# Archiving Symposia related to Washington and Berlin (Exhibition)

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## History of Ultrasound in Medicine



### Part I Pioneers (< 1940)

- **1793 Spalanzini** Spalanzini postulates a sixth sense in bats, later assumed to be an "ultrasound-sense" (1920), proven not before 1939 (*Griffin* and *Galambos*).
- **1842 Doppler** detects the relative frequency shift of moving sources (redshift of double stars) the *Doppler-effect*
- 1877 Strutt describes the physical principles of sound, "The Theory of Sound"
- 1880 The Curie-brothers detect the piezoelectric effect
- 1912 Behm and independently Richardson invent the sonar
- **1916 Langevin** and **Chilkowsky** construct the first ultrasound generator and the equipment for underwater detecting of submarines
- 1929 Sokolov develops the nondestructive ultrasound test of different media
- 1929 Wood, Loomis and Johnson start first studies of ultrasound bioeffects
- 1936 Gohr and Wedekind discuss ultrasound examination of inner organs
- 1939 von Pohlmann introduces ultrasound in therapy

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art II	First Attempts (< 1952)
1942	<b>Dussik:</b> First attempts to use ultrasound transmission in medical diagnostics ("hyperphonography" of the cerebral ventricels)
1949	<b>Keidel:</b> Volume measurement of the heart (transmission-technique)

Ludwig and Struthers use a pulse-echo-device (material testing device)

1950 Wild and Reid: Tissue characterization with ultrasound

1951 Wagai: Diagnosis of gall stones and cancer via water bath-scanner

Satomura: Transcutaneous Doppler sonography of cervical and

1949

peripheral vessels

### History of Ultrasound in Medicine



### Part III Clinical Applications (> 1950)

- **1952 Howry** and **Bliss:** First two-dimensional ultrasound image sector scanner (water bath)
- **1952 Wild** and **Reid:** Two-dimensional imaging of body structures, first endoprobes
- 1953 Edler and Hertz: Echocardiography (TM-mode)
- 1954 Leksell: Echoencephalography (A-mode)
- 1955 Howry and Bliss: First compound scanner (water bath)
- 1956 Mundt and Hughes: Ophthalmography (A-mode)
- 1957 Donald and Brown First contact-compound scanner
- **1958 Baum** and **Greenwood** Ophthalmography (B-mode, Compound-scanner)
- 1961 von Ardenne and Millner: Focoscan for horizontal slices (C-mode)
- 1964 Schentke and Renger: Tissue characterization by A-mode technique
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1965	Holländer: Real time in Obstetrics and Gynecology
1966	<b>Strandness jr.:</b> First commercially available CW-Doppler equipment in the Western hemisphere
1967	Watanabe: Transrectal scanning of the prostate
1969	Rettenmaier: Real time scanning of the abdomen
1969	Kratochwil: First biopsy transducer for a compound scanner
1972	Greene: high performance ultrasonic camera (acoustical holography)
1972	Holm: First biopsy transducer for real time scanner

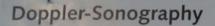
### (B-mode, Compound-scanner)

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- 1972 Holm: First biopsy transducer for real time scanner
- 1973 Carlsen and Garrett: Gray scale technique
- 1974 Baker and Strandness: First prototype of duplex system
- 1974 ADR 2130: First commercially available linear array scanner
- 1986 Aloka Quantum: First color coded duplex-sonography





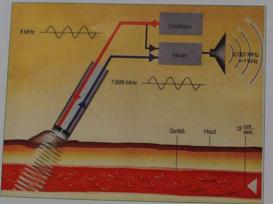








Christian Doppler



Principle of Doppler-sonography

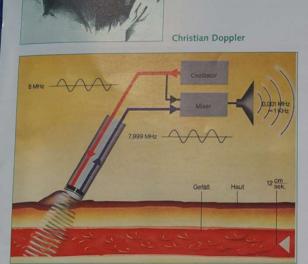
Diagnostic ultrasound gained new perspectives from the use of "Doppler-Sonography", named after the Austrian physicist **Christian Doppler** (1803 – 1853). He discovered that the frequency of waves – including sound waves – will shift, when the origin of the waves and the observer will move relative to one another.

For example, if a source of sound of a constant pitch is moving towards an observer, the sound seems higher in pitch, whereas if the source is moving away, it seems lower.

Correspondingly, the frequency of diagnostic ultrasound (about 1 – 20 MHz) will change to a higher or lower pitch when reflected or scattered at moving corpuscular elements within a living body, especially blood cells.

Examining blood vessels with 2-8 MHz ultrasound, the shift between emitted and reflected sound waves is approximately in an audible range of 50 Hz -20 kHz. Knowing the frequency shift and the angle of insonation, one can calculate the velocity of the blood flow.

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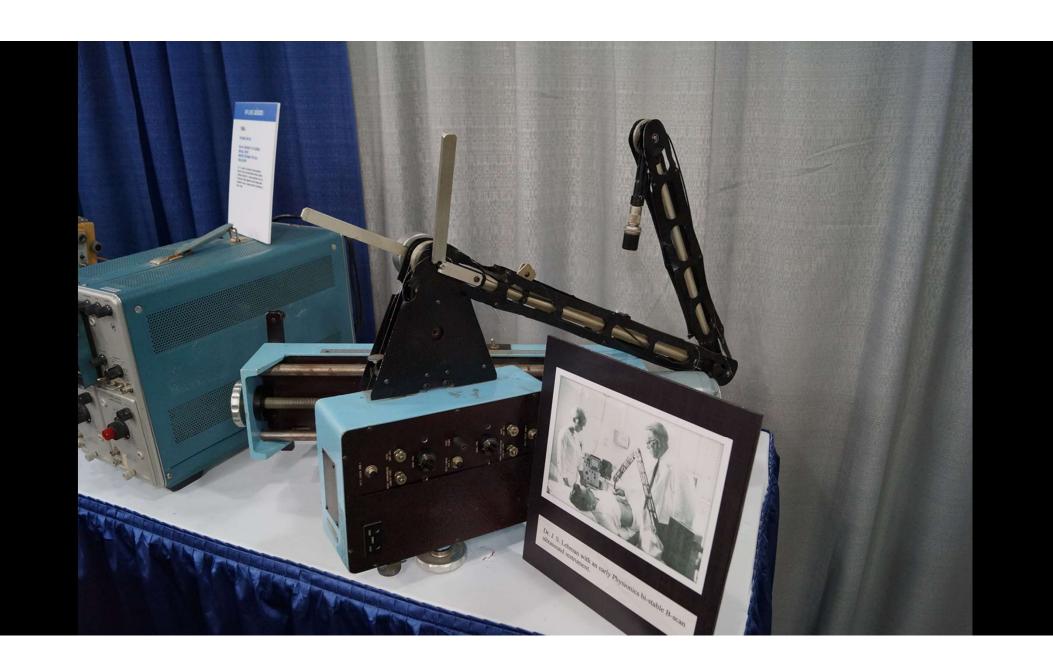


Continuous-wave Doppler-sonography (about 1978)

Variations between systolic and diastolic blood flow patterns are specific for certain blood vessels. A change of these proportions or a very high or very turbulent flow indicate a vessel stenosis. A missing ultrasound Doppler shift would be typical for an occlusion. In veins not only the spontaneous but also the augmented flow patterns are relevant – for instance after compression of more distant veins.

Experienced sonographers make their diagnoses by listening to the ultrasound Doppler-flow signals.

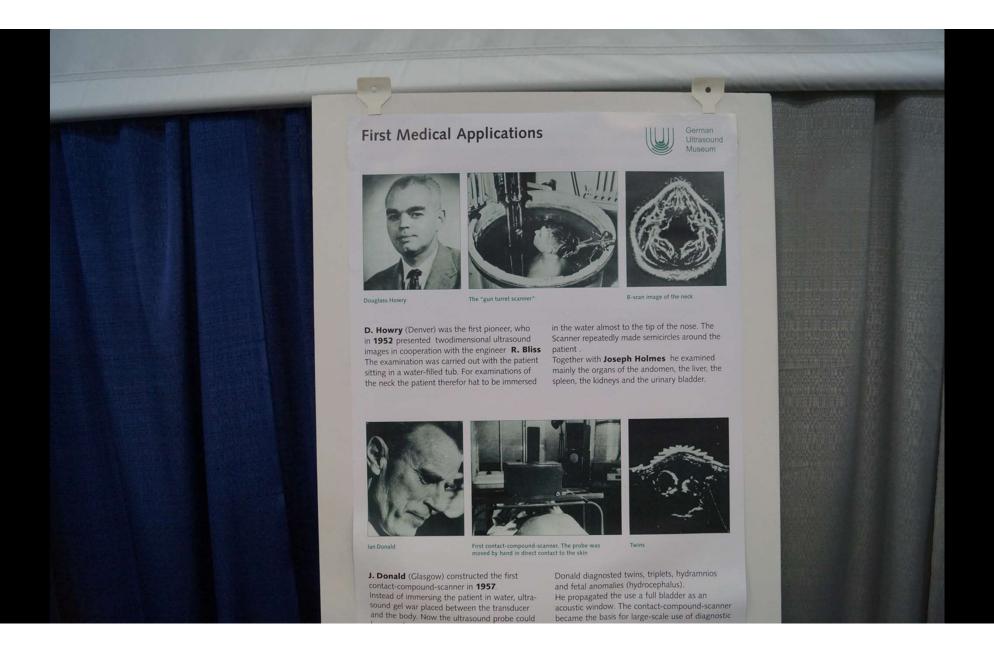
Documentation either as a graphical curve or, after

























# From Compound Scanning to Real Time

Originally, the compound scanners had disadvantages: A rather complex technique for the correct arrangement of the echoes was needed and - not least - no real time-viewing was possible, as the composition of the images was slow and movements of the patient or the organs scanned produced severe artifacts. Furthermore the images gained by manually operated compound scanners were hard to reproduce. These disadvantages were partially overcome by the development of automatic scanners. These mechanical or electronic devices worked faster and the results were better reproducible.

The first commercially available real timescanner was the Vidoson (Siemens). The pulses of two or three rotating transducers within a water path were reflected by a parabolic mirror, leading to 15 cm of parallel shifting of the ultrasound beam.



Principle of compound scanners



Twins (bistable compound scan)



Vidoson technique





Compound scan, gray scale (1976)



Real time (Combison 100, Kretz), 1980

The real time technique made its way, finally, because of its automatic, reproducible and fast image construction. Dynamic examinations enabled quick examinations and direct observation of movements. The further technical development lead to mechanical and electronic scanners with parallel or sector scanning, which are still in use today.





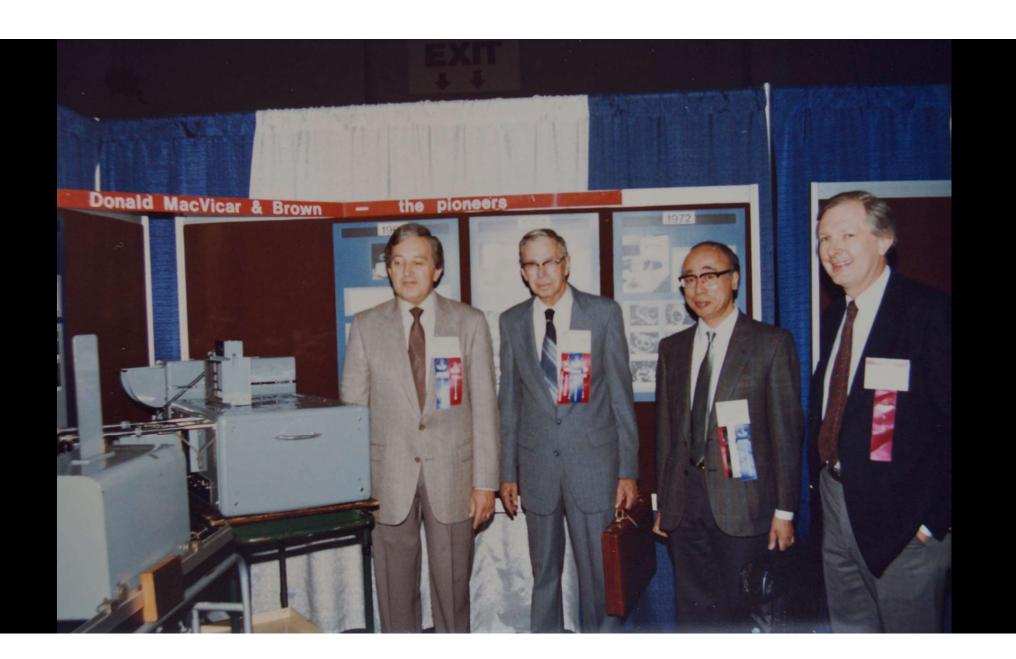




















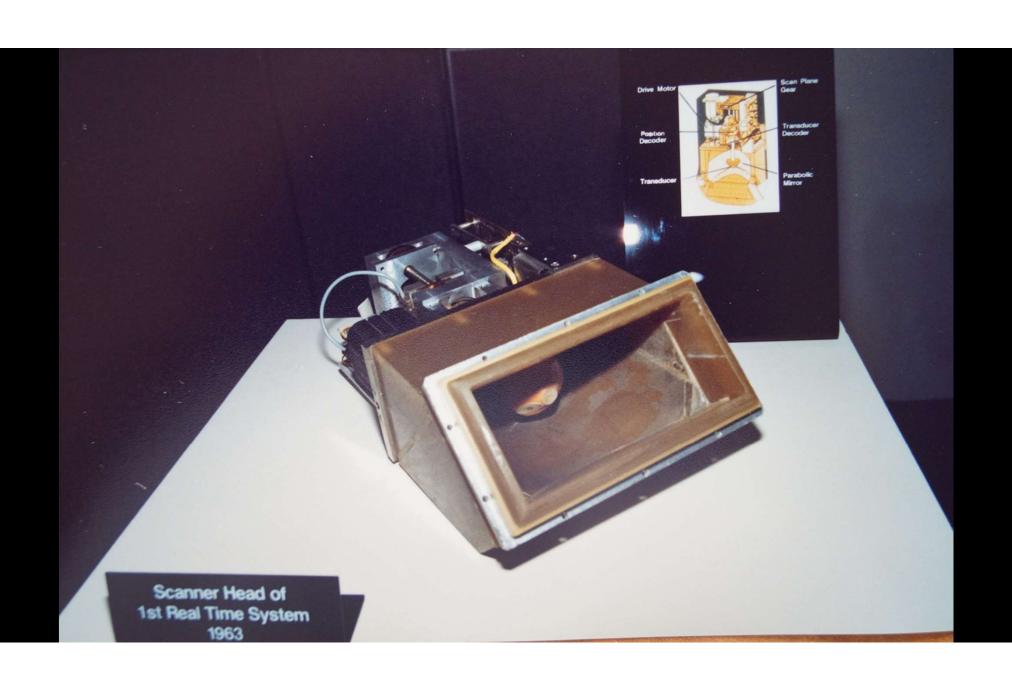




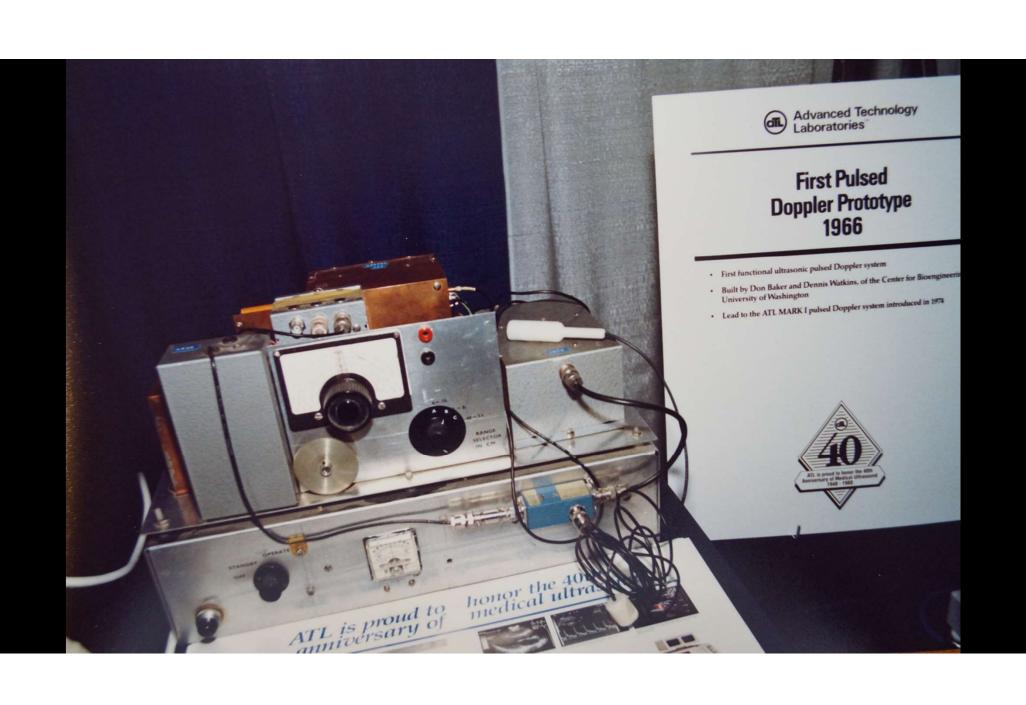




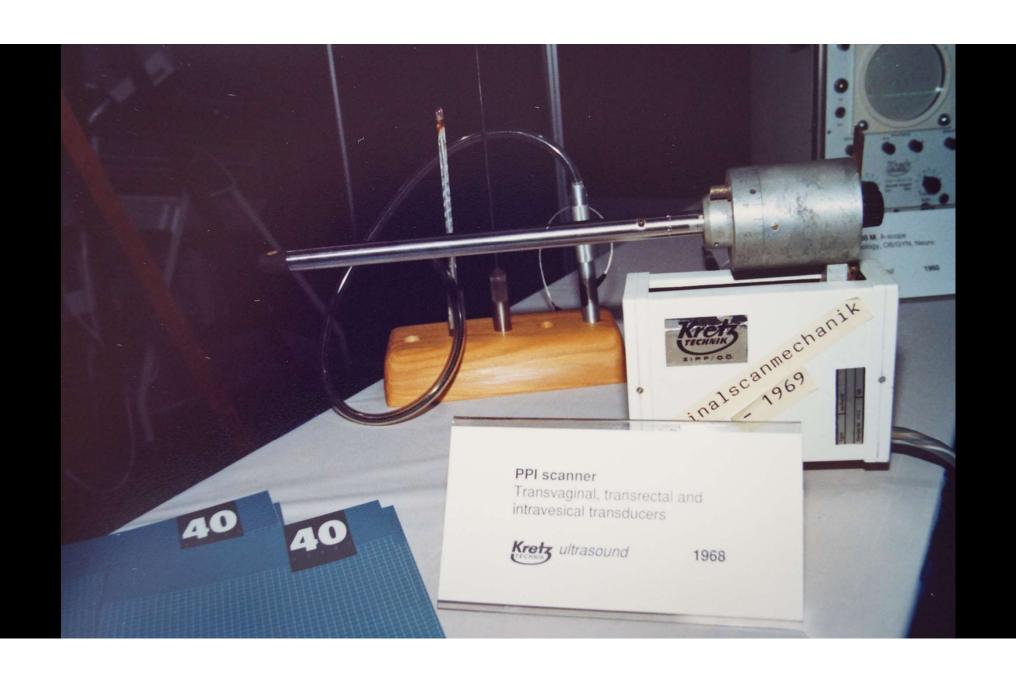


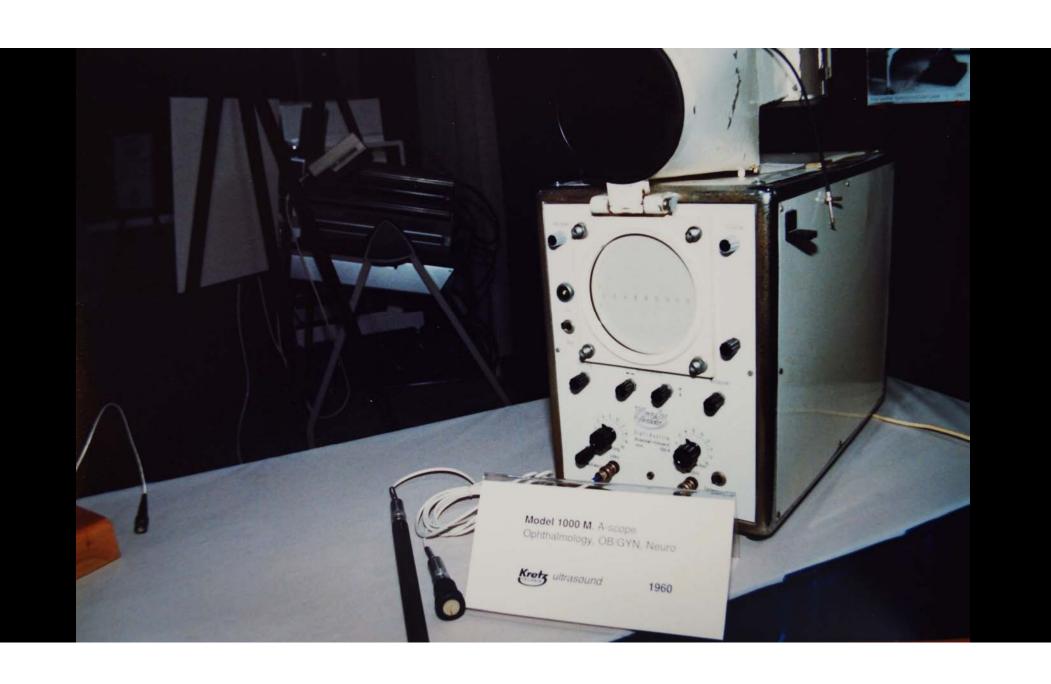






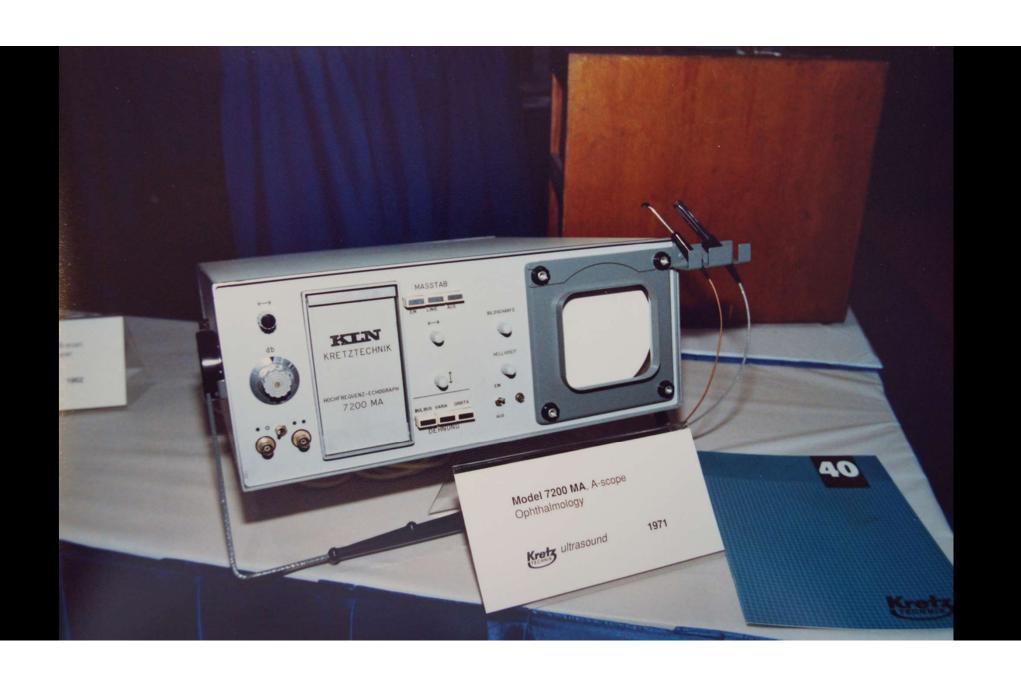








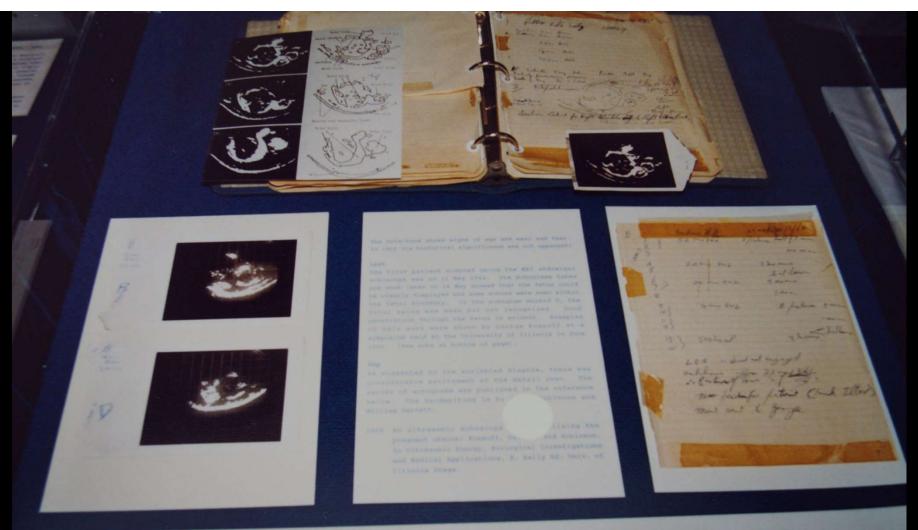










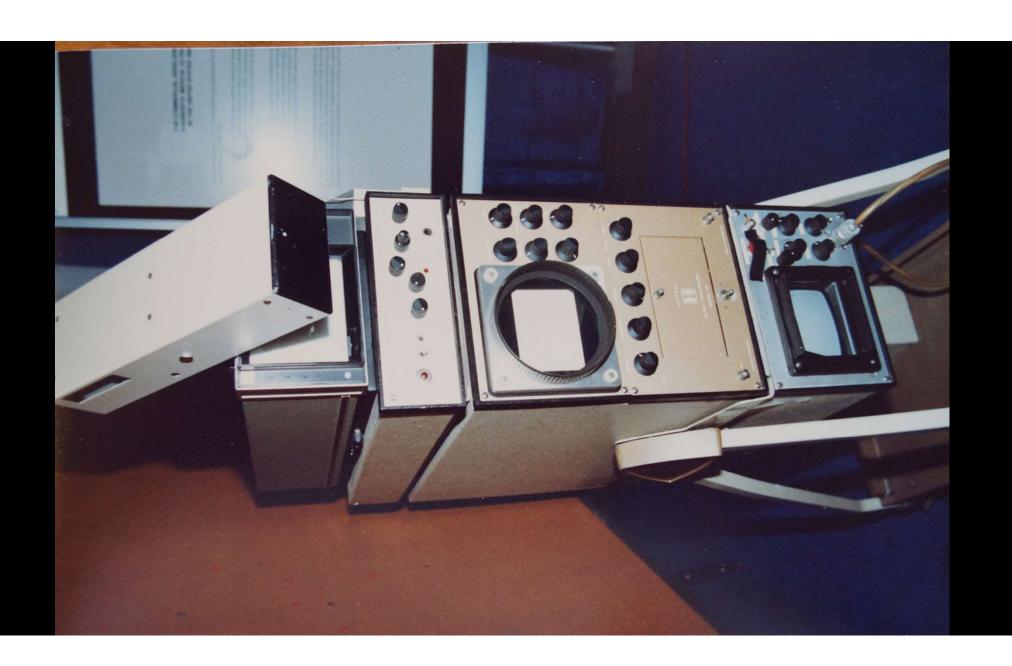


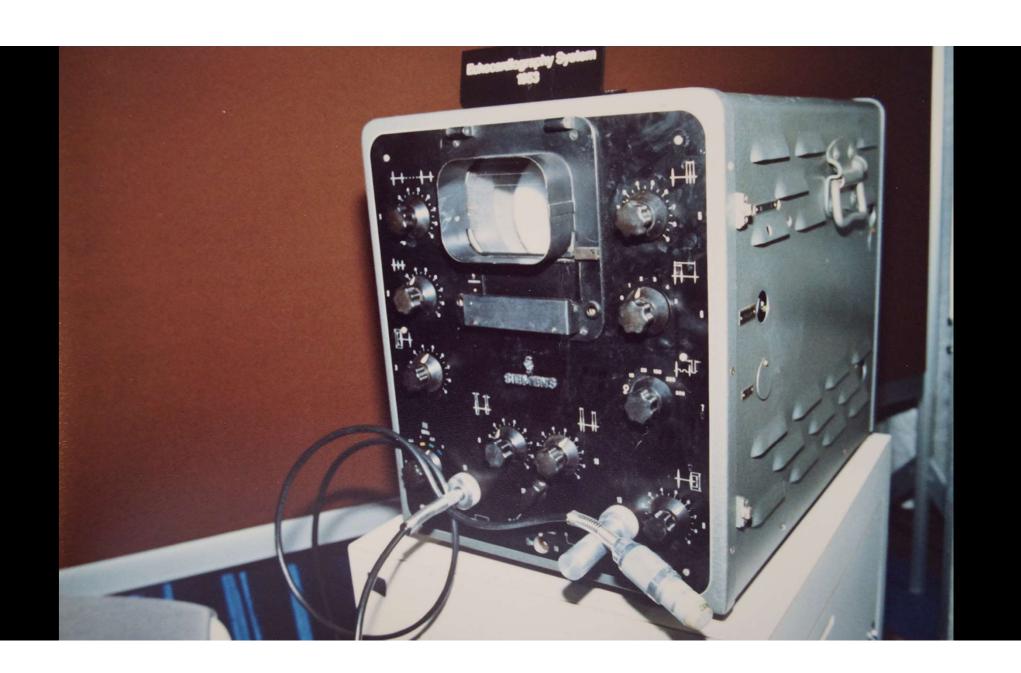
**ORIGINAL** 

NOTEBOOK

1962

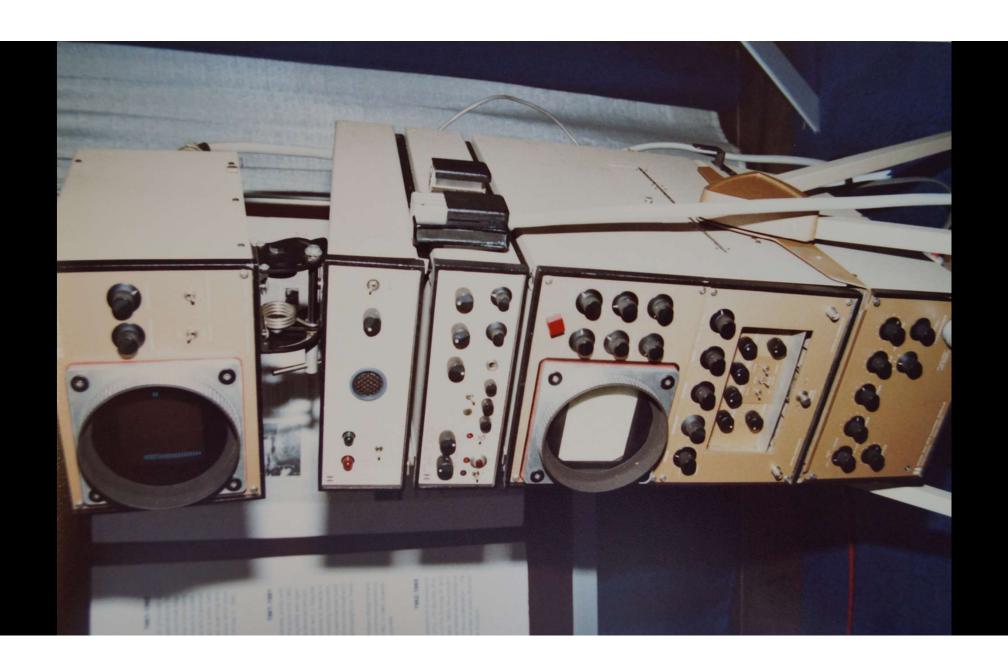


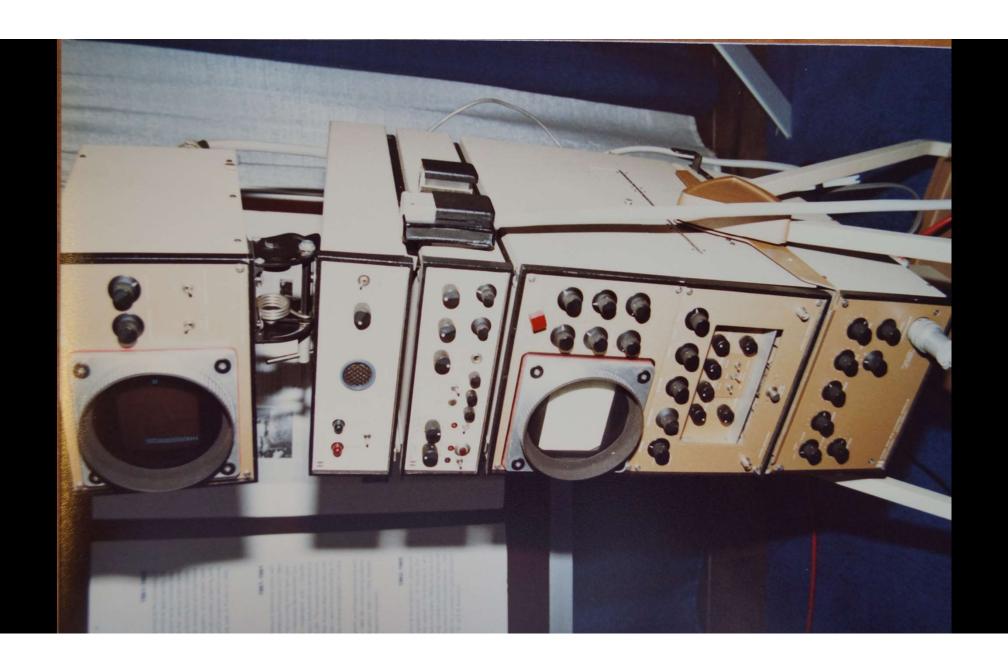




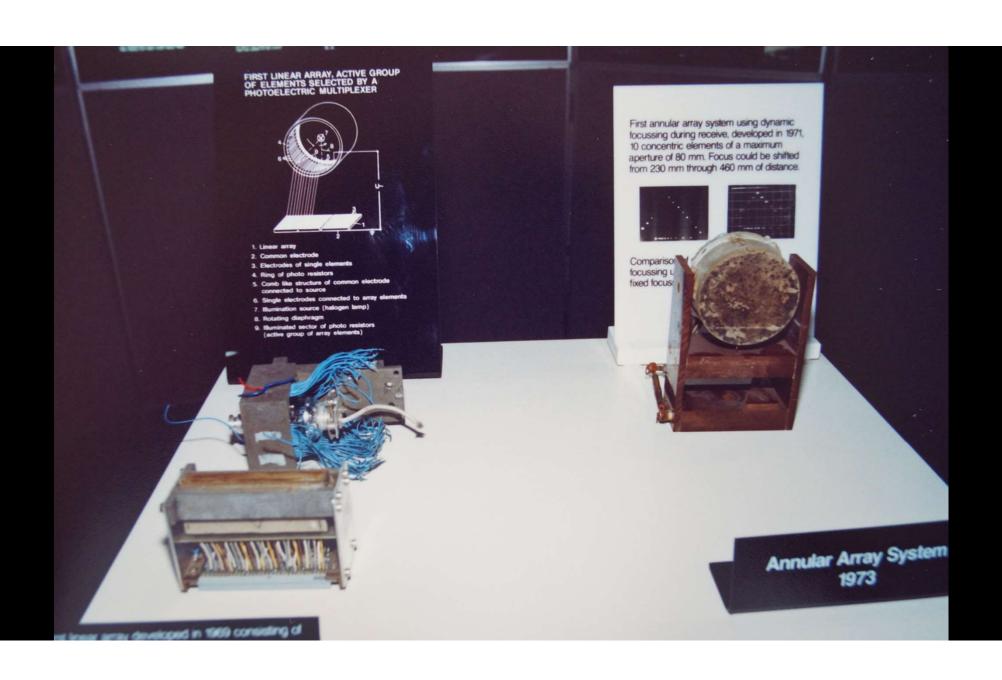
















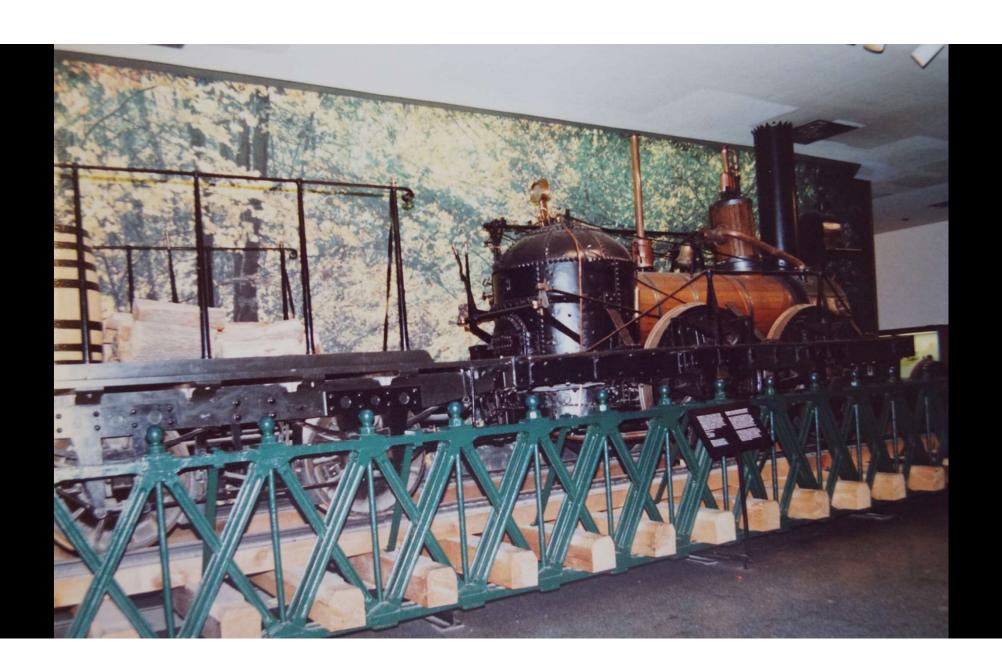




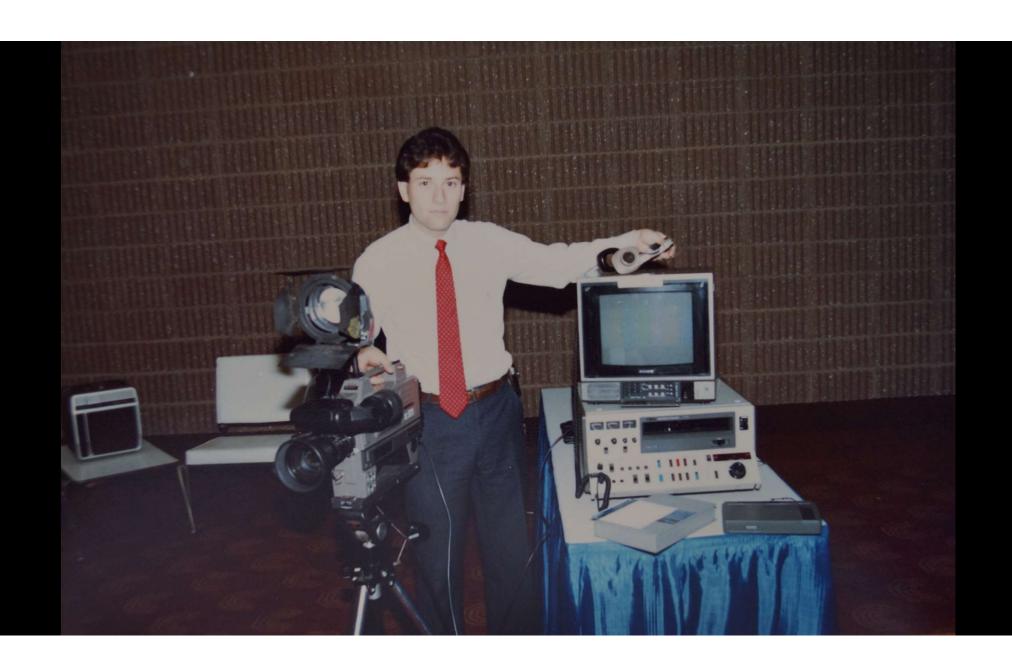












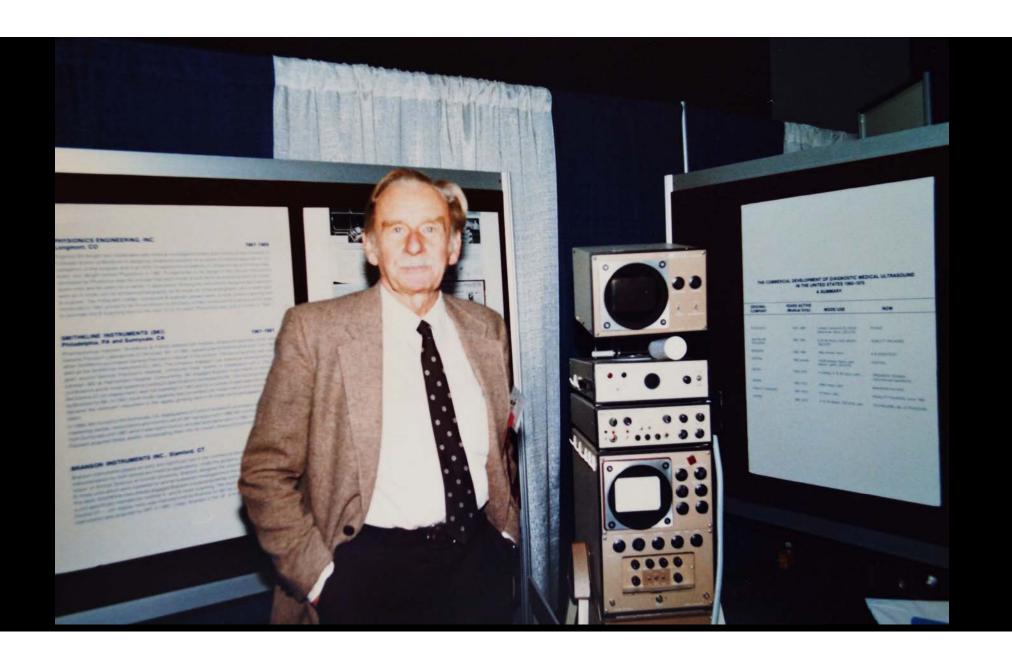




















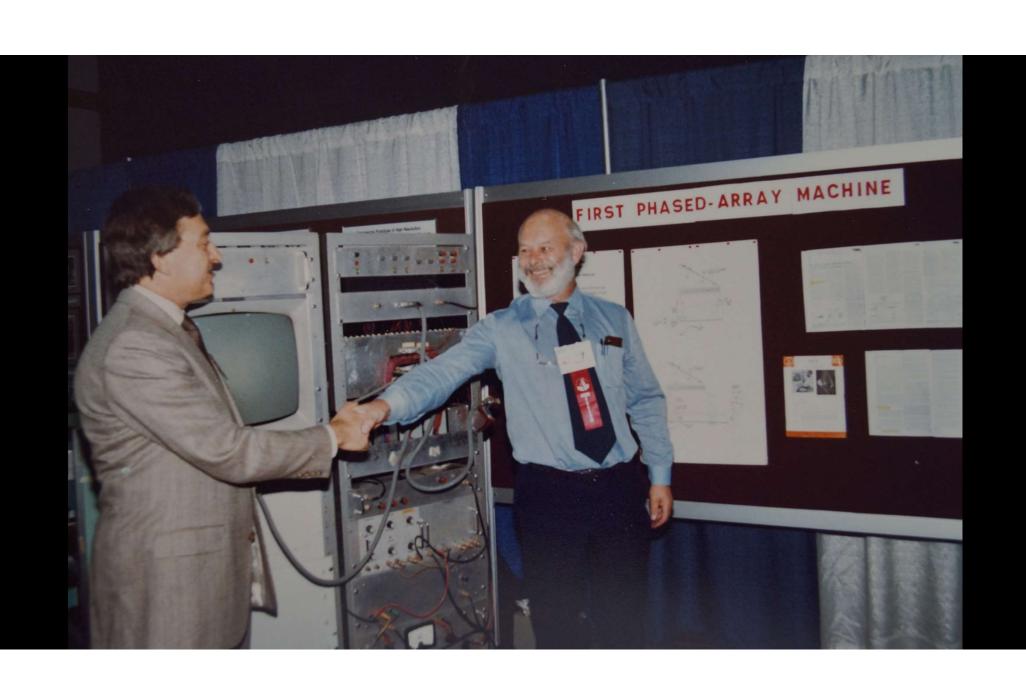






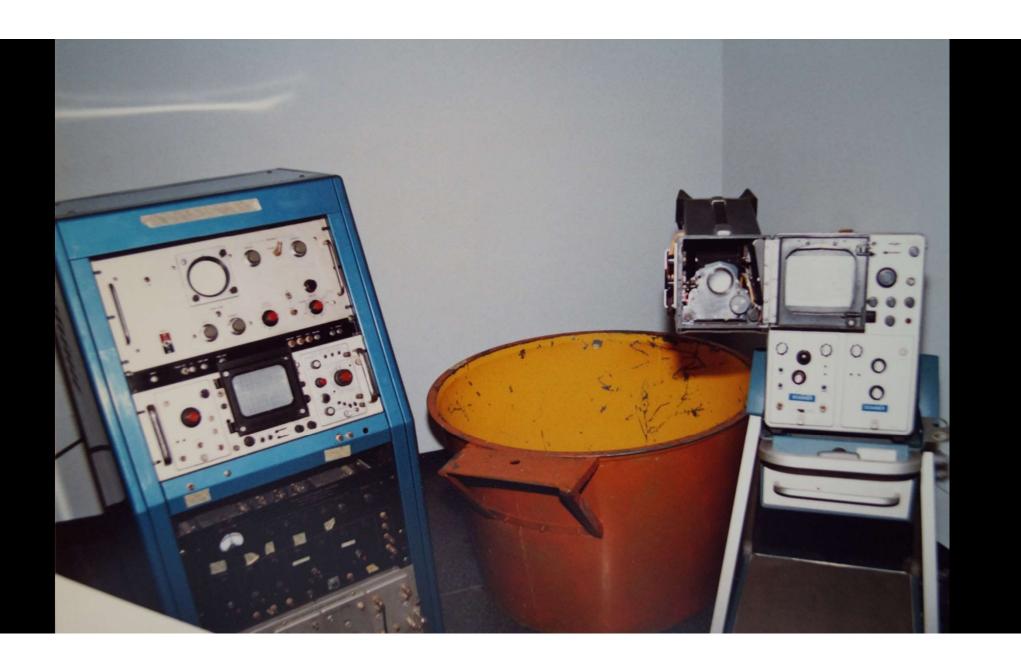




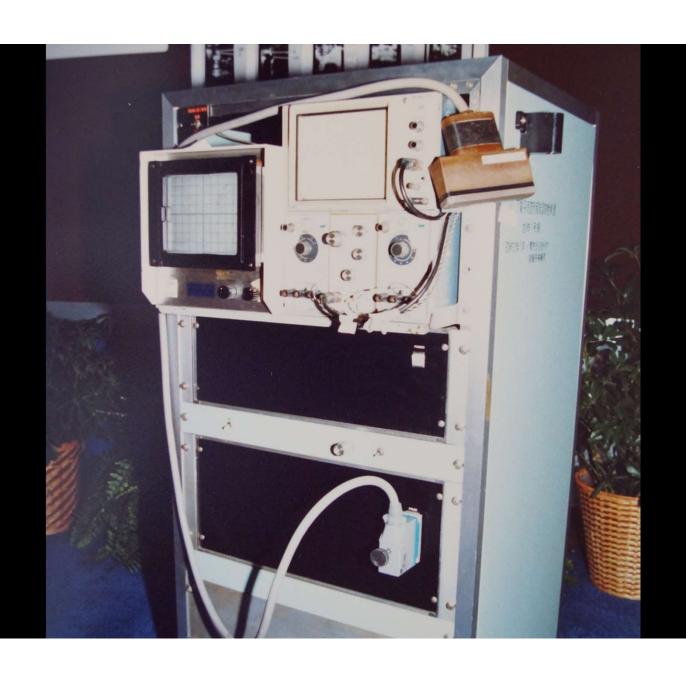








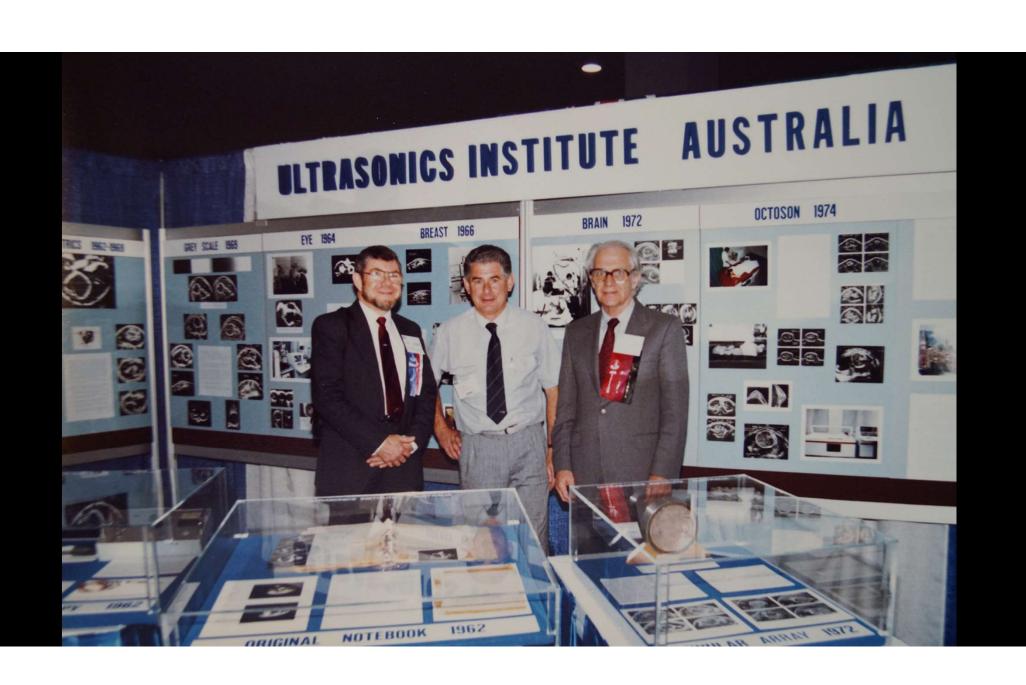












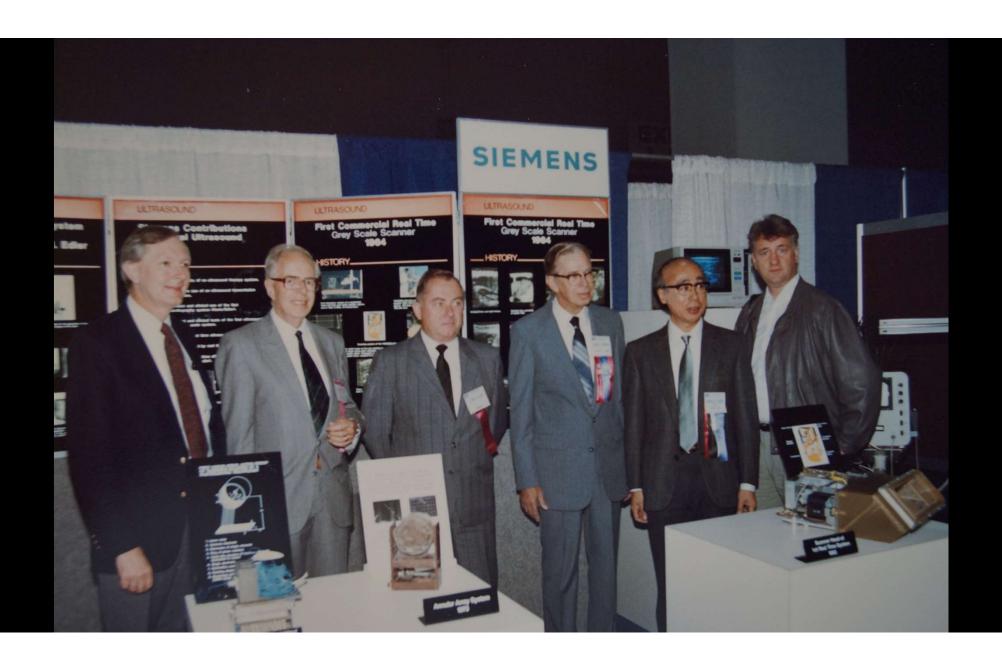












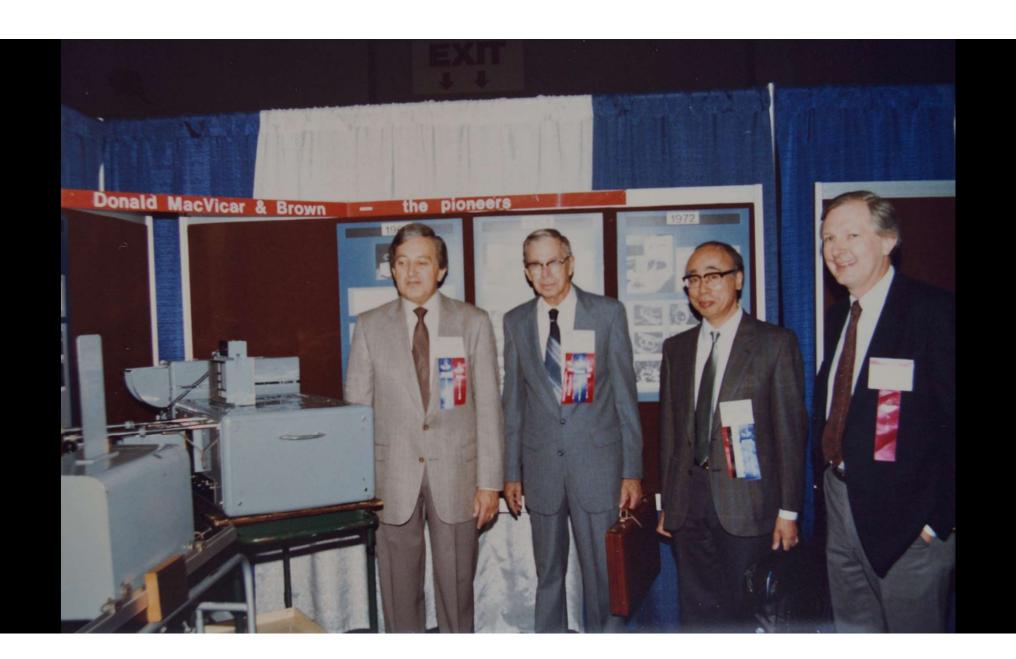


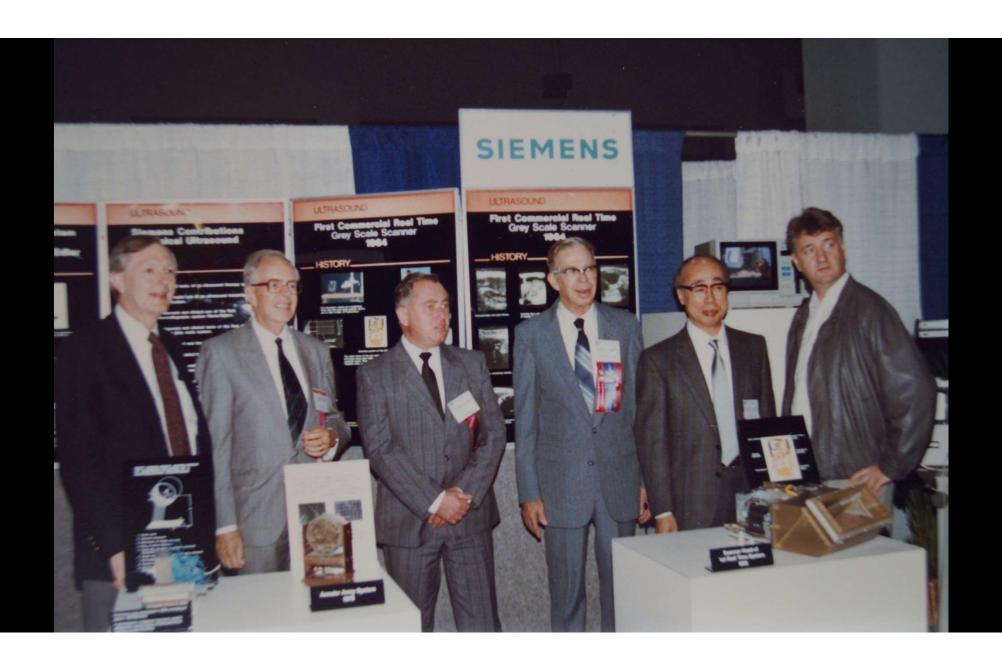




















## **Pioneers** of Medical Ultrasound







The machine, constructed by Dussik and his brother

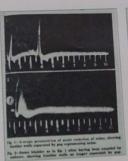


K. Th. Dussik, neurologist in Vienna, was the first physician, who tried to use ultrasound for diagnostic of the signal was recorded on a film. purposes in medicine.

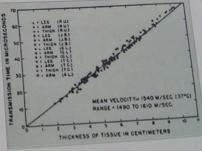
In 1942 he published a method of depicting the cerebral ventricles named "hypersonography" Transmitter and receiver were placed at opposites sides of the skull in fixed relations. The intensity By moving the probe line by line across the skull, a two-dimensional image was created, giving information about changes in absorption of ultrasound (in analogy to classical x-ray ).



G. Ludwig



A-scan of the bladder, before (above) and after miction



Ultrasound velocity in different soft tissues

In 1949 G. Ludwig (Pennsylvania) presented the leation of a pulse-echo-device (echo-ranLudwig reported an accuracy of around 85%

Another one of his important works was the









