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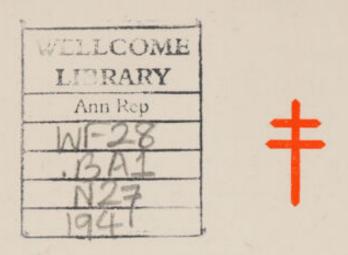
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THE PREVENTION OF TUBERCULOSIS



National Association for the Prevention of Tuberculosis



THE CRUSADERS' EMBLEM AND ITS HISTORY

The use of the red cross with the double arms stretches back into Christian usage of the Middle Ages, when it was the emblem of the Second Crusade. It was employed by Godefroy de Bouillion, who placed it on his standard at the capture of Jerusalem from the Infidel in 1099, and later had it incorporated in the arms of the House of Lorraine.

The use of this cross as an international emblem in the crusade against Tuberculosis dates from 1902, when it was recognised at the International Conference at Berlin.

Just as the great crusading movements of the Middle Ages unified Europe in the presence of a common enemy, this cross expresses the spirit of warfare against Tuberculosis, the greatest plague that has ever devastated humanity.



NATIONAL ASSOCIATION

FOR THE PREVENTION OF TUBERCULOSIS

REPORT OF COUNCIL

TO THE FORTY-SECOND GENERAL MEETING OF MEMBERS TO BE HELD IN BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1, MONDAY, JUNE 16th, 1941 at 3.30 p.m.

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REPORT

THE PREVENTION OF TUBERCULOSIS

Much is included under this term—the Prevention of Tuberculosis.

In the ceaseless struggle with his environment, man is liable to the insidious attacks of this infection, which requires him to overhaul his ways of living, and devote some of his finest energies to defeating it. The story of these efforts, which must go on whether nations are at peace or at war, is an absorbing one. This year in its Annual Report the National Association gives an account not only of its own contribution to the study and eradication of the disease but an outline of the general problem.

It will be remembered that at the outbreak of war, arrangements had been made by the Ministry of Health to reserve hospital beds for possible casualties, with the result that many tuberculous patients returned to their homes before the completion of treatment.

The Report of Council for 1939 explained the steps taken to improve this position and to help restore the Tuberculosis Services to normality. After a letter to "The Times" signed by Lady Titchfield, Sir Percival H-S-Hartley and Dr. Harley Williams, a deputation to the Minister of Health resulted in the formation of the Standing Advisory Committee on Tuberculosis, which made representations to the Ministry about the release of sanatorium beds. By the Spring and Summer of 1940 the Tuberculosis Services had recovered considerably from their initial disorganisation, although many sanatorium beds were affected by the creation of the "restricted areas" along the coast. Emergency arrangements for the evacuation of the sanatoria remaining open in this area meant that only a certain type of case—ambulant, with a good prognosis—could be admitted to them, and the more advanced case had to be placed farther inland. The bombing of London and other centres of population meant that the evacuation of the chronic sick and general hospital patients reduced the number of beds available, while most of the surgical treatment of pulmonary tuberculosis had to be transferred to provincial centres.

Much attention must be taken up by these immediate problems—the preventing of the spread of infection, the provision of adequate accommodation and nutrition—but, although it is almost impossible to predict the conditions under which the Tuberculosis Service will be working in the future, measures that are contemplated now should not be purely temporary, but should form a basis capable of adaptation to any circumstances which may arise. Within the framework of a policy, there must be a certain fluidity which can meet a new situation without strain. The changes of the past year have shown that the Tuberculosis Service has been ready to meet all the demands made upon it, and its willing adaptability is one of the most hopeful signs for the future.

ON THE THRESHOLD

No disease falls with such terrible emphasis on one particular age group as does Tuberculosis on the age stratum between 15 and 25. The mortality from Tuberculosis rises as high as fifty per cent. of the deaths that occur between these ages.

After leaving school and starting their work in the world, boys and girls enter a phase of growth at which Tuberculosis of a serious type is common. This phenomenon was emphasised during the last Great War, but probably it had occurred before. The strains of long hours, inadequate rest and food help to increase a natural susceptibility, as well as the special strain to the organism from the natural process of growth at this age. There is reason to fear the same thing during the present war.

The saddest point is that this is the period of life at which young men and women are of greatest value to the nation, in the fighting Services and as industrial workers.

Our existing Tuberculosis Service can handle with great success those patients sent to them by private doctors: unhappily, the disease is silent in its mode of onset. Serious damage may be done in advance of symptoms. We must examine these potential patients before they are ill. It has been estimated from Mass Surveys that 4 per cent. of a group of healthy adults would disclose abnormal appearances on an X-Ray plate, of which 1—2 per cent. would represent tuberculosis.

Recruitment of large numbers of presumably healthy men gave a vast opportunity for the weeding out of this 1—2 per cent., many of whom might remain well in civilian life, but all of whom run a grave risk of a breakdown under Service conditions. It is unfortunate that by the beginning of the war no rapid and easy method of X-Ray examination had been widely available. Miniature radiography—by which large numbers of people can be X-Rayed and the results shown on a film slightly larger than a postage stamp—has been experimental, but is now fast emerging from that stage.

Some method such as this, wisely used, and interpreted by experts, should be applied not only to the recruits for the Fighting Forces, but to men and women entrants into the industrial army. An X-Ray examination of the chest should be offered to every adolescent, and repeated at intervals. To be fully effective it must be part of a general fitness campaign, and facilities must be available for a more accurate diagnosis of those found to have abnormal radiographs.

Lord Horder's Committee of the Ministry of Labour, appointed to consider the medical inspection of men admitted to the Forces, reported favourably on Miniature Radiography.

Certain practical difficulties stand in the way. Large numbers of men (or women) require to be assembled at the same centre, and putting them rapidly through the manœuvres of coming in contact with the X-Ray apparatus needs considerable organisation. But the method itself is effective, and the Association stands for its larger and wider use in military and civil life.

All entrants to the Canadian Army were examined by X-Rays to exclude possible cases of tuberculosis and cardiac disease. The examination was very thorough. A complete full-size photographic film was taken of each subject, and this was supplemented by screen examination.

The Canadian figures were:—Total rejections 1.65 per cent., of which 1.06 per cent. were tuberculous and .59 per cent. non-tuberculous and heart disease.

FOOD

The resistance of a tuberculous person to the progress of his disease depends very largely on two features of the treatment—rest and proper nutrition.

Modern research shows that proper feeding depends on wide variety in diet, provided that certain elements are included, such as protein, fats, carbohydrates and vitamins. When the rationing of meat was introduced the Ministry of Food, acting on expert scientific advice, decided that provided tuberculous people had enough first-class protein from milk, cheese and eggs, they were likely to suffer no harm through a restriction of meat.

Of course, it is assumed that milk, cheese and eggs, and what is infelicitously and incorrectly called "offal" are readily available. During the latter part of the year all these commodities became scarce, and in institutions the problem of catering became a difficult one. The plight of the tuberculous patient living at home on a low income became grave, as cheese and eggs were often unprocurable, and in the winter months even milk became restricted.

The Minister of Food initiated a valuable scheme for an extra ration of milk to mothers and young children. The Association, in view of the above, believes that this might well be extended to tuberculous families. A supply of milk would give the first-class protein necessary, and would go a long way to making up deficiencies of calcium and other substances. Milk is a food not only for tuberculous people but for the whole population, and is a vital necessity.

Many Care Committees and Local Authorities include a ration of milk in their regular help to the tuberculous family, but this practice is not universal, and feeding the tuberculous patient is a matter which will become more urgent as the war goes on.

An enquiry was made among members of the Tuberculosis Service as to whether the tuberculous population had in fact suffered from the nutritional point of view. Although many Tuberculosis Authorities considered that their patients were not receiving the diet they would recommend in peace-time, others believed that the psychological effects of war, long hours and overstrain were much more important than any deficiencies in nutrition that might exist at the present time. It is an old story that worry affects the appetite and digestion, and tuberculous people are often anxious in temperament, and inclined to take very seriously deprivations which the ordinary man and woman finds easy to bear.

These considerations do not in the least diminish the importance of proper nutrition in Tuberculosis, but the national larder is not overstocked, and it is not feasible at the moment to press unduly for what the man in the street may regard as unreasonable privileges.

BOYS WILL BE BOYS

When youths of 13 to 18 develop Tuberculosis it is worth while to give them extra consideration. The Association's Colony for such cases is, we believe, the only Institution of its kind in the country, or possibly in the world. A great effort is being made to maintain both the treatment and teaching in the difficult conditions of war-time. The sanatorium is situated in a part of the country which has been the centre of danger, and

this no doubt has had something to do with the decrease in the number of patients under treatment. Contrary to expectations, patients who might have come to us from London appear to prefer to remain at their own homes. Similar problems have been raised by the evacuation of children. Parents wish to have their young ones around them, and the result has been that boys whom we normally expect to come to the Colony have stayed at home, either working in jobs or loafing about.

The war has given everyone a job, especially juveniles. Many boy patients who should be under treatment are working in factories, and it is not easy to persuade those with light symptoms that they will be better to take a long view of their own health, and accept early treatment. It is a great temptation for a boy to leave the Colony before he is really cured, if he thinks he can be employed at a man's rate of wages.

The Institution has had difficulties with the black-out. These, of course, are common everywhere, but introduce a peculiar difficulty into sanatorium arrangements and buildings constructed on the open air plan. It hampers the social activities of the evening hours, and makes discipline difficult.

In spite of these problems, teaching has gone on as usual, and the examination record has been very good. The Association believes that the Colony is doing its proper work, to help tuberculous boys to get back to a useful life in the community. After the war the idea of rehabilitation will have to be recognised by everyone. The lessons of Burrow Hill will need to be applied on a much wider scale. In all schemes for reconstructing the lives of tuberculous patients there is certain to be a place for the education of tuberculous youths.

OUR SYMBOLIC CROSS

Those interested in the background of modern tuberculosis work will remember that the double Red Cross, printed on the outside of this Report, is of ancient historical origin. It belongs, by right and tradition, to the family of Godefroy de Bouillon of Lorraine, who used it in the Second Crusade to the Holy Land in the year 1100.

The double-barred Cross has now come to be associated with other Crusading movements, and was adopted in the year 1902 as the symbol of Tuberculosis work throughout the world. As the British Branch representative of the *Union Internationale contre la Tuberculose*, this Association is entitled to the use of the symbol.

The War has brought a new interpretation of the spirit of this Cross. General De Gaulle has adopted the Cross as the symbol of the Free French Forces. The Association has been in correspondence with the General, and it is recognised that no confusion can arise between the use of the same Cross for such widely different, yet essentially similar, aims.

INDIA

The older a civilisation, the more does Tuberculosis seem to flourish. One million people die each year in India from Tuberculosis alone, but the progress made in prevention is encouraging to all who can take a broad view of the problem.

After the recovery from illness of his late Majesty King George V, the sum of £73,800 was raised throughout India as a form of thanksgiving, and invested. The income is used to promote an anti-tuberculosis scheme. The King George V Thanksgiving (Anti-Tuberculosis) Fund devoted its attention to preventive and educative activities.

One of the chief preventive measures is the establishment of tuberculosis clinics—there are now sixty clinics working, spread over India.

The greatest difficulties arose from the lack of trained Health Visitors. The Fund has helped with the training of suitable people, and has organised post-graduate courses in tuberculosis for doctors.

Lady Linlithgow's appeal for the King Emperor's Anti-Tuberculosis Fund raised £594,838, and on March 29th, 1939, the Tuberculosis Association of India held its inaugural meeting. The Thanksgiving Fund was wound up, and its endowment transferred to the new Fund.

The difference between the tuberculosis scheme in India and those in the West is that the tuberculosis clinic must occupy the forefront of the campaign in the former. More treatment has to be given in the clinics, and each ought to have a few beds for the beginning of Artificial Pneumothorax treatment, or for patients needing observation. Home treatment has to be relied upon.

The Tuberculosis Association of India is facing an almost overwhelming task, and results cannot be as quickly effective as those of the campaigns in the West. The Association has the resolution, however, to go forward in the face of lethargy and despair, with the knowledge that the serious nature of the problem is now coming to the consciousness of the Press and public.

TROPICS AND SUB-TROPICS

The last few years have seen a revolution in scientific views of Tuberculosis in our Tropical and Sub-Tropical dependencies. It is now realised that Tuberculosis may be a far more serious drain on the life of a Colony than even malaria and sleeping sickness, which are generally thought of as the chief perils of hot countries.

Following the survey of Tuberculosis in Cyprus, so ably conducted by the late Dr. Bardswell, it is satisfactory to note that a sanatorium at Kyperounda in the centre of the Island is nearing completion.

When it comes into use, problems of organisation will inevitably arise, and anyone who has had to start a new sanatorium in this country will know the kind of unforeseen difficulties that occur. The Cyprus Government has decided to appoint as the first Matron of the new Institution MISS TURKAN AZIZ, who had already received nursing training in the American Hospital at Beirut, Syria.

The Chief Medical Officer, Dr. Neff, asked the Association to become responsible for Miss Aziz's special training in Tuberculosis, and for the last ten months she has been our guest in this country. Through the good offices of the Lancashire County Council, she has spent her time in various institutions and Dispensaries, obtaining a complete picture of Tuberculosis work. This experience will be an excellent background for Miss Aziz when she comes to tackle the problems of organisation in her own Island.

OUR ANNUAL MEETING, 1940

Owing to the war and the difficulty of obtaining representative attendance from Local Authorities, it was decided to hold no general Conference during the year. The Annual Meeting was held in Tavistock House and was largely attended by a widely representative audience.

Sir Hugh Walpole, the eminent novelist, gave the principal address on the moral and psychological aspect of illness. His illustrations from his own experience of ill-health formed something outside the usual range of our Meetings.

Sir Hugh spoke of the two conjoining worlds of "safety" and "danger." All of us are living on the edge of danger, and we must be constantly aware of the loneliness, despair and unhappiness of those around us. "But Life is intended to be hazardous"; he said, "there is no danger, no risk, no immediate peril which it is not for us to face. An easy kind of life is something which teaches us practically nothing at all . . . Sickness and pain seem to me not to be sickness and pain when they are so mingled with your own experience that the experience is the important thing, and the danger also. . . . The other world of danger may perhaps be the better and finer world of the two, and is absolutely necessary to every human being's complete experience."

After the formal business, a discussion on "Problems of Tuberculosis Care Work in War-time" was opened by Dr. J. B. McDougall.

When the War is over, the Council looks forward to renewing its contact with the Local Authorities through the regular Annual Conferences. Although these gatherings are sometimes criticised by doctors, they represent the only occasions on which lay administrators and Tuberculosis Physicians can come together to discuss the problems they have to solve each working day. Tuberculosis cannot be conquered by Doctors working alone, but by enlightened public opinion, and in this campaign the Local Authorities are the leaders and providers of funds.

WHAT ABOUT THE TUBERCULOUS FAMILY?

There are now 119 Committees affiliated to the Association. The Council is glad to welcome the following new Care Committees to the privileges of affiliation:—

Hong Kong
Sutton and Cheam
Rothwell
Higham Ferrers
Carshalton
Irthlingborough
Cannock

These are the first Committees to be admitted under the revised rules, now printed on page 32 of this Report.

Even in an age when the official side of tuberculosis work is so well organised, there is room for much voluntary work, and the Association can help these Committees to extend the usefulness of their work.

Ways in which a Care Committee can help the tuberculous family are very diverse. They include the following:—Work and housing, removal, insurance premiums, clothes, nourishment.

These are only some of the needs of the tuberculous family. The striking thing about care work is the variety of circumstances that are encountered. No two families are alike, but this list gives certain fundamental needs which Care Committees can make the effort to satisfy. To-day, unlike in normal times, there is no difficulty in finding employment, even for semi-fit men and women. Housing accommodation is more difficult and this need is likely to continue. It follows that insistence on personal hygiene, open windows, the single bed, disposal of sputum, are exceptionally important. This is the work of Tuberculosis Health Visitors, but the public needs to learn more clearly that the chances

of tuberculous infection, even within the family, can be very much reduced by proper personal hygiene.

REHABILITATION

Much attention is being given to the subject of Rehabilitation. What happens to the tuberculous patient when he completes his treatment? The lessons of readjustment to normal life will have to be applied widely after the War. The late Sir Pendrill Varrier-Jones dealt with this problem in one of his latest articles.

Hitherto few, if any, early cases have been recognised while they are truly early, since we cannot as yet determine the moment of onset (i.e., the moment at which the equilibrium of the defensive mechanism is first threatened).

The dispensary and sanatorium are essential but *central* items in any anti-tuberculosis scheme; if they were used for early cases only they could reduce the tuberculosis mortality to negligible proportions; but without early cases they can achieve little, and as they do not get them, they must be supported by an after-care scheme, which will defeat by means of rehabilitation the complex of psychological, social and economic problems which beset the average patient.

After years of treatment the patient is not a person but a Case. The tuberculous person needs "a constructive outlet for the aggressive impulse." Many such Cases recover their personalities if the whole patient—and his environment—are treated; the patient and his body fluids will in this way conquer the disease far more surely than any quantity of medical, surgical and X-Ray apparatus.

"The average consumptive leaves the sanatorium in a state little better than equilibrium between attack and defence" and this is the most compelling argument for large scale rehabilitation. In 1936 Sir Pendrill Varrier-Jones put forward the suggestion for a National Rehabilitation Board, constituted to operate as a public utility on the lines of the Electricity Board. Its income would be derived from the sources at present dispensing Unemployment and Health Benefits. Its functions would be to provide on a national scale the link between working capacity and the opportunity to earn. It was suggested that the Board might eventually become Contractor-General to the public authorities. Sir Pendrill's work is known everywhere and principles such as these are certain to be needed after the war.

STANDING ADVISORY COMMITTEE ON TUBERCULOSIS

Reference was made in the last report to the formation of this Committee by the Minister of Health. By the nature of its constitution, recommendations of the Committee go to the Chief Medical Officer to the Ministry, and they are not intended for wide publication. The responsibility for acting upon them belongs to the Minister.

It may, however, without impropriety, be said that Mass Radiography, nutrition among the tuberculous and the allocation of beds in institutions have been discussed on several occasions. The problem of tuberculous persons in the London Air Raid Shelters has also come up. It is the general opinion of the members of the Committee, and we believe of the Minister and his professional advisers, that this Committee now represents an indispensable vehicle of communication between him and those responsible for the Tuberculosis Scheme. We hope and believe that its work may be continued after the war,

and that its recommendations may have weight in the replanning of the Tuberculosis Services that will follow.

"FRESH AIR"

A great anniversary in the history of Tuberculosis occurred in 1940. It is just one hundred years since George Bodington, M.D., a physician of Sutton Coldfield, Warwickshire, published his "Essay on the Treatment and Cure of Pulmonary Consumption," in which he advocated the use of open air methods and, indeed, foreshadowed the modern sanatorium.

Bodington's ideas were not popularised until much later in the century, when they were adopted in Germany and later in this country and America. It is only in our own time, a century distant, that we can say that proper use of open air is becoming realised, not only for consumptives, as Bodington thought, but for the healthy population as well. Open air exercise is a habit with British people, and other nations have copied us; but adequate fresh air in shops, offices and factories is sometimes hard to find.

Ventilation is the proper way to prevent transmission of tubercle bacilli and the socalled "droplet infections," including Influenza, Measles and others. By talking, coughing and spitting, a man may infect his neighbours. This is one of the perils of communal life. We have greater need than ever to understand and practise Bodington's teaching.

TEACHING THE PUBLIC

In this war of nerves, many conflicting kinds of propaganda are directed on the public. Among War Aims and Peace Aims, Health and all it means to the nation and the world is sometimes only a small voice. The difficulties of travelling in war-time, the congestion of our small towns and villages, the use of halls as canteens, etc., has further restricted the opportunities for Lectures and Film Demonstrations.

Schools full of evacuated children are good subjects for Health Education. The town children have been used to going to the cinema, and their teachers nearly always welcome tasteful and attractive films.

During the year our cinema unit has given fifty-nine demonstrations in schools. The education authorities gave their permission and the reaction of the teachers shows that they were appreciated. We cannot resist quoting from some of the testimonials that have been received:—

- "Not only was the show greatly enjoyed but it was of the greatest educational benefit. Like Oliver Twist I should like to ask for more."
- "I find it difficult to adequately express my appreciation of the excellent film show given us by your representative this afternoon. The choice of material and actual presentation were both first class."
 - "It was a great success-the very thing!"
- "It was a show that was well worth while, and in many ways gave an interpretation of School Health lessons on General and Dental Hygiene that could not have been given by the teacher: it was enhanced by Mr. Duncan's delightful manner with the children."
- "Everyone was most interested; the subject matter was well chosen and admirably presented. It was just the sort of thing needed to drive home the teaching of the Hygiene and Domestic Science Classes."

NURSE COMMISSIONERS

It is some ten years since the Association first entered partnership with two other bodies to provide Nurse Commissioners in the Northern Counties of Scotland. At first it might seem invidious that certain areas should be chosen for special help in this way, but anyone who looks at the map will see that the Orkney and Shetland Islands, the Hebrides and other Northern areas have very special problems. Their population is widely scattered; travelling conditions are difficult, and many of the Islands are almost inaccessible at certain seasons. The tragic feature of the case is that tuberculosis is nearly twice as serious in these Islands as in the most congested cities of the Mainland.

The Nurse Commissioners form a link between the local Health Authorities and the people. They encourage and advise the District Nurses and carry out work which is taken for a matter of course in urban areas, but which in the Highland counties would be quite impossible without this extraneous aid.

The Association receives quarterly reports of the Nurses' activities, and they are full of quaint and surprising incidents. One of the nurses was astonished to find that in one village sheeps' heads were not appreciated as human food, but were thown away to animals. She had no sooner finished her talk when, to her surprise, a sheep's head just recently amputated was brought into the kitchen on a large plate. As the nurse said, "the little girl came into the kitchen carrying her plate aloft, and the only thing I could think of was Salome with the head of John the Baptist on a platter." The Nurse Commissioner thereupon showed the family how to skin the sheep's head and prepare it, and we may hope that this is one of the many lessons that hit its mark.

The Association is a national body, and tries to encourage all worthy causes in its own special field. The work among the quarter of a million people in the Northern counties of Scotland is a valuable activity, and we believe that this opinion is shared by the Scottish Branch of the British Red Cross Society and the Royal Victoria Hospital Tuberculosis Trust, who are partners in the scheme.

N.A.P.T. BULLETIN

There are many excellent journals on the subject of Tuberculosis, and it, moreover, is a constant theme in the professional organs read by doctors and nurses.

The success of the "N.A.P.T. Bulletin" shows, however, that there are many who have not time to read the more serious publications, who yet like to have useful information summarised for them in a simple and attractive form. The popularity of the various "Digests" found everywhere on the bookstalls shows the general liking for serious information presented briefly, and with authority.

The articles in the "Bulletin" are of a high standard and are written by experts. Digests of current problems are given in each issue and care is taken to exclude all unnecessary words, and to make them as readable as possible. This policy has been justified by the success of the "Bulletin" which is being continually asked for by Tuber-culosis physicians, nurses, health visitors and interested lay people. Only the present shortage of paper prevents its being published in much larger numbers. It is an inexpensive publication, and is written and prepared in the Headquarters Office, and will be sent free to anyone who desires to have it.

SEAL SALE

It was with some misgivings early in the year that the Council embarked on its usual plans for the Seal Sale. Owing to the current paper restrictions, supplies had to be ordered well in advance. Gloomy prophecies were made that the Seal Sale would be a failure, owing to the war and the dispersal of the population.

These have not been fulfilled, and we are glad to say that the Seal Sale has proved a greater success than at any year, except one, in its eight years' history. This applies both to the headquarters organisation, and to the results of many, though not all, of the Affiliated Societies.

In the 1940 Headquarters Seal Sale, the increase in net receipts over 1939, without the results of the broadcast appeal made by Lady Titchfield, was 11 per cent.; if the Headquarters share of the appeal is included, the amount received was 40 per cent. higher, while expenditure decreased by 3 per cent. Not only did the number of subscribers to the Seal Sale rise by 4 per cent., but the net amount returned by each subscriber increased by 19 per cent. These figures are surprising in view of the gravity of the times, and the pessimistic expectations which were entertained at the beginning of the year, and they contain their lesson for the year that lies before us.

The principal cause of this gratifying result is undoubtedly the broadcast by our Chairman, Lady Titchfield, on October 27th. The B.B.C. are naturally overwhelmed by the sponsors of appeals, but, through the advocacy of Sir Frederick Menzies, kindly agreed to give us time on the air this year. Lady Titchfield's graceful speech must have reached many hundreds of thousands of listeners. In it she emphasised the importance of care and social work among the family, and the propaganda value of the Seal.

This point is one often overlooked by our well-wishers; the Seal makes no mention of tuberculosis—if it did, it would be useless as a Christmas message—but the educational value of the double Red Cross, widely spread over the country, is important, and in time must react on those to whom Tuberculosis is at present a vague and unpleasant idea.

Another cause of the improvement in this year's results was the attractive design of the Seal. This was selected from designs sent in from all over the country, and before it was chosen, tests were made upon groups of people to find what was the most attractive picture. In these matters general popularity counts for most, and while it would be impossible to find a Seal that would please everyone, we think that this year's selection has been happy.

The machinery for organising the Seal Sale has been overhauled, and this no doubt also contributed to the result. The effect of dispersal of the population has not been so serious as was feared, though the increased postage has been heavy.

By similar methods the design selected for the Seal Sale in 1941 has been chosen. It represents a little child forging a lucky horse-shoe upon an anvil, and it is symbolic of the fact that youth today is creating good luck for the future. We are happy to be able to announce that the Canadian Tuberculosis Association has selected this design for its own use, and after the War there may be a chance of having a single design throughout the British Empire.

NEW MEMBERS OF COUNCIL

Colonel Walter Elliot, M.C., M.P., was a Member of the Council in 1921 at the beginning of his political career, and also gave the opening address at the Association's Conference

in London in 1938. Members are glad to welcome back their old colleague, whose extensive knowledge of the subject, acquired both before and after his holding of high offices under the Crown, will make his membership a particularly useful asset to the Association.

Members of the Council are happy to welcome Sir Wilson Jameson, formerly Dean of the London School of Hygiene and Tropical Medicine. Since he joined the Council his appointment as Chief Medical Officer to the Ministry of Health and the Board of Education shows the high reputation which he has attained in all branches of public health work.

OBITUARY

We have with sadness to record the death this year of two valued members of the Council.

Dr. Nathan Raw, C.M.G., was a member almost since the Association began. Then a physician in Liverpool, he took up scientific investigation of the disease, and for thirty years of his life kept his original culture of *tubercle bacilli* going. He was well-known abroad through his attendance on scientific conferences.

Dr. A. J. R. O'Brien was a representative of the Colonial Medical Service, and he reflected the vigorous interest which is taken nowadays in tuberculosis as the problem of our tropical and sub-tropical dependencies. He had great qualities as a man, wisdom, charm, and ready accessibility, and his loss is greatly felt.

ANNUAL BALLOT

Under Clause 12 of the Articles, the names of the following were drawn in the Annual Ballot, and these now offer themselves for re-election:—

Mr. H. Arthur Baker. Colonel Walter Elliot. Sir Humphry Rolleston. The Earl of Dudley, Mr. P. F. Pollard. Dr. R. C. Wingfield.

STAFF

Throughout the difficult autumn, when the day's work was often disturbed by air-raid warnings, the staff at Tavistock House kept on its work, and the Association is most pleased to report that every one of the activities was maintained. The Seal Sale was particularly difficult, as valuable material had to be carried constantly to and from the basement.

The staff at Burrow Hill Colony has also worked under great difficulties, due to the black-out and labour restrictions, and to all the staff the Council wish to record their appreciation.

At the beginning of the war premises were taken at Reigate in case Tavistock House should become untenable owing to air-raids. The Council are glad to report that so far this has not occurred, and after taking all the circumstances into consideration, they have decided to discontinue the occupancy of the premises at Reigate.

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

TAVISTOCK HOUSE NORTH, TAVISTOCK SQUARE, LONDON, W.C. I

BALANCE SHEET, 31st DECEMBER, 1940

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Cash at Bankers and in Hand	Sundry Debtors and Payments in Ac	Seal Sale Receipts for January, 19	Burrow Hill Sanatorium Colony:	House (at cost), and Equipment Farm Inventory, including Ir professionally valued)	Sundry Stores (Stocks at Valuat Posters, Charts and Leaflets (Stoc	Motor Van (Cost, less Depreciation Film Projectors, Films, Slides, Pho	Office Furniture (Cost, less Depre								H. S. ASHTON,
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CREDITORS	Colony Supplies and Expenses	Sundries	CAPITAL ACCOUNT— Balance at 31st December, 1939	Add: Income from Investments—year to 31st December, 1940	Net Income Christmas, Income and	Profit on Farm to 31st December, 1940 (per Profit and Loss Account)		Less: Net Expenditure. Year to 31st December, 1940:	Burrow Hill Sanatorium Colony General (Central Office)	Propaganda, per Statement of Income and Expenditure		Grants and Care Committees	Cyprus Expenses	Loss on Sale of Investments	
C		-	5					303				-		-	
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£106,395

4 £106,395 WE REPORT that we have obtained all the information and explanations we have required, except that we have not seen the Title Deeds of the Land and Property at Burrow Hill Sanatorium Colony. We have examined the above Balance Sheet with the Books and Vouchers of the Association, and in our opinion it is properly drawn up so as to exhibit a true and correct view of the state of the Association's affairs, according to the best of our information and the explanations given to us, and as shown by the Books of the Association.

LORD, FOSTER & CO., Chartered Accountants, 37, Walbrook, E.C. 4.

DATED this 28th day of February, 1941.

STATEMENT OF INCOME AND EXPENDITURE for the Year ending 31st December, 1940.

Burrow Hill General Central) Propaganda 1940 Seal Total Colony E s. d. £ s. d. 3311 13 130 130 130 130 130 130 130 130	3 2 443 6 11 13 12 0 3,300 2 2 1 13 0 2,035 7 11 1,424 17 5 ——————————————————————————————————	3	16 2 £2,478 14 10 £1,438 9 5 £3,300 2 2 £
Subscriptions Subscriptions Donations Life Members Life Members Life Members Seal Sales and Donations, Broadcast Appeal, and Sales of Seals, etc., to Affiliated Societies (including by anticipation Receipts for January, 1941) Rent Charge—Farm Office Accommodation—Seal Sale Mantenance of Patients Market Garden Course (Sales, less Wages and Materials)	cember, 1940, of Burrow Hill Sanatorium Colony; d Propaganda £9, cp £9, cp	ium Staff (Nurses, Domestic and Supervisors). Report and Stationery solutionery and Leaflets; Cost of Seals; Bulletin, and Brochures Charts, and Leaflets; Cost of Seals; Bulletin, and Brochures Charts, and Leaflets; Cost of Seals; Bulletin, and Office Furniture Strengerses and Carriage Wan Running Expenses Berpenses and Carriage Thalls, Lecture and Exhibition Expenses Sing and Film Expenses To Bulletin Strenges To British Branch)—Nurse Commissioners Sea and Provisions To Bulletins, Hardware and Crockery To Buildings, etc. To Buildings, etc. To Buildings, etc. Allowance to Patients Meeting Meeting Meeting Meeting	Total Expenditure for Year to 31st December, 1940 19,738 Net Income for Year to 31st December, 1940, on Seal Sale

[APPENDIX II]

BURROW HILL SANATORIUM COLONY.

STATISTICAL TABLES

TABLE 1.—Showing number of Patients admitted and discharged during 1940.

Clerical Course	***	***		residence an. 1, 1940 42	Number admitted 59	Number discharged 67	In residence Dec. 31, 1940 35
				15	17	18	13
Gardening Course	***	***	***	13	20	10	10
Sanatorium Cases	2.00	2.22	555	2	20	12	10
				-	_	-	_
				59	96	97	58
				-	-	_	_

Note:—Of the 96 cases admitted during 1940 there were:— 86 Pulmonary 10 Surgical Totalling 96.

TABLE 2.—Showing Areas from which patients were drawn.

Bristol Croydon East Ham Essex C.C.	1 · 2 · 1 · 7	Herts C.C. 1 Kent C.C. 2 Lancs C.C. 1 London C.C. 49	Middlx. C.C. 10 Portsmouth 1 Reading 1 Southend 1	St. Helens Surrey C.C. West Ham West Riding	1 13 2 3
					96

Table 3.—Showing Occupation of Patients admitted.

Actor	***	***		1	G.P.O. Mess	senge	ers	***	3	Schoolboys	21
Army				7	Laboratory	Assis	tant	***	1	Shop Assistants	9
Ash Trimm	er			1	Labourers	***	***	***	2	Surgical Instrument Makers	3
Carpenter's	Assi	stants		2	Lorry Driver	r's M	fate	***	1	Tailor's Apprentice	1
			***	10	Machinists		***	***	3	Van Guard	1
Coach Mal			***	1	Metal Work	er	***		1	Warehouse Hands	3
Engineer's	Appr	entice	***	1	Mill Hands		***		2		
Errand Boy	/S	***		8	Office Boys	444	***	***	4		-
Factory Ha	ends			6	Printers	400	***	***	2		96
Gardeners	+++		***	1	R.A.F.		***	***	1		-

Table 4.—Table showing approximate duration of Illness of Patients admitted.

Months					Years								
Duration Patients		6-12 18	1-2 24	2-3 5	3-4	4-5	5-6 1	6-7 2	7-8 1	8-9	9-10 2	over 10 years 2 Total = 96	5

[Durations:—Average: 1 year 5 months Maximum: 13 years Minimum: 4 weeks]

TABLE 5.—Showing absence or presence of Tubercle Bacilli in Patients' expectoration. Positive Negative Number of Pulmonary cases 29 57 Note: Of the positive cases admitted 12 have a family history of tuberculosis Of the negative cases admitted 26 have a family history of tuberculosis Of the 10 non-pulmonary cases admitted none has a family history of tuberculosis TABLE 6.—Showing duration of Residence (in days) of Patients admitted during 1940. Average: 291 Maximum: 850 Minimum: 2 TABLE 7.—Showing results of Treatment of Patients discharged. Improved: 72 Stationary: 19 Worse: 4 Died: 1 Total 96 TABLE 8.—Showing disposal of Patients discharged during 1940. Discharged on completion of course Discharged as physically unfit ... Discharged as having derived maximum benefit Discharged as not likely to derive benefit from a course of treatment and technical training Discharged to take up work prior to completion of course Died EXAMINATION RESULTS PITMAN'S SHORTHAND (March, July and November, 1940) SPEEDS THEORY ELEMENTARY Papers taken 1 5 = 84.7% Number passed 69 Distinctions are not awarded in Pitman's Shorthand Examinations. Average per cent. of Passes = 74.00%Average per cent, of Distinctions = 12.30% ROYAL SOCIETY OF ARTS (March, 1940) INTERMEDIATE ELEMENTARY ADVANCED Papers taken 5 15 = 71.44% 10 Number passed PAPERS TAKEN NUMBER PASSED DISTINCTIONS Advanced English ... Advanced Arithmetic 4 4 *** Intermediate English 8 Elementary English... 11 ... 2 Elementary Arithmetic 4 21 15

20

30

6

1

96

LONDON CHAMBER OF COMMERCE (February, July and November, 1940)

Papers taken	***		***	ADVANCED 2	INTERMED 44	IATE ELEMEN			72-30%	
Number passed			***	2	36	69)	_	12.30/6	
Advanced English Intermediate English Arithmetic Handwriting Book-keepin Mathematics Commerce	g	Taken 2 8 7 13 13 13 1	Number Passed 2 7 3 13 10 1 2	Distinctions 1 1 5 1	Elementary " " " "	English Arithmetic Handwriting Book-keeping Mathematics German		Papers Taken 22 9 34 35 1 1	Number Passed 13 7 25 22 1 1 1 107	Dis- tinctions 4 2 7 1 1 24

STANLEY FRENCH was awarded 2nd Place in the United Kingdom for MATHEMATICS, Certificate Stage.

JOHN FERRET was awarded 2nd Place in the United Kingdom for ARITHMETIC, Elementary Stage.

FACULTY OF TEACHERS IN COMMERCE

(February, March, July and November, 1940)

Papers taken	***			ADVANCED 30	INTERMEDIATE 34	ELEMENTAR 84		67-56%	
Number passed	***		***	25	20	55		01 20/6	
Advanced Book-keeping ,, Typewriting ,, Commerce ,, Business Practi Shorthand Speeds Intermediate Book-keepin ,, Typewriting ,, Commerce ,, Business Practi ,, Shorthand (The	ng	Taken 1 2 4 7 16 7 15	Number Passed 1 1 4 6 13 7 5 6 1	Distinctions 2 3 2 1		rce s Practice nd (Theory)	Taken 7 21 13 18 2 3 10	Number Passed t 7 12 12 16 2 2 2 2 2 2	Dis- inctions 2 1 1 1 1

[APPENDIX III]

LECTURES

(January-December, 1940)

	By Dr. Harle	ey W	illiams					
Place and nature of m		EAST C					Attend	lance
LONDON:	Lambeth Men's Co-operati	ve Gu	ild		***	n	nembers	20
SURREY:	Epsom and Leatherhead T.	.C.C.				•••	"	33
Ву	Dr. Bentley (L.C.C.) w	ith fi	lm dei	mon	stration	1		
LONDON:	Charing Cross Hospital Me	edical :	School			5	students	20
	FILM DEMON	ISTE	RATI	ON	S			
	By Mr. C.	N. D	uncan					
BEDFORDSHIRE:	Junior School, Cople		***	•••	mothers	and a	children	90
BERKSHIRE:	Wallingford County Gram	mar Sc	chool			(children	300
CAMBRIDGESHIRE:	Bassingbourne Council Sch	iool					,, adults	170 76
	Barrington Village College				children	n and	parents	
	Linton Junior School		***	***			nd staff	
	Linton Village College		200			,,	,,	250
	Litlington School	***		***			parents	
	Sawston Village College		***	***	pu	pils a	nd staff	320
EAST HAM:	East Ham Women's Co-op	erative	Guild			n	nembers	40
Essex:	Dunmow Council School				ри	pils a	nd staff	250
	Elsenham C.E. School		***		pupils, s			
	Ilford Lane Women's Co-o	perativ	ve Guile	d			nembers	
	Stanstead Council School			***	pu	pils a	nd staff	187
HERTFORDSHIRE:	Baldock Senior School		***		***	**	33	250
	Berkhamsted Victoria C.E.	Boys'	School				pupils	
	Bovingdon School		***		pu	pils a	nd staff	
	Buntingford Senior School	***				,,	"	310
	Graveley C.E. School	***	211	***	eva	., cuatea	l school	70 320

HERTFORDSHIRE-	Harpenden Manland Senior School	***	***	pupils	and staff	300
(contd.)	Hemel Hempstead Senior Girls' School				pupils	320
	Senior Boys' School	***	***		,,	310
	Letchworth Norton C.E. School		mothe	ers and	children	85
	" Norton Road School			pupils	and staff	80
	Little Gaddesden C.E. School	***	***	,,	22	165
	Offley Endowed C.E. School		***	>>	,,	100
	Potten End School			**	,,	35
	Royston Barley School	***	***	,,	,,	50
	Stevenage Boys' Council School	+++		,,	,,	80
	Tring Senior C.E. School			,,,	,,	200
	Tring, Long Garston C.E. School			,,	,,,	120
	Weston C.E. School	***		**	,,	75
	Willian C.E. School			,,	,,	36
	Wymondley C.E. School		***	27	>>	75
Lavnav	Patterses Waman's Co aparative Guild				members	25
LONDON:	Battersea Women's Co-operative Guild Bethnal Green Women's Co-operative G					30
			***	***	"	18
*	Earlsfield Men's Co-operative Guild	Guild	***	***	**	50
	East Greenwich Women's Co-operative			***	***	170
	Middlesex Hospital Nurses' Home		***		nurses members	30
	North Battersea Divisional Labour Party					
	Old Oak Emergency School	***	***	The state of the s	and staff	
	Redriff Women's Co-operative Guild		***		members	40
	Rushey Green Women's Co-operative G			l	55	120
	Scawfell School, Hackney	***	pupu	is, stajj	f, parents	
	2nd demonstration	1.1	,,		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210
	Silver Street Women's Co-operative Gui			***	members	
	Southfields Women's Co-operative Guild		***	7.12	"	27
	Southwark Women's Co-operative Guild		4	***	**	56
	Tooting Junction Women's Co-operative			***	"	50 25
	Tooting Women's Co-operative Guild		***	numila	,,,	
	Wandsworth, St. Michael's Mixed School	01			and staff	
	2nd demonstration			"	" "	200
	Wimbledon Chase Women's Co-operativ	ve Gu	illa	***	members	37
MIDDLESEX:	Camrose Edgware Women's Co-operative	ve Gu	ild		,,	42
	Cranford and Heston Women's Co-oper			1	,,	32
	Flamstead Avenue Women's Co-operation				**	25
	Redhill County Hospital			***	nurses	00
	Wembley Women's Co-operative Guild				members	
	Willesden Green Women's Co-operative				17	25
					7.7	

OXFORDSHIRE:	Bampton C.E. School			X		children	230
	Blaydon Council School				***	33	90
	Bicester C.E. School			***		22	40
	Bicester County School					,,	350
	Bix C.E. School			children		l parents	70
	Burford Council School					children	215
* The Mile	Cassington Council School		***	***	***	***	120
	Charlbury Council School	***	***	***		,,	130
	Chinnor C.E. School					,,	320
	Deddington Council School	***				"	250
	Evacuees from East and West	Ham and	Step	ney	+++	**	250
	Enstone Council School	***	***			**	86
	Eynsham Mixed Council Scho	ool		***		,,	126
	Fringford C.E. School					,,	120
	Fritwell C.E. School					,,	130
	Great Haseley Endowed Scho	ol		***		***	200
	Henley-on-Thames C.E. School	ol	***	***	***	"	140
	Langford Senior School		***			,,	230
	Long Crendon Council Schoo	1				,,	250
	Nettlebed Council School	***	***	***	***	25	120
	Rotherfield Central School			***		,,	160
	Standlake C.E. School	***	***	children	ana	parents	120
	Stanton Harcourt C.E. School	1					135
	Steeple Ashton, Dr. Radcliffe'	's School	***			**	265
	Thame C.E. School	***				,,	220
	Woodstock C.E. School	***	***			**	300
							120
SURREY:	Motspur Park Women's Co-o	perative G	uild	***	n	nembers	40
WEST HAM:	Stratford Women's Co-operati	ive Guild	***	***		**	65
	Stratford Women's Co-operati		(High	Street)		**	52
				Total att		ances 12	

FILM DEMONSTRATIONS

The Association possesses a travelling cinema outfit for showing both sound and silent films. The Association's operator will erect the screen and apparatus and project the films and slides, and black curtains are carried to cover the windows of all but the largest halls. Please write suggesting dates.

Price List of Publications, Films, and Lantern Slides

All the Association's films are made in non-inflammable material (acetocellulose), and may be shown in any hall without licence under the Cinematograph Acts.

CINEMATOGRAPH FILMS AVAILABLE FOR HIRE

Average time one reel

20/- 16 mm. silent ... 14 min.

week

Charges—day

16 mm. silent 5/-

16 mm. sound	7/6	30/-	16 mm.	sound	11 min.	
35 mm.	10/-	40/-	35 mm.		11 min.	
		SOUND	FILMS			
					Size	Number of Reels
Stand Up and Breathe		attractive fi			35 mm.	1
scenes	***	****			16 mm.	1
The Conquest of Tuberculo	sis. An	up-to-date	sound film d	escribing		
the National Tuberculos	is Schen	ne in all its	aspects; dis	spensary,		
hospital, sanatorium,	village	settlement,	veterinary	service.		
Illustrated by pleasing	scenes a	and music.	Good gen	eral film	35 mm.	2
suitable for all audiences	s				16 mm.	2
Contacts Produced in the	Linivar	city of Min	nasata II C	A chow		
Contacts. Produced in the ing the detection of Tub					16 mm.	2
ing the detection of Tuo	ciculosis	s by use of	ine mantous	i test	10 111111.	2
Makers of Men. The Bu	rrow H	ill (Surrey)	Training Co	olony for		
boys aged 13-19: their	cure a	nd training	amid deligh	ntful sur-		
roundings					16 mm.	1
			TTT > 40			
		SILENT	FILMS			
Production of Tuberculin	Tested 1	Milk. Con	nplete descri	iption of		
milking, bottling and di					16 mm.	1
		-				
Air and Sun. Taken in						1
Children in open-air sc	hools, a	nd snowba	lling, withou	it clothes	16 mm.	1
Consequences. How the y	oung mo	other discov	ered tubercu	losis and		
realised her personal pro-					35 mm.	1
400040004					16 mm.	
	***		m			
Makers of Men. The Bu					16	-
boys aged 13-19	***	*** **			16 mm.	2
Stand Up and Breathe	! An	attractive fi	lm taken in	open-air		
scenes				A CONTRACTOR OF THE PARTY OF TH	16 mm.	1

Size	Numb of Rec
Growing Up. Some of the ways of protecting children against tuberculosis	1
The Wind and the Earth. Tuberculosis work in a rural area 16 mm.	1
SPECIAL SILENT FILMS (suitable for exhibition to doctors, nurses, health visitors and teachers)	ers)
How Tuberculosis is Caused. The infection and pathology of tuberculosis and the natural resistance of the body: respiration, circulation, etc. (with descriptions)	
The Nurse's Part in Tuberculosis. How the nurse helps to prevent tuberculosis, and what she is to teach her patients; covers all points in the management of a tuberculous family 16 mm.	1
A Day in an Open-air School. Describes preventive measures for tuberculous "contacts"; the influence of open-air, nutrition and sunlight	1
PUBLICATIONS (all post free)	Price
"Causal Factors in Tuberculosis: a Report of an Investigation into the Incidence of Tuberculosis in certain Tyneside Districts": by F. C. S. Bradbury, M.D., D.P.H	2/-
"Handbook of Tuberculosis Schemes for Great Britain and Ireland," tenth edition, 1939: a directory of the control and treatment of tuber- culosis in the various administrative areas	5/-
"Tuberculosis in Cyprus (Final Report)": by N. D. Bardswell, M.D.,	
M.V.O.: Completion of the survey published by the journal Tubercle	3/6
"Tuberculosis and Social Conditions in England with Special Reference to Young Adults": by P. M. D'Arcy Hart, M.D., F.R.C.P., and G. Payling Wright, D.M., M.R.C.P.: a statistical study into the question of how far social conditions influence mortality	3/-
Transactions of the Association's Annual Tuberculosis Conferences (last Conference held in 1939)	7/6
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Burrow Hill Sanatorium Colony: describing the Association's Colony for tuberculous youths	

LEAFLETS

(Local Authorities can have particulars of their Tuberculosis Dispensary and other Services overprinted on these leaflets).

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[APPENDIX IV]

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ESSEX

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East Ham Tuberculosis After-Care Committee.—Chairman, Councillor Mrs. E. M. C. Brace. Secretary, B. E. R. Hartley, Esq., A.C.I.S. Office, Public Health Department, Town Hall Annexe, East Ham, E.6.

Gateshead Tuberculosis Care Committee.—Chairman, His Worship The Mayor, Alderman Peter S. Hancock. Joint Honorary Secretaries, Alfred Morris, Esq., F.C.I.S., and William Robinson, Esq. Office, 60 Bewick Road, Gateshead, 8.

Grimsby Tuberculosis Care Committee.—Chairman, Alderman C. E. Franklin, J.P. Treasurer, F. R. Stephenson, Esq. Secretary, R. Tulloch, Esq. Office, St. James' House, Bargate, Grimsby.

Hastings Tuberculosis Care Committee.—Chairman, Dr. H. J. Weston. Chairman of Executive Committee and Honorary Medical Adviser, Dr. G. R. Bruce. Honorary Treasurer, S. B. Selmes, Esq., A.C.I.I. Secretary, C. L. Wheatley, Esq. Office, 44 Wellington Square, Hastings.

Ipswich Tuberculosis Care Committee.—Chairman, Bernard Pretty, Esq. Honorary Secretary, Dr. J. W. Hunter, M.O.H. Office, Public Health Department, Elm Street, Ipswich.

Leeds Association for the Care of Consumptives.—Chairman, J. Friend, Esq., L.S.A. General Secretary, F. R. Tufft, Esq., F.C.I.S., F.L.A.A. Office, Hope Chambers, Vicar Lane, Leeds. Secretary of Case Committee, Miss F. B. Mackay. Office, 74 New Briggate, Leeds, 1.

Middlesbrough Tuberculosis Care Committee.—Chairman, His Worship The Mayor of Middlesbrough. Treasurer, H. G. Denning, Esq. Secretary, Miss F. McCarthy. Office, 79 Grange Road, Middlesbrough.

Newcastle-upon-Tyne Voluntary Tuberculosis Care Council.—President, The Right Hon. Lord Armstrong, D.C.L. Chairman, Sir Thomas Oliver, M.A., M.D., LL.D., F.R.C.P. Honorary Treasurer, Miss Teresa Merz, O.B.E., J.P. Honorary Secretary, George Magnay, Esq. Office, 91 New Bridge Street, Newcastle-upon-Tyne, 2.

Plymouth Tuberculosis Care and After-Care Committee.—Chairman, Alderman F. D. Baxter. Honorary Treasurer, J. Ainsworth, Esq., F.S.A.A. Honorary Secretary, W. J. Olding, Esq. Hon. Medical Officer, Dr. H. T. Chatfield. Secretary, G. R. Smith, Esq. Office, Tuberculosis Dispensary, Beaumont House, Beaumont Park, Plymouth.

Portsmouth Voluntary Tuberculosis After-Care Committee.—Chairman, Alderman A. E. Allaway. Vice-Chairman, Councillor Mrs. J. Ramsden. Hon. Treasurer, Alderman Sir Harold Pink, J.P. Hon. Secretary, Councillor J. T. Triggs. Address, 79 St. Andrews Road, Southsea.

Reading Tuberculosis Dispensary Care Association.—Chairman of Executive Committee, Alderman Edith M. Sutton, J.P. Vice-Chairman, F. H. Herrington, Esq. Honorary Treasurer, A. S. Pursey, Esq. Honorary Secretary, Miss Robson Smith. Office, Tuberculosis Dispensary, 1 London Street, Reading.

Rotherham County Borough Tuberculosis Care Committee.—President, His Worship The Mayor, Alderman G. C. Ball. Chairman, Alderman F. Harper, J.P. Vice-Chairman, Alderman F. C. Wofinden. Honorary Treasurer, A. V. Vincent, Esq., F.I.M.T.A., A.S.A.A. Honorary Secretary, Chas. L. Des Forges, Esq. Secretary, G. E. Westby, Esq. Office, Department of Health, Rotherham.

Southend Tuberculosis Care Sub-Committee (Southend Civic Guild of Help).—Chairman of Committee, G. D. Rose, Esq. Honorary Medical Adviser, G. N. Meachen, Esq., M.D. (Tuberculosis Officer). Honorary Secretary, Miss A. Delf, B.A. Office, 13 Clarence Road, Southend-on-Sea.

Southport Voluntary Tuberculosis Care Committee,—Chairman, Councillor F. W. Reddaway. Vice-Chairman, Councillor Thomas Ball, J.P. Honorary Treasurer, Mrs. Hilda Scott. Honorary Secretary, H. R. Rees, Esq., B.A. (Admin.) A.C.I.S. Tuberculosis Officer, Dr. W. E. FitzGerald, M.C., M.B., Ch.B., D.P.H. Address, 2 Church Street, Southport.

Sunderland Tuberculosis Care Committee (Guild of Help).—Chairman, Councillor J. Young, J.P. Secretary, Miss K. B. Aitchison, J.P. Office, 4 Park Terrace, Sunderland.

Wakefield Council of Social Service.—Chairman of Council, G. E. Liddle, Esq., M.A. Chairman of Executive Committee, G. L. Hawbrook, Esq. Honorary Treasurer, G. Hartley, Esq. Secretary, Mrs. G. N. Blair. Office, Committee and Lecture Rooms, Service House, Providence Street, Wakefield.

West Bromwich Tuberculosis Voluntary Care Committee.—Chairman, Joseph Lawley, Esq., J.P. Treasurer, A. E. Barker, Esq. Honorary Secretary, W. Douglas Clark, Esq. Office, 307 High Street, West Bromwich.

West Hartlepool Tuberculosis Care Committee.—Chairman, Alderman E. Bloom. Treasurer, A. Limon, Esq. Secretary, J. W. Ridley, Esq. Office, Magdala, York Road, West Hartlepool.

Wigan After-Care Committee for Consumptives.—President, His Worship The Mayor. Chairman, Alderman Edwin Yates, J.P. Vice-Chairman, Mrs. Mary Jenkinson. Honorary Treasurer, Major A. Ratcliffe Ellis, M.A. Honorary Secretary, Mrs. S. Watts (3 Mesnes Park Terrace, Wigan). Meetings at Wigan Insurance Rooms, Rodney Street, Wigan.

City of Worcester Tuberculosis After-Care Committee.—Chairman, Mrs. R. Palmer, M.B.E., J.P. Vicc-Chairman, Miss E. M. Jacomb. Honorary Treasurer, H. Hacking, Esq. Honorary Secretary, P. M. Christian, Esq. Office, Public Health Department, Guildhall, Worcester.

SCOTLAND

The Royal Victoria Hospital Tuberculosis Trust.—President, T. J. Carlyle Gifford, Esq., w.s. Honorary Secretaries, Messrs. Wallace & Guthrie, w.s. Clerk and Treasurer, L. B. Bell, Esq., c.a. Office, 42 Castle Street, Edinburgh.

OVERSEAS

Union of South Africa Christmas Stamp Fund.—Chairman, His Worship The Mayor of Durban. Honorary Treasurer, City Treasurer, Durban. Trustees, L. C. Grice, Esq., Captain W. B. Collier. Honorary Organiser and Secretary, Mrs. J. S. Moore. Address, P.O. Box 2081, Durban.

Natal Anti-Tuberculosis Association.—President, C. E. James, Esq. Honorary Treasurer, B. Halsey, Esq. Secretary, Mrs. B. Sutherland. Office, 51/52 Club Arcade, Smith Street, Durban, Natal, South Africa.

Cape Province Tuberculosis Council.—President, The Hon. F. A. Joubert, Administrator of Cape Province. Vice-Presidents, His Worship The Mayor of Cape Town His Worship The Mayor of Port Elizabeth. Chairman, Dr. Elsie M. Chubb, M.D., B.S., D.P.H. Honorary Organising Secretary, Mrs. W. G. Bennie. Honorary Treasurer, J. Durham, Esq. Secretary, Mrs. R. L. de Wet. Address, Cape Province Tuberculosis Council, 10 Lewis Buildings, Keerom Street, Cape Town.

Anti-Tuberculosis Association of New South Wales.—President, W. G. Layton, Esq., C.B.E. General Secretary, Miss D. V. Miller. Office, 33 Macquarie Place, Sydney, N.S.W.

British Guiana Society for the Prevention and Treatment of Tuberculosis.—President, Hon. Jos. Gonsalves, O.B.E. Hon. Treasurer, V. C. Johnson, Esq. Hon. Secretary, Dr. O. M. Francis. Address, Government Public Health Department, Victoria Law Courts, Georgetown.

British Honduras Association for Prevention of Tuberculosis.—Patron, Sir Alan Burns, K.C.M.G., Governor of British Honduras. Honorary Secretary and Organiser, Mrs. J. W. Macmillan. Address, 26 Regent Street, Belize, British Honduras.

Cyprus Anti-Tuberculosis League.—Patron, His Excellency W. D. Battershill, C.M.G. Vice-Patron, A. B. Wright, Esq., C.B.E., M.C. President of Council, Dr. E. A. Neff, C.M.G., Director of Medical Services. Honorary Secretary and Treasurer, Mrs. Ethel F. Passingham. Office, Cyprus Anti-Tuberculosis League Office, Nicosia, Cyprus.

Hong Kong Anti-Tuberculosis Association.—Patron, His Excellency the Governor. President, Dr. P. S. Selwyn-Clarke, M.C. Chairman of Council, Hon. M. M. K. Lo, B.L. Hon. Secretaries, Rev. J. R. Higgs, B.A., Dr. N. C. Macleod and Dr. T. P. Wu. Address, St. Andrew's Vicarage, Kowloon, Hong Kong.

Jamaica Anti-Tuberculosis League.—President, Lady Richards. Vice-President, E. A. Glen Campbell, Esq. Honorary Treasurer, Mrs. Leonard J. Stone. Honorary Secretary, Mrs. Martin Cooper (4 Central Avenue, Camperdown, Halfway Tree, Jamaica, B.W.I.). Office, Tuberculosis Dispensary, Princess Street, Kingston, Jamaica, B.W.I.

[APPENDIX V]

RULES FOR AFFILIATION

- 1. Any Institution, Society or Committee whose object includes the eradication of tuberculosis and whose constitution, objects and work are approved by the Council of the National Association shall be eligible for affiliation as a Tuberculosis Care Committee.
- 2. Tuberculosis Care Committees applying for affiliation shall satisfy the Council of the National Association that the following conditions are being or will be fulfilled:—
 - (a) The Committee shall form a recognised and integral part of the Tuberculosis Service of the County, County or Metropolitan Borough or Joint Board of the area within which it operates.
 - (b) The Committee shall include representatives of Authority responsible for the Tuberculosis Service of the area and of such official charitable and other organisations as may be able and willing to help.
 - (c) The Committee shall make the family of the tuberculous person the unit of its operations, and shall have as its aim the rehabilitation of such families rather than mere temporary relief.
 - (d) The Committee shall deal only with tuberculous persons who have expressed their willingness for their cases to be referred to the Committee. A Committee is not precluded from making such representations to Local Authorities and others as are considered necessary with reference to the welfare of tuberculous persons generally.
 - (e) The Tuberculosis Officer shall act as Medical Adviser to the Committee.
- Affiliated Care Committees shall send to the National Association each year a short report indicating the character and extent of the work done and an audited statement of account.
- 4. The privilege of affiliation shall be continued from year to year, and the Council of the National Association retain the right to withdraw the privilege at any time if the constitution or objects of the affiliated society are changed, or if, in the opinion of the Council, the work of the affiliated body does not reach the standard considered by the Council to be adequate.
 - 5. The privileges of affiliation shall be as follows:—
 - (a) Membership of the Annual Conference of the National Association for one representative without fee.
 - (b) Use of Propaganda service of the Association without charge.
 - (c) Purchase of literature, hire of films, etc., at a discount.
 - (d) Use of double red cross on noteheading, etc., and free provision of block for the same.
 - (e) The right to apply for participation in the Christmas Seal Sale which may be granted annually at the discretion of the Council in each case.
 - (f) As circumstances permit, the National Association will be prepared to send on request, and free of charge, an experienced Social Welfare Organiser to advise with the Committee on the work generally and upon special difficulties which have been encountered.
- 6. During the course of the war and in time of National Emergency the Council of the Association may at its discretion waive the application of any of the above rules.

[APPENDIX VI]

(The Secretary-General hopes to be notified of any errors that may occur unavoidably in these lists.)

LIFE MEMBERS

Alexander, Mrs. M. A. J. Askew, S. B. Astor, The Viscount Aughney, Dr. Honoria

Bannerman & Co., G. L. Barlow, Sir K.C.V.O., M.D. Bt., Thomas, Barton, Geoffrey B. Barton, S. L.R.C.P. Saxon, O.B.E., Bathurst, Hon. W. R. Blount, Miss M., J.P. Boots the Chemists Bothwell, Miss W. Braithwaite, John B. Broadbent, Miss M. E. Broadbent, M.D., Walter, F.R.C.P. Brock, G. Sandison, M.B.E., M.D. Bromhead, Lt.-Col. A. C., C.B.E. Brown, Walter Hugh Browning, Surgeon Commander H. A., R.N. (Ret.) Butterworth, Sir Alexander Kaye

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Carmichael, Robert, J.P.
Chandler, F. G., M.D., F.R.C.P.
Chapman, J. E., M.R.C.S., L.P.C.P.
Connolly, Mrs. M.
Corrigan, Mrs. James W.
Coutts, F. J. H., C.B., M.D.
Cox, G. Lissant, M.D.
Crawford, Sir Homewood, C.V.O.
Crewe, The Marquess of, K.G.,
P.C., M.A., F.S.A., D.C.L.
Crosfield, Miss Margaret C.
Cummins, Professor S. Lyle, C.B.,
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D'Abernon, The Lady Dixon, G. B., M.R.C.S., L.R.C.P. Douglas-Pennant, The Hon. Adela Dunbar, R., M.C.

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Fletcher, Philip A.
Ford, Miss
Ford, Sir Patrick J., Bt., M.P.
Frankish, Mrs.
Franklin, Ellis A.

Gilchrist, James C., M.D. Giles, Rev. Edward Gillespie, John R., M.D., D.P.H. Green, Forster

Hare, Major-General Sir Steuart W., K.C.M.G., C.B. Hasties, Messrs. Heaf, Frederick, M.B. Henderson, James Henley's Telegraph Works Co., W. T., Ltd. Henry, Miss Frances Herbert, Arthur

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Lawson, David, M.D.
Lessing, Mrs.
Le Vieux, Henri T., M.B., D.P.H.
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Lister, G. D.
Lysaght, Mrs. S. G.

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MacRobert, Sir Alasdair, Bt.
Maitland, T. Gwynne, M.D.
Mallam, Mrs.
Marling, W. J. Paley
Martin, Frank
Martineau, John
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Merz & McLellan
Mills, Henry John

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Preston, Mrs. R.

Quilter, The Hon. Lady

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Richardson, Mrs.
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Rolleston, Sir Humphry,
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Sankey, Ivor J.
Santarelli, L.
Sassoon, Mrs. Meyer
Shigeno, K.
Singleton, W. E., LL.B.
Smith, Mrs. Andrew
Stevenson, R. M.
Stradbroke, The Countess of
Strathcona, The Baroness
Suffield, The Dowager Lady

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Ward, T. Leonard
Warde, Wilfrid B., M.D.
Weber, F. Parkes, M.D., F.R.C.P.
Weston, Henry J., M.R.C.S.,
L.R.C.P.
Wythes, E. J., C.B.E.

ANNUAL MEMBERS

	P	5.	4	0 - 1	
				£ s. d.	£ s. d.
		1		Gossage, Mrs. F. H 4 0 0	Pollard, P. F., F.C.C.S. 5 0
		1		Grimes, J 10 6	Pretty, Mrs. E. M 3 4 0
Alexander, Mrs. M. A.				Gulbenkian, C. S 2 2 0	Prudential Assurance Co.,
		4			Ltd 25 0 0
		2		Hartley, Sir Percival,	
		1		HS, C.V.O., M.D. 5 0	Quinault, Mr. and Mrs.
Arkwright, J. A	1	1		Hastings Tuberculosis	R. J 10 6
Ashton, H. S			0	Care Committee 1 1 0	
Ashworth, J. D	1	0	0	Hodgson, Major P. K.,	
Atkinson, E. C	5	5	0	O.B.E 1 1 0	Reeves-Smith, Sir George 1 1 0
Austen, Rev. W. A. E		5	0	Homan, Miss A. M 2 2 0	Rice, Mrs. W. E 1 1 0
				Hornsby, J. W 1 0 0	Roby, F 1 0 0
Death Mar		0		Hyams, Mrs. F 1 1 0	Rowallan, The Rt. Hon.
Backhouse, Mrs					Lord, M.C., D.L 5 0
Baker, H. A., J.P., D.L.			0	Imperial Chemical In-	Ruffer, Lady 2 10 0
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Beale, Miss M. S	2	_	0	1 1 m m	
Bidwell, Miss G. E	2	2	0	Jardine, The Dowager Lady Buchanan 4 0 0	
British United Shoe				Lady Buchanan 4 0 0	Shrubsall, C. F 5 5 0
Machinery Co. Ltd			6		Society for Improving
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Bryant & May Ltd	2	2	0	of 5 0 0	Labouring Classes 1 1 0
Burrell & Co., Ltd	2	0	0	Kidd, P., M.D 1 1 0	Somervell, J 1 1 0
Butterworth, Sir A. Kaye	1	0	0		Somervell, Miss U 1 1 0
	1	1	0	Lawrence, A 1 0 0	Stevenson, R. M 1 1 0
				Lewis, Hon. A. L 1 1 0	Summers, W 3 0 0
Campbell, Dr. J. J			0	Llewellin, W. W 1 1 0	Sykes, Mrs 1 1 0
		5	0	Lieweinii, W. W 1 1 0	
Carlisle, The Countess of			7		Teare, J., M.D 5 0
Caudwell, Ald. C. G., J.P.		1	0	Maltby, Mrs. M 5 0	Tennant, Mrs. H. J., C.H. 1 1 0
Cave, Walter	1	1	0	Manbre, Mrs 2 2 0	Thompson, Mrs. E. M 1 1 0
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Coats, The Lady Amy	1	1	0	McClintock, Col. H. F. 1 1 0	Turner, F. T., M.C., M.R.C.S., L.R.C.P 1 1 0
Crament, F. W		10	6	McDougall, J. B., M.D.,	Tytler, Prof. W. H 1 1 0
				F.R.C.P. (Ed.) 5 0	Tytici, Fiot. W. H I I O
Davidson, Lady	2	2	0	Menzies, Sir Frederick,	
Davis, W., M.B.E	100	5	0	K.B.E., M.D., F.R.C.P. 5 0	Watson-Kennedy, Mrs. 1 1 0
Debenham, Miss C. J	1		0	Mihrban Trust, The 10 0 0	Whitley, E 1 1 0
De Vesci, The Viscountess		1	0	Mitcham Works, Ltd 5 0	Williams, Sir J. Fischer,
Dewar, W. J., M.D		5	0	Mobbs, Mr. and Mrs.	C.B.E 10 0
Demai, W. J., 191.D				V. P 1 1 0	Wilson, Mrs. R. Q 1 1 0
	14			Mostyn, Mrs 1 0 0	Wingfield, R. C., M.B.,
Edmonstone, Mrs. A. C.				Mothersill, Miss 5 0	F.R.C.P 1 1 0
Elphinstone, Lady	1	0	0		Wolff, Dr 5 0
				Newman, FJ 5 0	Wood, Miss F. E 1 1 0
Findlay, J. S	1	1	0	Noble, Col. L 2 10 0	Worcestershire King Ed-
Forwood, Mrs. Miles		1	0	Noble, Col. L 2 10 0	ward VII Sanatorium 1 1 0
Foster, Major A. W		2	0		205 17 5
Fuller, H. F		0	0	Odell, W. H 3 3 0	
Fyfe-Jamieson, LtCol. J.	-	5	0	Okey, F. J 1 1 0	Add Subscriptions paid in
1 7.0 vanneson, EtCol. 3.		-		Owen-Mackenzie, Lady 1 1 0	1940 for other years 15 11 6
C-11 - 11		-	~		
Gardiner, W., M.B.E		5	0	Patteson, Mrs 1 0 0	Total as shown in State-
Gauvain, Sir Henry,			6	Lucceson, min m	ment of Income and
M.D., F.R.C.S	-	5			Expenditure £221 8 11
Giles, Rev. E	2	0	0	Pinder, Mrs. L. E 5 0 0	

GENERAL DONATIONS

							£	5.	d.
Anonymous (In memor	y of	Roy)	***	***	***	***		2	6
Curling, Mrs. Spencer	***	***		***		***		9	0
Fischer, Miss B. M.	***	***	+++	***	944	***	2	2	0
Glen-Coats, Charitable	Trus	at of the la	ite S	ir Thom	as, Bt.	***	2	2	0
Hubbard, Mr. and Mrs	. H.	Malcolm	***	***	***	***	8	6	0
Ipswich Industrial Co-c	pera	tive Societ	y L	id	***	***	1	1	0
"Life of Faith," per	***	***	***	***		***		5	0
MacGregor, Dr		***	***	***	***	***	1	0	0
MacTaggart, Sir J. A.,	Bt.	***	***	***	***	***	1	0	0
Merchant Taylors' Con	npany	Charities	s Fu	nd, The	Trusto	es of	10	10	0
Pethybridge, Miss		***			***			5	0
Sowerby, Douglas	***	***	***	***	***		11	11	0
Stallin, A								2	6
Stevens, Captain A. L.	D.					1.12	1	1	0
TOTAL as shown in Stat	emen	t of Incor	ne a	nd Expe	nditur	e	£39	17	0

BURROW HILL COLONY

Subscriptions and Donations 1940.

								£	s.	d.
Anonymous (thro	ough l	Messrs.	Wainw	right &	k Pollo	ck, O'B	ryen-			
Taylor & Co.)	***	315	***	***	***	***		100	0	0
Blythe, Mrs.	***	***	***			***	***		5	0
Elphinstone, Lad	y	***		244		***	***	1	0	0
Gibson, Miss M.	M.	***		***	***	***		1	1	0
Grant, Miss M. (G.	***	***	311		***		2	0	0
Manfield, Mrs.		***	***	***	***	***		1	1	0
Mertz, C. H.					***	***		10	0	0
Penn, Mrs. C.	***		***		***	***	***	1	7	0
Reckitt Charity,	Truste	ees of t	he late	Sir Ja	mes			10	0	0
Villiers, Mrs.					1.20	1		1	1	0
Withers, Mrs. P.	***	***	***	***		-	***	2	2	0
Hawker, Mrs. J.	F.	***		***		***		1	1	0
	1000		107.0			65				-
TOTAL as shown i	in Sta	tement	of Inc	ome ar	nd Expe	enditure		£130	18	0

Special Donations (1940).

					£	5.	a.	
Mrs. B. Bartlett (March 11th)		222			5	0	0	
Mrs. B. Bartlett (December 5th)	***	***	***	***	5	0	0	



