Book Review


Reviewed by: Louise Hide, Birkbeck, University of London

Stories of abuse and neglect in residential care homes for society’s most vulnerable people – usually those who are old and disabled – continue to make depressing news headlines. Improvements have been made over the past few decades as a result of increased staffing levels, better training and tighter regulation. Today, most long-term care is provided in small to medium-sized establishments which can offer more personal attention. This is a relatively recent development.

In the 1960s, much long-term ‘psychogeriatric’ care was provided in overcrowded, understaffed and dilapidated back wards of the old Victorian asylums. In 1965, the psychotherapist Barbara Robb visited a former patient in Friern Hospital in North London. She was shocked by how the institution had transformed this woman from someone who was ‘plump, upright and active’ to being thin, stooped, frail and inactive. Her hair was cut in a ‘pudding-bowl’ style, ‘she wore hospital clothes, and had neither dentures nor spectacles’. (p. 69)

Appalled by what she had experienced at Friern, Robb established a pressure group called AEGIS (Aid for the Elderly in Government Institutions), which became part of a new movement that sought to introduce better patient care. Robb’s specific mission was to bring about reform in the care of older people, particularly those with mental conditions such as dementia.

This book tells the story of the campaign waged by Robb and AEGIS as they battled intransigent health authorities, complacent government ministers, and defensive clinicians and hospital administrators. The shadow of World War II still loomed large, and few were willing to acknowledge that some of the same dehumanizing conditions that had been experienced in concentration camps were to be found in their own, much-vaulted NHS hospitals. Task-centred nursing was the order of the day: patients were treated by many as objects to be cleaned, fed, toileted, dressed and put to bed. Resources were pitifully lacking. A political, institutional and individual ‘blindness’ prevailed.

The backlash to Robb’s campaign was fierce. She was accused of harbouring malicious motives and of further demoralizing nursing staff who were already doing an impossible job in trying circumstances. There was, however, a great deal of support for Robb and AEGIS, much of which came from powerful figures including Richard Crossman, Secretary of State for Social Services, and Brian Abel-Smith, Professor of Social Administration at the LSE. As the campaign gathered momentum, more and more people contacted AEGIS with their own horror stories of abuse, cruelty and neglect on psychiatric back wards. Many were brave whistle-blowing staff, often in junior positions and with much to lose. Patient groups such as the National Association for Mental Health, now MIND, piled in. So did the media,
making it nigh on impossible for the government or health authorities to brush away the claims that AEGIS was making.

In 1967, Robb’s book, Sans Everything: A Case to Answer, was published. It included six sections by different authors – including six nurses, two social workers and Robb – who set out ‘The Case’ and described the cruel conditions in psychiatric hospitals. Section II offered a number of solutions – medical, financial and administrative. The book was an overnight sensation, sending the press into overdrive, and inflaming public outrage. Robb was flooded with stories and complaints from staff, families and visitors to hospitals around the country.

The publication of Sans Everything led to the first modern inquiry into institutional abuse, beginning with Ely Hospital in Cardiff. It was followed by a raft of other hospital inquiries in the 1970s, which contributed to future improvements in care. Furthermore, complaints processes were put in place, and a hospital inspectorate and health service ombudsman were introduced, as were new dedicated psychogeriatric services. The Government produced additional funds to employ and train nursing staff.

Given the revelations of abuse in institutions over the past few years – Mid Staffordshire, Winterbourne View, Southern Cross and Gosport, to name just a few – historians have been slow to bring a vital historical perspective to this pressing social issue, particularly in relation to adult residential care. This is why Hilton’s book is so important.

Well paced and lucidly written, Improving Psychiatric Care for Older People provides a comprehensive yet detailed explanation of how old-age care began to be transformed during the 1960s and 1970s, and of the individuals and agencies that drove the process. One of the book’s many strengths is the range of sources that Hilton has consulted. She has made thorough use of the archives, including government documents, newspaper reports and personal papers.

Given that the campaign addresses issues around ‘care’ and ‘harm’, I would like to have read more about how these concepts were understood and changed during this time period. A minor quibble relates to the way in which the book is broken up into self-contained chapters which, for me, impeded its flow.

The book is part of the excellent ‘Mental Health in Historical Perspective’ series, where it sits very well. Not only will it appeal to a broad and general readership, but it will be an extremely useful resource for students and researchers working across a range of disciplines, from history and the social sciences to women’s studies and disability studies. It should be a ‘must read’ for health and social care practitioners and administrators.

Finally, a word about the author. Claire Hilton is not only a psychiatrist who has worked for many years with older people, but she is a trained historian too. As a result, she has produced a thoughtful, reflective and sensitively written book that makes recommendations for the continuing improvement of services for older people. Given the ongoing challenges around how to provide the best health and social care for an aging population, her book could not be more apposite or timely.