

Reports of the Committee of Management and Medical Director for 1928 / Papworth Village Settlement.

Contributors

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

Publication/Creation

[Place of publication not identified] : [publisher not identified] 1929

Persistent URL

<https://wellcomecollection.org/works/rtqv4gca>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

P. 32238

PAPWORTH

1929





22501043448

The Papworth Village Settlement

Registered Office: PAPWORTH HALL, CAMBRIDGE

REPORTS of the COMMITTEE of MANAGEMENT and MEDICAL DIRECTOR *for 1928*

*Presented at the Twelfth General Meeting
of the Settlement, May 25th, 1929.*



PAPWORTH HALL.

Papworth Village Settlement.

Patrons:

Their Majesties the KING and QUEEN.

Her Royal Highness The PRINCESS MARY, VISCOUNTESS LASCELLES.
The Right Hon. The VISCOUNT LASCELLES.

President:

Sir HUMPHRY ROLLESTON, Bt., G.C.V.O., K.C.B., Hon. D.Sc., D.C.L., LL.D., M.D., F.R.C.P., Regius Professor of Physic in the University of Cambridge.

Vice-Presidents:

The Most Hon. The MARQUESS of ABERDEEN & TEMAIR. The Lord HENRY CAVENDISH-BENTINCK, M.P. The Right Hon. Sir FREDERICK MILNER, Bart.
The MARCHIONESS of ABERDEEN & TEMAIR. The Right Hon. The VISCOUNT BURNHAM. The Right Hon. The LORD MELCHETT, P.C. etc.
Field Marshal The Right Hon. The VISCOUNT G.C.M.G., C.H. His Grace The DUKE of PORTLAND.
ALLENBY, G.C.B., etc. The Hon. Lady DARWIN. Her Grace The DUCHESS of PORTLAND.
Her Grace The DUCHESS of ATHOLL, M.P. T. MUSGRAVE FRANCIS, Esq. The Right Hon. The Lord QUEENBOROUGH.
Admiral of The Fleet The Right Hon. The EARL Lady GUERNSEY. Her Grace SUSAN, DUCHESS of SOMERSET.
BEATTY, O.M., etc. The Most Hon. The MARQUESS of LINLITHGOW. The MARCHIONESS of TITCHFIELD.
The MARCHIONESS of LINLITHGOW. R. S. WHIPPLE, Esq., M.A.

Chairman of the Settlement:

The Right Hon. Sir FREDERICK MILNER, Bart.

Hon. Treasurer:

J. E. BIDWELL, Esq.

Hon. Secretary:

Mrs. MARCUS DIMSDALE.

Committee of Management for 1928:

F. BUNNETT, Esq.
Mrs. CHIVERS.
A. COOKE, Esq., F.R.C.S.
Rev. L. FISHER.
Lady GUERNSEY.

T. M. FRANCIS, Esq.,
Maj. Gen. H. HENDLEY, C.S.I., M.D.
E. LLOYD JONES, Esq., M.D.
Mrs. KEYNES, (Chairman).
W. PATON PHILIP, Esq., M.B.

ROBERT ELLIS, Esq., M.D.
Sir DOUGLAS POWELL, Bart.
H. B. RODERICK, Esq., M.D.
Lady ROLLESTON.
The Rt. Hon. The COUNTESS of SANDWICH
with the Hon. Officers.

House Committee:

J. E. BIDWELL, Esq.
Mrs. CHIVERS.

Lady ROLLESTON, (Chairman).
Mrs. MARCUS DIMSDALE, (Hon. Sec.).

Lady GUERNSEY.
Maj. Gen. HENDLEY, C.S.I., M.D.

E. LLOYD JONES, Esq., M.D.
Mrs. KEYNES.

Hon. Consulting Physicians:

W. LANGDON BROWN, Esq., M.D., F.R.C.P.
L. S. T. BURRELL, Esq., M.D., F.R.C.P.
Sir James KINGSTON FOWLER, K.C.V.O., C.M.G., M.D., F.R.C.P.
Sir Percival HORTON SMITH HARTLEY, C.V.O., M.D., F.R.C.P.
E. LLOYD JONES, Esq., M.D.
W. PATON PHILIP, Esq., M.C., M.B., Ch.B.

Hon. Consulting Surgeons:

ARTHUR COOKE, Esq., F.R.C.S.
G. E. GASK, Esq., C.M.G., D.S.O., F.R.C.S.
Sir Henry GAUVAIN, M.D., M.Ch.
Sir Robert JONES, K.B.E., C.B., F.R.C.S.E.

Dental Surgeon:

W. BAIRD GRANDISON, L.D.S., R.C.S., Ed.
E. OBERMER, Esq., M.R.C.S., L.R.C.P. (Lond.).

Hon. Consulting Ophthalmic Surgeon:

E. H. EZARD, Esq., M.D., (Ed.), D.Sc.
A. E. BARCLAY, Esq., O.B.E., M.A., M.D.
G. S. GRAHAM SMITH, Esq., M.D., F.R.S.
H. BANISTER, Esq., M.Sc., Ph.D.

Consulting Applied Biochemist:

E. OBERMER, Esq., M.R.C.S., L.R.C.P. (Lond.).

Hon. Bacteriologist: Hon. Psychologist:

Medical Director:

P. C. VARRIER-JONES, M.A., (Camb.), M.R.C.P. (Lond.).

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

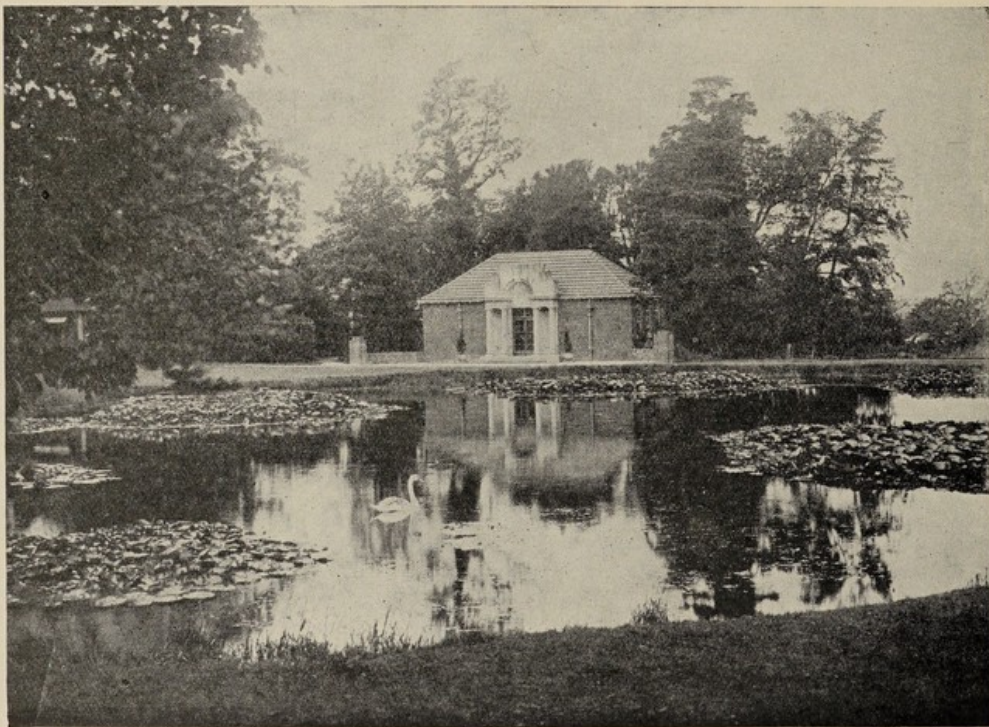
Matron: Miss K. L. BORNE.

Postal Address: Papworth Hall, Cambridge.

Telephone: Caxton 18 & 19.

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 1928.



The Report of the Committee for 1928 is a very cheering one. Although the need for more cottages, more workshops and generally speaking more everything, we have still managed to move on and develop in a good many directions.

The great event of the year was the visit of H.R.H. The Prince of Wales on May 18th. It was no superficial or hurried visit. The Prince spent some four hours at the Settlement and insisted on seeing everything and everybody and understanding the reason for it all. Each department, workshop and hospital was visited and the Prince's cheering words to the patients will never be forgotten.

His Royal Highness formally opened the Memorial Cottages to the late Sir Clifford Allbutt in the presence of Lady Allbutt and a large number of guests. Sir Humphry Rolleston expressed our thanks both to the Prince and to the donors and read aloud the inscription which he designed and which now stands out in stone over the doorway:

"To the Memory of

The Right Hon. Sir T. Clifford Allbutt,

K.C.B., M.D., F.R.S.,

Regius Professor of Physic in the

University of Cambridge, 1892 - 1925.

President of the Papworth Village Settlement,

1918 - 1925.

A Scholar-Physician, An Inspiring Leader, and a Beloved
Humanist."

*"Therefore to thee it was given
Many to save"*



ST. PETER'S HOSTEL.

The new buildings of the year include eleven more cottages, the beginnings of the Women's Hostel, another small hostel for 10 temporary hospital beds attached to the Y.M.C.A. for the use of men in the huts, and six new garages.

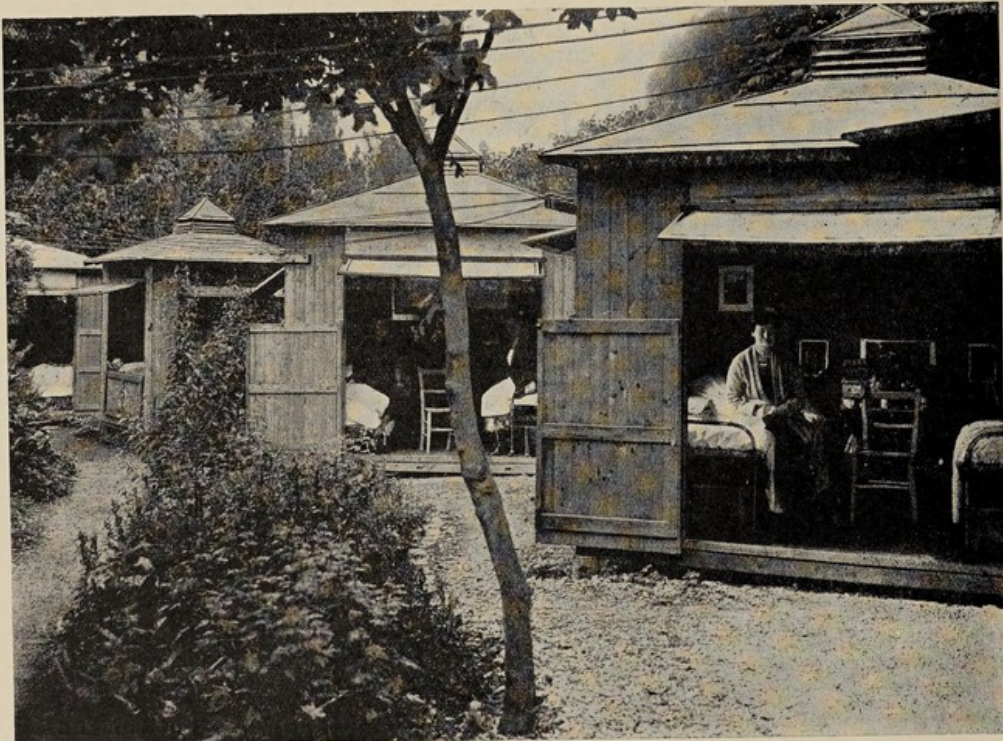
The design for the new Women's Hostel includes accommodation for 48 patients, and it was decided to build half of this at once, and hope for more money later on to complete the scheme. The site is in St. Peter's Close on the hill just above the second Men's Hostel.

The Hospital Guild, for which we are greatly indebted to Lady Rolleston, continues its good work and has supplied the Settlement with a great many useful things as well as an admirable supply of linen.

We are not cut off at Papworth from the rest of the world. The visitors, as usual, have been many and varied, nearly every Dominion and foreign country being represented. In June, Lord and Lady Aberdeen brought an Irish deputation, and Dr. Rollier of Leysin paid a long promised visit. Then we had Sir Henry Gauvain; and in October the Canadian Tuberculosis Officers spent a long day at Papworth, ending up with a dinner at St. John's College with Sir Humphry Rolleston in the Chair. They were immensely impressed by all they saw, and the Hon. Secretary has since received a most appreciative letter of thanks and Dr. Varrier-Jones a warm invitation to lecture in Canada in 1930. Dr. R. E. Wodehouse, Executive Secretary of the Canadian Tuberculosis Association, who was one of the visitors, broadcast his party's impressions of Western European Tuberculosis Institutions from London and Daventry on 16th October, and we were pleased to hear him tell his listeners that Papworth was "the most important international demonstration of anti-tuberculosis work at present being carried on anywhere."

Meantime, the Matron found time to speak at a Nursing Congress at Rome, and the Medical Director to deliver a lecture at Dublin as President of the Tuberculosis Section of the Congress convened by the Royal Institute of Public Health. Dr. Varrier-Jones also broadcast an interesting talk on village settlements from 2 LO on 6th June.

Peculiarly favourable opportunities for research exist at Papworth, but this most



SHELTERS AT HOMELEIGH

valuable branch of the work is entirely without funds. It is therefore impossible to obtain the fullest results, though some most interesting work has been done. Dr. Stott, in collaboration with the Honorary Dental Surgeon, Mr. Grandison, has just completed some investigations into the effect of infections upon the formation of dental enamel: and these indicate how it is possible, by merely studying the mouth of a patient, to deduce the date when infections were encountered in childhood.

Early in 1929 arrangements were made for Dr. Edgar Obermer of London, formerly a House Physician at Papworth, to carry out some further enquiries into the metabolism of sufferers from active pulmonary tuberculosis with a view to detecting changes in the human "Soil" brought about by the invasion of the disease. This information will be correlated with that already obtained at Papworth in reference to calcium retention by the tissues, and it is hoped that the results may prove of the utmost value in suggesting new methods for the treatment of tuberculosis.

We feel that we owe Dr. Obermer and Dr. Stott a deep debt of gratitude for their untiring work, and our only regret is that we are unable to finance their investigations to the extent which their importance merits.

The House Committee, which is henceforth to be known as the Executive Committee, meets monthly at Papworth, and undertakes the main part of the work. The Committee of Management now meets quarterly in Cambridge and supervises the work of the Executive Committee. It has had a serious loss in the resignation of Mr. Musgrave Francis as Chairman, but he still continues a member of the Committee, and his place in the Chair is ably taken by Mrs. Keynes.

The Committee wishes it to be recognised that its work, though important, is very slight compared to the heavy and continuous work carried on by Dr. Varrier-Jones, to whose initiative, originality and unfailing vigour Papworth owes its being, and to the splendid assistance rendered by Dr. Stott, Miss Borne, and the medical, nursing and office staff generally.

ELSBETH DIMSDALE,
Hon. Sec.



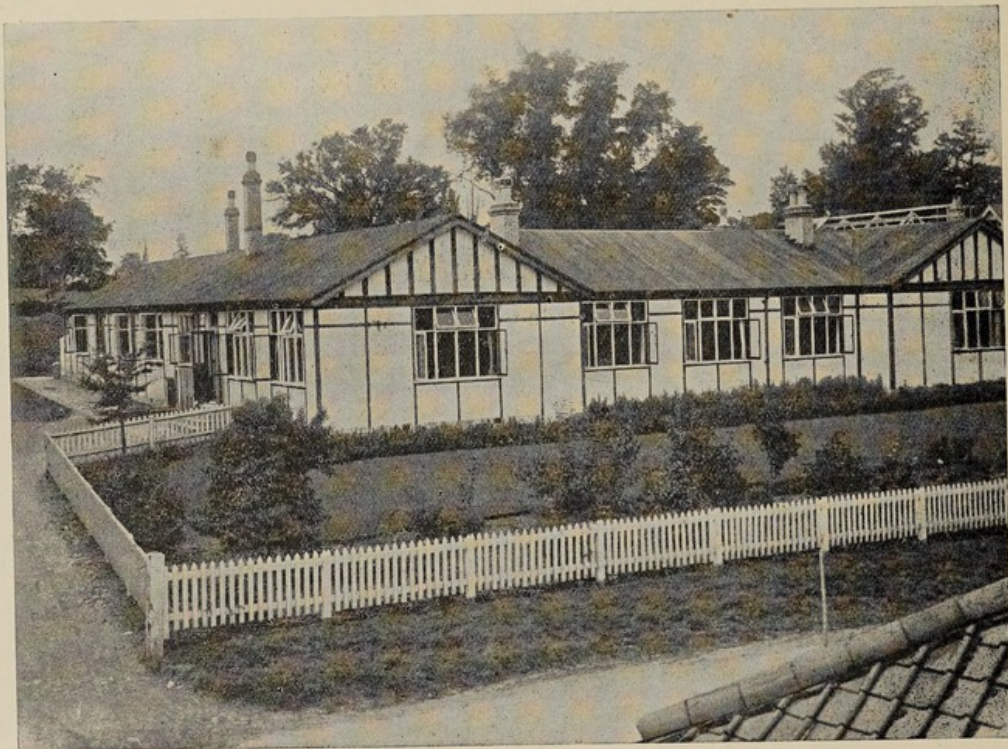
SOME OF THE MODEL COTTAGES.

REPORT OF THE MEDICAL DIRECTOR FOR 1928.



Those who are superstitious will congratulate us on having successfully negotiated our thirteenth year of existence. Not only have we survived, but we are treating a greater number of patients (both men and women) than ever; the number of settlers has increased and is steadily increasing; while the Industries have surpassed by some thousands of pounds their previous large total of £47,893. Thus our thirteenth year of endeavour has passed, and during that time we have learned many things. We have made progress—progress in that we have consolidated the gains of previous years' experience, progress in that we have gained knowledge in a close-up study of the disease. I must repeat what I stated in my "Mitchell" Lecture, that when the teachings of the medical profession are put into actual practice, what the profession expected would take place, actually does take place. There's nothing more in the system than that.

But I may perhaps with benefit take the teaching of the medical profession and see how it works out in practice. We must dismiss erroneous teaching. All those who work in the tuberculosis field have given up, for example, the bestowing of advice as to the patient following the light open-air job. Such advice, however, is still given by some members of the profession. The light open-air job is a myth. Light work with an inadequate wage spells disaster as surely as a strenuous job carried on under modern industrial and commercial conditions. I say industrial or commercial conditions advisedly, because the truth of this statement applies equally to the artisan in a factory and to the clerk in the office or counting-house. This is hardly ever realised. My experience here with a very great number of clerks convinces me that the nervous strain of work in the commercial world is every bit as injurious to the consumptive as the physical work of the factory hand. This truth gives us the key to the situation. If the



ST. JOHN'S HOSTEL.

mental strain is detrimental to a man who is carrying on his accustomed occupation, how much greater that strain must be if he follows advice to change that occupation and adds to his mental anxiety, physical stress and strain at a job to which he is unaccustomed.

Now the lesson we have thus learned will enlarge not only our own experience in running a village settlement, but will be a foundation stone on which to base advice to those who, from the very nature of things, cannot hope to be admitted to a Village Settlement. Fortunately, a sedentary worker is now rarely advised to take up gardening but he is often told to invest his capital in a poultry farm. No greater mistake could be made. I have received at Papworth a number of men who have followed this advice. What is our experience? Capital gone, health gone, the disease virulently reasserting itself. The man's mental state in a condition of great anxiety, both as to his health and his financial position, and also (what is very important but hardly ever appreciated) as to his social position. How can instability be raised to equilibrium? By continuing the poultry farm under sheltered conditions? Most certainly not. First restore the patient's mental balance by re-instating him in his own social position. You will say that is a curious start in medical treatment, but my experience tells me that it is of the highest importance. Once his mental balance is restored, calm takes the place of agitation, and receptivity is established, which makes it possible to inaugurate purely medical measures, the term being used in its narrow sense—(although the time is fast approaching when medical measures will include the principles of sociology and economics.) No medical measures have the slightest chance of being effective when the mentality of the patient is warped; when his outlook on life is distorted by a struggle in an environment, which irritates, thwarts, and finally produces what is none other than a diseased mind.

What applies to the commercial worker applies with equal force to the industrial worker, the only difference being that in the latter case it is more difficult for us to understand the position. I suppose a professional man is more nearly



SOME MORE COTTAGES OF THE VILLAGE SETTLEMENT.

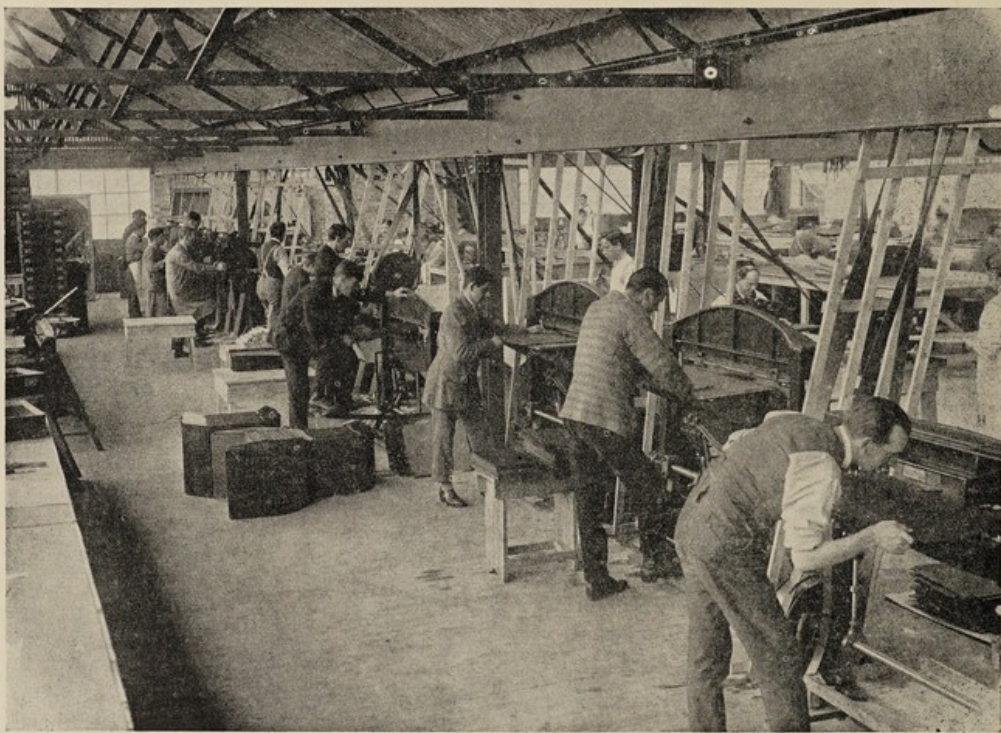
akin in work and mental processes to a sedentary worker than to an artisan, and we can more easily study and appreciate the mental picture and the mental workings of the former than those of the labourer. I may be told that the industrial worker has no mentality—indeed on many occasions I have been told that he is no good—but it is the greatest mistake possible. With the increase of education, both in the schools and—what is more important—the wireless service, there is a great change coming over the so-called working classes. They may still be slow to put into words which can be understood by us—into phrases which we can comprehend—the thoughts that in them lie, but nevertheless the ideas are there, and it is our want of perception which is lacking, our inability to put ourselves in their place which is responsible for our mistakes. It is as futile and ridiculous to tell the working man who has had well-marked pulmonary tuberculosis that three months in a sanatorium will restore him to health as it was for Canute to command the sea to recede. They have heard the tale before—then why do we persist in the fiction? They know that a pal of theirs was told the same story. What is the result? They will not seek medical advice until it is too late. Thus we have a state of affairs which we all deplore, a mass of consumptive men and women, without hope, in an environment unsuited to their condition—a danger to themselves and others. Why not try frankly to understand their mentality? Sickness to them means loss of livelihood without anything substantial to fall back upon. That situation they have firmly fixed in their minds. They feel they must carry on with their work as long as possible—either until they become too weak to go on any longer or until their cough makes them a matter of suspicion to their fellow-workers or their employer. If we understood their mentality we might eventually be able to advise a method of treatment which would meet the case. Because in the past we have drawn a picture of the tuberculosis world which in no way tallies with fact, we have now an appalling number of men and women who are a burden to themselves and the State.

In a community of consumptives such as we have at Papworth, it is possible to



UPHOLSTERY DEPARTMENT

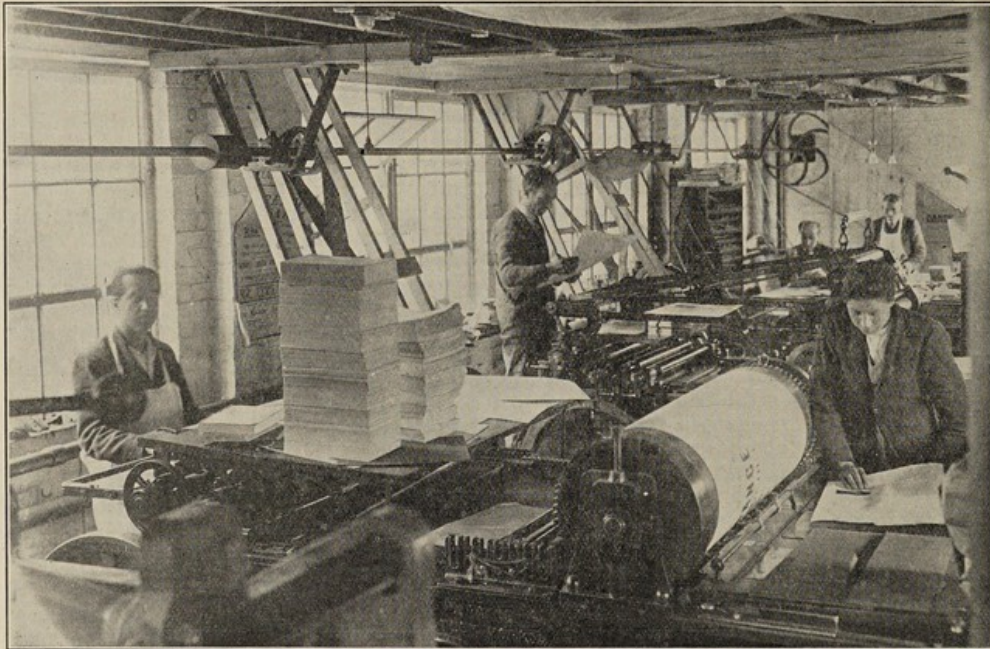
make an intensive study of the mentality of the man or woman stricken down (no other words adequately describe their condition) with this disease. Let us take first those who have previously received sanatorium treatment. What is their attitude towards it? It is as a rule one of intense hopelessness. "We were told," say they, "that in a few months' time we should be able to return to our work, but when we tried we quickly became ill again. We went again to a sanatorium, but we knew we were worse this time and our chances of employment became less. As a matter of fact, all our chances went, we were left with unemployment, permanent ill-health, permanent dependence on the rates, or charity staring us in the face. If we had only known that we could have had treatment with a prospect of permanent employment in a sheltered environment afterwards, we should have grasped it with both hands. Why were we not told of the risks we ran?" The time has surely arrived for us to be more frank with our patients, but it is no use to give plausible advice unless we can follow it up by practical measures. I have no doubt that patients are told to "take it easy for a bit," to graduate their labour in factory or office, but where is the factory and where is the office where this kind of thing is permitted? In my experience it is very rare. Let it be recorded to the honour of clear-sighted employers, that it does exist, but only when the man or woman who falls by the way is, in the employer's eyes, worthy of such exceptional consideration. It is obvious that the dislocation of business by the lack of pace (not necessarily lack of skill) of the worker is very great, so great indeed, that without the utmost care, serious loss may overtake the business. So close is the organisation in modern industry, so carefully is each worker linked with the other—as cogs in a wheel—that a retarded worker soon becomes a source of friction and has to be removed. All this is quickly brought home to one, if one attempts—as we have done here—to carry on a business with sub-standard labour. A very great number of safeguards have to be provided, an almost unique organisation has to be set up, to prevent that loss of skill and time which would mean disaster. I have again, in considering this aspect of the problem, to return to the mental attitude of the patient. It is the crux of the question. Many have wonder-



TRUNK AND SUIT CASE-MAKING DEPARTMENT.

ed how it is that the Industries at Papworth have been carried on during these years without a heavy loss. There is no mystery about it. The complete understanding of the mentality of the tuberculous worker is the first and foremost essential. What does the tuberculous worker desire? Just like the healthy worker he desires security of employment. How can this be effected? By giving him opportunity and a position of responsibility. I have never been disappointed when I have done this. To treat the consumptive worker as a serf, to refuse him promotion, to deny him the free run of his aspirations, to put him in a position of inferiority under a healthy foreman—this is the way to disaster. It is a complete misunderstanding of the psychological position. To understand the mental processes of the consumptive is, I consider, the most important step in a reorganisation of our tuberculosis work. So many of our visitors take away with them details of the type of machinery employed, some take away copies of the drawings of the articles we make, others concentrate on the type of timber used in our cabinet shop, or leather in our trunk and suit-case factory, others desire copies of our costing system and so on, but few seem to grasp the essential motive power behind the scheme, the mental freedom of the worker. A man, when he becomes tuberculous, does not necessarily at one and the same time, become a fool; he does not become less mentally agile at his job. On the contrary, I think I could produce evidence of an awakening of the mental faculties, a keener appreciation of realities, greater skill in handicraft. But—and this is important—only if the mind is given freedom! The medical treatment of tuberculosis is "rest," ease of body and mind, but that does not mean that the mind should assume an attitude of torpidity. The physician should not say, "You are diseased and therefore incapable"—which by no means follows. Our work consists in applying, after rest, a stimulus to endeavour; this stimulus is of no avail unless the mind is free to benefit by such stimulus.

I attribute what measure of success we have had at Papworth to our early appreciation of this fact. The lessons we have learnt here are available for all those who work in the tuberculosis field. In each annual report I have tried to take



PRINTING DEPARTMENT.

one aspect of the subject and make it clear. Whether or not I have succeeded I do not know. I have the idea that experience gained through the various principles we have applied, and their explanation, is more valuable than a dry reiteration of the details of management in our institution comprising Hospital, Sanatorium and Village Settlement. I am encouraged in this belief by the increased number of patients sent to us from all parts of the country, by the support of those who enable us to enlarge every department, so that we are able not only to take more patients but to offer them permanent employment in our industries. We contrive to expand as the income and business of the industries increase, and can thus employ more and more of those sub-standard men and women who find the struggle for existence in the outside world impossible. Our hospital section might well be increased, for advanced cases from Cambridgeshire, Huntingdonshire and West Suffolk, and also London, come in greater numbers than ever. We never refuse a case, however seemingly hopeless his or her condition, for I am convinced that picking and choosing cases with an eye on statistics is not the way to eradicate the disease. It is often a matter of comment that we take advanced cases into what some still persist in calling a "Farm Training Colony." We are not a "Farm Training Colony," but a comprehensive scheme for the treatment of all forms of tuberculosis and for the permanent residence and employment of those whose physical and mental condition allows of it; and only by so doing can we combat the ravages of the disease. The taking of advanced cases is a great burden on the nursing staff, but our labour is amply repaid by the scores of letters of appreciation we receive from members of the patients' families. In many cases the care of the broken-down breadwinner makes all the difference to the distressed family, and makes it possible for it to hold its own and protect itself against infection. Will the advanced cases stay? Yes, because they have the hope of eventual residence in a sheltered community. Sometimes, though rarely, this hope is realised, but whether realised or not, they see a concrete proposition before their eyes.

MEDICAL.

And this brings me to the usual orthodox portion of my report. I have for long

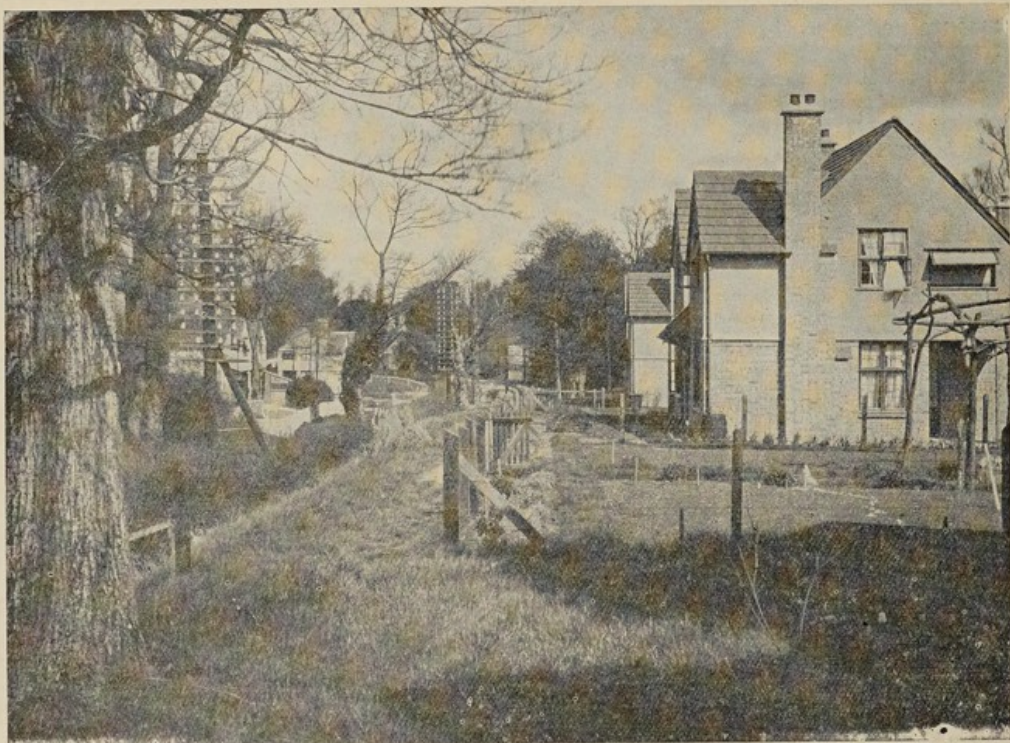


MACHINE SHOP, CARPENTRY DEPARTMENT.

maintained that the classification of cases by physical signs is misleading both from a diagnostic and prognostic point of view. Indeed, the whole subject of the treatment of tuberculosis is being reconsidered, especially with regard to the factors that should be taken into consideration in recommending a patient for treatment. It is agreed on all hands that no one factor should be the sole criterion. If we could demonstrate that infection had taken place, this of itself is not enough. A so-called "early sign"—that is, a physical sign—does not of itself constitute a decisive factor. This is now acknowledged and calls for a re-examination of our criteria for treatment. I have elsewhere dwelt on this point.[†] Mackenzie was on the right lines when he advocated as a fundamental criterion response to effort, and lately Allen Krause of the John Hopkins Hospital, Baltimore, brings it to the notice of workers in the tuberculosis field. "However, here in tuberculosis also, as in every other one of its realms, Medicine, it will not be unfair to state, remains in practice the art it always will be and must be whenever it deals with the patient. The data that will betray the character of a human being's tuberculous infection are not to be found apart from the patient; and appraisal will approach accuracy only as the whole man passes under observation. Not from a one or a four-plus reaction, not from a fainter or brighter red, not from a dearth or shower of stethoscopic noises, not from a screen or film conveying merely the shadowed densities of the morbid process, not even from the tuberculous focus itself brought to light at autopsy or biopsy, may the effects of a tuberculosis be estimated—the effects, past, present, and retrospective, in those cases in which interpretation and decision can be of most value. Up to a certain point, a point that is usually well along in the history of an infection, it is the effect upon the man, far more than, say, upon the lung, that will count in leading us to an opinion as to what his now-discovered foci of tubercle mean and have meant to him, and therefore what they probably will mean to him."*

[†]P. C. Varrier-Jones, "Papworth: Administrative and Economic Problems in Tuberculosis," 1925, p. 10. Cambridge Univ. Press.

*Allen K. Krause, "The Pathogenesis of Tuberculosis," Amer. Rev. Tub., August, 1928, vol. xviii, No. 2



A VIEW IN THE VILLAGE.

It is, as I have insisted again and again, the response to effort which is all important, for as Krause rightly says, "If a man with foci of tubercle alleges that he is entirely free from symptoms, and if he exhibits none, it is not enough: he must be put to some kind of functional test." "In furtherance of this it must be plain that a subject's past and present ability or inability to live a customary normal existence must be our guide."

It follows therefore that "the structure of tubercle becomes important in pathogenesis only as its *environment* is considered and is brought into relation with it; and this, too, in terms of place, episode and time."

Along such lines has the medical work at Papworth proceeded during these years. It pre-supposes that minute attention to detail on the part of the medical staff which far exceeds the ordinary rest and exercise régime, or the treatment of symptoms as they arise. We endeavour to distinguish the wood from the trees, to apply therapeutic agents, whether they be drugs or appliances, sunlight, both natural and artificial, surgical treatment in the form of artificial pneumothorax, in such a way that its measure of success shall be the recorded response to effort. But we have also to bear in mind that no response to effort is effective or can be sustained without the entire cordial co-operation of body and mind. No Village Settlement can exist without a Hospital and Sanatorium section, for it is only by unceasing medical attention that the health of the community is maintained. As an example of this, mention may be made of the complete absence of a single case of hæmoptysis in any of the workshops during the whole existence of Papworth; and in this connection I should like to bear witness that it is to the unfailing care and attention of Dr. Stott we are indebted for this state of things. It is the care with which response to effort is estimated that largely accounts for the progress of patients who make good in the various workshops, and who without this stimulus would be thrown back upon themselves, become retrospective and morbid, and develop into hypochondriacs. I am afraid I am quite unable, in a report of this kind, adequately to explain the inter-relationship of medical treatment *per se*,



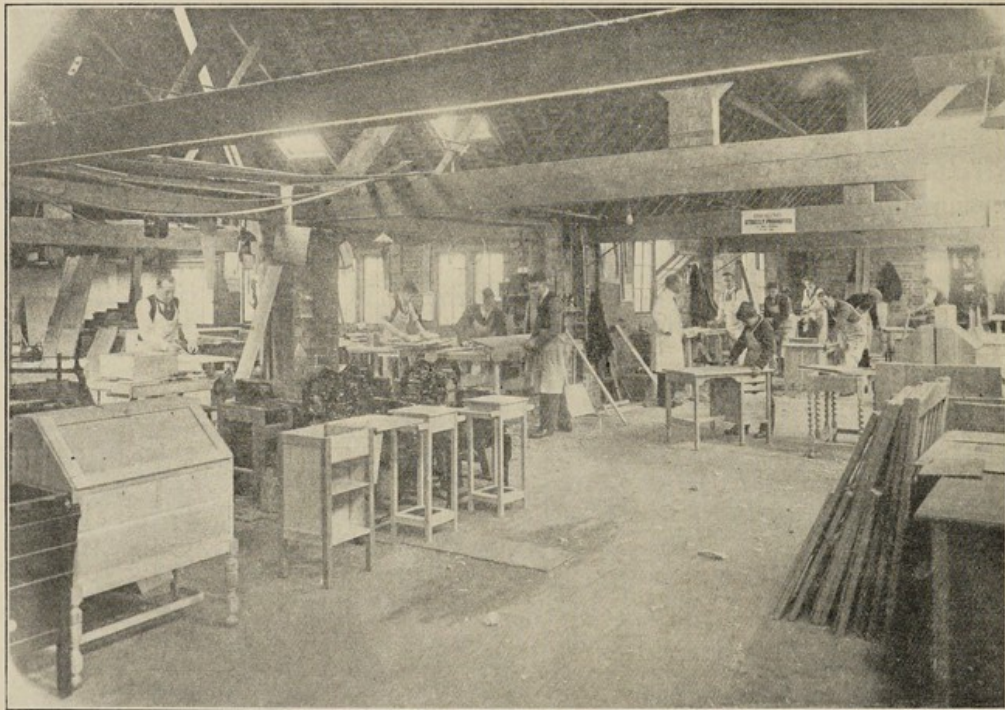
H.R.H. THE PRINCE OF WALES VISITING THE TRUNK-MAKING DEPARTMENT.

and its application in producing an environment suitable for the damaged organ in the damaged organism.

The close connection of the Medical Department with the village perhaps again requires emphasis. We are engaged in the most interesting problem of infection in childhood, and the manifestation of disease. No child has died of tuberculosis in any form; none while a member of our community has shown signs of active disease. We are carefully compiling life histories of all our children; particulars of their passing ailments are carefully noted and studied; measurements of their height and weight kept, and full clinical notes are taken at regular intervals, whether the child is well or indisposed for any cause. More important still, records of their dentition are being compiled, and we have evidence of the child's resistance or otherwise to the invasion of organisms, which presents a picture of his successful struggle against disease. A full account of this work, which is being undertaken by Dr. Stott and Mr. Grandison, our Hon. Dentist, will be published shortly.

I have space only for a very brief report on the work of the children's Clinic, but the work included 1,484 examinations of children during the official Clinic hours in the course of the year. This figure indicates close co-operation between the children, the Head Teacher of the school, and the Village Nurse. The year 1928 was remarkable for the fact that there was an almost complete absence of "children's diseases." With the exception of two cases of scarlet fever acquired in Peterborough by children on holiday during August, no other notifiable disease occurred. In this respect Papworth was in contrast to neighbouring villages, where infectious diseases reached epidemic proportions.

During April our children were visited by a mild tonsillitis due to a streptococcus. Though when it started this condition was confined to the children of a few families, it produced much more serious results among the adults, and the infection persisted until the end of October. Three children had broncho-pneumonia



CABINET MAKING DEPARTMENT.

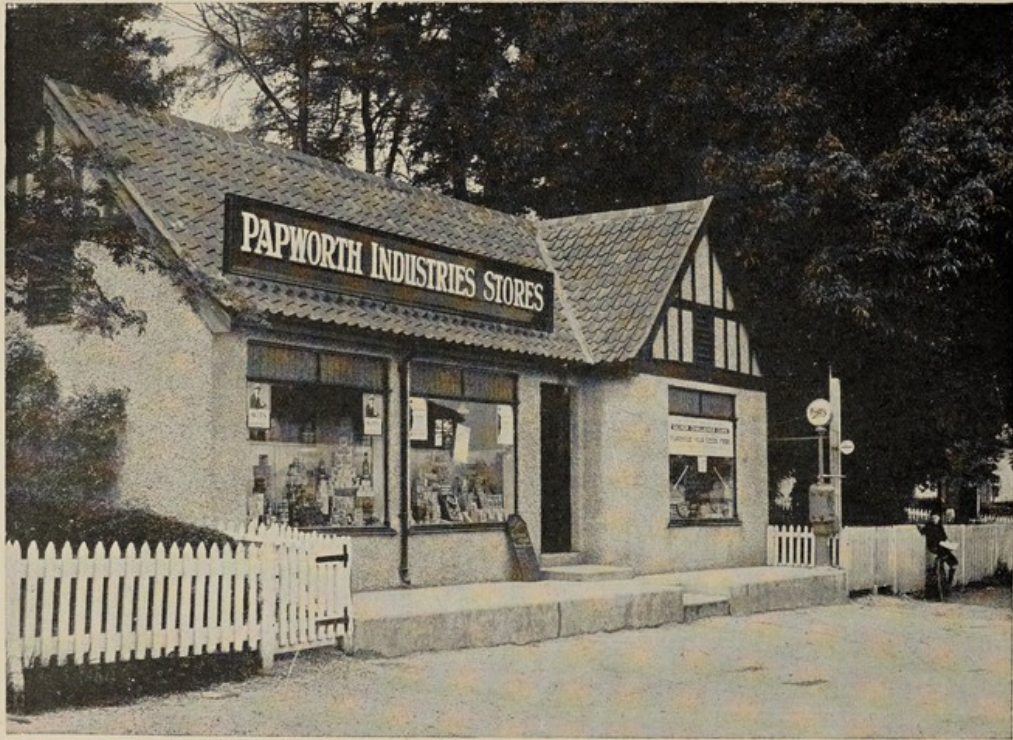
and one a mild nephritis. Coughs and colds were rather more frequent than in previous years. This relative absence of infectious diseases is particularly interesting when it is remembered that our freedom from clinical tuberculosis in children has attracted widespread attention and given rise to expressions of surprise. In the early days of the Settlement its isolation was the main factor in its protection from both the common cold and diseases of the measles variety. As it has grown, its avenues of contact with the outside world have increased, and the main factor in its protection has ceased to be isolation and become the high level of hygiene which the scheme has made possible. This opened the door for the common cold, but prevented us from presenting virgin soil for an epidemic.

The year has seen the arrival of nineteen new children, with their fathers and mothers, who have taken up residence in the Village Settlement, and a further nine have been born in the Settlement, bringing our total child population to 161.

The number of children receiving higher education in Cambridge, together with those who are employed in that town, bring the total number of those who have daily contact with the outside world up to sixteen.

As I have said, our relative freedom from infectious disease in the early days of the Settlement was due to its isolation. Now we have not only the younger members of our community working under the ordinary conditions of the outside world, thus producing points of contact, but we have our seclusion penetrated by a great number of rival tradesmen and hawkers of all kinds, as well as no less than five separate bus services. Added to this, we have the doubtful honour of being a "spa" during the summer months for the weakly relations of the settlers in the Village. The irony of the situation has only to be mentioned to be appreciated. He who was the weakling and the burden of the family has become its support in times of sickness and distress.

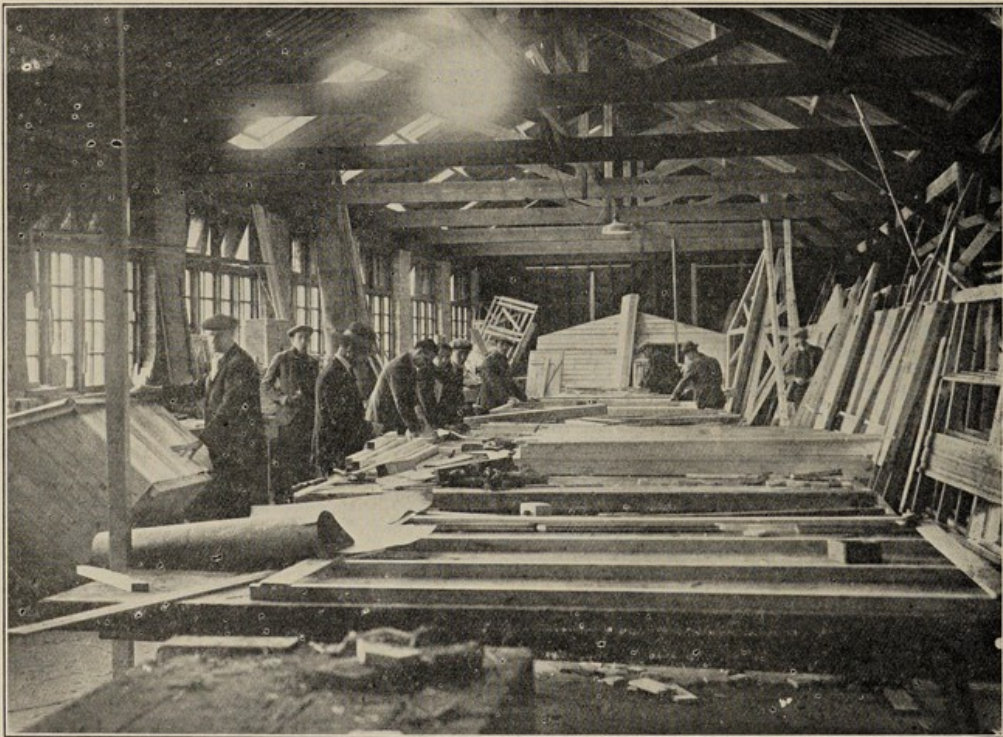
What will the future hold for these children of tuberculous parents? That they have not received a so-called massive dose is clear. They are not dead, nor are



THE VILLAGE STORES.

they ill. Are they acquiring immunity? We think so, and we think they will be able to stand the stress and strain of modern life better than those who have not this immunity. If I may quote Dr. Krause once again :—

“ As we follow the many varied threads of this complicated and tangled skein that leads to the pathogenesis of tuberculosis, we should ever keep in mind that between the time of reception of offending bacilli and that of pathogenesis, the natural history of tuberculous infection rarely discloses it as pursuing an uninterrupted course. Even *infected* infants who do fall ill (and only the lesser number do) will be found to go weeks and months with infection before breakdown; the child months and years; the adult years and decades. If we had no other facts to guide us, this circumstance alone should teach us that, in the majority of cases, neither native character of tissue nor kind of “dosage” of bacillus is decisive in establishing the pathogenesis of tuberculosis, contributory though each may be to the end-result. The net result of this enquiry is to suggest that, in most cases, out of the first meeting of virulent germ and susceptible host, there results a tissue graft which, placed in the tissues of the animal, man, living a normal existence, would, because of a prompt acquisition of allergy and immunity, go the way of limited development and obsolescence. But civilised man has drifted far from the life of man, the animal, and in the journey has been and is subjecting his engrafted tubercle to varied forces that promote its growth and spread. Back of every awakening of tubercle, back of every nurturing of its evolution, is an experience or succession of experiences that have prompted its continued existence and progression. Common observation teaches us that, regarded physiologically, such an experience is characteristically of a stressful nature. Whatever may be stressful is to be viewed in its relations to the individual. The ultimate solution of the problem of pathogenesis of tuberculosis in human beings must be sought where the sick human being is—in the clinic—and the answer read out of the story of the human being himself. And, so far, his imperfect accents all speak one way—to the effect that it is what he has done and what has happened to him since infection



CARPENTRY DEPARTMENT.

that have been most momentous. Environment, individual experience, has swung toward or away from pathogenesis the balance fixed by initial meeting of germ and host, and soon affected by allergy and immunity."

I need only remind you of my definition of a Village Settlement for the tuberculous to make the picture complete:

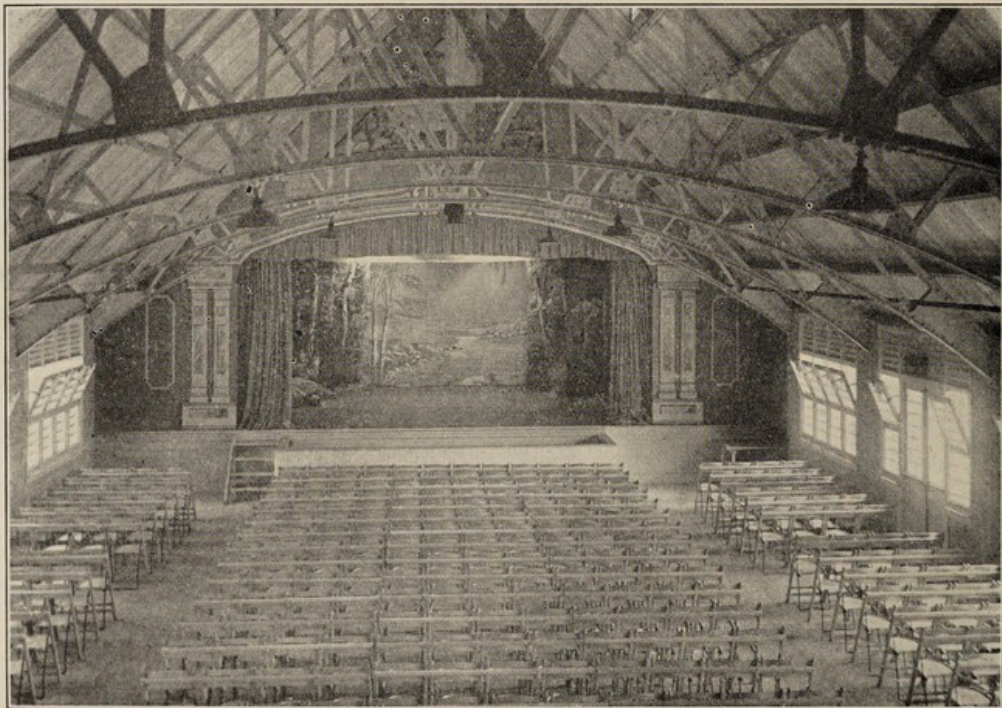
"A tuberculosis colony is a community of consumptives in which the hygienic and economic factors have been readjusted to suit the abnormal physical and mental state of its members."

INDUSTRIAL.

I need not recapitulate the number of our Industries as I have done in my previous Reports. They are now so well known that a detailed report of each Industry is unnecessary. Suffice it to say that their progress is shown by the Balance Sheet. The turnover of the Industries has again increased, and a figure of almost £55,000 means an increase of nearly 13% over the previous year's working.

Such an immense turnover, it need hardly be pointed out, means the establishment of a selling organisation as well as a manufacturing one, and the growth of the former is one of the outstanding features of the past year. "Papworth Industries" no longer depends upon local conditions for its trade. Indeed, for some years it has gradually developed markets in other parts of the country, and latterly has traded with many foreign countries. Our goods have leaped over tariff walls into European countries and into the United States, and we have done and are doing an increasing business with the Dominions. We have proceeded in all this very cautiously and have only developed where we knew that markets were available for the class of goods which we manufacture. Our national advertising has enabled us to procure large orders in all our departments.

The year has been one of large contracts. Early in January orders to the value of over £7,000 were received by the trunk-making and fibre case departments from some of our largest customers. Later in the year, contracts amounting to thou-



INTERIOR OF THE VILLAGE HALL.

sands of pounds were placed with the carpentry department, and in the summer and autumn several big furnishing contracts, together with the usual smaller class of work, kept the cabinet-making and upholstery departments busily employed. Two more big orders from London received in the late autumn by the trunk-making and fibre case departments completed the work started earlier in the year, and kept the workers employed in what is usually a slack time. Other contracts are being executed at present in the cabinet-making, upholstery and carpentry departments and further large orders are pending for these sections.

It will be evident, therefore, that we have succeeded during the year in the difficult task of finding continuous employment for an increasing number of disabled workers. We have not only done this, but by means of our amalgamation with the Enham Industries, we have been able to increase the Enham turnover during the year by 100%. The amalgamation of two Industries has been entirely beneficial, and has enabled us to take a larger and longer view than would have been possible without such amalgamation. The factories at Enham are able to construct buildings for customers who live in the South and West of England, while the factories here can take charge of orders from the Midlands and Eastern Counties.

This extra expansion of the Industries is entirely due to the dogged determination and perseverance of the sub-standard men themselves. I cannot too strongly impress upon my readers the importance of this statement. The principle underlying this is the foundation on which the Industries have been built. For a medical man to imagine for one moment that he can acquire knowledge of the details of manufacture and acquire an insight into the workings of a commercial undertaking; familiarise himself with the many details of a sales organisation, and involve himself in the intricacies of a purchasing department, would be to deceive himself, and to start on the slippery road to disaster.

As I have stated many times before, the function of the medical director is to be the buffer between the disabled worker and his healthy competitor, and to hold the scales evenly so that opportunity may be freely given to those who are capable



THE VILLAGE HALL

of accepting responsibility. Competition is thus kept alive, but in its proper place. Rivalry for position acts as a stimulus and not as a handicap. Result—a self-respecting community, proud of their work and achievement.

For everyone who desires to work according to his strength, whether man or woman, ex-service man or civilian, willing to be a manual worker or a brain worker, the Papworth Industries will absorb him and give him the opportunity of increasing his remuneration, and replacing himself in his right social position. Those who honestly work for their living can well look the world in the face, and the men and women at Papworth who have built up these Industries do so with no hesitation. I congratulate them on their splendid achievement.

THE VILLAGE

What am I to say about the Village life in general other than that it manifests the orderly evolution of an English village? There is no one section of the country's population represented. It is a microcosm of the whole. While we have representatives of the older Universities, we have also those of the new. Such men naturally take the lead in the social life of the place. They are ably supported in their various endeavours by different sections of the community. They who love sport are knit together for the purpose of carrying out their desires; the Cricket and Tennis Clubs flourish. Those, on the other hand, who have literary inclinations enjoy their Book Club and their evenings for discussions. Those who are fond of music not only have the opportunity of many a musical evening, but encourage others along the same path. The Girl Guides and Boy Scouts flourish, and in the summer-time go to camp, and bring back with them wonderful stories of adventure and discovery. The Women's Institute does invaluable work in its own sphere and is known throughout the county as one of the pioneer branches. It is in close touch with the Institutes in neighbouring villages. The Horticultural Society has, I suppose, the biggest membership of any society, and is the means whereby the annual Flower Show is held with the greatest possible success on a day



VIEW OF HALL AND GROUNDS.

on which all the inhabitants join together with the patients in having a merry time. While all these activities placed in their order are responsible for the very necessary recreation throughout the year, yet let it not be imagined that the provision of entertainment in any community, whether it be a healthy community such as an ordinary village, or a sub-standard community such as ours, can alone secure general contentment. Nothing can be further from the truth. What makes for happiness is the opportunity of earning an adequate living, and the opportunity of leading a life under reasonable conditions. No one at Papworth is, or has ever been while at Papworth, on the dole. The spectre of unemployment is unknown and yet we can say with confidence that such a unique situation is not abused, but rather the favourable opportunity is seized upon to improve still further their conditions of living.

I cannot conclude my Report without testifying once again to the unflagging energy and resource of the Matron, Miss Borne, whose work certainly does not grow lighter as the years go by. My thanks are due also to Dr. Stott not only for his work in the Institution, but for his never-ending labours amongst the children of the settlers. I must thank the Nursing Staff for their devotion to duty during a year when our numbers of bed-ridden and advanced cases have been so high, and the demands upon their skill and patience so great.

To the Honorary Staff for the assistance they so freely give, and to the Committee for their support, I wish to express my thanks at this, the termination of the thirteenth year of our existence and our eleventh year at Papworth.

The Matron acknowledges with Grateful Thanks

Gifts received for patients during 1928 from the following:—

Lady Allbutt, Cambridge.
Anonymous.
Mrs. Ashling, St. Ives.
Mrs. Askwith, Cambridge.
Miss Barrett, Cambridge.
Bourn Women's Institute, Cambs.
Mrs. Bowyer, Elsworth.
British Red Cross Society, London.
H. R. Burley, Esq., Hampstead.
Cambridge Instrument Co., Cambridge.
Mrs. & Miss Chapman, Cambridge.
Mrs. Conroy, Papworth Everard.
H. C. Crohill, Esq., Papworth Everard.
Mrs. Davies, Herringswell, Suffolk.
C. M. Dyer, Esq., London.
Mrs. Dykes (Children's Concert, Papworth Everard).
T. Musgrave Francis, Esq., Quy.
Mrs. Fraser, London.
Professor & Mrs. Gask, London.
Girl Guides, 11th, 12th and 13th Coys., Cambridge.
Girton Women's Institute, Cambs.
J. J. Hamilton, Esq., London.
W. E. Harper, Esq., Cambridge.
Mrs. Hoppett, Cambridge.
Mrs. Hutchinson, Cambridge.
Mrs. Hymans, Cambridge.
Miss Kershaw, Kirkby Lonsdale.
Mrs. Keynes, Cambridge.
Miss E. Lee, Aylesford.
Longstanton Women's Institute, Cambs.

M. Lyon, Esq., Orford, Suffolk.
Messrs. Mansell, Hunt, Catty & Co., Ltd. Hampstead.
Roy Meldrum, Esq., Cambridge.
Mrs. Mitchell, Cambridge.
Messrs. Milton Proprietary, Ltd., London.
Sir Douglas Newton, M.P., Croxton Park, Cambs.
Papworth Everard Sick Club.
Miss Patman, Cambridge.
Miss Peters, Cambridge.
A. T. Potter, Esq., London.
The Rev. W. S. Porter, Papworth Everard.
Mrs. Powell, Great Shelford.
Major R. E. Priestley, M.C., Cambridge.
Mrs. Prime, Cambridge.
The Rector, Holy Trinity Church, Cambridge.
Lady Rolleston, Cambridge.
The Countess of Sandwich, Huntingdon.
Miss Shelmerdine, Ilford.
Messrs. J. T. Stanton & Co. Ltd., King's Lynn.
Miss Stewart, Cambridge.
Mrs. Stott, London.
Mrs. Tate Thompson, Fresno, California, U.S.A.
Miss Taylor, Cambridge.
Mrs. Tutton, Cambridge.
Miss Wallace, Rome.
Mrs. Webber, Shepreth.
R. S. Whipple, Esq., London.



