



MISC

P253 Dawson Turner and the development of radiotherapy**Adrian Thomas**; Mark Kynaston

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Background: Dawson Turner made major contributions to the development of radiotherapy and his work is not sufficiently appreciated.

Method: The writings of Dawson Turner and the contemporary literature has been reviewed.

Results: Dawson Turner (1857-1928) was born in Liverpool graduating in Medicine in 1888. He had an interest in the application of physics to medicine and was appointed Lecturer in Medical Physics at Surgeons' Hall Edinburgh. On 5 February 1896 Dawson Turner showed radiograms using the Röntgen process to the Edinburgh Medico-Chirurgical Society. He was appointed Physician in Charge of X-Rays at Edinburgh Royal Infirmary and remained in this role until ill health caused his retirement in 1925. Turner died of radiation related malignancy at Godalming in Surrey on Christmas Day 1928. Early in his career he lost the fingers of his left hand to radiation and also lost an eye and his name is one of three from Edinburgh to be listed on the X-ray Martyr's Memorial at Hamburg in Germany.

In 1931 Edinburgh Royal Infirmary erected a memorial plaque to his memory in the radiology department. Dawson Turner made major contributions to the development of radiotherapy. His book 'Radium' was very influential and went through two editions. In 1913 he is one of the earliest recorded to use radiation to treat lymphosarcoma and this case will be discussed in detail.

Conclusion. The life work and death of Dawson Turner provides a major insight into the origins of radiotherapy in Great Britain.

Turner D.F.D. (1913). A Case of Lymphosarcoma Treated by Radium. Archives of The Roentgen Ray. 17 (11): 418-419. Turner D.F.D. (1914) Radium Second Edition. London:Baillière Tindall & Cox.

P254 Sonographic evaluation of the pelvic causes of female infertility**Alyaa Raheem**¹; Luma Naji¹; Hawraa Emad²¹Middle Technical University, Baghdad; ²Karbala Gynecologic Hospital, Baghdad

Ultrasound imaging plays major role in diagnostic evaluation of infertile women. Several ultrasound procedures have been used as an investigation method for the pelvic causes of infertility. These causes are diverse including tubal and peritoneal abnormalities uterine and cervical factors and ovarian disorders. In the majority of the cases the imaging procedures begin with transabdominal ultrasound. This technique may compensate any further investigation.

The aim the study is to consider the role of ultrasound in the detection of pelvic causes of female infertility and to quantify the incidence of these causes for Iraqi women. This study was done retrospectively by reviewing the data during 12 months for all the infertile women who registered in a gynecological hospital. About 750 infertile women from (15-45) years old were investigated. However Only 255 cases were used according to the sample size calculator in order to deliver a 95% confidence level. Of the 255 cases 53.33% were normal and only 119 patients recognised as abnormal patients. Ovarian factors were present in 35.69 % of the selected population and the most common finding was the PCO which present in 88 patients. The second noticeable factor was the uterine factors presented in 9.8%. Other factors such as endometriosis and PID are presented in only 1.18% of the population.

TAU is a valuable modality to deliver maximum information around the infertility causes associated with female pelvic organs. The main detected cause was PCO presents in more than one third of population followed by uterine fibroid.

P255 Role evolution of the advanced practitioner enema Radiographer**Saminah Yunis**¹; Gary Culpan²; Michelle Ellwood³¹Mid Yorkshire NHS Trust; ²Bradford University; ³Leeds University

Purpose: A pioneering area of advance practice for Radiographers in UK was in the field of performing Double Contrast Barium Enema (DCBE) examinations, however over the last 15 years the examination has become obsolete. This has been mainly due to the increasing availability of endoscopy and advanced cross sectional imaging modalities. The purpose of this study was to establish what became of these highly skilled radiographers. Did they carry on into other areas of advanced practice or were the skills and knowledge gained by the individuals lost.

Material and methods: An online survey of Radiographers who have performed barium enema examinations was carried out. Questions included closed, semi structured and forced response question styles with an opportunity for free text comment.

Results: Responses were received from 16 health regions across the United Kingdom. 87% of the respondents had performed DCBE for over 6 years. With the majority having completed a formal training course. 61% have moved on to perform other advanced practice. 40% gained a qualification at post graduate level and above.

Conclusion: Inter professional patient-centred care skills gained whilst performing DCBE provided opportunities to progress into other advance practice roles. However these skills were often ignored when setting up CT Colonography services and there was no natural progression of the DCBE advanced practitioner into CT. Resistance by Radiologists into other areas of advanced clinical practice was also noted. Education opportunities were also in consistent across the country. Few Universities offering postgraduate courses that would complement the developing clinical practice.