

Stroke Association:

History perspective 1898–2012

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Part 1

Foreword

This document was presented to the Stroke Association by Dr Anna Ritchie, OBE,BA, PhD,FSA, Hon FSA Scot, who spent many months of her free time painstakingly researching our history. Written in the author's own words it charts the many phases the charity underwent – from its original conception in 1898 as the 'National Association for the Prevention of Consumption and other forms of Tuberculosis' (NAPT) - through to the internationally recognised 'Stroke Association' as it is called today.

I would like to extend my heartfelt thanks to Anna for the tremendous amount of work she undertook to create this wonderfully detailed record of our history. Now everyone touched by stroke, and our Trustees, volunteers and staff, as well as our supporters, can follow the path we travelled to arrive at the organisation we are so proud of today.

Jon Barrick
Chief Executive
Stroke Association



Contents

Part 1

1. A national crusade against a national disease	5
2. International congresses	9
3. Open-air sanatoria	10
4. NAPT membership	12
5. Robert Philip and the Edinburgh Scheme	13
6. Lady Aberdeen's caravans	16
7. NAPT as film maker	18
8. The first change of name	19
9. Christmas seals	20
10. The decades from the 1930s to the 1950s	21
11. A medal for endeavour	23
12. Chest clinics	24
13. From NAPT to Chest and Heart Association	25
14. Dr Harley Williams	26
15. The 1970s decline of the Association	27
16. CHA becomes CHSA	28
17. Volunteer Stroke Scheme	29
18. A question of strategy	32
19. CHSA becomes The Stroke Association	33
20. Chest, Heart & Stroke Scotland	35
21. Tuberculosis today	37
22. Northern Ireland Chest, Heart & Stroke	38

Introduction

The Stroke Association is one of Britain's oldest and most successful health charities. Its history goes back well over a century, and during that time its focus has altered with perceived human need from a single killer disease, tuberculosis (TB), to diseases of the chest and heart, and now back to a single devastating condition, stroke.

The constant element through the years has been the skill and dedication of the medical professionals and non-specialist men and women who kept the work going. Fortunately written records have survived back to 1898 and the story of the Association's development can be traced through minute books of meetings and other documents, including the writings of some of its most influential figures.

1. A national crusade against a national disease

In June 1898 Malcolm Morris, a leading dermatologist and editor of *The Practitioner*, devoted his editorial and the entire number of the journal to tuberculosis. His editorial was titled 'The Scourge of Tuberculosis', and he made an urgent call for 'a national crusade against a national disease'. It was this climate of opinion which led to the founding of the National Association for the Prevention of Consumption and other forms of Tuberculosis (NAPT). Consumption or phthisis were the terms used in the nineteenth century for the wasting away of the body by disease, most commonly by pulmonary tuberculosis though this was not fully understood until the last decades of the century.

The new Association was the first such charity in Britain dealing with tuberculosis, for although the British Institute of Preventive Medicine had been founded seven years earlier as the first medical research charity it had confined its research to smallpox, typhoid and diphtheria. NAPT was the culmination of months of discussion and planning among medical professionals, for whom the catalyst was the realisation that consumption or tuberculosis was a disease that could be both prevented and treated, rather than accepted as inevitable and unavoidable. This breakthrough had begun in Germany with the discovery of the tubercle bacillus by Professor Robert Koch, which proved that the disease was caused by a contagious germ. He published the results of his work in April 1882 and the news spread swiftly round the world, but full acceptance took another decade or more.

The Stroke Association archive includes several letters written in 1898 on behalf of HRH the Prince of Wales to Sir William Broadbent. Sir William was Physician in Ordinary to the Prince, and he had been successful in interesting his royal patron not just in inaugurating NAPT and becoming its President but also in agreeing to the use of his London residence for the occasion. This was Marlborough House in Pall Mall, designed by Sir Christopher Wren in the early eighteenth century, and the inaugural meeting was held in its splendid great salon, lined with wall paintings depicting the battles fought by the Duke of Marlborough.

The letters from Sir Francis Knollys, the Prince's secretary, concern arrangements for the meeting to be held at noon on 20 December, and his tactful replies to Sir William make it clear that HRH expected the meeting to run according to his plan and the guests to include those of his choice as well as those put forward by Sir William. It was a list of eminent men of the day, both physicians and laymen. Such was the importance of the meeting and more particularly the people present that the proceedings were reported in detail in *The Times* newspaper the following day, as well as mentioned in the Court Circular and in the leading article on Home Affairs.

Broadbent's rousing speech was published in full, as were the words of several leading medical men who spoke in support. The Marquis of Salisbury moved the Resolution: 'This meeting desires to express its approval of the effort which is being made by the National Association for the Prevention of Consumption and other forms of Tuberculosis to check the spread of the diseases due to tubercle, and to promote the recovery of those suffering from consumption and tuberculous disease generally.'

It also commends the method adopted by the Association, of instructing public opinion and stimulating public interest, rather than the advocacy of measures of compulsion'. HRH The Prince of Wales put the Resolution to the meeting and it was carried unanimously. The Earl of Rosebery gave a vote of thanks to HRH for presiding over the meeting 'with his characteristic urbanity and dignity'.

In his speech, Sir William emphasised three objectives: to educate the public in the means of preventing the spread of consumption, to eradicate tuberculosis in cattle, and to promote the building of sanatoria for the open-air treatment of the disease. He was also careful to stress that the Association did not advocate the compulsory notification of the disease and that its method was to be 'instruction and persuasion, not compulsion'. Education rather than compulsion was thus firmly embedded from the start in the concept behind the Association. Sir William's rousing speech was supported by Sir Grainger Stewart, President of the British Medical Association, who added that open-air treatment was already successful in Edinburgh and by Dr John Moore, President of the Royal College of Physicians of Ireland, who remarked that 'open-air sanatoria were already giving satisfactory results in Ireland'.

This momentous gathering of the great and the good was followed four months later by the Association's first Statutory General Meeting, held at 20 Hanover Square at 5pm on 20 May 1899, at which HRH The Prince of Wales became President and 30 members of Council were elected. At 6pm, Council held its first meeting and lost no time in electing Sir William Broadbent as Chairman.

The basic governance of NAPT was thus established, and the following week the second meeting of Council set up four sub-committees on finance (soon renamed the Finance and General Committee), publications, diseases of animals and sanatoria.

One of the new Council's first concerns was to commission a seal for use on legal documents, which was to be circular, one inch in diameter, with the Association's name round the perimeter and 'Founded 1899' in the centre.

Another priority was to produce leaflets on the benefits of fresh air and ventilation. By July it had been agreed that a quarterly journal should be published and the first number of *Tuberculosis* was published in October, quickly selling 4000 copies. It was also agreed that a pamphlet, *The Crusade against Consumption*, should be published containing leaflets about the treatment of tuberculosis and the minutes of the first AGM, and this was duly sold through branches of W H Smith. Plans for a British Congress of Tuberculosis were underway and an Organising Committee was set up.

Printed copies of NAPT's *Memorandum and Articles of Association* were provided for the members of the new charity. The stated aim was to prevent consumption and other forms of tuberculosis by the education of public opinion; the collection and distribution of information; publishing leaflets; public lectures; co-operation with other similar societies and bodies; co-operation with public press; holding congresses and issuing an annual report; advice to bodies managing sanatoria; the promotion of open-air sanatoria; research into tuberculosis; the encouragement of research with prizes; advising public bodies on prevention of tuberculosis; the establishment of branches of the Association in Britain or elsewhere 'and delegation to such branches of such powers of the Association as it shall be found expedient from time to time to delegate'.

Thus from the beginning, education, treatment and research were established as the Association's primary tasks, and it is interesting to note that a presence outside the United Kingdom was envisaged from the start.

With a royal patron and titled presidents and chairmen of Council, NAPT has been seen as constrained by its privileged social standing, though the same would be true of any learned organisation at the time. It is certainly a measure of the elitist character of NAPT in the early days that their doings were regularly reported in *The Times*. Even before the Association was formally set up, there was a newspaper report of a meeting held to consider a proposal for a sanatorium in Yorkshire, which was attended by Sir William Broadbent as Chairman of the Executive Committee of the proposed Association, and which resolved also to start a branch in York (*The Times* 28 October 1898 p5). Such branches were to become essential to the public educational activities of NAPT, and by December that year there were already four branches at York, Norwich, Ipswich and Huddersfield. By the start of 1900 there were no fewer than 31 branches.

During these early days Council's specific concerns were with the controversial questions of tubercle-free milk and the anti-spitting campaign, together with the problem of tuberculosis in prisons. The Association's laudatory aims were not universally accepted as the right way forward, for many doctors believed that public recognition of tuberculosis as an infectious disease would cause general panic (Broadbent 1909: 271). And the idea that official notification of the disease might become compulsory aroused strong indignation in many who felt that it was a breach of the patient's confidentiality.

For others it was the social stigma of the disease that caused opposition, for quite wrongly it was seen to be primarily the fate of the lowest classes of society. In Britain, 'freedom was guaranteed, including the freedom to spread disease to others' (Williams 1973: 38). It took until 1912 for the need for compulsory notification of pulmonary tuberculosis to be widely accepted and for it to become legal throughout the country, and other forms of tuberculosis were included two years later. This was a major success for NAPT's endeavours.

Small children were particularly susceptible to raw milk from cows infected with bovine tuberculosis. Sir William Broadbent had been in touch in December 1898 with Lord Lister, the pioneer of antiseptic surgery, and there are two letters in the Stroke Association archive in which Lister expressed approval of the objectives of the Association. He agreed tentatively with Sir William that 'the indiscriminate slaughter of tuberculous cattle' was to be deplored, and he suggested that the Association should recommend 'the periodic inspection of public dairies and the slaughter of all milch cows that respond to the tuberculin test'. A leaflet was duly issued in 1900 on 'Milk and Tuberculosis', spelling out the dangers of untested milk, but the real problem for many was the greater financial cost of tuberculin-tested milk.

As early as 1899 local authority acts began to be passed regulating the sale of contaminated milk, initially in Manchester and Glasgow and then in more than a hundred districts throughout the country (Bryder 1988: 17). Pasteurisation was needed and had been adopted in other countries, but NAPT favoured consumer choice and failed to lobby the British government, an approach that appears to have been influenced by Sir Robert Philip (Holme 2000: 4).

The habit of spitting in public places was clearly a major component in the spread of tuberculosis. At the start of 1900 Council decided that a letter should be sent to all railway, tramway and omnibus companies asking for a notice to be put up against spitting, and this certainly helped, as did the Association's leaflets on the subject and a by-law that came into force in London in 1903 against spitting in public. But in the long-term the need was for education of the public mind as to the ways in which the spread of tuberculosis could be halted.

Effective educational campaigns cost money, and the Association's income from subscriptions and the occasional donation was small. One of the first casualties was the journal, *Tuberculosis*, which was reduced from a quarterly publication to an annual volume in 1906 and then discontinued altogether two years later.

The scourge of tuberculosis attracted strongly militaristic metaphors. NAPT conducted crusades, campaigns and wars against the disease, and yet its approach was also tempered by the conviction that people must be persuaded rather than compelled to adopt measures to combat this universal health threat. Alongside public education, NAPT aimed to be instrumental in bringing doctors together and facilitating research through professional congresses.

2. International congresses

From the start the campaign against tuberculosis was seen in a global context. The first international Congress on Tuberculosis was held in Berlin in 1899 and by December that year NAPT was determined that the next Congress should take place in Britain. *The Times* carried a report on 19 December of a meeting in Gray's Inn hall, chaired by the Earl of Derby, to initiate plans for a Congress to be held in Spring 1901 for representatives from 'India and all dependencies of the Empire'.

The death of Queen Victoria that January delayed proceedings, with the result that the Congress was not inaugurated until 22 July, but it was very successful in bringing together specialists from many countries and in stimulating research. According to one of the delegates, 'During the week's deliberation, the chief, and perhaps the only point whereon we were unanimously agreed was that the surest agent in disseminating human tubercle was free spitting' (Maxwell 1932: 309).

The symbol of the global battle against tuberculosis was the cross of Lorraine. This is a red double-barred cross named after the Duke of Lorraine who used it on his standard at the siege of Jerusalem in AD 1099 during the first Crusade, which in later centuries became a symbol of peace and freedom. It was chosen as the emblem of the crusade against tuberculosis at the third international Congress on the Prevention of Tuberculosis, which was held in Berlin in October 1902. Members of NAPT had an oval enamelled metal badge with the red cross of Lorraine against a white background, surrounded by a band of light blue with the lettering NAPT MEMBER.



The distinctive NAPT member's badge (left) with the Cross of Lorraine (right).

3. Open-air sanatoria

One of the four sub-committees established at the start was devoted to the promotion of sanatoria. Treatment of tuberculous patients by exposure to clean fresh air was popular in the late nineteenth century, and sanatoria designed with open verandahs facing the sun were built in Europe, America, Canada and Britain. Windows were kept open during the night, and during the day patients reclined on beds or in bath chairs on the verandahs, well wrapped up with rugs. One of the most famous of these open-air sanatoria was the Queen Alexandra Sanatorium built on a mountainside at Davos in Switzerland, which was aimed at English speaking patients of small means and which opened in 1909. It was built, unusually for the time, of reinforced concrete, and was set on a wide ledge halfway up the mountain with three wings, each with a wide open terrace oriented so as to catch as much sunlight as possible.

There was both a local management committee and a London based Council, and the latter had Lord Balfour of Burleigh as its President, the same Lord Balfour who was Chairman of the NAPT Council between 1909 and 1919. The sanatorium was closed during the First World War and after the war the buildings were sold, but the money was used to set up a grant giving fund to enable patients of small means to be treated in other sanatoria at Davos. This became the Queen Alexandra Sanatorium Fund, the administration of which some three decades later would become the responsibility of NAPT.

Closer to home, the London Open-Air Sanatorium opened in July 1901 at Pinewood near Wokingham in Berkshire, set in 82 acres of garden and pine woodlands. It had been built and equipped by the South African firm of Werner, Beit & Co and was run by a committee consisting of four NAPT members and three financiers. There was accommodation for 64 male patients with early-stage pulmonary tuberculosis. It was gifted to NAPT in 1903 and appears to have been run by them until 1912, when it was transferred to the Institute of Bankers, an educational charity. Oddly there is no mention of its management in the surviving NAPT records, but the minutes of the Sanatoriums Committee are missing, as are the minutes of the Finance Committee between 1905 and 1919. In the latter year the London Open-Air Sanatorium was purchased by the Metropolitan Asylum Board and renamed the Pinewood Sanatorium; the accommodation was expanded and it remained a very successful venture until its closure in 1966.

Branches of NAPT were encouraged to open sanatoria, and the Bristol and Bath branch responded by opening Winsley Sanatorium in Wiltshire in 1903, which continued to treat tuberculous patients until 1977. Meanwhile the Honourable Margaret Fraser of Lovat had opened one of the earliest tuberculosis sanatoria in Scotland near Aberchalder, south west of Fort Augustus in Inverness-shire in 1907. It was a small establishment on a terrace in woodland, and it provided 26 beds in a wooden building set on stone foundations, with a roof of corrugated iron. It remained in use until 1951, and its stone foundations may still be seen in Inchnacardoch Forest.

As always it was situated within easy distance of a railway station for the convenience of patients, though many complained about the 'remote' locations of sanatoria – but then 'tuberculous patients are notorious grumblers' explained Dr Clark of the Pinewood Sanatorium, particularly on the subject of travelling (MAB 1230, 2 Dec 1918). Margaret Fraser had been deeply influenced by the work of Sir Robert Philip in Edinburgh and, as the Hon Mrs Stirling of Keir after her marriage, she was elected to the London Council of NAPT in 1920 and then in the 1940s she became chairman of the Scottish branch of NAPT in Edinburgh, an office which she fulfilled 'with great charm and skill' according to Harley Williams (1973: 121).

Glaswegians in their densely populated tenements were particularly susceptible to tuberculosis, and Glasgow Corporation led the way in Scotland in providing municipal aid to the NAPT campaign against the disease. The first Scottish branch was established in 1902 as the Glasgow and District Branch, and within two years they took over a private sanatorium at Bellefield in Lanark and turned it into an open-air sanatorium for tuberculous patients, again with financial help from Glasgow Corporation. NAPT itself made a generous grant of £5000 to the very large sanatorium at Bridge of Weir which had been founded by the Glasgow philanthropist William Quarrier as early as 1898. Thus the Association's aim to promote sanatoria was fulfilled both by direct involvement through a branch in managing a facility and by providing funds to externally run establishments.

South Wales was another critical area, where the death rate from tuberculosis was considerably higher than in England, and a branch of NAPT was established in Cardiff in 1902. The Llanbydder open-air sanatorium was opened in 1907 on the southern slopes of the Carmarthenshire hills, offering 24 beds for poor people and four beds for paying patients.

4. NAPT membership

Membership of NAPT was growing and the Annual General Meeting held in the Association's rooms in 20 Hanover Square had to be moved to a larger venue. The Chairman, Lord Derby, allowed it to be held in Derby House in Grosvenor Square in 1907, and the following year after Lord Derby's death it was held in Caxton Hall, Westminster. In 1909, the Tenth AGM was held in Whitechapel Art Gallery, where NAPT was currently holding a major exhibition about tuberculosis. After that, Sir Robert Philip suggested that meetings should sometimes be held outside London and the next AGM was held in the United Free Assembly Hall, Winburgh in Norfolk.

By this time, the chairman of Council, following Sir William Broadbent's death in 1907, was Sir Herbert Maxwell, a politician who had represented the British government at the Berlin Congress on the Prevention of Tuberculosis in 1899 and who was a chairman of the Royal Commission on Tuberculosis. He had been a founding member of the Association and his credentials as Chairman could hardly be bettered, despite not being a medical man. But he was not in post for very long. Another founding member and the Association's first treasurer, Malcolm Morris (later Sir Malcolm Morris), had stopped attending Council meetings, and when Maxwell happened to meet him one day in Bond Street he discovered the reason. 'I don't go there any more with such people as you have on the Council. It's an absurdity', said Morris, and this so discomfited Maxwell that he resigned, 'leaving the doctors to fight out their own feuds' (Maxwell 1932: 310).

While the international congresses were for medical professionals, NAPT held its own annual conferences for members, both medical and laymen. These were a good way of maintaining contact with branches across Britain, and the first was held in July 1911 in London on the topic 'The War against Consumption'. Both the first conference and the second held in Manchester were reported at length in *The Times* newspaper, which on 8 June 1912 immortalised Lady Aberdeen's remark that 'if kissing were abandoned and the moustache removed even the chronic case might cease to be a danger to the community.'

5. Robert Philip and the Edinburgh Scheme

Many of the hopes and aspirations of NAPT had already been turned into reality in Edinburgh by Dr Robert W Philip, and with hindsight it seems extraordinary that NAPT did not make better use of his expertise. He was a member of Council from the beginning and was often present at meetings, and he was a member of the Organising Committee for the British Congress on Tuberculosis. Yet there seems to have been an extraordinary lack of understanding and appreciation of his achievements with what was becoming known as the Edinburgh Scheme. NAPT was perhaps overly London-centric at this stage and, while Philip was held in high esteem in Europe and in USA, 'his British contemporaries were somewhat aloof' (Marais 1957: 19). As a young postgraduate Philip had worked in Berlin with Professor Koch and had been convinced by the discovery that tuberculosis was caused by an infectious germ. He had set up the first tuberculosis clinic in the world in Bank Street, Edinburgh, in 1887, under the name Victoria Dispensary for Consumption and Diseases of the Chest. Uniquely he advocated that patients must be actively sought and when found their families should also be examined, and this represented a new preventative dimension to dispensaries.

He also appointed the first two health visitors or visiting sisters as part of what he called 'the march past', the attention paid to the families and carers of tuberculosis patients. In Philip's own words, 'The original aims of the tuberculosis dispensary constituted the first attempt to hunt down the infection, to discover the haunts and methods of the invader, and to raid him on his own territory' (Philip 1926: 55). His dispensary was so successful that it was moved to larger premises in Lauriston Place in 1891.

The next step was to establish an open-air sanatorium devoted to consumptives, and for this the mansion of Craigleith House on Craigleith Road was acquired and converted into the Victoria Hospital for Consumption in 1894. Initially it had only 12 beds, but the number was increased to 50 by 1906, by which time it had become the Royal Victoria Hospital for Consumption. After the initial complete rest and open-air therapy, patients were assessed as to what practical activities they could undertake in the way of housework or gardening, and thus the sanatorium was also a kind of tuberculosis colony. Philip then conceived the idea of a farm colony, where recovered male patients could lead a supervised working life after leaving hospital, and the Polton Farm Colony was founded in 1910 at Springfield near Lasswade.



13 Bank Street, Edinburgh, where Robert Philip's dispensary was held in rooms on the first floor (© Wellcome Library).

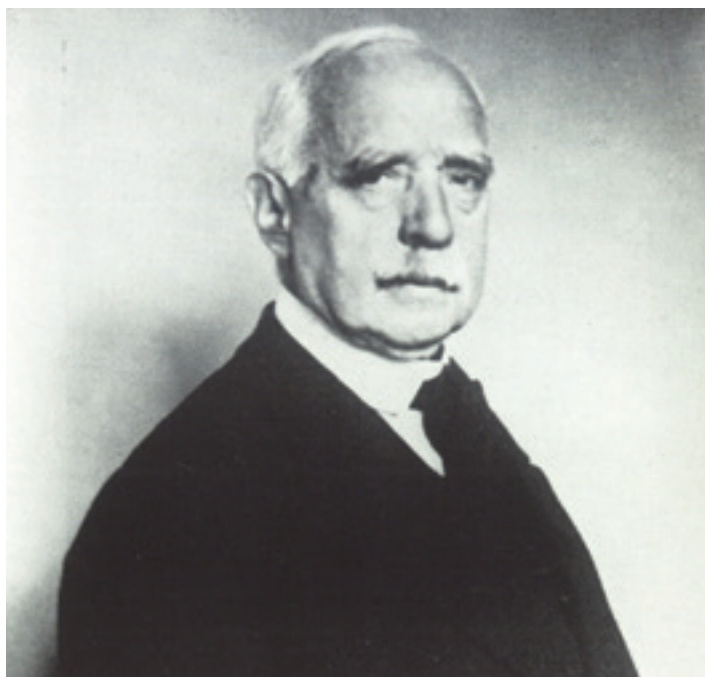
It took some years for the concept of the tuberculosis dispensary to gain general acceptance. Philip relates how he explained the concept to a meeting of the British Medical Association at Carlisle in 1896, 'but the objective of such purposive effort towards the prevention of tuberculosis seemed to be regarded as of little significance' (1934: 1105). Sir William admitted to Dr Philip in a letter as late as the start of 1907 that 'I had not fully realised the importance of your work and, while I looked upon you as the pioneer in preventive measures against consumption, I did not know that your efforts went back 20 years' (Broadbent 1909, 276).

He went on 'I had not given sufficient attention to your dispensary system. With the number and variety of so-called dispensaries in London, I did not see how a tuberculosis dispensary could be introduced and worked, more particularly as there were the Out-Patient Departments of the consumption hospitals. While recognising the great superiority of dispensaries organised on your plan, I am afraid it would be very difficult to obtain either public or municipal support for them. I shall, however, give attention to the question if I regain sufficient strength'. Sir William died in July that year before he could carry out his intention. What is extraordinary about this letter is that Robert Philip had been on the Council of NAPT since its inception and it seems hardly credible that Broadbent could have remained so much in ignorance of his work. Other leading figures in NAPT certainly knew of the work in Edinburgh, the Earl of Rosebery for example had opened the new sun houses at the Victoria Hospital for Consumption in 1903.

Fortunately for Londoners, there were people who were not content to depend on existing non-specific dispensaries. Edith McGaw was an Australian from New South Wales and a seasoned campaigner against tuberculosis. She and a group of concerned doctors and laymen opened the first tuberculosis dispensary in England in 1909, at Paddington in London. Dr Halliday Sutherland was another follower of Sir Robert Philip and he opened a tuberculosis dispensary at St Marylebone. These two and other like-minded people went on to ensure that every London borough had its voluntary tuberculosis dispensary, which were gradually taken over by the health authority.

In brief, the core components of Philip's Edinburgh Co-ordinated Anti-tuberculosis Scheme were the tuberculosis dispensary, the open-air sanatorium for early cases, the hospital for advanced cases and the farm colony and open-air school for recovering patients. By 1912, the Edinburgh Scheme had become so well known that the Government set up a departmental committee to report on whether the general policy should be adopted for the whole country (Astor Reports 1912-13). The committee recommended the adoption of the Edinburgh model throughout the UK (Clayson 1957: 2-3), and Philip was knighted in 1913 in recognition of his great contribution to controlling the scourge of tuberculosis. By 1919 it was possible for NAPT to hold a conference on 'The completion of Tuberculosis Schemes throughout the country'.

Meantime in Edinburgh the local authority began to take over some of the functions of the scheme and later appointed a City TB officer (Williamson 2000: 184). Philip himself went on to open the Southfield Sanatorium Colony on the southern outskirts of Edinburgh in 1921, followed by the Gracemount Farm Scheme which was set up the following year in order to supply the sanatorium with pure milk free of bovine tuberculosis. In Scotland a need was felt for a separate society, additional to NAPT, to deal with tuberculosis issues, and the inaugural meeting of the new Tuberculosis Society of Scotland was held in Edinburgh in the Royal College of Physicians in March 1921. Who else but Sir Robert Philip could be its President, and he served as such for twelve years. The Society met frequently throughout Scotland, sometimes jointly with NAPT, until the late 1950s when, like NAPT, its focus shifted to respiratory medicine and thoracic surgery and it became the Scottish Thoracic Society.



Sir Robert Philip in the 1930s.

Meanwhile, in July 1917, the NAPT Council discussed the notion of starting a farm colony for discharged sailors and soldiers suffering from tuberculosis and set up a sub-committee including Sir Robert Philip, and an appeal for funds was launched. The outcome was the purchase of land for £5,500 close to an existing sanatorium at Frimley in Surrey, and the building of the Burrow Hill Sanatorium Colony began. By January 1923 there were 15 patients in residence, cows were being purchased to ensure pure milk and a market garden was being established.

In later years the colony was used specifically for young male patients between the ages of 14 and 20 years, often the sons of ex-servicemen, who were trained as gardeners or office workers. Even after the sanatorium closed, the Association's Burrow Hill Training Fund gave grants to male patients suffering from chest diseases, the last in 1992 when £10,147 was disbursed to 101 patients. There was an attempt to include girls in the scheme in 1956 but this was refused by the Charity Commission.

6. Lady Aberdeen's caravans

It was essential to take health education out to the people themselves. When the Earl of Aberdeen was appointed Lord Lieutenant of Ireland in 1906, he and his wife were appalled to discover that 16 out of every 100 deaths each year were caused by tuberculosis. Lady Aberdeen lost no time first in founding the Women's National Health Association and then in organising a Tuberculosis Exhibition in Dublin in 1907. The Exhibition was taken on to Belfast, Lisburn and Lurgan, and when it closed Lady Aberdeen had the inspired idea of equipping a horse-drawn caravan to take some of the exhibition materials on tour in the towns and villages of Ireland (Breathnach & Moynihan 2012). It also carried a limelight lantern and glass slides for illustrating lectures, and a gramophone for music and 'wise and pithy lecturettes' (Aberdeen 1909: 121).

The caravan was called 'Eire' and it set off in November 1907 first for a week's trial in Co. Wicklow and then to Counties Tyrone, Fermanagh and Donegal in north-west Ireland, everywhere attracting huge interest and packed audiences for the lectures. A team of four travelled with the caravan: a driver, a custodian (who slept in the caravan), a medical lecturer and a cookery teacher. The following March, 'Eire' was lost in a fire, and a new caravan appropriately called 'Phoenix' took its place and carried on the work of the Crusade against Tuberculosis. In the space of less than two years, the caravan had visited 135 places and the team had given 357 lectures to a total of 105,000 people.

The idea of travelling exhibitions was soon taken up in Britain, where NAPT set up a very successful exhibition at the new Whitechapel Art Gallery in London in 1909, which was then taken on tour throughout London and by caravan into the countryside, as a new Crusade against Consumption. A Scottish supporter, Bertram Smith, presented NAPT with two horse-drawn caravans to help with tuberculosis education in August 1911, which were quickly used to good effect, one in Scotland and the other in England.

Each had 'Crusade against Consumption' and the Association's name blazoned on their sides. NAPT's travelling exhibition had reached Glasgow and the 'Scotch' caravan allowed the campaign to reach the suburbs of the city.

Thereafter it was to tour western Scotland and possibly the Western Isles, with a Miss Williams as lecturer. There was even talk of using a film made in America in 1911, 'The Awakening of John Bond', which was one of six films about tuberculosis made by Thomas Edison, the inventor of the motion picture camera, in collaboration with the National Association for the Study and Prevention of Tuberculosis, the American equivalent of NAPT.



The Scottish horse-drawn caravan in a Glasgow Street.

Meantime the Whitechapel exhibition in its converted caravan was sent south to work in Devonshire and Hampshire. Dr Solomon Jacob was appointed as Travelling Secretary for England in 1913, a man described by Harley Williams as 'a forcible and many-sided individual' from Leeds (1973:39). The horse-drawn caravan was eventually replaced by the petrol driven automobile and the magic lantern by cinematic equipment. A Morris van transported all the exhibition posters, leaflets and equipment, along with the driver and the medical lecturer. One of the lectures given was 'The future of the cured consumptive', which demonstrates the Association's concern from an early date for the patient's rehabilitation.

Harley Williams was himself one of a team of four doctors who accompanied the tours in the 1920s (Williams 1973: 47). A film had been made in Edinburgh in 1911 by Dr Halliday Sutherland called 'The Story of John Mcneil', and this proved an excellent way of educating the public: John Mcneil and his family were seen to thrive on their progress through the Edinburgh Scheme of dispensary, sanatorium and farm colony. Still known as 'caravan tours', these vans could reach the more remote parts of Britain where the treatment and prevention of tuberculosis were little understood. The whole subject of tuberculosis had been repressed for so long that sometimes there were strong reactions to the message of the lectures: 'often members of the audience fainted, and there were angry questions at the end' (Williams 1973: 48).



The Morris touring van took over from the horse-drawn caravan in the 1920s, and Dr J Harley Williams was one of the lecturers.

Decades after the Association ceased to use travelling exhibitions, an exhibition in a converted caravan was very appropriately part of the Association's 90th anniversary celebration in 1989, when it was parked for a time at each of four mainline railway stations in London.



The Chest Heart & Stroke Association (CHSA) exhibition of 1989 at Paddington Station, London.

7. NAPT as film maker

Films were seen to be a very effective way of reaching out to people in town and country, and NAPT made many short educational health films for its own use and for hire or sale. One of the earliest was 'Air and Sun', made in 1921 about open-air schools, and one made four years later, 'The Invisible Enemy', dealt with the prevention of TB. By 1934 Council was considering making a sound film and the following year NAPT became a member of the British Film Institute. At least three films were made that year, including 'Production of tubercle-free milk' and 'A day in an open-air school'. A film called 'Makers of Men' about the Burrow Hill Sanatorium Colony was selected by the Institute as the best British health film and was shown at an international film exhibition in Geneva.

Burrow Hill had also been the subject of a British Pathé News film item in 1923. Two 1937 films were 'Stand up and Breathe' and 'The Conquest of Tuberculosis', and to help with the sale of Christmas seals 'Healing by Sealing' was released in 1939. By now NAPT had shifted its emphasis in propaganda from the early scare tactics to a gentler approach (Bryder 1988: 154). Two films were made around 1950 about the sanatorium at East Fortune in East Lothian: 'This little world' and 'Personal Episode'. The second of these featured a Scottish girl at university who hopes to be a teacher but contracts TB and spends months at East Fortune. The 1950s saw films on BCG vaccination and mass radiography. By the 1980s CHSA was commissioning films on the subject of stroke, such as 'The way back' on the work of the Voluntary Stroke Schemes, and 'In their own time'. A film publicising the work of CHSA generally was called 'A new beginning', and another titled 'Why me – the experience of stroke' won awards at the British Industrial and Scientific Films Association Festival in 1985.

8. The first change of name

The long name of the National Association for the Prevention of Consumption and other forms of Tuberculosis was undeniably cumbersome and the term 'consumption' was perhaps rather old fashioned by the end of the second decade of the twentieth century. In March 1919 Council considered the question of a change in name and decided to shorten it to the National Association for the Prevention of Tuberculosis, and the long process of registration began.

Finally in May 1922 the new name was sanctioned by the Companies Registration Office. By now there were at least four regular committees reporting to Council: Finance, Publications, Farm Colony and Propaganda, and sub-committees were arranged as required. It is noticeable that up until the 1920s all these meetings and committees were run and attended entirely by men. Despite the great achievements of women like Lady Aberdeen and the Hon Margaret Fraser in the field of tuberculosis, it was not until after Sir William Broadbent's death in 1907 that first his wife, Lady Broadbent, and later his daughter, May Broadbent, were invited on to Council as a special measure of respect for Sir William. May Broadbent later became a Vice-President of the Association. A Ladies Council had been proposed in 1900 but quietly came to nothing, while in 1913 a Ladies Hospitality Committee was established as a proper vent for female energies. During the 1920s this attitude changed and the role of women in the Association was fully acknowledged.

The woman who had set up the first tuberculosis dispensary in London, Edith McGaw, was a member of the Exhibition Committee in 1909 and later became very active in NAPT as a fundraiser. The Association had managed to get by financially on subscriptions and bequests, but by 1926 it was recognised that serious fundraising was needed if the work was to go forward. Edith McGaw was asked to organise an appeal committee with the aim of raising £100,000 for a renewed educational campaign against tuberculosis. It was launched in fine fashion with a Lord Mayor's dinner at Mansion House at which HRH The Prince of Wales was the primary speaker, and the appeal committee was chaired by the energetic Marchioness of Titchfield. Its specific objectives were educational work through lectures and caravan tours, the setting up of Care Committees for the welfare of the families of tuberculous patients and grants towards setting up workshops for patients.

The voluntary Care Committee was an extension of the Edinburgh Scheme in that it offered support to the families of tuberculosis patients attending dispensaries, in the form of small weekly grants for milk and groceries and even the occasional holiday. In addition to the opening dinner, a grand ball was held at Lansdowne House in Berkeley Square and finally in 1928 a select luncheon at the Savoy Hotel. Lady Titchfield was credited with putting the Association on a sound financial footing, and she was rewarded by election as Chairman after Sir Robert Philip's resignation in 1938.

9. Christmas seals

Perhaps the most successful idea for raising money in the days before professional fundraisers was the Christmas seal. It started in Denmark in 1903, when Einar Holbøll, a postal clerk, had the inspired notion of adding a charity stamp or seal alongside the regular postage stamp to cards and letters posted in the Christmas season. He intended that the money raised by the seals should be used to help children with tuberculosis, and his plan proved wonderfully popular, with more than 4 million seals sold in the first year.

Sweden and Iceland soon followed suit and the idea was adopted across Europe, America and Canada by 1908. Inexplicably, it was not taken up by NAPT until 1933, when a Seal Sale Executive Committee was appointed to oversee this form of fundraising. Little is known about the design of the seals, but one of those used in the 1930s is shown here, 37mm in diameter, with the red cross of Lorraine within a black band carrying the Association's name in gold letters, and the whole encircled by red and gold leaves. A metal version of the 1930s seal design, 48mm in diameter, has two holes by which it could be fixed perhaps to a wooden box for collecting donations.

Seals sold by the Association and by affiliated societies raised just over £3,600 in 1935 and tripled the following year, thereby becoming the Association's main source of income. During World War II it was impossible to have the seals printed in Britain and the Canadian Tuberculosis Society agreed to provide them. Paying for them was a problem, as money could not be sent abroad, and the ingenious solution was to place the money in a fund for a scholarship to be used to promote the exchange of chest specialists between Canada and Britain. Annual sales of Christmas seals continued into the early 1960s, by which time the income generated was falling and there was discussion about whether the seals should be a joint enterprise with the new British Heart Foundation. This would however send out the message that tuberculosis was no longer important and instead the seals were dropped altogether.



One of the popular Christmas seals of the 1930s.



A small metal plaque perhaps for use on a wooden collecting box.

10. The decades from the 1930s to the 1950s

The Association's first foray into direct funding of research took place in the early 1930s, when F C S Bradbury was commissioned to look into the question of whether poverty and tuberculosis were interlinked by means of a study set in Tyneside in north-east England. His Tyneside Report was widely distributed, even overseas: its findings and recommendations were used, for example, by the Government of New Zealand in its investigation into the high incidence of tuberculosis among the Maori population.

When in 1938 Sir Robert Philip resigned as Chairman on health grounds, finding the long journey from Edinburgh to London too taxing, he told Council that the Association 'has contributed significantly towards the education of public opinion, the stimulation of individual initiative, and the influencing of Parliament and Public Authorities. The outcome has been the development throughout the country of a coordinated plan for the prevention and care of tuberculosis, which is admittedly unsurpassed in any other country.' (Council Minutes SA/NPT/A/1/2/7.) Both he and Lady Philip (formerly Miss McGaw) remained members of Council though they did not attend meetings, and sadly both died in 1939. That year saw the appointment of Dr Harley Williams, NAPT's Medical Commissioner, as Secretary-General, just in time to cope with the Association's activities during the Second World War.

It was feared that wartime conditions would lead to a dramatic increase in the incidence of tuberculosis, and so it proved in much of Europe but in Britain, despite its swollen population at the time, the rise was not as severe as had been feared (Williams 1973: 90–1). There was, however, a severe shortage of beds for tuberculous patients, partly because many sanatoria were emptied of

their patients in order to create beds for wounded soldiers. Lady Titchfield wrote to *The Times* about the problems of tuberculosis patients returning home and infecting their families, and the 1940 Annual General Meeting held a special discussion on tuberculosis care work in war time. Council was taken aback when General de Gaulle adopted the double red cross of Lorraine as the symbol of the Free French Forces but decided ingeniously to write to him 'expressing a sense of community in ideals between the crusade against tuberculosis and those of the Free French Forces'.

NAPT's efforts in tuberculosis education had always included professionals as well as laymen. This became more formal in 1943 when NAPT joined forces with the Tuberculosis Council to create a Joint Committee on Education in Tuberculosis, and three years later this was renamed the Tuberculosis Educational Institute. Its aims were to strengthen knowledge of the disease and its treatment among medical and nursing professionals and public health workers by means of scholarships, refresher courses and the provision of abstracts of current literature (*NAPT Index*). A particular interest was the psychology of tuberculosis, which led to the ward of a Research Fellowship to Dr Eric Wittkower to enable him to carry out interviews with tuberculosis patients and to analyse their emotional response to their disease and its aftermath (Wittkower 1949). The Institute came to an end in 1960 when it was decided that there was no longer any need for its services. Another educational tool was the annual *NAPT Bulletin* recording the work of the Association.

An early example of directly commissioned research was the survey of home industries for the tuberculous in Surrey carried out by Miss M Owen-Davies, as a result of which she was given the post of Rehabilitation Research Worker, reporting to the Association's Rehabilitation Research Committee in the early 1950s. In 1956 Dr Donald D Reid was commissioned to carry out research into the incidence of tuberculosis among laboratory workers.

Just as NAPT had been unwilling in the early days to back pasteurisation of milk, it was again over cautious about recommending the new BCG vaccine in the 1940s. When a leaflet was finally prepared in November 1947 to encourage people to take up the vaccine, its publication was deferred for another three months because members of the Propaganda Committee had doubts about the vaccine. But they were not alone, for it was not until the 1950s that BCG was given a proper trial in Britain and it is doubtful whether endorsement by NAPT would have made it happen sooner. In contrast, the Association was enthusiastic about mass radiography as a means of detecting tuberculosis from its first introduction into Britain and issued a booklet on X-ray diagnosis.

When the newly established National Health Service set up a committee on its mass radiography scheme, members met in the NAPT offices for meetings chaired by Sir Robert Young, then also chairman of NAPT. X-ray screening was voluntary and required considerable publicity to encourage people to attend when one of the fleet of vans was in their locality. This was an area in which NAPT branches and their volunteers could help. In the case of Glasgow, a tuberculosis black spot, special measures were called for: the campaign opened with an evening of fireworks, pipers and torchbearers, and a mobile X-ray unit was stationed in each of the city's 37 wards. Within five weeks 76% of the city's population had been screened (Bynum 2012: 212). Between 1953 and 1957 NAPT published a *Mass Radiography News Letter* to disseminate the results of its campaign.

NAPT also hosted in London the Exchange Control Medical Advisory Committee, which comprised a number of eminent physicians whose task was to assess individual cases of patients travelling abroad for health reasons and who needed foreign currency. It was chaired by Sir Robert Young and Dr Harley Williams acted as Secretary, and it was wound up in 1955, by which time currency regulations had eased and in any case fewer patients were travelling abroad for treatment. Other areas in which NAPT assumed responsibility included in 1954 the Queen Alexandra Sanatorium Fund and allied funds, for which an Honorary Medical Committee was set up to recommend patients to benefit from the Fund, and the Spero Fund for the Welfare of Tuberculous Workers, which was used to send recovering patients and their families on holidays.

From the early days NAPT had been concerned with tuberculosis overseas, particularly in British colonies, and it published the very useful *NAPT Handbook of Tuberculosis Activities in Great Britain and the Commonwealth*. In the 1930s NAPT sent Dr Noel Bardswell to assess the problem in Cyprus, with the result that three dispensaries and a sanatorium were opened, and Professor S L Cummins undertook a survey in Burma. In 1944 NAPT turned its attention to Trinidad and Tobago, where Dr W S Gilmore carried out an assessment of the problem. In addition, the Association held conferences on tuberculosis in the Commonwealth in the 1950s and 1960s and awarded scholarships to doctors, nurses and health workers from around the Commonwealth to enable them to take postgraduate courses of study in Britain. NAPT was making good use of its limited annual revenue, still largely derived from the sale of Christmas seals, subscriptions and legacies (in 1958 there were 4,000 members).

11. A medal for endeavour

NAPT decided to honour the memory of Sir Robert Philip by creating a special medal for people who had made outstanding contributions to the campaign against tuberculosis in the British Commonwealth overseas. The first Sir Robert Philip Medal was awarded in 1955 to P V Benjamin for his extraordinary achievements in the treatment of tuberculosis in India over a long career, and the second, three years later, to Dr Henry Norman Davies in recognition of his 25 years of work with tuberculous patients in Tanganyika. The third, in 1962, went to Dr Vincent Hetreed of Nigeria, presented as usual at the NAPT Commonwealth Conference. In 1965 Council decided that the Asthma Conference at Eastbourne that year would be a suitable occasion for the award to Sister Mary Aquinas of Hong Kong, and four years later the award turned full circle back to India with the work of Dr Wallace Fox. In time the Commonwealth aspect of the award was dropped and it could be awarded for achievements in the field of tuberculosis generally. In 1974 the medal was awarded to Dr J H Harley Williams 'in recognition of over 40 years' service as Director General, The Chest and Heart Association, and for outstanding work in the control of tuberculosis'.

The medal was awarded eight times in all, the last in April 1982 to Prof D A Mitchison for chemotherapy work for tuberculosis. As it was awarded specifically for work in the field of tuberculosis and the Association was changing its priorities away from that disease, the medal thereafter became defunct and no examples of the medal itself have been found. Luckily the first medal was illustrated on the end-papers of a volume of memories of Sir Robert (NAPT 1957): made of gilded silver, it was circular, 57mm in diameter, with the head of Philip within a half-wreath on the face, with the inscription;

Instituted 1955 in memory of

Sir Robert William Philip

1857 – 1939

Professor in the University of Edinburgh

Physician · Scholar · Statesman of Preventive Medicine

Founder of modern Tuberculosis Schemes

On the reverse was an outline cross of Lorraine with the inscription

*National Association for the Prevention of
Tuberculosis in Great Britain*

This medal is awarded

to

Dr Perekath Verghese Benjamin

1955

*in recognition of outstanding work in
the prevention and treatment of tuberculosis*



The two sides of the first Sir Robert Philip medal.

Sir Robert Philip was honoured in other ways too, for the Scottish branch of NAPT placed a large plaque on the exterior of 13 Bank Street in Edinburgh where Philip had set up his first tuberculosis dispensary in 1956.

12. Chest clinics

Once the National Health Service Act came into force in 1948, Tuberculosis Dispensaries became Chest Clinics in a telling demonstration of the way in which priorities were changing. As Sir Robert Young told the NAPT Annual General Meeting in November 1954, the Association had always 'striven to emphasise the human side of the fight against tuberculosis', and this approach would continue with chest and heart diseases. 'In the more recent years, when the great machinery of the National Health Service had been established, it had been increasingly vital to ensure that psychological understanding of the patients' needs was never overlooked' (Young, SA Ms 1: 55).

A remarkable moment for the Scottish branch of NAPT came in 1955, when it received a massive legacy of a million pounds from a Scottish supporter who wished the money to be spent in Scotland. Half was given straightaway to the Royal Victoria Hospital in Edinburgh and the remainder allowed the branch to expand its work into research as well as health education. A Travelling Fellowship was set up, a grant was made to support research into the incidence of tuberculosis among the jute workers of Dundee, scholarships were given to nurses and a Morris Minor Traveller was purchased for country-wide tours, for which a new film was made on the subject of mass radiography. This welcome financial stability also enabled the branch to help in subsidising its sister branch in Northern Ireland in the 1960s.

13. From NAPT to Chest and Heart Association

By the end of the 1950s tuberculosis was thought to be firmly under control and not in need any longer of its own pressure group to ensure progress, whereas diseases of the chest and heart were urgently requiring attention. One of the most vocal members of Council at the time was Enoch Powell and he argued strongly for a change of name, though he and others thought that it was important to retain the word 'prevention' in the new title. Thus in 1958 Council agreed initially to 'The National Association for the Prevention of Chest and Heart Diseases' but later amended the title to 'The Chest and Heart Association', and the latter was formally adopted the following year. A Cardiac Committee was set up, and in 1961 the long-standing Seal Sale Committee for raising funds for anti-tuberculosis measures was wound up, though Dr William Murray warned of the need to continue to emphasise the threat of tuberculosis. *The NAPT Bulletin* became *The Chest and Heart Bulletin*, a Chest Diseases Advisory Committee was set up, and at the start of 1965 a major Chest Appeal was launched by Sir Halford Reddish to raise funds for a programme of chest research. An anti-smoking campaign had already been instigated in the late 1950s and leaflets on the subject were issued throughout the next decade.

The British Heart Foundation (BHF) had been set up in 1961 by the British Cardiac Society with considerable help from the Chest and Heart Association (CHA), including financial contributions for research into heart diseases. By the end of the decade, the legal agreement between BHF and CHA had expired and the Foundation was intent on becoming the primary source of heart research. The Association's Council even deliberated whether it should restrict itself to respiratory illness but decided that there was still a need for work on the rehabilitation of heart patients. In addition, there was growing interest in the field of stroke illness, and the Association had already issued leaflets such as 'Recovery from a Stroke' and 'Nursing the Stroke Patient' and had published a book on stroke as early as 1961 (Clyde 1961). It had also held its first full conference on stroke rehabilitation that same year, following a successful pilot, and Harley Williams reported to Council that 'the beginnings had been made of a national movement to encourage general interest in the difficult subject of 'stroke rehabilitation'. The first grant for research into stroke rehabilitation was awarded the following year, and by the turn of the decade academic conferences on stroke were being held regularly: Scotland organised very successful conferences in Lanarkshire and Dundee in 1969 and in Thurso the following year.

14. Dr Harley Williams

One of the most influential figures in the history of the Association in the twentieth century was Dr J H Harley Williams, who was active in NAPT and later in the Chest and Heart Association from the 1920s until his death in 1974, the longest serving member of staff. A Welshman and a doctor and lawyer, he became Secretary-General in 1939, a title which was renamed Director General in 1958, and he remained in post for some 30 years. As he explains in *Requiem for a Great Killer*, his interest in tuberculosis had been ignited by hearing, on his very first day as an undergraduate at Edinburgh in 1917, Sir Robert Philip's inaugural lecture as Professor of Tuberculosis.



Dr J Harley Williams, Director General of the Chest and Heart Association.

Tuberculosis was a matter of particular concern in the Highlands and Islands of Scotland in the early decades of the twentieth century. It was carried by workers returning home from the cities of the Lowlands, and it thrived in the damp conditions of Highland cottages. In response in the 1930s the Queen's Nursing Institute for Scotland in conjunction with NAPT, the Royal Victoria Hospital Tuberculosis Trust and the British Red Cross appointed a Nurse Commissioner for Tuberculosis in 1934. Nurse Weir started her appointment by accompanying Dr Harley Williams on a fact-finding tour of Shetland, Orkney and Caithness, including a visit to a sanatorium at Lerwick which had opened 10 years previously. Her role was primarily educational and she visited schools, giving talks and showing NAPT films about tuberculosis. Throughout the Highlands she found that children at school who were unable to go home for lunch were given a cup of Horlick's Malted Milk to keep them going through the day.

Harley Williams was a prolific writer, publishing numerous books ranging from fiction to medical biographies, and his medical books covered tuberculosis, chest and heart disease and stroke. He edited for many years a general health magazine published by the Association under the title *Health Horizon*. In 1948 he devised an abstracts service, the *Tuberculosis Index*, to help medical professionals to keep abreast of the latest developments in tuberculosis research and treatment. A panel of some 140 doctors was appointed to read and assess published papers on tuberculosis, and the *Index* proved an invaluable tool until it was discontinued in 1965. He was a strong anti-smoking campaigner, though ironically he was to die of lung cancer himself. The idea of setting up the British Heart Foundation is attributed to Harley Williams (Durrant 1981: 11), and he acted as its first secretary and instigated its quarterly magazine, HEART. According to his obituary in *The Times* on 15 April 1974, Harley Williams 'succeeded as a health educationist by his lively imagination and personality', to which sheer energy should be added.

15. The 1970s decline of the Association

Despite all this activity, it would seem that the Chest and Heart Association was losing momentum by the start of the 1970s. The membership had dropped to around 380, and by 1972 there were only 21 staff, less than half the number of staff serving the Association 10 years previously. When Council met on 16 March that year, Dr Harley Williams presented a Memorandum on 'The structure and functions of the CHA', in which he noted a decline in the scale of activities in recent years, with committees and Commonwealth conferences having been wound up, owing to insufficient financial support and fewer opportunities to take the initiative in influencing government health policies. Williams believed that CHA should continue to fund research and to work in education, particularly concerning the chest and heart, and he declared 'Our task is to make a little go a long way'. What is surprising about his Memorandum is that he failed to mention stroke, and yet as we have seen CHA had already demonstrated its interest in stroke in the 1960s. Harley Williams had himself written the CHA booklet *Coping with Stroke Illness* in 1971, and he was instrumental in encouraging Valerie Eaton Griffith to set up the Volunteer Stroke Scheme in 1973. But in fairness to Dr Williams (1901–1974), he was nearing the end of a long and distinguished career in which tuberculosis and heart disease had been his prime focus, and he was about to publish his book on the history of tuberculosis: *Requiem for a great killer*. Stroke was, for him, the newcomer.

At a meeting of the Executive Committee in October 1973, the Director General, Dr Harley Williams, told members that this was a critical moment for the Chest and Heart Association because he was about to retire and it would be the first change in the Directorate for 30 years. He recommended that his successor should have 'a warm-hearted personality' and the gift of making friends for the Association. The man who fitted the bill was a Scotsman, Sir Ernest Sidey, formerly head of RAF medical services, who served as Director General for the next 10 years. His organisational powers were formidable and he succeeded in transforming the Association's financial position. One of his first tasks was to oversee another change of name for the charity.

16. CHA becomes CHSA

By now it was clear that the title of the organisation ought to reflect its growing involvement in stroke rehabilitation, and the Northern Ireland branch of the Chest and Heart Association led the way first by setting up a sub-committee on stroke in 1973 and early the following year becoming the Northern Ireland Chest, Heart and Stroke Association. In London it was agreed in October 1974 to include the word stroke in the Association's title. This could not be done instantly, however, because the Charity Commissioners rightly pointed out that stroke was not mentioned in the Chest and Heart Association's aims and objectives and that the constitution would need to be revised. A major discussion about governance took place in Council in October, and the new objectives were adopted at the next meeting in April 1975, leading to a formal change of name to The Chest, Heart & Stroke Association the following year. In its notice in *The Times* on 27 May 1976, the newly renamed Association was careful to stress that this was not a major change of direction: 'We have added the word 'stroke' to our title but our aim remains the same as it has been for the last 15 years – to work for the prevention of chest heart and stroke illnesses, and to help those who suffer from them'. In the meantime, a small advisory group of three members of Council was asked to consider future policy on stroke, and their report recommended an increase in funding for the Volunteer Stroke Scheme and the setting up of more stroke clubs, alongside conferences and research funding for medical specialists in stroke. At this point a permanent Stroke Committee was set up 'to organise and direct the work of the Association in the field of stroke illness'.



Patricia Neal, Roald Dahl and Valerie Eaton Griffith

17. Volunteer Stroke Scheme

There were well attended conferences on stroke in 1973 held by the Chest and Heart Association in places as far distant as London and Orkney, and this same year also saw the start of the hugely successful and influential Volunteer Stroke Scheme. This arose out of the pioneering work of Valerie Eaton Griffith, who had recognised the need for research into speech problems in stroke. Her involvement with people who had had a stroke began in 1965 when the writer Roald Dahl invited her to meet his wife, the actress Patricia Neal, who had recently suffered a stroke. Patricia Neal wrote in her autobiography: 'I did not know that complete recovery was within my grasp until the day Valerie Eaton Griffith walked into my home and took my hand. (1988: 339). They were neighbours in Great Missenden in Buckinghamshire, and soon the two women were having four or five sessions together each week. This was truly the start of Life after Stroke: 'little did they realise as they stumbled through those gruelling and sometimes hilarious daily sessions that they were developing, by trial and error, a model of amateur rehabilitation that would be used in the future by thousands of stroke sufferers throughout the country' (Mo Wilkinson in her tribute to Patricia Neal, see Appendix 1).

With no experience or training in stroke, Griffith worked by observation and experiment, devising games to encourage the return of words, memory, concentration and self-confidence. And it worked. The key was to tailor the programme to the individual's interests: 'People who have had a stroke are just as different as people who have not had a stroke' (Griffith 1989:69–70). Griffith wrote a book about her work with Patricia Neal and others, *A Stroke in the Family* (1970), which was widely read and used as a handbook for many years, not only by the VSS but also by Speech and Language Therapists. It also brought her to the notice of the Chest and Heart Association. She was invited by Dr

Harley Williams to talk about her work with stroke patients at the Association's conference on heart illness in March 1970 and again three years later at a conference specifically on *How to help the 'Stroke' patient*, when she outlined her ideas for a stroke service and Roald Dahl described his experience with his wife's illness.

Valerie's vision was to help people to overcome speech and communication problems after stroke by offering regular home visits by untrained volunteers, aimed at stimulating the patient through mutual interests, and a weekly local club with outings and social events. In this way volunteers could help to enhance the work of professional speech therapists, who were able to spend only a limited time with each patient. By this time, Valerie's programme was being adopted in America but not, as yet, in any formal way in Britain. A meeting was arranged at the Connaught Hotel in London at which, Valerie, Roald and Patricia could talk to Sir John Richardson, President of the General Medical Council and himself a former stroke patient, in the hope, ultimately, of interesting the Department of Health and Social Security. The DHSS was unable to help, but Harley Williams offered sponsorship by the Chest and Heart Association for two pilot schemes, one to be located in a town and the other in a rural area. They settled on Oxford and the Chilterns as the locations, both in reach of Valerie's home in Great Missenden. A small salary and expenses for the two organisers was to be provided, and expenses and an honorarium for Valerie herself, funded by the Clarkson Foundation (Griffith 1989: 75–6).

For the first time patients could be offered an individual service to suit their needs at a remarkably low cost. The two pilots set up in 1973 were very successful and the results reported in the *British Medical Journal* (Griffith 1975).

Pat Oetliker was the organiser for the Chilterns scheme and Judith Rose and Prue Oswin became joint organisers for Oxford. Patients were referred by speech therapists, doctors and social workers, and some 200 volunteers worked in the two areas on home visits and clubs. The patient's GP was asked to assess the success or otherwise of the programme and all felt that there was a definite improvement to which the volunteers' work had contributed.

This was the start of the Volunteer Stroke Scheme under the umbrella of the Chest and Heart Association. Later, when the Association had added 'stroke' to its title, Valerie was to write 'I am proud that the work of the VSS led to the charity's plunge into the wide field of stroke' (Griffith 1989: 139). The Association was so impressed with the success of the two pilots that at the close of 1975 Council resolved to increase funding and expand it. The next scheme to be set up was in the Scottish Highlands, with the help of the Association's director for Scotland, Morag Younie. Valerie and Morag selected a location in Inverness for the South Highlands Health District, with Rona Taylor as organiser for the huge area covered. Every individual scheme was based within a health district or its equivalent, and the Association funded the first two years, after which the district took over the funding, though running it was still the responsibility of the Association.

The involvement of speech therapists was of course desirable but some were initially reluctant. More schemes followed, and the total number rose to seven in 1977, 14 the next year and by 1980 there were 35 individual schemes in operation by more than 1500 volunteers, as well as many more stroke clubs (not all of which were affiliated to CHSA). It was clear that the VSS provided the ideal guidance and 'an efficient framework within which volunteers are free to use their initiative' (Griffith & Miller 1980: 1607).

Each scheme was headed by a supervisor, who was usually recruited by means of an advertisement in local papers, and those who applied would be told: 'The job is short on cash and long on time. We want a bubbly, warm, caring, imaginative, courageous, energetic, open human being.'

The first task for the supervisor was to alert the medical professionals in the area that a Volunteer Stroke Scheme was underway, and the second to gather a team of suitable volunteers. The average scheme would have some 50 volunteers and 34 patients. There was a handbook written by Valerie as a practical guide for those setting up and running schemes, as well as her essential book *A stroke in the family* (1970), and her articles in the *British Medical Journal* were available as offprints from the Association. In addition, the Association published in 1976 a booklet, *Stroke – a handbook for the patient's family*, which was in constant demand.

An important addition to the VSS team was Elizabeth Pepys, who became Valerie's trusted assistant in 1978, just in time for a flurry of schemes to be opened in Northern England. Here the moving force was Maureen (Mo) Wilkinson, who was appointed in 1978 as Organiser of the proposed Tameside scheme which opened the following year to the east of Greater Manchester. 'It was not an area blessed with wealth and plenty and we knew at the time that it would take an exceptional person to create a scheme here', Valerie wrote, 'Mo succeeded beyond our dreams, but it was hard going....Mo shouldered what might have shattered a lesser person' (1989: 150).



Staff and volunteers of the Volunteer Stroke Service: from left to right, Elizabeth Pepys, Prue Oswin, Mo Wilkinson, Val Eaton Griffith, Pat Dickie, Vera Stanfield and Morag Younie.

All through the 1970s Valerie Eaton Griffith worked independently, but in 1981 she officially became a member of staff of the Chest and Heart Association as Volunteer Stroke Scheme Organiser. It was at this time that Valerie asked Mo Wilkinson to take on the role of Regional Manager for the North, the first step in regional management, and that decade saw massive development of new services across northern England.



Sir David Atkinson and Valerie Eaton Griffith

Valerie was often invited to speak in public both in Britain and in the United States and Canada, and the notes that survive from some of these talks give a fine flavour of an inspiring speaker. She stressed the role of volunteers in 'widening the horizons of stroke patients' through mental stimulation in the home doing ordinary tasks and on outings to experience the outside world. And she always included the needs of the families and carers of stroke patients. 'Don't over protect' patient or family was a heart-felt plea. Among the outstanding women who have played a formative role in the history of the Stroke Association, Valerie Eaton Griffith's unflagging work on the rehabilitation of stroke patients over two decades laid the foundations for later stroke services, and she was awarded an MBE in June 1977 'for services to the rehabilitation of those disabled following a stroke'. To read her book about the Volunteer Stroke Scheme, *'So they tell me': an encounter with stroke*, is almost to meet its author, for it is written just as she speaks, full of humorous insights and tangible determination. Mo Wilkinson describes her as 'big on empathy, short on sympathy', a ratio that was clearly very effective.

In 1983 a Voluntary Stroke Scheme had been started up in Dublin, and by 1992 there were no fewer than 86 schemes in England and Wales and 23 in Scotland, a truly remarkable achievement. Three films were made illustrating the work of the Voluntary Stroke Scheme: 'Why Me', 'The Way Back' and 'In their own time', and these were useful tools at conferences and other gatherings.

A very influential film made in 1981 for fundraising purposes was shown on ITV: *The Patricia Neal Story*, with Glenda Jackson playing the role of Patricia Neal and Dirk Bogarde that of Roald Dahl. When Valerie Eaton Griffith retired in 1983, Prue Oswin took over as Organiser for the Voluntary Stroke Schemes, but Valerie remained the inspiration for the entire team. Both Patricia Neal and Valerie Eaton Griffith were made Honorary Vice Presidents of the Association.

18. A question of strategy

In March 1985 the Director General, Sir David Atkinson, presented a statement to Council on the future strategy of the Association, and it was agreed both to mount a major appeal for stroke and to set up a working party to refine the research objective in stroke work. The outcome was the 1986 National Stroke Campaign, vigorously chaired by Sir Eric Cheadle, whose background was as managing director of the International Thomson Organisation and who had a remarkable record in fundraising for charity work. Under the slogan 'Stroke Strikes Without Warning', the aim of the Campaign was to raise £2million for research, volunteer communication services and the stroke club support network. Patricia Neal was at the forefront of the campaign, and Mo Wilkinson recalls that Patricia 'gave a very moving speech that will be etched on the memory of all who heard her. It was one of the most effective campaigns ever launched for stroke, which brought awareness and enlightenment about stroke prevention and treatment to the public's attention for the first time' (Appendix 1).

One of the Trustees at the time was C Alan Wood, who had been on Council from the 1970s. Before retirement he had worked for Guinness, and he and Sir David now had meetings with Guinness about funding research fellowships in stroke, the first of which was awarded the following year. Wood's background in advertising made him a natural fundraiser, and he worked very successfully for the Arts as well as for Chest, Heart & Stroke.

Chest and heart diseases were not forgotten during this focus on stroke, even if some leading medical men thought their specialist areas underfunded. In his autobiography, Sir John Crofton wrote a long section on anti-smoking measures under the title 'War on the Weed', his second great campaign after 'Battle with the Bug' on tuberculosis. He produced a paper in 1989 for the Association's research committee, in which he was critical of what he felt was CHSA's low level of commitment to the anti-smoking campaign, but he failed to carry the committee with him. They believed that sufficient funds were being devoted to chest research, and certainly the budget was rising yearly, from £80,000 in 1981 to £500,000 in 1991.

The Burrow Hill Training Fund was still providing welfare grants to male patients with chest diseases (£3,508 shared between 84 patients in 1981 to £6340 between 68 patients in 1991). In the arena of heart disease, the Director General urged in 1988 the need for the Association to take on cardiac rehabilitation, with the result that an agreement was reached with the British Heart Foundation each to put £125,000 each into a fund for that purpose.

Nor was pulmonary tuberculosis forgotten, for in 1982 a grant had been given to the Anti-Tuberculosis Association of Zaire to buy anti-TB drugs, and in 1985 the Association had grant-aided the International Respiratory Disease Research Unit set up by the International Union against Tuberculosis.

19. CHSA becomes The Stroke Association

The British Heart Foundation had been set up in 1961 and the British Lung Foundation in 1984, while the Asthma Research Council had been going strong since 1927 (and would become Asthma UK in 2004). Yet there was no charity working solely in the field of stroke. Gradually it was acknowledged within CHSA that the emphasis of the organisation's efforts should perhaps be on stroke, leaving heart and chest matters mostly to these sister bodies. During discussions in Council in July 1987 about a possible change of name, Sir Eric Cheadle, chairman of the National Stroke Campaign, observed that the current name was 'a terrible handicap to fundraising' for stroke, whereas C Alan Wood was not in favour because he recognised that a change of name would radically alter the aims of the Association. When a vote was taken, there were nine in favour, two against and one abstention, rather small numbers for such a major change. An Extraordinary General Meeting was called, at which Wood reiterated 'his desire that the name of the Association remain unchanged. It was, he felt, a waste of money to make this change especially when the Association has adequate funds to achieve its aims at present and meet the requests of the specialist committees. He felt it was pointless to use this change of name to raise more money unless it was the Association's intention to modify its aims to embrace stroke only'.

Clearly at this point most supporters of a change in name saw it as a means of increasing revenue rather than as a way of concentrating the Association's efforts on stroke. Whatever their reasons, at that meeting, members resolved to change the name of the Chest, Heart & Stroke Association to 'The Stroke Association (incorporating the Chest, Heart and Stroke Association)', but legal niceties obliged this resolution to be set aside at the next Annual

General Meeting in November. Instead, as a preliminary measure, a subsidiary company called 'The Stroke Association Ltd' was set up, which in turn changed its name to 'The Stroke Association' in March 1989.

In a paper to Council in August that year, Sir David Atkinson made the point that when he arrived as Director General in 1985, the Association 'had a remarkably low profile for a charity of our standing and age', and he advocated strongly that there should be both decentralisation in the organisation and a concentration on gaps in the charity market. The Council meeting held on 16 October 1990 considered papers submitted by the Director General and Dr Pollock on the future of CHSA, together with a minor but influential item of information that the Charities Commission had received an application from elsewhere to form a British Stroke Foundation. Without delay, a small working group consisting of C Alan Wood (chairman), Sir Eric Cheadle and Geoffrey Rodgers set to work 'to consider the concentration of the Association's objectives on Stroke and to develop the steps necessary to achieve that intention'. With hindsight it is interesting to note that the working party considered two names, British Stroke Foundation and The Stroke Association. But because by then it was clear that the new stroke charity would not be UK wide, it was felt that British Stroke Foundation would not be appropriate (nonetheless the name was registered as a subsidiary company in August the following year, in case it should ever be needed).

Wood wrote individually to every Trustee and consulted the Association's senior managers, and while Trustees were divided their staff believed firmly that concentration on stroke would mean 'our policies will become increasingly concise and clear cut, our aims will be better understood within and outside the Association and that in our single mindedness we shall find the fuel for expansion' (SA Ms 7/2, Executive Committee Minutes July 1991).

The working party came to the conclusion that the Association should concentrate its efforts on stroke, a field in which it was already pre-eminent, and this would simplify the aims of the Association and make it more readily understood by the public. As the Director General admitted, the Association had 'a remarkably low profile for a charity of our standing and age', and building on its achievements in the field of stroke would identify it in the popular mind. After all, there existed other charities working in the areas of chest and heart diseases and sometimes interests and appeals had overlapped.

An interim report to Council in spring 1991 prompted concerns about the outlook for chest research if CHSA withdrew abruptly from funding and about the possibility that a stroke only association might encounter difficulty in generating as much income as CHSA. Professor Walter W Holland, another long-standing member of Council, thought that concentrating on stroke would change the focus of the Association 'to one more involved with caring, support and welfare than one of prevention, treatment and cure'. Holland was a specialist in chest diseases and his misgivings about funding for this aspect of the Association's work were shared by his colleagues Sir John Crofton and Dr Norman Horne. The British Heart Foundation was willing to take over CHSA heart activities and their joint funding of cardiac rehabilitation would continue.

The Asthma Research Campaign was felt to have sufficient funds, but the British Lung Foundation was in a less fortunate position and would miss CHSA's financial contribution. The answer was agreed to be a gradual withdrawal from funding chest and heart research. Once the working group had presented its final report to Council in June 1991 and the practical implications had been considered, the way was clear, and the Association's dormant subsidiary was finally activated on 1 January 1992. The Chest, Heart and Stroke Association had become The Stroke Association.

'The new and only charity fighting Stroke, the nation's third biggest killer disease'
(*announcement in The Times December 1991*).

The logo for the new Association was designed to make people aware of the difference between heart attack and stroke by using an image of the brain.



20. Chest, Heart & Stroke Scotland

All along, the Scotland branch had had doubts about following the same path. At the July 1987 meeting of Council, Dr Horne was unambiguous in his opposition to a change of name for the Association: 'Scotland is unanimous in wanting to retain the name 'The Chest, Heart and Stroke Association'. Historically, the situation in Scotland is somewhat different from England and Wales, in Scotland the CHSA was seemingly a better known charity than could be said for England and Wales and, therefore, Scotland feels well enough known throughout the country for there not to be any specific reason to change the name. The Scottish Branch does not share the optimism that the work in chest and heart would be continued. Scotland has raised a lot of money in proportion to the rest of the UK and feels they may well lose out by making a change of name at this time.'

Funds raised north of the Border had been kept separate from those raised in England and Wales since 1955 when the Scottish branch received the major legacy mentioned already, and this position was cemented in 1988 when Scotland created its own trading company under the name 'CHSA Trading Ltd'. That year income in Scotland reached over half a million pounds. A 'Friends of CHSA' organisation was set up and the first shop was opened: a coffee shop cum craft shop in Edinburgh.

Even before the Association in England and Wales became the Stroke Association, its Scottish branch had the confidence to become autonomous (from 1 January 1991), retaining the old title of Chest, Heart & Stroke Scotland and continuing its efforts for chest and heart alongside those for stroke. Horne was at pains to emphasise that this was the result of Scotland's growing success rather than disagreement with the parent body over policy. By then there were three regional centres in Scotland at Edinburgh, Glasgow and Inverness, and the overall Director was Mrs Morag Younie, who had a tireless ability to raise large sums of money for welfare, education and research.

To understand why Scotland chose to take a different route we need to go back to the 1940s. In most of western Europe the epidemic of tuberculosis engendered by wartime deprivation was swiftly reversed in the post-war period, with two exceptions: Portugal and Scotland. For some reason which is not fully understood, the incidence of tuberculosis continued to rise in Scotland – the sanatorium at East Fortune, for example, had to double the number of beds for patients.

Medical research in Scotland continued to concentrate efforts on finding a cure for tuberculosis, and in the mid-1950s Sir John Crofton's team in Edinburgh demonstrated that medication with three newly available drugs simultaneously provided that cure. The 'triple therapy' of streptomycin, para-amino salicylic acid and isoniazid taken together over several months cured patients with pulmonary tuberculosis, and the epidemic was finally under control.

Crofton's colleagues in this endeavour included Dr James Williamson and Dr Norman Horne, while Dr William Murray was in charge of the East Fortune sanatorium, and these four men were still highly influential in the Council of the Chest, Heart & Stroke Association Scotland in the 1980s. Murray had been Chairman of Council, Horne was the current Chairman, and Crofton chaired the Research Committee. With the successful treatment of tuberculosis underway, Dr Williamson had turned his attention to geriatric medicine, one of the first doctors in Britain to do so, and by 1976 he had become the first Professor of Geriatric Medicine at the University of Edinburgh. He was also on the Scottish branch Council. These four doctors ensured that research into chest and heart diseases remained paramount in Chest, Heart & Stroke Scotland, alongside research into stroke, and it seems likely that their influence accounts for Scotland's decision to become autonomous and not to follow London in concentrating efforts solely on stroke. The link with London was not entirely broken, however, for Dr Williamson represented CHSS on the Council of the Stroke Association until 1997, though rarely in person.

Sir John Crofton had been on the Council for the Scotland branch for some 40 years, latterly chairing its Research Committee. In his autobiography, he relates how he stayed on the Council until 2001, 'mainly to ensure that TB was not neglected'. In view of the resurgence of tuberculosis world-wide, CHSS chose to focus its centenary symposium in September 1999 on 'Tuberculosis control in the Twenty First century', with papers on the situation in China, India, Russia, UK, USA and Zambia (CHSS 2000). The keynote speaker was Chris Holme, whose work on the history and current upsurge of tuberculosis had shaken perceptions of the disease in modern times (1997). The conference subject was both timely and historically appropriate, and indeed a paper on tuberculosis in prisons takes us right back to NAPT's early interest in precisely that subject.

21. Tuberculosis today

The fears that were occasionally voiced in the Chest, Heart & Stroke Association about the continuing threat of tuberculosis were to prove appallingly correct, but the prevailing assumption at the time was that the disease had been beaten. It could and should have been beaten, but Western complacency led to the disastrous situation that faces the world today. Success depended upon continuing vigilance and that was lacking. Not only was tuberculosis not eradicated in the third world, but in the mid-1980s there was a new threat of tuberculosis joining forces with HIV/AIDS, combined with the 'spectre of drug resistance' (Bynum 2012: 244). In April 1993 the World Health Organisation declared the upsurge in tuberculosis a global emergency and new anti-tuberculosis charities sprang up again, such as TB Alert established in Britain in 1998. The spectre of drug resistant strains of tuberculosis has become a reality, and in the worst affected areas of the globe such as Swaziland there is now both multi-drug resistant (MDR) and extreme drug resistant (XDR) tuberculosis. The future lies in developing new drugs and enduring vigilance in their medical application to tuberculosis sufferers everywhere.

22. Northern Ireland Chest, Heart & Stroke

As we have seen, Ireland was in the vanguard with its crusade against tuberculosis and a branch of NAPT had been founded in Dublin as early as 1899. But, after the partition of the country in 1922, two decades were to pass before a separate branch of NAPT was established in Northern Ireland in June 1946 by a group of lay people concerned about the continuing effects of tuberculosis in their area. They were successful in raising funds for research, education and welfare, initially concentrating on tuberculosis patients but by the 1950s including other serious chest diseases and heart disease. It seems that the branch felt isolated from the parent organisation in London, which is hardly surprising given that it reported not to Council like the Scottish branch but to the Commonwealth and Overseas Committee.

In 1956 the secretary wrote to NAPT in London drawing attention to 'the apparent lack of co-operation between the Council and the Branch'. Two years later, Council heard that offers of assistance and invitations to visit headquarters had met with no response from the Belfast office. It was perhaps predictable that in 1960, when the branch decided to follow the same path as its parent organisation and became the Northern Ireland Chest and Heart Association, it did so as an autonomous body. Work for and with stroke patients was underway in the early 1970s, and a Stroke Committee was formed as early as 1973, the first such formal recognition of the need for work in the special area of stroke. Nonetheless, when the Council in London made the momentous decision to concentrate entirely on stroke, Northern Ireland made it quite clear that they did not intend to follow suit. Unlike England, there were no other suitable charities to continue essential work for chest and heart disease. Contact with the parent body was not lost, however, because the chairman, Dr R Lowry, continued to attend Council meetings.



