

Welfare *versus* Professionalism – the Controversial Relationship between Friendly Societies and the Medical Profession in Nineteenth-century Britain

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Abstract

Throughout the nineteenth century friendly societies across much of Britain had to find ways of responding to their members' ever-increasing requests for medical care, one of the most popular benefits paid for by individual subscription and provided at the point of need. To regulate demand many decided to employ doctors as medical officers on contracts with remuneration fixed according to the number of patients seen. The medical profession came to resent the level of control exerted by society regulations which they considered both excessive and unnecessarily restrictive. They began a lengthy campaign for improved pay arguing that their training and the services they offered were not reflected in the remuneration offered. When the friendly societies refused to enter negotiations many medical officers proposed strike action with support from the British Medical Association and *The Lancet*.

The controversial and highly fractious relationship between the friendly societies and the medical profession has yet to attract the research and discussion it deserves. This may be due in part to historians being reluctant to recognise the immense influence of friendly societies whose involvement with early forms of mutual aid and welfare allowed them to impose conditions on doctors seldom seen in other areas of public medicine. However, the extent to which doctors were unable to triumph over the friendly societies and the reasons for this must be revisited to gain a clearer understanding of not just ways in which the medical profession was developing at this time but also to identify more accurately doctors' expectations concerning the relationship they had across a wide section of society and the type of response this initiated.

Keywords

Friendly societies, mutual aid, welfare, doctors, medical officers, working classes

Introduction

For more than three hundred years diverse groups known collectively as friendly societies have offered various forms of mutual aid to ensure the wellbeing of members across much of the country and beyond.¹ Today they are generally less well known although some two hundred still exist and maintain the original intention of providing a range of financial benefits and companionship in return for individual subscriptions. Their names often incorporate references to a lost age of arcadian simplicity and brotherhood, for example the Hearts of Oak, the Foresters, and the Oddfellows, each of which was identified by its own regalia and feast days even though this made little sense to those who were not members. As such, therefore, they were generally regarded as a romantic and harmless echo of times long gone for an elite minority of workers who were able to protect themselves from the worst excesses of nineteenth-century life, unlike the rest of their class who were denied such luxury. These misconceptions of uniqueness and elitism may well explain why the history of the friendly societies has failed to attract the attention it merits to date.

Labour historians have tended to focus on the emergence of the trade union movement, whilst the growing voice of working-class dissent has been explored through extensive studies of the Chartist Movement and other outlets of popular protest. Social and medical historians have focused likewise on institutions, legislation, and philanthropy to understand how the working class survived the familiar twin evils of industrial growth and urbanisation. To date there is only one extensive study of the friendly societies, written in 1961 by Peter Gosden (1927-2012), Professor of the History of Education at Leeds University.² This is a comprehensive overview of the friendly society movement though there are many areas of their development which urgently require additional research. One such omission is the relationship between the societies and the medical profession, which became one of the most controversial issues of the times.

Historical background

Friendly societies have all too often been ignored in understanding the history of the nineteenth century on the grounds that they were thought to be little more than an attempt at insurance by a few workers who were able to afford such a luxury and who showed little concern for the millions who remained under the constant shadow of destitution. While it is true that many who joined were skilled artisans, the rise in real wages which gradually took pace throughout the nineteenth century meant that friendly societies were not the sole domain of what Friedrich Engels (1820-95) termed the labour aristocracy but were in effect a buoyant, wealthy and rapidly increasing response to providing mutual aid accessible to both skilled and semi-skilled working-class men, women and their families as an early form of welfare provision. Contemporary interest in what these societies were achieving was therefore extensive and as their numbers increased so did

¹ Friendly societies may be found across much of Europe as well as countries such as Australia.

² Gosden PHJH. *The Friendly Societies in England 1815-1875*. Manchester: University Press; 1961.

the call to impose some form of legislation to ensure that friendly societies were subject to government control. Ten Acts were passed from the end of the eighteenth and throughout the nineteenth century to ensure legislative control over the societies, although two especially imposed a structure that was adopted and adhered to. The first was passed in 1793.³ The second in 1875 was in response to a Royal Commission held between 1871-74 to enquire into the actions of friendly societies and the form and function they held at this time.⁴

The continued interest in friendly societies was unquestionably a result of the size of membership and the influence this gave them across a range of issues. Exact figures regarding membership are notoriously difficult to obtain as friendly societies fluctuated in size depending on several factors, particularly location. In remote rural areas there may only have been a few members who kept meeting only for so long as there were funds in the account. Urban societies were far larger and more stable with often more than one hundred or more members. By 1815 one in twelve adult males were likely to have been members of a friendly society, which increased to one in two by 1900. Any attempt to quantify membership in terms of numbers remains one of the main challenges for those researching these societies as there were peaks and troughs depending on the economy, unemployment and many other variants which impacted on membership.

Origins and development

It is difficult to date the exact origins of friendly societies in Britain. Claims can be found that they were the initiative of Huguenot refugees yet this still needs to be substantiated. However, it is possible to find early evidence of trades coming together to provide conviviality and mutual aid. Such groups were certainly known as a ‘friendly society’ as early as 1697 when Daniel Defoe (c1660-1731) discussed their existence and their suitability for his own plans regarding the social and economic improvement of England⁵. He explained their purpose as follows:

Another branch of insurance is by contribution or friendly societies, which is, in short, a number of people entering into a mutual compact to help one another in case of any disaster or distress fall upon them.

A hundred years later the social commentator Sir Frederick Morton Eden (1766-1809) noted the significant rise in their popularity across much of the country. To understand the state of the poor he undertook a personal journey recording his observations in what became one of the most significant socio-economic studies of the time. When discussing friendly societies, he claimed that of the 165 places he had visited

³ 33 Geo 3 c54. An Act for the Encouragement and Relief of Friendly Societies (Rose’s Act). 1793.

⁴ 38 & 39 Vict c60. An Act to consolidate and amend the Law relating to Friendly and other Societies. 1875.

⁵ Defoe D. *An Essay Upon Projects*. London: Printed by RR for Tho. Cockerill at the Corner of Warwick-Lane, near Pater-noster-Row; 1697, Chapter ‘Of Friendly Societies’.

in person, 100 had their own version.⁶ Eden was one of many at the time who were increasingly concerned by the rising cost of outdoor relief, which was a way of providing temporary benefit for the poorest workers in times of adversity. He was interested therefore as to how these societies had the potential to defer some of the applications for financial support through the intervention of self-help and mutual care. Nevertheless, Eden grew increasingly concerned over the question of subscriptions which he argued was an additional tax on those who were least able to carry the burden of further financial outlays. He was also surprised to find that in 1801 the total yearly contributions of friendly societies were more than half a million pounds, noting that this was certainly an immense sum given that it had to be raised by those who existed on manual labour.

Eden was a prolific researcher and his work provides a valuable insight into how friendly societies functioned, particularly in relation to subscriptions. One example he cited was taken from a society of shopkeepers in London. Once a prospective member had been approved by his society, he had to pay the first month's subscription of 10s 6d which rose to 18s for the fifth month after which subscriptions were fixed at £1 1s. To this was added an additional subscription of 5s per quarter along with any fines incurred for breeching club rules, many of which were extensive and rigorously upheld. However, in return for such a sum, a member could expect to receive 10s 6d a week when sick if they could manage without help, and 16s a week if a nurse were required. Superannuated members were given £10 per annum. Any member who died would be awarded £10 towards their funeral and £5 at the decease of his lawful wife.⁷

Although the range of benefits offered by friendly societies varied depending on location and size, common areas all tended to cover such as meeting the cost of replacing lost or broken tools, limited unemployment payment, funeral costs and sickness benefits. The popularity of these was undoubtedly due to the ever-present fear of poverty and destitution. By 1834 the Poor Law Amendment Act had replaced all outdoor relief, which had risen to costing the country over £4,000,000 a year. Instead, workhouses, which were created not just to control poverty but to actively stigmatise it, now replaced parochial relief. The horrors of the workhouse rapidly became a symbol for destitution as seen in popular novels, for example *Oliver Twist* by Charles Dickens (1812-70) who never forgot his own early experiences of family debt.

Throughout the nineteenth century poverty therefore was not just feared but also criminalised, something which workers and their families feared and hoped to avoid at all costs. For those who could afford membership of friendly societies the motivation behind such a costly financial outlay should not be seen as an attempt at social betterment but more significantly as a way of protecting themselves from the stigma of pauperism and all that it entailed. This was understood by the poet George Crabbe (1754-1832) who explained why workers joined these societies and what they were expecting in return. Crabbe's own diverse career as a surgeon, cleric and poet gave him an informed insight of the increasing brutality of the times which he outlined in his poem *The Borough*.⁸ This was presented as a series of letters, many of which discussed poverty, and he made specific reference to the friendly society as the poor man's club.⁹ By doing

⁶ Eden FM. *The State of the Poor*, London: Printed by J Davis; 1797, p.590-632.

⁷ Eden, *State of the Poor*, 1797 (Note 6), p.620.

⁸ Crabbe G. *The Borough*. London: Hatchards; 1810.

⁹ Crabbe, *Borough*, 1810 (Note 8), p.141.

so, Crabbe acknowledged their importance as a collective way to avoid the worst outcome of adversity at a time when there were simply no other options available in times of hardship.



Figure 1. A sick man in a bed, receiving support from members of his friendly society. Engraving and letterpress, 1800. Credit: Wellcome Collection. Public Domain Mark.

The entry of the medical profession

For much of the nineteenth century, all members of the working classes expected to work to live. While this was possible, most benefitted from a regular wage though the value of this varied considerably as did the cost of living. The years spent working were also extensive, often ranging from childhood for as long as was physically possible, well into old age. The main cause for stopping work was injury or poor health and as such both were feared in as much as they caused not only physical pain but often inflicted a financial crisis on the family. With the friendly societies offering benefits against this type of adversity, members were willing to offset regular, expensive subscriptions in the knowledge that they bought a level of protection if illness or injury should be inflicted on the member.

In the early years of the nineteenth century claims for benefits were verified by society officials who visited claimants and allocated the funds they were due. However, as membership increased due to the attraction of such benefits, all societies became

aware of the need to maintain a balance between the income from subscriptions and the outgoings members expected as an entitlement. This actuarial insight was one of the most innovative approaches of the friendly societies and was only replicated in other organisations much later in the century.

To protect funds restrictions were placed on membership, the commonest being a limitation on age, which was generally from 18 to 40 years, and certain occupations were also excluded due to the hazardous nature of their work, for example lead workers. Any prospective member also had to be free of a range of contagious diseases on the grounds that they might potentially lead to years of expensive claims. In some cases, this was relatively easy to monitor, especially in the case of sexually transmitted diseases, but the reality of the times meant that the population in general was increasingly prone to a frightening array of diseases, many of which took their toll on the working population.

As early as 1838 the First Annual Report of the Registrar-General was published in an attempt to understand the scale of the health problems facing the country.¹⁰ Much of the statistical evidence was compiled by William Farr (1807-83) who showed that the main causes of death were from diseases classified as epidemic, endemic and contagious.¹¹ Most of these would not be brought under control for many years and as such continually created financial problems for the friendly societies.

Nevertheless, friendly societies also came to recognise that the control of claims would certainly benefit from the intervention of a medical person to replace the earlier role played by society officials. Consequently, doctors became responsible for the allocation of benefit funds both to help patients and to protect their employers. Across the country, friendly societies offered those with a medical training, referred to as the usual interchangeable description of doctor and surgeon, a contracted period of employment with very clear terms of office. A typical example of this may be seen in the Rule Book (No. 20) of the Foresters' Court in Northampton which outlined:

A surgeon or surgeons shall be elected who shall continue in office during the pleasure of the Court. It shall be his duty to examine all candidates; attend the sick members residing within three miles of the courthouse, and provide them with proper and sufficient medicine during their affliction ... The surgeon shall receive for each financial member, residing within the distance of three miles from the courthouse, 1s 6d per-half year for his services, which shall be considered full remuneration for the surgeon's trouble and care which shall be paid from the management fund of the Court.¹²

This type of employment for medical practitioners was not unique to the friendly societies. Parochial work affiliated to the workhouse was offered similarly as a fixed contract although both shared the taint of 'employment' which many aspiring practitioners wished to avoid. However, the association between the friendly societies and the medical profession was in many ways far more complex. In particular, the work for the appointed 'medical officer', as the successful applicant became known, was

¹⁰ Anon. First Annual Report of the Registrar-General on Births, Deaths & Marriages in England in 1837-38. *Journal of the Statistical Society of London*. 1839; 2: 269-274.

¹¹ Anon, First Annual Report, 1839 (Note 10), p 271.

¹² Rules of Court No. 2,988, "Centre of England" 1871, Rule 20.

heavily bureaucratic. All new applicants had to be medically examined and verified as fit and only those in good health were put forward as possible new members. Other duties expected of the medical officer included assessing all sick and injury claims and providing the required certification before benefits could be issued, writing prescriptions, making house calls and referring patients to the local dispensary. This was an interesting development on the part of the friendly societies which ensured that members would get hospital care. Many initiated a financial agreement to pay for this level of care as seen in the case of the Bicester Friendly Society, which paid two guineas a year to the Radcliffe Infirmary, Oxford to cover admissions for its members.

The medical officer therefore was constantly involved with providing healthcare to an ever-increasing number of members. In return he was assured a regular income though this was only after assurance that private work was not undertaken. The contract was reviewed each year by both parties although the societies retained the right to terminate it at any time if misconduct on the part of the doctor had become a concern. However, from the earliest days the main area of contention was not so much the nature of the work but the number of patients a medical officer had to attend. It has been estimated that the numbers in friendly societies grew from around a million at the end of the Napoleonic Wars to over four million by 1872.¹³ With this came an ever-increasing number of patients, all expecting the medical intervention of a properly trained practitioner. Furthermore after 1858 the friendly societies also demanded that the training of all their medical officers met that specified by the recent Medical Act. This only served to emphasise a growing resentment on the part of the doctors that friendly societies were not only ignoring the expertise and professionalism of those they employed but were failing to treat them with the respect they deserved and pay them a wage befitting of their status.

The friendly societies failed to be moved by such concerns particularly over the issue of pay. In response to any signs of negotiation disaffected medical officers responded with threats of strike action which took place repeatedly through much of the later decades of the nineteenth century. One such event was recorded on 28 March 1868 and reported in *The Stroud Journal* under the headline ‘A strike among the doctors’.¹⁴ It recorded that at present friendly society surgeons ‘receive as little as they can be induced to take, and as the competition among them is very keen, it is found that some are working for fees absolutely ruinous for the profession’. The newspaper added that in response to this situation the Birmingham and Midland Branch of the British Medical Association passed an unprecedented resolution that medical officers decline to attend any clubs who pay less than 5s per head per annum. *The Lancet* likewise promoted the need for strike action among doctors to redress the issue of poor pay and the journal called for a national increase to 5s for all medical officers.¹⁵

Despite the continued threat of strike action seen in many parts of the country, the friendly societies refused to meet the demands of improved pay even though many were becoming acutely aware of what they were asking from their medical officers. Members and club officials alike began to question not just the workload of medical officers but

¹³ Perkins H. *The Origins of Modern English Society 1780-1880*, London: Routledge & Keegan Paul; 1969, p.381.

¹⁴ Anon. A strike among the doctors. *Stroud Journal*. 28 Mar 1868.

¹⁵ Wainwright L. The battle of the clubs. 1896; *Lancet*; 147: 324.

understandably how this might impact the level of care members were really receiving. In the *Odd fellows Journal* of 1875, an article described how a doctor employed by the Nottingham Oddfellows was responsible for nineteen lodges which equated to 1,864 members plus their families. In the first seven weeks of employment, 964 patients attended the surgery, 351 home calls were made, 1,089 prescriptions given out, and five deaths certified.¹⁶ At the meeting of the Executive Committee of the Oddfellows held in March 1893 agreement was reached that the excessive workload being placed on medical officers not only led to exhaustion and disheartenment on the part of the practitioner but also meant that it was impossible to rely on even adequate treatment from overworked doctors.

Yet despite such acknowledgement, changes were not proposed by any friendly society to redress the growing antagonism between itself and the medical officers, even though standards were being called into question. Mistakes were also made by medical officers, some of which had serious consequences. One such event was reported on 23 September 1876 in the *Bradford Weekly Telegraph* involving the surgeon to the Lancashire and Cheshire Miners' Permanent Relief Friendly Society. A case was held at Wigan Police Court when a widow, Mrs Rose, took her husband's friendly society to court on the grounds that following her husband's death the previous year she had been denied the £45 5s due as widow's benefit. The magistrate heard from the friendly society that on the day of Mr Rose's death he had been visited by the assistant surgeon who certified cause of death to be rheumatic fever. This was not covered by the society and as such they claimed that his widow was not entitled to a financial settlement. However, it was shown that the following day the surgeon Mr Jackson attended the body and issued a second death certificate with the cause being cited as lockjaw. He had previously been aware that Mr Rose had fallen in the mine seriously injuring his ankle with contamination of the open wound leading to lockjaw. Significantly, this type of fatality was covered by the late Mr Rose's benefit agreement.

The friendly society based its argument on the fact that two certificates had been issued with potentially markedly different outcomes for the widow. The magistrate agreed that they had taken the correct course of action in bringing the case to court. It was further noted that official notification of the accident had not been made to the Inspector of Mines, a standard procedure following an injury of this type. In court Dr Jackson also admitted that at the time he had been unaware of his assistant's actions. The bench having heard the evidence found in favour of Mrs Rose though they were eager to make it clear that the friendly society had acted correctly given the information they received. Moreover, the magistrate was most forthcoming in his clear public admonishment of the doctor warning him that he was to be more careful. It appears that his assistant had also signed the first certificate using Dr Jackson's own name which the bench also found to be unacceptable.¹⁷

The resentment rapidly increased and grew on both sides, with doctors regularly threatening strike action and the friendly societies refusing to enter meaningful negotiations. One such example took place in 1892 when the surgeons of Stamford,

¹⁶ Anon. The Nottingham Friendly Society Medical Institution. *Odd fellows Journal*. 1875; 15(85): 24.

¹⁷ Anon. Doctors' certificates and friendly societies. *Bradford Weekly Telegraph*. 23 September 1876, p.2.

Lincolnshire sent a letter to the local branch of the Oddfellows informing the officers that they would not be attending to members unless there was an increase in the payment they received. The *Odd fellows Journal* took careful attention to outline their specific demands:

They (the surgeons) require 6s instead of 4s per head per member, with numerous additional charges to be met by the individual members in the surgeon's visit. The surgeons further claimed the right to veto the admission of any person as a member whom they considered, from his social position, might not to belong to a friendly society. An exhaustive discussion ensued. The demands were considered to be an insult to the artisan classes. A scheme, however, has been formulated for the surgeons' consideration.¹⁸

There is no known record of the surgeons' response to this proposal, which is unfortunate. At the same time, one cannot ignore the fact that the doctors' demands were being increasingly undermined by members of their own profession. There were many practitioners, particularly those recently qualified and without family connections or money, who were prepared to take on the role of medical officer regardless of the terms of contract as this offered employment and a guaranteed income. Hence in 1905 an advertisement for a medical officer in the Lincoln branch of the Oddfellows friendly society attracted 22 applications. The salary was £240 per annum which was the standard rate for friendly society work.¹⁹ This was sufficient inducement to ensure the position was filled and it made industrial action on the part of the medical profession ineffective. It is also important to assess the question of salaries within the context of the age particularly in terms of assessing whether the doctors had a genuine case relating to poor pay. Evidence suggests rather that the average earnings of a friendly society medical officer were fair for the work required, especially when compared to that of poor law doctors who were the other main group providing public medicine at this time. Such were the level of abuses of employment carried out by the poor law unions that in 1837 42 petitions had been sent by medical groups to the Poor Law Commissioners demanding changes for doctors employed in the workhouses. The system of employment by tender was notorious at keeping the wages of doctors employed by the unions as unacceptably low, often as little as 1s 6d per patient, which also included any medicines or treatment. In comparison the friendly societies were clearly offering a far better contract which also explains why vacant posts were filled with relative ease.

There remained one further area of contention which both the societies and their doctors found hard to reconcile. Medical officers across the country increasingly became aware that due to the popularity of health benefits offered by friendly societies, it was certainly the case that some patients were able to pay the normal rate for medical intervention but chose to claim through their society membership. This was seen by many doctors not just as a potential loss of private income but also added to the increasingly hectic workload for those tied into a friendly society's restrictive contract. Mr Clarke Barber, a surgeon in Colsterworth, Lincolnshire, found his objections printed

¹⁸ Anon. A Doctor's Strike. *Odd fellows Journal*. 1892, No 156, p.192.

¹⁹ Lane J. *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950*. Abingdon: Routledge; 2001.

in *The Lancet*. He was especially concerned by a class of tradesmen creeping into the friendly societies' schemes

such as grocers, drapers, butchers, bakers, publicans etc ...I really feel quite astonished and wonder how they can degrade themselves and inflict such serious injustice upon the medical men as to expect to be attended at the same rate as a poor labouring man ...²⁰

This was also to become an insoluble problem for the societies running the schemes towards the end of the century because the numbers applying for membership declined noticeably and friendly societies were reluctant to exclude any new members on the grounds that it would impact their financial security. So, while affluent workers played a vital role in maintaining the existence of friendly societies, at the same time they were not having to pay the going rate for medical care which denied the doctors a vital source of private medicine.

The one type of society which appears to have avoided disputes with the medical profession were the societies founded for women. A few societies allowed membership of both sexes, the most famous being that created in the Soho factory of Boulton and Watt which was open to all employees. However, these were the exceptions and from the nineteenth century women gradually began to establish their own societies across the country. From the very beginning there were problems particularly in terms of raising the necessary club funds. Women's pay remained far below that of men so the likelihood of affording subscriptions from all but the better paid was a major obstruction. However, the most common reason for persevering with female societies was to find a way of providing women with sick and pregnancy benefits which were not included in existing male clubs until late in the century. Commentators included Eden who was an early outspoken supporter of female societies. He recognised the value of the benefits that were specified for help by a midwife during delivery, often twice what a woman could expect if she had to rely on parish relief. With the emphasis on childbirth, doctors' roles were possibly diminished in these clubs.

Unfortunately, the scarcity of material makes this an area that may well elude further detailed analysis. The few known examples, the societies at Kenilworth, Banbury and Chinley, all share features, for example younger females, often of child-bearing age, as members. Furthermore, their social activities were noticeably more genteel, often overseen by a worthy local patroness, in most cases the wife of the local vicar. Moreover, the strict rules seen in men's societies were often replicated in female groups, for example in cases of sickness women who were in receipt of benefits were also forbidden to do any other form of paid work, for example weaving or spinning, although unlike the men this did not apply to home duties and caring for the husband and children.²¹ Most female clubs like the one in Barwick also continued to use the local medical officer for certification of fitness to join but, with numbers considerably smaller than their male counterparts, the demands made by women to have access to a doctor generally were considered to be manageable and attracted little opposition on the part of the medical

²⁰ Barber C. Friendly societies and their medical attendants. *Lancet*. 1848; 51: 593-594.

²¹ Lane, *A Social History*, 2001 (Note 19).

profession. The friendly society movement in general increasingly saw little reason to oppose female membership and by the later decades of the nineteenth century most were admitting women as members.

There is little doubt that the relationship between the friendly societies and their medical officers grew increasingly contentious throughout the nineteenth century. However, it would be wrong to focus on this alone as current research suggests that the medical officers were responsible for providing significant levels of care amongst the poorer sections of society in ways that have not attracted the academic interest they deserve. The same doctors were also responsible for major reforms particularly in the development of occupational medicine, as seen in the work of Sheffield's Dr John Charles Hall (1816-76).

Born in Nottingham, Hall received his medical education at St Georges Hospital, London and in Paris before returning to Sheffield in 1848 to become physician to the local dispensary. During his professional life Hall became one of the earliest advocates of occupational medicine particularly in response to the appalling condition of the grinders and other metal workers.²² He also became one of the public supporters of the friendly societies, particularly the Oddfellows. Hall was not only a member but was twice elected Grand Master. In 1865 the *Odd fellows Journal* reported on a dinner held in Sheffield to celebrate the work of the good doctor and recorded that he '... had never flinched – never grudged his time and his talents for the good of the cause'. The testimonial was a handsome French timepiece valued at thirty guineas.²³

Hall's reply was gracious and affirming in his commitment to the society whilst expressing his personal wish that the society and its actions will continue to become 'more and more advantageous to the working classes'.²⁴ Hall and other physicians saw no problem in associating with the friendly societies and Hall's own career was highly successful both locally and nationally.

Conclusion

By 1913 more than 6.6 million men and women were still members of a registered friendly society which ensured that they provided benefits to approximately 75 per cent of the country's labour force. But this came at a cost which many local branches could not sustain. The medical officer in particular was a significant cost in the annual accounts for all branches, some of whom attempted to defray costs by offering part-time medical attendance, a response which failed to please either the members or the medical officers.

The Bradford Oddfellows (Manchester Unity) had been the first to implement the idea of a medical aid association, which was passed by members and introduced in 1875. The idea was to employ one medical officer who would be shared among those individual lodges who wished to join the scheme. The doctor would receive a home which acted as a surgery stocked with standard medicines and was paid 3s for each lodge

²² Plarr's Lives of the Fellows, Royal College of Surgeons of London of England, <https://www.rcseng.ac.uk/>

²³ Anon. Presentation to P.P.G.M. Dr J.C. Hall. *Odd fellows Journal*. 1865, 5(36): 87.

²⁴ *Odd fellows Journal*, 1865 (Note 23).

patient. For an additional 7s medical benefits were extended to a member's family.²⁵ Medical aid associations began to increase in number through necessity rather than popularity with 42 in existence by 1884. However, even initiatives such as these failed to address the marked fall in membership of all friendly societies regardless of the benefits they offered. This affected the financial status of all societies though the larger ones were in a significantly stronger position compared to the small independent groups which rapidly disappeared.

Friendly societies overall were finding less appeal amongst the working classes and the values which had for so long represented a golden age long past had less relevance among a population which generation on generation was adapting to the modernity of the times, even though this was still as harsh as it had always been. Compulsory attendance at feast days and the rigid hierarchy of office with its own regalia seemed more and more out of date. Instead, men and women increasingly turned to the growing Trade Union movement which offered far more appeal in terms of helping to meet the demands of daily life or the Labour movement which offered the promise of a political voice and with the chance once and for all of a truly equitable society. The middle class also saw little reason to come to the aid of the friendly societies and increasingly questioned the values they upheld, including expensive funerals and wakes among members, on the grounds that clearly they were no longer in a position to afford such an unnecessarily extravagant show of loss.²⁶

By the early twentieth century, the form and function of friendly societies had noticeably diminished, yet it was to be the 1911 National Insurance Act and subsequent welfare reforms which effectively removed any reason for them to continue in terms of protecting the most vulnerable in society. The creation of the Welfare State and the National Health Service successfully combined to serve the needs of the entire population in ways which no other organisation could begin to match. Yet the intention of the many provisions of the modern Welfare State can trace part of their legacy back to friendly societies, whose intention and efforts deserve far greater acknowledgement. Moreover, it is possible to suggest that their role was terminated much sooner than expected by William Beveridge (1879-1963) and others who suggested the welfare system should be administered directly by the friendly societies because their prior experience in this area made them ideal for the task. However, Beveridge was not successful in transferring this new and unprecedented level of power to the friendly societies which subsequently entered the shadows of twentieth century history.

At the same time their chief adversary, namely the doctors, also found themselves having to respond to new demands of contracted employment which continue to define the modern medical profession and the pivotal role it plays in the modern Welfare State. Yet, after 1911, their association with the friendly societies drew to a close without any new associations, despite the fact that for more than 100 years medical officers and friendly society officials were involved in one of the most innovative albeit contentious partnerships in modern medical history.

²⁵ Gosden, *The Friendly Societies*, 1961 (Note 2).

²⁶ Hobsbawm EJ. *Industry and Empire*. Penguin: Middlesex 1969 p.88.

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