

on to speak of the importance of medical officers of health. Although it was true that here and there local authorities were to be found who were not quite convinced of the necessity for the existence of medical officers of health, there had been undoubtedly a great change of attitude on the part of public authorities and the public towards them. His own experience was that medical officers of health performed their duties with high efficiency and with all regard for the best interests of the country. Remembering the difficult work which medical officers had to do, it was imperative that they should have a strong society behind them.

The PRESIDENT referred to the astonishing difference in respect to public health between the state of affairs when the society was founded and the position to-day. Only forty-five years ago a death rate of 28 per 1,000 was regarded in his own county of Yorkshire as quite admirable; to-day it would be described as deplorable. Unfortunately, the medical officer of health could not put before his council the results of his work in terms of financial savings nor even in terms of lives saved, but there was no doubt as to its effectiveness. Looking to the future he foresaw a country in which tuberculous disease and scarlet and typhoid fever would be unknown, and

in which the role of the medical man would be very largely preventive. It was the public who needed emancipation from the "bottle of medicine" idea; for many patients, if they received advice only, thought at present that their doctor was not giving them proper attention. Finally, he spoke of the need for hospitals for middle-class patients.

The toast of "The Guests" was proposed by Dr. R. VEITCH CLARK of Manchester, who coupled with it the names of Dr. Alfred Cox, lately Medical Secretary of the British Medical Association, Mr. W. D. Wills and Miss Elsie Taylor (respectively the Member of Parliament and the mayor for the president's own town of Batley), and Mr. T. W. Crowther, chairman of the Heckmondwike Urban District Council. Dr. Cox, who made the principal reply, said that while he viewed with misgiving the domination of local authorities by experts, he felt that they should feel quite safe in accepting the advice of their medical officers, having regard to the nature of their training and the keen desire that all medical men had to ensure public health. It had been one of his objects in life to bring about the best of relations between that part of the profession which was concerned with public health and that much larger part which was engaged in general practice.

THE DOUTY X-RAY CLINIC

The new Douty X-Ray Clinic at Addenbrooke's Hospital, Cambridge, was opened on November 25th by Sir Humphry Rolleston. The clinic has been built as a memorial to the late Dr. E. H. Douty, a member of the honorary staff from 1895 to 1897. In most English hospitals the x-ray department is lodged in some part of the building ill adapted for the purpose.

As a result of lack of space and lack of money many radiologists have to work in conditions which put a premium on enthusiasm. Addenbrooke's good fortune is that it has the space and the money—owing to the generosity of an unnamed donor. It is also fortunate in having, in Dr. Ff. Roberts, an enterprising physician in charge of the x-ray clinic.

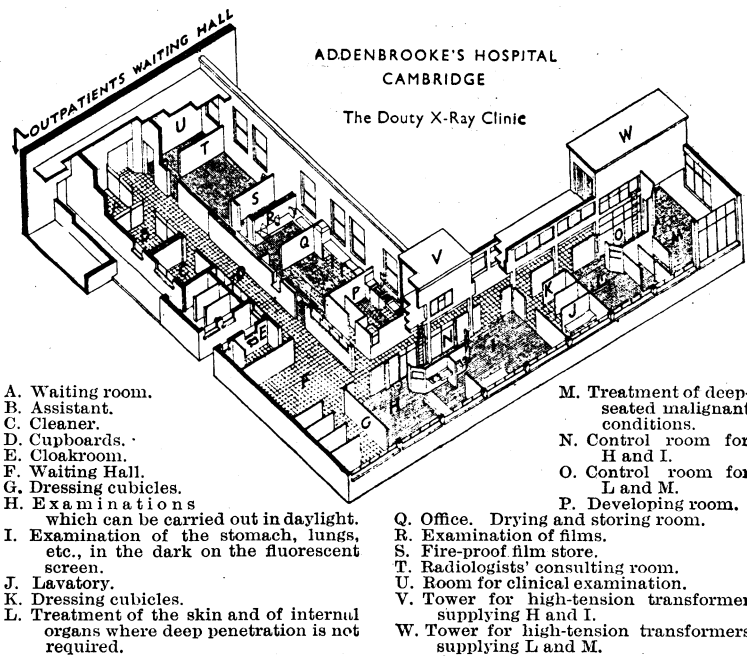
The new x-ray building has been constructed especially for radiology, and is no makeshift modification of either garret or basement. Every detail has been carefully considered by Dr. Roberts and the architect, who have been working in close co-operation for the past three years. Together they visited a number of x-ray clinics in Germany, which possesses some of the best-equipped and best-constructed radiological institutes in Europe. The new Douty X-Ray Clinic, then, is largely based on German models, and will serve as an excellent "negative" for future x-ray departments in England. The advice of the National Physical Laboratory has been taken in all matters concerning ventilation and protection.

The isometric drawing reproduced on this page shows clearly the construction of the building. It is built on a simple rectangular plan, which is repeated internally by the two well-lit corridors off which the various offices and rooms open. X-ray departments are unfortunately often gloomy, dark places, full of strange noises. The Douty

Clinic is a cheerful, light, and airy building. There are two rooms for diagnosis (H and I), and two for therapy (L and M). It will be seen in the plan that the high-tension plant is housed in two small towers away from the rooms in which patients are examined. The controls are worked by a technician in small rooms partitioned off from the diagnostic and therapy rooms. The patient is thus spared the, what must be to him, terrifying noises and mysterious flashes of light usually associated with an x-ray investigation.

The isolation of the high-tension plant and the effective insulation of all high-tension cables completely eliminates risk of shock. Beneath the couch in the diagnostic room I is a deep concrete pit containing an x-ray tube for photographing the chest at a distance of six feet. The other diagnostic room is fitted with a Potter-Bucky couch for the examination of dense parts of the body. The therapy rooms, in accordance with the recommendations of the International X-ray and Radium Protection Committee, are lined with sheet lead to protect persons outside from scattered

radiation. In one wall of the developing room, which is entered through a maze, two double-doored hatches allow the transmission of films without the necessity of anyone entering the room. One half of the washing tank is in the developing room, and the other half in the radiographer's office. Films to be washed are suspended on a small wagon, which can thus be run through to the radiographer's office if he wishes to view the film before it has been dried. A special cabinet enables films to be dried in twenty minutes, and they are stored in a fire-proof room. There are a great many more details, the significance of which can be fully appreciated only by those who visit the clinic—a visit which should be paid by all who are interested in radiology.



- A. Waiting room.
- B. Assistant.
- C. Cleaner.
- D. Cupboards.
- E. Cloakroom.
- F. Waiting Hall.
- G. Dressing cubicles.
- H. Examinations

which can be carried out in daylight.

- I. Examination of the stomach, lungs, etc., in the dark on the fluorescent screen.
- J. Lavatory.
- K. Dressing cubicles.
- L. Treatment of the skin and of internal organs where deep penetration is not required.

- M. Treatment of deep-seated malignant conditions.
- N. Control room for H and I.
- O. Control room for L and M.
- P. Developing room.

- Q. Office. Drying and storing room.
- R. Examination of films.
- S. Fire-proof film store.
- T. Radiologists' consulting room.
- U. Room for clinical examination.
- V. Tower for high-tension transformer supplying H and I.
- W. Tower for high-tension transformers supplying L and M.