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The Missouri Society of
Radiologic Technologists

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Vol. 34
No. 3

"To Live and Grow
And Grow Better"

Spring, 1975

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A BETTER WAY TO ESTABLISH A STERILE FIELD

Patricia Ann Roddy, R.T.

The need for angiography continues to increase because it plays a greater role in the diagnosis of diseases of the viscera and cardiovascular system. Increased reliance on this valuable diagnostic tool means that more cases must be worked into the day's schedule. Organization becomes of cardinal importance, so that as many procedures as needed can be done in a day, with each providing quality of diagnostic value, ease and safety for the patient.

The demand and the dissemination of new and better techniques becomes increasingly more important; such is the intent of this paper as I share with you "a better way." Recently we have been clinically evaluating the use of a new angiography drape (STERIDRAPE Brand Femoral Angiography Drape, 3M Company, St. Paul, Minnesota) which is designed specifically for coronary angiography or other angiographic procedures utilizing the transfemoral approach.

"Prepping" the inguinal area is done according to routine surgical procedure, always using sterile technique. Bacteria are removed from the operative site and surrounding area by shaving the area and then mechanically washing and chemically disinfecting the site. Previously, in our unit, the operative site was limited with towels; and towel clips were used to maintain the position of the sterile field. Once the field was limited, the patient was draped by covering the entire body except the operative site with a cardiac sheet or lap sheet to make a complete sterile field. It was during this preparation period that valuable time was consumed.

We consider the standard draping technique involving towels to limit the field, clips to hold the towels and a drape, obsolete for angiographic procedures. Although this standard technique has been accepted for years, it is in our opinion cumbersome and unnecessarily time consuming when doing coronary arteriograms.

In our evaluation of a new 3M angiography drape, the skin was prepped in the usual manner and the area was dried with a sterile towel. The 3M drape was then aseptically removed from the package and placed on the patient. The packaging and folds of the drape are standardized, which is an advantage in that there is never any question as to how the package should be opened or the drape applied. The drape provides easy access to the right femoral artery site by limiting the sterile field with an oval aperture surrounded with adhesive on the backside which adheres readily to the skin. It also conveniently exposes the left femoral artery site with a contralateral opening. In the event that one side or the other isn't "prepped" the non-sterile site can be covered with a sterile towel. In the past, much time was lost in the procedure when percutaneous puncture of the right femoral artery failed and the left site had to be "prepped" for use. The new 3M drape now provides easy access to both sites if the need arises.

Large volumes of solutions are used from start to finish during these angiographic procedures for flushing catheters, cleaning guide wires, etc.

In this situation, another real asset of the 3M drape is the unique construction which makes it impermeable to liquids, yet absorbent. While fluids are absorbed they are prevented from reaching the patients skin, avoiding possible contamination of the sterile field. Also interference in ECG readings, which frequently occurs if the skin is damp where leads are located, is eliminated.

Throughout this procedure of coronary arteriography the patient is rotated continually through many degrees - 15^o, 30^o, 45^o, 60^o, - in both right anterior oblique and left anterior oblique projections and many times in complete lateral of 90^o. One of the greatest features of the drape is its maintenance of the sterile field regardless of the rotation position. The drape remains intact and in place as a result of its adherence to the patient.

In summary, our evaluation of a new drape designed for angiography has demonstrated the following advantages over conventional draping technique:

1. Provides and maintains a complete sterile field.
2. Shortens procedure time.
3. Eliminates need for skin towels & towel clips.
4. Comes packaged sterile.
5. Is antistatic treated.
6. Is self-adhering.
7. Is absorbent.
8. Is impermeable to liquids.
9. Is lint free.
10. Provides access to right & left femoral arteries.
11. Maintains position of drape in any degree of patient rotation.
12. Is light weight yet strong.
13. Is disposable.
14. Eliminates washing, mending, folding, and sterilizing towels and drapes.

Results to date have been 100% successful in all cases with no failures in technique or product. No post-catheterization fevers due to poor sterile technique or operative site infections were noted with the use of the new drape. In conclusion, our evaluations of a new disposable angiography drape have shown that it is indeed "a better way."

EVALUATION OF THE MULTI-SECTION CASSETTE
AS USED IN BODY SECTION RADIOGRAPHY

Ellen Cordell, S.T.

Introduction. Body section radiography is a technique using special equipment to demonstrate a selected layer or plane of body tissue. Super-imposing tissues above and below this level are blurred by motion, thus bringing the selected plane clearly into focus. For some time now, a multi-section or book cassette has been available for use with this type of examination (1). This cassette can be utilized with conventional linear tomographic equipment and provides from three to seven cuts of the area of interest with a single exposure. Interspacing material between each set of intensifying screens makes it possible to record this greater number of body sections or planes with one movement of the x-ray tube and tomographic apparatus. To provide uniform radiographic density, the intensifying screens are graded in speed to compensate for the longer focal film distance and the absorption by superior intensifying screens. The screens are numbered to imprint layer sequence on each radiograph.

The advantages of using multi-section radiography are:

1. Patient dosage is reduced to half or less (depending upon the cassette model) as compared with the total dosage of repeated single exposures.
2. Each section in a simultaneous series is taken at the same phase of respiration or other physiologic function.
3. All sections are magnified to the same extent.
4. Time of the procedure is shortened, saving time for the technologist and alleviating the patient of strain.
5. Life of the x-ray tube is prolonged by reducing exposures.

The question occurred to this writer that, if book cassettes are comparable to single exposures in radiographic quality with far less radiation to the patient, then why is it that all radiology departments are not required to utilize this technique.

Study of the problem. A preliminary survey of several hospitals showed that the book cassette is not generally utilized. A study was undertaken to find out why this was true.

As part of the study, a series of body section radiographs of the spine were made on a phantom, utilizing first a multi-section book cassette and then a series of single exposures. The results were evaluated

by a radiologist and an experienced technologist. The radiograms made with single cassettes demonstrated more detail in areas as intervertebral spaces and pedicles of the vertebrae. Dissatisfied with these results, the procedure was repeated using a newer book cassette and different exposure factors with the same outcome. The radiographs made with the single cuts were far superior to those made with the book cassette.

In order to obtain additional information and various opinions about the value of multi-section versus single plane tomography, a survey was conducted of the use of these devices in several local hospitals. The radiologist and/or chief technologist was contacted by telephone and asked for his opinion about the value of radiographs obtained and the method presently in use in their department. The majority of smaller hospitals responded that they were not performing much body section radiography; consequently, they did not feel the need for book cassettes. Some of the larger hospitals had invested in the new polytome units which do not facilitate for the book cassettes. One hospital reported that they use multi-section cassettes for all body section work, and another found book cassettes an asset because they were dealing with patients who could not cooperate and thus the more quickly they could complete the examination, the better the results would be. This latter hospital reported that they would sacrifice some detail for a quicker examination. They feel that the advantages of the book cassette outweigh the disadvantages. The majority of the radiologists contacted felt that, with the multi-section cassette, scattered radiation fog was apparent and as a result there was too much loss in detail. A few radiologists stated that the book cassette could be used for finding the depth of the point of interest but, after localizing the area, single cuts were necessary for definitive diagnostic purposes.

Results of the Telephone Survey

Large Hospitals	Utilize Book Cassettes	Utilize Single Exposure	Small Hospitals	Utilize Book Cassettes	Utilize Single Exposures
A		X	a		X
B		X	b		X
C		X	c		X
D	X		d		X
E		X	e		X
F	X				

Summary and Conclusions. In reviewing the radiographs taken for this project, one could see a significant difference between those made with the multi-section book cassette and with the single exposures. There was definitely a loss of detail on radiographs which had been exposed in the book cassette. The majority of radiologists who were surveyed felt that multi-section cassettes provided insufficient detail and as a result the patient would lose out on an accurate examination.

The findings of this project were in agreement with those expressed by a recent author. Lockery (2) found that image detail was poorer using a multi-section cassette than with a single cut technique in body section radiography because of the greater amount of scattered radiation which affected the contrast of the images.

The conclusion to the problem stated above is that the quality of radiographs utilizing simultaneous multi-section tomography are of questionable value and their use should not be enforced. For certain examinations they may be adequate; however, small lesions may be missed.

With the growing use of specialized tomographic units, and in view of its many advantages, it seems that more research could be done to improve the book cassette.

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AN UPDATE FROM THE LICENSURE COMMITTEE, M.S.R.T.

by

Merlin Heinselman, R.T., Chairman, Licensure Committee

BACKGROUND: Approximately 5 years ago the Missouri Society of Radiologic Technologists, of which I am a member, went on record as opposing licensure for x-ray technologists. However, since that time the American Society of Radiologic Technologists has strongly supported Federal Minimum Standards for the training of x-ray technologists and has had a bill in either the House or the Senate of the Federal Government. The support of this bill is such that we feel it will definitely pass in the next year or two, as it came close to passing this past year. As it is written it leaves it up to the individual States to provide for registration and policing of technologists in the State, and it seems the best way to accomplish this is the licensure of the x-ray technologists.

Therefore, at the 1973 annual Meeting of the Missouri Society of Radiologic Technologists, the membership charged the Board of Directors with the responsibility of writing a model bill and presenting it to the membership at the annual Meeting of 1974. With a lot of hard work from persons such as Robert Rein, Sharon Eisterhold, Ron Ott, and many others, a model bill was written and submitted to the membership at the 1974 annual Meeting. At that same meeting, Representative Rusk of the Cape and Senate President Protem William Cason spoke to us concerning this bill. They elaborated the pros and cons of the bill and tried to make us aware of the battle that was confronting us in getting this bill into the Legislature and getting it passed. At this annual Meeting in October, 1974, the membership charged the Board of Directors and the Licensure Committee to make every effort to submit the bill to the State Legislature as soon after December 1, 1974 as was possible. The basic stipulation given to the Board of Directors and the Licensure Committee was not to compromise on the basic education requirements and standards of the American Society of Radiologic Technologists.

M.S.M.A. - M.H.A. - M.S.D.A. After the 1974 Annual Meeting every effort was made to contact, to explain the bill to, to ask for suggestions, and to seek the support of, the Missouri Hospital Association, the Missouri Medical Association, the Missouri Dental Association, and the American Registry of Clinical Radiography Technologists.

We received somewhat of a negative response from the Missouri Dental Association, It seems they were concerned that we would try to take over the taking of dental x-rays in dental offices. They were quite negative and we felt it to our advantage to not require any type of licensure for operators of dental x-ray equipment, since they restrict their beam to the oral cavity. We found the American Registry of Clinical Radiography Technologists more than willing to work with us and have had considerable input from their organization. It took some great amount of time to contact, get appointments with, and to discuss our licensure bill with the above groups.

We met with Dr. Chandler who is President-Elect of the Missouri State Medical Association. He indicated he thought the bill was a good idea as it would help organize and categorize technologists. He stated the State Medical Association would be glad to receive the bill at that time, get it introduced and help get it passed through the Legislature. We were

amazed at this aggressive offer and I may even say a bit frightened by it. I immediately wrote Dr. Chandler a letter explaining we were requesting their comments on the bill, their suggestions, and any opposition they would have as we wanted to consider these comments in rewriting the bill.

Soon after, we met with Mr. Yeckle who is President-Elect of the Missouri Hospital Association. Mr. Yeckle studied the bill, reminded us of the moratorium on licensure, and was very conservative about any statements he made concerning our bill.

We did get some feedback at the time of the appointments; however, we received very little feedback thereafter. It seems the Missouri Hospital Association and the Missouri State Medical Association were really not too concerned with our activities and would not be concerned until we had a bill actually sponsored and introduced into the Legislature. Both the M.S.M.A. and the M.H.A. had board meetings scheduled within two weeks after our contact with them, and they stated they would present and discuss our bill at those meetings. We asked them to please give us comments in writing so we could consider them in the rewriting of our bill. We never received further word from either organization.

SENATOR CASON: At the M.S.R.T. annual meeting in the Cape when Senator Cason spoke to us he suggested the bill certainly would not get anywhere as it was presently written. He had several comments to make as to how we might expedite the movement and the passing of this bill. One of his comments was that we should definitely try to work with the M.H.A. and the M.S.M.A., as we have done. Another comment was that it would be necessary for the Board named in the bill to be an Advisory Board and that it should come under the Board of Healing Arts for the State of Missouri. I decided to write Senator Cason for clarification on several points.

By the time I wrote Senator Cason a letter, the Federal Bill S667, the Radiation Health and Safety Act of 1974, had passed the Senate by a vote of 65 to 18 and we thought it would pass the House without difficulty. I explained to him the Federal Bill did leave it up to the States to foster enactment and enforcement of appropriate laws and standards and suggested that state licensure would be appropriate to meet these requirements.

I questioned the suggestions that he had made to us concerning our coming under the Board of Healing Arts and stated that in researching the statutes of the State of Missouri I saw no reason why we would have to come under this board. It seems that what he was telling us all along was that we did not have to come under the Board of Healing Arts; however, it would be politically expedient to come under the Board of Healing Arts. A precedent had been set by the State, not to create new boards, as every new board would create a new bureaucracy with considerable expenditure of funds.

As it happened, S667 passed without the Federal Minimum Standards for radiation protection in the bill. I got a letter from Representative James Symington stating the House-Senate conferees felt more complete, public hearings were needed on the radiation provisions of this bill.

We engaged a law firm to rewrite our bill in legal language, to fill loopholes, and to generally assist with the bill. We gave the law firm

background information as to testimony on the Federal Minimum Standards Bill, copies of other state bills and other information which we felt they needed to gain background knowledge for our state bill. After much discussion concerning the bill they made their first draft. After much more discussion and passing it by all members of the committee, the firm was presented without comments and from there they wrote their second draft of the bill. By this time Christmas was approaching and I set the bill aside for one week trying not even to think of it. I scheduled a meeting of the entire Licensure Committee for January 4 in Jefferson City to make final adjustments in the bill. We spent many hours discussing every detail in the bill and at that time we added requirements for schools, in all categories. The bill was submitted to legislative research. The bill came out of legislative research without school requirements and Senator Cason submitted it to the Senate in our behalf. In the 78th General Assembly the bill is known as Senate Bill #432. It was read for the first time on February 13 and 1,000 copies were printed. It was felt it would be less expensive for the legislature to have the bill submitted only to the Senate rather than to both the House and the Senate at one time. With this approach it would only have to be printed once and it will be much easier to reach the 34 Senators than the 163 Representatives.

COMMITTEE ON PUBLIC HEALTH, WELFARE AND THE ENVIRONMENT

The bill was assigned to the committee on Public Health, Welfare, and the Environment. This committee is chaired by Senator Cason. The members of the committee on Skelton, Gant, Spradling, Bild, Uthlaut, Noland, Young, and Howard. On Tuesday, March 18, Bob Rein, Sharon Eisterhold, and myself, members of the Missouri Society of Radiologic Technologists, and Don Ehrlich and Jack Potter of the American Registry of Clinical Radiography Technologists testified at a Senate hearing concerning Bill #432 in Jefferson City. The M.S.R.T. and the A.R.C.R.T. presented a united front and our testimony went over fairly well. We all were, of course, proponents of the bill. The only opponent of the bill to testify was Royle Cooper, who is a lobbyist for the Missouri Medical Association. The points which Mr. Cooper brought out were:

1. Missouri already has two voluntary credentialing agencies, so why is it necessary to have state licensure?
2. There still is a moratorium on licensure, therefore, no licensure should be acted upon at this time.
3. He pointed out two or three grammatical errors in the bill, one being in the definition of a Radiologist. It inferres, that a Radiologist is someone going to school. Another thing he pointed out was that there is not a physician on the advisory board.

Senator Cason asked Mr. Cooper if there indeed were non-credentialed people taking x-rays in Missouri. Mr. Cooper indicated there were. We were well aware of the grammatical errors in the bill. We feel there certainly is no need to have a physician on the advisory board as it is under the Board of Healing Arts which is made up entirely of physicians.

I felt the hearings went off rather smoothly and certainly in favor of the bill. As of today's date our bill is still in committee. It may remain in committee, it may be considered do pass and pass on to the Senate for perfection. However, the date is late and I do believe our bill will not be acted upon this year. At this time we must contact our 34 Senators in the State of Missouri and make them aware of the bill and let them know we are very concerned about this bill and we are deeply concerned about the welfare of the public of the State of Missouri. Now, I believe the Licensure Committee needs to work on the bill in perfecting it and making it ready for presentation on or before December 1, 1975. I feel this bill is of utmost importance and our actions have been solely for the purpose of promoting this bill for the welfare of the public of Missouri who will receive radiation exposures in the years to come.

NOTICE

From the Placement Service, M.S.R.T.

Immediate Opening for a Registered Radiologic Technologist (ARRT) at Hendrick Medical Center, 100 Central Street, Chillicothe, Missouri. Any inquires may be directed to Mr. Paul Shelton, Administrator.

The Department of Radiology, College Veterinary Medicine, Purdue University - Indiana has available a position for a Radiologic Technologist to be filled on July 1, 1975. Any inquires should be sent to Paul J. Caleb R.T., B.S. Chief Radiologic Technologist.

Position Opening: Training Supervisor and Program Coordinator in B.S. program at DePaul University, Chicago. The clinical affiliate is Grant Hospital of Chicago. Duties include teaching the university-based training courses and supervising the hospital-based training through the hospital's clinical instructor. Salary is negotiable and includes faculty fringe benefits. Needed by September 1, 1975. Contact: T.G. Stinchcomb, Ph.D., Director R.T. Program, DePaul University, 1215 West Fullerton Ave., Chicago, Illinois 60614.

Immediate Opening for Chief Technologist in 90 bed progressive hospital. Contact: Personnel Director, Lucy Lee Hospital 330 N. Second Street, Poplar Bluff, Missouri 63901

April 1, 1975

To: Missouri Society of Radiologic Technologists
President
Board of Directors
Licensure Committee

SUBJECT: Resignation

I find myself in the position of being forced to resign as Licensure Committee Chairman and President-Elect of the Missouri Society of Radiologic Technologists. I have accepted a position at Parkland Hospital in Dallas, Texas and will begin work there on April 21, 1975.

I plan on attending the Seminar in Columbia on April 17 and 18, and request that my resignation be accepted immediately after that meeting. It has been an honor and privilege to serve the Missouri Society of Radiologic Technologists. I have gained many friends while in Missouri and hope to maintain these friendships through contact at meetings.

Regretfully submitted,

Merlin C. Heinselman
Merlin C. Heinselman, R.T.

April 23, 1975

Dear MSRT Members:

It was with deep regret that the MSRT Board of Directors accepted Merlin Heinselman's letter of resignation as President-Elect and Chairman of the Licensure Committee on April 17, 1975.

The resignation of Mr. Heinselman leaves our organization without a leader for the 1975-76 year. After consulting with two parliamentarians and the ASRT home office, the board arrived at the decision to request a special mail ballot to fill the vacancy left by Mr. Heinselman. This ballot will be a separate procedure from the normal sequence of electing officers for the coming year. Due to the importance of an individual being able to prepare for the office of President, your board has decided to accelerate this voting procedure for the office of President, 1975-76 and condense it to approximately four months.

I have instructed the Nominating Committee Chairman to send the mail ballot by April 28, 1975, for the office of President. He is to request that these nominations be returned to him by May 26, 1975, so that a slate for this office can be prepared and the ballot in the mail to the voting MSRT members by June 20, 1975.

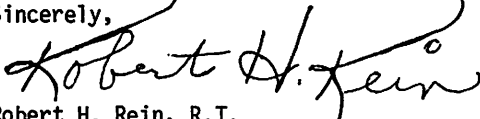
The 1975 General Convention Chairman has been charged with obtaining a mail box for these ballots to be returned to the convention site in Fenton, Missouri. The ballot box will remain open until the next scheduled board meeting which will be held in Fenton, Missouri on July 26, 1975. On the morning of that date, the ballot box will be opened as per our normal mail balloting procedure and the ballot box will be considered closed once the ballots that are in the box are removed. All other ballots delivered to the balloting box after the collection on the morning of July 26 will be destroyed. The candidates for the office of President will be invited to attend this board meeting and once the ballots have been tabulated will be notified of the results.

By doing the balloting in this manner, the individual you select to represent you in the coming year will have approximately two months to prepare to assume the office of President in September, 1975. This will also allow them to give some consideration to committees, committee chairman, committee charges and orient himself to the many ongoing programs that your society is conducting.

Please return your mail nomination ballot as early as possible to the Nominating Committee Chairman, so that we can maintain our scheduled deadline.

The Board feels that the above procedure will be in the best interest of our organization and that it will meet with your support.

Sincerely,

A handwritten signature in cursive script that reads "Robert H. Rein". The signature is written in black ink and is positioned below the word "Sincerely,".

Robert H. Rein, R.T.
Chairman, Board of Directors
M.S.R.T.

ON CONTINUING EDUCATION

Every Registered Technologist should have received in the mail an enrollment form and a copy of the Evidence of Continuing Education policy.

The Continuing Education Program was developed by the ASRT because it was felt that there was a definite need for the professional technologist to keep current with new procedures in technology.

Participation in this program is not mandatory and will not affect your status with the ARRT, with state licensing boards or with employers.

Each participant in the program will have a three year period to accumulate 100 points of continuing education units to receive recognition of this achievement.

The first educational activities to be assigned Evidence of Continuing Education points will be at the ASRT annual meeting in July, 1975.

To enroll in the program, simply fill out the enrollment form sent with your brochure and mail with the appropriate fee (ASRT member \$12.00, non-ASRT member \$25.00) to:

American Society of Radiologic Technologists
500 North Michigan Avenue
Suite 836
Chicago, Illinois 60611

* If you need any additional information or need a brochure and application form please contact me.

Darrell McKay, R.T.
Education Counselor, MSRT
University of Mo. Medical Center
Columbia, Mo. 65201

Remember The dates -

September 24-27, 1975 MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS, forty-third annual meeting to be held at the Ramada Inn, Highway 66, Fenton, Missouri. Registration will begin on Wednesday, September 24, and the convention will run through Saturday, September 27th.

EXHIBIT RULES

I. Prizes

First; second; and third prize in technologist and student category.

II. Eligibility

- A. All members in good standing of the affiliate society are eligible to compete for awards (exceptions see 11-B).
- B. The following members may not participate in competition: President, convention general chairman, co-chairman and exhibit chairman, judges or persons employed by commercial firms engaged in the sales or manufacture of x-ray products.

III. Judging

The three judges shall be selected by the president and will be responsible only to the president. The judges' selections shall be based upon the ratings listed in the Exhibit Judging Evaluation scale.

IV. Application for Space

- A. All applications for space shall be postmarked by the deadline date stated on the application, Sept. 7, 1975.
- B. The total space allotted for any one exhibit shall not exceed four (4) 14 x 17 inch viewing spaces.

V. Subject Matter

- A. Exhibits must be the work of the individual technologist(s) or student(s) shown in their name. The name of the hospital or office may appear as part of their address.
- B. The exhibit should consist of a subject pertaining to radiologic technology, supplemented by such charts, photographs, technical factors, etc., as deemed necessary.
- C. The exhibitor must remove or block out markings on the film in such a manner that no identification of the patient is possible.
- D. Exhibits will not be considered for award if they have been displayed at any radiological meetings (ACR, RSNA, AMA, State radiological etc. However, they may be displayed on a non-competitive basis.)

APPLICATION FOR EXHIBIT SPACE

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE

TITLE OF EXHIBIT _____

Number of view boxes required _____.

(Do not exceed 4)

Check one:

STUDENT TECHNOLOGIST _____ REGISTERED TECHNOLOGIST _____

Due to difficulty in obtaining view boxes, the committee will guarantee no more than four (4) view boxes for each exhibit. The committee will not assume responsibility for films sent through the mail. We suggest that applicants bring their exhibits or send them by a friend.

Deadline for exhibit applications is September 7, 1975.

Mail to: Maurice L. Black, R.T.
4709 Margaretta Avenue
St. Louis, Missouri 63115

Co-Chairmen of the exhibit committee:

Maurice L. Black, R.T.
Ullyses D. Murray, R.T.

District News

District #3

The February meeting of the third district was held at the new Columbia Regional Hospital. Ed Shepp, R.T. was the speaker for the evening. He spoke on the subject of Veterinary Radiography, and a slide presentation accompanied the lecture. Afterward, a question and answer session was held. A tour of the new X-ray Department was given for those who wished to go.

The March meeting was held at the Sirloin Stockade in Jefferson City. After dinner, Sharon Eisterhold gave a slide program on the topic of Xeroradiography of the breast.

The next meeting will be held May 1st at the Boone County Hospital in Columbia, Missouri.

We hope many of you had a chance to attend the seminar at the Hilton Inn, Columbia. We are sure all who did attend enjoyed it.

Kathy Lockwood
Reporter, 3rd District, M.S.R.T.

District #4

The January meeting of the fourth district was held at Alexian Brothers Hospital. The guest speaker was Dr. Charles E. Berry whose topic was "The Legal Aspect of Medical Ethics."

In February, the meeting was held at St. Joseph's Hospital in Kirkwood and winners in the essay contest presented their papers. The students who read their essays on the program were as follows:

Mary J. Rupp, 1st place, "Percutaneous Transhepatic Cholangiography"

Michael Ward, 2nd place, "Single Contrast Barium Enema"

Bob Mackin, 3rd place, "Pneumoencephalography of the Posterior Fossa"

Jerome Campbell, 4th place, "Pinhole Camera."

In March, Dr. Gilbert Jost addressed the members of the 4th District assembled at Mallinckradt Institute of Radiology. His topic concerned the use of computers in radiology and the implications for technologists.

District #5

The January meeting of the fifth district was held at the Missouri State Chest Hospital in Mt. Vernon. A program on chest diseases and related radiography was presented by the Chief of Surgery. During the business session, new officers were installed as follows: Dale Crouch, President; Judy Thomason, Vice President; Betty Garton, Secretary; and Connie Gabbert, Treasurer. A report from the Licensure Committee of the Missouri Society of Radiologic Technologists was given by Mike McMasters, 5th District representative to the board of directors.

In February, the meeting was held at L.E. Cox Medical Center in Springfield. The guest speaker was Mr. Jerry Pelfrey, Kodak representative from Tulsa Oklahoma, who spoke to us on Kodak Today and told of the various activities of his company.

The activity of the 5th District during March consisted of a carnival which was prepared by the registered and student technologists of St. John's Hospital in Springfield. Everyone had a good time and spent lots of money, knowing that the proceeds would go into the funds of the district treasury.

In April, members of the 5th District met at St. John's Hospital in Springfield. A very interesting program on Special Procedures was presented by Dr. Sweeney of St. John's. The regular business meeting followed the lecture.

Mike McMasters, R.T.
MSRT Board Representative

District #6

After a short rest from the activities of hosting the state convention, the members of the sixth district met to elect new officers. The new officers are as follows: Dan Stoverink, President; Ann Knaupe, Vice President; Darlene Cortner, Secretary-Treasurer. An educational program followed this business session.

The December meeting was one of a lighter note; a Christmas dinner was enjoyed together at Ste. Genevieve, Missouri.

The February meeting was held at Farmington Community Hospital. A very informative and interesting program on Xeroradiography was given by Dr. Francois, radiologist.

Aona DeClue, R.T.
MSRT Board Representative

* * *

The Missouri Minutes is the official publication of the Missouri Society of Radiologic Technologists and is mailed to all members of the society. Publication dates are the 15th of February, May, August and November.

Articles submitted for publication should be typewritten and must be received one month prior to the date of publication. Materials accepted for publication and published in this journal become the property of the Minutes.

All references to R.T. in the journal designate persons certified by the American Registry of Radiologic Technologists, and S.T. designates student technologists attending a school approved by the Joint Review Committee on education in Radiologic Technology.

Sister Francita Barringhaus
Editor
1401 S. Grand Boulevard
St. Louis, Missouri 63104

MEMBERSHIP REPORT, MSRT

As of April 11, 1975 there are:

213 Active Members	7 In-Active Members
43 Associate Members	7 Life Members
67 Student Members	3 Honorary Members

PROFESSIONAL ORGANIZATIONS

ASRT

We hear the question asked, "What does the ASRT do for me?"

This is a legitimate question. May I list some of the things the ASRT does that I feel are important?

Originally the ASRT was founded to promote continuing education and upgrading of the radiologic technologist. This is still its primary role. Consider the educational programs held in conjunction with the annual meeting, the Institutes held each spring and fall, the publication of the Journal six times annually, and the new program of "Evidence of Continuing Education" to be inaugurated at the annual meeting in San Francisco in July 1975.

The Handbook and Directory, containing the Bylaws, essentials of approved schools, geographic listing of members, and educational and professional information is published annually. Expenses for ASRT officials to attend regional and state meetings are paid. The society is now actively assisting affiliates with their socio-economic problems, and is involved whenever there is national legislation involving our profession. This all takes money - and the money must come from member's dues.

But paying dues is not enough. I would like to quote a portion of a letter from Robert Best, Executive Director, ASRT, to a member who had asked why nurses received more pay than radiologic technologists:

"So many times it seems that when technologists join their professional organizations, whether district, state or national, they seem to think that all they have to do then is sit back and wait, because some mysterious invisible fog is going to roll in and as people breath this mysterious, invisible vapor, suddenly everything is going to be alright. This is just not the case and I think nurses understand that better than technologists do. Merely joining an organization is like buying a ticket and then standing in the depot watching the train pull out rather than to make the effort to get on the train. Joining an organization is only buying the ticket. It is still up to the members, in your department for example, to define the problems and define what their expectations are. Then, they need to share that information and seek advice with the expectation that the advice they get is going to be centered around the fact that they are still going to have to do some things for themselves based on that advice. There just is no magic, mysterious vapor that is going to correct all of the problems faced by radiologic technology."

Lets all get on the bandwagon and help ourselves by paying our dues and actively supporting our professional organization, The American Society of Radiologic Technologists.

J. Allen Tanner, R.T.
Chairman, Membership Committee
A.S.R.T.

MSRT

The Missouri Society of Radiologic Technologists is an affiliate of the ASRT. The state society supports the goals of the national organization and brings the society closer to the individual member.

MSRT has a membership contest in progress. Below are the guidelines:

1. Drive to begin November 15, 1974 and end September 15, 1975.
2. Two categories of competition: A) Technologist, B) Student.
3. Technologists may recommend only technologists as new members.
4. Students may recommend only students as new members.
5. Inactive members will receive no credit.
6. To be eligible for a prize, one must sign up five or more new members.

Prizes to be awarded:

- A) \$35.00 as First Prize in technologist and in student category.
- B) \$15.00 as Second Prize in technologist and in student category.
7. All new applicants should have the name of the technologist or student recommending them on the application form.

Application forms may be obtained from the District Representative to the Board of Directors.

**ANNOUNCEMENT OF BACCALAUREATE
PROGRAM IN RADIOLOGICAL SCIENCES**

The University of Health Sciences/The Chicago Medical School offers a program specifically designed to aid the Radiologic Technologist. It's three main objectives are to prepare:

1. Instructors and Directors of Programs in Radiologic Technology.
2. Administrators for Departments of Radiology.
3. Technologists in areas of specialization such as Diagnostic Ultrasound and Quality Control.

ADMISSION REQUIREMENTS

1. Must be certified or eligible for certification as a Registered Technologist by the American Registry of Radiologic Technologists.
2. Must have completed two years of undergraduate education (90 quarter hours or 60 semester hours in an accredited college or university with at least a "C+" average.

The program is two years in length but may be undertaken on a part-time basis.

Special Students (those not matriculating for the degree) are also accepted.

A stipend may be available.

For further information, contact:

Steven J. Cooper, Chairman
Department of Radiologic Sciences
School of Related Health Sciences
University of Health Sciences/
The Chicago Medical School
2020 West Ogden Avenue
Chicago, Illinois 60612

BACHELOR OF SCIENCE DEGREE IN
RADIOLOGIC TECHNOLOGY
at
SAINT LOUIS UNIVERSITY

In 1934 the department of radiologic technology was established at Saint Louis University offering a baccalaureate degree for those students desiring a college education as well as basic training in radiologic technology. Later, students with some previous training in x-ray technology were also accepted into the program to help them advance in their profession by obtaining a B.S. degree.

With the present rapid increase in numbers of associate degree programs, the goal of the baccalaureate program in Radiologic Technology is being modified to offer upper division courses, thereby supplying the current need for trained technologists to become qualified as educators and administrators.

OBJECTIVES

1. To prepare instructors and directors of educational programs in radiologic technology.
2. To prepare administrative personnel for departments of radiology.
3. To prepare technologists for positions in special procedure areas.

ELIGIBILITY

Applicants shall be:

1. Graduates of an associate degree or diploma program in radiologic technology.
2. Certified by the American Registry of Radiologic Technologists or hold a license to practice radiologic technology.

FOR ADDITIONAL INFORMATION

Chairman, Department of Radiologic Technology
Saint Louis University School of Nursing and
Allied Health Professions
1401 South Grand Boulevard
St. Louis Missouri 63104

TRIBUTE TO A GREAT SCIENTIST

Dr. William D. Coolidge, who was one of the foremost scientists in development of x-ray tubes, died recently at the age of 101 years.

Dr. Coolidge was the first to produce a ductile form of tungsten, making possible the incandescent light bulb. He produced the tungsten target for x-ray tubes and a method of sealing this target into copper. The tungsten provided a more durable target than platinum which had been used previously.

In 1913, the heated filament x-ray tube was introduced. This is probably the best known achievement of Dr. Coolidge. The new vacuum tube replaced the gas tube and proved more accurate in controlling x-ray exposures and in obtaining uniform radiographic density. The heated filament tube is the model upon which all medical x-ray tubes are patterned to this day.

REFERENCE

Christie, Arthur C. "Tribute to Dr. William D. Coolidge." The American Journal of Roentgenology and Radium Therapy. 60 (November, 1948) p. 675.

MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Missouri Society of Radiologic Technologists for period of July 1, 19__ to June 30, 19 __.

FEES:

ACTIVE MEMBER

Only a paid-up active member of the American Society of Radiologic Technologists may join the Missouri Society of Radiologic Technologists as an active member.

Initiation Fee: (If you have never been a member before) \$1.00__

Missouri Society (Annual) \$10.00__

ASSOCIATE MEMBER

Those persons interested in radiologic technology but not having qualification for active membership.

Initiation Fee: (If you have never been a member before) . . \$1.00__

Missouri Society (Annual) \$10.00__

STUDENT MEMBER

(Annual) \$5.00__

Make remittances payable to: MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS'

Mail to: Judy Foeste, R.T.	AMOUNT DUE . . \$	_____
Rt. 1 Box 115 A		
Cape Girardeau, Mo. 63701	AMOUNT PAID . . \$	_____

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SR. FRANCITA BARRINGHAUS
1401 S. GRAND BLVD.
ST. LOUIS, MO. 63104

Norman L. Hente, R.T.
2016 Princeton Place
St. Louis, Mo. 63117



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