

The First Lady Almoner

The Appointment, Position and Findings of Miss Mary Stewart at the Royal Free Hospital, 1895-1899.

Dr Lynsey Cullen

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I'm Dr Cullen. This evening, I'm going to talk to you about one of the first strands of social work in the UK the hospital almoners, specifically the first almoner Mary Stewart, who was appointed at the Royal Free Hospital in 1895 where she worked until 1899. Almoners were caseworkers. Essentially they were appointed to means test patients at charitable hospitals to determine if they should be made to financially contribute towards their treatment. They expanded this role to include many other things that we associate with modern day social work, which I'm going to talk a bit more about later on. I'll start by giving you some background so that the creation of the role of almoner makes sense. And then I'll talk in a bit more detail about the work of Mary Stewart herself, her findings, particularly about the identity and the needs of the patients who came through her office.

[slide 2] To begin, a picture of the Royal Free Hospital. This was the Royal Free on Gray's Inn Road at the time that Mary Stewart worked there. Gray's Inn Road being central London, just up from Kings Cross for those of you that don't know. Before the NHS you paid to go to hospital in the UK unless the hospital was a

charitable one, one that was funded by charity donations. To get treated at one of these you normally needed a subscriber's letter, as they called it, or a letter of recommendation. Benefactors to charitable hospitals received a number of these letters depending on how much money they donated to the hospital and then they could decide who to give those letters to and who then could get treated at the hospitals. Without a letter patients would only be accepted to charitable hospitals in cases of emergencies.

The Royal Free was founded in 1828 as a charitable hospital where you wouldn't need these letters. The founder of the Royal Free Dr. William Marsden decided to found a hospital where poverty and ill health were the only passports required and where the hospital staff would decide on who was in need of free treatment, not the governors or the benefactors. The Royal Free began as a small outpatient dispensary at Hatton Garden and then grew. Because it didn't have subscribers' letters, it was of course incredibly popular. It changed its name to the Free Hospital in 1835 and then gained royal patronage a little later and became the Royal Free Hospital after Queen Victoria patronised it. Then it moved to Gray's Inn Road in the 1840s and had various fancy extensions built as you can see here, and by that point, you could treat hundreds of inpatients at any given time, and hundreds and thousands of outpatients. By this point, like many other voluntary hospitals in the city, by the latter half of the 19th century, the Royal Free was seriously overcrowded.

[slide 3] The Royal Free, in particular, had growing fear, particularly from the governors and some of the local community, that the patients were potentially taking advantage of the free treatment, those people who could afford to pay in

full or contribute towards their medical care. There were cases they claimed of people dressing down in order to appear more destitute. And here's a quote from a newspaper article called 'Hospital Abuses' in the 1870s which summarises a meeting held by the Royal Medical Society and expressed the growing concern of the medical profession on that matter. If I read it, it says that: *there exists a great abuse of the out departments of hospitals by persons not entitled or needing gratuitous medical attendance and medicine being patients at those departments. It was stated, too, that the out-patient rooms were so crowded, that the medical attention given was often little better than a farce, and that in several respects, the out departments of hospitals were often the means of doing harm rather than good.* To tackle this problem, a select committee of the House of Lords was appointed in 1891, which aimed to investigate and make recommendations as to the outpatient departments of the metropolis. As a result, an inquiry officer was appointed at the Royal Free to eliminate unsuitable patient cases. But, according to the minutes of the board in 1894, as the next slide shows [slide 4], *the inquiries take up much time, and are necessarily imperfect, because they're conducted by unskilled officers who have no means of testing the truth of the statements made by the patients.* It was Sir Charles Lock, the Secretary of the Charity Organisation Society (COS) , which I'll talk about in just a second, who sought to ratify this problem by offering to provide a trained inquiry officer to hospital outpatient departments, someone who could means test patients to decide if they should be made to contribute towards their treatment or to refer them to other means of charity.

[slide 5] So the Charity Organisation Society, or the C.O.S, as I might refer to it, was a middleman of charity in London. People who sought help from charity would go

to the C.O.S who would then decide and direct them to the most appropriate charity for their needs and would keep track of who was going where so they couldn't get charity from multiple places at once. It was founded in 1869 on the principle that the giving of indiscriminate charity demoralised those who received it, as they believed that giving indiscriminate charity encouraged habits of laziness and dependence. Its aim was to establish better efficiency and a proper costing procedure in the dispensation of charity by persuading charities to coordinate and concentrate their resources. It was felt that relief should only be provided after a case had been rigorously investigated to ascertain the applicant's worthiness. By organising charity, the C.O.S believed it could tackle the causes of poverty rather than the effects and therefore prevent poverty by encouraging independence, providence and self-reliance. It was run through a federation of district committees corresponding with the Poor Law divisions of Metropolitan London. Applicants would register, their case would be investigated and, if successful, they'd be referred to the most appropriate charitable society. The staff of the C.O.S, this is the important bit really, is that they were often middle-class women who strive to do good for the community, or to keep themselves occupied in the period when occupations for middle class women were quite limited. Although there were many other newly formed voluntary societies in the late 19th century, the C.O.S became the dominant force because of its investment in training. The C.O.S staff members were trained to take the details of applicants who entered the office, to make inquiries either by post or by visiting and interviewing people and to make visits to their homes to check on their progress until their case was closed. The C.O.S trained staff to inquire into the financial and moral standings of charitable applicants essentially to do the job that a future almoner would do.

Charles Locke felt the trained C.O.S member would be perfectly suited to the role. And then why the Royal Free? So, the Royal Free was keen to be the setting for the trial of an almoner. Many of the reasons I've said before; because they were so overcrowded as the first free hospital. The Minutes of the Board in the mid-1890s describe the further benefits of employing an almoner. [slide 6] *It would put the hospital more in touch with the surrounding dispensaries to which our trivial cases, where the patient could afford to pay a small fee, would be referred, and from which we could receive cases requiring skilled treatment. The Hospital would thus gradually become an institution where the highest skill and largest experience were brought to bear upon serious and difficult medical and surgical cases and the funds contributed by the benevolent would thus be employed to the highest advantage.* ie they wanted the hospital to build a reputation for treating serious medical conditions rather than minor afflictions that could be treated elsewhere. So, after discussion between C.O.S and the Royal Free, Miss Mary Stewart was appointed to the position of almoner for a trial period of three months in 1895.

[slide 7] And here we have a picture of Mary Stewart. She was an employee of the C.O.S All accounts indicate that she was single and childless, which most of the C.O.S members had to be. She was trained by the C.O.S as a caseworker and then was employed as secretary to the North St. Pancras Committee. So, she was local and knew the local community. She therefore possessed knowledge of the conditions of the poor around the hospital and she had the training needed to inspect patients as to their means and eligibility for free treatment at the hospital. There appears to be no reference in any of the minutes that I've found as to why Mary Stewart was appointed not a different C.O.S employee. But they indicate that the type of person they were looking for must not lack in tact, courtesy and

on whom the medical staff had confidence. We can only assume that Mary Stewart had those things. Now, at the end of her three-month trial period, she returned to work for the C.O.S while the hospital evaluated her performance and it was decided that she should be appointed to the position full-time. She was then given an annual salary of very healthy £125, which was very reasonable for a woman, any person at this time, but certainly for a middle-class woman. However, the office that she was assigned was a small corner of the outpatient waiting room, partitioned off by screen. There was no light and, if a visitor came in, they only had a radiator to sit on. This was in the most part because the hospital staff weren't as keen on her starting, the medical staff, that is, the doctors and the financial staff, which we'll get onto as well shortly.

[slide 8] Her position: The duties when she was appointed, was to prevent abuse of the hospital by people who were able to pay for medical treatment. She had to means test people to see if they could afford to contribute towards the cost of their care. She had to refer patients already in receipt of parish relief such as the destitute to Poor Law authorities. She was basically to turn away people who were too poor that needed treatment from the poor house or something like that. And she was to recommend suitable people to join Provident Dispensaries. These were medical insurers. So, she was to refer people who could essentially afford to pay small monthly fees towards a medical insurance company, so that then they wouldn't have to rely on free treatment at The Royal Free. But how did she go about fulfilling the duties? Well, she kept a Record Book of all her inquiry work and she reported back to the hospital throughout the year. [slide 9] Here is a picture of that Record Book, which still survives, and it's now in the London Metropolitan Archives. It details any abuse of the department how she saw it.

[slide 10] To begin with, the role of the almoner was to interview and classify the patients. She interviewed patients wishing to receive treatments in the outpatient's department to determine whether they were eligible to receive free medical treatment at the hospital, whether they were to make a contribution towards their care, or whether they were best suited to receive treatment through other means. [slide 11] Here is a very grainy, I'm sorry, that's the quality of this picture. It's actually the almoner's office at another hospital. Just give you an idea of the kinds of things the almoner was to do. By her third report which was in May of 1895, Stewart comments that very few people objected to giving information. Actually, indeed, there were no complaints made by any patients as to the nature of the questions put to them by the almoner. Many patients were pleased to talk about themselves and the position of their families including their earnings, rent, children, etc. But others were less comfortable disclosing personal information and there are accounts of patients giving false statements as to their means, albeit some unintentionally. But over the course of Stewart's time at the Royal Free, the number of patients she interviewed each month rose until it peaked at over six hundred by 1899. [slide 12] The next point I'd like to make here is that she referred patients to other means of assistance, so she had to work with many other organisations, institutions and private individuals on a daily basis. New contacts were continually being formed and added to her, what I've dubbed 'her network of assistance', the almoner relied upon to refer the patients to the best help available. As already discussed in the reports, Stewart places a large amount of focus on the Provident Medical Associations, these insurers, and that was a large part of her job referring people, or at least advising them, that they should join these associations and so have the means to contribute towards their

care. Now that the Metropolitan Provident Medical Association was established in 1880 for the purpose of providing efficient medical relief for the lower classes whose wage earners fell between those who could afford to pay ordinary medical fees and those who were fit recipients of medical relief provided by the Poor Law – the poor houses and things. Providence Dispensaries were established across London and working-class districts and people were encouraged to subscribe. From the first report, Stewart classified patients based on whether they could join the Providence system, but interviewing proved that by far the larger number of people she interviewed had never heard of them. In 1897 on reporting as to the number of patients who joined the association, Miss Stewart notes that the last returns are undoubtably disappointing, which is a common theme. She pretty much felt throughout that the main problems faced trying to persuade patients to join these associations or other sick clubs was that, of course, the hospital treatment at the Royal Free was free. With free treatment available most patients didn't see the need to pay for any hypothetical medical insurance especially when they were living on the breadline themselves.

But it wasn't only the Medical Associations where Miss Stewart referred patients. She did refer many actually across to her colleagues at the Charity Organisation Society. Cases were regularly referred to the C.O.S who offered patients a wide range of help. They would refer them to charities to get them warm clothing or shelter, food or money towards necessities. And of course, because Mary Stewart worked there previously, she knew about all of these benefits. It was also common for the C.O.S to refer patients to nursing homes and convalescent homes. Children would typically be sent to nursing homes in cases of illness such as rickets. Adults were more likely to be sent to convalescent homes for at least up to

a month usually, people who particularly had things like TB or consumption. The C.O.S also sent people to the seaside to improve their health, usually to the south coast. There were cases of the almoners sending patients to the sea herself but usually the C.O.S would search for vacancy in a suitable home like potentially places like St. Andrews at Folkstone or All Saints at Eastbourne and send the patients themselves. [slide 13] So this is the cutting from the Royal Free Hospital report that thanks the C.O.S for influencing patients and their families to contribute towards their aftercare, which I found quite amusing. They're basically bullying them a little bit here, the patients to contribute. And this is something that the Charity Organisation Society did quite regularly. If one member of a family needed charity and, in this case, if a patient needed help, they would rally around and expect family and friends to contribute as well and really push that as opposed to outright giving people charity or in the hospital's case giving them free treatment. But the almoner also referred patients to other things like religious groups. Clergyman of the parish are often referred to in cases where the patient needed money to pay for nourishment. This form of help would often overlap with other means. People who were sent to the C.O.S, for example. Money was often given by the clergy to pay for extra nourishment or, in some cases, for a neighbour to do housework for patients who were in a state where they couldn't do it themselves. They also organised the shelter to be given by religious groups to patients in need. In one case she organised for a 61-year-old homeless man suffering from starvation to be given shelter and nourishment from the Sisters at the church in Kilburn. As of 1898 the almoner also organised patients to receive assistance from the Church Army, the Jewish board of Guardians and for some to attend a reform and refuge mission. And then, of course, she also referred people

to other institutions, whether it'd be parish infirmaries, Poor Law infirmaries or to specialist places like Middlesex Council wards, dental hospitals, convalescent homes and workhouses. She also visited people at home in order to determine whether their plight was as bad as they'd said they were. She's checking in on them at this point, basically.

The initial role of the almoner as presented in the Minutes of the Board describe the almoner's role of investigating the patient's needs but it doesn't actually make any mention of the task of home visiting, but it was a method of inquiry commonly used by the C.O.S so, a method that Miss Stewart was well trained in. [slide 14] Home visiting allowed for her simply to check up on the information given by the patients to make a fair decision as to whether or not they were deserving of free treatment and to check if patients had joined the Medical Associations, the insurers, the sick clubs I mentioned. Sometimes this was necessary after false information was given to the almoner. Like, in one of her early reports, patients visited after one of her references, one was found to have no knowledge of this person and the other referee was apparently found to be dead. But, as you can see from the slide I've put up here, [slide 15] the majority of cases were found to be in desperate need of free medical treatment. This picture is of a woman who is making her own mattresses for her and her family. You can see how close the tenement buildings are to each other and these are very common around Central London at this time. In fact, it was shortly after the almoner's appointment, there was a mass slum clearing in the early 1900s where a lot of these places around Bethnal Green, Spitalfields, Seven Dials, a lot of the very worst places in Central London were demolished. But for the most part, these are the kind of people that Mary Stewart is going and having to help. [slide 16]

Here is another one of the same things. You can see a lot of these houses before the slum clearance. They're being boarded up and these people are being removed out onto the streets. Again, these were such common things. I just want to show you the types of areas that the almoner would have been working in. However, while the almoner worked with many of these organisations to help as many patients as possible, it was also a large part of her job to actually refuse treatment to patients either because they were considered to be in a position to pay or because they were actually thought to be too poor and that they should have been in a workhouse or their medical treatment should have been paid for by the parish. [slide 17] Here you can see some of that, again, some of the states of the patients who have been evicted and cleared of some of these slums, but you can see just how many people are living in really tight conditions and who the people the almoner would have been going to visit. [slide 18] The number of cases each month where the patients were refused treatment as they were considered to be able to pay for private medical assistance or because they were too poor were always by far the minority, if actually none. But there are details of patients who she considered to have bad moral character, which often used to explain why they didn't receive assistance. [slide 19] There are some brilliant quotes in the Almoner's Book. One in particular; she was left in no doubt as to the patient being idle and of intemperate habit, the wife dirty and little better than her husband. In another case in 1895, the mother of a child patient was visited after not reporting to the Islington C.O.S office as she promised the almoner she would. The almoner found the mother very dirty and untidy and gossiping in the streets. Gossiping was considered not appropriate behaviour of good women in late Victorian times. The reference, I think, then included in the Almoner's Book as reason for refusing this

patient treatment. And very occasionally there were I say false information given to hospital staff. One patient is reported to have been sent to the almoner's office by a doctor for nourishment after he gave the impression that he was without means. But after the almoner inquired, found that he actually was already a member of a sick club and trade union, and did have the means to be able to contribute towards his care and nourishment. In another case, the almoner found that, while the patients themselves were unable to join the medical associations, the sick clubs and insurance, other members of the family were in the position to do so but they refused. In that case, they decided that again these patients would be refused treatment. I should point out they would always, if it was an emergency or first aid, they'd be given that but in terms of any ongoing treatment as outpatients they would be refused. Then I've put on here as well that they visited other hospital departments.

[slide 20] So here we have at St. Bartholomew's, which Mary Stewart visited during her time at the Royal Free also The London, The Great Northern, and Great Ormond Street hospitals are all listed in her Report Book. She visited them in order to see what they were doing, how they were dealing with the overcrowding issues. This was before they themselves had inquiry officers and almoners appointed. Patients were seen at St. Bartholomew's by an inquiry officer actually when they when they went in, not in the same way as the almoner, but they were seen to deal with whether or not in a moral sense they were allowed to go to St. Bartholomew's. [slide 21] In fact, I've got a picture here as well of the inpatients here. But the inquiries made by Mary Stewart were very unique and very different to what they were doing at St. Bartholomew's. She still pulled away some of the

tips and tricks that they were doing. [slide 22] And then lastly, one of the other essential roles that she performed was training other almoners.

By 1897, the success of Mary Stewart's inquiries meant that her work was extended and she began to interview other casualty patients and inpatients. Within two years then of her being appointed her role had developed from having to just randomly select patients for interviewing to being asked to interview patients from other departments across the hospital. In order to cope with that massive workload increase, two assistants were appointed to her office, a Miss Brimmell and a Miss Davidson. Miss Stewart trained these women to assist with the role of almoner and with them developed an index system in order to register all the patients referred to their office. She then trained future almoners of other institutions, [slide 23] including, here we have Miss Mudd who was almoner at St. George's Hospital. And then Miss Mudd in turn, trained Anne Cummings [slide 24] who was an almoner at St. Thomas's hospital, and then Anne Cummings trained other almoners and so on and so forth. It meant that quite quickly during the early century, almoners were appearing at hospitals across the capital.

We talked a lot about the official work of the almoners but they also, particularly in the early days as well, Mary Stewart in particular here, [slide 25] they went above and beyond. The list above was the things that she was told she had to do, but things that we found in the Almoner's Record Book weren't just the things like I've mentioned before about her finding convalescent treatment for patients or finding places for patients in homes for the dying. She also found apprenticeships for ex-patients who needed help in newly, as she's quoted, 'crippled conditions'. She secured domestic employment for many female patients. She assisted a

patient who had attempted suicide because their sight was slowly failing to gain a place in the School for the Blind. She helped prostitutes out of the trade by finding them places in Homes for Women. She offered support in claiming National Insurance benefits. A lot of patients were illiterate and couldn't fill in the forms themselves. So, the almoners would do that. I even found a case of her assisting a former patient with emigration forms to Canada because they couldn't find work in London. These are things then that were well beyond her role as a means testing Case Officer at a voluntary hospital. She was forming early social work and not just within the hospital but within the local community.

[slide 26] That said, most of her work, obviously, officially was to means test patients. I've included a slide here about who were the people that she actually was interviewing. The Almoner's Record Book is abundant with information about occupations, earnings, demographics and living conditions of the 1000s of patients interviewed at The Royal Free. Mary Stewart's findings are critical and understanding of the quality of life possessed by the people who have attended the hospital for medical assistance. The age of the patients seen by Miss Stewart ranged from newborns to the elderly. The family of the child in need of assistance will be interviewed to assess whether they could provide for the child themselves. Common examples were those in which the child suffered from rickets and was sent to the almoner for milk, for example. Similarly, in the case of older patients, the family was also assessed in order to establish if they could provide to the patient's needs. One example, there's a labourer, a 58-year-old who was refused assistance as pressure might be brought to bear upon his single sons who were quite able to give the relief required. In all cases, the family of a patient were expected to be the initial means of help and so their occupations and earnings

were often recorded as well. The list of family breadwinner occupations then in the Record Book are useful in understanding the type of people requesting assistance. The two most common occupations by far were labourer for male patients and domestic servants for female patients which were very typical working class and on the breadline occupations at the time. And they were mainly local residents of the Royal Free. The almoner kept records of the patient's residency so that she could refer them to other local means of assistance such as the relevant C.O.S office, for example, or the local sick club or insurers. As I mentioned at the beginning, the hospital was located at this point in Gray's Inn Road, which is close to Kings Cross, which at the time was one of the poorest and most densely crowded districts in London. Charles Booth said that it contained 61% of the poorest classes and nearly 300 people to an acre. The almoners' reports show that most of the patients did derive from Kings Cross and neighbouring districts such as in Islington, Holloway and Bloomsbury. They were all very close, quite often it was the closest free hospital. There were cases of patients who were coming quite far, people who had come from the south coast or from up north because they were coming to the hospital to see a specific specialist. There were specialists at this point at the Royal Free, particularly in cleft palates for children. And it was the first hospital in the early 1900s to appoint a female gynecologist. There were other reasons people came but, for the most part, it was people who were very local to the hospital. There was no local free means of treatment. The living conditions, as I mentioned before and you saw on those slides, can also be derived from the almoners' reports. While the rent patients paid are often recorded in case examples, the conditions of their lodgings are also frequently described. In one case, Miss Stewart reports that four adults

and one child were living and sleeping in one room. Another family reported to be living in a deplorable state of things as the father, mother and six children were found to be living in one room. The room was dirty and bare of furniture.

However, not all patients did live in such terrible conditions. They were rare, but she did occasionally make comments of people whose houses were very neat and tidy. And, in which case, she would often also say that those people she considered a 'good moral character'. There was always a moral element to the almoners' inquiries.

[slide 27] The findings then as to what she actually found financially about the people, and whether or not they could contribute towards their care at the hospital. Over the course of 1895 and 1899, when Mary Stewart was at the Royal Free, she recorded, she had 14 official reports. Each account recalls numerous months' work, some only three months, others six or seven, and she presented them to board meetings at the Royal Free once they were complete. Now the arrival of Miss Stewart at the Royal Free, as I mentioned earlier, was not met with total cooperation on the part of the medical staff. This was mostly because the Royal Free doctors, and this is not just at the Royal Free, but a lot of voluntary hospitals, a lot of the time doctors would go and work there with the assumption that they could pick the most interesting cases which they could potentially publish on or could progress their careers. So, when you then have an almoner or a means tester who is dictating who can come into the hospital, they weren't particularly happy about it. During her trial period no doctors referred any patients to her. She had to randomly select people from the Outpatients judging purely on their appearance. As I have written here, she selected 150 in these first three months and she reported that no serious abuse of the outpatient

department had appeared to be made. She was classifying the patients as either to be able to provide their own medical care on the Provident System, that is on the medical insurance. She would decide whether or not she thought they earned enough money that they should be contributing towards medical insurance, whether she thought that they were poor enough, but not too poor, that actually they weren't in a position to be able to contribute towards that insurance. Although they were unable to make provision, that second category there is actually that they were the appropriate patients for the hospital. And then she also determined whether or not some patients actually didn't need medical care, they actually needed charity. They needed food or they needed clothing or something like that and those people then potentially should have been helped by private charities or by the Poor Law, by workhouses and such, so that they didn't actually again need to be treated at the hospital. But after she had done her original trial period and doctors realised that the same patients were still coming through because most of the people she found were completely the right people, the right types, I should say, of patients that were being treated at the hospital. The prejudice by the doctors began to fade and they were then referring patients to her office to get charitable help. So, she abandoned the method of random selection. She was then hired permanently in the October of 1895 and the number of patients she interviewed increased steadily each year. [slide 28] which I've shown here on this slide.

I haven't got time today to examine and compare the findings of all of the 14 reports in detail. But as you can see from this slide, the smaller bars at the bottom are the number of patients she interviewed versus the higher bars which are the total number of outpatients in each of those years. You can see she's still

interviewing quite a small percentage but that is getting higher and higher. This does steadily increase, the almoners eventually into the 20th century where they're leveling out, and almoners are interviewing most outpatients. Not that you can just tell so much on just in these four years. But equally, the number of outpatients in the early 20th centuries at these hospitals continually declined. That was largely put down to the almoners themselves being a deterrent. People weren't going to come to the hospital as much and try and get free treatment because they knew there was an almoner there who was going to means test them. It's a little bit of both here. Of course, [slide 29], as I say, the numbers of people they are interviewing are going up, but as you can see, actually the kind of percentage of what the almoner is suggesting stays very, very similar. We can see that each year most patients were always in the category of what I said before, 'no action taken', which means that the almoner didn't further elsewhere, she allowed them to continue receiving free treatment at the Royal Free. Some of these patients were also considered to be suitable for charitable assistance outside the hospital, like I mentioned earlier from the C.O.S or from religious groups or private charities. So, the vast majority of people she did decide were completely relevant, completely allowed to get free treatment at the hospital and, in fact, needed more charity, on top of that. The second highest category was always those that she thought could get free treatment but they should also be in a position where they probably in future could pay a bit. So, she advised them to join the Provident Dispensary, those blue lines there, the medical insurers. The two smallest groups were always those that she referred to the Poor Law or those where she refused treatment altogether. That goes to show that, although the almoner was put in place to deter or to stop the potential abuse, she found that

essentially no abuse really of the department was being had. [slide 30] To put that in maybe a bit clearer. You can see here that the biggest section, by far, was where she took no action, she said you need to have free treatment at the hospital. The second largest is always though that she says you should be joining medical insurers. This is in her first report. [slide 31] If I pull forward to her last report, you can see here it's identical, basically. It wasn't that, as time went on, her opinion changed over those four, five years. Even though the number of patients dramatically increased that she was interviewing, the percentages or were always almost identical.

[slide 32] To sum up, by the time she resigned, in 1899, Mary Stewart had interviewed thousands of patients so that means she'd made countless visits to people's homes checked their stories, and followed up on their progress and continually remodelled the classification as to who should be made to pay for medical treatment. Her reports detail the complex nature of her work, the multitude of reasons why people turn to the Royal Free in times of need, and the assistance made available to those considered to be suitable to receive help from the almoner. The investigations carried out by Stewart and her team were thorough but no complaints were ever recorded as to the method of her inquiry. The organisation of bigger premises for the almoner's office as of 1897 demonstrated the role was considered to be both significant and permanent to the hospital, which indeed it was. After her resignation in 1899, Miss Brummel took over the role of almoner and she continued in the office herself until 1913. Her records then beyond show the impact of Mary Stewart. The system of home visiting continued to be an important method. The teaching experience gained from Mary Stewart in terms of the experimental and pioneering work that she

undertook was recognised continually throughout the annual reports of the early 20th century. After retirement Mary Stewart did actually then return to work at the C.O.S for a little while. But she remained at the forefront of the almoner profession. In 1983, she was one of seven almoners who founded the Hospital Almoners' Association, which later became part of the British Association of Social Work. In the 60s, the Institute of Almoners became the Institute of Medical Social Work and by the 70s the Institute was amalgamated into other organisations to form the British Association of Social Workers. So, essentially, the almoners carried on their work throughout the early first half of the 20th century until the arrival of the NHS, when they could drop the name almoner, the connotations of means testing, and essentially became social workers that we think of today. I'll end by just saying that Mary Stewart was a pioneer of medical social work. As I said, her work at the Royal Free in particular helped shape social work as we know it. So, thanks very much for listening.

Dr Lynsey Cullen

Daphne Jackson Trust Research Fellow, University of York