### Data Security

Maintaining the security of the patients' data is also an important consideration for us and information governance protocols are already in place to support trusts who want to share images.

Work will continue to ensure that the different solutions develop in such a way as to meet the NHS Care Record Guarantee. Future software releases are therefore likely to introduce features such

as smartcard authentication, role-based access controls, patient consent and legitimate relationships where these are not already in operation.

Now that PACS is well-established within radiology we are looking at how it might best support other clinical services that use medical images. This work is being heavily influenced by policy drivers within the Department of Health and the wider NHS.

### Other Services

For instance, the national PACS programme team is working with the National Breast Screening Programme to identify how PACS can be used to support the move to digital mammography.

There is work to address the imaging

challenges associated with the National Stroke Strategy. The programme is currently finalising guidance on how stroke networks might best use the capabilities within existing PACS and advice on commercial and non-nationally funded enhancements or capabilities, while also looking at longer term requirements around image sharing for stroke.

It is a similar story for cardiology networks – the programme is providing advice on the possible options for those who want to share images now or in the near future, while investigating longer term requirements.

Given the success of the PACS roll-out, the obvious questions is, "what's next?"

As you can see, the national PACS programme – working with SHAs, trusts, the Department of Health, professional bodies and other stakeholders – is moving forward on a number of fronts, although the challenges are considerable and, as a result, progress is sometimes difficult and slower than anticipated when the programme first began.

We are determined to maintain the momentum, though, ensuring that PACS in England continues to develop in a way that is timely, clinically appropriate and which represents good value for the NHS.

[www.connectingforhealth.nhs.uk/pacs](http://www.connectingforhealth.nhs.uk/pacs)



*Post-PACS, trusts have reported big improvements in reporting turnaround times.*

## Meet a BIR Member

# Marion Frank – a big hearted radiographer

It is impossible to summarise Marion's experience and the honours she has received in a single page. With over 44 years' experience as a radiographer, seven honours and overseas experience in an advisory capacity relating to radiography training, one thing is for sure: Marion is someone to remember. For our pleasure, she talks to the BIR about her life.

### It all started in Europe

Born in Germany in the 1920s, Marion Frank and her twin sister lived in what she calls "the Hitler time". Sent to boarding school in Switzerland, they met an English girl whose family offered to foster them in London. At that time, they spoke only German and French – no English, yet. Wishing to earn money, they were advised to get a job in the medical field and so started at the Royal Northern Hospital as assistants in the postmortem room. For Marion, the job was not an issue as she has no sense of smell; for her sister, the experience was harder.

While at the hospital, they met Dr Kathleen Clark who encouraged them to move into radiography. At the time, the training took 2 years and cost £50. So, in April 1939 the sisters began their training. Hospital conditions were very different then. Marion recalls that, *"in those days, we didn't move the patient to the X-ray – we moved the X-ray tubes to the patient."*

More hardships arose in 1940: those without a passport (and who) are considered aliens are asked to leave London. Marion finished her training in Glasgow, and was very thankful to have had her sister with her. As she says, *"when you have a twin sister, you can live through anything."*

### The beginning of a career

Marion's first job was at the Putney Hospital, where she stayed for 2 years before going to the Derbyshire Royal Infirmary until 1948; her sister went to Bart's Hospital.

Once her Fellowship was obtained in

1947, Marion left for North America. She brought with her the maximum amount of money allowed (£20) and took the liner from Liverpool to Montreal. She worked in various hospitals, including the Neurological Hospital, Montreal, Canada. As the wages were low, she looked for a second job. Open-minded and curious, she first went to a circus, wanting to be the person shot out of the cannon. But, sadly, she is told that she is too big to fit into the cannon! She eventually got a second job as keeper of the central heating of a court of flats in Montreal, which consisted of stuffing the boiler with coal.

### Return to London

In 1949, Marion returned to London, becoming Superintendent Radiographer and Principal of the School of Radiography, Middlesex Hospital, at the tender age of 27. Very active, she managed the X-ray Department, taught and started her overseas work in an advisory capacity relating to radiographic training for numerous countries (1969, Thailand; 1978 and 1982, Sudan; 1979 & 1981, Zambia, and more).

She joined the BIR on 14th January 1949. *"We are a team,"* she says when asked what the advantage of being a member is.

She carried on her teaching as a temporary teacher at the Middlesex Hospital schools and Honorary Lecturer at St Guy's Hospital from 1981 to 1986. Education is one of her priorities as she has also been Chairman of the Education Committee of the International Society of Radiographers and Radiological Technologists (ISRRT),



*Marion Frank, receiving one of her numerous titles*

and is responsible for the organisation of six internal Teachers' Seminars.

### Modesty

Over the years, Marion has received numerous titles and prizes, such as the Welbeck Memorial Medal (College of Radiographers), Honorary Member of the Royal College of Radiologists, Master of Science *Honoris Causa* (Southbank University, London), Gold Medal of the Society (College of Radiographers), Doctor of Science *Honoris Causa* (City University, London) and Fellow of the British Institute of Radiology.

When speaking of the OBE she received in December 1980, Marion mentions it with great modesty, before changing the subject to another greatly entertaining anecdote and chatting away.

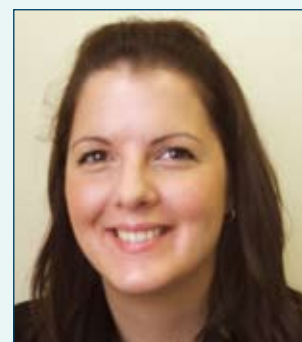
## Three BIR recruits

In 2008, the BIR recruited three new staff members. Scanning the BIR is pleased to introduce them to you.

### LUCY NYE - Events Coordinator

I have been employed at the BIR as Events Coordinator since August 2008, working on the UKRC conference. Prior to this, I worked for the Institute of Mathematics and Its Applications for five years as the Conference Officer. I have a degree in Business Administration and Marketing, graduating in 2000. I am enjoying my role at the BIR and am looking forward to the challenges that arise from organising such a large and prestigious event.

I enjoy travelling and am fortunate enough to have completed two round-the-world trips. I am also a keen skier and scuba diver. In my spare time, I like to go to the theatre and live music events as well as dining out with friends.



### LORRAINE WILLIAMS - Events Assistant

I have been an Events Assistant at the BIR for almost a year organising and administrating the scientific meetings and assisting with the UKRC conference programme. Prior to this, I studied Human Communication Science at the University of Sheffield. After graduating, I worked as a receptionist at Sheffield Hallam University before temping in the big city.



Perpetually cheerful, enthusiastic and vibrant, you'll find me watching Top Gear repeats and dreaming of owning an antiquated Triumph Herald or Ford Capri, or rummaging through vintage shops with my penchant for polyester and all things synthetic. If you're quick you may just catch me dashing around the London streets as one half of a street art project, photographing Shoreditch and East End graffiti or creating brooches from reclaimed watches and other unusual items.

### SAM LEE - IT Manager

I was recently employed by the British Institute of Radiology as the new IT Manager to improve our IT-related infrastructure and processes. I have just finished my three months probation, so I am looking forward to working with the staff, Officers, Council and other relevant stakeholders over the coming years.

I worked previously in a similar role with a financial services company back in Australia where I am from and I am looking forward to the new challenges the BIR will bring. Already, we're moving ahead with improving our Membership and Conference management systems.

Personally, I am up for most activities with my friends and family, especially when it involves fishing. I enjoy playing basketball, mountain biking, running, hitting the gym, bush walking and meeting new people.



# Pioneers in contrast media development



Company's research into tracers that bind to specific markers of disease, which are then made visible using positron emission

Following Wilhelm Röntgen's discovery of X-rays in 1895, it took only months for radiography to become widely used for medical purposes. Two important challenges have occupied scientists ever since: how to improve the image; and how to make the procedure safer.

Bayer Schering Pharma (BSP) has been a pioneer in a key component of medical imaging: the development of contrast media. However, BSP demonstrates not only a pioneering research and development record but also a commitment to improving the health of individuals and the environment in which they live.

BSP is developing exciting new imaging technologies that will lead to faster and more precise diagnoses. In addition, BSP continues to invest in resources that improve the quality of service that health care services can provide as well as social and environmental programmes that are essential to health.

## Setting new standards in medical imaging

Since the launch of the first injectable iodine-containing X-ray contrast medium in 1930, BSP has been committed to the development of innovative contrast media. It was in 1988 that BSP introduced the world's first magnetic resonance imaging (MRI) contrast agent. This was followed by other firsts for MRI: an agent specifically developed for joint imaging; the first and only available 1-molar agent; and most recently the first

blood-pool agent. This was a landmark in magnetic resonance angiography, allowing clinicians to examine the narrowest blood vessels without resorting to the use of catheterisation.

Today, contrast media are used in one third of MRI investigations and one half of all examinations using computed tomography (CT). These techniques are being used with

## Bayer Schering Pharma has set new goals in contrast media development

increasing frequency around the world because contrast enhancement brings the benefits of earlier, more accurate diagnosis.



BSP has set new goals in contrast media development, not only to achieve *in vivo* diagnostic imaging but also to create entirely new imaging techniques that will become integral to new therapeutic strategies. Already, BSP has developed a contrast medium that works at a cellular level, being taken up by hepatocytes. This gives clinicians a non-invasive tool to detect and characterise liver tumours.

The next logical step for diagnostic imaging is to identify threats to health at a molecular level. BSP is already making that step. One example is the

tomography (PET). BSP has developed such a tracer, which can be used to detect beta amyloid, an abnormal protein that may be present long before the clinical manifestations of Alzheimer's disease have become apparent.

## Investing towards a brighter future

Doctor Ludger Dinkelborg, Head of Diagnostic Imaging Research at BSP, is confident that PET imaging will be a routine procedure in hospitals within ten years. These sophisticated techniques may transform the quality of diagnosis that clinicians can provide and are likely to improve the outcome for patients with life-threatening conditions. BSP also takes a wider outlook, promoting social and environmental projects to help the poorest people. In co-operation with organisations such as the World Heart Foundation and the World Health Organisation, BSP is funding free treatment programmes, novel research into the treatment of tuberculosis, family planning services and health education services.

BSP is also one of only six private sector partners that support the United Nations' Plant for the Planet Billion Tree Campaign. BSP aims to make the future brighter at all levels – from the molecular to the global.



**Bayer HealthCare**  
**Bayer Schering Pharma**

## Dry as Dust: Our Hospital ABC

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

Many illustrated alphabets have been made with an illustration for each letter of the alphabet. This drawing is from "Our Hospital ABC" and was published in the Great War and illustrated by Joyce Dennys. The ABC stands for Anzac British Canadian and the book celebrated military hospitals.

The illustration for X is for "The X-Ray" and says, "If by any ill luck you swallow a sixpence it shows where it's stuck."

The apparatus illustrated looks like the radiographic apparatus in the old Ontario Military Hospital which was a 2000-bed hospital and became Orpington Hospital. These were the days before image intensification and radiography was commonly used to locate more serious foreign bodies than the old 6d coin (2½p).



## Dates in Radiology: Casualty 1909

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



*Pioneer radiographer and X-Ray martyr Ernest Wilson featured in Casualty 1906*

Starting with the TV film "Casualty 1906", Stone City North, from Manchester, has been making a series of films based on life at the London Hospital (now the Royal London Hospital) in the period leading up to the Great War. In *Casualty 1906* the pioneer radiographer and X-ray martyr Ernest Wilson was featured. In this new film which is set in 1909 a woman has a radiograph taken of her shoulder and this is shown in this film still. I was pleased to have been able to lend the production company some original radiological apparatus to use in the filming to make the scene as authentic as possible.

What I have enjoyed about the films is that they are honest to the characters of the period. So many films seem to put modern characters with modern attitudes into costume with plots and

attitudes that are not true to the times. The attitudes of those in the past were different from our own and we can often have insights by comparing their assumptions about life with our own.

# Day 131 of the BIR President



They say that the first 100 days are critical for a new President – and people are saying it a lot right now as President Obama takes office.

Well, I am beginning this column on day 131 of my Presidency, and life has certainly been eventful! There has been considerable change in the Institute's staffing as we say goodbye to Tim Hogan and Ashok Dattani after 19 and 6 years working for the BIR, respectively. The longstanding contribution made by Tim is particularly worthy of note and

my thanks and best wishes go with him as he moves on to new challenges elsewhere.

The work of the Institute continues and as I write this column our staff are engaged in great efforts to improve our internal processes. In particular, Sherry Dixon is leading our work towards the quality standard ISO9001 with a target for accreditation in the Summer of this year. It is a tight schedule but (as ever) the staff in Portland Place are approaching the task with great commitment.

For myself, focus is now on two main areas:

Firstly, on the Art Exhibition to be held in the Institute on 16–21 March. I hope you will all find time to visit the Institute during this week and share what promises to be a wonderful exhibition which Paul and Lois Goddard are organising for us.

Secondly, on particle therapy and the plans for my President's

Conference on this subject on 19–20 May. I hope those who want to find out more about this cutting-edge area of radiotherapy will be able to attend. Particle therapy is very much on my mind as I type this column on a plane, enjoying a lovely view of ice-flows on the way to the centres in Jacksonville, Florida, and Houston, Texas, as part of an NHS team to assess these centres as potential referral sites for our patients. It's tough work, but someone has to do it!

A handwritten signature in blue ink that reads "Stuart Green".

**Stuart Green**  
**BIR President**

BIR News Notes – 4<sup>th</sup> Feb 2009



**Letters to the President:**

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