A Profession and Its Roots
–The Lady Almoners

by Angela Simmons

Out-Patients’ Department, St Thomas’s Hospital,
early in the twentieth century
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This book is dedicated to all “lady almoners”, past and present, but especially to Marjorie Noble, principal medical social worker at St George’s Hospital, London, from 1957 to 1973. Also to my Aunt, Jean Broatch, assistant matron at the City Hospital, Edinburgh, in the 1940s

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represented a new way of thinking about women, which was at the same time being articulated in publications and novels of the time. The phrase, "new women", which had been coined in 1894 by the novelist and feminist, Sarah Grand, was one that could be applied to them.

In their attempts to establish themselves, the lady almoners displayed toughness as well as tact and they took serious risks. This was, after all, a time when a woman's primary role had hitherto been centred on the home or in a place of work where she was subservient to male colleagues. Women's massive contribution to philanthropy and charity in the nineteenth century had been mainly unpaid, in most cases representing an extension of the feminine qualities practiced in the home and outside community. In laying down foundations for professional hospital social work, these lady almoners were challenging traditional norms about a woman's role, while at the same time turning their faces firmly towards the twentieth century.

Almoners had been employed since the fourteenth century, initially to distribute alms at the gates of monasteries and royal palaces. Later, they were to receive all applicants for hospital treatment and to make decisions whether to accept or reject them. As early as 1557, the board of governors at St Thomas's Hospital in London had been referred to as almoners. They were responsible for the finances of the hospital, the selection of patients and the appointment of officers. When these new women took up their posts at the end of the 1890s, they were referred to as lady almoners to differentiate them from their ancient predecessors. In those days, doctors, clerks and secretaries were also called "lady" to distinguish them from their male counterparts, and the evidence suggests only one man was employed as an almoner before 1915 – at the Metropolitan Hospital in London.

From 1869, the Charity Organisation Society (or C.O.S.) was the leading organisation in the administration of charity, and Charles Loch, as its secretary from 1875 to 1917, emerged as the person primarily responsible for establishing almoners in paid posts in some of London's voluntary hospitals in the 1890s. These hospitals had in fact been operating since the eighteenth century to provide free medical care for London's poor. Doctors gave their services free of charge, and the hospitals themselves were financed entirely by voluntary contributions.

However, by the late 1880s, the view was gaining ground, particularly in the C.O.S. and the British Medical Association, that many voluntary hospitals, and notably their outpatients' departments, were being abused by patients who could be treated elsewhere. Loch's reaction was to begin lobbying Parliamentary committees, writing articles in the press, arguing for the appointment of almoners to help remedy the confusion.

The task laid down for the new almoners was clear: to sort out the abuse and overcrowding in the outpatients' departments of London's voluntary hospitals. They were to prevent the misallocation of resources, and protect the hospitals from those who could afford to pay. They were to refer those who were eligible for Poor Relief to the Poor Law authorities. They were also to encourage patients to join provident dispensaries – societies which had been set up to help people to save in times of employment to pay for medical care when they were sick. (2, Frederick White). By 1911, there were eleven hospitals in London employing almoners and several provincial hospitals had followed their example.

The intention of this book is to demonstrate how philanthropy was in fact transformed into professional social work, and how "lady charity workers" became "lady almoners". This process, which gained momentum throughout the nineteenth century, will be the book's main theme. Social work, as practiced in the Victorian era and earlier, by some of the lady almoners' predecessors – Thomas Chalmers, Ellan Ranyard, Octavia Hill, Catherine Booth and Charles Loch – will be discussed in some detail to illustrate the circumstances in which this change took place. It will examine how the prevailing Victorian precepts of self-help, as advocated by Samuel Smiles, responsibility for oneself and family, hard work, thrift and so on, came to be inherited by the lady almoners and came to be adapted by them to meet the new demands of the twentieth century.

The contents of the chapters will be as follows:-

1. Philanthropy 1800-69: The General Picture
   The religious, economic and social background as well as the prevailing ideologies of early and mid-nineteenth century Britain, which facilitated the phenomenal growth of the charity "movement". The part played by home visiting societies, the role of women, and the need by the end of the 1860s for co-ordination and consistency in the organisation of this charity.

2. The Early Social Workers: Thomas Chalmers (1770-1847) and Ellen Ranyard (1810-79)
   The work of the Rev. Chalmers and his deacons in a poor area of Glasgow in the 1820s, his views on poverty and pauperism and how he dealt with them.
   The work of Ellen Ranyard and her Bible Women, the first paid social workers. These were working class women employed by Ranyard in poor districts of London (mainly where they themselves lived), selling Bibles and teaching home management and childcare skills.

   Hill's background in housing management and C.O.S. activities, her ideas about helping the poor through a relationship, her abhorrence of indiscriminate alms-giving, and her emphasis on the training of volunteers and social workers.

   The ideology and the work of the C.O.S.; the views of its critics; and Loch's struggles to have almoners introduced into London's hospitals.
5. Catherine Booth (1829-1900): Saving Souls and Helping the Poor
   Booth, with her husband William, founded the Salvation Army in 1878,
   influencing many of the precepts on which it started, argued for the equality of
   women within it and encouraged social work in the poorer parts of London. She
   provided a different model of social work from that espoused by the C.O.S. and
   the first almoners, with the saving of souls as her primary motivation rather than
   self-responsibility and independence from charity.

6. Single Women in Search of a Role
   The distinct class of "new women" emerging at the end of the nineteenth-
   century – usually single, middle-class, educated and living apart from their
   families.
   They were written about in the press, and in novels, and it was from them that
   the almoners came.

7. The Use and Abuse of London's Voluntary Hospitals
   A brief history of these hospitals, with a look at the increasing overcrowding
   of their outpatients' departments, something which these almoners were expect-
   ed to "sort out". Discussion of the Royal Commission on the Poor Laws and
   Relief of Distress (1905-1909), and the National Insurance Act of 1911 will be
   included to demonstrate how they affected the almoners' work.

8. The Lady Almoners – A New Profession for Women
   The work of the first almoners, focussing on the period 1895-1915, their stead-
   ily increasing independence from the C.O.S., and their occasionally adversarial
   relationship with the medical profession. The American influence, in the shape of
   Dr Richard Cabot, an independent thinking doctor from Massachusetts.

9. A Summing-Up
   A bringing together of the different trends in philanthropy, and social work
   practice, which preceded and gave strength to the new almoners, transforming
   charity work into professional social work.

10. Afterword
    A lecture given in 1925 by Anne Cummins, principal social worker at St
    Thomas's from 1905-27, describing her work as an almoner and as a trail-blazer
    for the profession.

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   August 1874
2. Frederick White, Hospital Almoners, an article published in Woman's Work, 1911

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A Profession and Its Roots

The Lady Almoners
One

PHILANTHROPY 1800 to 1869 —
THE GENERAL PICTURE

"Philanthropy flourished in the intellectual climate of an age in which the tenets of individualism were reinforced by the vitality of Evangelical Religion"

Alan Kidd, 1999 (1.)

Professional social work as practised in the twentieth and twenty-first century arose directly as well as indirectly out of philanthropic developments in nineteenth century Britain. There has always been charitable giving but it was only formalised when the Elizabethan Poor Laws made parishes responsible for relief in 1601. This legislation enshrined the twin objectives of assisting the old, the sick and the infirm while setting the able-bodied to work. The Poor Law was an important institution during the seventeenth and eighteenth centuries, providing relief, enforcing discipline and as an expression of communal responsibility. It was assumed both by the authorities and the poor themselves that the poor were entitled to relief if they required it.

With the coming of the industrial revolution, population growth and increased urbanisation in the late eighteenth and early nineteenth centuries a change of thinking began to take shape in relation to the poor and how to treat them. It underwent "a transformation which was part of a social and cultural revolution." (1. Kidd, Page 65). Increased industrialisation, economic uncertainties, high unemployment among the rural population leading to the migration of many of the rural poor into the towns and cities, all had an impact on a social security system that had been designed for an age of paternalism, when the majority of people had lived in the country.

Another result of increased urbanisation was that the infrastructures, especially in the cities, were not able to cope with the burdens which were being placed upon them. Overcrowding, deplorable housing conditions in poorer areas, lack of an adequate sanitation system and clean water supplies, were causes of widespread ill health. Cholera, typhus and other infectious diseases were rife. Lack of efficient methods of birth control and the moralistic attitude to contraception were
some of the reasons that families were large – eight or ten children was not uncommon – even though at the same time child mortality was high. Life expectancy for the average adult was low, and in his report to the Public Health Board in the 1840s, Edwin Chadwick, who was a leading health reformer, stated that the average life expectancy in Bethnal Green was 16 years.

Trade cycles, slumps, and the seasonal and unpredictable nature of some employment, especially in London, meant that work was not always obtainable and that wages were often deliberately kept low. The price of bread would remain high until the Corn Laws were repealed in 1846. The result of all these underlying economic conditions was that poverty increased both quantitatively and qualitatively, and the mechanisms of the old poor laws were no longer equipped to deal with their changed responsibilities. The costs of the rates of poor relief rose from a total of £5.3 millions in 1802-3 to £8.6 millions in 1831-2.

Up to 1834, the Poor Law authorities in rural parishes responded to the problem of under-employment with an expansion of outdoor relief and allowances in-aid of wages to subsidise the weekly income of labourers' families, both employed and unemployed. However, this system, reflecting the traditions of reciprocity and deference of an earlier age offended the moral and economic preoccupations of a new generation concerned with individualism and classical political economy. Under the influence of new ideas, many contemporaries came to regard the English Poor Law as far too generous. They saw the provision of out-door relief through allowances in aid of wages as destructive to the morals of the poor classes and the welfare of all (2. Poor Law Report, 1834).

Political economists such as Adam Smith and Thomas Malthus had advocated a laissez-faire approach to economics and commerce, which was also reflected in the thinking on social issues. It was argued that state intervention in both economic and social matters should be kept to a minimum. "The Poor Law... diminishes the power and the will to save amongst common people... and this weakens one of the strongest incentives to sobriety and industry and consequently to happiness" (3. T.R. Malthus, page 101).

Critics of the old Poor Laws blamed the rising poor rates, increasing unemployment, higher food prices, improvident marriages and rising birth rates on the administration of relief, especially outdoor relief. They saw pauperisation not as a result of underlying economic conditions and economic policy or lack of it, but as the generous interpretation of the Poor Laws and defects in the character of the individuals who were applying.

The report on the Poor Law (1834) reflected contemporary thinking. The new Poor Law Act of that year, enacting the recommendations of that report, practically abolished out-door relief to the able-bodied as it was thought to encourage idleness and to be destructive to the morals of the working classes. The principle of deterrence was to become paramount and workhouse regimes were to be made

so harsh they were to be avoided at all costs. One of the main tenets of the new legislation was that poor relief was to apply to the "indigent" and not to the merely poor, that is, those who were forced to labour for subsistence. Benefits, which had hitherto been paid to those in work, had to cease. Scant attention was paid to other categories such as the sick, the elderly or children. Relief to the unemployed was to operate under strict regulations with strict conditions imposed on the receipt of relief. One of the consequences of this Act was that the poor avoided applying for official relief and turned to other sources, such as charitable assistance. After 1834, and even before, in terms of numbers affected, the Poor Law authorities provided less help and relief than voluntary charity.

Although there was a growing prosperity among the middle and the manufacturing classes in the first half of the nineteenth century, the men and women of the poorer classes did not share in this prosperity either politically or economically. The franchise was extended in 1832 to all male rate payers who owned or rented shops or houses of the clear yearly value of not less than ten pounds. In most of England, however, the £10 qualification had the effect of excluding working class householders from the electorate. In 1866, the London electorate was 179,607 out of a male adult (over 21) population of about 800,000.

The extent of poverty as opposed to pauperism (those receiving relief under the Poor Laws) was not quantified until the surveys of Charles Booth and Benjamin Seebohm Rowntree in London and York respectively at the end of the nineteenth century. Both of these surveys identified around 30 per cent of the population as living in poverty.

However, although not always enumerated, the conditions of the poor, especially in the big cities such as London, Manchester and Liverpool, were chronicled by artists such as Gustave Dore, by novelists such as Charles Dickens and Elizabeth Gaskell, and commentators and journalists such as Friedrich Engels and Henry Mayhew. Gaskell’s industrial novels – Mary Barton and North and South – described the social distress of the cotton workers in Manchester and the industrial unrest which resulted. Dickens revealed in many of his novels the extreme poverty of sections of the working class and the selfishness and complacency both of a system and of individuals.

Dickens also emphasised the mid-Victorian virtue of self-help and responsibility for oneself and one’s family. In his novel, Our Mutual Friend, published in 1865; Betty Higden, although old and frail, with a dread of entering the workhouse, refuses to accept Mr Boffin’s charity. Instead, she asks for money to set herself up as an itinerant working woman who intends to support herself by knitting garments for sale. She dies in poverty – but not in the workhouse.

Engels, in his commentary on The Condition of the Working Class in England, said in 1844: “True poverty often dwells in hidden alleys close to the palaces of the rich; but in general, a separate territory has been assigned to it, where,
removed from the sight of happier classes, it may struggle along alone.” (4. Engels, Page 26). Henry Mayhew, in his social surveys, London Labour and the London Poor (1851-2 and 1861-2) described the life of disadvantaged people in the streets of London, the cosetmongers, the street sellers, beggars and other destitute groups, in the 1840s and 1850s. He offered detailed descriptions of their activities, beliefs, attitudes and expectations.

In his novel, Sybil, published in 1846, Benjamin Disraeli, in his role as novelist, spelled out his own warning of the existence of two nations, the rich and the poor, and the possible consequences. Both Ruskin and Carlyle denounced “the sheltering industrialism which crushed men’s bodies and spirits”. At the same time, there were a series of investigations from Royal Commissions and Committees of Inquiry, which had begun in the eighteenth century and reached their peak between the 1830s and the 1850s as they collected evidence about the conditions of the poor. However, F.A. Hajek was to claim that these “Blue Books” gave a one-sided, often exaggerated and inaccurate view of social conditions in England at the time.

Out of this diverse range of writing, drawing and painting and other evidence, the Victorian conscience, spurred on by an evangelical view of Christianity, turned to charity and philanthropy. Voluntary action was to become big business in the nineteenth century with many men and women of all classes becoming involved at all levels. It was one of the consequences of the limited duties assigned to the state in the welfare of the poor, and deepening poverty especially in cities like London.

In an increasingly impersonal social order, where the gulf between rich and poor was widening, a new theory of charity was emerging which incorporated the twin ideologies of political economy and evangelicalism. “The origins of British voluntarism may be detected in the particular affinity and mix of evangelicalism and liberalism ... against the problems and opportunities caused by industrial change ... Both evangelicals and liberals were ardent individualists ... Tory paternalists as well as female philanthropists distrusted state intervention in social matters as well as the liberals” (5. F.K. Prochaska, page 24).

The self-help ideology which gave rise to the new Poor Laws also forged philanthropy for most of the century. The theories of the classical economists emphasised the centrality of the market and the need for a hard-working, reliable and efficient labour force. They stressed the importance of achieving a moral improvement in the attitudes and behaviour of the labouring poor in order to achieve these aims. Warnings from Malthus on the subject of unhindered population growth laid emphasis on the inevitability of poverty, a view endorsed by the evangelicals. “When the poor are once taught, by the abolition of the Poor Laws, and a proper knowledge of their real situation, to depend more upon themselves, we might rest secure that they would be fruitful enough in resources, and that the evils were absolutely irremediable, that they would bear with the fortitude of men and the resignations of Christians” (3. T.R. Malthus, page 100). Charitable giving in the early and mid-nineteenth century drew on the traditional norms of sympathy, compassion and social responsibility, but the evangelicalism of this period gave it an additional dimension. Evangelical Christians saw it as their duty to save souls, and the souls of the poor presented a particular challenge. They sought to christianise the poor, to extirpate vice and to encourage virtue, which they understood to reside in thrift, sobriety and self-help. They believed in the power of sin and the necessity of religious conversion before any material improvement in the individual could take place. They felt a sense of personal responsibility for those who were afflicted by poverty and oppression.

However, the rich were not only trying to save the souls of the poor, but their own souls as well. To many, an act of charity was an act of atonement, a way of appeasing God for what they considered was the moral burden of their wealth and social standing. To help the poor was to legitimise their riches; for others, it was a way to mark their status in society. Charles Dickens, in Our Mutual Friend, related how Mr Boffin gave liberally to charity after he had inherited a fortune in order to be accepted by the community.

There were individuals for whom the practice of philanthropy offered opportunities for self-expression that were not possible in other areas of their lives. Women were notably drawn into the charity movement since it provided them with one way of alleviating their boredom, an outlet for their Christianity and a way of finding other meanings in their lives. For some men, it could even open doors to political advancement. An important consideration for many at this time was to confine their gift to the deserving so that charity became conditional on status rather than on need. One result was that many recipients learned to play the system, appearing at the same time respectable, deserving but also desperate.

This explosion in charitable giving and philanthropic activity led to an enormous increase in the number of charitable institutions, causes and societies. Organised philanthropy became a major industry involving vast sums of money and a highly elaborate structure. Many different agencies at parish, local and national level, while distributing relief directly to the poor, also supported financially large institutions such as hospitals, schools and reformatories. Societies arose, often because the Poor Law authorities were not able for a variety of reasons to deal humanly with the amount of distress involved. For example, following a six-weeks cessation of all riverside work in London during the winter of 1860-61, a group of West End club members formed themselves into The Society for the Relief of Distress, and within three weeks had distributed £3000 (6. G. Stedman Jones, page 245-6).
Income poured into these societies from annual subscriptions, donations, contributions to special appeals, invested capital, charity fund-raising events, friendly societies, and so on. At the end of the 1860s, it was estimated that £2 millions was being spent annually on poor relief in London compared with £7 millions in private charity (6. Stedman Jones, page 244). But concerned individuals not only gave money, they also served on committees running organisations and went visiting the poor in their homes and in other institutions such as hospitals and workhouses.

Three important themes emerged in the nineteenth century charity movement. The first related to the important role that women had to play in the expansion of voluntarism; the second to the expansion of district visiting societies, and the third to the confusion and overlapping amongst the charities themselves and the Poor Law authorities.

THE ROLE OF WOMEN

Women were to play an important role in the expansion of voluntarism in Victorian England. The nineteenth century ideal of “separate spheres” where a woman’s area of influence was mainly confined to the home and the man’s to the public world of power, business, politics, and culture, meant that middle class women were looking for a new role. The increased use of domestic servants and isolation in the growing suburbs meant in many cases that women had time on their hands. Boredom and the need for an occupation outside the home which would not prejudice their respectability, and which would at the same time give expression to their Christianity, led them into charity work.

Women’s evangelical zeal, their presumed feminine virtues of caring and compassion as well as their domestic skills were central to their charity work. As Prochaska points out, it was the men who usually ran the societies with women taking a subordinate place. “The running of a philanthropic society could be compared to the running of a family: men were to provide the intelligence and the direction, women the better heart, the truer intuition of the right, . . . their contribution might be superior in degree but it would be inferior in kind” (7. F.K. Prochaska, Page 17).

Working for charitable institutions clearly met a personal need for many women while at the same time fulfilling a religious duty. Although generally playing an auxiliary role to that of men, later in mid-Victorian England, some exceptional women, such as Octavia Hill, Ellen Ranyard and Mary Carpenter were able to challenge the conventional stereotype and carve out leading positions for themselves.

Experience in charity work in some cases provided women with an entry into the world of public service and paid work. In the latter part of the century, women became Poor Law guardians, school board members, rural district councillors and parish councillors. Mrs Nassau Senior became the first female inspector of Workhouse Schools for the Local Government Board in 1874, and the following year Miss Martha Merrington, who was secretary of the Kensington District Committee of the Charity Organisation Society (C.O.S.) became the first female Poor Law guardian. Beatrice Webb gained experience as a housing and district visitor before she went on to become a social investigator and the writer of several sociological works.

The alms-giving activities of the upper class Lady Bountiful of a previous era were being transformed into the philanthropic efforts of the middle class housewife and single woman, working for organised charity. Most of them were religiously motivated, but with an increasing need for purposeful activity outside the home, they flooded to the district visiting societies, the Bible missions, the settlements, and other organisations willing to give them work. From these origins, the principles, aims and activities of the first social workers took root. At first, this work was unpaid but as the century progressed, more paid jobs became available. For example, the first paid lady hospital almoner, Mary Stewart, was appointed to employment at London’s Royal Free Hospital in 1895. But even before that time, the C.O.S. had been paying women district secretaries.

THE DISTRICT VISITING SOCIETIES

It was believed that visiting the poorer classes in their homes would bring the middle classes to a better understanding of the poor and hopefully lead to friendship between them. To reward those who were deserving reinforced the main political philosophy of the age that the “good” should be rewarded, and at the same time provided a Christian base for social action.

The methods of home visiting schemes varied, but their main aims were usually to combine evangelical activity with moral and practical advice, the occasional relief of distress and the encouragement of thrift and self-help. Some were inter-denominational but many were run by particular religious groups. In 1828, the General Society for Promoting District Visiting was founded through the joint action of a number of sponsored evangelical bodies. They planned a system by which every poor family in a designated district might be visited and their spiritual and material condition assessed and appropriate help given. The Metropolitan Visiting and Relief Association (MVRA), which was founded in 1843, gathered funds centrally for distribution to individual parish visiting societies.

Most visiting societies targeted specified geographical areas, but others aimed
to reach certain occupations and types of poor person. Most visiting organisations relied on the use of volunteers, often in short supply in the areas where they were most needed. In 1830, the London City Mission employed paid visitors, but they were not allowed to give material relief, only spiritual advice. Ellen Ranyard’s Bible Women, described in another chapter, were an example of paid workers who gave spiritual and material help during the 1850s and 1860s in London.

Home visitors in many cases were instructed to keep diaries of their visits, which provided verbatim records of conversations they had with people (usually women) whom they visited. Evidence in the diaries suggests a good deal of indifference, even hostility, on the part of those visited. Extracts from the diary of a Thomas Allcorn, an agent of the Liverpool Town Mission (1851-1857) included some revealing observations. On March 23rd, 1852, he wrote “Visited fifteen families in courts off Richmond Row and Cuerdon Street; distributed fifteen tracts, read portions of the Word, made remarks upon them, and, in my conversations with people generally, I endeavoured to teach them Man’s guilt as a fallen sinner . . .” And on June 2nd, he wrote “Visited fourteen families in Harding Street, enforcing the duty of turning to the Lord from various dumb idols” (8. Briggs and Sellers, Page 153).

Although most district visiting societies were run by committees made up entirely of men, there were exceptions. One of the earliest female-managed societies, the Lying-In Charity in Tottenham, had been founded in 1791. “This small parish society initially limited its services to providing midwives and linen to women in their confinement, but soon extended its work to the sick poor, providing money, food, coal and medicine” (7. Prochaska, page 101). Although most of the early female visiting societies specialised in maternity cases and sick visiting, many, by the early nineteenth century, were undertaking more general visiting. In 1810, the Ladies’ Benevolent Society began investigations into the London poor.

By mid-century, there were literally hundreds of visiting societies in metropolitan London. Some were very small. The Aged Couples Charity supported only two workers. On the other hand, the London City Mission carried out two million visits a year on an annual budget of between £20,000 and £40,000. Many charities overlapped in their activities and Prochaska. (7. Page 106) points out: “With thousands of visitors entering hundreds of thousands of households in London each year, few poor families were free from their dutiful attentions, . . . some visitors taking advantage of their superior social status, knocked and entered before the door could be properly opened”. One critic asked if this bewildering array of charitable activity was not tantamount to the invasion of an Englishman’s privacy.

THE NEED FOR CO-ORDINATION AND CONSISTENCY

To complicate matters still further, the visiting societies often competed with the Poor Law authorities. Many visitors were oblivious to the new Act of 1834 and, contrary to its principles, continued to subsidise the employed as well as the unemployed poor with cash payments. Others understood the Act only too well and sought to undermine it. Keeping their charges out of the workhouse was highly desirable partly because they had more control of them if they remained outside. The visitors themselves were often denied access to the workhouse. Voluntary workers on the one hand and Poor Law officials and guardians on the other often worked at cross purposes, adding to the chaos in the distribution of relief. However, as experience accumulated, more and more visiting societies sought to reconcile their differences with the Poor Law authorities and took measures to discipline their visitors (7. Prochaska, Page 107).

In this confusing world of philanthropy and Poor Law relief, no effective method was made to co-ordinate the efforts of different organisations involved with the poor. Few attempts were made to formulate general principles to assist them in their work and many charitable organisations gave indiscriminately to all who applied. Often, no system was established to investigate actual need or to decide how much help it was necessary to give, in what form, and whether it would be better from another quarter.

It was out of this chaos and overlapping amongst the various charities, district visiting societies, and the Poor Law authorities that the Charity Organisation Society was formed in 1869. Its aim was to try to bring some order into the confusion, to weed out the deserving from the undeserving poor, to assess each individual case in some detail and to decide what help was necessary and what was unnecessary. In effect, its objective was to make charity more administratively efficient and more scientific in its approach. The contribution of the C.O.S. and Charles Loch, who was its secretary for more than thirty years (from 1875 to 1917), to the establishment, practices, and ideology of one of the first social work professions, that of hospital social work, will be examined in chapter four.

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Two

THE EARLY SOCIAL WORKERS

1 – THOMAS CHALMERS, AN EARLY INFLUENCE

"Chalmers objected to the Poor Law because in his judgement it encouraged deception and destroyed the spirit of independence"

David Douglas, 1911

Thomas Chalmers, a Church of Scotland minister (1780-1847), was to have an early and significant influence on philanthropy and social work in cities in the later part of the nineteenth and early twentieth century. He firmly believed that only through self, family and community help – and not through provision from Poor Law Relief – could distress amongst the poor be alleviated. He argued that the Poor Law pauperised populations and that the resources of the people had been underrated. He maintained that if the Poor Law were abolished, resources of the individual, the family, the community and the rich would be released to help those in need. “The proper remedy ... for the wretchedness of the poor was the kindness of the many ... Pauperism in so far as sustained on the principle that each man, simply because he exists, holds a right on other men or society for existence is a thing to be not regulated but destroyed” (Chalmers, as quoted in 1. Masterman, Page 57-58).

Although his ideas were not widely accepted in his own day, they were taken up later in the century – firstly by the Central Relief Society in Liverpool in 1863, and then by the Charity Organisation Society after 1869. Sir William Rathbone (1819-1902), general secretary of the Central Relief Society argued, like Chalmers, that poverty was avoidable through private initiative and not the result or consequence of the social and economic system and that poverty could be adequately dealt with by voluntary philanthropic effort. (2. Miller, Page 30).

Chalmers’ methods of dealing with the problem, as well as his belief in self-help, thrift, foresight, and intolerance of State intervention were not applied in earnest until towards the end of the nineteenth century, when they were assimilated by the C.O.S. Charles Loch Mowat, grandson of Charles Loch, who was the Society’s secretary from 1875 to 1917, states that Chalmers had a considerable
influence over his grandfather’s thinking and that Chalmers became “almost the patron saint” of the organisation (3. Loch Mowat, Page 10). Through the vehicle of the C.O.S., it could be argued that Chalmers’ philosophy and his “casework methods” of investigation were also to be reflected in the work of the first lady almoners in their early years. This theme will be explained in a later chapter.

As a practising minister of the Church of Scotland, Chalmers became leader of the secession in 1843 of the Free Church from the Established Church of Scotland. He was particularly interested in problems of the British economy and especially in its social aspects. He presented evidence to the Select Committee on the Irish Poor Law and wrote about his theories in a work entitled The Christian and Civic Economy of Large Towns, published in 1832. One of his suggested remedies for social ills was to persuade pauperised city populations to stand on their own feet. He argued that the social values of the country village could be applied to large urban communities. “If the poor were given neighbourly supervision and assistance, that would develop in them qualities of self-reliance and independence”. He believed that if the old Poor Law were abolished, “self-help, mutual aid and charity in beneficent co-operation would take over” (4. Owen, Page 225).

Chalmers was not only a theorist but also a pragmatist. He was able to test his ideas during his four-year ministry in the Tron area of Glasgow, from 1819 to 1823. He persuaded Glasgow Town Council to set up a new parish – St John’s – in a very poor part of the city as a laboratory for his experimental ideas. His objective was to implement his theory of reproducing the character of a small rural community in an urban setting. Previously, he had worked, as a minister at Kilmany, a small parish in Fife, and was convinced that what had worked for the welfare of the poor in that community could work equally well in the slums of Glasgow.

He divided St John’s parish (approximately 10,000 people) into 25 districts, each with a deacon who was responsible for about fifty families. It was the duty of the deacon to investigate for aid and wherever possible to encourage the applicant to meet his needs through greater industry and economy as well as help from his family and working class neighbours. It was agreed that the parish would not draw on public relief funds and only as a last resort would the deacon use Chalmers’ own relief fund. He planned to raise the money for this fund entirely from church collections, which, he calculated, would amount to £400 a year. “The whole public charity of our plebeian district shall be defrayed to the last shilling of it by plebeian offerings” (1. Chalmers, as quoted in Masteman, Page 296).

One of Chalmers’s aims was to foster the personal influence of the helper over the individual applying for aid. Most of the deacons, however, were not residents of the parish but came from outside, which meant they were not of the same community as the applicants. Chalmers would have preferred it if they had been, “but ours was not the most plebeian parish in Glasgow and there were few of that class that I could have confided the administration of the poor’s fund. These men (the deacons) accepted the principles of their leader . . . that in warding off parochial charity from families under their care, they were warding them off from a very great mischief” (1. Chalmers, as quoted in Masteman, Page 307).

Chalmers insisted on a through investigation of each family or individual applying for aid, but at the same time fostering a friendly relationship. In a letter written to his visitors in 1821, he counselled: “Meanwhile, ply all families with kind moral attentions, stimulate education, recommend cleanliness, recommend church-going, (and) set up a local savings bank if you think that it would promote frugality, and study all means to make the people thrive . . . by teaching them the power of their own resources and their own capabilities” (5. History of Social Work, Reprint No 105).

On leaving the parish, in 1823, Chalmers sent a circular to the deacons asking for feedback on their work. The response was positive. One deacon stated: “Acquaintance is necessary and the deacon should endeavour to obtain accurate knowledge of the circumstances of those who seem likely to become applicants . . . Does he meet with a genuine case of distress? If not given relief, he may invite the sympathy and private charity of neighbours towards him and therefore provide for the sufferer a far more ample means than by parish contribution” (1. Masteman, Page 312).

Another replied “that the great point for a deacon to attend to in warding off pauperism is giving a ready attention to real want and distresses of the people – in procuring for them work when in want of it – in furnishing medical aid in trouble – and in showing the utmost readiness to aid and alleviate any unavoidable evils such as insanity, drunkenness, blindness, etc.; and at the same time, giving the most decided opposition to all claims that in effect, are the visible produce of vice, idleness, intemperance or improvidence”. Another expressed his opposition to public subscriptions that were raised in times of unemployment and also to soup kitchens which were erected at such a time (1. Masteman, Page 316).

Chalmers, although a devout Christian, was ahead of his time in that he disagreed with indiscriminate alms-giving. Later his views on the value of systematic voluntary work, based on a thorough knowledge of the individual’s situation, were to be echoed by Loch, Octavia Hill and other advocates of scientific charity. This entailed the application of certain rules and principles to work with the poor. “If you should continue to handcraft the indiscriminate dole-giver, I promise you these inevitable consequences: no destitution, little poverty, lessened poor rates, emptier prisons, fewer gin shops, less crowded madhouses . . . sure signs of under population and an England worth living in” (Chalmers quoted in 6. Webb, Page 226).
Some historians have argued that it is doubtful whether a better sense of well-being was established in the parish (4. Owen, Page 225). The project had lapsed by 1837. However, in the German town of Elberfeld, a scheme run more or less on Chalmers’ lines was in operation in the middle of the nineteenth century. Among the several philanthropists to visit this project in the 1850s and 1860s were Florence Nightingale, Elizabeth Gaskell, William Rathbone, Charles Loch and Bernard Bosanquet, one of the founders of the C.O.S. The main features of the Elberfeld system were its use of unpaid visitors, strict control under which they carried out their work and the manageable size of the districts into which the town was divided. “The experiment was very useful in bringing to public notice the ideas which Chalmers had mooted half a century earlier” (7. Harvey, Page 2). It could be argued that Chalmers’ ideas on philanthropy arrived in England by way of Germany. Charles Loch may well have read some of Chalmers’s prolific works on charity as well as the biography written by the latter’s son-in-law, William Hanna (1853).

It is interesting that Beatrice Webb, writing in the 1920s, acknowledged the contributions of Chalmers to the ongoing debate. “The great Scottish fore-runner of the C.O.S. . . . while strongly objecting to both alms-giving and outdoor relief of the Poor Law authorities, had equally strenuously supported public provision, . . . universal schooling for children and universal medical and surgical treatment, both institutional and domiciliary for the sick and infirm . . . and most remarkable of all, a universal provision, preferably by private philanthropy, of honourable pensions and almshouse for all the aged who found themselves in need of such aid” (6. Webb, Page 232). However, in submitting evidence to a Parliamentary Select Committee in 1817, Chalmers offered a slightly different opinion: “I think that old age is so much the general lot of human nature that it would strike too much into the providential habits of the poor to make anything like a regular and systematic provision for it”.

Chalmers was a firm believer that the ultimate source of social distress lay in the character of the individual and not in the social and economic environment. He argued, like the C.O.S. after him, that “the individual held the key to the social problem and that, ultimately, social improvement dependend on persuading, encouraging and coercing him to stand on his own feet. True charity therefore implied sympathy and understanding on the part of the donor and was fulfilled not in a single act but in a continuing relationship” (4. Owen, Page 227).

Octavia Hill, a founder member of the C.O.S. was certainly influenced by Chalmers’s thinking that a client/helper relationship, although marked by sympathy and kindness, was also about moral and material improvement of the individual and family (8. Octavia Hill). However, the relationship between helper and helped was also about patronage and arrogance and was based on an assumption that “the superior virtue of the rich entitled them to regulate the lives of the poor” (4. Owen, Page 227) – but without taking into account social and economic conditions of the society in which the individual lived. As Chalmers himself stated, he could find no suitable deacons to visit the poor in their own district, ie, St John’s.

Olive Checkland, evaluating Chalmers’s work in 1980, states that his claim to be remembered “rests on his attempts to stimulate interest in social inquiry as undertaken by parochial deacons and his insistence on treating each family as a unit. But a closer scrutiny of his efforts to cut down the amount granted in poor relief in the St John’s district of Glasgow revealed curious accounting” (9. Checkland, Page 300). She further argues that as far as the English were concerned, he was the Scottish voice of social welfare but she also maintains that “his assumptions were wrong-headed and derived from the pre-industrial economy and society and took insufficient account of unemployment and other suffering including circumstances of the industrial world”.

Checkland claims that Chalmers’ way of organised volunteer labour and inquiry into individual cases of need meant that it was mainly middle class people with sufficient time and money who were able to undertake this particular brand of philanthropy. It is noteworthy that Chalmers employed only men as deacons and charitable workers. Women, for various reasons, were not thought morally or intellectually suitable for the job.

Undoubtedly Chalmers was ahead of his time. His ideas about helping the poor were not taken up in England until later in the nineteenth century, after the foundation of the C.O.S. in 1869, when Charles Loch, Octavia Hill and later, the first lady almoners put some of them into practice. He laid the foundations of social casework, emphasising the value of the relationship between helped and helper and a systematic investigation of each case before help was offered. His strong belief that alms giving was “an unmitigated evil” was one of the most important precepts upon which the C.O.S. based their work. However, his recommendation that the Poor Law should be abolished was not put into practice until 1929, when the National Assistance Board was set up in its place.

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1. N. Masterman, Chalmers on Charity, Constable and Co, 1900
8. Octavia Hill, Homes for the Poor, Macmillan, 1875
2 – ELLEN RANYARD, ENTER THE BIBLE WOMEN

“Mrs Ranyard had inaugurated not only a ‘women’s mission to women’, but also the first corps of paid social workers”

F.K. Prochaska, 1980

Ellen Ranyard (1810-1879) was a London cement maker’s daughter, of Low Church persuasion, who founded an organisation called the Bible and Domestic Female Mission, a lay group of Anglican women, in London in 1857. She is less well known than some of the other female philanthropists of the 19th century, such as the great social work pioneer, Octavia Hill. Nevertheless, her contribution to the work amongst London’s poor in the 1860s was considerable and her influence on early social work was therefore important.

In her Bible Mission, Ellen Ranyard set out to employ predominantly working class women, known as Bible Women, who were de facto social workers as well as missionaries and arguably the first of their type. Unlike Chalmers’ deacons, these women worked mainly in the districts where they lived. Their task was to sell bibles, but at the same time to try to teach the women household and child management skills and to encourage them to save for future needs. They were paid around £30 a year (a salary that was higher than that paid to lower grade domestic servants) and were given initial training in the scriptures, in hygiene and the Poor Law. “The work assumed a domestic as well as a spiritual quality” (1. Ellen Ranyard, page 7).

As noted in the preceding chapter, the evangelical movement gave nineteenth century charity to the poor its characteristic religious associations. “A chief object was the desire to christianise the poor, to extirpate vice and to encourage the growth of virtue, which was most usually understood to reside in self-proprietorship, sobriety and thrift” (2. Kidd, page 72). The theories of classical political economists, such as Adam Smith (1723 – 1790) and others, added a further dimension to the religious arguments. The market, the new Poor Law of 1834, laissez faire social and economic policies, minimal state intervention in welfare,
threats and a bucket of filth thrown on her, she managed to sell, on instalments, seventy bibles by the end of the first month.”

By 1867, there were 234 Bible Women in London’s poorer districts and Ranyard had raised £133,000 for her mission. Most of this money came from contributions but some of it, more than £8000, came from grants from the British and Foreign Bible Society, according to the BFBS archives. The women continued to be paid a weekly salary and there were many applicants to join. The successful ones were given a three-months course in the Scriptures, the Poor Law and hygiene, and in later years in the principles of the Charity Organisation Society. A series of handbooks for district visitors, which appeared in mid-nineteenth century England, encouraging industry, frugality, temperance and religion amongst the poor, were no doubt drawn upon by the Bible Women. In addition, Ellen Ranyard instructed them to advise the poor on household management and child care. She believed that wives and mothers should be trained in cookery, cleaning and needlework (3. Prochaska, page 128). “Ours is the permanent and truest help, to help them to help themselves” (1. Ranyard, page 22).

The Bible Women soon discovered that when they gave material assistance, it was easier to sell bibles. They also collected subscriptions to pay for clothing, coal, food and furniture. The rule was established that all goods had to be paid for on delivery except in emergencies. In their first ten years, the Bible Women had collected £44,000 from the poor for clothing and furniture. Mrs Ranyard could say that the poor spent this great sum not only on the necessities of life, but on “providence and self-control, self-reliance and self-respect” (3. Prochaska, page 128).

The administration of the mission was carried out by a mixture of paid and volunteer, working class and middle class workers, respectively – an interesting and pioneering experiment where different classes were rubbing shoulders in the actual running of the organisation. Lady superintendents were appointed who met weekly with individual Bible Women to read their reports, exchange information on cases, pay salaries and run “mothers’ meetings held in mission rooms set up in each district as retreats for the poor” (Prochaska, page 128). The structure and organisation of the mission along with the payment, supervision and training of the Bible Women were forerunners of twentieth century social work. It has been argued that even before Octavia Hill, Ellen Ranyard was instrumental in effecting the change from philanthropy to professional social work, employing paid workers, trained and working within a clearly defined set of rules.

Another successful venture by Ellen Ranyard was the recruitment and training of working class women to advise the poor on health matters. There were other initiatives in Manchester and Liverpool to recruit “pauper nurses” in the 1860s but Ranyard’s experiment was the first of its kind in London. The Bible Nurses trained in various London hospitals and complemented the Bible Women work-
ing in the slums. They were the forerunners of present-day district nurses and health visitors. In 1868/9, the first recruits were paid £39 a year, and some 5000 visits were made to 99 patients “with Florence Nightingale’s Notes on Nursing in one pocket and the Scriptures in the other” (3. Prochaska, page 129). They gave medicine and solace to patients, suffering from ailments which ranged from bed-sores to depression.

Although Ellen Ranyard made meticulous reports, with statistics, on her work, both in books (such as London: Ten Years Work In It, 1868) and in the magazine, Missing Link, which she edited to further the work of the Bible Mission, she remained largely unnoticed until resurrected by Prochaska in the late twentieth century. Her work was pioneering and experimental, firmly rooted in the values of mid-Victorian England. However, in the organisation, training, supervision, and payment of the Bible Women and Bible Nurses, its face was turned firmly towards the future. In such a strongly patriarchal society, her mission broke new ground as an institution run mainly by women, employing poor women to help other poor women in neighbourhoods where they lived.

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Three

OCTAVIA HILL — A SOCIAL WORK PHIANTHROPIST

"Where a man persistently refuses to exert himself, external help is worse than useless"

Octavia Hill, in The Importance of Aiding the Poor Without Alms-Giving, 1869

Octavia Hill (1838-1912), like her predecessor, Ellen Ranyard, played an important part in transforming charity into professional social work. She devised methods of working with the poor which were to be followed by generations of social workers to come. However, the ideology, which underpinned all her work, was a belief in individual responsibility, an abhorrence of State-assisted services, and indiscriminate alms-giving. Like Thomas Chalmers before her, she believed that influence could be brought to bear on the poor by an individual relationship and she blamed pauperism on a system of outdoor relief. At the same time, she opposed Charles Booth’s recommendation that an old age pension as of right for all those over 65, and said it was “most outrageous scheme” ever proposed.

Hill admired the work of Ellen Ranyard. In common with Ranyard, she believed in visiting the poor in their homes, making an assessment, encouraging those visited to help themselves and make provision for the future. She praised Ranyard’s Bible women and said of them: “They have seen the very lowest, lowest class, seen and helped them in their homes. They give nothing away, but yet get people to buy beds and clothes for which they pay gradually. They encourage women to take a pride in helping their children and keeping their homes neat” (I. Darley, page 73).

Octavia Hill was born into a family with little money and no rank, the business ventures of her father, James Hill, having failed in the early 1840s. When Octavia was still very young, he was declared bankrupt and suffered a nervous breakdown, and within a few years, was, on his doctors’ advice, living for much of the time apart from his family. Octavia’s mother, Caroline, was left to bring up five daughters on her own, but the “lost father” was to haunt the family and for Octavia there were to be many repercussions. “She idealised the family as a
solid unit, in which each individual had his or her allotted place” (1. Darley, page 30).

Practical and emotional support for the family, when Hill was still a child, came from her grandfather, the public health reformer and Unitarian, Dr Thomas Southwood Smith (1788 – 1861). He was a significant influence in her life and was the inspiration behind her efforts to improve the lot of the poor. In her teens, she had come face to face with the facts of poverty when re-visiting her home in London’s Russell Square. “There, the first knowledge of misery and poverty came to me . . . There I sat and cried at the remembrance of Tottenham Court Road on a Saturday night with those haggard faces” (Quoted in 2. Moberley Bell, page 14). Her views were to be reinforced when she came to read Henry Mayhew’s book, London Labour and London Poor, which was published in 1851 and described the street life of the destitute and under-privileged costermongers, hucksters and others in early Victorian London.

Although she had no formal education, Octavia as a child was encouraged by her mother to read voraciously – the classics, poetry, plays and novels. The family had a network of literary friends who included Robert Browning and Charles Dickens. Browning thought the Hill children were “wonderful”, declaring that “you can talk to them about anything” (as quoted in 1. Darley, page 35). By all accounts, she was a child full of energy and with an absolute confidence in her own convictions. But, says Darley, her powerful personality was “oddly at variance with her shyness and uncertainty” (1. Darley, page 34).

Her career in philanthropy, social work and housing management was preceded by some years devoted to teaching. In 1862, she and an older sister, Miranda, set up a school at their home in Nottingham Place, overlooking Marylebone churchyard and not far from Regent’s Park. She was determined to inculcate in her pupils “the habits of neatness, punctuality, self-reliance and practical power and forethought as will make them helpful in their homes” (as quoted in 1. Darley, page 84).

In 1864, Octavia managed to obtain a certificate from Queen’s College for Working Men (established by Frederick Maurice (1805 – 1872) in 1848), where she had attended classes for women. In the same year of 1864, she was employed as a teacher of drawing in the newly opened College for Women at 29 Queen’s Square. Here, the principal, Elizabeth Malleson, was campaigning for an establishment which could provide the same advantages for women as those enjoyed by men. The school curriculum included Latin, French, Italian, history, geography, botany, chemistry, natural philosophy, algebra, drawing and music. More successful pupils went on to pass the senior Cambridge examination which was then open to women. She also taught drawing at a school run by the artist and feminist, Barbara Leigh Smith Bodichan, and signed her petition to reform the laws on married women’s property.

Throughout her life, Hill was a devoted Christian. As a child, she had had con-
tact with Unitarians and Quakers, with whom the Hill and Southwood Smith families shared radical non-conformist attitudes. Later she was to become a friend of Frederick Maurice the Christian Socialist who was actively to support her wish to become a social worker. However, it was the author and social critic John Ruskin (1819 – 1900), to whom she had gone at the age of 18 to learn to be a “copyist” of old master paintings, who had given her ideas on social welfare an early practical encouragement.

HOUSING MANAGEMENT

In 1865, Ruskin donated the sum of £750 to Hill to buy, renovate and manage three very run down, working class houses in Paradise Place, Marylebone, London. This was followed by the purchase of a further five houses in Freshwater Place in the same area. Ruskin was later to sponsor further housing projects and Hill was able to persuade some of her rich friends to do likewise.

She was 27 years old when she began her career in housing management. She ran her housing schemes on a strictly business-like basis, promising Ruskin a five per cent return on his capital. This, she achieved within eighteen months. She organised repairs, cleaning and the maintenance of properties and evicted those she considered bad tenants. Her policy was to maintain the buildings in a moderate state of repair, but in return, she demanded certain standards from her tenants and the punctual payment of rent.

Hill recruited a band of rent collectors whose duties went beyond that of mere rent collecting. The visitors were given responsibility for a small court of buildings and they tutored those individuals whom they visited on punctuality, thrift and respectability. She came to feel most deeply that “disciplining the poor should be effected by the personal influence of the housing visitor or the rent collector” (3. Hill, page 9). As a landlord, Hill would not tolerate bad debts and she did not hesitate to evict tenants, never allowing a second week’s rent to become due. “Each family had an opportunity for doing better,” she wrote, “Those who would not pay or led immoral lives were evicted. The rooms they vacated were cleared (and) tenants who showed signs of improvement moved into them” (3. Hill, page 38).

In conducting her affairs, Hill stuck rigorously to the tenets of strict political economy. She believed firmly that the elimination of poverty depended on the encouragement of thrift. But, in the case of the London poor, this was not always a realistic approach. “The cyclical, seasonal and daily fluctuations in casual employment necessitated irregular payment of rent. Ultimately, it was not a question of character . . . Since ‘thoroughly disreputable lodgers’ were excluded, there was a suspicion that her scheme only worked successfully in the case of an
especially hand-picked stratum of the London poor. The stifling level of patronage and advice by lady helpers ensured this” (4. Stedman Jones, page 195).

In 1864, Hill initiated an innovative scheme to help her tenants. It was to be the forerunner of twentieth century group and community work. She converted a stable room in Nottingham Place, one of her Marylebone properties, into a meeting room, social centre and a place where classes could be held for adults and children. Women were particularly interested in attending and here they found space and support to discuss problems, to compare notes on their babies, build up friendships and develop a sense of belonging to a community in which they could play a part. “Octavia Hill was always there . . . sitting silently among them, observing unobtrusively as they talked among themselves . . . She came to an understanding of their point of view that could be gained in no other way” (2. Moberley Bell, page 62).

“Irregularity of employment”, Hill acknowledged, was one of the main causes of debt among her tenants. She tried to assist them in two ways: firstly, by employing them in the slack seasons doing maintenance work on her properties; and secondly, by encouraging them to save in those slack times. She set up a small savings bank and “every Saturday morning . . . she sat in the club room, pen and ink and bags for money on the deal table under a flaming gas jet and received the small sums they wished to give her” (2. Moberley Bell, page 62). She also tried to get a better education for the children and helped them herself to find suitable education, training and apprenticeships.

Since the number of tenants for whom Hill was responsible was relatively small, it became possible for her to get to know each of them individually and to judge how each of them could be helped – very much along the lines that Chalmers had developed in his work in Glasgow. She became not only their landlord but their friend, confident that she would appeal to the best in each of them and all “in the unconquerable power of righteousness” (2. Moberley Bell, page 69).

WORK WITH THE CHARITY ORGANISATION SOCIETY

Hill’s involvement with the Charity Organisation Society began at its inception in 1869. She was one of its founder-members, along with John Ruskin, Edward Dennison, Archbishop (later Cardinal) Manning, William Gladstone, and other representatives of those who were then “the great and the good”. She remained a member of the Society’s Council until her death in 1912 and together with Charles Loch, its secretary for many years, was instrumental in the formulation of many of its principles and policies.

In 1869, she delivered a lecture to the Social Science Association at their meeting in Bristol. Speaking to the theme, The Importance of Aiding the Poor Without Alms-Giving, she carefully spelled out the philosophy which infused her work for the rest of her life, formulating principles from which she never wavered. Many of her ideas and recommendations were taken up by the C.O.S. In her lecture, she set out two main principles to be observed in the implementation of any plan. One was that personal influence should be brought strongly to bear on individuals. The other was that the rich must abstain from any kind of alms-giving. Her work with about forty very poor families had demonstrated to her that this approach worked.

She drew attention to what she saw as the present waste of donor’s money, energy and time, and also emphasised the need for definite rules. She recommended “the assignment of places and families to the care of individual workers, answerable, if need be, to committees”. She underlined the importance of a detailed appraisal by the worker of each client. “By knowledge of character more is meant than knowledge of whether a man is a drunkard or a woman dishonest; it means knowledge of the passions, hope, and history of the people” (8. Hill, The Importance of Aiding the Poor without Alms-Giving, 1869). Hill argued that when a worker had become a friend, then help could be given “friend to friend”. It is not difficult to discern the influence of Chalmers’ thinking on her ideas and practice.

Octavia Hill became one of the first district visitors of the C.O.S. The Rev. W. Freemantle, rector of St Mary’s Chapel, in Marylebone, was deeply concerned by the low moral state and destitution of the people in his parish. In May, 1869, he established the first district committee of the C.O.S. and invited Hill to take charge of the Walmer Street district, a very poor area, and there to apply the principles which she had so effectively articulated.

On appointment to this post, Hill immediately abolished coal tickets, free meals and every form of monetary assistance. She insisted that every case of distress should be thoroughly investigated and the entire resources of the family examined before dole could be given. She offered the possibility of work, in some cases instead of relief, a procedure which often caused resentment instead of friendship among those whom she wanted to help. In a report written at the end of her first year, she said she felt she had made little headway in respect of her work. She spoke of the “evil feeling” and “misunderstanding” that she encountered. Nevertheless, she persevered and reported: “What I am trying to do is simply in my eyes a bit of adult education, or reformatory work among people corrupted by gifts.” At the end of her second year, she reported, “things had greatly improved”. (Quoted in 2. Moberley Bell, page 76).

In addition to her housing, relief and visiting work, Hill became a member of the Marylebone District Committee of the C.O.S. and the Marylebone Poor Law Relief Committee, acting as a liaison between the two. In “Homes for the Poor”, she defined the difference between the two committees. The province of the C.O.S. (district committee) was investigation only, while the province of the relief committee before whom all applicants appeared, was that of giving an
official decision on the eligibility for relief. Poor Law officials were represented on both of these committees, but the complicated administrative structure that was involved “depended crucially on Hill herself, a queen bee in the midst of it all” (1. Darley, page 120).

To some, the advice given to the committees about a course of action seemed hard and did contain certain ambiguities. Hill counselled that it was essential to remember each man had his own view of life and that he had to be free to fulfil it. “Our work,” she said, “is to bring him to the point of considering and judging rightly (himself) than to consider and judge for him.” However, in spite of these words, it could be argued that in the end relief depended not on the applicant’s view of right behaviour but that of the C.O.S. and Octavia Hill. Advice given to an applicant might be that “a little child must be sent to the country . . . The kitchen, the dampness of which is sapping the child’s health, must be left . . . the father must go to a convalescent hospital and so on”. (3. Hill, Homes of the London Poor, page 48).

In a letter to the Rev. W. H. Freemantle, dated November 1, 1875, offering her resignation as a district visitor for the Marylebone District Committee of the C.O.S., she said that the refusal of an offer for assistance should always be fully explained, “for the refusal can hardly be a help to the man unless it is again and again gently explained, unless advice is given, information procured, and the right moment noted and acted on when it comes for the man to do what the Committee advised” (Quoted by 1. Darley, page 127).

Hill firmly opposed spontaneous giving by her workers. She emphasised that money should only be given to make the poor independent of charity. This somewhat inflexible attitude was sometimes difficult for the visitors to put into practice. An example was given by one of her visitors, Emma Cons, a colleague and friend of Octavia Hill, who said that she tried never to give money, but that on one occasion she broke this self-imposed rule, with revealing consequences.

Entering a room, she saw a stiff figure under a sheet, weeping children, and a stricken widow chopping up a chair for firewood. Moved by this tragic sight, she emptied her purse into the woman’s hands. A little later, she returned to collect her umbrella. She found the supposed corpse up and about “in the best of spirits” and the family taking turns with the gin bottle (1. Darley, page 127). Frederick Maurice was to say of Hill in the 1870s that “her support of the inquiry traditions of the Society (the C.O.S.) and their restrictions on reckless relief repelled some of the more impulsve philanthropists” (1. Darley, page 119).

**TRAINING OF CHARITY WORKERS**

One of Hill’s greatest contributions to the development of social work in the nineteenth century was her ideas about and the development of a system of training for volunteers. The training of charity workers was one of the first steps towards the professionalisation of social work. By this means, she was able to transfer values and ways of working, some of which were later taken up by the “lady almoners” who emerged at the beginning of the twentieth century. As early as 1864, she had realised the importance of teaching her rent collectors the “right” way of doing the job. This was achieved mainly through an apprenticeship system in which the volunteers were taught Hill’s methods of helping the poor.

Her volunteer force consisted mainly of women, since she considered that women with family responsibilities made the best visitors (6. Prochaska, page 113). She said that she saw the problem as one of how “to unite fresh, loving, spontaneous, individual sympathy with the quiet, sustained, instructed spirit of the trained worker”. She realised that casework assumed a knowledge of society and human behaviour which entailed certain guidelines and qualifications in friendly visitors. “Inefficient, tactless, sectarian workers were likely to earn criticism of friends and the opprobrium of critics” (5. Woodroofe, page 53).

In the 1860s, Hill set up a training course. Workers were encouraged to keep strict accounts, accurate records, and encouraged to make themselves familiar with local charities, school boards, the C.O.S., and to establish working relationships with the Poor Law authorities to prevent overlapping of effort. She urged that the workers should learn about the conditions under which people lived and to think of ways how they could be improved. Those on rent collecting duties she advised to study the laws relating to landlord and tenant, and to learn how to deal with repairs and the technicalities of sanitary arrangements. She also made it clear to the workers that they should be regular and punctual in their visits (2. Moberley Bell, page 83).

Great emphasis was placed by Hill on the knowledge of what she called “character”. Through friendliness and neighbourliness, and the development of the worker-client relationship, she urged her workers to help clients develop a healthier, happier personality and to stimulate him or her to change. In her own court or district, each worker was supreme, taking initiatives unilaterally but based on principles laid down by Hill.

In 1880, Hill joined forces with Margaret Sewell, warden of the University Settlement for Women in Southwark, South London. Together, they shared the training of both sets of volunteers (settlement workers and district visitors) through lectures and field work. In addition, the district committees of the C.O.S. under Hill’s guidance began to train workers by setting them tasks to do under supervision in district offices. Following these early initiatives, the C.O.S., in 1896, instituted a more formal scheme of training for its own social workers under the supervision of Miss G. Dunn Gardner.
official decision on the eligibility for relief. Poor Law officials were represented on both of these committees, but the complicated administrative structure that was involved "depended crucially on Hill herself, a queen bee in the midst of it all" (1. Darley, page 120).

To some, the advice given to the committees about a course of action seemed hard and did contain certain ambiguities. Hill counselled that it was essential to remember each man had his own view of life and that he had to be free to fulfil it. "Our work," she said, "is to bring him to the point of considering and judging rightly (himself) than to consider and judge for him." However, in spite of these words, it could be argued that in the end relief depended not on the applicant's view of right behaviour but that of the C.O.S. and Octavia Hill. Advice given to an applicant might be that "a little child must be sent to the country... The kitchen, the dampness of which is sapping the child's health, must be left... the father must go to a convalescent hospital and so on". (3. Hill, Homes of the London Poor, page 48).

In a letter to the Rev. W.H. Freemantle, dated November 1st, 1875, offering her resignation as a district visitor for the Marylebone District Committee of the C.O.S., she said that the refusal of an offer for assistance should always be fully explained, "for the refusal can hardly be a help to the man unless it is again and again gently explained, unless advice is given, information procured, and the right moment noted and acted on when it comes for the man to do what the Committee advised" (Quoted by 1. Darley, page 127).

Hill firmly opposed spontaneous giving by her workers. She emphasised that money should only be given to make the poor independent of charity. This somewhat inflexible attitude was sometimes difficult for the visitors to put into practice. An example was given by one of her visitors, Emma Cons, a colleague and friend of Octavia Hill, who said that she tried never to give money, but that on one occasion she broke this self-imposed rule, with revealing consequences. Entering a room, she saw a sniff figure under a sheet, weeping children, and a stricken widow chopping up a chair for firewood. Moved by this tragic sight, she emptied her purse into the woman's hands. A little later, she returned to collect her umbrella. She found the supposed corpse up and about "in the best of spirits" and the family taking turns with the gin bottle (1. Darley, page 127). Frederick Maurice was to say of Hill in the 1870s that "her support of the inquiry traditions of the Society (the C.O.S.) and their restrictions on reckless relief repelled some of the more impulsive philanthropists" (1. Darley, page 119).

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PUBLIC ROLE

From 1870 onwards, Hill expanded her activities. She became involved in the open spaces movement and was to become one of the founders of the National Trust. She lobbied for playgrounds and gardens on her housing projects, and she became an authority on housing management. She was asked to give evidence before the Parliamentary Select Committee on Dwellings of the Poor, in 1874; the Royal Commission on the Housing of the Working Class (1884); and the Royal Commission on the Aged Poor (1895). She served on several committees of the C.O.S. during periods when it was influential as well as controversial, and was a member of its Council, one of its vice-presidents, and gave numerous papers and wrote several books and pamphlets explaining her principles.

Octavia Hill was appointed to the Royal Commission on the Poor Laws and Relief of Distress (1905 – 1909). She signed the majority report (mainly C.O.S. views) which recommended retaining the Poor Law, but with some reforms. For example, it called for the abolition of the guardians and the transference of the administration to county and borough councils. It also urged that old people should receive adequate outdoor relief and, if needing institutional care, it should be in smaller houses; that widowed mothers should receive outdoor relief and children should remain at home or be boarded out with foster-parents; and that medical care should be provided through Provident Dispensaries. In general, the reformed Poor Law should abandon the ideas of deterrence and less eligibility and help should be “preventative, curative and restorative”. It favoured co-operation between charitable and statutory bodies. (Royal Commission on the Poor Law, Majority Report, Part ix, Paragraph 71).

However, Hill was not in total agreement with all the recommendations. She added a brief memorandum to the majority report, objecting to medical relief, as it would open the door too widely to free medical treatment, and therefore to pauperism. She also demurred about extending the voting power to those receiving public money. She disented from the recommendation that special work should be provided by the local authority or government. People must be trusted, she said, according to The Times of August 22nd, 1912, “to provide against times of crisis by foresight, insurance and savings. We must not buoy them up by visions of State and municipal insurance.”

Beatrice Webb (1858 – 1943), started out as one of Hill’s rent collectors and ended up as one of her ideological opponents. In 1926, she wrote: “Octavia Hill, Charles Loch and their immediate followers concentrated on schooling the poor in industry, honesty, thrift and pity . . . whilst advocating in occasional asides, or by parenthetical phrases, the moralisation of the existing governing classes . . . . The common basis underlying the principles of restricting private charity to exceptional cases . . . the principle of governmental laissez-faire is easily discov-

ered . . . they, unlike many of their contemporaries, had not the faintest glimmer of what I have called the consciousness of collective sin” (7, Webb, page 233).

David Owen has described Hill’s attitude towards her tenants and clients, although influenced by her genuine belief in neighbourliness, as being in fact based on patronage and arrogance. “One need only cite Octavia Hill’s attitude towards her tenants to realise how completely this was a patron-client relationship and how easily it was assumed that the superior virtue of the rich entitled them to regulate the lives of the poor” (9, Owen, page 227).

Hill’s main motivation in pursuing her social work, Prochaska argued, was her Christianity. She believed that “the foundation of all charity was the life of Christ” (6, Prochaska, page 130). This was a belief shared by many Christian Socialists, philanthropists and others in mid-nineteenth century England. However, in subsequent years it became increasingly clear that charity and religion were not able to provide solutions to problems of widespread poverty, and more and more answers were sought in socialism and state control. Thus, Hill and her casework methods became associated with a conservative political philosophy, endorsed by the C.O.S. As late as 1927, the C.O.S. annual report was claiming that “the only real antidote to Bolshevism is good casework” (5, Woodroffe, page 55).

CONTRIBUTION TO SOCIAL WORK

Hill’s more traditional views were also reflected in her opposition to votes for women. She believed that women, by involving themselves in the campaign for women’s rights, were being diverted from the subjects they were more fit to deal with (1, Darley, page 318). Throughout her working life, Hill’s thinking on how to help the poor remained remarkably consistent. The findings of Charles Booth’s surveys on “Life and Labour in London”, presented to the Statistical Society in 1887 and 1888, revealed the extent of unavoidable poverty in London and showed that it was much more widespread than originally thought. But these findings Hill tended to disregard, persisting with her view that individual help, rather than collective intervention, was the way forward.

Prochaska has maintained that the history of district visiting as prescribed by Ranyard and Hill “is part of its transition from amateurishness to sophistication, the grafting of social science on to religious precepts and church organisation.” He goes on to argue that “the expansion and refinement of visiting methods were directly related to the growth of government, particularly at local level . . . as agencies of government expanded, the duties of the visitor tended to enlarge as well”. However, he is critical of Ranyard’s and Hill’s contribution to the social sciences. “Being untheoretical, they sought a more systematic organisation of
charity rather than a fuller comprehension of social process." To the mid-Victorian, where Ranyard and Hill clearly originate, "social science was largely practical and piecemeal, even advanced charitable women had had only a vague notion of society's economic organisation and little knowledge of social theory" (6. Prochaska, page 132).

One of Hill's main achievements, and thus her contribution to modern social work practice, was that she developed a method of working with the poor which grew from a set of rules which she personally devised to guide volunteers in their work. "It evolved into a philosophy which embodied many principles of modern casework and a technique which could be transmuted by education and training from one generation of social workers to another" (5. Woodroffe, page 54). However, Hill's social concern originated in a set of assumptions about human society and its organisation which were firmly rooted in nineteenth century individualism. It is therefore perhaps inevitable that the effectiveness Hill's social work methods have at times been called into question by later generations.

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CHARLES LOCH, AND THE FOUNDING OF A NEW PROFESSION

"The C.O.S. became the most exclusive of sects, making a merit of disapproving and denouncing much of the practice of other charitable agencies, while failing to obtain the means to cope with the 'vast ocean of poverty' on its own terms"

*Beatrice Webb, My Apprenticeship, 1926*

The foundation of the Charity Organisation Society (C.O.S.) in 1869 marked a new departure for Victorian methods of charity organisation. It articulated the idea of scientific charity, personal service and involvement, as well as the dispensing of material aid. It also condemned indiscriminate alms-giving and sought a role for itself in the administration of charitable giving which was both more efficient and led to closer co-operation between philanthropic agencies and the Poor Law authorities. It tried to reconcile the "tough-minded professionalism" of its procedures with the condescension that accompanied them with "neighbourliness" (I. Owen, Page 216).

The organisation grew partly out of concern for mendacity and was launched on the clear understanding that charity was for the deserving poor, who after careful assessment would be considered worthy of assistance. Public relief provided by the Poor Law authorities was to be the fate of others. Towards the end of the century, the terms were changed, with reference being made to "those who were assisted" and those who were "unassisted". The C.O.S. considered that unthought out, unsystematic philanthropy was the main cause of pauperism, and, with this thinking in mind, they carried forward "a crusade against mendacity, indiscriminate alms-giving and laxity in Poor Law administration with tremendous zeal". They further believed that "by denying assistance to Poor Law clients, voluntary agencies would cease to encourage pauperism" (I. Owen, Page 221).

Influenced by the methods which had been adopted by Thomas Chalmers in his work in Glasgow nearly sixty years before, the C.O.S. became a platform for a number of aspiring policy-makers, the most important of whom was Charles Loch (1849-1923). He had undergone some legal training and he was convinced
that the encroachment of State welfare would undermine the widely disseminated and popular notions of self-help and moral progress. He believed that the actual cause of poverty and destitution lay in the “character” of the individual and not in the social and economic structure of society. From 1875 until 1917 he was the C.O.S.’s general secretary and dominated its ideas and teaching. His obituary, published in The Times in January 1923, succinctly summed up his achievement: “He made the C.O.S. He was the C.O.S.”

Loch was a man of strong character and a forceful administrator with a great determination to see his ideas carried through. He was convinced throughout his life that his ideas about society were the correct ones. He sat on a number of Royal Commissions, and was a member of the Council of the Royal Statistical Society. He was a prolific writer of speeches, letters to The Times, articles and occasional books. He became part of the late Victorian establishment and was knighted for his services to society after his retirement in 1917.

He presided over the organisation during a time of change, when more traditional notions about the causes of poverty were being challenged. Charles Booth’s survey of London poverty in the 1880s, the Webbs’ advocacy of a more collective approach to social problems, the more or less corporate political activity being advocated by the leaders of the emerging trade unions, the newly formed Social Democratic Federation and the Fabian Society—all demonstrated a shift away from a more individualistic view of the causes of poverty.

In Loch’s opinion, the transfer of responsibility for maintenance from the individual to the State would “sterilise the productive power of the community as a whole and would impose on the State a heavy liability … (The effect is also to demoralise the individual” (3. Loch, Page 638). He was firmly opposed to the introduction of a State pension for the over 75s and throughout his life fought against outdoor relief for the elderly, sick and unemployed.

Loch graduated from Oxford in 1874 and had already considered a career in law, and then in the Church, when he finally decided to join the C.O.S. His letters at the time to his future wife and to Charles Bosanquet (the outgoing secretary of the C.O.S.) reveal a sense of some indecision. Though he was in fact a deeply religious man, as his diaries make clear, he was not a regular church-goer preferring to give his two children lay sermons on a Sunday rather than oblige them to attend formal religious services (4. Loch Mowat, Page 67).

He was influenced by discernible shifts in thinking in mid-Victorian society, which placed greater emphasis on the love of Man rather than the service of God, and he became a practitioner of what Beatrice Webb was later to call “the religion of humanity”. The C.O.S. provided him with a means through which he could put his precepts into practice. Asked many years later why he had joined the Society, he wrote in 1904, “I hope that some day there would be formed a large association of persons drawn from all churches and classes who, disagreeing in much, would find in charity a common purpose and a new unity.” Owen is of the opinion that Loch suffused C.O.S. thinking with “an idealistic, almost evangelical, element that owed something to the Chalmers tradition”.

The C.O.S. started out with three main aims. The first was to co-operate with the Poor Law authorities “to establish a more effective line of demarcation between the responsibilities of the boards of guardians and voluntary charities”. The second was to carry out its function as the organiser of other charities, so as better to co-ordinate charitable effort and obtain reliable information. The third was to employ “casework” methods by visiting and investigating applicants for relief “not so much as a relief-giving agency but as a mechanism for the moral improvement of the individual … By the 1880s, investigation and casework had become its chief preoccupation” (5. Kidd, Page 99).

The aims and concerns of the C.O.S. were shared by the then president of the Poor Law Board, George Goschen (1831 – 1907). In the Society’s first year of operation, 1869, he clearly defined how the Poor Law authorities and the charities could work together. In what has become known as the Goschen Minute, he declared: “The Poor Law authorities could not be allowed without public danger to extend their operation beyond those persons who are actually destitute. Charitable organisations whose alms in no case can be claimed as a right, would find their most appropriate sphere in assisting those who have some, but insufficient, means and who, though on the verge of pauperism, are not actually paupers, leaving to the operation of the law those who are totally destitute.” The C.O.S. founders were thus totally in agreement with Goschen, and they eagerly took up the challenge to sort out what they then decided were the priorities of charity organisation.

One of their first acts was to set up a series of district offices in London (later to be extended to other parts of Britain and also overseas), which were co-terminus with Poor Law districts. These offices originally saw themselves not as givers of alms, but as parts of a centralised agency, harmonising the work of existing charities and those activities which were already being carried out under the Poor Law. However, this precept was not kept to and by the end of the century, the giving of relief was a major part of their work (6. Humphreys).

CONFLICT AND CRITICISM

The thinking and ideology of the C.O.S. often brought it into conflict with other “agencies” concerned with the poor, Canon Samuel Barnett (1844-1913), founder of Toynbee Hall, the first settlement to be established in the East End of London (in 1884), giving university students and graduates opportunities to live and work with the poor, was by the end of the century uneasy about the way in which the
C.O.S. policies were developing. He had started out as a staunch supporter, firmly against indiscriminate alms-giving, but by the 1880s found that there were grounds for criticism. The narrow moralising stance of the Society began to trouble him and his wife (Henrietta Barnett) whose ideas had been formed after years of working face to face with the poor. Writing in April, 1883, in the journal, Practical Socialism, Barnett made his views clear: "Better housing, a national system of education, proper organisation of medical relief, workhouses used as schools for industry, and pensions for the aged. A graduated system of tax would provide finance."

In 1896, Barnett personally addressed the council of the C.O.S., offering what he himself described as a sweeping indictment of the Society, its doctrines, policies and practices. He declared that the C.O.S. had in fact failed to grapple with the vital issue of poverty and welfare (1. Owen, Page 240), and he argued that the C.O.S. had not moved with the times, accusing it of not always inquiring into the causes of a family's poverty "in the spirit of Christian tenderness". He went on to say that the C.O.S.'s principles had degenerated into dogma and the Council had become a group of "idolators", worshipping such idols as saving and independence from State relief. The Council, he went on, had become "the expounder of a certain way of charity and it is not the voice of the living, growing charity of the time" (4. Loch Mowat, Page 129). Loch's response to this diatribe was one of anger. He took Barnett's criticism personally, and proceeded to deliver a speech rebutting his accusations and defending the achievements, as he saw them, of the C.O.S. in practice.

But Barnett was not the only critic of the Society. Alfred Marshall (1842-1924), a distinguished political economist of the time and later occupying a chair at Cambridge, gave his opinions in evidence to the Royal Commission on the Aged Poor (1893-95): "its members have taken on one of the most important functions that the State can have, and yet they belong to the old world, that their basis consists exclusively of those people who used to be the governing class but who are not the governing class now." Other critics argued from totally different positions. William Booth (1829-1912), founder of the Salvation Army, was one. He questioned why, in spite of the well-meaning efforts of the philanthropists and the C.O.S., "a perfect quagmire of human sludge remains".

But it was Beatrice Webb (1858-1943), the pioneering social reformer, writing much later about the C.O.S. in her autobiography, My Apprenticeship, published in 1926, who most trenchantly summed up the organisation's achievements and drawbacks: "An honest though short-circuited attempt to apply scientific method of observation and experiment, reason and verifications, to the task of delivering the poor from their miseries by the personal service and pecuniary assistance tendered by their leisureed and wealthy fellow citizens." She recognised the advantages of personal service and casework but was critical of its obsession that

"the mass misery of great cities arose mainly if not entirely from spasmodic, indiscriminate and unconditional doles, whether in the form of alms or of Poor Law relief". The fact that help was concentrated on the deserving, she found difficult to comprehend as, in her opinion, it was difficult if not impossible to define what was meant by "deserving", which had no relation to need.

Webb went on to argue that personal friendship with the poor was difficult when the visitor was "an intruder in the poor man's hovel, mixing rigorous questioning... with expressions of friendly sympathy (and) men and women of goodwill... found themselves transformed into a body of amateur detectives. They calmly assumed a social and mental superiority over the poor... and lacked the consciousness of collective sin" (8. Webb, Page 189). Others have not seen the Society's casework methods in the same critical light as Beatrice Webb. Owen, writing in the 1960s, has argued that "the permanent legacy of the Society as a charity organisation movement as a whole was its success in developing techniques of casework and establishing social work as a recognised profession" (1. Owen, Page 237).

ACHIEVEMENT AND CONTRIBUTION TO SOCIAL WORK

The district committees of the C.O.S. provided the machinery for processing applications for relief, and by the late 1870s, they were handling well over 20,000 cases a year. It was Thomas Chalmers' experiment in social investigation, which he had initiated in Glasgow nearly a half a century earlier that the C.O.S. had taken up, and which was to influence social work practice in the twentieth century. The client/worker relationship was of paramount importance in fostering a healthier, more independent attitude among the visitors and their clients. The visitors, meanwhile, were encouraged to advise on matters of home management, child care and health, and the possibilities of joining a provident society.

Loch realised that the casework method with its "assumed" knowledge of human society and behaviour called for special qualities and qualifications in its visitors. He believed that charity and social work demanded an educated mind and practical experience. In an article for the Charities Register Digest, published in 1885, he wrote that "as charity was the work of the social physician it was in the interests of the community that it should not be entrusted to novices or the dilettanti or to quacks."

In the context of such thinking, the training of district visitors and secretaries therefore became an important concern in carrying forward the work of the society. Chalmers had been aware of this need in the 1820s and in a letter written at that time to his visitors he advocated a very specific approach to their work. "Meanwhile, ply all families with kind moral attentions, stimulate education, rec-
ommend cleanliness, encourage church-going... Set up a savings scheme if you think it would promote frugality, and study all means to make people thrive... by teaching them the power of their own resources.”

As discussed elsewhere, Octavia Hill, a founder member of the C.O.S., perceived a need for training her rent collectors and visitors as early as the 1860s, through lectures and fieldwork. There was no suggestion however that working class and poorer individuals might themselves have something to contribute to the welfare of their neighbours. In 1894, despite its critics, the C.O.S. proceeded to set up its own training scheme. In 1903, they established a school of sociology which later amalgamated with the London School of Economics (a more theoretical and radical institution, of which the Webbs and others were co-founders) to establish a new Department of Social Science and Administration.

By the end of the nineteenth century, it was becoming clear that implicit in any training for a profession was the formulation and the passing on of values which might be considered important in the practice of that profession. There is no doubt that Loch was certainly aware of the requirement that home visitors employed by his organisation should aim for the moral improvement of applicants to them for relief, and that at the same time these visitors should encourage among their clients the idea of thrift, self-help and independence.

One of the C.O.S.’s most significant achievements and one of Loch’s most imaginative ideas was the introduction of hospital almoners to work in some of London’s teaching hospitals. He had been concerned about the chaotic organisation of some aspects of the metropolitan hospitals’ schedules, in particular the overcrowding of their out-patient departments since 1875 when a C.O.S. committee had studied conditions in the out-patients department of the Royal Free Hospital in North London. The committee found that out of a random sample of 641 individuals who had applied for treatment, nearly 250 could have afforded to go to a private practitioner or to subscribe to a private dispensary (1. Owen, Page 231).

In the 1880s, the Medical Committee of the C.O.S. decided that the problems of the out-patient departments called for charity organisation “on a grand scale”. Their concern was twofold: firstly, they felt that free out-patient treatment encouraged pauperism, and secondly that overcrowding in out-patient departments interfered with individual treatment. They recommended that there should be more careful inquiries not only into a patient’s financial affairs, but also into his or her social background.

Largely as a result of the initiative of the British Medical Association, the C.O.S. and of Loch in particular, a select committee of the House of Lords was established in 1890 to look into the problems of the metropolitan hospitals. In giving evidence to this committee, Loch attacked overcrowding in the out-patient departments and called for the appointment of hospital almoners to help sort out the confusion. “The secretary of the Charity Organisation Society advocates both a limitation of the numbers and an investigation of applicants. The investigation to be conducted by an almoner, who should be an officer of experience of charitable work.” (9. Select Committee of the House of Lords, on Metropolitan Hospitals).

In an article he wrote for the Nineteenth Century magazine, published in August, 1892, Loch argued that medical charity could not be isolated from other forms of charity and that the same methods should be applied to every method of giving. He envisaged a new type of social worker, employed in hospital, not as an alms-giver (the old-fashioned name for an almoner), but as someone who would meet modern needs. He visualised “the future almoner trained in methods of systematic investigation and scientific relief who would be in a position to introduce organisation where now there was dislocation and waste.” After careful assessment, some patients would receive free medical treatment, others who were destitute would be referred to the Poor Law authorities and those who could afford it to a provident club or dispensary. The social worker or hospital almoner was to provide the link between hospital and community so that the patient could make the best use of hospital treatment.

In 1895, after detailed discussions between Loch and Mr G.F. Sheppard, a member of the board of the Royal Free Hospital, London, and a friend of his, the first hospital almoner was appointed, taking up a position in that hospital at a salary of £100 a year, paid initially by the C.O.S., and later by the hospital. During the early years of this new profession, the C.O.S. and Loch in particular, maintained a strong influence over the interests and activities of the almoners. Evidence for this can be found in the words of Anne Cummins, another of the early almoners who was appointed to St Thomas’s Hospital, London, in 1905. She wrote that “No matter how busy he might be with Royal Commissions, International Sociology, or Charity Organisation Society committees, he always had time to have a talk with a hospital almoner who wanted help or advice and (he) had a wonderful gift... to give himself up to her difficulties for the time being as if she and he were partners in the work and that work were his special concern” (10. Hospital Almoner, Page 7).

The influence of the C.O.S. on these early almoners continued to be felt and, in 1907, at Loch’s suggestion, the Almoners’ Council was formed. This body consisted of members of the C.O.S., governors and medical staff of hospitals concerned and practising hospital almoners, and it was responsible for the selection and training of would-be almoners as well as for the maintenance of appropriate professional standards. After 1907, one of the results of the ill-health and subsequent retirement of Loch (in 1917), the influence of the C.O.S. began to decline.
The work and aspects of the ideological inheritance of the first hospital social workers will be discussed in chapter eight.

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48
Five

CATHERINE BOOTH —
SAVING SOULS AND HELPING THE POOR

"The Army is due directly to the shaping and inspiring influence of Mrs Booth. But even outsiders like myself can see that but for her it would either never have been or else it would have been one more of the many small and narrow sects which carry on mission work in the nooks and corners of this land"

_W.T. Stead in War Cry, October, 1890_

In the very years, 1870 to 1890, that the C.O.S. was establishing itself as a powerful voice in late Victorian England, another organisation, the Salvation Army, was also reaching out to the poor. Its reasons and motivations were different from those of the C.O.S. in that its main priority was saving souls for God, not saving people from pauperism and State benefits. The approach was compassionate and evangelical, often using social work and material help to bring sinners back into the fold.

Catherine Booth (1829 – 1890) together with her husband, William Booth (1829 – 1912), were the Salvation Army’s two main founders. Throughout her life, in addition to her enormous domestic responsibilities – she had many children – she fought for a woman’s right to equality before God and also in the organisational structure of the Army itself. However, it was in her approach to the poor and the destitute, to alcoholics and “fallen women”, that she provided an alternative model of how social work should be conducted to that of the C.O.S.

Many of the charities involved with the poor were critical of the Salvationists’ approach. They felt the Army was intruding into their preserves and justifying this intrusion by accusing them of failing in their duty. The Booths’ philosophy, inevitably at variance with that of the C.O.S., was that human nature thrived on encouragement. The C.O.S. in particular disliked William Booth’s book, _In Darkest England and the Way Out_, published in 1890. Indeed, Charles Loch, the Society’s secretary, specifically attacked “Booth’s supreme authority over the implementation of the Army’s scheme and his unchecked control over the money which funded it.” Booth, however, continued to insist, according to Hattersley,
that “men, given a decent place to live, would live decently. And their prospects would be even more dramatically improved by their regular attendance at nightly prayer meetings” (1. Hattersley, Page 394).

The Salvation Army, which arose out of the East London Christian Mission started by Booth in 1865, was just one mid-century response to the crisis of faith in England. The 1851 religious census had revealed to the Victorians that church attendance was low especially among the poor and the working class. This group of the population, for various reasons, was inclined to avoid organised worship. The Methodist revivalism of the late 18th century had lost some of its impetus and in many cases now appealed only to the respectable working and middle classes. Chadwick states that in the 1860s it had become clear that the working men in the big towns could not be got inside the churches. “But it was discovered that the poor would listen in great numbers provided they were not asked to enter a church” (2. Chadwick, Page 286).

It was against this background, Chadwick suggests in his book on the Victorian Church, that the most remarkable evangelicals of the age first appeared among the radical Methodists, William and Catherine Booth. They adopted unconventional methods and had innovative ideas about reaching out to the poorer classes. Their main objective was to save souls through conversion, but social service and the belief in the equality of men and women before God, and therefore in the Salvation Army, were to become their other important tenets.

Booth and Catherine Mumford were married in 1855. William at the time was a preacher with the Methodist New Connection but resigned in 1862 as he was not able to agree with their rules regarding circuit training. He wanted more freedom to pursue his own methods of preaching. He was influenced by the revivalist/evangelical movement spreading from America. Two of its leaders, Charles Finney and James Caughey, had visited England in the 1850s and made considerable impact on both the Booths. They advocated open air meetings and meetings held in any place which could accommodate mass audiences. They proposed all-night sessions in order to induce individuals to seek conversion before the end of the night. Caughey encouraged William to leave the Methodists and to become an independent evangelist. This decision was supported by his wife Catherine.

In 1857, Catherine herself became acquainted with a female evangelist from the States, Phoebe Palmer (1807-74), when she was touring the north of England. Mrs Palmer had initiated women’s meetings in her home in New York to promote “Holiness”. The meetings grew to include men and holiness advocates. Her writings, which Catherine Booth read, included The Way of Holiness (1843) and Faith and Its Effects (1849). Catherine told her mother that Mrs Palmer’s books “have done me more good than anything else I have read” (Letter from Catherine Booth to her mother, 1861).

Holiness theology taught that Christians should be fully delivered from sin and that “all the powers, faculties, possessions and influences on the soul (should be) given up for the glory of God”. To obtain holiness, a believer had to be convinced that sin was hateful and that they should desire holiness. Because holiness was a condition of religious office, worldly and bodily distinctions could be regarded as insignificant. This theology provided the rationale for reconsidering the cultural, sexual and racial hierarchies which structured authority in the Christian church (3. Walker, Page 54).

Both the revivalist and the holiness movements were outside mainstream evangelical non-conformity in England at mid-century. However, they were a fundamental part of the new movement founded by the Booths in the 1860s and 1870s. For Catherine Booth and other women evangelicals, Phoebe Palmer had considerable influence. Their widespread preaching careers created a new model for female ministry and led to Catherine’s “growing conviction that restrictions placed on women were unscriptural and damaged women as well as the Church” (3. Walker, Page 24).

Catherine Booth first articulated her views on the role of women in the Christian Mission and later in the Salvation Army in 1853 before her marriage to William. Provoked by a sermon delivered by the Rev. David Thomas, a Congregational minister, when he suggested that women were morally and spiritually inferior to men, she responded with a letter. She argued that women’s training from babyhood had been such “to cramp and paralyse her rather than to develop and strengthen her energies”. She emphasised the importance of achieving women’s “proper” place in the Church as a prelude to achieving her proper though not quite an equal place to men in society. In her letter, she went on to argue that Christianity offered women equality. She said that in Christ Jesus, was neither male nor female, but that they were both one, and that the promise of the outpouring of the spirit was no less to the handmaidens than to the servants of the Lord. “I cannot believe,” she wrote, “that you regard women as morally more remote from men and less capable of loving him ardently and serving him faithfully” (1. Hattersley, Page 61).

In 1859, she reinforced her argument with a pamphlet entitled “Female Teaching, or the Rev. A.A. Rees v. Mrs Palmer, Being a reply to the above Gentleman on the Sunderland Revival”. In this pamphlet, she advocated women’s preaching, at a time when this was tantamount to arguing for a spiritual revolution. She stated that the Bible gave ample authority for full female ministry, using texts from the Bible to substantiate her arguments. She declared that there was a line of women preachers and prophets in both the Old and New Testaments whose work had been in harmony with divine injunction and who, just like men, had been recognised as leaders by the early Church “by the very theologians who had silenced women”. She argued that the Holy Spirit had to call women to
preach but that this was not any different to a man’s call. (3. Walker, Page 28 and 30).

Soon after the publication of this pamphlet, she began preaching on occasional Sundays in Gateshead, after William had spoken. However, her career began in earnest in 1860 when she took William’s place on an occasion when he fell ill. Her motivation for preaching, it is interesting to note, was practical and financial as well as religious. “First to do good, and secondly to gain something towards meeting the extra expenses my delicate health occasions to my husband, and thirdly to do something towards the education of my children” (Catherine Booth, letter to her mother, December 1857, quoted by Walker).

While working in Gateshead in the 1860s, the problems of poverty and immorality were graphically brought home to Catherine. “Men and women lived in continual destitution.” More than half the men had no regular work. Overcrowding was rife, sanitation left much to be desired, at least eight families sharing a privy and there had been three outbreaks of cholera in five years (1. Hattersley, Page 101).

However, it was when William Booth set up the Christian Mission in East London that Catherine’s ministry really took off as an independent preacher. She was a popular speaker and drew in the crowds in both West and East London. It was at this time that she was invited to a meeting of the Midnight Movement for Fallen Women, at which 200 to 300, many of them prostitutes were present. This was Catherine’s introduction to “the cruelty and the viciousness directed at women in England . . . and her awakened conscience helped to shape the future of her ministry . . . The gross inequality which society meted out in punishment to the weaker sex, allowing the participants in the vice to escape with impunity, incurred her scathing denunciations” (4. Booth-Tucker, 1898).

In 1870, at the same time that the C.O.S. was holding its first Council meeting, the first Conference of the Christian Mission was held in Whitechapel Road. This conference established the rules and practices which would govern the mission until it was re-organised as the Salvation Army, in 1878. The conference was attended by eight men and five women, one of whom was Catherine Booth. The 1870 conference marked “the beginning of an established position for women’s duties and rights in the Christian Mission. From 1865 to 1870, the Mission had no discernible policy on women members” (3. Walker, Page 105). It was decided at this conference that godly women possessing the necessary qualities and qualifications could stand for any office and speak at meetings as well as being leaders and preachers. However, the Mission had already put this into practice. Eliza Collinridge was sitting on the Croydon Elders’ Committee in 1869. In 1875, Annie Davis was the first woman appointed to run a Mission station. Walker makes the point that the first women to hold office in the Christian Mission were “ordinary working class women”.

The Christian Mission’s employment of women in positions of power and authority challenged the mid-Victorian view of the role of women in religious and charitable organisations. Generally, in these organisations, they were allowed to preach and to provide charitable assistance. However, women were rarely included in decision-making positions, determining for instance the scope and direction of the spiritual and charitable work which they dispensed or received (3. Walker, Page 108).

In 1870, Catherine Booth updated her 1859 pamphlet, and re-titled it “Female Ministry or Women’s Right to Preach the Gospel” (5. Catherine Booth). It raised several new points and in it she stated that “submitting to God’s call to preach put women at the foremost of a battle for religious liberty against a corrupt church that had hoarded spiritual authority for itself” (3. Walker, Page 111). Catherine herself did not have a rank in the Salvation Army, and her ministry was that of a lay person. However, she consistently preached the equality of women in the Army and encouraged them to hold office (6. Roger Green, Page 193).

After 1878, and the establishment of the new and “militarised” Salvation Army, with William Booth its leader and General, women played an increasingly active part in its activities. The Hallelujah Lasses, as the women officers were known after 1878, were much in evidence in marches and rallies, often singing and playing musical instruments. They were frequently subjected to ridicule and abuse, verbal and physical, and to condemnation by the civic authorities, the police and gangs of anti-social youths. “They were in regular physical danger, . . . often the authorities saw them as trouble-makers and refused to provide protection, . . . (they were) vulnerable to gangs of thugs backed by brewers and paid by publicans to break up meetings which called for total abstinence from alcohol and from a special sort of hooligan who took pleasure in assaulting hymn-singing eccentrics who refused to fight back” (1. Hattersley, Page 7).

Despite this public disapproval, many middle and working class women joined the Army and found opportunities for ministry and leadership that were not available to them in the wider culture (6. Green, Page 196). The Army’s official newspaper, War Cry, reported in 1880 that of the 136 corps (i.e., local offices), 46 were supervised by women. By 1890, there were about 4500 full-time Army officers at work in Britain, a large proportion of whom were working class women. The Army’s periodicals of the time were full of stories and photographs of women going in pairs in search of lost souls. According to Prochaska: “Brigades of up to 300 women, making raids on Piccadilly and Regent Street, pitched tents and fought battles outside notorious public houses, of bands playing ‘Home Sweet Home’ and cadets singing softly . . . as members of their fellowship passed out invitations to attend meetings and shelters” (7. Prochaska, Pages 190).
Walker points out that despite difficulties and hardships for Salvationist women, the work compared favourably with other employment that was open to them. The pay was higher and more regular than in most female working class employment. Army work allowed for self-expression, originality and the opportunity to spread truths in which they so fervently believed. Moreover, it offered an extraordinary degree of independence particularly for young, single women. They could leave their parents' home and live with one or more women in lodgings, without implied impropriety. They were able to travel about Great Britain and abroad.

In 1880, the Army began formal training for both men and women. The first home for women was at the Booths' old house in Hackney and was directed by Emma Booth, one of Catherine and William’s daughters. The homes taught reading, writing, spelling, accounting and personal habits in addition to Army doctrine. In 1882, recruits, known as cadets, had to sign pledges called “articles of war”, and teetotalism was compulsory. At the time of the 1881 census, there were 19 women in the training homes, ranging in age from 16 to 29 years.

The fact that many women in the Army were promoted to positions of authority could lead to tension, particularly among men who objected to serving under women. Women officers also sparked accusations of sexual impropriety and apostasy. “For a woman to preach was unscriptural”, says Walker (3. Page 173). Hawking the War Cry round public houses, mingling with prostitutes, leading marches while wearing Army uniform was thought to be unwomanly.

Although Salvationist women were not directly concerned with the struggles of the Victorian women's movement, they were nevertheless “a part of the wider nexus of women activists and reformers and these (mainly) working class evangelists engendered many of the same tensions and opportunities as the new women and feminists” (3. Walker, Page 174). Ray Stratchey wrote in 1928 that the Hallelujah Lasses were not preaching feminism; “they were looking for souls to be snatched from sin and damnation; they were wrestling with drunkenness, vice and degradation; but as they went about their business, they taught the other lesson, too” (8. Stratchey, Page 216) to do with compassion and concerns for poverty and destitution.

Women in the Army were always heavily involved in providing social work and social service to the poor and the under-privileged. In 1884, the first Rescue Home for Fallen Women was opened in East London, and by 1888, a staff of 70 were running ten rescue homes housing 212 women. In November, 1888, War Cry announced the establishment of “slum outposts” that were staffed by women cadets. “The lasses slept in a room at Seven Dials that was very like other rooms in the neighbourhood. They spent their days visiting from house to house, storey to storey, room to room, washing the little ones, scrubbing rooms, nursing the sick, listening to heart-rending tales of woe, taking God, salvation and hope to dear hearts” (War Cry, November 10th, 1884). In the same year, the Army began its work of visiting recently released prisoners and helping locate missing family members.

But it was William Booth himself, in his book, In Darkest England and the Way Out, who so graphically summed up the work of the slum sisters. “So the devoted souls who have enlisted in the Salvation Army take up quarters in the heart of the worst slums... I have a hundred of them under my orders, young women for the most part, quartered all of them in the heart of the Devil’s Country. Most of them are children of the poor who have known hardship from their youth up. Some ladies... area not afraid to exchange the comfort of a West End drawing room for service amongst the vilest of the vile” (9. Booth, Page 158).

After the case of Eliza Armstrong, involving a young girl acquired for prostitution, which was deliberately exposed in the Pall Mall Gazette in 1884 by W.T. Stead, Catherine took up the cause of unprotected young girls who were being used for sexual purposes. She wrote to Queen Victoria and to the Prime Minister, William Gladstone, and she spoke about the iniquities of such practices at public meetings. Joining forces with Bramwell Booth (her son), Stead, Josephine Butler, and Professor Stuart, she organised a petition of 393,000 signatures and presented it to Parliament in boxes draped with Salvation Army colours. They called for the law to be changed and for the age of responsibility for young girls to be raised from 12 to 18. They also requested that the procuring of young people for seduction or immoral purposes should be made a criminal offence, with a severe penalty attached to it.

One of the results of this lobbying was the passing of the Criminal Law Amendment Act on August 14th, 1885. The age of consent was raised to 16 and increased powers were given to the police to prosecute prostitutes and brothel keepers. Salvationists argued that this was a crucial step in the campaign against prostitution.

Catherine Booth died in 1890, but her work and her influence continued long after her death. Some argue that she had a strong influence over her husband, William, and that together with W.T. Stead was the originator of many of the ideas for social services and work colonies, articulated by William in In Darkest England. However, it was her thinking and beliefs about women's equality, within the Army, about women's right to preach the gospel as well as her contribution to social work practice that were probably her most important achievements. Following her precepts, the Hallelujah Lasses stood in the streets claiming spiritual authority for themselves while calling on others to repent. Women in the Established Church of England had to wait nearly a hundred years after Catherine's death before the Church would allow them to be ordained.

Walker states that “the Salvationist women drew on a working class culture to create an evangelising style that expressed their religious convictions”. They
withstood the aggression of street gangs and the indignities of prison for these convictions. They integrated aspects of Victorian feminism and evangelical Christianity and brought working class women in particular into the wider women's movement.

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Six

SINGLE WOMEN IN SEARCH OF A ROLE

Mary: "Surely between ourselves, we can admit that the vast majority of women would lead a wasted life if they did not marry." Rhoda: "I maintain that the vast majority of married women lead a vain and miserable life."

George Gissing, in The Odd Women, 1893

Some time after qualifying as England's first woman doctor, Elizabeth Garrett Anderson wrote in 1876 to her father-in-law, the Rev. A. Anderson, regarding the plight of single women, speaking of "elderly, ugly daughters imprisoned in the fortress of the middle class home". She went on to say that "the marriage market for such girls was early sold out . . ., their lives were lonely and income derived from parents was certain not to last." She urged that they should train for work and to earn their own living, adding that young women living away from their parents enjoyed life much more and were respected if they had a profession from which part of their income was derived. (1. Manton, Page 264).

In the middle of the nineteenth century, it was generally agreed that single women from the middle classes should remain at home throughout their adulthood and should fulfil their duties as daughters and sisters. (2. Vicinus, Page 9). The spinster was supposed to remain virginal, self-sacrificing and to devote herself to good works and philanthropy if time allowed. Marriage was seen as the ideal to be striven for. Victorian England needed mothers to provide sons for the expanding empire and any challenge to marriage was seen by the majority of men as a threat. Men’s and women’s roles were strictly separated – a man’s in the public sphere and a woman’s within the home and family.

Single women, in other words, were marginalized, and to be looking for a viable role outside the family, apart from charity work, was unacceptable. Florence Nightingale struggled long and hard in the 1840s and early 1850s to gain her independence. She eventually left home in her early 30s to embark on a nursing career at the Middlesex Hospital, as a volunteer, before going to the Crimea in 1854 (3. Forster, Page 108). Like most middle and upper class women of the time, Florence Nightingale’s duty had been to stay at home to support her parents and siblings.
However, between 1848 and 1900 the situation changed radically for women. Articles in the press in the 1880s and 1890s and literature by both men and women were published, questioning some of the Victorian stereotypes about women and their role. In 1888, an article appeared in Macmillan’s Magazine, entitled The Glorified Spinster, acknowledging that the number of unmarried women would increase. The single woman, “having tasted the sweets of liberty and independence . . . would be loath to relinquish them.” The article proclaimed that if an Old Maid was something less than a woman, a Glorified Spinster was something more. With only herself to support, and with occasional help from more tolerant and affluent members of her family, she might buy books, visit the theatre or take an occasional holiday abroad.” (4. R.J. Harrison, page 90).

Another article, by Mona Caird, in the Westminster Review of 1888, attacked the institution of marriage. She stated that patriarchal marriage was a relatively recent, post-Reformation phenomenon, dating from the age of Martin Luther. She went on to say that one of the problems of those who wished to challenge the marriage tie was that women had colluded with it, “indeed eagerly seeking domestic bondage”. Caird, although a strong critic of marriage, recognised that in the late 19th century single women were faced with a demoralising choice – “between a mercenary marriage or penury as a single woman trying to earn a living” (5. Ledger, Page 21). Responses to Caird’s article caused an outcry and articles in the press appeared daily.

In 1894, the phrase The New Woman was coined, a title taken from an essay by Sarah Grand, novelist and early feminist (1862 – 1943). The new women were the subject of widespread attacks in the 1890s and were seen by some as a threat to the human race. They were thought to be at the very least sexually abnormal. Blanche Aletha Crackanthorp, in an article in Nineteenth Century in 1894, caused yet another uproar when she tried to define the New Woman. In the article, Revolt of the Daughters, she described her as “an unmarried girl who had the right to be considered as an individual as well as a daughter”. She should be able to travel freely, visit music halls and enjoy better education. She deserved the option of a future other than that of wife and mother. She supported the professional training of women on the basis that not all girls could marry (5. Ledger, Pages 10 and 11).

In 1899, the popular New Woman novelist, Ella Hepworth Dixon wrote an article, “Why Women are Ceasing to Marry”, in Humanitarian magazine. She explained “that advances in education for women, better employment opportunities and gradual acceptance of unescorted single women in towns and cities meant that women did not need to marry in order to leave their parents’ home”. She argued that capable women who had newly embarked upon a career were just as wary of entangling themselves in matrimony as were ambitious young men.

Secondary and further education for women in the second half of the nineteenth century had been gaining in quality and quantity. In 1848, Charles Kingsley had opened Queen’s College for women governesses in London. In 1850, Francis Mary Buss founded the North London Collegiate School, a public day school for girls to provide them with an education similar to that already being given to boys. In 1873, Emily Davies, after an arduous struggle, was able to open Girton College, Cambridge, where women competed with men in public examinations on equal terms. By 1897, there were a total of nine women’s colleges based in the universities of London, Oxford and Cambridge, with 784 students in them. However, although this figure represents a tiny and highly privileged minority of the female population, it did demonstrate that there were alternatives to marriage for a woman who was intelligent and relatively rich.

In the mid-nineteenth century, paid job opportunities for single women were severely limited. Some became governesses, often on very low salaries. The Bronte sisters undertook this kind of work for a while and hated it. Others became teachers in the many private schools springing up at the time and others became ladies’ companions. Charity work, as already discussed, was a respectable alternative to paid work. “Unmarried daughters were therefore expected to be invisible, doing good works without thanks” (2. Vicinus, page 14). However, by the end of the century, job opportunities had greatly increased for single women.

In the 1850s, Barbara Leigh Smith Bodichon and others set up an informal employment agency and centre for women at Langham Place, London. They also published pamphlets on women’s legal position and work opportunities. In 1865, Elizabeth Garrett Anderson qualified as the first woman doctor. In 1870, Miss Buss, wanting to establish job opportunities for girls, corresponded with the Society for Promoting the Employment of Women. She attacked the Government in 1875 for restricting office clerkships to men and praised the Post Office for enabling girls to sit examinations for vacancies (6. Watson, Page 28).

In 1874, Miss Martha Merrington became the first poor law guardian, taking up a right for women which was to be enshrined in the Local Government Act of 1894. The first lady almoner, Mary Stewart, was appointed at the Royal Free Hospital in London in 1895, and others took up positions at St George’s, St Thomas’s and Westminster hospitals within a few years. Clara Collett, a former pupil of the North London Collegiate School, obtained a B.A. degree at London University in 1880 and was one of four women to be appointed to the Royal Commission on the Employment of Women (1892). She stated in 1902 that for educated women, “the tendency among the girls themselves is to concentrate their energies on the profession they take up and regard marriage as a possibility which may one day call them away from the path they are pursuing, but which should not be allowed to interfere with their plans in the meantime” (6. Watson, Page 46).
The end of the century was a heady, exciting time for single women who had education, determination, an educational qualification and choice. However, for another group of middle class single women it was a very different story. The 1901 census returns indicated that there were 2,941,733 unmarried women aged 20 and over, compared with 7,974,888 married women and widows over 20. (2. Vicinus, page 293-4). Many of these women had no independent means and had to find a way of earning a living and supporting themselves.

George Gissing, in The Odd Women, published in 1893, describes the way of life of some of these “odd” unpaired, surplus women in London. Rhoda Nunn says to Monica Madden (8. Gissing, page 44) “But do you know there are half a million more women than men in this happy country of ours?” From the 1860s onwards, when marriage was still thought to be the ideal state for women, the problem of what to do with these redundant women was frequently discussed. In fact, census figures showed that in 1901 there were 2,941,733 unmarried women in England and Wales (of whom 421,549 were over 45), against 6,938,461 who were married or widowed (of whom 2,976,419 were over 45).

W.R. Gregg, an influential journalist of this time, reflected the voice of the establishment in an article published in the National Review in 1862, entitled Why are Women Redundant? He suggested that those not in domestic service should be shipped overseas to provide wives for men in the colonies. However, Crackanthorpe, in her 1894 article, reflecting the voice of the “new woman”, recommended proper education, training and employment opportunities for those who might have to fend for themselves.

By the 1890s, although job opportunities for women had increased, many of these were low paid, with long hours, often in shops, offices and board schools. The department store (originating in the 1850s and 1860s), the increased bureaucratisation of government and business organisations, as well as the invention of the typewriter, meant that jobs for women were more freely available. Unmarried women were beginning to support themselves and live away from home. Those who did, lived in lodgings, private rented accommodation, sometimes sharing with a female friend, in university settlements, religious communities, hospitals, universities and boarding schools.

In The Odd Women, Gissing was one among several writers of the time who explored the position of single women. He describes several models of “single womanhood”. The Madden sisters, Alice and Virginia, middle class and genteel, have only been minimally provided for when their father dies — “the patrimony of his six girls amounted, as nearly as possible, to eight hundred pounds”. They have no training and no particular skills. Alice had worked as a governess for £16 a year, a low salary, and Virginia as a lady’s companion. They come to London to join their surviving sister, Monica, and, for a while, the three of them share a bedsitting room. They have to live on £17 a year, which, after careful budgeting, for rent, etc., comes to fourteen shillings and two pence a week. “Seven shillings rent; that leaves only seven shillings and two pence a week for everything — everything,” says Virginia. This is the income from their capital and the job prospects for these two women without skills and training is minimal. Alice bemoans the fact that “there is little choice for people like myself. Certificates and even degrees are asked for on every hand . . . I know it will end in my taking a place without a salary”. Their father, Dr Madden, had taught them about Tennyson and Coleridge, but not about marketable skills. “Books, especially the poets, lived in every room. But it never occurred to him that his daughters would be required to study with a professional object” (8. Gissing, page 7).

Rhoda Nunn and Mary Barfoot, the two main characters, have life styles which present one example of what it means to be a single woman in late 19th century London. Rhoda has used money her mother has left her to train in “short-hand, book-keeping and commercial correspondence” (8. Gissing, Page 27). She later moves to London, where she enrolls at Miss Barfoot’s typewriting school. They establish a relationship and Rhoda ends up living with Miss Barfoot and working in her school, which is predominantly for middle class young women. Barfoot and Nunn thus have a mission in life to provide training and encouragement to women, so that they have some means of earning a living and supporting themselves. However politically they remain uninvolved, seemingly avoiding the Votes for Women movement.

Miss Barfoot is a woman of independent means and outstanding ability. She was not tempted by marriage. “She could have run a large complicated business and filled a place on a board of directors . . . She did not seek to become the leader of a movement, yet her quiet work was probably more effectual than the public career of women who propagandise for female emancipation. Her aim was to draw from the overstocked profession of teaching as many capable young women as she could lay hands on and to fit them for certain of the pursuits open to their sex” (Gissing, page 63).

By the end of the nineteenth century, some single women had begun to assert their independence. Many disliked and distrusted the confining domestic world of married life and sought a new independence for themselves which was also, apart from “the newly vocal feminists” (2. Vicinus, Page 33). Few, however, could afford to live apart from their families unless they had full-time work. Most of them opted for some sort of communal living arrangement. In such a situation, the first hospital almoners, described in a later chapter, had a choice. On a salary of approximately £100 a year, they could choose to live independently. Miss Edith Mudd had her own flat, Mary Stewart, for most of her life, shared lodgings with a friend, and Anne Cummins lived independently of her family.

However, in spite of the large increase in professional jobs open to women at the end of the nineteenth century, the numbers of women taking advantage of
such work remained small. Organised charity and social work was one of the expanding opportunities. “Probably the greatest achievements of Victorian women were in the area of philanthropy” (2. Vicinus, Page 22). As a result of public interest and debate, single women were no longer invisible. Public opinion was beginning to accept women’s work.

The expansion of education, training, and job opportunities, meant that single, middle-class women did finally have some choice, even if limited, on how to conduct their lives. They were increasingly to present a challenge to the new established order, demanding the right not only to work but also to vote, remain single, and to live alone. The first “lady almoners” were examples of this new class of mainly single, educated professional women. In fact, they pioneered a new profession – that of medical social work, and had laid down the basic precepts of that profession which were to be followed in years to come. Their work and ideas are discussed in Chapter 8.

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Seven

THE USE AND ABUSE OF VOLUNTARY HOSPITALS

"Hospitals are but an intermediate stage of civilisation; the ultimate object is to nurse all the sick at home"

*The Times, May 14th, 1876*

"St Thomas's Hospital occupies the best hospital site in London... There are 561 beds for the absolutely poor and these serve a large poor population from the surrounding district"

*Kelly's Directory, 1907*

Two years before the above lines were published, the first "lady almoner" was appointed at St Thomas's Hospital. She was one of a number of "lady almoners" who were introduced into some of London's voluntary hospitals at the end of the nineteenth and the beginning of the twentieth century. Initially, their task was to sort out the abuse and the overcrowding of out-patient departments, but by 1915, their role had changed. This chapter will trace the history of the voluntary hospitals in London and will look at the reasoning behind some of the significant Parliamentary and other measures which preceded, accompanied and followed the almoners' appointment.

The "lady almoners", as the first hospital social workers, began their careers in some of the oldest and most venerable institutions in the land. St Bartholomew's (or Barts) had been established in 1123 and St Thomas's in 1207. Even from Norman times, there had been hospitals in all parts of the country, set up either by religious orders, the monarch, or other wealthy persons connected with the Church. The concept of a hospital took on a triple role – hospitality for poor travellers, a home for the destitute aged and a place of care for the sick.

By the Middle Ages, Barts was giving help to the needy and poor in the local community, including orphans and outcasts, and provided relief for every kind of sick person and wayfarers. St Thomas's appears to have originated in the infirmary of the Priory of St Mary Overy, in Southwark, an Augustine foundation. Most of its early history is unfortunately unknown. However, "the opening of a
dispensary and giving hospitality to the travellers and the sick was fully in keeping with the Augustine Order” (1. E. M. MacMunn, Page 15). After 1215, when the building was destroyed by fire, five new buildings were erected and the priory and hospital developed quite separately.

Throughout the Middle Ages, hospitals remained under monastic control until the dissolution of the monasteries under Henry VIII in the sixteenth century. Nevertheless, the King promised Parliament that “if the religious houses were handed over to his care, the poor and the sick would not suffer, and as a result the dissolution was put into effect with little or no public outcry” (2. John Woodward, Page 2). In 1538, the Mayor, aldermen and the community of the City of London together petitioned the King to re-found a number of religious houses to care for the sick poor. As a result, five royal and chartered hospitals were established by the end of that century. For almost two hundred years, these were the only hospitals available to the sick poor in London – until the foundation of the voluntary hospitals in the eighteenth century. That was a period when the founding of hospitals really took off. For example, the Westminster Hospital was established in 1720, Guy’s in 1724, St George’s in 1733, which were followed by the London in 1740, and the Middlesex in 1745. By the 1780s, there were seven hospitals in London, providing a total of 2000 beds (See Appendix).

Initially, laymen were responsible for the founding of voluntary hospitals, providing a new form of charity and differing from the older chartered institutions such as St Thomas’s and Barts which had been funded mainly from endowments. For financial support, the new hospitals were dependent on subscriptions and contributions rather than endowments. Persons of high social standing in the local community became governors and were responsible for the funding and the running of the hospitals. Members of the aristocracy were appointed governors and several hospitals enjoyed royal patronage. It became a mark of social distinction to govern a London hospital.

Until well into the nineteenth century, the voluntary hospitals were the only hospitals in London, apart from the infirmaries attached to workhouses, which were able to care for the sick poor. The new voluntary hospitals depended on contributions from charity for their existence and for their continuance. In many hospitals, regular subscriptions were obtained by giving the subscriber the right to nominate a certain number of beneficiaries to the charity. They would write letters of introduction for prospective patients and often occupied a place on the board. In most hospitals, the patient had to present such a letter before he was given any treatment. A letter was often considered by the patient to be an entitlement to care by the hospital and it was risking the loss of subscriptions to refuse him treatment or refer him elsewhere.

The Royal Free Hospital, originally called the London General Institution, was founded in 1828 by William Marsden and did not follow the practice of insisting on subscribers’ letters. It originally operated as a dispensary for “advice and medicine with a home visiting service”. Its founders believed that treatment should be given freely to all patients in need. “No letters of recommendation required; poverty and sickness the only passports.” This statement originated in the 1830s and appeared on the cover of the Royal Free’s annual reports from 1889.

The subscriber’s letter was undoubtedly a lucrative way of raising money for the voluntary hospitals, “but the system was inflexible and resulted in many cases of hardship and misery especially for those who had no access to a subscriber. Even for those who were lucky enough to get hold of a letter, there was often considerable delay in gaining admission as hospitals accepted patients only on certain days of the week” (5. Lynne Amidon, An Illustrated History of the Royal Free Hospital, Page 15).

The Royal London Hospital, in the heart of the East End, was in desperate need of subscribers. Soon after the first patients were admitted, in the 1740s, “there was only a shilling in the bank”. Subscribers urgently were sought from all walks of life. “Donors of thirty guineas as a lump sum became life governors, and those giving five guineas a year became governors with the right to nominate persons for admission by a letter signed by a governor, a practice which continued until 1898” (4. Sheila Collins, Page 3).

Subscribers’ letters were unpopular with the medical staff, who were at times in conflict with the governors over which patients to admit. In most hospitals, it was the governors who made the final decisions regarding admissions, but in some, doctors were able to admit emergency cases. Certain categories of patients were excluded, including those with chronic illnesses, venereal and other infectious diseases, and mental illness. The Royal Free was once again an exception. “When (in 1832), every other institution closed its doors to cholera cases”, the doors of the Royal Free remained open. In 1846, it reserved a special ward for those with venereal disease (5. Lynne Amidon, Page 15). In most voluntary hospitals, patients had to put a sum aside for burial expenses before they could be admitted.

Another means of raising money for the voluntary hospitals was through the hospital’s Saturday and Sunday funds. The Saturday Fund, established in 1874, made collections amongst workers, usually on a weekly basis, to support local hospitals. “The aim was to collect small voluntary subscriptions from classes who cannot give considerable sums at one time” (7. Select Committee on Metropolitan Hospitals). Workers who were able to contribute to this fund felt they had the same right to treatment as individual subscribers. The Sunday Fund consisted largely of money which had been raised by church collections to distribute amongst the voluntary hospitals. It was organised centrally and was seen by its benefactors as a provident scheme in which introductions for treatment,
“hospital letters were distributed in return for grants” (6. F.K. Prochaska, Philanthropy and the Hospitals of London, Page 10).

Medical and surgical staff held honorary positions at the voluntary hospitals, receiving no salary but usually having the same rights as subscribers. Not only did the doctors view the relief of the sick poor as their contribution to charity, but it also gave them the opportunity to obtain private patients among members of the board and to secure the goodwill of their patrons. Many doctors used the hospital for research purposes and teaching medical students; “they (also) found their hospital appointments brought them tangible rewards in fees for teaching and enhancement of their professional reputations” (3. Abel Smith, Page 31).

The Royal College of Physicians had been established in 1518 and had the responsibility for controlling the practice of medicine within a seven-mile radius of central London. One of its primary purposes was to license recognised physicians who would be distinguished from those who were unqualified. It became a professional guild of the elite, which immediately established its own monopoly. Surgery on the other hand (the Royal College of Surgeons came into being in 1800) was considered a less respectable profession at first and only gained acceptance when it established its own institutions in the course of the nineteenth century. In the hospital hierarchy, the physicians of the eighteenth and nineteenth centuries saw themselves as superior to the surgeons, and beneath both were the apothecaries who were employed for junior medical work and not well paid. Some hospitals employed an administrative officer who would attend board meetings and take minutes.

Towards the end of the eighteenth century, the function of hospitals as settings for the teaching of medical students became increasingly important. Gradually, more and more hospitals became attached to medical schools. Again, the Royal Free had a pioneering role, being the first hospital to admit women medical students. This happened in 1877 when it decided to open its doors to students from the London School of Medicine for Women. Up until 1947, it was the only teaching hospital in London to have an all-women medical school.

By 1858, there were twelve hospitals in London with medical schools and 80 per cent of the general beds in London were in teaching hospitals. They became repositories for different case types, which made it possible to pass on to the students the experience of a variety of medical conditions. Many of these hospitals had come into being to meet the needs of medical students and those who taught in them. This was in contrast to the situation a hundred years before when hospitals had been established by non-specialists to treat people who were sick but who were also lacking in means.

In June, 1895, an article appeared in the Strand Magazine by Augusta Mansford, describing her ten-week stay as a patient in the Royal Free Hospital.

She was an articulate, middle-class educated woman and it yields a vivid account of a hospital ward at this time. Research has revealed no accounts from poorer patients (often not able to read or write) and there were no patients’ organisations as there are today.

Mansford was told by a benign-looking physician that she presented “an interesting case” and on these grounds was invited in for treatment. She relates that she brought in with her a knife, fork and spoon and a selection of books, and that she used a newspaper as a table cloth for her first meal. Patients were referred to by numbers – she was “Miss Four” – rather than by name. Beer was allowed and the patients polished the surgical instruments. The floor scrubbers, she says, were “marvellous” women, figuring among several other ward visitors who included ward sweeps, coal porters, beef-tea boys and others. Prayers were said at 8 pm after which the patients were told to “lie down and go to sleep”. The day began with a wake-up call at 4 am.

She comments that most of the women had husbands and children “and did not seem to know how to treat them”. The author engaged in some rudimentary social work and learned in return a good deal about “workhouse infirmaries, laundry work and barrack life”. In the end a house surgeon remarked that she was getting so well that she had ceased to be interesting. “Yours is something like a cure; but, would you believe it, the other day I had a nurse trying to make out it was all her affair?”

In the first half of the nineteenth century, it has been estimated that the average number of patients in hospitals in England and Wales at one time rose from about 3000 to nearly 8000. As the hospitals became more complex, and the numbers increased, the task of running and funding them became more complicated and time-consuming. Actions taken by lay governors became increasingly a matter for concern among the medical staff. Eventually, the larger hospitals appointed sub-committees to supervise day-to-day management and, except in matters of finance, doctors were left to look after medical matters. “Gradually, the doctors formed themselves into medical committees to advise lay governors and to ensure that their collective interests were represented in the management of the hospital” (3. Abel Smith, Page 33).

As already stated, disagreements between doctors and governors arose over the question of which sort of patient should be treated. The doctors opposed the system of subscribers’ letters, stating that they wanted to admit patients for medical reasons, for short stays if this would prevent death or disability and would enable them to return to a full and useful life. There was no guarantee that those individuals whom the subscribers thought worthy of charity would turn out to be valuable material for teaching and research, or would even need medical help. The governors, in their turn, argued that subscribers contributed to the income of the hospital.
The question of subscribers’ letters is raised by Elizabeth Gaskell in her novel, Mary Barton, published in 1848. Two workmates discover a colleague who is obviously seriously ill, and living in conditions of extreme poverty. "The fever was of a low, putrid typhoid kind brought on by miserable living, filthy neighbourhood and great depression of mind and body," she wrote. The two friends seek advice from a local pharmacist who tells them they should acquire a subscriber's letter, or infirmary order, from the owner of the mill where the ill man works. This they duly do, visiting the rich mill owner in his own home to get it.

For patients attending the voluntary hospitals in the nineteenth century, treatment was usually free. However, as early as 1836, concern was being expressed at the annual meeting of the British Medical Association (founded in 1832) at the amount of gratuitous medical assistance that patients were in fact receiving in the voluntary hospitals. A campaign was launched by general practitioners and other doctors, who earned a precarious living from the modest payments of skilled and lower class workers, to define more clearly who was entitled to medical charity. Articles published at this time implied that consultants in hospitals were using their positions to take patients from the general practitioner. Both the endowed and the subscription hospitals were admitting patients without too close an examination of their means.

In Victorian times, hospitals were the first port of call for the sick and injured of the poorer classes. Doctors on duty had to find out whether the patient's condition was minor or serious. For serious conditions and those needing a course of treatment, the patient was transferred to the care of the out-patients' department to be thoroughly examined by one of the visiting consultants. Patients presenting themselves with life-threatening conditions were admitted to the wards straightforward. For minor complaints, the patient was given advice and sent away with a supply of medicines and dressings.

Overcrowding and suspected abuse of the out-patient departments became a matter of growing concern during the nineteenth century. Patients who were attending out-patient departments had increased rapidly. At Barts, in 1809, there were 3849 out-patients, a number which increased to 159,063 by 1895. At St Thomas’s and St George’s, the numbers had gone up from 2789 to 112,065 and from 1450 to 28,392 respectively in the same period.

The Charity Organisation Society (C.O.S.) was another organisation in Victorian London which was arguing for hospital reform, focusing especially on the out-patient departments and the better planning of medical services. It aimed to bring medical charity into closer partnership with charity generally. In 1871, the Society’s Medical Committee reported on medical philanthropy with particular reference to what it described as the "overcrowded" out-patient departments and what they saw as the consequent encouragement of pauperism. In the following years, they continued to report on the chaotic organisation of hospital services and the wasteful overlapping of provision, lack of uniform policies and uncertain methods of administration.

As discussed in an earlier chapter, the C.O.S., under the leadership of Charles Loch, who was its general secretary from 1875 to 1917, eventually called for an inquiry into hospital administration and persuaded others from the royal colleges and hospital committees to do the same. The C.O.S. argued that a solution to the abuse of hospital out-patient departments lay in the encouragement of provident dispensaries. It believed that a large proportion of the working class could afford to pay for medical services “if they come from small weekly payments made in times of health” (8. Charles Loch).

In 1890, under increased pressure from the C.O.S. as well as general practitioners, a House of Lords select committee was set up to investigate the condition of London’s hospitals, charitable institutions and public dispensaries for the sick poor. The BMA welcomed the inquiry, but others worried about the fall in subscriptions that might arise from subjecting voluntary hospitals to public scrutiny. This Committee’s final report, published in 1893, was far from revolutionary. It criticised the London medical world for its lack of system, wasteful rivalries, and for concentrating medical facilities north of the Thames. Its chief recommendation was to establish a central board to coordinate the management of hospitals in the capital. It ended with a warning that if the voluntarists did not get their house in order, then it would be necessary for hospitals to make do with either government aid or municipal intervention.

In his evidence to the Committee, Charles Loch said that every hospital ought to limit the number of out-patients that it would take. He recommended that each case should be investigated “by an almoner, who should be an officer of experience in charity work”. He was prepared to allow the abuse of charity where it was necessary for medical education, but he argued that patients eligible for Poor Law provision and requiring food should be referred to the Poor Law authorities. He further declared that those who could afford to pay should go to either private doctors or provident medical dispensaries.

In the end, the Select Committee came down in favour of keeping out-patient departments much as they were, deciding that “the charities were not abused to any considerable or appreciable extent”. They recommended that “each hospital should try to limit the number of out-patients and where there is cause for suspicion, inquiries should be made”. They declared that they did not see the need for a system of referral from general practitioners or the use of hospitals solely for consultation purposes.

Although the Committee had not specifically endorsed his ideas, Loch went ahead with his plans to have almoners appointed in hospitals. In 1895, as already described, an almoner was in fact appointed to the Royal Free Hospital – another
pioneering gesture by this hospital. In July, 1907, some details of her work were described in the journal, Hospital. At the Royal Free, out-patients were sent from the dispensaries to the almoner’s office where they were interviewed by the Lady Almoner. He is asked whether he is married, whether employed and, if so, what his earnings are. If a patient was in a position to afford private treatment, he was not permitted to attend again. Those eligible for charitable relief were referred to the Poor Law authorities, while others were encouraged to join a provident association.

In 1897, a new organisation, separate from the BMA was formed, called The Hospital Reform Association. Its basic tenet was that there should be a system of referral by which patients with notes from medical men or general practitioners should have prior claim to hospital treatment. Now, according to Abel Smith, "two separate policies were being favoured to restrict the numbers in out-patients – restriction by means test and restriction by referral".

In March 1905, the Hospitals Committee of the BMA organised a United Hospitals Conference which was attended by key organisations from the London area and beyond. Agreement was reached to draft a set of principles on hospital management to be circulated and then approved at a second conference in 1906. At this conference, the following principles (later published in the British Medical Journal) were adopted:

- only patients who were unable to pay for adequate treatment were to be admitted to the voluntary hospitals;
- medical charities were to employ an almoner or other agent to investigate the circumstances of applicants;
- the production of subscribers' letters was no longer to be compulsory and wherever possible, the system was to be abolished;
- all patients were to see a doctor on their first visit;
- serious cases were not to be denied treatment, but trivial cases were to be referred elsewhere;
- the function of the out-patients department was to be primarily consultative;
- notices were to be displayed, advising patients of provident dispensaries in the neighbourhood.

By 1909, the BMA was supporting every possible means of preventing the growth and restricting the activities of out-patient departments. At their annual conference that year, they passed two resolutions which were published in the British Medical Journal of July 31st, 1909. These were:

- that no fresh public medical institutions should be opened without previous consultation with the medical profession; and
- that a medical certificate of suitability for hospital treatment should be required as a condition of treatment, except in the case of casualties.

(3. Abel Smith, Page 181).

The proposal to set up a central planning board for the London Hospitals, recommended by the 1892 Select Committee was not immediately put into effect. However, by the mid-1890s, a hospital governor and ex-member of the Stock Exchange, named Henry Burdett (1847 – 1920) was conferring with the then Prince of Wales about the feasibility of a central planning organisation for London hospitals. Burdett attached great importance to the voluntary cause, and was concerned that the State might intervene if action was not taken.

A conference was convened, by the Prince of Wales, at Marlborough House in January 1897 – after the Queen’s approval had been obtained to establish a new central fund for London’s voluntary hospitals. Individuals thought capable of helping with the project, leaders in religion, medicine, surgery, commerce, administration and industry, were invited to attend. Among those present were the Lord Mayor of London, the Bishop of London, the Chief Rabbi, the Governor of the Bank of England, the President of the Royal Society, the president of the Royal College of Surgeons, and many others representing the great and the good of the time.

It was unanimously agreed that the Queen’s Diamond Jubilee offered “a unique opportunity for launching an enterprise capable of providing a bulwark equally for the voluntary system and for London’s hard pressed hospitals” (6. F.K. Prochaska, Page 19). The fund was soon to be known as the Prince of Wales Hospital Fund for London, later changing its name to the King Edward’s Hospital Fund for London. As Abel Smith has pointed out “What was impossible by any other means was achieved through the almost mythical influence of the monarchy”. Royalty could gain the instant respect of the public which neither the Church, nor the hospitals’ own Saturday and Sunday Funds could ever achieve.

“It could rain in money at a pace and scale that no hospital authority could ignore” (3. Abel Smith, Page 182).

Hospitals applying for grants from the new Fund were closely inspected. The Fund placed great emphasis on efficiency and encouraged permanent improvements. It insisted on a standard form of hospital accounting from each applicant, withholding grants from those who did not concur. Many of the grants given had conditions attached. For example, the Middlesex Hospital was told that the hours worked by its nurses were too long, and St Thomas’s, with a grant of £1800, had to take the criticism that “an inquiry is needed to prevent the abuse of out-patients” (Fourth Annual Report of King Edward’s Hospital Fund, 1900).

By 1907, the Fund was channelling about a tenth of the income of London’s voluntary hospitals but was making little progress in the rationalisation of the
hospital structure. "It could do little to create co-ordinated action . . . or plan a rational division of responsibilities between voluntary hospitals and public infirmaries" (3. Abel Smith, Page 185).

By 1905, the Government had already come to the conclusion that a full inquiry was needed into the whole question of Poor Relief. As a result, the Royal Commission on the Poor Laws and the Relief of Distress (1905 – 1907) was set up, with J.S. Davey, chief inspector of the Poor Law Board, as one of the key witnesses. He argued in favour of removing the sick from the Poor Law, since he saw it as the only way of reverting to a wholly deterrent policy for the able-bodied. This argument, it may be said, was providing the impetus for infirmaries for the sick poor to develop separately from the workhouses.

The C.O.S., which also had members on the Commission, including Charles Loch, favoured restricting medical relief for the technically destitute. Mrs Webb – in her evidence to the Royal Commission – favoured making medical inspection and medical treatment compulsory for all sick persons.

The Royal Commission published its Majority and Minority Reports in 1909. The majority were opposed to a free medical service “because it would be impossible to limit this service to the very poor . . . The State would be obliged to provide gratuitous treatment for the whole population . . . Any such development would kill all existing voluntary organisations . . . and friendly societies” (9. Royal Commission Majority Report, Page 290). The Committee also stated that the needs of the medical profession needed protection from excessive socialism (Ibid, Page 290). But the majority view was that “medical treatment should be more readily accessible to all who are in need of it” (Ibid, Page 368).

The Commission conceded that denial of outdoor relief would drive the sick into institutions and that the policy should be abandoned. Instead, the sick should be encouraged to join provident dispensaries and sickness should be used as an opportunity for a lesson in thrift. The aged and widows already receiving public assistance were to be enrolled in provident dispensaries and their fees paid for them. A dispensary was to be organised in each district and patients were to have a free choice of doctor. Patients who were members of the dispensaries would be able to go to public or voluntary hospitals with which contracts had been made, without further cost (Ibid, Page 301). The majority hoped that the changes might result in the reforming of the out-patient departments of the voluntary hospitals.

They wanted the voluntary hospitals to exclude those whose home conditions would not allow them to benefit from treatment and wanted them to work in such a way that they could exclude patients who were able to pay their own doctor or join a provident institution.

One of the criticisms made by the Commission’s minority report was that in their present form, friendly societies did not provide any assistance for women, whether married or single, for children, for “bad lives” for people suffering from “constitutional defects”, incipient disease, venereal disease or the results of “alcoholic excess”. Taken together, the classes which were excluded from friendly societies accounted for more than a third of the population (Minority Report of the Commission, Page 870).

The majority meanwhile hoped that the changes proposed in the report might result in the reforming of the out-patient departments in voluntary hospitals – because they would cater for fewer pauper patients. The commissioners stated that “suggestions for remedying the abuses of the out-patients department have been laid before us by many witnesses, but none more fully than the representatives of the BMA. We are convinced . . . that strenuous effort should be made to circumscribe the work of the out-patients. They should be used exclusively for casualties, consultations and cases requiring expensive equipment for the treatment of special diseases and defects”. They recommended that the subscribers’ letter system should be thoroughly reformed or abolished, except for casualties, and the recommendation of a medical officer or private practitioner should be substituted (Majority Report, Page 285). Abel Smith concludes that the two separate reports were not totally opposed to one another. Both wanted public hospitals organised on the basis of counties or county boroughs, but the majority refused to accept the implications of a preventive service for the poor.

No definite political action took place as a result of the reports, although there were some administrative changes. It became the accepted policy of the Local Government Board that the standards of the municipal infirmaries should be comparable to those of the voluntary hospitals, so enabling them to attract new patients. A patient would enter a new Poor Law infirmary because the local voluntary hospital had too long a waiting list. However, it was not until 1929, that the Poor Law authorities were abolished and some of their duties taken over by the National Assistance Board, and the responsibility for Poor Law Infirmaries was transferred to local authorities.

It can be argued that it was the National Insurance Act of 1911, which was implemented in January 1913 that brought about most changes in the voluntary hospitals, especially in the out-patient departments. This Act followed a period of controversy and dispute amongst the medical profession and other involved groups, including the almoners. It was feared that subscriptions from the working men and their employees who used the voluntary hospitals would be reduced. Fears were also expressed about the encroachment of State and municipal control. Doctors argued that if the new national insurance fund paid for the medical services of insured patients, the doctors would in fact be living on payments for work done for the State. The C.O.S. had a different view, and supported the suggestion that hospitals should be paid for services for insured patients.

Under the terms of the National Insurance Act, all manual workers and others with incomes of under £160 a year were required to make contributions of four
INTRODUCTION

(The almoner) "should be raised above the class of applicants, should be of some education and refinement, of a kind and forbearing disposition, but at the same time possessed of firmness and discrimination of character and should be well acquainted with the neighbourhood and all the charities in the surrounding parishes"

Fairlie Clarke – August 1874

The first hospital social workers were appointed in London in the 1890s, taking up their posts at a time of fundamental social change, when a new radicalism was emerging in welfare policies and in the thinking about women's role in society. The Lady Almoners, as they were called, were to lay the foundations for a new profession, and it is the purpose of this book to examine the nature of their philanthropic inheritance, their intellectual roots and the values which they inherited from their nineteenth century predecessors. It will discuss the work of the early almoners, in those years of critical social change, between 1895 and 1915. It will show how they built on their past but were simultaneously able to adjust to a future at a time when ideas about the administration of welfare were changing rapidly.

These new professionals were middle class, usually single and educated and were living through a period when evangelical and individualistic ideologies were giving way to a more collective thinking about social welfare, in which the State was destined to play a greater part than hitherto. As new welfare perspectives opened up, so did a woman's role in public life become more acceptable.

The lady almoners, once appointed, frequently met with strong opposition and sometimes rejection from the medical and nursing staff, as they struggled to establish themselves as independent, paid professionals working in co-operation with but not accountable to their hospital colleagues. However, they were soon setting up independent training programmes for potential almoners, formulating their own certificate of competence, and laying down principles of practice which could be passed on from one generation of almoners to another (criteria used by other professions to define themselves). Not politically militant, they nevertheless
pence a week to an approved society. Their employers were required to pay three pence and the State two pence. In return for these contributions, insured persons would be entitled to a limited cash benefit in times of sickness, the services of a general practitioner and pharmaceutical benefits. The principle of free choice of doctor was enshrined in the Act, despite opposition from the Webbs, which meant that wage earners, but not their families, obtained a general practitioner service. The result was that general practitioners obtained a regular and reliable income. The Act also included plans to provide better care for patients with tuberculosis.

The British Hospitals Association, an organisation formed by Burdett in 1883 to represent the interests of hospital managers, also spoke up. Its aim was “to promote the best interests of hospitals and institutions and all of those who are engaged in their administration”. At a meeting in December 1912, this association passed on behalf of the voluntary hospitals a resolution that insured persons should be treated as out-patients, on a referral basis only. In the case of inpatients, it was decided to treat insured persons, to keep a list of them and to note the approved society to which they belonged, so that payment for treatment could be applied for. “Rather than risk State control, the hospitals decided not to refuse to treat insured persons... Hospital managers had saved the Act” (3. Abel Smith, Page 244). Women and children who were not insured under the Act would still be treated by voluntary hospitals.

Fears about the impact of the new Act on the finances of the voluntary hospitals were largely unfounded. The public continued to subscribe and the flow of charitable money did not dry up. The British Medical Journal welcomed the new role for the out-patients’ departments, not least because out-patient reform had been one of the main interests of the BMA since 1853 and seeing patients on a consultative basis only had been its policy since 1909.

After the Act became law, there was a large reduction in the number of outpatients, particularly in those hospitals which enforced a referral system. At Barts, out-patients’ attendance was 120,834 in 1912, a figure which fell to 78,783 the following year. The role of the out-patients’ department was now to complement that of the GP, providing a specialist, consultative service. Now that patients had the services of a GP, they were less inclined to attend out-patient departments. One of the results of the Act was that the insured person saw himself receiving “free” medical treatment, more as a right and less as an act of charity. “Hospital managers also tacitly accepted that they were not only giving but serving” (3. Abel Smith, Page 248).

So how, it may be asked, did the new Act affect the role of the Lady Almoner? Originally employed to investigate a patient’s financial circumstances, assess eligibility for charity, Poor Law relief and the ability to pay for medical treatment, by 1913, the almoner had taken on a wider role – to provide help and advice which would hopefully assist the patient to make better use of the services which the hospital provided. “The work of the Lady Almoner was symptomatic of the new attitude to the patient. The hospital was beginning to look outside its own boundaries, to see the patient in his (social) environment” (I. E.M. MacInnes, Page 157).

Referral to an agency such as the C.O.S. or another charity could improve the chances of patients living healthier and fuller lives, and benefiting more from hospital treatment. A more extensive assessment of a patient’s social circumstances, now that the pressure was off to investigate financial circumstances, could provide doctors with crucial information on which to base medical decisions. At St Thomas’s, it is recorded that in the early years of the twentieth century, the Lady Almoner was helping to forge closer links between out-patient departments, clinics, the outside community, and the patient at home.

In a 1913 report to subscribers of the Northcote Trust (a fund set up to meet social needs), at St Thomas’s, senior doctors testified to the value of the almoners’ work in the hospital. Miss Anne Cummins, principal lady almoner there at the time, added a post-script. “It must be remembered that the work of a social services department on the scale that adopted at St Thomas’s should be judged largely as a pioneer effort. There is no precedent for much of the work and step-by-step development has to be planned... Modern legislation is extending rapidly to all questions of social reform. Side by side with internal alterations constant adjustments are needed with the Municipal and Poor Law authorities... But it is in the best interests of the majority of patients, for whom the hospital exists, that the fullest use should be made of legislative and charitable efforts combined” (12. Quoted in Moberley Bell, Page 81).

The National Insurance Act of 1911, rather than inhibiting the work of the Lady Almoner, provided her with the opportunities to adopt a recognisable social work role. The work, challenges and successes of these pioneer social workers will be discussed in more detail in the next chapter.
APPENDIX

The Twelve General Hospitals with Medical Schools in 1889

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Founded</th>
<th>Annual Income (£)</th>
<th>Nurse staffing</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barts</td>
<td>1122</td>
<td>70,500</td>
<td>197</td>
<td>667</td>
</tr>
<tr>
<td>St Thomas's</td>
<td>1207</td>
<td>67,000</td>
<td>116</td>
<td>436</td>
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<td>Westminster</td>
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<td>14,000</td>
<td>63</td>
<td>205</td>
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<tr>
<td>Guy's</td>
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<td>130</td>
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Source: Report of House of Lords Committee, 1892

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Eight

THE LADY ALMONER —
A NEW PROFESSION FOR “LADIES”

“A new and not overcrowded profession”
Frederick White, in Woman’s Work, 1911

At the end of the nineteenth century, when the Votes for Women movement was gaining momentum and “the New Women” were drawing attention to themselves in literature and in the press, a small group of single educated ladies were quietly forming themselves into a new profession in London. They were appointed or about to be appointed by some of the voluntary teaching hospitals in the metropolis as “Lady Almoners”. They were never to receive the acclaim that, for instance, Elizabeth Garrett Anderson (1836 – 1917) had received as the first lady doctor to practise in England, or that Florence Nightingale (1820 – 1910) was to receive at the same time for her new medical ideas on hospital reform. Nevertheless, their work had far-reaching consequences for the social work profession. They were to emerge from the roots of Victorian philanthropy to become a profession with definite identity of their own.

The “new” almoners were born into an age which was significantly different, in a wide range of areas from today. Theirs was an age of deference, and there was a rigid class structure. Although the Labour Party, as such, had not yet come into existence, the working class were gradually getting a taste for trade union organisation. Liberal Party reforms, such as the Old Age Pension Act of 1908, and the National Insurance Act of 1911, had not yet happened. William Beveridge, the great social reformer (1879 – 1963) was still working as a student at Toynbee Hall, the settlement in the East End of London, and the Poor Law Act of 1834 was still the main determining policy instrument. Intellectuals, including the Fabians, led by George Bernard Shaw and the Webbs, were lobbying for increased State intervention in the provision of social welfare. In 1905, Beveridge delivered a lecture at All Souls College, Oxford, in which he denounced economic “liberalism” and stated that some sort of collectiveness was both ethically and functionally desirable in complex industrial societies.

There was no medical means of defeating tuberculosis, while typhus and
cholera were still life threatening. In the workplace, conditions were often far from satisfactory and hours were long. Housing conditions and sanitation, in spite of improvements during Victoria’s time, left a lot to be desired. For the great majority of people, hunger and poverty, ill health as well as a genuine fear of the Work House were ever-present realities. It was not until 1928 that all women over the age of 21 were allowed to vote in Parliamentary elections. The word feminism had only just entered the English language.

Religion, and Christianity in particular, was an important influence in people’s lives, although Charles Darwin’s publication, in 1859, of The Origin of the Species had challenged traditional beliefs about creation. The Empire was at its height and paternalistic dogma both in regard to women, other races and other countries was paramount. Distribution of wealth between rich and poor was even more uneven than it is today. Those in authority, the monarchy, the Church, politicians, doctors, and lawyers were regarded with considerable respect and even awe. The class structure appeared to be immovable although socialism in its various forms was increasingly questioning its validity. Queen Victoria was about to die (1901) and the Great War of 1914 – 1918 had not yet been fought.

Buried deep in the Victorian past where voluntarism, charity and the Poor Law were the tools used to deal with the poor, a new profession, that of hospital social work, was able to emerge into an era of social change. The introduction of State benefits, a move towards collectiveness, and ideas from the U.S. on how to conduct social work in a hospital setting, as well as an emerging awareness of psychoanalytical thought, from Freud’s writings, were all to change the conduct of social work radically in the twentieth century.

Hospital social work was born under the auspices and in the shadow of the Charity Organisation Society, a relic from another age. Charles Loch, the Society’s general secretary, played a crucial part in its founding and had significant influence on the methods and values of the first “lady almoners”. These developments are described in Chapter Four. Most Lady Almoners had been employed and/or trained in C.O.S. offices. However, within a matter of years, these “pioneering ladies” were gradually able to break away and by the time Loch retired, in 1917, they had become a recognisable profession in their own right – even though the Victorian values of the Society itself lingered on. One of these ladies is quoted as saying about this time (precise date not known):-

“It is hard to contend against the increasing desire displayed on all sides to adopt the short-sighted policy of feeding both mothers and babies gratuitously in a wholesale manner. Such a policy must tend to lessen parental responsibility and undermine the value of the ‘backbone and grit’ in family life, when, as is often the case, the father of the family spends his money on betting and drink and does not work because he is lazy, it is absolutely wrong to step in and support mother

and child. The responsibility for such cases rests neither with the hospital, or charity agency, but with the man himself” (1. L.C. Marx).

In the early twentieth century, the influence of Charles Loch and the C.O.S. was reduced by the ideas and thinking of a visiting American. He was Dr Richard Cabot, a doctor with definite ideas about social work who, in 1905, had taken up a post at the Massachusetts General Hospital in Boston, New England. Two years later, a “lady almoner”, Miss Ida Cannon, was appointed as a social worker at the same hospital. Both Dr Cabot and Miss Cannon visited England in the first years of the twentieth century, exchanging ideas with the “lady almoners” in London who were already in post. In 1908, Dr Cabot was invited to attend a meeting of the newly formed Almoners’ Council. Both were to write books about the role of hospital social workers.

In an address to this Council, he emphasised the significance of social work in the hospital and the importance to the medical profession of understanding the patient’s social situation. He counselled co-operation between the two professions, but acknowledged the difficulties involved. In 1909, he wrote: “Unless there is at least one doctor who really knows what the social worker is trying to do, the scheme fails . . . If he thinks of her merely as a nurse, she would fall short of his expectations. Unless he has acquired ‘the social work point of view’, to the extent of seeing that the treatment of patients is often without some knowledge of their homes, finances, thoughts and worries, he will think the social worker is trying to teach him how to do his work . . . He will not care to be advised by any ‘woman charity worker’” (2. Moberley Bell, Page 28).

The first hospital almoners were originally employed to sort out and investigate the chaos and confusion of the out-patients’ departments in some of London’s voluntary, teaching hospitals. They soon found they had a much wider role. The individual social worker had problems in getting herself accepted as a woman in the predominantly male world of medicine, not as a nurse but as a fellow professional who was not under the doctor’s control. Another difficulty lay in getting the medical and nursing staff to see that the importance of understanding a patient’s social situation was often crucial to his or her medical recovery.

MARY STEWART (1863-1925)

Mary Stewart, the first lady almoner to be appointed, joined the staff of London’s Royal Free Hospital in 1895. She grappled with her problems from an office which was a small airless corner of the out-patients’ department, with no windows, in which any visitors she had were obliged to sit on the radiator. Her brief was: to prevent the abuse of the hospital services by those who could afford
to pay; to refer those in need of relief to the Poor Law Authority; and to encourage all who could afford to do so to join a Provident Dispensary or Friendly Society. It was agreed that the ultimate authority to accept or reject patients lay with the doctor. (2. Moberley Bell, Page 28).

In Mary Stewart’s first month, no doctor recommended any patient to her and all she was able to do was judge by their appearance which of the outpatients should be questioned. In the first month, according to her own report to the Almoners’ Committee of the hospital, she saw 150 patients and could find no evidence of fraud. As had been conceived by Charles Loch and the C.O.S., Stewart held her position through secondment from the St Pancras office of the C.O.S. where she was employed as district secretary. For the first year, her almoner’s annual salary of £100 was paid by the C.O.S. After that, following some dispute with the hospital authorities, payment was taken over by the hospital. In fact, the employment of almoners, and the paying of their salaries, was to remain the responsibility of the hospital until 1974, when they were taken over by the local authority.

Mary Stewart secured her position at the Royal Free as a result of negotiations between Charles Loch and G.F. Sheppard, a sympathetic member of the hospital’s board of governors. She belonged to a generation of Victorian women who had had the opportunity of education and was influenced by the thinking of Frances Mary Buss of the North London Collegiate School. She was not content to remain at home to be supported by her family (2. Moberley Bell, Page 28). For much of her working life she shared accommodation with a friend in Hampstead.

Having been fully schooled in “careful investigation” during her years at the C.O.S., Stewart employed similar methods at the hospital, through “careful inquiry into each case, with a verification of a statement of wages and a confidential inquiry of the family doctor” (3. Hospital Almoner, Page 40). She continued to work closely with the C.O.S., instituting a system by which appointed visitors from the Society saw patients at home when no medical help was needed. After one month in post in February, 1895, in her first almoner’s report to the board of governors, she gave some examples of cases that she had dealt with:

One was a cloakroom attendant who earned eighteen shillings a week when well. He had four children, the eldest aged nine, paid five shillings a week in rent. He had been ill with bronchitis for three weeks and unable to work. He had been advised by neighbours to apply to the Poor Law relieving officer but, she added, “he had never had parish relief before”. The doctor thought he should be able to work in three weeks. After inquiries, tickets given for dinners and C.O.S. gave eight shillings a week.

Another was a girl of eighteen with anaemia, who was a tailoress by trade but who in slack times only earned two shillings and sixpence by doing daily housework. Her mother, a widow, had been several times in a lunatic asylum. The girl said she would like to go into service. A situation was found for her by the Metropolitan Association of Young Servants which also agreed to advance her a small sum for the purchase of an outfit. (Based on the Almoners’ Reports archive held at the Royal Free Hospital in London).

Mary Stewart also liaised with the Provident Medical Association and she encouraged patients to join one of their local societies. Provident medical societies had been set up during the nineteenth century to help people save towards future health care. However, her success in this area was meagre. In her 1897 report to her management committee she recorded that out of 350 patients referred in the period under review to provident dispensaries, only seventeen were known to have joined. She even distributed leaflets with information about the societies and the dispensaries.

Despite the obstacles of her first few weeks, Miss Stewart’s first two years at the Royal Free turned out to be very arduous. She interviewed 2475 patients in the first year (October 1st, 1895 to September 30th, 1896) and, of these, referred 587 to dispensaries, sent 70 away as able to pay, and 69 to the Poor Law Authority. Eighty-five were assisted through the C.O.S. (4. Report to the Governors). By 1897, she was able to employ an assistant and received a commendation from the board for her “conscientious work”. In his report of July 14th, 1897, Mr Sheppard stated on behalf of the board that no complaints had been made to the hospital by any person who had been investigated by her. He recommended that she be allowed to employ volunteers and that more appropriate office accommodation should be found for her. He also wrote to the C.O.S. requesting that the arrangement should continue.

In spite of the appreciation of the board, Miss Stewart did not find it easy to work with the medical staff. Some doctors regarded her with suspicion and protested that her methods “tended to limit the number of out-patients and so mitigate against the excellence of teaching material” (5. Willmott, Page 2). The medical staff wanted the chaos and confusion of the out-patients’ department sorted out but had no time themselves to inquire into the patients’ social conditions, “to have a woman not directly under their control . . . was disconcerting and very much deprecated” (2. Moberley Bell, Page 28).

In 1898, Miss Stewart’s workload was such that her own health began to fail and a year later she was obliged to resign. However, she continued to work as a district secretary for the C.O.S. and was a member of the new Almoners’ Committee when it was set up in 1903 to offer the almoners mutual support and guidance in the way they worked. She died aged 62 in 1925 in a road traffic accident, crossing the road to inquire about one of her clients. Moberley Bell succinctly summed up her achievement: “It was her devotion to duty, her sympathy with patients and endless tolerance with medical staff, her absolute blindness to any snub or discourtesy shown to herself that overcame the initial prejudice of the
doctors that saved an infant profession from being strangled at birth” (2. Moberley Bell, Page 34).

The British Association of Social Workers’ archive at Warwick University, and the archive of the Royal Free Hospital in London provide valuable information through letters and reports about Mary Stewart’s work. The proceedings of the Almoners’ Committee’s first meetings are also held at Warwick. However, no trace can be found of Mary Stewart’s personal letters, and although thoroughly researched by Moberley Bell in the early 1960s, very little is known about her personal life.

EDITH MUDD

In October, 1901, a Miss Edith Mudd, described as a lady of independent means, an experienced mountaineer and former pupil of North London Collegiate School, was appointed as a lady almoner at St George’s Hospital, London, at a salary of £100 a year. She had been recommended by the C.O.S. and had been undertaking training at the Royal Free where the system of inquiry was thought to be a good one.

She had strong ideas about how the work of an almoner should be carried out. At times, this led to a stormy relationship with the almoners’ committee to whom she was answerable. In addition, a number of complaints were made about her methods by patients. On one occasion she was obliged to deny flatly that she had said that the illness of one of her patients was due to his immoral life. On another occasion, the hospital’s Saturday fund (to which patients contributed) reported that there had been complaints from three patients that they had been denied treatment at St George’s Hospital by Miss Mudd because they were earning thirty shillings a week. “Investigation proved that they had not been refused admission or even relief; all that had in fact happened was that the almoner had inquired into their earnings and recorded them” (2. Moberley Bell, Page 43).

She was also criticised by the doctors for trying to educate expectant mothers and tubercular patients in matters of hygiene and diet. “The Almoners’ Department had taken up a branch of health education and preventative work... Here was a pretty state of affairs, a woman giving advice without asking the doctors” (2. Moberley Bell, Page 45). A further difficulty was that the almoners committee in charge of her department was only half reconciled to employing a woman.

A report from Miss Mudd dated November 17th, 1902, defended her position against a request from the board of governors that all new cases should be investigated. She argued forcefully the case for not investigating all patients as, in her view, this would lead to superficial observation and the obtaining of minimal par-

ticulars only. She declared that “the casual and unscientific work that this method could produce and, even more important, the invitation to deceive which it put in the way of patients” was not acceptable.

An important event in the early history of the profession was the setting-up in 1903 of an Almoners’ Committee, which happened at the instigation of Miss Mudd. Its first meeting took place on October 9th that year in her flat, and sixteen people attended. It is unclear whether they were all almoners, but it was an historic moment. From then on, it held monthly meetings to discuss “the difficulties and possibilities” of the work being undertaken. Membership of the Committee was eventually reduced to eight almoners, three C.O.S. staff and two volunteer visitors. It had three aims: first, to reduce the number of casualty patients; second, to foster the idea of thrift by encouraging patients to join provident medical associations; and third, “to interview patients to discover if the doctor’s advice could be more satisfactorily followed” (5. Willmott, Page 3). All aims were thoroughly approved by the C.O.S., which was still advising hospitals about the appointment of almoners and how to find ladies who were suitable.

Her contribution to the profession, however, was considerable and has sometimes been underestimated. A breakthrough occurred in 1910 when she was appointed to the Royal Infirmary, the Public Dispensary and the Women and Children’s Hospital, in Leeds. In this position, she was able to recruit assistant almoners. She was in fact the first almoner to be employed outside London.

HELEN NUSSEY

The appointment of Miss Helen Nussey in 1898 to the Westminster Hospital raised serious controversy with the C.O.S. A member of the medical staff approached the Central Bureau for the Employment of Women to inquire for a suitable almoner. They suggested Miss Nussey and she was duly appointed by the hospital board – without consultation with the C.O.S. The Society’s objection arose on account of the appointee’s age. Miss Nussey was in fact 24 years old – too young, according to the C.O.S. rules, which stated that candidates should not be accepted under the age of 25. But Charles Loch relented once he had learned that no-one with better experience had applied for the job.

Miss Nussey proved to be a good worker, establishing relationships with doctors and nurses as well as private charities, members of the clergy, and other doctors who were in practice outside the hospital. She made sure that everyone referred to her was thoroughly investigated and that the almoners’ office was not regarded as just another centre for the distribution of relief. In addition, she introduced those who needed material help to agencies, which had been set up to meet that need. Like her contemporaries, she inherited the C.O.S.’s horror of fostering
“improvidence and relieving people of responsibilities which with a little sturdiness of character they could discharge themselves” (2. Moberly Bell, Page 39).

In 1903, the C.O.S. published a paper written by Miss Nussey, entitled The Work of a Hospital Almoner in an Out-Patients’ Department. In this paper, she clearly defined the work of a hospital almoner at that time, and also laid down principles on which this work was based. “The almoner was to endeavour to stop abuse in every direction – abuse by the well to do, abuse by the thriftless and abuse by those who through ignorance or inability of any kind could not carry out the treatment necessary for recovery” (6. Helen Nussey, Page 1.).

She went on to state that the co-operation inside and outside the hospital was of the utmost importance. Within the hospital, “the endeavour was to make medical and nursing staff and students and even hospital porters realise that any case they might take to her . . . would have her serious consideration, however difficult the problem to be solved might be” (Ibid, Page 3). She emphasised the necessity of having someone in the out-patients’ department whose duty it was to attend to the social aspects of a patient’s life. “The almoner is the connecting link between those who are working for the benefit of the poor both within and without the hospital . . . . The almoner knows the conditions under which the working classes live, their thrift agencies and the workers who are doing good or harm among them” (Ibid, Page 3).

Helen Nussey firmly believed in the nineteenth century tenets of self-help and responsibility for oneself and one’s family. “The almoners’ endeavour throughout their work is to encourage habits of thrift and self-reliance . . . . It is pointed out to those in difficulties, how they can in future make provision for emergencies which will inevitably appear in the course of their lives . . . . discourteously not taking any schemes which may weaken a patient’s moral fibre underlines the almoners’ attitude to the Poor Law” (Ibid, Page 5).

She went to criticise how some “ne’er do wells” looked on the Poor Law Infirmary as “safe provision in times of sickness”, but she also stated that there were occasions when the almoner had to recommend resort to a Poor Law Infirmary, for example “if a man is suffering from advanced phthisis, especially if he is living in one room with a family of small children, every effort is made to send him to the infirmary” (Ibid, Page 6). Miss Nussey argued that the Out-Patient Department’s role should be mainly that of a consultancy centre for the poor. In this way, she suggested, the best cases could be procured, so that the hospital staff would have the necessary time for teaching.

She reported that she was interviewing twenty to twenty-five patients daily and that out of the ten to twelve of these telling the truth, only one would be out to deceive. She emphasised the importance of understanding the character and gaining the confidence of those individuals whom she had to deal with. “The character of each patient must be taken into consideration as he is dealt with.”

Miss Nussey reported that since an almoner was appointed at the Westminster Hospital, the number of out-patients had gone down, but the number of those attending specialist departments had gone up. She observed that those attending out-patient departments “are gradually becoming what they should be . . . . the respectable poor.” She ended her paper stating that although employment of an almoner could not claim to have solved “the vexed question of out-patient abuse, it appears to be working in the best interests of the hospital, the general practitioner and the patient himself” (Ibid, Page 10).

ANNE CUMMINS (1870-1936)

One of the most important almoners in the moulding of the profession – until her retirement in 1929 – was Miss Anne Cummins. She had tried her hand at teaching but found that her vocation did not lie in that direction. She was appointed as Lady Almoner to St Thomas’s Hospital in 1905, on the recommendation of Charles Loch, who knew her father. It was early in her career at this hospital that she met Dr Cabot and Ida Cannon, and was greatly impressed by their ideas. She took on board Dr Cabot’s view that working in co-operation with the medical and nursing staff was of vital importance for the new hospital social work profession. She had served her apprenticeship under Miss Mudd at St George’s and had learned there something of the difficulties involved in working with doctors. She understood that for doctors, with what passed for their unquestionable authority in the hospital setting, it was not easy to accept a woman who was not immediately under their control, as a colleague.

At first, not wanting to draw attention to herself, Miss Cummins would wear a hat when she was in the hospital in the hope that she would be taken for a visitor by members of the staff. She would also adopt the practice of leaving the hospital and walking along the street when proceeding from one block to another so that she would not be noticed. To those individuals who trained under her in the early days, she insisted that “they must on no account put a foot wrong” with the medical staff (2. Moberly Bell, Page 54). For example, she stipulated that “long skirts were in fashion but trains were not allowed and any assistant coming to St Thomas’s on Saturday dressed to play hockey later was sent home because her skirt was four inches off the ground – the regulation length for hockey of the day. White coats did not appear for some time, but the large hats of the period were worn” (1. L. C. Marx).

Miss Cummins worked very closely with the C.O.S. and adopted many of their ideas and precepts. She followed the principle which had been inculcated by the Society “that every man is responsible for the nurture and sustenance of his own family and if through sickness or other misfortune he is unable to fulfil this obli-
gation, he must be helped by the charity of others and this must be administered always with the end in view of making him able to resume his own responsibilities as soon as possible” (2. Moberley Bell, Page 59).

An example of how sympathetic she was in her early years at St Thomas’s to this philosophy can gauged by her attitude towards the establishment of a proposed subsidised feeding centre in Lambeth in 1908 for nursing mothers. This was at a time when there was severe poverty among the working classes in London. She was opposed to the idea and was relieved when the scheme was not adopted. “Any movement of this kind would be disastrous to the neighbourhood and would undermine much of the present effort to raise people from pauperisation ... Those who were unwilling or unable to stand on their own feet, she classed not as undeserving but as unhelpable, and (said) to give money to them was pouring money away” (2. Moberley Bell, Page 59).

In 1909, money from the Northcote Trust enabled Miss Cummins to extend the work of the almoners’ department. This Trust had been set up by Stafford Northcote, a friend of Dr Howell of St Thomas’s, as a memorial to his sister Cicely who had died at the age of 19. Northcote had visited Dr Cabot and Ida Cannon in Massachusetts and was impressed by their work and they had told him the same work was being done at St Thomas’s in London. The Trust money enabled Miss Cummins to employ almoners who were able to work with in-patients as well as out-patients, including those who suffered from tuberculosis, and with pregnant and nursing mothers.

She was instrumental in setting up a maternity ward at St Thomas’s and health education schemes for tubercular patients and pregnant women which advised on diet, hygiene, baby care and home management, etc. She also established a centre, called Northcote House, a place where mothers could meet to discuss their problems, and she extended the social work service to unmarried mothers, providing them with help and support after the birth of their baby. In 1909, she reported that with the help of voluntary visitors, a total of 8546 home visits had been made, and almost a thousand babies watched. At the same time, the work in the out-patients’ department continued. In 1912 she was able to report that cases of fraud were practically unknown, and that Poor Law and chronic sick cases were no longer overcrowding the department.

The National Insurance Act came into force in 1913. It gave insured workers the right to sickness benefits, treatment from a panel doctor, care in sanatoria if suffering from tuberculosis, but no hospital treatment or any health care for other members of the insured worker’s family (5. Willmott, Page 3). But Miss Cummins had found it hard to accept such statutory intervention. From the beginning, almoners had exhorted their clients to subscribe to provident dispensaries in days of prosperity as an insurance against future misfortune. They had urged thrift as a means of achieving self-respect, but for the most part, their efforts were fruitless as the clients concerned had few resources left after paying for immediate necessities. Miss Cummins wrote that “the necessity of an Act of Parliament to enforce provision may be questioned” (2. Moberley Bell, Page 78). However, she decided in the end to co-operate with the implementation of the Act and went on to initiate courses of lectures for individuals in her department so that they should fully understand its ramifications.

In 1908, Dr Cabot had spent some time observing Miss Cummins as she interviewed patients at St Thomas’s. His comments were complimentary: “She made each man feel that she was freshly interested in his plight, in what he had just been through and what was still before him ... For, if only for a moment, that someone, especially a stranger, is really delighted with the chance to see a little into his problems as she bends her mind for a minute in the effort to help him” (7. Richard Cabot, Page 17).

When Miss Cummins died, the medical profession was prominent among those who sung her praises. They remarked on her great leadership skills and the visions she had for the profession’s future. In the Lancet magazine of February, 1936, it was noted that while she was supportive of her staff, she nevertheless expected high standards in work, dress and demeanour. “Those who came to her for advice,” it said, “invariably left her fortified and with a feeling of adventure and courage. For the suffering and the oppressed, her sympathy was unbounded.” It was noted that she had a fine brain, unusual charm and an individual sense of humour.

**SELECTION, TRAINING AND DEVELOPMENT**

Training was seen by the almoners as of vital importance in passing on the values of the new profession, as well as in initiating recruits in the actual methods of the work. Until 1907, training for hospital almoners was undertaken by the C.O.S. and consisted of six months in a C.O.S. district office, followed by six months in an almoner’s office. Lectures were attended at the School of Sociology, which amalgamated with the London School of Economics in 1912. In that year, certificates were awarded by LSE to almoners and assistant almoners who had undergone training there.

In 1907 also, the Almoners’ Council was established (not to be confused with the Almoners’ Committee, which continued to exist). The new Council took over the responsibilities for the selection of suitable candidates for training and hospital social work posts. Policy on training became an important part of the Council’s role and so did the maintenance of high professional standards. Some writers have argued that after this time, the influence of the C.O.S. began to decline. In 1922, the Council had become the Institute of Hospital Almoners
responsible for the training of almoners and in 1945 it combined with the Hospital Almoners’ Association to form the Institute of Almoners.

The decade from 1905 to 1915 was one of steady development when many more almoners were appointed, in London and other parts of the country. By 1913, at least sixteen almoners were in post. Annual reports during these years show expansion in many directions and increasing use being made of the almoner. In addition to the supply of appliances, fares, clothing and the planning of convalescent treatment, they made comments on the effects of the National Insurance Act of 1911 on hospital administration. Almoners were also used as interpreters of the new scheme and helped patients make use of the services of panel doctors and claim benefits to which they were entitled from their Approved Provident Societies. Many hospitals used the almoners to supply statistics necessary for the formulation of policy and entrusted to them the administration of the Samaritan Fund at some hospitals to give financial help to patients. With the outbreak of war in 1914, the number of students applying for training decreased. The consequence was a shortage of almoners.

By 1915, twenty years after its inception, the profession of hospital almoner had come a long way. It had been able to adapt some of the old thinking of the C.O.S. to the demands of a new century. A less rigid attitude to Poor Law patients attending hospital was demonstrated at a meeting on February 24th, 1904, of the Almoners’ Committee, when the workings of the Poor Law came up for discussion. “Hard and fast rules cannot be made and all cases that are in theory Poor Law cases cannot be sent away... For example, if long treatment is required, a patient will only persevere if allowed to continue at the hospital.” They argued that if there were medical reasons, persons of “bad character” should not be sent away, and for those of “bad character”, if he comes for a second visit, may be influenced for the better. In 1907, the Almoners’ Committee discussed the undesirability of making the post of almoner a voluntary one, demonstrating an important move towards professionalism (9. Hospital Almoners’ Committee, 1907).

Some of the problems encountered by the almoners and the C.O.S. in formulating rules and guidelines for the emerging profession were articulated in the correspondence between a Captain Morse, a C.O.S. member and secretary of the Almoners’ Council, and Miss Cummins, and then between Edgar Kemp (Morse’s successor as secretary) and Miss Cummins. On December 10th, 1907, Captain Morse recommended that “ladies for hospital almoners” should be aged between 25 and 35, and on September 29th, 1908, he wrote that “It is quite clear to me that no almoners should be allowed to marry without consent of the Council...”. On December 3rd, 1908, he wrote again, to suggest that Rules for Training should be drawn up. Earlier that year, he had written saying how pleased he was by an article about hospital almoners which had appeared in the Lancet. He said “I am expecting congratulations to flow in... We must now approach The Times” (February 18th, 1908).

On April 8th, 1910, Edgar Kemp wrote to Miss Cummins in his capacity as member of the C.O.S. and secretary of the Almoners’ Council, saying: “I am having a fearful time this week, dealing with unsuitable applicants for posts as almoners... They come from the suburbs in the weirdest of clothes and I don’t know how to tell them they are impossible. All I have the courage to do so far is to dilate on the advantages of a university education...” Some eighteen months before, on September 30th, 1908, Captain Morse had written to Somerville College, Oxford, inviting it to submit “suitable” names of individuals who might undertake training as almoners. Their qualifications would be “of a high order”. On November 1st, 1910, Kemp wrote once again to Miss Cummins telling her that one disappointed candidate had written in suggesting “the Council may be prejudiced against suffrageous people...” (BASW Archives, held at Warwick University).

Dr Cabot was of the opinion that a hospital could not treat patients adequately without considering each in their social setting and maintained that to arrive at an understanding of the patient’s situation required a ‘trained’ social worker. In 1913, this view was reiterated by a surgeon addressing the annual meeting of the British Hospitals’ Association, held in Newcastle. “Co-operation between doctor and social worker is absolutely necessary if their common ideals of raising the standards of public health and the extermination of disease... are to be realised” (2. Moberly Bell, Page 93). An important landmark in relations between hospital almoners and medical staff had been reached.

C.O.S. influence on hospital social work gradually declined in the first decades of the twentieth century as the influence and status of the C.O.S. itself declined. Books written by Ida Cannon in 1912 (10.), by Dr Cabot in 1918 (7.), and by the social theorist, Mary Richmond, in 1917 (11.) all assisted in laying a theoretical base for hospital social work. Freudian and psychoanalytic ideas were taken up in earnest by hospital almoners in the 1920s and 1930s and became an increasing influence on their work.

In 1908, the Old Age Pensions Act introduced pensions for those over 70 years of age, subject to a means test but were no longer stigmatised by the Poor Law. The new National Insurance Act gave insured workers the right to sickness benefits, treatment from a panel doctor in time of sickness, care in a sanatorium if suffering from tuberculosis. However, there was no provision for hospital treatment or health care for members of the insured worker’s family. Even so, this Act signified a new spirit and a major move forward in social welfare (5. Willmott, Page 3). By, 1919, nearly twenty-five years after the appointment of Mary Stewart, there were 46 hospital almoners in post.
POSTSCRIPT

With the retirement of Charles Loch as its general secretary in 1917, the C.O.S. did not close down but continued to work with families needing help. In the Second World War, it was at the forefront of agencies, public and voluntary, assisting victims of the blitz and other wartime losses. Later, with the London Council of Social Service, it promoted the Citizens' Advice Bureaux and soon had 80 offices in operation. In 1946, the C.O.S. became the Family Welfare Association, extending its brief far beyond the problems of poverty. Well into the twentieth century, it continued to provide placements for social work students and by 1999 announced that it was helping around 30,000 people a year. In the year 2003, the Association gave more than one million pounds in small grants to families and initiated twenty new family and community care services.

In 1941, the Government set up the Beveridge Committee, and the Almoners' Association was invited to submit evidence. Seven years later, the National Health Service was established and almoners, freed from the task of assessing capacity to pay, were able to concentrate on social work. In 1951, the Cope Committee on Medical Auxiliaries stated that almoners were engaged in tasks which were an essential element of hospital services.

The Institute of Almoners changed its name in 1964 to the Institute of Medical Social Work, and ten years later, the local authority took over the responsibility for employing and managing hospital social workers. With this administrative change, the profession lost some of its identity. Social workers are still employed in hospitals, but they are no longer referred to as almoners. Their particular specialism has become known as “health-related social work” and they are now part of a generic social work profession, sharing core skills and knowledge with colleagues in other settings.

To qualify as a social worker today, candidates have to obtain an undergraduate degree at university or college of further education. Advanced Awards in Social Work are obtained after studying for an MA degree. From April, 2005, all social workers wishing to practise need to be registered with the General Social Care Council.

In London, there are problems of recruitment and retention as, for various reasons, more and more social workers seek work outside the capital, where housing is cheaper and the work itself less stressful. One result has been an increase in the role of voluntary organisations employing hospital-based social workers. The Macmillan and the Malcolm Sargent Funds, for example, employ social workers for terminally ill patients and children with cancer. Some health-related hospital social workers are now physically located in social services department offices rather than hospitals.

It is argued that multi-disciplinary collaboration between the social worker and her hospital colleagues – so important for patient care – has been diminished by this development. The priorities today for health-related social workers are discharge planning and child protection, while the preventative aspects of the work – such as counselling, advocacy and old-fashioned case work – have become less important in the hospital context.

In some ways, hospital social work has come full circle with voluntary organisations and sometimes charities stepping in to fill the gaps left by the statutory services. Meanwhile, health-related social work remains a profession dominated by women, though men can be found in some hospital social work departments.

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SUMMING UP

"The study of disease in man cannot be made without reference to the condition in which he lives"

*Sir Farquhar Buzzard, Physician and President of the Institute of Almoners, 1942*

The growth of health and welfare provision financed by the State was a feature of British life in the second half of the twentieth century. The thinking that welfare benefits were a right for all citizens who found themselves in need represented a radical turnaround from the nineteenth century laissez-faire ideology that relief of poverty by the State was a measure of last resort, eligible only to the "undeserving" poor. The cutting back of outdoor relief and the deterrent of the workhouse had been the dominant policies of the Poor Law authorities since the Poor Law Amendment Act of 1834.

This Act had in fact ushered in a new age of liberal capitalism. The phenomenon of pauperism (those dependent on poor relief) and the ideal of limited State provision, the importance of charity and the virtue of individual responsibility, although challenged by economic crisis, policy changes, and the growth of collective and socialist ideas, remained central to welfare policy for the rest of the century. The prime responsibility for poverty was securely located in the individual and not in the social and economic structures of society.

The practice of philanthropy increased greatly in Victorian times, absorbing the time and the money of the better off as well as some of the working classes (as in the case of Ellen Ranyard's Bible Women and Catherine Booth's salvationists). However, it was the medical charities which became among the greatest recipients of benevolent funds. The voluntary hospitals increased in numbers and in importance as a result of this upsurge in charity. In the first half of the nineteenth century, the average number of patients in hospitals in England and Wales increased from about 3000 to nearly 8000. Treatment for the patients was free although they had to produce a subscriber's letter as recommendation before the treatment could begin. The teaching hospitals, meanwhile, were particularly keen
to benefit from the crowds of sick patients who were filling their outpatient departments for the purpose of training medical students.

As long ago as the 1870s, shortly after the inception of the Charity Organisation Society (C.O.S.), lobbying had begun for the reform of the overcrowded outpatients’ departments in London’s voluntary hospitals. The C.O.S. considered that the free medical treatment that patients were receiving was demoralising and encouraged medical pauperism. They believed that medical charity should be reorganised in co-operation with other charities and that wherever possible the poor should be persuaded to join a provident medical association. In his evidence to the Select Committee of the House of Lords (1890 – 1892), the C.O.S. general secretary, Charles Loch, recommended that every hospital should limit its number of out patients, and that every case ought to be investigated by an officer with experience in charity work, “a trained almoner”.

Following the report of the Select Committee, but not at its instigation, the first “lady almoner”, Mary Stewart, was appointed to the Royal Free Hospital, London, in 1895. Her salary for the first year was paid by the C.O.S. and after that by the hospital. She had been working previously in a C.O.S. district office and was trained by the C.O.S. in investigative methods. By 1913, at least twelve voluntary hospitals in London, as well as several provincial hospitals, were employing almoners.

The intellectual roots of the first lady almoners lie deep in the political individualism and Christian evangelicalism of the eighteenth and nineteenth centuries. Theories about political economy articulated by such thinkers as Thomas Malthus, Adam Smith and Jeremy Bentham, who linked economic competition, laissez-faire economics and Christian evangelicalism to moral and spiritual growth. Samuel Smiles (1812 – 1904) in his book entitled Self Help, published in 1859 (the same year as Darwin’s Origin of Species) reinforced the mid-Victorian values of hard work, independence, responsibility for oneself and family. “The spirit of self-help,” he wrote, “is the root of genuine growth in the individual ... Help from without is often enfeebling in its effects, but help from within invariably invigorates.” The book was a best-seller and by 1900 had sold 250,000 copies.

These tenets, advocated by Smiles and others, were spread not only by the political economists and politicians of the day, but they were also taken up by the evangelicalists whose revival at the beginning of the nineteenth century reinforced current political thinking. To them the act of charity in some cases was an act of atonement, a way of relieving guilt, and of motivating people to participate in philanthropy.

Social work activity in the nineteenth century was largely influenced by evangelical or religious thinking. For example, Thomas Chalmers was an evangelical minister; Ellen Ranyard’s Bible women demonstrated that through home visiting and selling Bibles they could win souls while at the same time teaching practical skills. Octavia Hill was a dedicated Christian throughout her life who, as a child, had contact with Unitarians and Quakers. As an adult, her religion motivated her charity work, in which she preached – at the same time as Samuel Smiles – self-help and independence from state intervention. Catherine Booth, co-founder of the Salvation Army, practiced social work in London in the late nineteenth century as a “true” evangelist, presenting a kinder model of helping the poor than Octavia Hill.

However, Octavia Hill’s work, although religiously motivated, was an example of secular social work or scientific charity. She laid down guidelines, methods of practice and ideas about training which social workers were to follow. Her belief that influence should be brought to bear on the poor through an individual relationship and through investigation of each case was taken up by the C.O.S. in earnest. Later, the work of the first lady almoners, at the beginning of the twentieth century, mostly trained in C.O.S. offices, was underpinned by the thinking of Octavia Hill. In turn, the C.O.S. and Octavia Hill had been influenced by the values of Thomas Chalmers, which he had articulated sixty years before.

The lady almoners were an example of the “new women” who were making their presence felt at the end of the nineteenth century. They were mainly single, middle-class and educated, displaying tact, diplomacy as well as firmness when necessary. Not accountable to male (or female) doctors, they nevertheless had to learn how to work with them. Very much influenced in their first years by the C.O.S., and by Charles Loch in particular, they gradually broke away from their Victorian and male heritage. With support from their American colleagues, Dr Richard Cabot and Miss Ida Cannon, they pioneered a new profession in hospitals which was concerned for a patient’s total social welfare. They sought to establish crucial links between patient, hospital and community.

Through the Almoners’ Council and the Association, they laid down principles of social work practice, enforced by training, which anticipated the needs of the twentieth century. Although mainly women, they sought in their professionalism a position which was equal to that of men. Philanthropy, where women had played a mainly inferior role in the nineteenth century was, by the early twentieth century, being transformed by these “new women” into professional social work. For nearly eighty years, from 1895 until 1974, while slightly aloof from colleagues in other branches of social work, they were to dominate the social work scene.
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AFTERWORD

Concluding with a lecture given by Anne Cummins, principal social worker at St Thomas’s Hospital, in 1925

Anne Cummins (1870-1936) was appointed in 1905 as a lady almoner at St Thomas’s Hospital, London, and until her retirement in 1929, she dominated the social work scene in London’s voluntary hospitals as well as the local community. She pioneered child welfare and maternity services as well as after-care for those suffering from venereal diseases and tuberculosis. She set up groups for mothers and children, where they could meet to discuss their problems and encouraged fathers’ interest in the birth of their babies. In 1920, she established Northcote House, a hostel where young girls from the gynaecological department could live, sometimes with their babies, until they had made a fresh start in life.

A disciple of Charles Loch and his ideas about charity and poverty, she was able to take on the broader thinking of her American contemporaries, Dr Richard Cabot, and the social worker, Ida Cannon, both from the Massachusetts General Hospital in Boston. She attended international conferences and laid down guidelines for the selection and training of almoners. She built up a strong social work department at St Thomas’s which gained the admiration of the profession and which was a popular setting for the training of social work students.

In her obituary in The Times, on February 17th, 1936, A.S. wrote of her “extending the activities of her department until there was no branch of social service it did not embrace . . . She never treated any patient or applicant for help as a case. He or she was at that moment a real living human being and the object of her utmost sympathy and care. All her thoughts were concentrated on getting work for the men languishing in hospital . . . or much needed rest in a convalescent home for the mother, or food and clothing for the children.”

Born in the nineteenth century, she inherited some of that century’s ideologies, but was also able to move with the times. Innovative in her thinking and in her projects strong-minded and compassionate, she helped to establish a profession, which made its mark well into the twentieth century. This lecture, which she delivered at the height of her career, probably in about 1925, describes the work
of an almoners’ department and how it had progressed since the early days of the
1890s, when “lady almoners” were little more than investigating officers.

Now, visualise with me any morning in this hospital, first in the Out-Patient
Department. At 9 o’clock there is a stream of women with their children outside
the Almoner’s office for the Children’s Department. They have been perhaps up
and about since 6 o’clock and done their housework, washed and sent several
children off to school, taken the baby to a neighbour to look after while they are
at Hospital and put on the dinner to cook so that there is something ready for the
family at mid-day, and one child has had perhaps to be left in bed as she had a
cold and was feverish.

They arrive naturally hurried and worried and when they fetch their Letter
from the Almoner’s Department want to explain their difficulties and ask advice
about some personal anxiety. The Almoner on her side wants to find out whether
the District Nurse did call as arranged and do the dressing for the child attending
Hospital. Whether the father had a full time week; whether she had been able
to prevent the rheumatic child from sitting out on the stone doorstep in damp
clothes, and often encouragement and a few common sense hints will give
the mother fresh courage to try again to systematise the supervision of the child.

The child is then taken to the doctor and you will know how often he orders
some new treatment to carry out which will involve expenditure, and time and
intelligence. The mother will perhaps come back to the Almoner with a story of
how impossible it is for her to pay for an instrument or keep the child in bed as
she has to go out for so many hours a day to augment the family income.

The tangle has to be straightened out, help arranged for financing the cost of
the instrument, after enquiry through perhaps the I.C.A.A., whose visitor will now
act as the family watcher and friend and the liaison between the Hospital and the
home. After a few days it may be that the report of the home is sent and the
Almoner realises that no complete rest is possible. For instance, the choralic child
is sleeping with two others in a bed in a room which is at once bedroom, kitchen
and playground for the other children, and living-room for the whole family.

Now comes the time that I want to stress for consultation between the doctor
and the Almoner. The home conditions have been obtained for the doctor so that
the future treatment may not be based on a misconception, and in turn the
Almoner in consultation make the possibility of continuance of treatment as
ordered possible by undertaking to arrange for a period of rest in an institution.
That interlinking of medical and social work has many advantages. It saves a
waste of the doctor’s time, it leads to efficiency in medical service, it subdivides
the work in order that the whole treatment may be more effectively tackled.

You will be able to follow out the same application of co-operative methods
through all the varying Out-patient Clinics. Remember the cases found in the
Neurological Department when the basis of trouble may be some maladjustment
in their personal or social life. Again, in the Orthopaedic Department where,
after the skilful manipulation, there must be a continuing drain on the family
income and the mother’s time to provide the necessary instruments, and the whole
question of the future training and education to be considered. Watch the stream
of TB patients and you will realise as students of the medical profession that pre-
ventive health work in the home is one of (words lost). Make your campaign such
that it must be wielded in the home of the patients themselves. The Ophthalmic,
Aural and Maternity Departments are all fields for the same combined work
between Almoner and Medical Staff.

Secondly and shortly, consider the ward patients, many of whom are drafted in
from Out-patients. You see daily on your rounds row upon row of tidy beds with
tidy patients and it is perhaps difficult to call up in your minds the real personal-
ity in their everyday surroundings. But as a first step to admission most patients
have first seen the Almoner and many difficulties have had to be overcome before
the patient can enter the Hospital in a peaceful frame of mind so essential for
treatment or operation.

There is a wonderful spirit of unselfishness abroad, and however serious the
illness, in most cases the first thought of the mother to be admitted is the care of
the children at home. The last thought of the man (is) the economic and financial
position of the family he will have to leave. Her knowledge that many working
class families cannot stand the strain of six weeks’ illness with only the Sickness
Benefit coming in. In each case, the problem has to be worked out and the various
sources of help – State and voluntary – tapped to ensure security in the most
vital interest, the home.

The Wards of a Hospital are a miniature community; we all know that one finds
in life the normal and the abnormal side by side, and the number of those who
through sickness cannot make their way in the world on discharge from the
Wards, and those who from lack of character or resources cannot make the nec-
essary effort to regain their footing, provide a sequence of problems which can
only be solved if there is a real corresponding, co-equal effort between the
Doctor, Sister and Almoner.

I hope that this short explanatory description of the way that the Social Service
Department can wait on and yet augment the medical service may have shown
you something of the necessity for a better understanding or, rather, shall I say, a
more detailed knowledge of real department functions, and I want to emphasise
again that it is only with a full knowledge of a machine that the best use can be
made of it – and so I will, if I may, shortly summarise the chief channels of her
work, and leave you to fill in all that side of personal service of which I hope I
may have shown you the need.
An Almoner’s chief avenues for help are:-
The provision of all instruments within the entailed finance and supervision of
renovations.
The arrangements for convalescence recommended by the Physician or
Surgeon – both for short times or for long periods of months or even years, with
the resultant responsibility to the patient’s family and the collection of contribu-
tions and financing of the whole proposition.
Extra nourishment and special diets.
Training apprenticeship for the disabled.
Supervision of the dying and incurable cases.
The care of the unmarried mother; the befriending of women and girls suffer-
ing from VD.

There is a large side of the Social Service work which has during the last 20
years become of paramount importance. I mean co-operative work with the State
and Municipal schemes for health and social welfare. Many of the recommenda-
tions of the medical staff could not be carried out unless the Almoner had a very
comprehensive grasp of all the ramifications of the Acts and By-laws which give
benefits and extension of treatment if the right application is made.

In conclusion, there is one more point that came up in my talk with your sec-
retary which I cannot overlook. He asked if I could give him some idea of what
you as medical men of the future could do to take your share in the charitable
work of the Hospital, and if I have made myself clear I hope you have gathered
that if we can obtain that spirit of considered judgement and love, it can only be
expressed in its highest terms of efficiency if we have learned to co-operate and
interlock in our work for the good of the whole.

In the football field, you would understand well enough the value of the team
work, of the importance of passing, of the combined effort, and in your Hospital
work that same understanding of the weight and value of each separate unit in
the service and unselfish co-operation must make the continued effort bring its
full effect.

Note: This version of Anne Cummins’s lecture is one which was re-typed in 1941. A copy is held in the London
Metropolitan Archives Centre.

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PICTURE SOURCES

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Thomas Chalmers, courtesy Archibald Constable and Company, London
Vagrants in the Casual Ward of a Workhouse (Henry Mayhew, 1840s), courtesy of Penguin Books
A London Court, 1860s, by Gustav Dore, courtesy Dover Publications
Patients in a Waiting Room, St Bartholomew’s Hospital, c.1890, courtesy of the Wellcome Library, London
The New Women, from a family album, Copyright Victoria and Albert Museum
Angela Simmons was herself an almoner. She is an honours graduate in Sociology and has a master’s degree in Social Policy and Administration.

She began her social work career in a Glasgow fever hospital in the early 1960s and qualified at the Institute of Medical Social Work (formerly the Institute of Almoners) in 1965. Her career covered nearly thirty years in hospitals, local authority social services departments and voluntary organisations. Since retirement she has been a student at Birkbeck College, London University, gaining a diploma (with distinction) in Victorian Studies – which was a trigger for this book. She is married, lives in London, and has two sons and two grandchildren.