“The Best Way to Explain it is to Do It”: Ida Cannon and the Professionalization of Medical Social Work During the Progressive Era and the 1920s

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> “What I was going to say,” said the Dodo in an offended tone, “was, that the best thing to get us dry would be a Caucus-race.”
> “What *is* a Caucus-race” said Alice; not that she much wanted to know, but the Dodo had paused as if it thought that *somebody* ought to speak, and no one else seemed inclined to say anything."
> “Why,” said the Dodo, “the best way to explain it is to do it.” (And, as you might like to try that thing yourself, some winter-day, I will tell you how the Dodo managed it.)
> (Dialogue between Alice and Dodo Bird; from *Alice in Wonderland*)

This quote, “The best way to explain it is to do it,” was Ida Cannon’s motto for her work at the social service department at MGH, short for Massachusetts General Hospital. Ida Cannon’s contribution as pioneer of medical social work in American hospitals and her leading role in developing and professionalizing this medical social service is usually ignored in the historiography. Cannon, who put a life’s work into this project, promoted medical social work nationally as well as internationally. Already in the 1920s more than 400 social service departments had been introduced to hospitals all over the United States. Ida Cannon, born in 1877, was Chief of the social service department at MGH from 1914 until 1945. She died in 1960.

Cannon and the professionalization of medical social work is the focus of my dissertation project. I look at Cannon as a case study of the second generation of social reformers in the years from 1900 to 1930. The larger part of the time frame that I concentrate on was later called the Progressive Era. Women in those years of social change and reform were especially prominent in the role of reformers. Reformers of the first generation—for example Jane Addams or Francis Kellog—caught a lot of attention in historiography. Ida Cannon also belongs to this group of “exceptional women” of the Progressive Era.

I consider medical social work an excellent example to show the realities under which a particular women's work culture within the health-care industry developed. The seeds limiting the development of medical social work were planted already at its beginning. Altruistic ideals, reform spirit, gender concepts, and the promotion of professionalization eventually clashed and, ultimately, in the 1920s led to the fragmentation of medical social work.

In this paper I want to focus on the gender concept on which Ida Cannon based her argument for the professionalization of social work: I claim that Cannon's conception of social work as a profession was based on the nineteenth century gender concept of "separate spheres." Elaborating on this thesis I also claim that Cannon expanded this gender concept for medical social workers in the early twentieth century by interpreting the "separate spheres" according to her needs, but she never went beyond this application. Before discussing gender concepts and women's spheres, however, a brief introduction to medical social work is necessary.

Medical Social Work or "A Mad Tea-Party"

The first annual report of the social service department at MGH for the year 1905 began with a quote from *Alice in Wonderland* from the chapter "A Mad Tea-Party":

> "Have some wine," said the March Hare. "I don't see any wine," said Alice. "There isn't any," said the March Hare.

This episode from *Alice in Wonderland* is a metaphor for the situation of out-patient departments in American hospitals. Many physicians, interested in a progressive medicine, considered the medical care for out-patients inadequate. Like the "Mad Tea-Party," patients were often given advice that the patient was not able to follow: to say to an overworked, tuberculosis-ridden mother of four children, who lived in a rat-infested tenement house, that she needed a vacation in Florida, lots of milk and meat, was useless as she was not able to afford it.

Often doctor and patient spoke to each other but not with each other; language barriers blocked the mutual understanding of immigrants and doctors, the latter often ignoring the social environment and personal concerns of the patient. Communication problems also arose when the doctor's advice went simply beyond the comprehension of the patient. Especially questions of hygiene or rules of conduct were for many patients difficult to perceive. The individual life situation, social circumstances and the combination of mental and physical constitution of the patient were usually not taken into consideration by most doctors. As a consequence, symptoms and the diseases themselves would constantly reappear.

Medical social workers in the early years were supposed to bridge all of these gaps between doctor and patient. They were to interpret the situation of individual patients through case studies. By analyzing their life-situations and by looking for possible causes of their illnesses in their social, mental or other circumstances, social workers developed a social analysis of each case. The medical social worker thus became the interpreter of the doctor's advice, standards of hygiene and conduct towards the patient.

The out-patient department was especially frequented by those people who could not afford a visit to an expensive private practice. Poor immigrants, workers and all those who for financial reasons had no other choice to receive medical treatment other than from the out-patient department came to the hospital. For these patients the physician Dr. Richard Cabot founded the social service department at MGH. He was inspired by the idea of supporting and developing a progressive medicine that took into account the whole person, the individual life situation, the intellectual, psychological and physical constitution. He wanted to overcome the traditional approach that looked at disease separately from the patient. Richard Cabot was the self-assured offspring of a very old distinguished Boston family that belonged to the group of so called "Boston Brahmins." He faced resistance to his project but his family background certainly helped to

overcome obstacles. The social service department started in 1905, and already in 1906 Ida Cannon worked as a volunteer in the department.

“A Caucus-Race” or Ida Cannon’s Image of Medical Social Work, Problems and Resistance

Neither the hospital administrator nor the doctors, and certainly not most nurses, welcomed social work with arms wide open. It took nine long years until the social service department was officially accepted as part of the hospital. Under these conditions, Ida Cannon tried to establish and to legitimize medical social work at MGH against all odds. Those odds found expression not only in the organizational problems of the hospital but also in the personal policies of the hospital director, Dr. Washburn. This is best illustrated by his attitude toward the social workers: “You’ll have to watch these social workers, or there won't be any room for the people who belong here” (MGH papers). Medical social workers were outsiders and had to find their position in the hospital’s hierarchy.

For my analysis I heuristically refer to Pierre Bourdieu’s term of the “field” in order to explain the problems of social workers (1997: 59-78). They had to position themselves in the “field” hospital and had to negotiate their position with other groups in that field. The leading force in the hospital was male. The doctors were at the top of the hierarchy; the nurses worked below them, following their orders. In 1904 nursing as a women’s occupation was officially granted through the “Nurse Practice Act” valid in not all states, and was still in its infancy. For these nurses medical social workers were a threat. Even more so when Cannon publicly defined the position of medical social workers in the hospital.

In her book *Social Work in Hospitals. A Contribution to Progressive Medicine*, published in 1913, Cannon claimed that social workers’ place was not below the physician in the hospital hierarchy, following his orders, but next to the doctor (2). According to Cannon the position of the social worker was that of an

expert in social matters, who advised the expert in physical matters, the doctor. For women at that time this unusual professional status claim, was explained by Cannon in terms of gender. Her argument relied on the nineteenth century gender conception of the “separate spheres.” In championing the social worker’s position in the hospital she fit the Victorian gender concept to the changed social reality of early twentieth century America, expanded it to the professional field as far as possible, but did not transcend it.

Cannon wrote in her book that the training of social workers and that of nurses was fundamentally focused on very different positions in the hospital. She criticized the nurses’ training in that they were not challenged to be independent thinkers nor were their leadership skills developed–and Cannon wanted “leaders” in social work (190). The social worker should draw her conclusions about her patients or clients, as she called them, separately from the doctor’s. The results from her social analysis together with the diagnosis of the doctor would help them to mutually decide on how best to help a patient.

Cannon’s self-assured claim that social workers belonged on the same hierarchical stratum with the doctors, and her definition of medical social work as a profession caused resistance from the nurses. Cannon was certain about her own professional position next to the doctor. In *Social Work in Hospitals* she writes: “As the problems of many hospital patients are social as well as medical, two expert professions, not one alone, are needed.” Medical social work was, according to her definition, an “expert profession,” as much as that of the doctor. She points to the social worker’s power of judgment and writes about her quality: “Rather it is one of self-reliant judgment and planning in her own sphere” (2). This sphere was coded feminine, which Cannon not only emphasized but used for her own strategic intention.

The historian Eileen Janes Yeo analyzed the Victorian gender concept of the “separate spheres” and confirms that women’s activities in the social realm were explained according to this gender concept. Those activities were seen as

linked to “feminine” qualities like morality, compassion and friendship as well as to the women’s role as mothers. They were not seen as being close to intellectualism, the natural sciences, politics and the economic world–those realms were part of the male domain and did not belong to the moral world of women (64-65).

The special qualities and interests were allocated as “natural” to the sexes and were expressed in their distinctive gender spheres. According to nineteenth century *zeitgeist* these spheres were separate but equal. On the basis of mutual respect men and women–according to the construct of the “sexual communion of labor–would work together for the common good, each in his or her allocated sphere. Cannon argued in exactly the same vein when promoting social work in the hospital: there should be a balance between medical and social know-how, represented by doctors and social workers, who would work together closely and co-operate for the welfare of patient and society.

The hospital though was not simply a field that was occupied by two groups, social workers and doctors, who only needed to negotiate a “sexual communion of labor.” Rather the field hospital was also fragmented by groups of women who based their position in the field on *their* interpretation of “separate spheres.”

“If you Like to Try that Thing Yourself Some Winter Day” or Interpretations of the Women’s Sphere

At MGH there were three groups of women next to each other, representing three steps of women’s emancipation in the social realm. At the same time they represented three different interpretations of the women’s sphere. First there was the *Ladies Visiting Committee* that had been active in philanthropy at MGH since 1869. These upper-class Ladies had found their role model in the persona of the “Lady Bountiful,” the charitable keeper of morals and order. They were well-

meaning ladies and wives of the well-to-do. Their social status was also closely connected to their role as charitable philanthropists and supporters of the hospital, which earned them social prestige. Of course, they did not receive money but donated it. Ida Cannon was a clever negotiator and knew how to mobilize this group of women for the advantage of the social service department. Social workers and the Ladies were not in a competitive relationship. Rather they supported each other and together worked to lift the other's status. I view the position these visiting Ladies occupy in the hospital as representing the first step towards an expanded interpretation of the women's sphere according to the Victorian gender concept.

The nurses, by comparison, had to earn their daily income through their work and were therefore financially and socially dependent on their occupation. They had accepted their role as help-maid to the doctor, working in the background assisting him, and not questioning their subordinate position in the field—at least not until social workers, who belonged to the same gender group, put themselves above them in the hospital's hierarchy. The Visiting Ladies also were above the nurses because they belonged to another social group and were therefore no threat to nurses. But medical social workers–sometimes former nurses themselves, like Ida Cannon—threatened their occupational status. Nurses had interpreted the "communion of labor concept" as a help maid concept, assisting the physician, earning their livelihood and expanding the gender construct of "separate spheres" only within the limits of these self-restrictions.[1]

Physicians did not have any problem or conflict with these first two groups of women at the hospital—philanthropic ladies and nurses—since there was no need to negotiate positions in the field and doctors were therefore comfortable in dealing with them. This was different in the case of social workers who were

[1] I borrowed the image of "limits" and "restrains" or restrictions from Steven Greenblatt's very inspiring essay "Culture." See *Critical Terms for Literary Study*, eds. Frank Lentricchia and Thomas McLaughlin, Chicago and London: U of Chicago P, 1995. 225-235.

perceived as a threat to the physician's competence and status.

This sometimes difficult relationship between doctor and social worker is exemplified in the following situation. One early social worker remembered the hierarchical gap that existed between her and the "imminent doctor," which she needed to overcome in order to do a good job. When an orthopedic surgeon had asked her to raise money for an expensive back brace for a woman who had been suffering chronic back pain, the social worker discovered during an interview with the patient that she had not had any teeth for many months. The woman had not been able to afford to buy artificial plates after having had her own teeth extracted. Apparently the "visiting surgeon had not noticed this while concentrating on her back condition." The social worker's "difficult duty" was, as she wrote, "to call his attention to the fact and suggest (how my knees shook) that we try a set of false teeth first and see if more food, better masticated, might possibly check the backache! It did, all was well. I did not get fired, either" (MGH papers, Burleigh).

Physicians' sometimes repulsive reactions to social work projects were based on a crisis in medical education in the U.S. during the first decade of this century. The development of medicine as a profession was just about to take root in accordance with scientific and European standards. Parallel to the publication of Cannon's book *Social Work in Hospitals* the medical education and professional training of physicians in the U.S. had been at a watershed and with it physicians' professional and social status. From the point of view of physicians, medical social workers were a hindrance to their high-flying professional goals. Doctors wanted to consolidate their professional image of the scientifically trained physician. If nurses were not interested in sharing their position with social workers in the hospital, doctors weren't either. Still others thought that social work in hospitals was supporting a progressive medicine and therefore supported social work, like for example Richard Cabot who had thought of starting a social service department in the first place. He also argued according to the "separate

spheres" gender construct when claiming that women should not become physicians but rather social workers. Therefore he supported Ida Cannon in her endeavors and when she proclaimed: "The best way to explain it is to do it."

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