

Reports of the Committee of Management and Medical Director for 1926 / Papworth Village Settlement.

Contributors

Papworth Village Settlement (Cambridge, England)
Papworth Hall Tuberculosis Colony (Cambridge, England)

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The Papworth Village Settlement.

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REPORTS
of the
COMMITTEE of MANAGEMENT
and
MEDICAL DIRECTOR,
for 1926.

*Presented at the Tenth General Meeting
of the Colony May 28th, 1927.*



PAPWORTH HALL

Papworth Village Settlement.

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Their Majesties the KING and QUEEN.

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Sir HORACE DARWIN, F.R.S.

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The Right Hon. Lord QUEENBOROUGH.

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Hon. Secretary: Mrs. MARCUS DIMSDALE.

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E. H. EZARD, Esq., M.D., (Ed.), D.Sc.

Hon. Bacteriologist:

G. S. GRAHAM-SMITH, Esq., M.D., F.R.S.

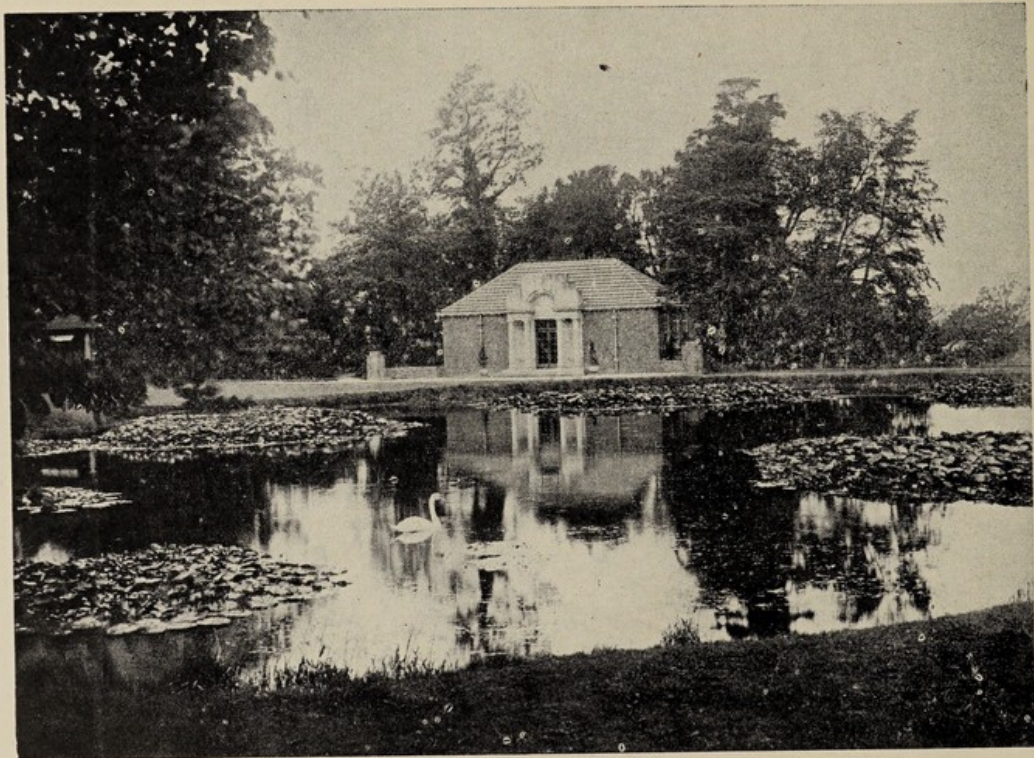
Medical Director: P. C. VARRIER-JONES, M.A., (Camb) M.R.C.S., L.R.C.P.

Assistant Medical Officer: L. B. STOTT, M.C., M.B., Ch.B., D.P.H.

Matron: Miss K. L. BORNE.

Postal Address: Papworth Hall, Cambridge. **Telephone:** Caxton 18. (two lines).

Stations: St. Ives, Hunts., L.N.E.R. (5 miles). Huntingdon, L.N.E.R. (5 miles). Cambridge, L.N.E.R. (12 miles)



THE SIMS WOODHEAD MEMORIAL LABORATORY.

REPORT OF THE COMMITTEE OF MANAGEMENT FOR THE YEAR 1926.

The year 1926 is marked for Papworth as the year of the visit of H.M. The King. Other members of the Royal family have visited and approved before, but the whole of the village community was roused to enthusiasm when it was announced that His Majesty wished to come quite informally so that he could see the actual working of the settlement for himself. A visit which was intended to last for one hour was extended to two, and His Majesty was pleased to compliment the men in each workshop, the Matron and Nurses in the Hospital and Dr. Varrier-Jones on the perfection of the whole scheme.

The warm thanks of the Committee are specially due to Sir Frederick Milner for his kindness in obtaining His Majesty's gracious consent to make this visit. The Committee have also the great gratification of being able to announce that their Majesties The King and The Queen have both since expressed their willingness to become Patrons of the Colony. It will be remembered that H. M. The Queen visited the Colony in October 1918 accompanied by H. R. H. Princess Mary.

The vigorous and ever growing Village Community has of course incessant needs, and it is impossible for the Committee to cope with them properly without more funds. This year's work included an addition to the Assistant Medical Officer's house and eight more cottages, rebuilding the male staff quarters



ST. JOHN'S HOSTEL.

to take ten extra beds and a recreation room, supplying a new floor to the billiard room and adjacent passages, heating the new workshops, and pulling down the Old Barn for the site of the new Village Hall and the erection of a new shed for the tenant in its place. But all this is really capital expenditure, and capital is what the Colony has not got, and so greatly needs. Our Appeal Fund was launched in a year of budget deficits and it has not brought in sufficient for the need. Papworth as an institution and as an industrial settlement pays its way when the capital is secured, but it cannot provide the capital necessary for building cottages, hostels, workshops and machinery. But no money spent at Papworth can be said to be unremunerative, for it places men on an economic basis who would otherwise have to be provided for out of the rates. If only donors were forthcoming more hostels and more workshops could be built at once. The women especially are in dire need of a women's hostel where the convalescent workers who can partly earn their own living in the workshops could be housed, leaving the hospital beds for fresh cases.

The Committee has now started on the long delayed Village Hall towards which the United Services Fund supplied £1,000. The site is in the centre of the Village, and if only sufficient funds are forthcoming the building can soon be finished and will be of immense value to the whole Village.

The Committee were glad to be able to supply a site for a Wesleyan Chapel in the Village, and to lend the grounds for a Sale of Work in aid thereof. The Chapel is now nearly completed, and is a great addition to the Village.



SOME OF THE MODEL COTTAGES.

The need of replacements in the engineering department led the Committee to consider taking the electric supply from the new Cambs., Beds., and Hunts. Coy. They hope that this may be done before long, and that after the initial cost, there will be a distinct saving on the annual upkeep. They are grateful in this matter for the report and advice of Mr. Peel and Dr. Lamb of the University Engineering School.

The success of Preston Hall under Dr. Varrier-Jones' re-organisation scheme has been so great, that the Committee were well able to understand the similar request for his services which they received from Enhani Village Centre, and they are glad to learn that he hopes soon to be able to make that also an economic success. His work at Papworth, admirably supported as it is by the invaluable assistance of the Matron, is so varied and so remarkable that no adequate mention of it can be made in an Annual Report. Miss Borne is also to be congratulated upon the great benefit to the Colony of the Welfare Fund which she initiated three or four years ago, and has since continued to organise and administer.

ELSBETH DIMSDALE,
Hon. Sec.

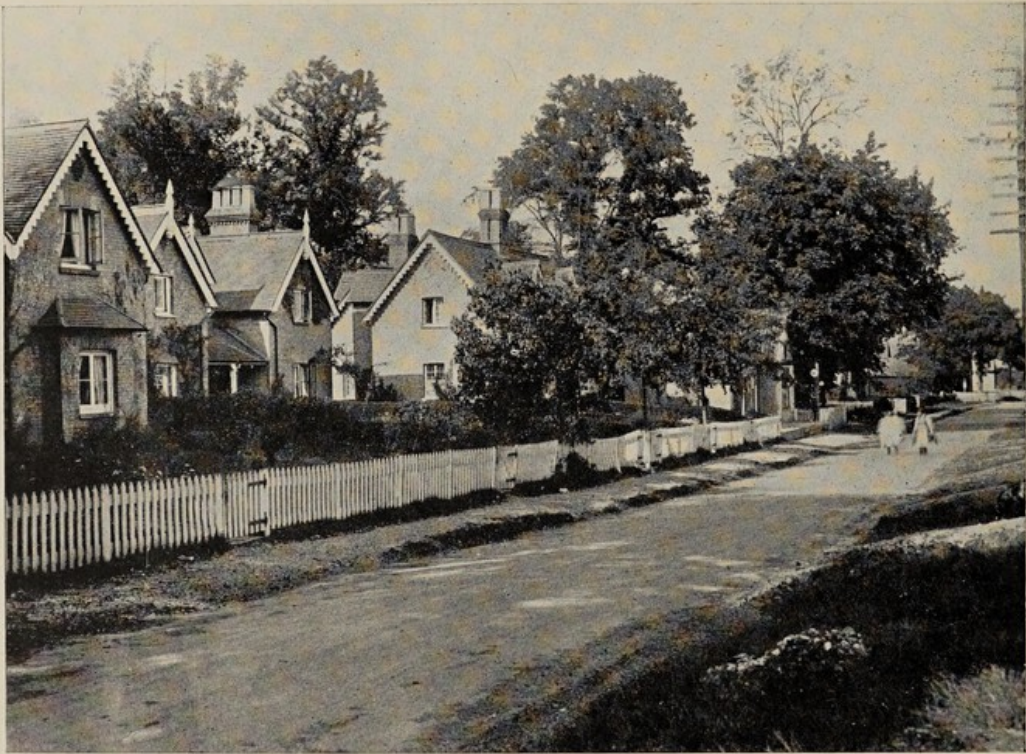


TRUNK AND PORTMANTEAU-MAKING DEPARTMENT.

THE MEDICAL DIRECTOR'S REPORT FOR 1926.

I have pleasure in presenting the eleventh Annual Report, and placing on record once again a year of great activity. As expansion takes place in many directions, consolidation of the work of previous years is not neglected, so that the Institution and the Village Settlement are both on firmer ground than in any other period of their history. It has been my practice to choose from the principles underlying the scheme, one which may be illustrated by the year's work, for it is impossible in a short report such as this to deal adequately with all the phases of the work in their intricate bearings one upon another. This year I propose to deal with the ideas underlying infection.

Can infection be prevented to such an extent that clinical disease does not occur, or can we so regulate the dose that an active immunity is set up? In no other community can this be studied to a greater extent than in a community of people where the main proportion of adults are cases of tuberculosis, in whose sputum tubercle bacilli are demonstrable from time to time; a community, more-over, in which all the members are under the strictest supervision in their homes, at work, and, to some extent, at play. From the very beginning of the existence of the Village Settlement, the importance of protecting the children against massive infection has been borne in mind by the staff of the Institution, and they have acted on the conviction that intensive education of the parents, when the principles which have been



A VIEW IN THE VILLAGE (ERMINE STREET.)

taught may be readily put into practice, is the surest way of preventing infection

And we have not taught in vain, our expectations have not been disappointed, because we have been able to teach by practical demonstration. When we have advised open windows, thorough ventilation and the like, we have seen to it that all facilities for carrying out our suggestions are available. The housing for the consumptive's family, that is, has been designed on right lines. When we have advised adequate nourishment, we have seen to it that the ex-patient's wage is sufficient and indeed more than sufficient to buy the necessary food, and we have seen to it that the food is of the right kind. While it is tedious to enumerate in detail the factors necessary to prevent infection and the various ways in which we deal with them, fresh air and sunshine, adequate food, rest and exercise, immediate and skilled medical attention, continuous medical records of the child's nutrition and growth, and its examination at frequent intervals with the Moro's test for infection—the whole may be summed up in the phrase Public Opinion. Statesmen know only too well how futile it is to legislate ahead of public opinion, and it has been brought home to me that it is useless to take steps with regard to public health until education precedes those steps. In our large cities, public opinion still says: Shut the windows, the night air is bad. Public opinion in Papworth, seeing it demonstrated before their eyes day and night in the Central Institution, says: Open the windows, we can't live without air. Public opinion in Papworth is shocked to see a weedy child. A worker whose child is not up to the mark is persuaded nay, almost compelled by the neighbours to take the child for clinical examination. Such public opinion may exist elsewhere, but comparing the



ST. PETER'S HOSTEL.

status of the inhabitants of Papworth with a similar group outside, we find that in the Settlement every facility is given to them for putting into practice the advice given. Advice without opportunity is worse than useless. Advice and facilities for following that advice must go hand in hand.

When I started this work, I was told very emphatically what would happen to the children of a great number of tuberculous parents. There are two schools of thought, and both gave me an emphatic prophecy. One said that with the care we were exercising, the children would be free from tubercle, would never have even a small dose of infection, and would, when returned to the outside world, become a prey to the disease in its most virulent form. The other view was that having such a number of clinically diseased persons in the Settlement, it would be impossible to steer clear of infection, and that a large proportion of the children would become diseased—the babies with meningitis, the others as they grew up.

The facts are that after eleven years experience no child (and some have now come of age) has, while a member of our community, contracted tuberculosis of the lungs, glands, bone or joints, or indeed, in any known clinical form. We have had no single case of tubercular meningitis. Those who have left the Settlement to seek education or employment elsewhere are all free from the disease.

I would not stress this point were it not for the fact that we have now had ample time to observe thoroughly all the children brought into our village and those born there. Some have passed the danger in the first

year; others have passed the trying time of puberty, but records show no sign of massive infection. A few, 2% have at one time or another given a positive Moro's reaction. These we promptly dealt with by extra precautions along standard lines. Our weight charts show the general tendency of the weights of our children to exceed the normal, and demonstrate how instantly with precautions a lagging weight may be transformed to one above normal. We have observed, moreover, that it is not the so-called "delicate looking" child which reacts to the test. The few which have reacted are robust looking, well nourished, and full of vitality. Great precautions have to be taken with these, and it is expected, confidently expected, that the small doses these children undoubtedly receive will protect them from further and larger doses, if they should receive such in the world outside. This is not the place, nor has one the space, to give comparative figures of infection in children obtained by other observers. Suffice it to say that this phase of our work is being prosecuted with the utmost vigour, and with the most gratifying results.

A clear indication that conditions of contagion within the Colony are not such as to produce the propagation of tuberculosis exists in the total absence of

- (1) generalised tuberculosis in infants, and
- (2) tuberculosis of lungs, bones, and joints, in children of school age, and up to the age of 22.

Our 127 children are of the following ages :—

Under 3 years	17	
Between 3 and 12	81	
Over 12	29	127.

There is evidence that certain of these children have met the tubercle bacillus, and one child has had a period at a sanatorium before his arrival with the family at the Colony, but there is no other case of tuberculosis amongst the children.

One practical point emerges. Who can estimate in hard cash the value of a method of segregation of the tuberculous which cuts the vicious circle of infection? Who is there now who will say that the amount of money expended on a case of pulmonary tuberculosis, in a scheme such as this, is in any way excessive, if the family are not only rendered free from infection, but at the same time rendered highly resistant to the disease? It may be objected that a period of eleven years is hardly sufficient to justify a claim of this kind. My answer is that in no country known to me has such a systematic investigation been carried out, and in no country has such a prolonged survey, a continuous survey, been undertaken. We have records of cases from the time of birth to eleven years, we have information of those cases who came to us round about 12—14 years, who have now reached manhood and womanhood, and we have found no single case of clinical disease amongst them (with the one exception above quoted). This is not to say that as the scheme extends we shall continue to be entirely free; but even so, some terrible disaster will have to take place to bring our figures anywhere near

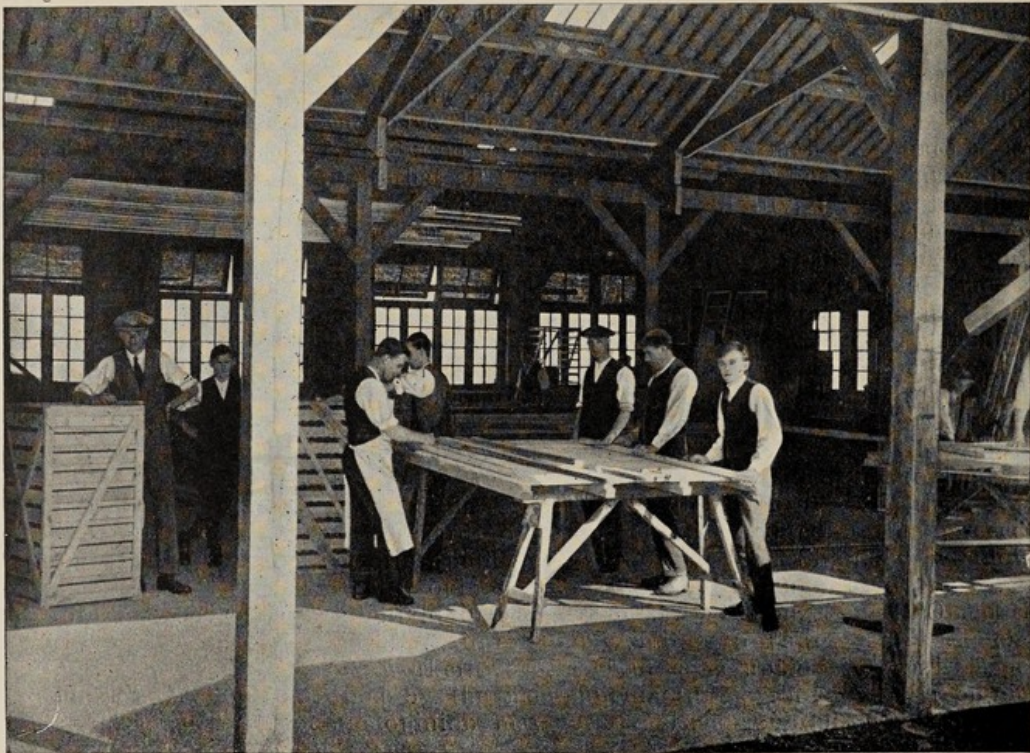


CABINET MAKING.

those of investigators who have taken at haphazard the statistics of children in the large cities of any civilised country.

The idea of the Village Settlement for the Tuberculous has, therefore, taken us a long way along the road of prevention, a point I tried to emphasise many years ago. It is a point which, alas, is not sufficiently grasped by those who treat the patient as a unit. It cannot be too strongly emphasised that *the family is the unit*, and while we prolong the life of the breadwinner under hygienic and economically sound conditions, the family become highly resistant to the disease. To quote Sir George Newman: "There is no beaten track in the further conquest of tuberculosis, only by co-ordinated action along various paths, and by all concerned, and only by surveying the complex problem as a whole in the spirit of preventive medicine, can tuberculosis be successfully overcome. We must protect the healthy child and adult from massive, frequent or prolonged, infection: we must increase all the powers of resistance; and we must treat the patient. Tradition and authority are good things, but experience is better. What we need is the large view and the long view. *We need a period of careful and constructive intensive work.* There has been a tendency perhaps to attempt to hasten progress and to secure quick results. But we need patience and research on all sides. There is good hope of victory—as the past decline of tuberculosis so abundantly suggests; but we must keep steadily on the attack at all points of the line, and with freedom and mobility—freedom of thought and mobility of action." (See Ann. Rep. Chief Med. Off. Ministry of Health for 1920. p. 107.)

It is now so well known that a Village Settlement for the tuberculous consists of various units that I have but to mention them.



CARPENTRY DEPARTMENT.

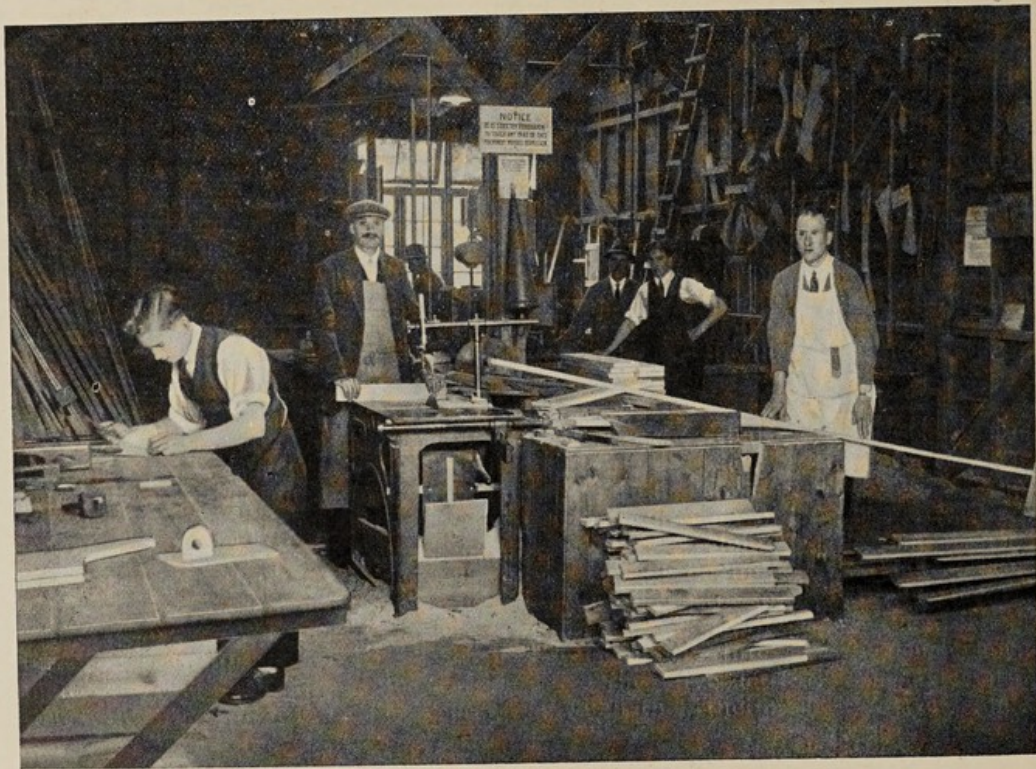
(1) The Central Institution for the reception and observation of new cases sent for treatment, containing also wards for the treatment of hospital cases and others who are too advanced for treatment by sanatorium methods.

(2) The Colony, consisting of 80—90 chalets for the treatment of cases with early or moderately advanced disease.

(3) The Hostel for the further treatment of similar cases with a view to their eventual absorption into the Settlement, and,

(4) The Village Settlement, consisting of cottages, for those who have undergone a period of treatment in the Colony, and who desire to benefit by the unique opportunity of permanent residence under ideal conditions.

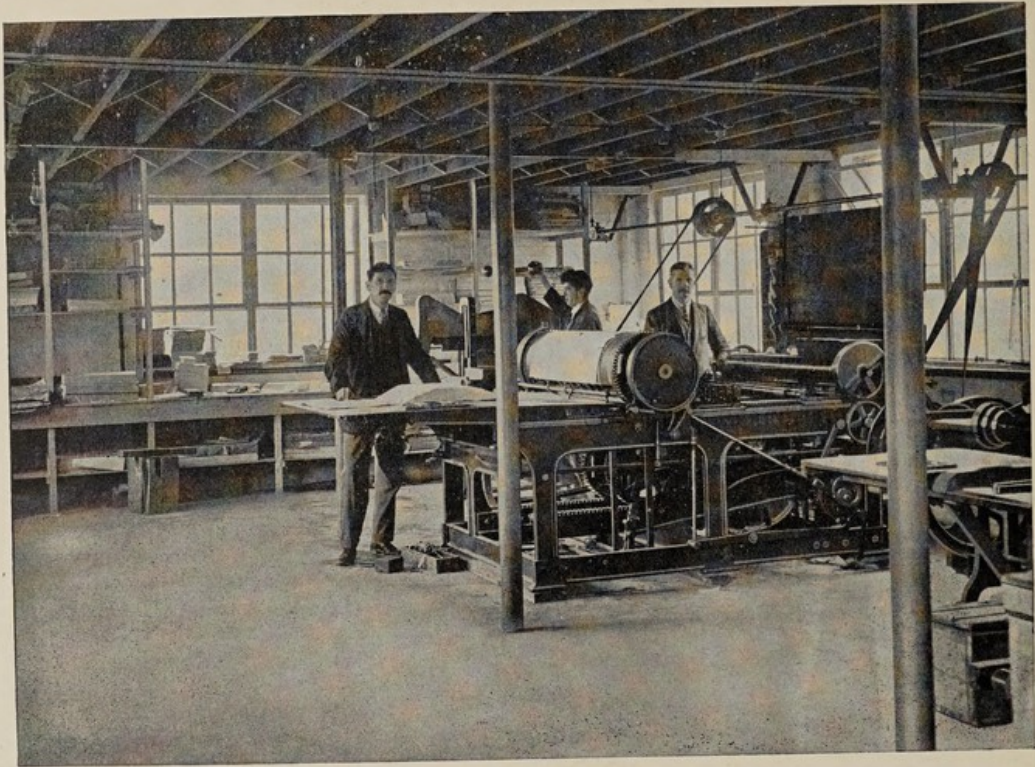
Similar accommodation is available for women patients, but on a far less extensive scale, and with the exception that up to the present, no hostel is available for them—a want which we hope to make good in the near future. Our hospital and Hostel accommodation is always completely occupied. Beds for advanced cases are hardly sufficient in number in any locality, and the call on our beds is urgent and incessant. Our efforts in treating advanced cases meet with great encouragement, and, indeed, often have their reward. For it frequently happens that a case labelled “advanced” on admission, after a prolonged period of treatment responds to such a remarkable degree that promotion to the sanatorium section is indicated. The psychological effect of seeing and hearing of the work of other patients is of enormous value. There is here no atmosphere of a home for the dying. All have an incentive to get well; work, and remunerative work, awaits all who are able to under-



CARPENTRY & JOINERY MACHINE SHOP.

take it. We are unable to estimate the therapeutic value of this psychological stimulus. We differ from the ordinary sanatorium in that purposeless work is taboo! Work, with a purpose, with a chance of definite employment at the end of a probationary period, takes its place, and I am convinced that this accounts for the cheerful atmosphere and keenness of spirit remarked upon by all our visitors. We do not follow the stereotyped sanatorium regime, and while rest is prescribed and insisted upon in every case where the evening temperature in the mouth exceeds 99° F., work is encouraged by every means when the patient's condition allows it.

We have completed our investigation of the treatment by Sanocrysin, and we cannot satisfy ourselves that alone it has had any beneficent effect on the patients' condition. The bio-chemical work which was started by Dr. Obermer some two years ago has been continued both here and at Preston Hall. A first communication will be made by him in "Tubercle", and it is hoped that in that paper a preliminary survey of the work will be made. A newer conception of the disease underlying this work will be further elaborated in future papers to be published in scientific journals. We have not instituted any fresh investigation into other preparations of vaccines or tuberculins, but we have continued with marked success artificial pneumothorax treatment in a number of suitable cases. Each case is controlled by an x-ray examination and treatment is carried out over a period of years. In every case marked improvement has resulted. Temperature has become normal (even after periods of work), and the sputum has been negative for T.B. over a period of 18 months, and in some cases even longer.



PRINTING DEPARTMENT.

It is in my opinion unjustifiable to draw conclusions from any special form of treatment unless the case can be followed up intensively for many years, and, as in the case of children, so with adults, we have under the Village Settlement scheme unique opportunities for doing this.

Tuberculosis is a fluctuating disease—temporary improvement from one cause or another constantly occurs. Where is the physician who is indiscreet enough to connect cause and effect? We should hear little of so-called cures if the period of observation were extended to at least 5 years. Our period here at the present time is at least eleven years. What changes can be observed even in the fashion of treating tuberculosis in that space of time!

The Industries carried on in the Village Settlement and managed by the Colonists serve as a training ground for those patients undergoing treatment in the Colony. They are of various kinds, and have been enumerated in detail in my previous reports. The amount of work performed by a patient can be very accurately measured when he works a machine. If the rate is too fast, it is a simple matter to adjust the speed of the machine to the patient's requirements. Our task is to fit the job to the patient, not to force the patient to fit the job. And so on throughout the organisation of the Industries. In comparing a modern, well-fitted factory with the toil of a worker on the land, one is struck by the fact that in the former case all excessive toil is eliminated, whereas in the latter the toil is hard, strenuous, and ill-paid. There is no surer or safer way of estimating a man's reaction to his own auto-inoculation than by working a machine. All work performed by patients is graded daily, the response to effort noted, and adjustments



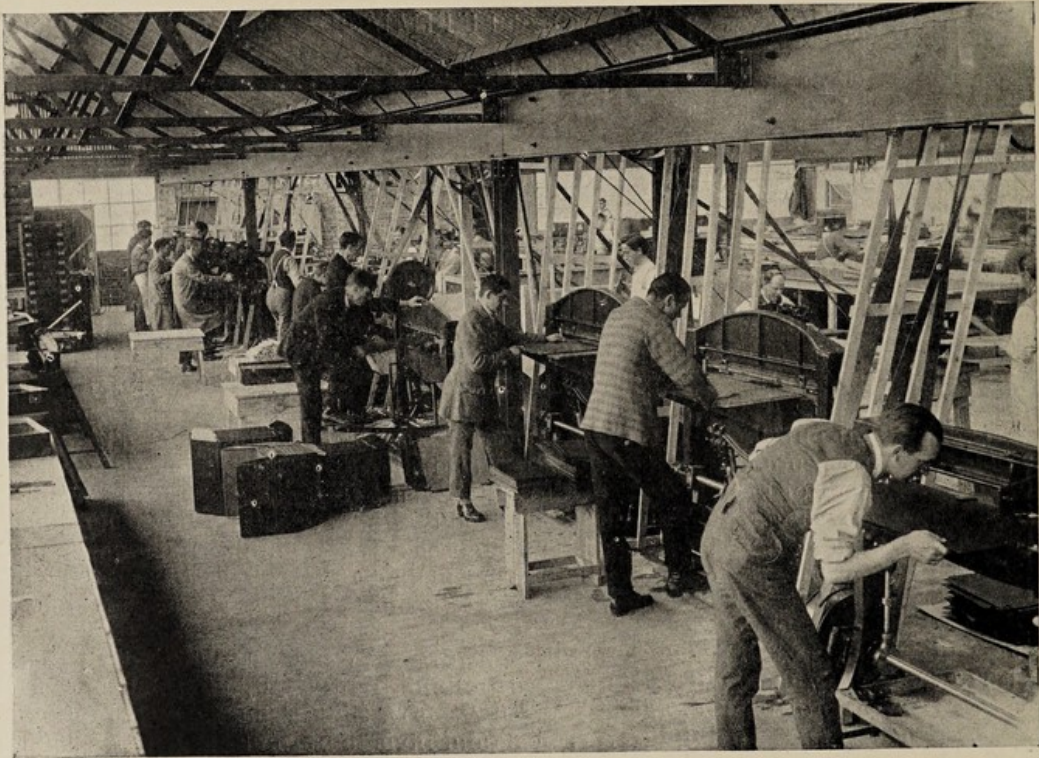
THE VILLAGE STORES.

made. Only by this method can we be certain that the purposeful work prescribed by the medical staff is beneficial to the patient's condition.

The Industries serve, moreover, a further purpose. They are the means of livelihood of all those ex-patients who, with their families, have taken up residence in the Village Settlement. Work at good pay, still under medical supervision, with a certainty of its continuance should a slight breakdown necessitate a few days absence, is a wonderful stimulus to maintain one's health. The job open on the return of the convalescent at the same rate of pay as when it was discontinued, is a wonderful aid to recovery, and indeed this is what one finds. On their own initiative the ex-patients have started a Sick Club. One would have imagined that a Sick Club whose members were all tuberculous would hardly show a balance on the right side at the end of a year, much less two years. Yet this is what has occurred; in each year a substantial balance has been brought forward, demonstrating as nothing else could the low incidence of sickness among the colonists in the Village. It follows, therefore, that the percentage of absentees from the workshops owing to illness is low, and indeed compares favourably with that of similar workshops manned, presumably, with healthy labour in the outside world. I need not enlarge on the significance of this; all those who have studied the tuberculosis problem will readily appreciate the point.

INDUSTRIAL.

A few words must suffice to describe our industrial activities during the past year, a year which will be long remembered for its acute labour



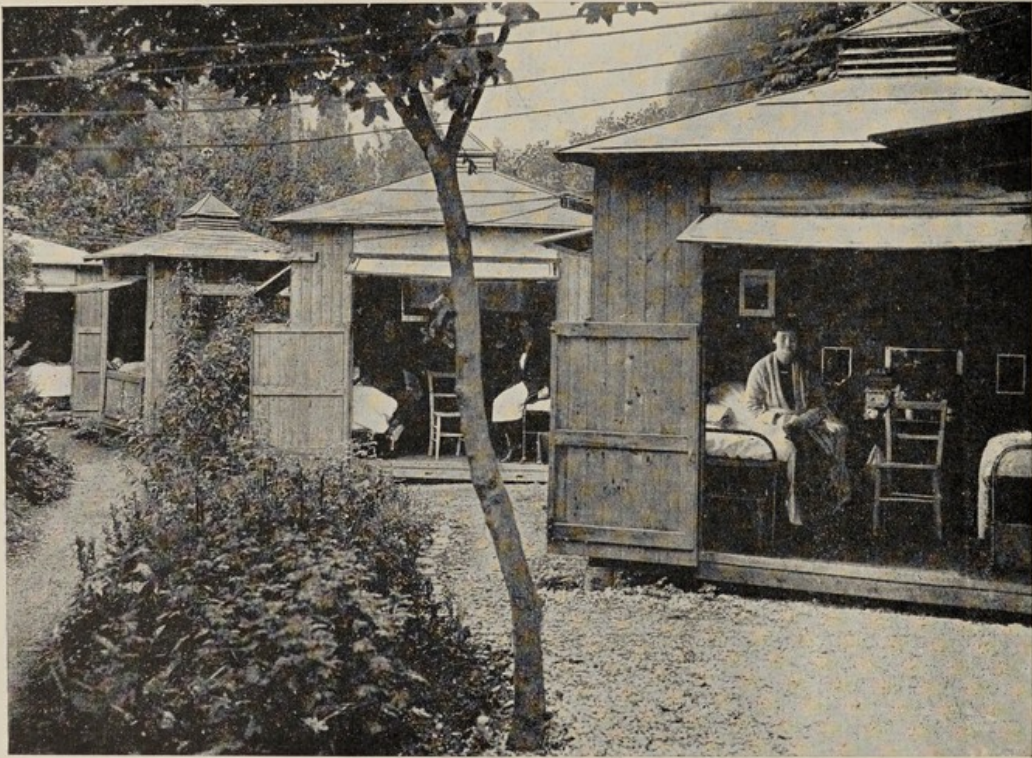
TRUNK AND SUIT CASE-MAKING DEPARTMENT.

troubles—the general strike and the prolonged coal dispute—and yet the business of the Industries shows an increase, and reaches the highest figure yet attained. The year which has passed was a testing time for any Industrial organisation; for one manned by consumptives it was the most dangerous that could be encountered. Yet we have pulled through and brighter times are ahead.

The spirit of co-operation both in the Central Institution and the Village shows a steady growth, and it is this co-operation which stands us in good stead when adversity, in the shape of bad economic conditions, comes along. In a previous report I stated that the world was divided into two halves—those who got more than they gave, and those who gave more than they took. It is the latter attitude which makes for success. We have had a striking example during the past year. A large Hall for the Boy Scouts and Girl Guides has been built entirely by voluntary labour and the money for the materials found in the Village itself. With a spirit such as this, adversity simply spurs on to greater endeavour.

To all those who have given of their best during the year my thanks are again most cordially given. In the Hospital the devotion to duty of the Sisters and Nurses—often under very trying circumstances—is beyond all praise, while in the Industries devotion to duty is no less apparent and richly deserves that success which is an outstanding feature of their endeavour.

To the Matron once again it is my pleasant duty to give my thanks, for year by year her energy increases with the greater burdens and opportunities for service. To Dr. Stott, with his assistant staff, my thanks are freely



SHELTERS AT HOMELEIGH.

given for his painstaking work in the wards and among the families in the Village. His researches in the matter of the modes of infection amongst children are outstanding in their thoroughness and in their far reaching results.

To the Committee my thanks are again due for their untiring efforts in support of my work.

The following information may be of interest

	Men	Women
Admissions to Central Institution	189	26
Discharges from „ „	185	29

The number of people now resident in the Village Settlement (31st. Dec. 1926.) is 327, including 27 new arrivals with their families.

A Guild has been formed, to be known as Papworth Hospital Guild, for the purpose of supplying linen, blankets, household necessities, etc. for use at Papworth Hall. Those who wish to join may obtain particulars from the Hon. Secretary, Mrs. R. W. Michell, 13, Cranmer Road, Cambridge.

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CAMBRIDGESHIRE TUBERCULOSIS COLONY
MATRON & WELFARE FUND
The Trustees of the Matron & Welfare Fund of the Cambridge
Colony for the Treatment of Tuberculosis

No.	Name	Address	Occupation	Amount
1	Mr. J. H. Smith	12, The Green, Cambridge	Teacher	£5.00
2	Mrs. A. B. Jones	45, Park Street, Cambridge	Housewife	£3.00
3	Mr. R. L. Brown	78, Mill Lane, Cambridge	Engineer	£10.00
4	Miss S. C. White	23, The Street, Cambridge	Student	£2.00
5	Mr. T. D. Black	56, The Road, Cambridge	Shopkeeper	£8.00
6	Mrs. E. G. Green	34, The Square, Cambridge	Teacher	£4.00
7	Mr. F. I. Grey	89, The Hill, Cambridge	Lawyer	£12.00
8	Miss M. K. Blue	15, The Close, Cambridge	Student	£1.50
9	Mr. N. O. Yellow	67, The Walk, Cambridge	Artist	£6.00
10	Mrs. P. Q. Purple	91, The Lane, Cambridge	Housewife	£3.50

CAMBRIDGESHIRE TUBERCULOSIS COLONY.

MATRON'S WELFARE FUND.

Summary of Receipts and Payments, for the Year ended, 31st DECEMBER, 1926.

To/	Receipts.			Payments.			By/			
	£	s.	d.	£	s.	d.		£	s.	d.
Balance as at 1st January, 1926.							Assistance to Boarders during temporary illness			
Cash at Bank.	102	0	8				...	5	16	2
do. in hand.	1	1	3				Subsistence Allowances towards expenses of patients not fully paid for by Local Authorities.	23	16	11
Loan to Wireless Fund.	103	4	11	206	6	10	Monetary Assistance to Residents in the Village-Non-Pensioners.	77	8	9
Donations Received:—							Grants to Families in Village during Patient's illness.	30	1	8
Akroyd Mrs. (Patient's Relative)	2	0	0				Pocket Money for Patients without Income	3	15	0
Allbutt Lady.	1	0	0				Loans to Patients	38	11	1
Altham Mrs. F.	1	1	0				Less Amounts repaid.	20	7	0
Ashfield Miss	1	0	0				Extra Delicacies to Villagers during illness	12	13	1
Aylett Mrs. (Patient's Relative)	10	0	0				Travelling expenses of Patients' relatives.	8	12	2
Beazley Mr.	10	0	0				Materials for Occupational Therapy (Bed Patients)	19	17	1½
Bennetto Mr. (ex-Patient)	1	10	0				Conveyances and other expenses in connection with Concerts given for Villagers and Patients.	7	12	6
Betterton Mrs.	10	0	0				Expenses of Children's Party	3	7	5
Burley Mr. H. R. (ex-Patient)	2	2	0				Stationery, Bank Charges, etc.	17	6	
Cambridge Instrument Co., Ltd.	10	0	0				Special:— Piano (Patients')	30	10	0
Concert Party.	7	10	0				Games	7	4	0
Dalton Mrs. R.	1	1	0				Freezing Machine	1	8	0
Edney Mrs. (Patient's Relative)	2	2	0					39	2	0
Endersby Mr. D. H.	10	0	0							
Francis Mr. T. Musgrave	1	1	0							
Furniss Mr. W.	10	0	0							
Gaze Miss M. (Patient's Relative)	5	0	0							
Gill Mr. J. (Transport)	15	0	0							
Harvey Miss (Patient)	5	0	0							
Herbert Miss	1	0	0							
Herring Miss	10	0	0							
Hill Lt. Com. J. H. (earmarked)	13	16	11							
Hodge Miss O'Brien.	5	0	0							
Holley Miss (Patient's Relative) (earmarked)	1	1	3							
Iles Miss	2	6	0							
James Mrs. (Patient's Relative)	10	0	0							
Jenyns Miss E. R.	10	0	0							
Kershaw Miss	2	2	0							
Lloyd Mr. (Patient's Relative)	10	0	0							
Mackay Miss (Fines at St. Peter's Hostel)	3	6	0							
Milner Bt., Sir Frederick	5	0	0							
Milton & Co.	1	1	0							
Morgan Mr. R. (Patient's Relative)	13	0	0							
Morris Mrs. do.	7	0	0							
"Not Forgotten Association" for Fruit & Games	14	1	2							
Papworth Everard Cricket Club.	5	6	0							
Pretty Mrs.	1	0	0							
Proud Miss A. (Patient's Relative)	17	0	0							
Robartes Hon. Everilda Agar.	1	0	0							
Searle Dr. C. F.	1	10	0							
Shelmerdine Miss B. E. (Patient's Relative)	2	0	0							
Stott Dr. L. B. Panel Fees presented	40	7	11							
Thomas Mrs.	10	0	0							
Thoroughgood Mr.	2	0	0							
Varrier-Jones Dr. P. C.	10	10	0							
Wadood Mr. Q. A. (ex-Patient)	1	0	0							
Warren Mr. H. J. (earmarked)	2	2	0							
Anonymous (ex-Patient)	1	0	0							
Whatnell Mr. T. E. (patient)	5	0	0							
Wheeler Mr. E. M.	1	0	0							
Williams Miss (Patient's Relative)	1	0	6							
Winter Miss O. (patient)	1	3	0							
Woodhead Lady	1	0	0							
Anonymous. (Paris)	1	0	0							
Anonymous Box, including donations from Drapers' Summer School.	7	10	11							
Profit on Visitors' Teas.				142	15	3	Balance:—			
Proceeds of Whist Drive in Cambridge per Mr. R. Hensher.				5	6	4	Loan to Wireless Fund:			
Profit on Stall at Horticultural Show:				43	18	9	Amount expended to date.	139		
Cabbage Patch	8	11	1				Patients' Contributions received during the year.	14	6	4
Raffle of Garden Seat	8	6	3				Donations to Wireless Fund.	9	12	6
Sale of Work by Bed Patients.				16	17	4		23	18	10
Raffle of Golliwog				3	15	6		115	5	7
Calenders given by Miss Wilson.				2	1	4	Cash at Bank	52	5	4
				14	6	6	Cash in Hand	3	0	6½
				£421	15	10				
								170	11	5½
								£421	15	10

I certify that I have examined the books and vouchers relative to the above summary of the Welfare Fund, and that in my opinion it is a correct statement of the Fund's income and expenditure for the year, and shows the true state of the Fund's affairs according to the best of my information and the explanations given to me.

W. E. BOWYER,
Certified Accountant.

26th January, 1927.

