

# SOURCES IN THE HISTORY OF PSYCHIATRY, FROM 1800 TO THE PRESENT

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### REMOVING THE 'VEIL OF SECRECY': PUBLIC INQUIRIES AS SOURCES IN THE HISTORY OF PSYCHIATRY, 1960s–1970s

*Louise Hide*

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## REMOVING THE 'VEIL OF SECRECY': PUBLIC INQUIRIES AS SOURCES IN THE HISTORY OF PSYCHIATRY, 1960S–1970S

*Louise Hide*

They were the stuff of Victorian gothic novels: bleak brooding asylums containing vast barrack-like ward blocks, isolated and remote. Built over the course of the nineteenth century, many of these institutions had reached their nadir by the mid-twentieth century, creating a very real lived sense of desolation for tens of thousands of people locked within their walls: wards were overcrowded and dilapidated; patients were absorbed into a monotonous routine that was largely devoid of meaning and purpose; staff were poorly trained, professionally isolated, and in short supply; investment and resources were strained to breaking point.

It was at this point that change began to happen. From the 1950s, psychotropic drugs offered the possibility of managing symptoms which could potentially enable people to leave hospital and live in the community. However, large numbers of patients remained on the hospital 'back wards' for years. Some were subjected to cruel and inhumane practices which had been absorbed 'unnoticed' into certain ward cultures over years. It was not until the late 1960s that these practices were brought to the attention of the public and politicians through the persistent actions of a small number of courageous whistle-blowers and the press. No longer could the appalling conditions in some psychiatric and 'mental handicap' hospitals, as they were then called, be ignored or denied. A series of major inquiries into some NHS hospital practices began, which played a significant role in bringing about the closure of these large and outdated institutions.

The inquiries left in their wake a vast repository of documentation. Files are thick with correspondence between governments of the day, local authorities, campaigning bodies, anguished staff, whistleblowers, people who had experienced neglect or abuse, their families and friends; they also contain transcripts of hearings as well as press cuttings. These sources are exceptionally interesting for historians of psychiatric institutions. They focus less on individual acts of cruelty and criminality perpetrated by 'bad apples', who were often dealt with by the police

and the courts, and more on the cultures, systems, and structures that allowed abusive and neglectful practices on certain wards to continue. The insights these records offer into the practices and meanings of care, as well as into broader political interests, and social and cultural mores, are both rich and expansive.

Surprisingly, they have rarely been consulted by historians. An exception is Claire Hilton whose book *Improving Psychiatric Care for Older People* (2017) charts the tireless work of campaigner Barbara Robb who battled with government and health authorities to improve care for older people, eventually influencing changes in policy as well as bringing about improvements in the inspection and regulation of psychiatric care.<sup>1</sup> Analyses of hospital inquiries in England and Wales have primarily been carried out by social scientists. John Martin's *Hospitals in Trouble* was published in 1984 and posed a question that still perplexes us today: 'How is it that institutions established to care for the sick and helpless can have allowed them to be neglected, treated with callousness and even deliberate cruelty?'<sup>2</sup> The book is an important historical source in itself. Martin includes an overview of the more significant hospital inquiries and examines in detail a complex web of inter-linking causations that span staffing, management, and political spectrums, discussing lessons learned and addressing important questions regarding ethics and morals.

In their study of how social welfare 'scandals' become constructed in certain ways at particular periods of time to serve specific interests, sociologists Ian Butler and Mark Drakeford argue that the 'chronic administrative failings, small carelessnesses and institutional brutality of the long-stay hospital' were not enough in themselves to trigger a scandal. The events are a necessary basis to a scandal but it is a particular set of constituent elements 'that transforms them into something beyond themselves',<sup>3</sup> sometimes through the power of the media. Nicky Stanley and Jill Manthorpe's thoughtful introduction to a volume of essays on different types of inquiry that were held during the 1990s reminds readers not to approach them uncritically, pointing out how they focused on what went wrong in institutions which raised anxieties around care. Importantly, they note how inquiries could be 'captured and controlled by the legal profession' early on, meaning that they were framed in a very specific way.<sup>4</sup> More recently, in 2019, a special issue of *The Political Quarterly* brings together work by a range of scholars and commentators to examine the processes, learning, and impact of 50 years of inquiries into NHS institutions and practices. The articles do not focus exclusively on psychiatric care or hospitals for people with intellectual disabilities. They do, however, collectively address important issues that relate to most inquiries: governance, leadership, and accountability; political interests and policy; the structure of inquiries and epistemological concerns; cultural issues; the role of the public and of families; and the degree to which inquiries brought about change.<sup>5</sup>

Historians today might well grapple with the same question that John Martin and so many others posed in the early 1980s: why had so little, if anything, been done to prevent abuses before the inquiries? We will never fully or satisfactorily uncover all the answers. However, a close and critical analysis of the inquiry documentation against sources relating to the wider socio-political context can

offer some insights into the conditions, the attitudes and practices, the structures of power, and the subtle, and less subtle, inflections in mutable networks of personal and professional relationships. Together, these cultural mechanisms were in a continual process of reconstitution which allowed failures of care in their many forms to manifest and continue, above and below the radar.

In this chapter, I will provide an overview of the first run of inquiries into allegations of malpractice in some NHS psychiatric and mental handicap hospitals that began in the late 1960s and continued through much of the 1970s.<sup>6</sup> A summary of sources and where to find them is followed by reflections on some of the epistemological and ethical questions that need to be taken into account during the analysis and writing-up of the research, together with the potential challenges that come from working with such sensitive sources. By the end of the chapter, I will have explained the importance of these little-used sources in revealing how these large institutions functioned within a particular political and social context. Much historical focus on mid-twentieth-century psychiatry considers the effects of deinstitutionalisation and the shift of care into the community. But the large hospitals remained open until well into the 1980s.<sup>7</sup> The inquiry documentation can give us new insights into the micro and macro politics of long-term care.

### **The first NHS hospital inquiries**

In 1965, Barbara Robb visited an acquaintance who had been admitted to a long-stay ward in Friern Hospital, a large psychiatric institution in North London. She was horrified by the sight of older female patients living in miserable conditions where they were dressed in institutional clothes, had few personal possessions, and little to occupy their time.<sup>8</sup> Galvanised to take action, Robb established the pressure group Aid for the Elderly in Government Institutions (AEGIS). Two years later, she presented, on behalf of AEGIS, a book titled *Sans Everything: A Case to Answer* which included accounts, many submitted by concerned hospital staff, of callous treatment and neglect on long-stay wards in psychiatric hospitals, particularly those for older people. The book was published in the summer of 1967 and caused a public outcry.<sup>9</sup>

*Sans Everything* exposed deplorable conditions on the back wards of certain hospitals, which had been exacerbated by NHS policies such as a two-tier system of care: one tier, which absorbed most of the resources, focused on acute care and treatment that would enable people to leave hospital and live in the community aided by the new psychotropic drugs, and the second, dismally under-funded, tier applied to the long-term care usually of people with severe learning disabilities and older people who were diagnosed with what were believed to be untreatable conditions such as senile dementia, or who were simply ‘old’ and had nowhere else to go. As younger patients and those with acute conditions began to move into the community, a large and mainly older group of patients was left behind on dilapidated and under-resourced hospital wards.

In addition to shifts in healthcare policy and practice, social change was also being driven, in part, by human and civil rights campaigns. During the 1960s, countercultural movements began to challenge the establishment, including psychiatry. Organisations such as AEGIS campaigned for improved care for those who were most vulnerable and unable to advocate for themselves; from the early 1970s, service users lobbied for greater rights to have a say in their own care and treatment through pressure groups such as MIND (for more on this, see Steffan Blayney's chapter in this volume).<sup>10</sup> Furthermore, a new generation of post-war sociologists and social psychiatrists began to study how large institutions such as mental hospitals, prisons, and residential homes affected the physical and mental health of their occupants.<sup>11</sup> Together, these factors made it increasingly difficult to ignore or deny abusive and neglectful practices that had been hidden from sight for decades. As the lid was lifted on malpractice and ill treatment, the age of the hospital inquiry began.

## How the inquiries worked

When *Sans Everything* was published in 1967, the Minister of Health ordered each Regional Hospital Board responsible for a hospital that had been implicated in the book to investigate the allegations by setting up an inquiry. The committee for each inquiry was made up of a legally trained Chairman (all were Queen's Counsel), a doctor, a nurse, and at least one lay person with experience in hospital administration or public life, none of whom was from the region concerned.<sup>12</sup> While the committees roundly discredited many of the allegations, together with some of the individuals who made them,<sup>13</sup> momentum was gathering to expose and bring to an end some of the appalling conditions and practices in certain long-stay hospital wards.

Ely Hospital became the focus of what is generally considered to be the first modern inquiry in the NHS.<sup>14</sup> A run-down former Poor Law institution in Cardiff, it was classified as a psychiatric hospital but mainly provided care for people with severe intellectual disabilities, then referred to as 'sub-normal' or 'severely sub-normal'. Alarmed by the ill treatment of some patients and 'pilfering' by staff, a nursing assistant took his concerns to the *News of the World*. The newspaper forwarded his statement to the Ministry of Health and published it in August 1967 without naming the hospital or the people implicated.<sup>15</sup> The Minister instructed the Welsh Hospital Board to convene an inquiry into the allegations.

The Conservative politician Geoffrey Howe QC was appointed to chair the inquiry. Later, in 1999, he stated that one purpose of any type of public inquiry was 'to investigate serious allegations of improper conduct in the public service ... which requires thorough and impartial investigation and which may not be dealt with by ordinary civil or criminal processes'.<sup>16</sup> Sociologist Kieran Walshe has expanded on this by suggesting that inquiries were established for one or more of six reasons: to establish the facts; to learn from events; as catharsis or therapeutic

exposure; to reassure; to hold people and organizations to account for the purposes of blame and retribution, or for political purposes.<sup>17</sup>

The terms of reference for the Ely inquiry were threefold: first, to investigate the claims made by the nursing assistant; second, 'to examine the situation in the wards', and third, to make recommendations.<sup>18</sup> It set a precedent by focusing not only on the egregious behaviours of certain individuals, but also on the failures of management that had allowed maltreatment, corruption, and poor standards of care to continue. Proceedings appear to have been fraught with problems. Even though the Committee had 'reasonable confidence' that it had achieved its objectives, the Report states that the investigation had 'an incoherent and disorganized quality' to it.<sup>19</sup> It was held in private and the Committee had 'no power to summon witnesses, to take evidence on oath' or to recommend awarding costs. Howe complained that the Committee had to 'fight all the way' to have the 'veil of secrecy decisively removed' so that they could appeal for witnesses in advance. Furthermore, pressure was put on them to 'prune and edit' the text of the final report by the Welsh Health Authority.<sup>20</sup>

In the year following the Ely inquiry, police were called to investigate brutal treatment by male nurses of men with severe learning disabilities at Farleigh Hospital in Bristol; of the nine nurses who were charged with cruelty, three were given prison sentences. Following the police investigation, an inquiry was launched into the administrative systems and conditions of the hospital. In 1969, a psychiatrist and a psychologist from Whittingham Hospital near Preston in Lancashire wrote directly to the Secretary of State for Social Services alleging 'ill-treatment of patients' on certain wards, as well as fraud, maladministration, and the suppression of earlier complaints from student nurses.<sup>21</sup> An inquiry was set up in 1971 under Section 70 of the NHS Act of 1946. The Committee had the same authority as a court to compel witnesses to give evidence which could be taken on oath.<sup>22</sup> It began work as soon as its members had been appointed and sat in the Masonic Hall in Preston where evidence was heard in public unless it related to specific patients. Eighty-five witnesses gave evidence on oath over 18 days between April and June 1971. Most appeared voluntarily, although some were summonsed. Oral evidence, which was documented, was given by the following: members of the Manchester Regional Hospital Board which was the local health authority; members of the Whittingham Hospital Management Committee; staff and former staff which included nurses and doctors of all ranks, social workers, and occupational and industrial therapists; and 'others' who included one member of the public, a detective superintendent, one patient, the Chairman of the League of Friends,<sup>23</sup> and two auditors.<sup>24</sup> Press attention was intense.

Two more inquiries were established soon after Whittingham: one related to Napsbury Hospital in North London and another to South Ockendon Hospital in East London. Therefore, five major inquiries into allegations of various forms of abuse in NHS hospitals took place within five years of the publication of *Sans Everything*. According to John Martin, the failures they exposed broadly related to problems of the 'old order' which could be ascribed to professionally and socially

isolated institutions; custodial practices; the risk of corruption in closed societies; the suppression of criticism; and poor management, especially lay management.<sup>25</sup> Nevertheless, the inquiries continued throughout the 1970s. Although they were run along similar lines by committees that had been similarly constituted, each was different. Most were inquisitorial and established to ascertain 'the facts'.<sup>26</sup> Many left in their wake ruined careers, shamed professions, fractured and broken communities, and a deep raw pain in those who had been victims of or who had witnessed the abuses: patients, families, friends, and hospital staff. They also left a vast repository of documentation, newspaper reports, and publications.

### Finding the sources

The main output of an inquiry would be a report. Produced by the committee according to the terms of reference, it usually included recommendations for improvements to working practices in the hospital concerned. The reports of major inquiries were Command Papers which were formally presented to Parliament. They are available as hard copies in the British Library and can be downloaded from the ProQuest U.K. Parliamentary Papers online service.<sup>27</sup> Inquiries, or the circumstances that gave rise to them, were frequently debated in Parliament and transcripts of the presentation of the reports and debates can be found on the Hansard website.<sup>28</sup> Many of the inquiry reports provide useful background information on the circumstances surrounding the inquiries and how they were set up, as well as summaries of findings and recommendations for improvement. Yet, they are in some respects secondary documents in that they represent an interpretation and summary of the proceedings of the inquiry. The underlying archival material which supported the report's findings can reveal far deeper insights into the politics that facilitated abusive practices, not deliberately but sometimes without due consideration.

The public inquiry documentation from the early 1970s was closed for 30 years and opened during the 2000s. Today, much of it – although not everything – can be consulted either in The National Archives (TNA) or in local archives. For example, most of the documents relating to the Whittingham Hospital Inquiry are held at TNA in the Ministry of Health (MH) collection while a few records relating to the hospital, although not necessarily the inquiry, are in the Lancashire Archives in Preston. Records relating to the Normansfield Hospital Inquiry are held in TNA and the London Metropolitan Archives. These archives provide a hugely valuable historical repository. Many contain vast amounts of correspondence between government and health officials, much of it annotated, as well as press cuttings, thousands of pages of transcripts of the hearings, witness statements, and drafts of the report which, again, are annotated.

The media played a major role in bringing allegations of ill treatment to the attention of the public, putting pressure on the government of the day to take action. Press reports and television documentaries add different perspectives when it comes to revealing poor conditions and inhumane practices. While the presence

of cockroaches on some female wards at Whittingham was briefly mentioned in the Report, the *Daily Mirror* ran a story under the headline “‘Cockroaches in a hospital’ claim”.<sup>29</sup> Keenly engaged in inquiry proceedings, which were very much in the public interest, the press may have commented on events that are not recorded in the transcripts such as the affective responses of witnesses giving evidence. Did they appear fearful? Did they show shame and remorse? Did they appear to be unaffected by the proceedings?<sup>30</sup> *The Times* described the adjournment of the proceedings regarding South Ockendon Hospital as being due to a charge nurse who was ‘under stress’ under the headline ‘Illness causes hospital inquiry delay’;<sup>31</sup> while the *Birmingham Post* reported the same event under the headline ‘Nurse is suicide risk, inquiry told’.<sup>32</sup>

Local as well as national newspapers were instrumental in bringing allegations of abuses to the attention of government ministers. The *Lancashire Evening Post* set up a ‘press desk’ in a local pub to gather information into allegations of cruelty at Whittingham Hospital.<sup>33</sup> The best way to access these reports now is through online services that provide access to digitised newspapers such as the British Newspaper Archive and newspaper databases such as *The Times* Digital Archive.<sup>34</sup> However, not all newspapers have been digitised or are available online; here, local libraries can be helpful as they often hold archives of local newspapers on microfiche.

From the 1960s, television was growing increasingly popular. Film and programme makers gained access to psychiatric and mental handicap institutions and transmitted the horrors of long-stay wards directly into people’s living rooms. Programmes such as *Ward F13* (1968), *The Secret Hospital* (1979), and *The Silent Minority* (1981) supported many of the findings uncovered by the inquiries, presenting them through a different lens.<sup>35</sup> They, too, are legitimate subjects for critical academic inquiry, particularly in respect of the complex ethical dilemmas that arise out of filming and broadcasting footage of people who were unable to give informed consent.

Matters either directly or tangentially related to the inquiries and the circumstances that gave rise to them were raised and debated among health and social care professionals in professional journals such as *The Nursing Times*, *The Nursing Mirror*, the *Hospital and Health Services Review*, *Social Work Today*, the *British Journal of Psychiatry*, *The Lancet*, and *The British Medical Journal*. Some of these publications have been digitised and are online; in this volume Chris Millard’s chapter offers further guidance on using such journals within the history of psychiatry. The location of most hard copy journals and books can be found through Jisc Library Hub Discover.<sup>36</sup> The AEGIS archives are held by the London School of Economics; the MIND archives by the Wellcome Collection; and the Royal College of Nursing has an extensive library and archival collection. The University of Warwick Modern Records Centre holds the Confederation of Health Service Employees (COHSE) archives as well as the unedited typescripts of the diaries of Richard Crossman, who was Secretary of State for Social Services when the Ely report was published. And for local perspectives, bear in mind that large hospitals



were major employers and since their closure some local groups have assembled histories of their communities which include oral histories of people who were affected by inquiries. See, for example, People's Collection Wales.<sup>37</sup> Victoria Hoyle's chapter in this volume provides considerable insight into the considerations to be borne in mind when using oral histories in the history of psychiatry.

## Working with the sources

The prospect of wading through a massive volume of papers generated by one inquiry, let alone several, can be daunting. Before you dive into the archives, make sure that you have an idea of the kind of research you want to do because not all of the documentation will be relevant. If you are interested in the political machinations behind the establishment of the inquiries and how terms of reference were established, you may want to focus more on the correspondence between the government, health authorities at local and national levels, and other key actors in this process. It can tell us, for example, the terms upon which some of the main people knew each other (personal and professional), how they rated each other, and the kind of person they wanted to serve on the committee, not only in terms of skills and experience, but character too. The Whittingham records describe one committee member as being '...liable to give offence owing to his downright views but very willing to accept criticism of his own ideas',<sup>38</sup> suggesting a broad awareness of the myriad sensitivities around the inquiry.

If you want to examine how attitudes and policies played out through social and professional relations (including unions), cultural forces, and hospital practices, a close textual analysis of the transcripts and written evidence can reveal complex networks of power dynamics as well as contemporaneous attitudes towards care and harm. Soon after the publication of *Sans Everything*, a group of student nurses at Whittingham Hospital put forward a list of complaints detailing 'malpractice' and cruelty towards patients. Afraid of legal action and 'victimisation' if they named people, wards, or complainants, their concerns did not see the light of day for another two years.<sup>39</sup> When a female member of the Hospital Management Committee (HMC) was asked during the inquiry why she had not taken the nurses' complaints further when they were first raised, she replied that 'student nurses in general have a horrible habit of complaining and doing nothing about it themselves and I was inclined to put the onus back on them'. The Chairman similarly dismissed the nurses' complaints as being of a 'vague nature'.<sup>40</sup> Not only were the opinions and complaints of student nurses suppressed, there were clearly tensions between Whittingham's HMC, which was made up of lay members and responsible for 'general policy', and the Medical Advisory Committee (MAC) which was responsible for the clinical running of the hospital.

In a large institution like Whittingham, technically a psychiatric hospital but which provided residential long-term 'care' for older people, one might ask how much 'psychiatry' as such was practised? Indeed, the Chairman of the HMC stated that they were considering employing a consultant geriatrician rather than a

psychiatrist to join the clinical team.<sup>41</sup> Back wards were hybrid spaces: part clinical, part residential. They were staffed by nurses, many of whom were poorly trained, and were rarely visited by doctors. This ambiguity around the role and function of the long-term wards led, I suggest, to a blurring of boundaries between clinical and managerial responsibility and subsequent accountability. For example, implementing a policy to unlock ward doors and allow patients to move freely around the institution was broadly considered to be a therapeutic intervention and, therefore, a clinical matter. But these decisions needed management support. Given the poor communications between the MAC and the HMC, it was not always forthcoming. Whittingham's medical leadership came in for particular criticism, resulting in what the Report described as 'therapeutic inertia on long-stay wards'.<sup>42</sup> Undefined and ambiguous boundaries around responsibility and accountability left gaps through which malpractice and neglect could emerge.

Another productive line of investigation into the inquiry documentation is the unintended – or ill considered – consequences of shifts in NHS policy on lived experiences. What, for example, were the effects of the two-tier system and underinvestment in long-term care on the people who lived and worked on wards day in, day out? As a case in point, Whittingham's Ward 16 was severely criticised for a number of reasons including gross understaffing and 'totally inadequate washing and lavatory facilities'.<sup>43</sup> As a historian who is interested in ward cultures, I want to know exactly what 'totally inadequate' meant at the time. The transcripts give us more detail: Ward 16 contained over 90 patients, many of whom were doubly incontinent, and had only 2 baths, 1 on each floor. There was no lift.<sup>44</sup>

An important question for us all to consider is: what is the meaning of 'care' or 'treatment' in a given temporal and spatial context? In my own research, I am interested in how care of older people in long-stay wards was understood and interpreted by staff, by patients, by their families and friends, by the health authorities and politicians, and by society at large. How did meanings change? What brought about those shifts? What light can the inquiry documentation shed on these questions? We can gain some understanding, for example, of how meaning was constructed through language. When the Chairman of Whittingham's HMC was asked what he meant when he described patients on Ward 16 as "low grade", he responded that 'it is the type who sits around all day just doing nothing but becoming cabbages'. This description was repeated when he stated that the purpose of the rehabilitation committee was 'to stop people ... being vegetables ...'.<sup>45</sup> Whilst the Committee pressed him on his use of language asking how he could apply the term 'low grade' to 'fellow human beings', the Chairman made no attempt to ameliorate his language even in such a formal setting, suggesting that he did not see it as problematic. But the real point of concern is surely around how the perception of older people in his care as 'cabbages' or 'vegetables' – insentient beings without feelings – translated into practices of care. The earlier inquiries that investigated the allegations published in *Sans Everything* showed how the old style, task-centred nursing was prioritised over meeting the emotional and sensory needs of patients. One nurse who had submitted a complaint was criticised for wanting

to spend time 'playing with and entertaining' patients and for not applying herself 'to learning elementary nursing duties'. She was described in the Report as someone who

failed completely to understand that ... the disciplined nurse who got on with her job expeditiously and efficiently was making a greater contribution to the care and welfare of the patients than the sentimental but inefficient and untrained member of staff who wished to spend her time singing to and playing with the patients.<sup>46</sup>

There is a great emphasis in the history of psychiatry on recovering the voices of patients who are so often absent from the records. Rarely do we hear their voices in the inquiries either. Even though patients may have been invited to give evidence, few were willing or able to do so. We can, perhaps, gain a shadowy idea of how they experienced ward conditions through the accounts of others who described or filmed small acts of agency and resistance: a refusal to eat, to remain in bed, to be tied to a commode, to be dressed in shapeless communal clothing. It was not unusual, however, for a family member who would not be silenced to instigate a series of complaints which could eventually contribute to the establishment of an inquiry such as South Ockendon. What, then, can the inquiries tell us about how certain social and cultural mechanisms facilitated pervasive systems of coercion and complicity, denial and disavowal?

### Analyzing the sources

Many of these questions revolve around epistemological issues relating to the construction of social reality and the 'official truth'.<sup>47</sup> A primary purpose of the early inquiries was to establish 'the facts', to find out what 'really' happened in an isolated and inward-looking culture where everyday abuses and neglect were seen but not seen, known but unknown. How, then, we might ask, was the inquiry documentation discursively constructed? How were 'truths' established? Whose knowledge counted? Which information was privileged, how, and by whom? For example, the first set of inquiries that investigated the allegations of cruelty and abuse reported in *Sans Everything* dismissed the claims of one nurse by stating that she was 'sentimental and sensitive ... untrained and inexperienced in mental nursing'. Another Committee suggested that a social worker who complained about the conditions to which her father was subjected in one hospital was in a 'highly emotional state'.<sup>48</sup>

Unpicking the myriad ways in which knowledge can be constructed, reconstructed, ignored, and distorted can be a fertile line of investigation for historians, especially regarding the analysis of inquiry reports which were created at the end of the inquiry by the committee. They were, as Howe has demonstrated, political documents in their own right. While such reports might be regarded as both primary and secondary source material, depending on the focus of the

research, bear in mind that their authors – members of the committee – will have engaged in a lengthy process of sifting, evaluating, and analysing the evidence in order to establish what they believed to be ‘the facts’. They will have made judgements on what to include or exclude from the report, which will have been based on the terms of reference of the inquiry as well as the training, life experiences, and interests of the committee members.<sup>49</sup> In Walshe’s opinion, there is little evidence that those who conducted the inquiries exercised a robustly reflexive or rigorous methodological approach, leading to a tendency towards ‘the conventional narratives of powerful stakeholders ... [to] shape inquiry findings and reports’. He suggests that this raised doubts about whether or not inquiries could achieve their objectives to establish the facts and learn from events.<sup>50</sup> Official documents may, therefore, be unreliable. This does not invalidate them. But it does need to be borne in mind during the process of analysis.

Walshe also suggested that even while the cross-examination may be sensitive ‘there is very good reason to question whether such hearings enable people to give open, honest and candid accounts in their testimony’.<sup>51</sup> Reading the transcripts can give us a sense of how the hearings proceeded. We may detect subtle points and counter-points of fear and shame as witnesses were subjected to intimidating legal proceedings, all the time aware that their words might become newspaper headlines with the power to turn colleagues, families, and their local communities against them.<sup>52</sup> In 1969, just after the publication of the Ely Report, the matron of Ely Hospital complained about how ‘the staff were receiving appalling treatment from people like bus crews who knew they worked at the hospital ... the conductors sneered at staff who alighted at the Ely hospital bus stop’. Another nurse from Ely was reported to have visited her GP who told her that she should ‘hang her head in shame’.<sup>53</sup>

## Taking care with the sources

Because many inquiries have addressed the inhumane treatment of some of society’s most vulnerable people who were unable to speak for themselves, research in this area is fraught with ethical challenges and sensitivities. When planning your project, it is an important part of the process to reflect on where you stand ethically regarding the research you want to do. For example, historian of emotions Katie Barclay urges us to consider not only how our work might contribute to historical debates, but the impact of it on those who survive. Will it, she asks, ‘cause embarrassment, physical or emotional harm, damage character or reputation, or lead to legal liability, for those under discussion, or occasionally, the historian?’<sup>54</sup> It is not unusual to find in the inquiry files personal details relating to people who have not given their consent for us to view this information, let alone to use it in our work. Because we are unable to request consent from our subjects, we have an obligation to tread carefully as we approach, analyse, and disseminate our findings, even when those we are writing about are dead and even when our research is based on documentary evidence that is in the public domain.

In their Introduction to *Secrets and Silence in the Research Process. Feminist Reflections* (2010), Róisín Ryan-Flood and Rosalind Gill remind us of the challenges facing us as researchers who are in the constant process of making decisions around what to include and what to omit in our outputs. Who do we represent, and how?<sup>55</sup> Should we anonymise? Are we including identifiable information in our work? What if individuals were named by the press at the time of the inquiry? When we are confronted by these questions, do we base our responses on our own values of what should be private or public, what might be harmful, and what might be beneficial? Do we try to imagine how the individuals concerned may have felt, and the values of the historical period we are writing about?<sup>56</sup> We must find a balance because we are not only writing a history of inquiries and people and practices in hospitals; we are writing *our* history. Research institutions will have their own ethics processes and procedures, as well as committees who will ensure that your methodology meets rigorous standards which will almost certainly, and rightly, insist on confidentiality and anonymity. For more guidance on ethical practices see the Royal Historical Society's *Statement on Ethics* and the *Statement on Standards of Professional Conduct* (2019) published by the American Historical Society.<sup>57</sup>

There is an additional aspect to working with these sources that should not be ignored. Reading accounts of abuse and neglect that led to untold suffering can unlock a range of emotions within us as researchers and it can become almost impossible to disentangle our professional interests from our subjective feelings. This will inevitably influence the history we write. But it can also exact a heavy toll on our own mental health. The rationalist expectation for academics to approach their subject matter objectively has been challenged over the past couple of decades, particularly relating to qualitative research in the social sciences.<sup>58</sup> Less has been written about researchers' emotional engagement in the production of historical knowledge. When done with full awareness, our research can be strengthened rather than weakened. Janet Fink asserts that when we focus on the emotional landscape we produce 'richer and more complicated understandings of epistemology, methodology, reflexivity and ontology' as new spaces are opened enabling us to think more deeply and widely around our subject matter.<sup>59</sup> Emotions and subjectivities can, therefore, bring a positive value to our research. But we do need to build into the design of our research project processes that ensure that we have the support we need from a supervisor or peers when engaging with potentially distressing accounts on both a personal and a professional level.

## Conclusion

In this chapter, I have focused on the first run of inquiries into allegations of mistreatment in some of the large NHS mental and mental handicap hospitals from the late 1960s to the 1970s. In many cases, files are open for consultation in national and local archives where they can reveal a great deal about wider social as

well as clinical and political attitudes, interests, and practices of the time. They provide a rich and hitherto little-used resource for scholars interested in the histories of care, medicine, organizational structures, old age, disability, gender, race and ethnicity, the emotions and senses, politics, policy, and the media. Context is key. The terms of reference under which the inquiries were established framed what would and would not be included, what was and was not important for the purposes of the inquiry, and, at times, wider political interests. This limits historical knowledge that is based on the reports alone. But the underlying documentation provides a vast sweep of insights gathered at the time into the politics, the systems, the culture, and the people involved in mental health care from the late 1960s.

The final question, which nags away at all who work on inquiries, is how we can learn more from them to prevent future abuses. The first NHS hospital inquiries were held over 50 years ago and did lead to improvements in long-term care during the 1970s: more medical and nursing staff were employed, training was improved, a Hospital Advisory Service to regulate long-stay hospitals was created, and improvements to policy were set out in various white papers.<sup>60</sup> But the neglect and maltreatment of vulnerable people continues to this day even though most of the large psychiatric hospitals have been closed for decades. Research into the many dimensions across which these past inquiries reached can help us to think more widely and deeply about the myriad meanings of care and harm in particular contexts and moments in time to expand our understanding of how inquiries work in theory and practice, and most importantly how they can be improved to prevent further abuses in the future.

## Notes

- 1 Claire Hilton, *Improving Psychiatric Care for Older People. Barbara Robb's Campaign 1965–1976* (Cham, Switzerland: Palgrave Macmillan, 2017); see also Claire Hilton, 'A Tale of Two Inquiries: *Sans Everything* and *Ely*', *The Political Quarterly*, 90, 2 (2019), pp. 185–93.
- 2 J.P. Martin with Debbie Evans, *Hospitals in Trouble* (Oxford: Basil Blackwell, 1984), p. xi.
- 3 Ian Butler and Mark Drakeford, *Scandal, Social Policy and Social Welfare*, 2nd edn (Basingstoke: Palgrave Macmillan, 2005), p. 1, 225.
- 4 Nicky Stanley and Jill Manthorpe, 'Introduction: The Inquiry as Janus' in Nicky Stanley and Jill Manthorpe (eds), *The Age of the Inquiry. Learning and Blaming in Health and Social Care* (London: Routledge, 2004), pp. 1–16: p. 10, 3.
- 5 '50 Years of Inquiries in the National Health Service', *The Political Quarterly*, 90, 2 (2019), pp. 180–244.
- 6 To read more about the hospital inquiries, see Louise Hide, 'Mental Hospitals, Social Exclusion and Public Scandals' in George Ikkos and Nick Bouras (eds), *Mind, State and Society. Social History of Psychiatry and Mental Health in Britain 1960-2010* (Cambridge, Cambridge University Press, 2021), 60–67.
- 7 See work by Vicky Long on psychiatric hospitals in the post-war period.
- 8 Hilton, *Improving Psychiatric Care for Older People*, p. 1.
- 9 Barbara Robb (presented on behalf of AEGIS), *Sans Everything: A Case to Answer* (London: Nelson, 1967).

- 10 John Turner, Rhodri Hayward, Katherine Angel, Bill Fulford, John Hall, Chris Millard, and Mathew Thomson, 'The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research', *Medical History*, 59, 4 (2015), pp. 599–624: p. 608.
- 11 Gresham M. Sykes, *The Society of Captives. A Study of a Maximum Security Prison* (Princeton, NJ: Princeton University Press, 1958); Russell Barton, *Institutional Neurosis* (Bristol: John Wright & Sons, 1959); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor/Doubleday, 1961); Peter Townsend, *The Last Refuge: A Survey of Residential Institutions and Homes for the Aged in England and Wales* (London: Routledge and Kegan Paul, 1962).
- 12 Martin, *Hospitals in Trouble*, p. 4.
- 13 National Health Service (NHS), *Findings and Recommendations Following Enquiries into Allegations Concerning the Care of Elderly Patients in Certain Hospitals*, Cmnd. 3687 (London: HMSO, 1968).
- 14 Martin Powell, 'Inquiries in the British National Health Service', *The Political Quarterly*, 90, 2 (2019), pp. 180–4: p. 180.
- 15 Martin, *Hospitals in Trouble*, p. 5.
- 16 Geoffrey Howe, 'The Management of Public Inquiries', *The Political Quarterly*, 70, 3 (1999), pp. 294–304: p. 295.
- 17 Kieran Walshe, *Inquiries: Learning from Failure in the NHS?* (London: The Nuffield Trust, 2003), p. 2.
- 18 NHS, *Report of the Committee of Inquiry into Allegations of Ill-Treatment of Patients and other Irregularities at the Ely Hospital, Cardiff*, Cmnd. 3975 (London: HMSO, Mar. 1969), para. 4.
- 19 NHS, *Report of the Committee of Inquiry at the Ely Hospital, Cardiff*, paras 5 and 8–10.
- 20 Howe, 'The Management of Public Inquiries', pp. 302–3.
- 21 Martin, *Hospitals in Trouble*, p. 12.
- 22 *Ibid.*, p. 72; For a discussion on public versus private inquiries, see Howe, 'The Management of Public Inquiries'.
- 23 The League of Friends was a voluntary organisation founded after the NHS was established to improve conditions and care for patients.
- 24 NHS, *Report of the Committee of Inquiry into Whittingham Hospital*, Cmnd. 4861 (London: HMSO, 1972), paras 2, 3, 68, and Appendix 1, pp. 47–8.
- 25 Martin, *Hospitals in Trouble*, p. 27.
- 26 Walshe, *Inquiries*, p. 3.
- 27 ProQuest U.K. Parliamentary Papers, <https://parlipapers.proquest.com/parlipapers>.
- 28 Hansard, <https://hansard.parliament.uk>.
- 29 NHS, *Report of the Committee of Inquiry into Whittingham Hospital*, para. 37; Reg White, "'Cockroaches in a Hospital' Claim", *Daily Mirror*, 12 May 1971.
- 30 Alecia Simmonds, 'Legal Records', in Katie Barclay, Sharon Crozier-De Rosa, and Peter N. Stearns (eds), *Sources for the History of Emotions. A Guide* (London: Routledge, 2021), pp. 79–91: p. 83.
- 31 *The Times*, 16 Sept. 1972.
- 32 *Birmingham Post*, 19 Sept. 1972.
- 33 Butler and Drakeford, *Scandal, Social Policy and Social Welfare*, p. 118.
- 34 British Newspaper Archive, [www.britishnewspaperarchive.co.uk](http://www.britishnewspaperarchive.co.uk).
- 35 *Ward F13* (World in Action, 1968); *The Secret Hospital* (Yorkshire Television broadcast on 22 May 1979); *The Silent Minority* (Nigel Evans, ATV, broadcast in June 1981).
- 36 Jisc Library Hub Discover, <https://discover.libraryhub.jisc.ac.uk>.
- 37 'Ely Hospital: Hidden Now Heard', People's Collection Wales, <https://www.peoplescollection.wales/collections/579951>, accessed 27 Mar. 2021.
- 38 Department of Health and Social Security (DHSS), Whittingham Hospital, Lancs, Section 70 Inquiry, Appointment of Chairman and Members, TNA MH150/421/np.

- 39 NHS, *Report of the Committee of Inquiry into Whittingham Hospital*, para. 21; Martin, *Hospitals in Trouble*, pp. 13–4.
- 40 Whittingham Hospital, Committee of Inquiry, Transcript of Evidence, TNA MH150/425, 393 and 221.
- 41 Whittingham, Transcript of Evidence, TNA MH150/425, 261.
- 42 NHS, *Report of the Committee of Inquiry into Whittingham Hospital*, para. 51.
- 43 *Ibid.*, para. 31.
- 44 Whittingham, Transcript of Evidence, TNA MH150/425, 229.
- 45 *Ibid.*, 256–7.
- 46 NHS, *Findings and Recommendations*, para. 9, p. 66.
- 47 Butler and Drakeford, *Scandal, Social Policy and Welfare*, p. 221; see esp. Ch. 10 for a useful discussion on the analysis of inquiries.
- 48 NHS, *Findings and Recommendations*, para. 13, p. 71; para. 20, p. 24.
- 49 Kieran Walshe, ‘Public Inquiry Methods, Processes and Outputs: An Epistemological Critique’, *The Political Quarterly*, 90, 2 (2019), pp. 210–5.
- 50 *Ibid.*, p. 214.
- 51 *Ibid.*, p. 213.
- 52 Stanley and Manthorpe, ‘Introduction’, p. 8.
- 53 From our correspondent, ‘Ely Nurses’ Complaint on Report’, *The Times*, 29 Mar. 1969.
- 54 Katie Barclay, ‘The Practice and Ethics of the History of Emotions’ in Barclay, Crozier-De Rosa and Stearns, *Sources for the History of Emotions*, pp. 26–37: p. 31.
- 55 Róisín Ryan-Flood and Rosalind Gill, ‘Introduction’ in Róisín Ryan-Flood and Rosalind Gill (eds), *Secrets and Silence in the Research Process. Feminist Reflections* (Abingdon: Routledge, 2010), pp. 1–11: p. 2.
- 56 Barclay, ‘Practice and Ethics’, p. 31.
- 57 Royal Historical Society, ‘RHS Statement on Ethics (originally published December 2004)’, <https://royalhistsoc.org/?s=ethics>; American Historical Association, ‘Statement on Standards of Professional Conduct (updated 2019)’, <https://www.historians.org/jobs-and-professional-development/statements-standards-and-guidelines-of-the-discipline/statement-on-standards-of-professional-conduct>. Links accessed 27 Mar. 2021.
- 58 The notion of ‘emotional labour’, how we manage our feelings dependent on the emotional requirements of our work, was first advanced by Arlie R. Hochschild, *The Managed Heart: Commercialization of Human Feeling* (Berkeley, CA: University of California Press, 1983).
- 59 Janet Fink, ‘Foreword’, in Tracey Loughran and Dawn Mannay (eds), *Emotion and the Researcher: Sites Subjectivities, and Relationships* (Bingley: Emerald, 2018), pp. xvii–xx: p. xix.
- 60 These included: DHSS, *Better Services for the Mentally Handicapped*, Cmnd. 4683 (London: HMSO, 1971); DHSS, *Services for Mental Illness Related to Old Age*, HM 72 (71) (London: HMSO, 1972); and DHSS, *Better Services for the Mentally Ill*, Cmnd. 6233 (London: HMSO, 1975).

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