

Reports of the Committee of Management and Medical Director for 1931 / Papworth Village Settlement.

Contributors

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Papworth Hall Tuberculosis Colony (Cambridge, England)

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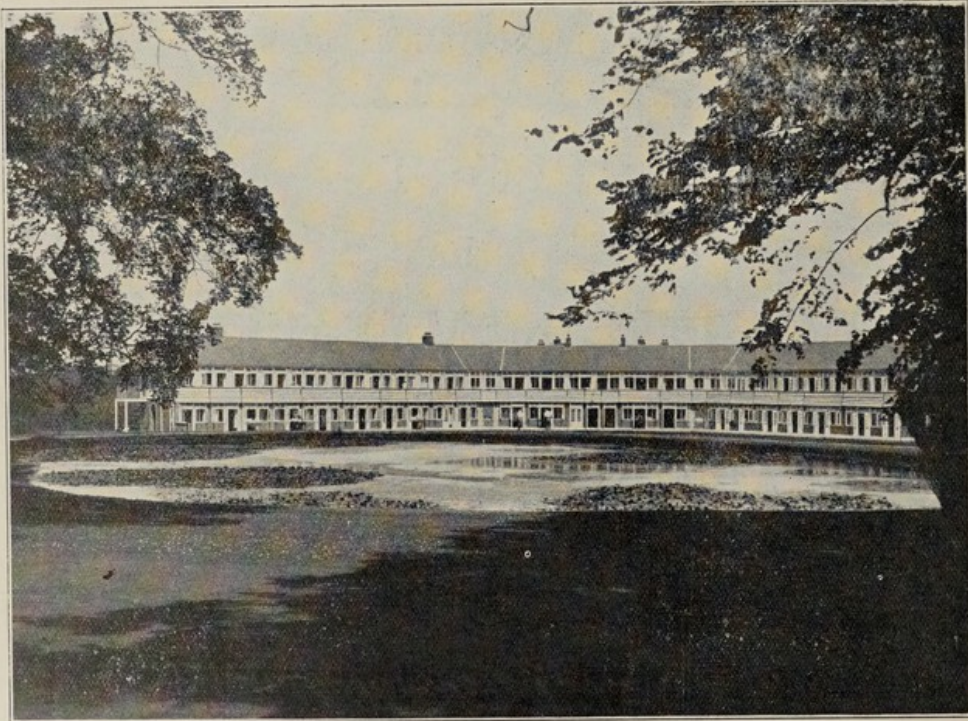
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The Papworth Village Settlement

Registered Office: PAPWORTH HALL, CAMBRIDGE

REPORTS
of the
COMMITTEE of MANAGEMENT
and
MEDICAL DIRECTOR
for 1931

*Presented at the Fifteenth Annual General
Meeting of the Settlement, May 21st, 1932*



THE NEW HOSPITAL FOR WOMEN

Papworth Village Settlement.

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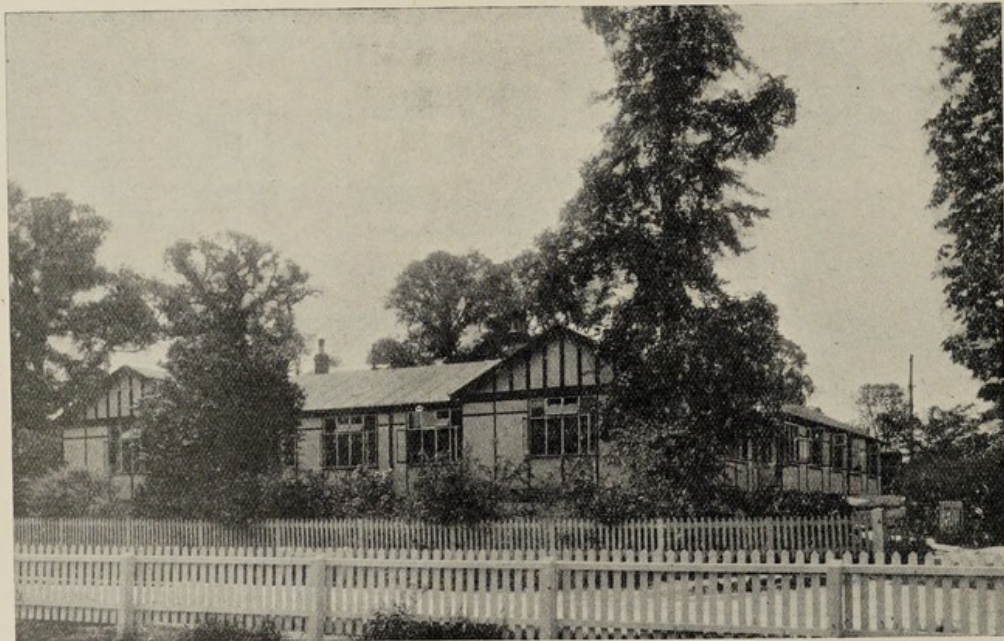
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ST. JOHN'S HOSTEL FOR MEN

REPORT OF THE COMMITTEE OF MANAGEMENT FOR 1931



In presenting the Annual Report of the Executive Committee for 1931, I have the melancholy duty of recording one of the most severe losses which has ever befallen the Settlement.

By the death of our Chairman, the Rt. Hon. Sir Frederick Milner, Bart., G.C.V.O., on 8th June, Papworth lost a beloved friend and an untiring and influential supporter. Known universally as "The Soldiers' and Sailors' Friend," Sir Frederick's services to Papworth were as great as they were innumerable. As His Royal Highness the Duke of Connaught said of him "No man can measure the good he has done, the hope he has brought to those who had nearly lost it." Papworth can measure some part of the good he did; and the whole Settlement constitutes a lasting memorial to his endeavours. To the last he was busy on Papworth's affairs; to the end he worked for the cause he loved so well.

Another loss which Papworth suffered was the death of Lord Henry Cavendish-Bentinck. Lord Henry was

Chairman of Enham Village Centre, our associated Settlement, as well as a Vice-President of Papworth; and both in Parliament and out of it he never failed to advocate village settlements as a most necessary feature of our national life.

The life of Papworth itself has continued very much as in previous years. The village has not been idle. In spite of the severe industrial depression, it is a remarkable fact that the sales of the Papworth Industries have increased from £68,000 in 1930 to £71,900 in 1931. Such a performance at such a time must, it is felt, constitute a record in the history of tuberculosis after-care schemes. The number of patients admitted for treatment was 375 compared with 274 in 1930; and at the close of the year no less than 338 beds were occupied.

The face of Papworth is constantly changing. During 1931 one very large new building was put in hand—a specially designed Hospital for Women capable of accommodating 62 bed-patients. Facing over the lake in the



THE MAKING SHOP : CABINET-MAKING DEPT.

grounds of Papworth Hall, the new building—designed by Mr. McMahon in consultation with our Hon. Architect, Mr. H. H. Dunn, and constructed by Papworth Industries—will enjoy one of the most pleasant aspects that could be conceived. Its Foundation Stone was laid by the then Minister of Health, the Rt. Hon. Arthur Greenwood, in the presence of a distinguished company including the Marquess and Marchioness of Huntly, the Countess of Carlisle, Sir Humphry and Lady Rolleston, and Sir Frederick Milner. It proved to be the last Papworth function that Sir Frederick was ever to attend. In his speech, Mr. Greenwood showed himself once more as a keen and energetic supporter of village settlements, and the ceremony passed off most successfully.

At the end of May the Annual Meeting was held, and the Governors received the resignation, after many years of service, of Mrs. Marcus Dimsdale, the Honorary Secretary. A cordial vote of thanks for her many efforts on behalf of Papworth was unanimously adopted.

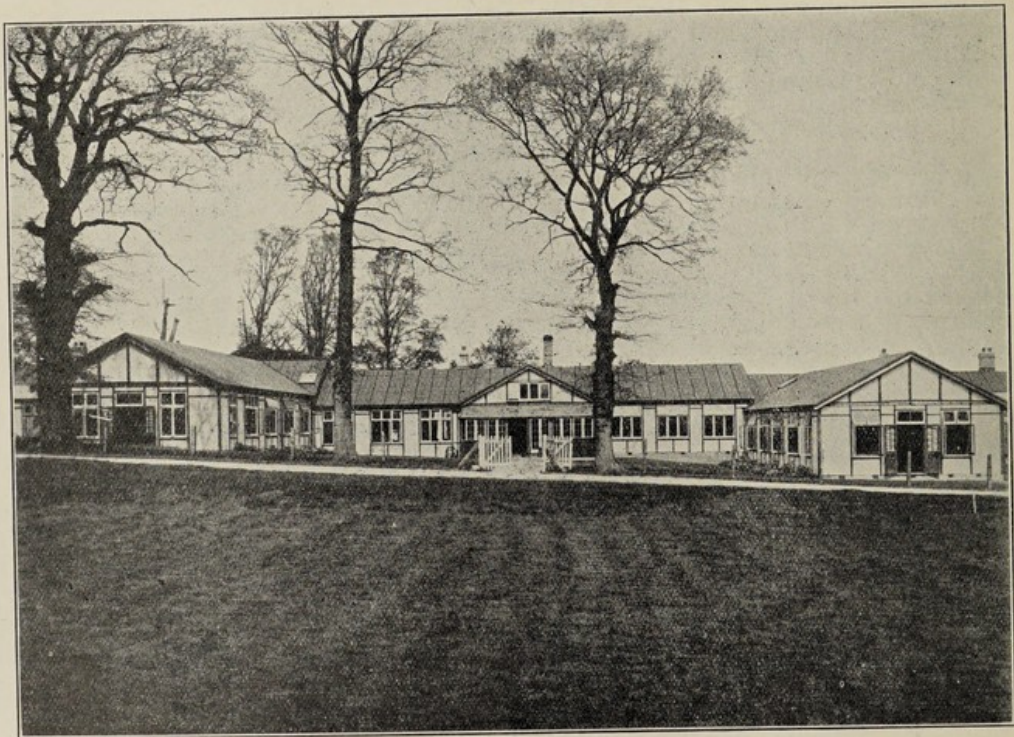
In June a signal mark of Royal favour was bestowed by His Majesty upon the Medical Director. In the Birthday Honours he was created

Knight. The Executive Committee may perhaps be pardoned for feeling that rarely indeed has an honour been more richly deserved. Sir Pendrill Varrier-Jones has not been content to make two blades of grass grow where only one grew before. He has conjured up a whole village, and made it happy and prosperous as well; while there are men and women alive and working to-day who, but for his labour, might now have passed from our sight for ever.

On 23rd July the Annual Flower Show took place in the grounds of Papworth Hall. This year it was opened by the Marchioness of Titchfield. Amongst those on the platform was Sir William Milner, the son and heir of Sir Frederick. Like Lady Linlithgow, his sister, he is carrying on the family tradition by helping Papworth.

Later in the year, thanks to a generous gift, two cottages were put in hand and are due to be finished early in 1932.

The religious life of the Settlement is still fully provided for. In addition to the Parish Church, there is a Church of England Chaplain (Mr. Duffill) for the hospital. There is also a Wesleyan Chapel and the Roman Catholic community is planning to



ST. MARY'S HOSTEL FOR WOMEN

build its own place of worship, while members of other denominations enjoy visits from their own ministers and every facility is of course given for patients in the Hospital to be visited by clergy of their own faith. The Bishop of Ely for many years has been a Governor of Papworth and takes a keen interest in all aspects of its work.

The Papworth Hospital Guild, guided by the President, Lady Rolleston, and the Hon. Secretary, Mrs. Lewis Shore, has again done prodigious service in supplying linen, household necessaries, blankets, &c. Some measure of its activities may be gathered from the fact that in a single year it provided 1,150 yards of sheeting as well as a great variety of other useful things including a large number of blankets and eiderdowns.

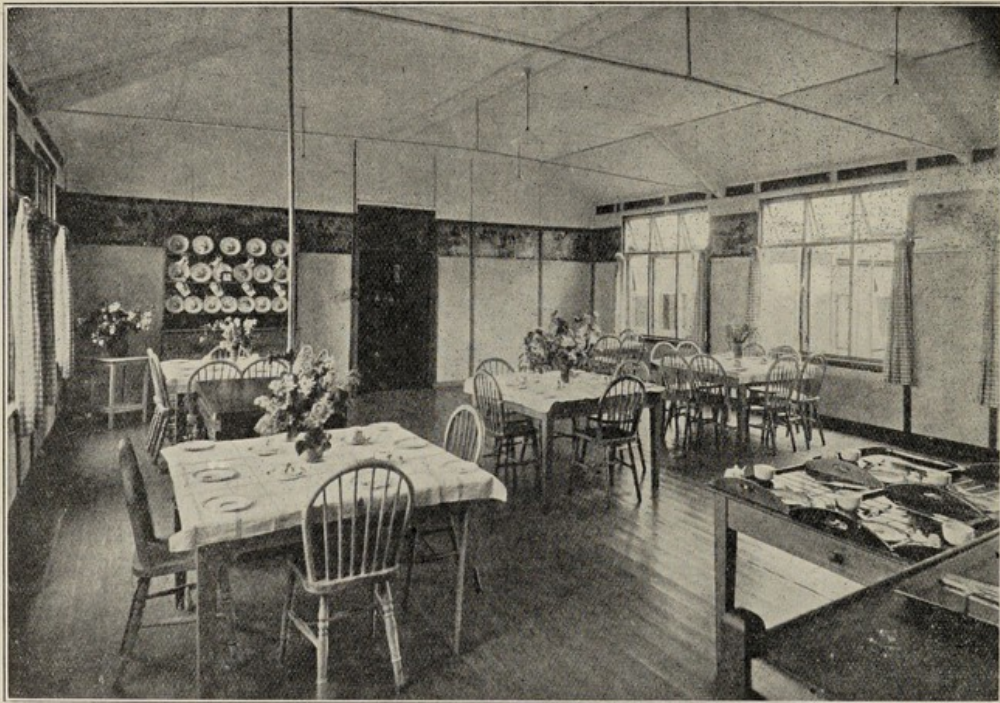
The Matron's Welfare Fund, that unique organisation controlled by the Matron (Miss Borne), has continued its extraordinarily useful work in meeting every need that can be met from no other source. It raises and spends about £1 per day all through the year, solving the innumerable and sometimes infinitely distressing small problems which beset patients, settlers

and their families from time to time. There are no Rules and Regulations: no questions of eligibility or otherwise. It is ruled by sympathy and intelligence and regulated with skill, and it helps many "lame dogs" over difficult stiles.

Both these efforts contribute greatly to the comfort of the people of Papworth, and the Committee wish to place on record their gratitude to all concerned in them.

In conclusion, the Committee desire to thank all those who have helped Papworth during 1931; to record their sincerest appreciation of the help given by the Duke of Portland, the Marchioness of Linlithgow, the Countess of Carlisle, Lady Louis Mountbatten, Mrs. Kenelm Stanley Smith, and all concerned in the Papworth Special Appeal; and lastly to express their indebtedness to the Medical Director, the Matron, the Organising Secretary, the General Manager of the Industries, the medical, nursing and administrative staff, and the workers in the Industries, to whose co-ordinated and enthusiastic efforts are due the continued success and progress of Papworth.

E. GORDON,
Hon. Secretary.



THE DINING ROOM, ST. MARY'S HOSTEL

REPORT OF THE MEDICAL DIRECTOR FOR THE YEAR 1931

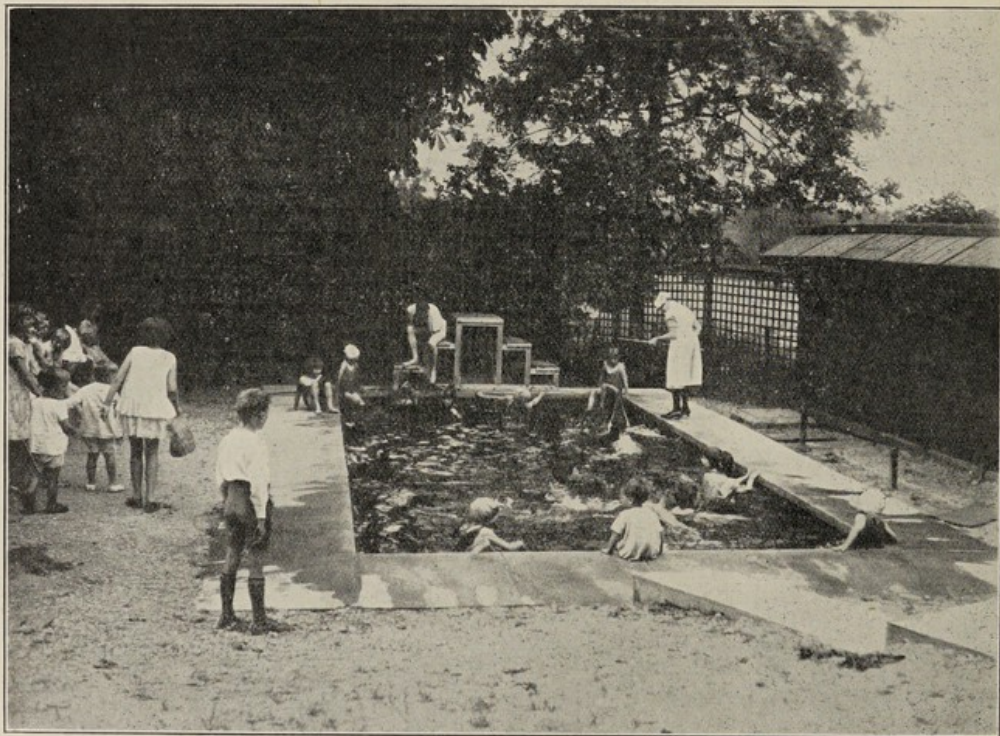


During the year under review I am glad to be able to report both progress and consolidation. The Central Institution has treated more patients than in any previous year; the Industries have exceeded their former sales record by some £4,000, the turnover for 1931 having reached the remarkable total of £71,900; and the village has grown by the addition of several new cottages.

It is becoming more and more evident that tuberculosis cannot be cured by a few weeks of sanatorium treatment. The history of cases prematurely discharged from sanatoriums is an indication of the reason for the still considerable incidence of the disease. Even now it is not always recognised that tuberculosis is a fluctuating disease, and that the absence of bacilli in the sputum is not reliable evidence of so-called "arrest." It is impossible to say how many young people are infected annually by recrudescence of the disease in discharged sanatorium

patients, but it is significant that "*for the age-period between about 5 and 45 years of age, in England and Wales, tuberculosis is to-day the chief 'killing' disease.*" In the course of some interesting figures cited by the same authority another impressive fact appears: that tuberculosis is actually on the increase amongst women between the ages of 15 and 25. There is evidently something very wrong somewhere: and it does not seem unreasonable to suggest that part, at least, of the damage is done by allowing quiescent, but not truly arrested, cases to return to homes where medical supervision is sporadic instead of continuous.

Papworth has now increased to 368 the number of beds available, and it is contemplating the substitution of a new 90-bed Hospital for men in place of the present wards in Papworth Hall. This will increase the accommodation for men, a development doubly desirable in view of the fact that ex-Service



THE CHILDREN'S BATHING POOL

men are now presenting themselves for treatment as advanced cases of tuberculosis. We are anxious to make as full provision as possible for such men, and in this connection it is important to emphasise yet again that Papworth admits any and every sort of case, advanced, moderately advanced or early, man or woman, pulmonary or non-pulmonary, including those suffering from tuberculosis of the urino-genital tract. Tuberculosis Officers need never fear that any patient will be refused admission on the ground that he or she is not an early case. So far as accommodation permits Papworth never refuses any case of tuberculosis in man or woman. Only so can it render its full service to the community.

As a practical indication of our desire to give patients a greater chance of acquiring resistance by means of prolonged treatment under village settlement conditions, we have gone a step further.

The Act of Parliament which brought public assistance within the province of the Local Authorities at once threw into bold relief the two aspects of tuberculosis with which Papworth

deals—the medical aspect and the economic aspect. Knowing this, we have introduced a system of *reduced fees*, on a sliding scale, which has already found favour with several progressive authorities who now find it cheaper to send cases to Papworth than to retain them in their own sanatoriums. A further advance will be made along the same lines as soon as opportunity offers. In the meantime it is important that it should be realised, that it is far cheaper to secure settlement for larger numbers of tuberculous persons (and their families) than to continue the practice of sending them prematurely back to their homes.

Turning now to the medical work of the year, this has continued with vigour under the direction of Dr. L. B. Stott. Eight units are in operation and a short appreciation of each is appended.

COLLAPSE THERAPY UNIT.

The system developed in 1930 was continued during 1931. Ambulant patients were grouped into two clinics and attended on Tuesday and Thursday mornings for X-ray screen exami-



A PRIVATE WING AT ST. MARY'S

nations. At these clinics arrangements are made for pneumothorax refills (of which 232 were given) and for the removal of effusions. Ten patients who had received special treatments before arrival at Papworth are also under supervision in this unit. Of these, six have undergone phrenic evulsion, three thoracoplasty and one oleo-thorax treatment.

THE ULTRA-VIOLET LIGHT UNIT.

Two mercury-vapour lamps, one a large "Arnold" and the other a portable "Hanovia" are in use. The latter has been devoted exclusively to the treatment of women patients. In addition, a new Kromayer lamp will make it possible to treat hay fever in adults and localised sepsis in the children. Ambulant patients for whom ultra-violet light is prescribed attend three times weekly, and 683 exposures in all were made.

REFRACTION UNIT.

This unit meets once a week. Patients found to require glasses are sent on, either to an ophthalmic surgeon, or to an optician, for the provision of glasses. An attempt was made to organ-

ise a unit on similar lines to the dental unit, but it was found, first, that Approved Societies and similar organisations do not always include the same opticians on their panels, and secondly, that patients, though perfectly willing to accept medical advice, prefer to exercise a choice of optician because of real or imaginary variations in cost and type of work. This difficulty does not arise in the case of dental mechanics, and is due in large measure to the unfortunate fact that the National Health Insurance scheme allows the provision of glasses without medical examination. Very harmonious, if somewhat cumbersome, arrangements have been made, however, with opticians on the Cambridge panel.

EAR, NOSE AND THROAT UNIT.

It has been impossible to group this unit into special clinics as so many of the patients are confined to bed. Fortunately, there have been fewer cases of severe tuberculous laryngitis. Chronic sepsis in the middle ear is a constant trouble with tuberculous patients and daily treatment has to be undertaken. At least five patients attend the surgery daily and the record is fifteen. Our Hon. Laryngologist,



THE SIMS WOODHEAD MEMORIAL LABORATORY

Mr. A. S. H. Walford, kindly sees patients from time to time.

THE PSYCHOLOGICAL CLINIC.

This clinic, to which reference was made in the last report, has been continuing its useful work. The importance of this aspect of treatment is at last being more widely recognised, and during the year two articles, emanating from other sanatoriums, have appeared in medical journals. Though we do not agree with all that appeared in these articles, we welcome these indications that interest in the psychological factors is being aroused.

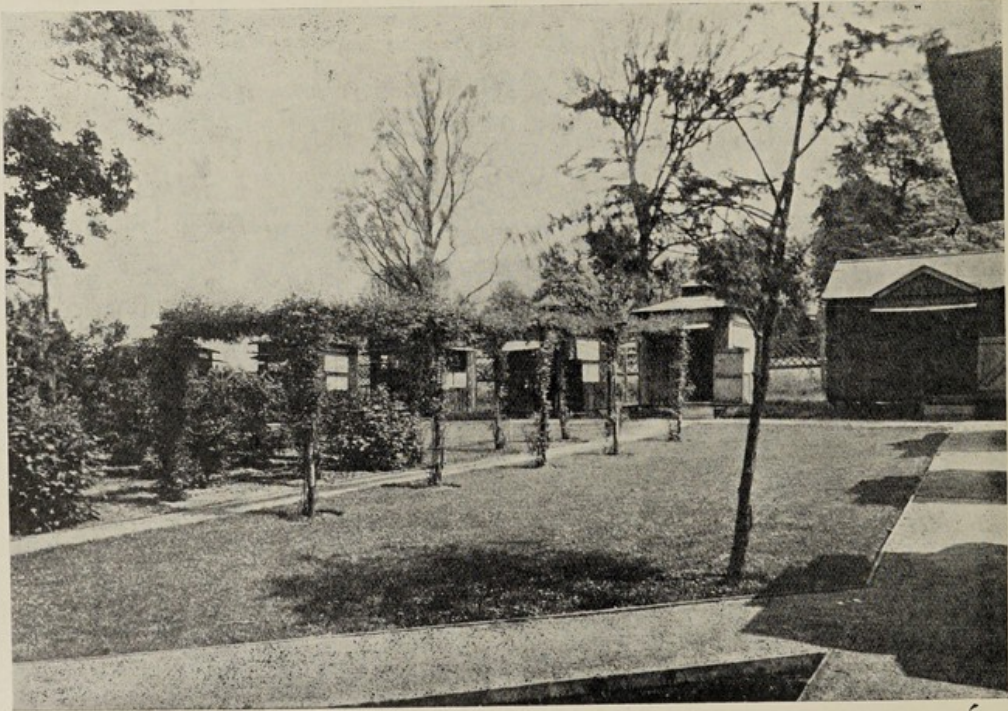
As before, treatment has not been confined to the patients, for it is often just as necessary to treat those of their dependants who tend to develop anxiety neuroses. Several such cases have been treated during the year. It is of interest to note that one case of that rather rare illness, narcolepsy, has apparently proved amenable to treatment.

THE CHILDREN'S CLINIC

During 1931 15 children were added to the population of the Village Settle-

ment. Eight of these were brought here as their parents colonised, and seven were born in the Village. The year was free from all notifiable diseases amongst children of school age and under, with the exception of one case of chicken-pox, *which was acquired during holidays at the seaside*. Fortunately no other child was infected.

There have not been any cases of serious illness among the children, but, as in previous years, reference must be made to the prevalence of minor sepsis and so-called "simple colds." Children of all ages have been susceptible to acute infections of the nose and throat with more or less severe febrile reactions. There can be no doubt that these conditions are transferred from child to child during school hours, because it is possible to trace the infection by making enquiries as to the seating of the children in school. The year was particularly favourable for the development of colds by reason of the very poor summer, which accounted for fewer attendances at the Swimming Pool. On 53 days 836 attendances were recorded, an average of 16, slightly lower than in the previous year. This clinic is most useful and easy to work.



SHELTERS FOR NON-PULMONARY MALE PATIENTS

Apart from the swimming clinic, 1392 routine examinations were made, and 354 prescriptions made up in the dispensary for children. This figure does not include repetitions of the prescription.

LABORATORY

The work of this unit may be summarised thus:—

Special Investigations:—

- (1) An examination of the optics of stereoscopic X-rays.
- (2) A continuation of the investigation of the rate of excretion of gold.

Routine Work:—

Examinations of Sputum	1302
do. Urine	872
X-ray Photographs	237
do. Screens	462

Pathological Department.

The preparation for microscopical examination of specimens from six complete post-mortem examinations.

THE DENTAL CLINIC.

The investigation into the effect of toxæmia on enamel formation was

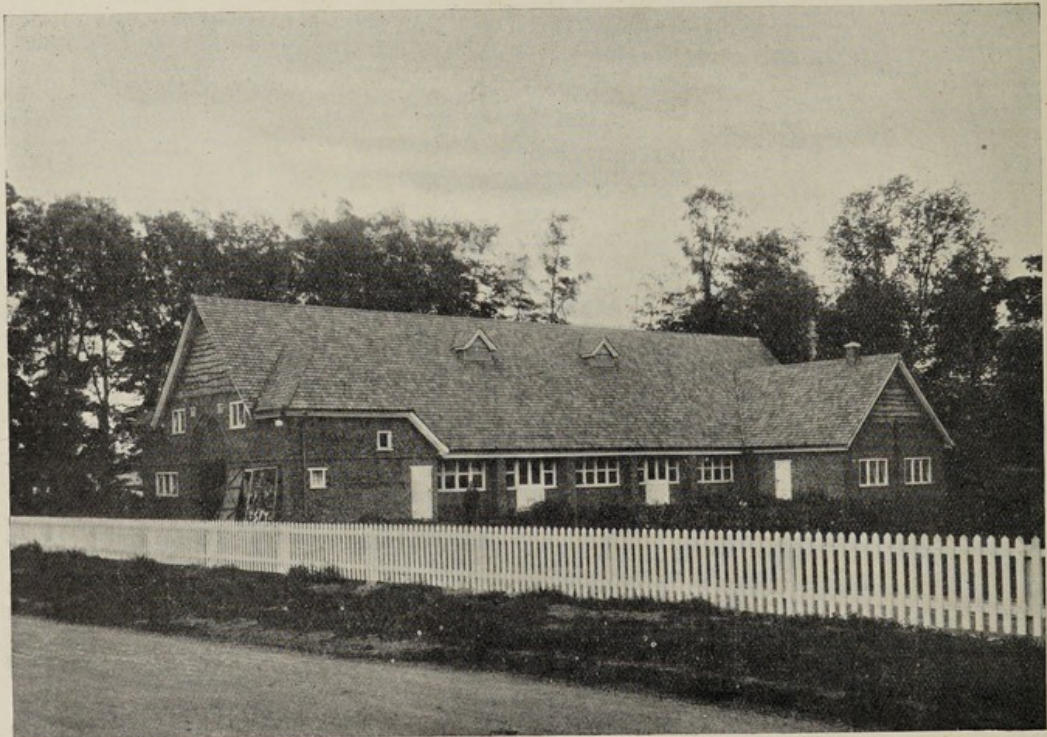
continued in its histological aspect.

Over 300 serial sections of developing enamel were cut in order to confirm the approximate dates at which enamel is laid down and to obtain an adequate record of the anatomy of the enamel organ.

At the request of our Dental Surgeon, Mr. Grandison, attempts were made to apply the principle of stereoscopy to dental X-ray, and this work was incorporated in the general investigation of stereoscopy. There can be no doubt that the jaws are particularly suitable to examination by this means, and the method is capable of clinical development, though of little use for our present investigation.

One of the most important developments of the dental unit is of a purely clinical nature, viz: the adoption of nerve block anæsthesia for extractions. Our unit is particularly suitable for this type of work because it is always possible to arrange for a sufficient time lapse in each case. By this method basic anæsthesia of the jaw is obtained by one injection.

There have been 58 dental sessions



THE VILLAGE HALL

throughout the year, with a total of 870 attendances by 290 patients.

* * *

These activities are all capable of development, but are unfortunately handicapped by lack of funds. This condition prevents us from utilising to the full the opportunities for research which are afforded by the long periods of continuous observation rendered possible by village settlement conditions.

As the Settlement grows, so does its social life become more and more varied. This year its variety has been increased by the addition of a sound film equipment. Its population, too, becomes more various by the arrival of men and women from many parts of the country and from many diverse walks of life. It is only in a geographical sense that Papworth is a country village. It is a microcosm of Great Britain, with Yorkshiremen and Devonians living and working with men from Cambridgeshire, Warwickshire, London and so on. Its developing society comprises men and women of every sort, workers by brain as well as by hand, and just as new communities

everywhere require the services of all sorts and conditions of worker, so also does Papworth. I mention this lest it be thought that we have no place for any but manual workers. As it grows, Papworth will need architects as well as artisans and managers even more than mechanics.

I cannot conclude my Report without thanking especially those who have helped us by bringing concert parties and dramatic companies for the entertainment of Papworth; and I must once again take this opportunity of expressing publicly my thanks to all those who are associated with me in this work; the Matron, Miss Borne; Dr. Stott; the medical, nursing and administrative staffs; and the managers and employees of the Industries, which are now employing more people than ever before. Last but not least my thanks are due to the Honorary Staff and the Committees. Without their aid so little could have been done; but with their continued support I feel we may regard the present with equanimity, and the future with confidence and hope.

PENDRILL C. VARRIER-JONES.



RECENTLY ERECTED COTTAGES IN THE VILLAGE

*OBITER DICTA.—From the Reports of the
Medical Director.*

1916-17.—It is worse than useless to ask patients to undertake tasks which are monotonous and tiresome and which have no definite object in view.

The myth which has so long held sway that a patient must give up indoor employment and seek a situation on the land, must be dispelled.

The working man must be treated as we would treat any other member of society.

When public opinion lays it down that a man who has tubercle bacilli in his sputum must be provided for by the State, the problem of the prevention of tuberculosis is partially solved.

Enable him (the patient) to realise that work is one of the most important factors in the treatment of the disease.

1918.—The crux of the question is the means of providing employment for the ex-patients....

1919.—Cases of pulmonary tuberculosis cannot be separated and placed in water-tight compartments. A disease such as this cannot be adequately treated except on broad lines.

1920.—No colony for the treatment of tuberculosis can be complete without its hospital accommodation.

1921.—How is it possible to make a successful citizen of a man who is sent from institution to institution, until he finally lands at the Colony as a last resource—a man broken in

spirit with an embittered mind and a body diseased?

The successful treatment of a case of pulmonary tuberculosis means . . . the formation of an environment in which the "diseased person," not merely the diseased tissue, may be healed and live without detriment or fatigue.

No man will voluntarily work for nothing, nor will he attach himself to an organisation which is not a thorough going business enterprise, unless he is a fool or a knave.

The bed-rock of the tuberculosis problem being economic, the success of the Industrial Colony system has been proved.

1922.—In treating tuberculosis the "family" is the unit that has to be dealt with.

The reason of a wage-earner's breakdown is not due to any single cause, such as working conditions, but is a complex in which the family life is of the utmost importance.

I consider the work on the poultry farm a strenuous occupation, and such work should only be recommended for those who show very marked resistance to the disease.

There is nothing more detrimental to a consumptive than expenditure of energy and money on frivolous entertainment.

The problem of tuberculosis is solely an economic one.

The consumptive's family is the unit to be dealt with. We waste money when we spend money on part of that unit.



THE MACHINE SHOP : CABINET-MAKING DEPARTMENT

1923.—Playing at a trade is not learning a trade and playing at earning a living is not earning a living.

One's mind must not be unduly prejudiced by the physical signs of the damaged organ, attention should be rather directed to the response to effort made by the organism as a whole.

The light open air job is a myth, if it involves earning one's living as a single-handed poultry keeper.

1924.—It is useless to teach a consumptive a trade unless he has special facilities provided to enable him to carry on afterwards.

There is no short cut to the cure of tuberculosis, no royal road. The time will never come when a sixpennyworth of cure can be purchased at a chemist's shop. On the contrary, the road to cure is hard and long, and its foundation is economic.

The treatment of a well-marked case of pulmonary tuberculosis never comes to an end.

After care must mean sound economic conditions, and nothing less will ever bring success.

Although it is a department which has untold attractions for visitors, poultry farming is not to be recommended as a general rule for the tuberculous.

1925.—The scheme goes to the root of the evil—the radical cause of the spread of the disease—infection in the home.

The Village Settlement gives the right-thinking, hard-working man his one and only means of making good.

A settlement for the tuberculous should be for the benefit of the tuberculous and no one else.

The successful treatment of an individual means his restoration to as near his normal activity as possible.

The basis of successful treatment is economic. Unless we can make the patient economically sound, our efforts are wasted.

1926.—Intensive education of the parents, when the principles which have been taught may be readily put into practice, is the surest way of preventing infection.

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.

1927.—Until the tuberculosis service covers the field of prevention as well as treatment, little progress can be made.

1928.—To understand the mental processes of the consumptive is the most important step in a reorganisation of our tuberculosis work.

I have for long maintained that the classification of cases by physical signs is misleading both from a diagnostic and prognostic point of view.

It is the response to effort which is all important.

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.



THE LEATHER TRAVELLING GOODS DEPARTMENT

It is obvious that in order to avoid a breakdown, the principles of sanatorium treatment must be continued in the patient's own home, in other words, he should be in the village settlement.

There is not such a thing as a "case of tuberculosis," the problem is that of a living personality, and not of an inert substance, which will react to this or that chemical agent.

Purposeless work is useless as a form of treatment for body and mind, and only a little

better than enforced leisure, for both are prone to warp personality.

1930.—For a worker to be diagnosed as tuberculous is tantamount to economic ruin.

It is very largely ignorance and economic fear which prevent the tuberculosis authorities from securing early cases. How then can these be combated. To my mind there is only one effective way, and that is by protecting the consumptive from the economic consequence of his disease.



The Matron acknowledges with Grateful Thanks

Gifts received for patients during 1931 from the following:—

THEIR MAJESTIES THE KING AND QUEEN.

Lady Allbutt, Cambridge.	Miss Lamb, Chislehurst.
Anonymous.	F. Langemann, Esq., London.
Mrs. Askwith, Cambridge.	Miss Lennard, Cambridge.
Dr. & Mrs. Barclay, Cambridge.	John Lewis, Esq., Northampton.
Miss Barrett, Cambridge.	Mrs. Lloyd, Cambridge.
L. Barrett, Esq., Cambridge.	Miss E. H. Major, Girton College.
Bassingbourn Women's Institute.	The Lady Evelyn Mason, Eynsham Hall.
Miss Beetenson, Cambridge.	Miss C. C. V. Matthews, Worthing.
Mrs. C. Boivin, Romford.	Lady Miller, per Lady Rolleston.
Mrs. Bowen, Ickleton.	Mrs. Moberley, Mitcham.
The British Legion Band.	Miss Naish, Bigbury-on-Sea.
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Mrs. Dykes and School Children.	Miss Runham, Cambridge.
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