

## **MUSINGS ON BMUS 2006**

So before you know it its December again, and in my professional life it is time for BMUS. Peterborough to Manchester is a relatively easy journey with a regular train service that goes straight there, but on this occasion I found myself in Nottingham. The train broke down and travelled at about 20mph I (I guess) until we got to Sheffield where they turfed us off. So my planned arrival in Manchester was somewhat delayed, luckily I had some entertainment with me.

Next day after an early rise and breakfast I was chairing one of the first sessions on the Urogenital System. Had I not been chairing I think I would have found it difficult to choose where to go given such an interesting programme and so much choice. As it was, I listened to our guest lecturers discussing various aspects of investigation of the urinary tract. With the advent of CT urography - whither ultrasound? Personally I think ultrasound is here to stay but the IVU is likely to disappear over the years.

I really enjoy chairing meetings - I have chaired many in my time. This task can be a real struggle but in Manchester it was really easy. The speakers all arrived and chose to speak to time. I found the audio visuals in the Porters' room excellent. This is to be distinguished from those in the main auditorium which seemed designed to make the life difficult for the chairman. After the urogenital system, off to the first session on the abdomen. Here I had a taste of how difficult things can be for the chairman and the speakers because the audio visuals went wrong and everything had to be re-organised. Despite this I learned quite a lot about ultrasound of the bowel, the mesentery and of course was reminded that the abnormal gall bladder was more than just a bag of stones.

Then all of us off to the AGM – well some of us anyway! It is always sad that more people don't come to the AGM. It is an opportunity to question the officers and to ensure that your society is being run properly. We were told about the difficulties the society is now facing in its' financial position. I happen to think that our society membership fee is superb value for money. We heard that it had to rise a little. This is a very difficult one to judge: on the one hand you need a subscription fee that enables the society to remain financially healthy whilst at the same time low enough to attract members. I think this is a very difficult balance for the Treasurer, but at the current time at £40 our society remains excellent value for money. We also heard that the increasing use of the website means that access to some information will only be through the web. This is a trend that is happening throughout and is something that we are all going to have to accept whether we like it or not.

Time for lunch and the first opportunity to socialise and look at the equipment in the technical exhibition. After lunch it was difficult to choose which of the sessions to attend. I went to the 'Controversy Section in Emergency Ultrasound' where we heard about post partum bleeding, ultrasound of the RIF and the acute scrotum. The discussions only served to reinforce my opinion that we should be prepared to perform imaging in the acute situation. In practice we may have to run a 24 hour service. How this can be achieved is a debate in itself. I was also persuaded that it is totally unacceptable to take out normal appendices and consequently we should be prepared to examine all children before the surgeons get their hands on them!

Tuesday afternoon gave me the opportunity to attend one of the interactive lectures. This was a quiz with cases presented by Paul Allen (Vascular), Keith Dewbury (General) and Heather Andrews (Obstetrics and Gynaecology). I always find these quizzes quite fun and informative but this was especially so because we had a little pad that we could each use to make our choices. Presumably it would have been possible for the organisers to discover how each of us did individually but they chose not to do this and I am glad they did not because I did hopelessly badly. Perhaps we will see more of these sessions more in the future. Thank you to our presenters for setting such interesting questions. I just wonder if I will ever see any of the cases illustrated myself.

Somehow the day was finished before I could even wake up and think. It was time to go downstairs and share a drink or two with our manufacturing colleagues. Back to the hotel and to prepare for a little trip to the Hard Rock Café. I turned the television on only to find four master chefs cooking the 'great British Christmas menu' which only served to whet my appetite. Hard Rock Café was fun but the band was so loud that it destroyed my ears and before long they stopped playing – later on I found this was at our request. The next morning I discovered that our president had been accosted by undesirable individuals on the way home from the Hard Rock Café. I suppose this is a risk that is always with us if we walk the streets of the inner city late at night. I am glad nothing untoward happened.

Wednesday morning dawned and I looked forward to another interesting day. This started with lectures on Microbubble Drug Delivery and other forms of ultrasound mediated cancer treatment. This is exciting work and I just wonder whether therapy in the future will dramatically change as a result - watch this space!

Hylton Meire delivered the Donald McVicar Brown Lecture. The title was 'Is Ultrasound as useful as you think?' Of course ultrasound is useful but he very elegantly illustrated the need to be careful about the investigations that technology has allowed us to do. I think that the message he gave was even more poignant today as we start to experience the potential of the explosion of ultrasound use as just about everybody and anybody thinks of themselves able to do ultrasound at a whim.

Wednesday lunch break was our chance to have a council meeting. When I joined council I wanted to change everything but as soon as I was there I realised how difficult it is to do this. Council members are under many different constraints but I can assure you that we all do our best to run the society for your benefit and to make it go from strength to strength.

In the afternoon I had the pleasure of chairing the screening session together with Kevin Martin who is now president. Here we both had the taste of how difficult it can be to be a chairman when your speakers were not even guaranteed to be there. Professor Muir Gray, Head of the UK National Screening Programme, only arrived just in time to deliver his lecture at 3.15pm. We were wondering whether he was going to arrive at all! We were bought up-to-date about screening for ovarian cancer. Anyone who does gynaecology scanning will be well aware of the difficulties associated with this subject. Paul Sidhu confused us with the old chestnut

'Testicular Microlithiasis. We also had a discussion regarding ultrasound screening of chronic liver disease. This will take on more and more importance as the incidents of hepatocellular carcinoma is increasing. Finally I listened very carefully to Professor Muir Gray and was very interested in what he had to say - unfortunately my view on the matter was coloured by an impression that he seemed to be strongly echoing the government line. Aortic aneurysm screening begins soon.

One of the fun things about BMUS is the opportunity to listen to something different – I went to the session on Ultrasound in Unusual Places. Surgeon Commander Miles persuaded us that ultrasound on the battlefield is very very helpful and may well contribute to saving lives in the war situation. Janice Meck from NASA talking about the changes that occur in our physiology when we go for prolonged space flight. Her talk inspired in me the thought that in the future man might just go to space, adjust his or her physiology and never come back. I asked her about this and she assured me that there were many astronauts who were quite happy to go and stay out there. Finally Dr Hildebrandt gave us an interesting talk about the Use of Ultrasound in Animals, mainly in this case to try and save endangered species. He showed us a very interesting slide that demonstrated the number of species that are estimated to be lost every day as our population rises. 'Dr Hildebrandt have I seen you on television?' I asked, 'Certainly – and often' came the riposte!

Then to the Town Hall for highly enjoyable annual dinner. The social aspect of our meetings cannot be underestimated and the annual dinner is a highlight. I wish more people could go. I am disappointed that Kevin Martin did not give Grant Baxter a kiss – though he threatened this!

I always pity those who have to deliver the first lectures after the BMUS Annual Dinner. I went to the session on Physics, 'New Technologies Explained'. I thought the four speakers gave a very elegant explanation of future developments and I found that I actually understood the physics which is a testament to the lecturing technique. Just in case all of you thought that ultrasound technology has reached some kind of a peak well you are wrong. There is so much more on the horizon – even molecular imaging!

After tea I visited my main area of interest 'the female pelvis'. Dr Tranquart from France told us about the latest thoughts on differential diagnosis of ovarian lesions. Dr Swift tried to persuade us that MRI was very useful. I don't know why anybody needed persuading, we frequently use MRI as a problem-solving device. Finally Mike Western gave us a very interesting outline of the conditions that can cause problems in the pelvis that are not in the uterus and ovaries.

Then it was lunchtime again - I think the best lunch of the three days. It must be difficult for organisers to pitch the right food for so many people. I know many different types of approach have been tried over the years from sandwiches to lunch boxes to hot meals. Personally I like the hot meal format although this necessarily limits the range that can be offered. On this occasion we had salad as well as a hot meal. I wish there had been some fresh fruit available.

In the afternoon I went to the pancreas session. This was very difficult for me as I have lost two very dear members of my family to pancreatic tumours. It is still

traumatic that we can do very little for this horrible condition, but it was good to listen to a review of the subject. I was left with the impression that there are just not enough practitioners of endoscopic ultrasound in the UK. This is particularly close to my heart because both my close relatives had their pancreatic tumours diagnosed by endoscopic ultrasound biopsy.

Those of you who know me well will be surprised that I have not mentioned the dreaded word 'ultrasound contrast' in the article so far. The subject seemed to be a theme at many of the clinical lectures. My overall impression was that its role outside the liver has not yet been determined but that there are not enough of us in the UK using it to answer the questions that need answering. I feel we have lost the initiative to our European partners; however I am sure that there will be much to say about the subject in years to come.

It is important that we should continue to support our manufacturing colleagues because in exchange they support BMUS. As I wandered around the stands I was left with the impression that the era of small portable machines is upon us. Whilst I am intrigued by miniaturization I also think that availability and cheapness of these machines may be the undoing of the sonographer in the future. I am not part of the school that believes that 'all' should be trained in our art.

I was very impressed with the poster exhibition though I am not sure I would agree with the choice of the judges. I certainly learned something from looking at them.

Finally BMUS 2006 came to an end after three years in Manchester. I am sorry to leave - I think Manchester during Christmas time is a very exciting place. If I am to summarise BMUS 2006 this is what I would say:

Firstly: the use of ultrasound contrast outside the liver may make a big difference to our diagnostic abilities but we do not know how much yet.

Secondly: there is still so much technological development to come – but will we use it wisely?

Thirdly: man may well go to space and probably never return but do we do enough for the creatures that live on our own earth?

Fourthly: how exciting it is to be part of the organisational structure of BMUS. The society is healthy but now needs a financial tonic.

Finally: there is still so much new technology out there that ultrasound continues to be an exciting medium to work with.

Thank you so much to all of you who put in so much effort and time to make BMUS 2006 successful. I enjoyed BMUS 2006; I hope you did. I only have three regrets; Firstly that I did not get one of those lovely presents handed out to all the speakers! Secondly that BMUS 2006 is over. Finally although I am looking forward to Harrogate 2007, I will be one year older!

