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The economics, culture and politics of hospital contributory schemes: The case of inter war Leeds

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In the immediate aftermath of the First World War, British voluntary hospitals faced a financial crisis which looked likely to jeopardise their independence from state control.² Inflation and the seeming inability of traditional sources of income to keep up with rising costs meant the hospitals needed a new and regular supply of funds – preferably one which kept local and national government out of their board rooms. The solution was found in the development of a range of contributory schemes designed to raise money from patients in return for more or less assured access to treatment, transforming the funding of hospitals in interwar Britain.³ Based more or less on nineteenth century models of working class mutualism, the form of these schemes varied significantly from traditional Saturday and Sunday Fund collections⁴ through workplace collections with representation on hospital committees;⁵ city wide collection funds independent of the hospitals to contributory schemes based either on a hospital or group of hospitals or a locality.⁶ Recent work by Steve Cherry and Gorsky, Mohan and Willis as well as the research by Doyle on Middlesbrough and Gosling on Bristol,⁷ has helped to foreground the importance of these activities to the financial viability of interwar voluntary hospitals and has gone some way to open up the operation of these schemes to greater scrutiny and understanding. But their place in early twentieth century urban culture and the developing social systems of the working-class, especially the fate of mutualist organisations between the wars, remains under-researched.

In general, mutualism has received less attention from labour historians of the inter war period than trade unionism, socialist organisations or the Labour party.⁸ The mid to late nineteenth century is often posited as the high point of mutualism with the rise of craft unions, friendly societies, cooperative societies, building societies and a wide range of thrift organisations associated with mechanics institutes, penny banks and nonconformist churches.⁹ However, historians have perceived a shift from the 1880s away from radical led self-help and mutualism towards more politically directed bodies targeting unskilled and excluded workers, underpinned by socialist ideals and looking increasingly to a statist response to social or economic problems.¹⁰ As a result, the role of mutualism after the mid-1880s has been downplayed, squeezed by professionalised, bureaucratic organisations in education, housing or insurance¹¹ on the one hand and by calls for, and the implementation of, state responses on the other. While not characterised as an immediate or linear development, historians such as Martin Daunt and Pamela Graves have seen the interwar period as one in which workers abandoned their faith in mutualism and a fear of the state in their quest for universal, high quality welfare services. Indeed Daunt, has asserted that by the 1930s ‘The proportions in the mixed economy of welfare had been reversed, and where there was a mismatch between voluntarism and the state, it was resolved decisively in favour of the latter’.¹²

Similarly, the community, pan-class possibilities inherent in these mutualist organisations have been downplayed as historians, such as Mike Savage and Andy Miles, have emphasised increasing class segregation in the structure of civil society. In this model a combination of assertions of working class independence and middle class withdrawal saw

the leadership of urban social organisations pass to the workers as bourgeois cities became proletarian spheres.¹³ Yet there has been little investigation of what happened to many of the locally based organisations which made up the self help world of the late nineteenth century city, and especially not of the workings of urban hospital contributory schemes. Their social, cultural and political make up has received limited attention from either historians of the working class or of the urban infrastructure and thus we know very little about who joined, how the various types of schemes operated on a day to day basis and the extent to which they became politicised in the increasingly class ridden inter war years.¹⁴ This is unusual as, by 1938, contributory scheme membership had reached about 11 million by 1942 making them a key element in working class strategies to minimise social risk.¹⁵

However, the schemes have not gone unnoticed. Central to understanding their social, political and financial importance between the wars is the work of Martin Gorsky, John Mohan and Tim Willis, whose wide ranging monograph on the movement has provided a framework for their further study. Yet, while overall they accept that the contributory movement achieved a great deal in a relatively short space of time, did much to keep the voluntary hospitals afloat and facilitated some elementary rationalisation in local hospital systems, they are sceptical about the degree to which members really engaged with the activist opportunities of the schemes and the extent to which they built a pan-class base for an alternative to local or national state control. Indeed they suggest most members only joined for the promise of treatment and cared little about either the voluntary hospital system as a morally superior way to deliver hospital care or for the claims of men like Sheffield's Moses Humberstone who asserted that it was 'a great humanitarian effort', a movement and not an insurance scheme.¹⁶

Broad and deep as their research is, it only scratches the surface of the schemes' everyday existence and activities. Indeed, they admit that 'the identities and motivations of ... ordinary members are now impossible to retrieve' turning instead to the local leadership which must suffice for understanding the membership.¹⁷

However, by drawing on a range of local records, including the annual reports, executive committee minutes and the pages of the members' own monthly magazine, this article will examine some of these themes through a case study of The Leeds and District Workpeople's Hospital Fund between 1887 and 1939.¹⁸ It will pay particular attention to the development of the Fund, the growth of its membership, income and services to its members, the structure and activities of the grassroots organisations and the political positions adopted by various key figures associated with the organisation over the inter war period.¹⁹ Overall, it will consider the extent to which the Fund continued to provide a space for a mutualist approach to social provision in which a pan-class alliance could exist to provide a community service separate from the state.

Hospital provision in late nineteenth and early twentieth century England was divided between a public sector of poor law and municipal institutions and a smaller voluntary sector of general and specialist hospitals.²⁰ The public sector expanded from the 1860s as many more new workhouses included separate Infirmarys charged largely with the care of the elderly and the chronic sick while councils dealt with those who might pose a threat to the community, including the infectious and the mentally ill. Between the wars the public sector attempted to shake off its Victorian roots and to develop general services for the wider community. This process was facilitated by the 1929 Local Government Act which transferred responsibility for the poor law hospitals as council run medical and surgical institutions. By the end of the 1930s the majority of big cities had followed this route and there is evidence that

in some areas municipal provision was improving significantly.²¹ Yet it still lacked the resources, skills and reputation of the voluntary hospitals. These acute general and specialist institutions, which provided just over one third of the beds, were at the forefront of the rapid developments in medicine which characterised the early twentieth century. However, they were also invariably short of money as their traditional sources of income – the philanthropic middle classes – were unable, on their own, to meet these new obligations. As the voluntary sector feared state funding and was wary of adopting a system of direct payment, they welcomed the development of contributory schemes which could provide large, regular payments while continuing to rely on the traditional givers to meet much of their capital requirements.²²

These contributory schemes emerged out of nineteenth century working class organisation which sought to minimise the risks of modern capitalist life through collective or mutual pooling of resources. They included, as noted, trade unions, especially those of the skilled workers, the co-operative movement, friendly societies, various forms of thrift organisations such as burial clubs, sick clubs and even Christmas clubs, often associated with churches and chapels.²³ Although the latter largely disappeared after the welfare legislation of the Edwardian era and the disruptions of the First World War, trades unions, the co-op movement and even friendly societies flourished between the wars. As with the contributory schemes, debates remain about whether these organisations retained the commitment of their membership or if the relationship had become largely functional or whether mutualism had become redundant with the advent of state welfare.²⁴ It is thus within these contexts that mutualist hospital contributory schemes emerged in the late nineteenth century and came to play such a prominent part in the hospital economics and culture of the inter-war period.

The Leeds Workpeople's Hospital Fund

The Leeds Workpeople's Hospital Fund came into operation at the end of 1886 on the initiative of Alderman Fred Spark, a mid-century Radical Liberal and editor of the radical *Leeds Express*.²⁵ Spark was a central figure in working class organisations in the city and had secured a position on the Board of Leeds General Infirmary representing workers' interests. The Fund aimed to develop an effective means of mobilising workers' contributions to the hospitals in a more organised way through a regular contribution of 1d a week. It would replace the existing ad hoc arrangements including Saturday and Sunday Funds and other forms of collection at works which provided just under £2000 a year to the Infirmary. Spark worked with the key mutualist organisations – such as the trade unions, friendly societies and Jewish representatives – to set up the organisation and develop a local management structure whilst the first meeting was held at the Cooperative Hall.²⁶ The link between these organisations is very important – not just through Spark's personal role but also those of a range of other activists – and it is a feature which has been underestimated in much of the discussion of contributory societies and workers' funds. Indeed, it would seem that this embedding within the mutualist sub-culture was the key to the success of the Leeds organisation both in its formation and continued growth between the wars.

Within a year there were ward organisations, a central committee with Executive and hundreds of subscribers both in workshops and as individuals. The initial membership was based on male industries such as metal working, engineering and railways, yet from the beginning the Fund recognised the need to mobilise the greatest number of potential members and courted both women workers – of which there were thousands in north Leeds – and the tailoring trades more generally.²⁷ Indeed there was a conscious decision to incorporate the 'Jewish shops' from the very start and to overcome potential prejudices, the Executive complaining vociferously about discriminatory treatment received by Jewish patients at the Public Dispensary, leading to the dismissal of a porter.²⁸ Ward committees

were formed to create democratic structures which would engage members with the Fund, promote localised fundraising, provide a means for independent and home workers to contribute to the fund and generally raise its profile in the city. Early members and activists were drawn heavily from the Lib-Lab and Radical Liberal communities, such as Henry Maundrell in East Ward, along with community leaders like Joseph Kavanagh, representative of the Irish and Sigismund Ash from the city's Jewish community.²⁹

In the pre Great War period the patterns of local fund raising – beyond the collection of subscriptions from the works – took shape and came to include the organisation of collections in pubs and clubs, incentivised by competitions for Emblems for the pubs and prizes for the collectors.³⁰ Local committees were also active in promoting concerts in public parks during the summer. These were so significant that the Executive decided to buy music stands and music for the local committees to ease the costs of these popular events.³¹ A crisis arose in the early Edwardian period when the City Council made a bid to restrict or even ban concerts in the public parks after accusations of rowdiness and complaints from the churches that they were offering too much of an alternative attraction on a Sunday evening. Following representations from, amongst others, Spark who emphasised the important charitable purpose of the concerts, the Council backed down and the concert programme continued.³² Less successful was the decision of the executive to buy automatic collecting boxes which attracted limited contributions but the continuous attention of thieves and vandals.

Alongside these local activities – which included carnivals and other public events such as a football match featuring the local pantomime troupe in costume³³ – was the Leeds Hospital Gala, a large scale event which was held annually on August Bank Holiday Monday and Tuesday from 1887 to 1939 at Roundhay Park – a large public park provided free of charge by the Corporation.³⁴ It received extensive coverage in the local press, especially following the death of one of the performers, Professor Higgins, a balloon artist, whose act went fatally awry in 1891.³⁵ The Gala proved to be both an effective profile raising activity and a financial success, contributing almost 10% of income within a couple of years and continuing as an important money spinner throughout the Victorian and Edwardian eras.³⁶ Thus, by the outbreak of the First World War the sources and approximate distribution of income was as in Table 1, with around three quarters of income coming from the workshop collections, substantial contributions from pub collections and the Gala (though this could be very erratic due to the weather) and a range of smaller events bringing in around £1000 but serving an important purpose in engaging a wide range of people in income generating activities for the Fund.

The income raised by the contributors and the committee, which rose from £1800 in the first year to almost £14,000 by the outbreak of the First World War, was assigned to a growing number of activities. Initially the key focus was to support the hospitals and this remained the main purpose until the formation of the NHS. Given the origin of the Fund in a discussion at the Leeds General Infirmary (LGI) of ways to mobilise workers' contributions, it received the lion's share of the income raised by the Fund. Thus, in the first few years following the removal of a small administration charge of around 5-6%, the income was divided 82% to LGI, 10% to the Dispensary and 8% to the Women and Children's Hospital, which by 1890 was equivalent to around £4,300, £500 and £400.³⁷ In recognition of their contributions, the new Fund was allocated 20 workman governors at LGI and 10 at the Leeds Public Dispensary and by 1914 the Fund had a representative on the Boards of the LGI, the Hospital for Women and Children, the Public Dispensary, the District Nurses Association, Leeds TB Association, and a place on the Board, the Election Committee and the General Committee of the Maternity Hospital.³⁸

This increased representation reflected changes in the direction of funding. In the 1890s the Fund developed a significant convalescent system which by the First World War included a home for men in Horsforth and one for women in Ilkley, Derbyshire. This was a major undertaking with over 2000 admissions in 1913 – 1300 men and 770 women – with the committee recognising the need to expand the provision for women.³⁹ The convalescent homes were costing over £4000 a year to run by this time, a sizeable proportion of the income of £13,000-14,000 per annum, and given the Fund had employed a general secretary in 1897 and had further diversified the recipients of support from the Fund to 10 institutions, the proportion allocated to the LGI fell significantly. Thus, by 1913 it received just £5,250 of the £13,250 income, around 40% of the Fund's total income and not much more than the convalescent homes.⁴⁰

As this suggests the convalescent activity had become a central concern of the fund in the early twentieth century. However, this shift to investing heavily in convalescence was causing tension with the Hospitals. For example, when, in 1914, the Fund stated it was planning to spend a substantial sum on improving the convalescence provision for women the representative of the Infirmary attending the AGM, Charles Lupton, stated 'He noticed, with some sorrow, that one of their Homes was so popular that they were wishing to increase the accommodation. He had hoped that the Infirmary would have been regarded as so popular that they would have wished to increase their donation to that institution'.⁴¹

Thus, it is clear that the LWHF was a mutualist organisation which owed much to the central tenets of the mid-nineteenth century radical liberalism and Lib-Labism of Leeds.⁴² But it also owed much to a deep rooted view of independence and collective support bound up in Spark's attack on National Insurance at the 1913 AGM:

When they came to consider that the working men of Leeds had to pay by forced payment 4d per week out of their incomes [for the new National Insurance cover], and, in addition, were voluntarily giving a penny per week to the Fund, they must all agree it is very creditable. He ventured to think that the penny paid to the Fund was worth more to the working man in personal benefit than the fourpence which he was taxed.⁴³

That such organisations existed in pre-war Britain is widely acknowledged – the question is to what extent did they survive operationally and ideologically between the wars?

Inter war Income

Not only did the Leeds Workpeople's Hospital Fund survive into the interwar period, it positively flourished as a source of income for the city's hospitals and as a means of providing access, free at the point of delivery, for Fund members.

The income of the Fund witnessed an impressive increase of over fourfold between 1918 and 1938, from £22,000 to £98,000. However, this increase was not straightforward as income grew only slowly during the 1920s, largely due to very poor economic conditions in the city's traditional industries.⁴⁴ Yet despite the impact of the great depression, which was severe on the engineering and textile sectors,⁴⁵ the Fund's income increased rapidly in the 1930s, more than doubling between 1930 and 1938 to reach almost £100,000. This major improvement was secured without the introduction of any significant new category of income; the sources changing little between the wars (see Fig. 1). The main changes were in the workplace scheme where, in 1919, the base contribution was raised to 2d per week and in 1930 when a contributory scheme was commenced.⁴⁶

The contributory scheme protected income in the early 1930s and probably helped to incorporate new members, including large numbers of women in the clothing industry such

as the 8000 who contributed from Montague Burton's, along with support from offices and to a lesser extent retailing, reflecting the changing character of the Leeds economy and demand for hospital treatment.⁴⁷ The key aim of the contributory scheme was to concentrate all workplace collecting in the LWHF scheme to make it more efficient and regular through 'the withdrawal of all casual collections and, by arrangement with the Hospitals, the discontinuance of all collections in works for individual hospitals'.⁴⁸ Its success was measured both in terms of the huge growth in income and in membership which had reached 150,000 by March 1932.⁴⁹ Part of this growth was also associated with the expansion of the Scheme into the suburbs, especially to the east and south east in places like Morley so that in 1933 the name was changed to the Leeds and District Workpeople's Fund.⁵⁰

The launch of the contributory scheme caused some problems with the local medical profession who were worried that, in trying to mobilise middle class supporters for the scheme, this would allow those who should really pay for private treatment to gain access to subsidised care in the hospitals.⁵¹ When addressing the AGM, the Lord Mayor, the Liberal Dr Hawkyard, noted his disquiet with the new method of collection, stating 'there were one or two things in it which he did not quite agree with'.⁵² However, others at the AGM supported the development, Charles Lupton of the LGI assuring Dr Hawkyard that he had questioned the Fund on 'whether free hospital treatment was going to be available for those contributors who could well afford to pay doctor's fees and nursing home charges' and confirmed that the Fund would only send those who were a 'proper subject for voluntary hospital treatment' whilst the Hon. Sec., James Tate, reassured the Mayor that the scheme was 'designed for the necessary purpose of increasing our income' and that he was 'quite confident it will not be abused'.⁵³

Although the works' contributions were always the dominant element in fundraising the proportion drawn from this source varied from 75-95% of income over the course of the interwar period. Workplace contributions were at their lowest in the first few years of the post war period when collections from pubs and clubs and income from the Gala were both significant (Fig. 2). Similarly, ward income (from additional collections and fundraising activities) peaked in the early twenties then fell sharply from 1929, largely due to the incorporation of part of their income in the new contributory scheme. The Gala was also strong in the early 1920s, although this was always dependent upon the weather – as were many of the ward fundraising activities – with one or two years completely washed out.⁵⁴ This notwithstanding, Gala income was fairly consistent throughout the 1920s but it then fell sharply in the 1930s. The proceeds from pubs and clubs were closely linked to male tertiary disposable income, seeing a peak in 1920 during an era of rapid wage inflation, but then falling very sharply due to the appearance of large scale unemployment in areas like engineering and as a result of the general strike and the related lengthy coal strike.⁵⁵ However, unlike the other forms of income, pub and club collections were rising again towards the end of the 1930s, largely as a result of a renewed period of wage inflation. Overall, from 1930 worker contributions were the main source of income for the Fund, suggesting that from this point the movement had become an insurance scheme – though conceivably one in which the members took a greater interest than, for example, their engagement with the Prudential.⁵⁶

Interwar Expenditure

As the sources of income for the Fund became more concentrated and the relationship between member and Fund more 'commercial' the range of organisations assisted and 'products' offered increased substantially. Thus the key features of the interwar period were the expansion of the services offered by the Fund; the extension of the range of

organisations and hospitals benefitting from grants; and the significant decline in the importance of the convalescent homes within the mix of services offered.

The Leeds General Infirmary remained the main beneficiary, given its role in the foundation of the Fund, but other institutions also benefitted through a significant growth in cash grants. The Public Dispensary, the Hospital for Women and Children (HWC) and the Leeds Maternity Hospital each secured more of the income and together, the four other hospitals (including the Jewish Hospital) and the Leeds Nursing Association received over £20,000 by the outbreak of the Second World War (Fig. 3). This distribution reflected the greater diversity of the membership, especially the contribution made by women workers, with the result that Leeds Maternity Hospital (which drew most of its income from the Fund) was the largest voluntary maternity institution in the country, delivering 45% of the babies born in the city by 1938.⁵⁷ Increased grants to the Nursing associations similarly reflected the spatial extension of the Fund to the outer suburbs and satellite villages.⁵⁸

Moreover, services to members grew. Thus, although dental provision had been present before the First World War,⁵⁹ it expanded greatly, especially in the 1930s. Support consisted mainly of grants towards the purchase of dentures, the patient paying the first 30 shillings, with the result that grants rose from just £150 in 1918 to over £3,200 by 1938. PT Leigh, President of the Fund at the end of the 1930s and the initiator of the Dental Hospital in Leeds, joked that in the early days they had more staff than patients but that the interest in dentistry reflected growing health consciousness amongst the population.⁶⁰ Provision was further diversified with the development of an ambulance service introduced in 1926 to bring in-patients, to and from their homes.⁶¹ As membership expanded outside the city, partnerships were formed with ambulance services in the townships, for example at Morley, Guisley, Otley and Kippax by 1935.⁶² Both the cost and the popularity of the service began to rise rapidly in the early 1930s with the fleet of ambulances conveying over 7000 patients by the end of the decade.⁶³ In a similar vein to the dental benefit were schemes to provide massage therapy and access to the Royal Bath Hospital, Harrogate for rheumatism sufferers.⁶⁴ Furthermore, by the end of the decade the Fund was operating reciprocal arrangements with 48 hospitals across the UK with almost 500 members treated outside Leeds. This was an important development for, as Gorsky, et al have shown, this proved to be a particularly complex issue for contributory schemes to manage in this period.⁶⁵

However, more important than these innovations was the growing relationship with the municipal hospitals which began in 1931 when a deal was agreed with the Public Assistance Committee (Leeds did not appropriate its hospitals until 1933) to treat Fund members and their dependents at St James' and St Mary's.⁶⁶ There was, however, some scepticism amongst the voluntary hospital leadership about the arrangement which involved 350 patients in the first year. The Tory Alderman George Martin – chairman of the Municipal Health Committee – noted that on average patients spent three times as long at the PAC hospitals than at LGI, suggesting that the deal might impose a considerable cost on the Fund.⁶⁷ However, this was dealt with by the PAC/Municipal Hospitals only admitting patients who would have been eligible for voluntary hospital treatment and excluding 'Tuberculosis, Mental and Chronic Care cases' from as early as 1931.⁶⁸ Yet, over 5000 members and dependents were being treated by the end of the decade, an equivalent number to those treated in the LGI.⁶⁹ The expansion of this element of the Fund's work was stimulated by the chronic waiting lists at the LGI which meant members often had to wait months for treatment. However, if they wanted to make use of the municipal hospital, St James's, they were required to pay, and rightly they objected to 'paying twice' and demanded the cost of their treatment was covered by the Fund. The significant expansion in the numbers treated also reflected the upgrading of services at St James's and the marked improvement in relations between the voluntary and municipal sectors after 1935.⁷⁰

On the other hand the contribution of the convalescent service – central to the Edwardian Fund – declined. From the mid-1920s the number of patients sent to the homes stagnated at around 1,000 per annum, with a slight surplus of women over men.⁷¹ As a result, the cost remained flat and proportionately declined whilst the homes saw no significant investment in new buildings. This was a surprising development given that from the late 1890s up to the early 1920s it had been such a major part, if not the main work of the Fund. When the homes were first opened, Fred Spark noted that they signified the maturity of the Fund which rather than simply making grants ‘wanted to be absolute managers of something’.⁷² This tradition was maintained by Sir William Middlebrook, Liberal MP and President of the Fund during the 1920s, who stated on a number of occasions that the homes were a principle and even ‘the primary object’ of the Fund.⁷³ This view was not shared by the hospitals, with Lupton of the LGI noting in early 1932 that he was pleased that they had kept up grants to the hospitals, for though the convalescent homes did ‘splendid’ work, he felt there ‘could be no doubt that the first charge upon their generosity was the need of the hospitals of the city’.⁷⁴

Thus, between the wars patterns of Fund expenditure became more complex as they focused on securing access to a diverse range of hospital treatments for their members, rather than on creating and running their own services like the convalescent homes. Moreover, the growing breadth of hospital services was clearly reflected in the spread of the grants, whilst the more sophisticated demands of the members – through the take up of dental services for example – and the widening spread of the Fund – through the ambulance service – complimented the rising standard of and demand for medical attention most obviously seen in the growth of births at the maternity hospital.⁷⁵ Indeed, those associated with the Fund took the opportunity of the AGM to reflect on the growth in demand for treatment in hospital, Charles Lupton suggesting that it was ‘testimony to the increased belief in hospitals that grew up during the War’ whilst the Labour Mayor, John Arnott noted a similar change in attitude, contending that in the past people ‘did not believe in hospitals, but to-day that was all changed, and the work done in the hospitals was honoured and admired’.⁷⁶ Moreover, the wider range of services provided reflected demand created by the changing membership body. No longer was the Fund dominated by male manual workers from the engineering shops south of the river, but increasingly from men and women from across the Leeds district who expected a wider range of benefits than simply care and recuperation.

Membership and Activism

The Leeds Workpeople’s Hospital Fund was a very successful organisation which saw its membership on a continuous upward curve, reaching almost 200,000 by the outbreak of the Second World War. As has been argued, especially by Gorsky et al, the overwhelming majority of these members took no interest in the organisation of the Fund beyond paying their dues.⁷⁷ On the face of it the organisational work and the engagement with the political and cultural objectives of the LWHF were restricted to a relatively small group of activists whilst the rest treated it as another form of insurance.⁷⁸ Yet this view may not be entirely fair and there is evidence of a broader support for the movement in a limited and occasional form by a much wider body of people demonstrated through their attendance at Fund events or their casual contributions through their social and recreational clubs and associations (see Figs 1 and 2 above). This association with the Fund resembled workers’ other mutualist engagements whether as members of the Cooperative Society – which had over 100,000 members in the city by the 1930s, most of whom used it as a cheap sources of basic groceries – or even as trade unionists, the vast majority of whom played little or no part in the day to day activities of their lodge. However, it is possible to identify some of the organisations and people involved in supporting this vital plank in the working class support structures of Leeds.

It is true that identifying the background of even a few of the local members is very difficult, however this research points to a wide range of interests participating in the grass roots of the Leeds Fund. In broad terms membership covered a diversity of work places from mining and iron working through textiles, engineering and clothing, to local government and administration.⁷⁹ As noted earlier, this included a significant proportion of the female working population, unusually for this type of scheme in the north where women tended only to belong as dependents.⁸⁰ This presence was manifested to some extent in women's involvement in the local leadership of the Fund and as we have seen in the kind of services provided.⁸¹ However, despite many attempts to engage shop workers, retailing – with the exception of the Co-op – was not widely represented, though prior to the setting up of the contributory scheme shopkeepers in certain areas did club together to undertake collections, the North East Ward Shopkeepers donating £13 in the summer of 1928. Moreover, despite criticism to the contrary, some of the multiple stores, including Maypole Dairy and Woolworth were organising collections before the switch to the contributory scheme.⁸²

Although individual contributors subscribing through their place of work were the mainstay of the movement, a range of other organisations and activities were also involved in maintaining both the income and vitality of the Fund. For example, a great many clubs were represented in the subscriber lists until the 1930s, including the by then rather quaint North West Ward Tariff Reform Club which donated £2 in the summer of 1928.⁸³ Even in 1932 the North East Ward had significant collections from both the Conservative Club and the Labour Club. More surprisingly the list of collections from the East ward the same year included entries for the United Irish Democrats next to that of the East Ward Conservatives and the East Ward Liberals – though not on this occasion the Labour Club.⁸⁴ Whilst political clubs were important, they were supported by a range of working men's clubs, such as those at Meanwood and Beeston, British Legions like that in Middleton, the RAOB and the Forresters Institute or the East Leeds National Railway Union Club whilst various sporting clubs supported the events organised by the wards, such as Kirkstall's annual fishing competition.⁸⁵

Leadership varied but could be very wide ranging. In city centre, Brunswick ward the president in 1931 was the local Conservative Alderman, PT Leigh, who later served as president of the Fund, whilst the Vice Presidents included his wife, also a Conservative councillor in the ward. They were supported on the committee by Vice Chair Mrs Joe Cohen and George Kelly, a leading member of the Ancient Order of Forresters Friendly Society from an Irish background, whilst the secretary was JC Sanderson, a vocal proponent of the working class identity of the movement from a Liberal heritage. In the Labour heartland of North-East Ward, the Conservative Councillor, J.W. Hemmingway, was president and a prominent supporter of the movement, providing prizes of gold watches for the pub collectors. North-west Ward elected a woman as its representative worker governor. In socialist East Hunslet a prominent local Liberal was Vice President whilst in New Wortley the President was a Labour councillor.⁸⁶ It is possible that Liberals remained disproportionately active in the movement, whilst in some areas the organisation was increasingly run by Conservatives, especially in the city centre and the north and west of the borough. Yet partisanship seems to have been rare, with all mainstream political sub-cultures associating themselves with the Fund either at the level of activist involvement or pub and club collection competitions. It is conceivable that local politicians and parties even used the Fund as part of a banal form of political promotion which allowed them publicity all year round. Certainly for many it was an appropriate venue in which to undertake important community based activity to demonstrate their commitment to the interests of the population of the ward.

Activism and engagement was also demonstrated by support for the income generating activities of the Fund at the local and city level. The main event in the calendar was the Gala which continued to be held annually in Roundhay Park over August Bank Holiday Monday and Tuesday with a programme which combined sporting events with spectacle.⁸⁷ The day could attract some prominent sports people, such as the Huddersfield based Olympic athlete Tom Matthewman who competed from 1924 onwards. These athletes competed for substantial cash prizes in the 1920s in both foot racing and cycling whilst attendees were also entertained by a range of comedic and spectacular acts including aerial acrobatics, tumblers and other circus acts, jugglers and western style riding.⁸⁸ However, the Gala gradually lost its appeal. Attendances in the early twenties were usually over 40,000 for the Monday and over 10,000 for the Tuesday, with 1920 seeing almost 70,000 pass through the turnstiles. By 1930, however, attendances had fallen to nearly half that figure, numbering around 25-30,000 for the Monday and just 5-7000 for the Tuesday.⁸⁹ Even the stock attraction of the hot air balloon with its parachute descents had paled by this time as local people increasingly left town on bank holidays for the coast or the country and fewer people were attracted to an increasingly unsophisticated day out.⁹⁰ The Gala was suspended for the Second World War but never reinstated. Yet despite that, over the course of the interwar period over three quarters of a million people attended an event organised for and promoting the Fund. Whether this was a positive affirmation of the actions of the Fund or just a day out cannot be established – but it does suggest something about both the depth of organisation the Fund was still able to draw upon until the end of the thirties and of the pool of good will which existed in the city.

At ward level there were a range of small scale fundraising activities which collectively maintained the profile of the Fund on the ground and contributed a few thousand pounds to the coffers. Very much of the age were the whist drives and dances (including fancy dress events) which occupied the committees in the winter months, often held in the political clubs of the wards and bringing together a few dozen members.⁹¹ These were aimed specifically at the active members and served to cement a collective social culture and reward the efforts of the collectors as well as possibly act as a way of recruiting new activists. In addition there were a number of community events, usually in the summer, such as the annual carnivals run in the suburban areas with varying degrees of success. In the case of Bramley ward this may account for their large women's committee which seemed to consist of the daughters of the leading activists. In Kirkstall there was an annual Angling contest – again with its own committee – whilst across the city there was a bowls cup held every summer.⁹² On the other hand the later 1920s saw the decline of the public park band concerts, a mainstay of early fundraising but largely abandoned by most wards by 1930. Around a dozen concerts were still held over the summer months but takings were rarely significant and many were affected by the poor weather leading the Secretary to comment in 1932 that:

Band performances in the Parks of the City appear to be no longer an attraction to the Public, and in consequence are a dwindling source of revenue to the Fund. Ward committee efforts in other directions have, however, met with favourable responses.⁹³

In some cases these were replaced with either sacred concerts or organ concerts indoors, especially in cinemas on Sunday evenings. However, this could prove problematic prior to 1932 as local by-laws prohibited the selling of tickets at the venue on the night.⁹⁴

Thus, the committees in the wards did attempt to keep up to date in their fundraising methods, though their effects were probably more propagandistic and morale boosting than particularly beneficial to the coffers of the Fund. Indeed in most cases the Pubs and Clubs were the mainstay of ward collections and the focus of much of their communal activity as special meetings were held to celebrate the most successful and award prizes to venues and

collectors. These were an opportunity for a bit of fun for members in contrast to the dry annual meeting or the hard work of fund raising.⁹⁵ Overall the local organisation demonstrated a broad range of interests and activities. There were few ethnic, religious, political or social divisions. Drawing on a wide range of aspects of working class popular culture from the thrift organisations of the nineteenth century; the premises of the free church community; and the pastimes of the working man (and woman) – whether uplifting, for example fishing or bowls; bucolic, like the May Carnival; or traditional, such as the pub and club – the local efforts of the Fund suggest a commitment which helped to hold back the march of class and state.

Ideological Battles

Yet for all that there were some ideological battles within the movement. For whilst it may have been capable of maintaining a broad church in terms of support, it does not mean everyone understood the movement in the same way. There were broadly three positions articulated in various forums. The first was the voluntarist position, held to most strongly by the large number of Conservative activists involved in the Fund at various levels and who became increasingly prominent in the broader voluntary hospital culture of the city. People like Charles Lupton, PT Leigh, Noel Whittaker, and especially Sir George Martin, used the meetings of the Fund to champion the voluntary system, attack state control and link the Fund to the preservation of the voluntary hospital system.⁹⁶ Thus, in February 1930, in a characteristic assault prompted by the introduction of the Local Government Act, Martin asserted that:

He regarded the Fund as a sort of bulwark against the municipal control of the voluntary hospitals of the city. However excellent municipal control might be, however painstaking, he was satisfied it would not be to the advantage of the hospitals to come under the municipality. It would be a very bad day for those who required the help and beneficent care which a hospital could give when such institutions were regulated and controlled by the municipality. (Applause).⁹⁷

Such views could be multiplied across a number of speakers both representing the Fund and other medical charities in the city. Admittedly many of them spoke favourably of the potential for cooperation – though even here Martin was sceptical in the early 1930s – but most saw this as an arms-length relationship rather than a positive development to be actively pursued.⁹⁸

Second, there were those who took the view that the Fund represented a democratic response to the crisis of the hospitals between the wars and that it was the working man who had saved voluntarism. In this context, the voluntary system had an obligation to work closely with the municipal sector to secure the best hospital care for the community. These views were usually put forward by visiting Labour Mayors, including the middle class figures of D B Foster⁹⁹ and John Badlay. The latter, who claimed to have attended meetings as an ordinary member, suggested that

This Fund has had an effect upon our social life altogether apart from the financial side. I am convinced that it has led to the formation of independence of character on the part of the people who have helped to carry on this work. When men now go to the Infirmary they don't go timidly to the back door, they go there as a right, feeling that they have paid for what they are going to get and have assisted others to obtain the same services. (Applause).¹⁰⁰

But it was not just the visiting dignitaries who asserted this line. Towards the end of the period ordinary committee members became more vocal, and in particular, J C Sanderson took an independent line on a number of occasions, asserting in 1938 that:

It was obvious that had it not been for the working people of the city the voluntary hospitals would have been in a very bad way in the last ten years ... [as well as] ... paying a warm tribute to the efficiency of the medical work and the nursing at St James's Hospital, he said that the Workpeople's Hospital Fund had done a great service for the people of Leeds when they made arrangements for the patients to be received and treated at that institution.¹⁰¹

Third was the traditional radical Liberal view which encapsulated the original aims and ambitions of the movement but was increasingly marginalised by the later 1930s in the shadow boxing over voluntary or state provision. Given the large number of Liberals involved in the organisation at a local level, this position may have been more widely held than articulated but it did receive a full exposition from the Liberal Lord Mayor, Charles Boyle, at the AGM early in 1940. He mused on the early history of the Fund, noting:

Some men in Leeds got together and said the position was not good enough for them, and that they desired, as Englishmen, to be independent of charity in their medical services. The result of such a feeling was the wonderful one of raising today something like £100,000 a year from the workers of the city in support of medical charities. But, although that was good, they had not got full independence yet. They still had to rely to some extent upon the State and upon charities, which was a thing Englishmen abominated. He hoped that some day, perhaps not far distant, they would pay every penny of the cost of medical services in the City, which would, indeed, be a great achievement.¹⁰²

Conclusion

Although Boyle's clear articulation of the independent, mutualist position may have owed something to a war setting in which the essence of Englishness was often being evoked, it also summed up a view which has been largely written out of the inter war history of the movement. Mutualism rather than voluntarism, was still widespread in mid-twentieth century Britain – evident in Friendly Societies, the Co-op, Trade Unions, and hospital contributory schemes.¹⁰³ Although they were from the working class these ideas and organisations were not exclusive to them. They were pan class, communitarian, democratic and often still an essential support to daily life. As Labour Lord Mayor, John Arnott pointed out in 1925, they were 'in the nature of a mutual insurance, an effort to pool resources, so that a person who did suffer from misfortune should have not only his own personal provision to help him in need, but that of his fellows who cooperated to help him.'¹⁰⁴ All such organisations offered a form of insurance or pooling of risk which may have owed little to overtly political considerations but suggests more than simply a commercial transaction. They were born out of a need to use self-help to gain access to scarce or privileged resources and to prepare for the inevitable costs of sickness, accident and old age. As such, these institutions promoted independence from patronage as well as want. The Leeds Workpeople's Hospital Fund was phenomenally successful in increasing income, supporting the hospital system, promoting integration and efficiency and mobilising thousands of people to act as citizens sustaining the fabric of their city. However, it was able to do this because of its roots in nineteenth century radical liberalism and nascent working class organisation. It was temporally contingent, an artefact of its time. Certainly the slow decay of its fundraising wing suggests that its ability to mobilise may have been on the wane, whilst the resistance of the hospitals to an increase in their role on the boards may have put a block on further development.¹⁰⁵ Yet the Fund retained a strong financial base into the forties and may even have benefitted from the growth in tertiary expenditure which characterised the post war period.¹⁰⁶ The Leeds Workpeople's Hospital Fund continued to hold the respect and attract the pennies of hundreds of thousands of people. It therefore provides clear evidence that mutualism in health care provision was still very healthy up to

the mid twentieth century and could have formed part of a mixed economy response to future provision as it did in France and Germany.¹⁰⁷

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78. The initial organization of the Fund, with ordinary subscribers and a General Council of active members, seems to have encouraged this separation. See: WYA WYL816. Leeds Workpeople's Medical Charities Minute Book 1887-1897, Gen. Comm, 26 March 1887
79. See the lists of subscribers in the Annual Reports and the occasional lists in the *Leeds Hospital Magazine*.
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81. Though there was an awkward situation at the AGM in 1918 when Mrs Henry, wife of the Lord Mayor, complained that the Executive Committee was composed entirely of men and was rebuked by Middlesbrook, who sarcastically remarked 'they might congratulate themselves that even as mere men they had not been unsuccessful'. LWHF Annual Report, 1918, p. 25 In 1924 Holbeck elected Mrs Elston as their Hospital Governor, LHM, January 1924, p. 12, and by 1938 one of the Governors on the Board of the Women and Children's Hospital was Mrs JR Kell.
82. LHM, September 1928, p. 175 For criticism of the lack of charitable activities amongst multiple stores see comments by Lord Mayor Boyle to the AGM of the Leeds General Infirmary, 1939. Leeds General Infirmary Annual Report, 1939, p. 41
83. LHM, September 1928, p. 175
84. LHM, February 1932, pp. 29-30
85. LHM, January 1924, p. 9; April 1938, p. 82; November 1938, p. 204; March 1935, p. 54; November 1921, p. 203.
86. LHM, February 1931, pp. 27, 31 and 32
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92. LHM, February 1938; Advert for the Carnival, May 1935, p. 91; Kirkstall angling competition, December 1938, p. 233.
93. LWHF. Annual Report. 1931. p. 14
94. See report of Mill Hill Ward Committee: LHM, February 1931, p. 33
95. These events were usually held as part of the Ward AGM or as a separate event in late winter, reported in *LHM* in February, March and April each year.
96. See for example Whittaker at the AGM of the Armley and Wortley Ward Committee in February 1931 when he stated 'If the infirmaries and hospitals got into Government hands it would be bad for the country': LHM, February 1931, p. 31
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99. See Foster's speech at AGM, February 1929, when he stated 'public help must not lessen private charity. The ideal thing was to cooperate with the public funds of the city so that the magnificent private efforts of the charitably disposed persons might be supplemented': LWHF Annual Report, 1928, p. 19
100. LWHF. Annual Report. 1937. p. 20
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104. LWHF. Annual Report. 1925. p. 21
105. To make this point Gorsky et al utilise an example from Leeds of George Martin stonewalling a bid for greater representation from the Fund on the board of the LGI. Gorsky, Mohan, Willis Mutualism and Health Care, pp. 117-118
106. In Sheffield the Penny in the Pound scheme raised almost half a million pounds in 1946 and even in Middlesbrough the schemes raised enough to put the town's hospitals into the black. Sheffield and District Association of Hospital Contributors Record of the Penny in the Pound Scheme, 1919-1948. Sheffield: 1949; Competition and Cooperation in Hospital Provision in Middlesbrough, 1918-48 Medical History. 2007; 51:337. [PubMed: 17603657]
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Figure 1. Source of Revenue, LWHF, 1917-1939

Figure 2. Proportionate distribution of income sources, 1917-1939

Figure 3. Distribution of Expenditure, LWHF, 1918-1939

Figure 4. Proportionate distribution of expenditure, 1918-1939

Table 1
Sources of Income, Leeds Workpeople's Hospital Fund, 1911-13

	1911	1912	1913
Workshop Collections	£11,011	£10,643	£10,472
Public House Collections	964	825	775
Annual Gala	818	612	840
Entertainments, etc.	255	322	402
Ward Carnivals	253	98	60
Sunday Concerts	287	230	322
Club Collections	149	185	230
School's Collection	118	110	123