

Barbara Robb, Amy Gibbs and the ‘Diary of a Nobody’

‘Mrs Robb has always been a terrible danger to [the government]... I knew we had to defuse this bomb’, wrote Richard Crossman in November 1969 (1977, p. 727), a fine compliment from a Cabinet Minister to a woman who emerged from the shadows to fight for improvements in the care of older people. How did she build such a fearsome reputation? What was her background? How did she acquire her skills? What made her take on the cause? What gave her the ‘uncrushable belief in the need to expose what was going on’?¹ How did she cope with Hospital Management Committees (HMCs), Regional Hospital Boards (RHBs) and officialdom’s tendency to reject critics and criticism and to maintain the status quo? The biographical element of this book seeks to illuminate the aspects of Barbara’s background and personality that motivated her and sustained her in her campaign, and to introduce Amy Gibbs. Their life stories lead into the ‘Diary of a Nobody’, the visit-by-visit record that Barbara felt compelled to start writing on the first day she visited Amy in Friern Hospital, the events of which inspired the founding of AEGIS (Aid for the Elderly in Government Institutions). The Diary ensured that Barbara had an accurate description of happenings that she observed directly or was told about by patients and visitors on the ward in order to achieve her objective of making improvements.² It was not written for publication. She used Amy’s real name, only later giving her the pseudonym ‘Miss Wills’. Barbara did not explain the title.³ Amy, an ordinary

patient, could have been the Nobody, or Barbara, accorded the low status of a visitor or non-NHS professional in the hospital hierarchy, especially when criticising it. Both interpretations fit with Cohen's analysis (1964, p. 7), which she italicised for emphasis, that even where treatment of the illness was good, '*patients do not count*'.

Building on Amy's story, and linking to Townsend's (1965, p. 229) observation that many older people in psychiatric hospitals did not need long-term admission, we explore evidence about Amy's mental health and consider whether a twenty-month admission was in accordance with recognised good practice at the time. This chapter also covers the events of Barbara's campaign, based on the Diary, until November 1965 when she 'went public'. It includes the outcome of Lord Strabolgi sending a copy of the Diary to Kenneth Robinson (Member of Parliament for St Pancras North, where Amy lived; Minister of Health 1964–1968), Barbara's meeting with Dr Tooth at the Ministry, and Strabolgi's speech in the House of Lords, prompted by lack of constructive response from the Ministry.

BARBARA: AN ANNE OF BURGHWALLIS

In the absence of a personal archive, clues to researching Barbara's background initially came from the dust jacket of *Sans Everything*. It states that she was convent-educated, trained as a psychotherapist during the Second World War and was married to artist Brian Robb, although scanty biographical material about him fails to mention Barbara. Three other clues in the AEGIS archive were the lynchpins to uncovering her life story: a police statement on which she was obliged to give her maiden name, Anne⁴; a biographical note for a conference programme that stated her place of birth as Thorner, Yorkshire⁵; and a cutting from the *Sunday Times* in 1972 which stated that she had been married for thirty-five years.⁶

Barbara Robb (née Anne) was born on 15 April 1912,⁷ the second child of Major George Charlton Anne (1886–1960) and Amy Violet Anne (née Montagu 1885–1935). The Annes were an affluent Yorkshire recusant Roman Catholic family. They intermarried with other Catholic families, fairly openly adhered to the Catholic faith and harboured Catholic priests (Kingsley 2016). A plaque at the entrance of St Helen's chapel in the family home, Burghwallis Hall (Fig. 3.1), near Doncaster, records the ancestral martyrs who died 'for the faith': George Anne, Elizabeth Anne, Richard Fenton, and John Anne who was hanged, drawn and quartered at York, about 1588. Barbara was very proud of



Fig. 3.1 Burghwallis Hall, c.1941. Photograph by George Anne, reproduced courtesy of Elizabeth Ellison-Anne.

these ancestors. On one occasion in the 1960s, she was exasperated with the brother-in-law of a Catholic patient she was trying to assist. He felt strongly that the patient should be helped by the Catholic community. Barbara infamously replied: ‘Set your heart at rest on that point . . . I myself am a member of one of England’s oldest Catholic families and have the blood of six martyrs in my veins, all awaiting canonisation.’⁸

Barbara knew her Anne grandparents well as she spent school holidays with them at Burghwallis. She described her grandfather Ernest Charlton Anne (Fig. 3.2) as ‘a man of endless kindness who believed children should be listened to’, and she recalled his words many years later:

‘when you see somebody needing help—help him.’ Then once, when I was a little girl, I got stung by nettles. He told me that wherever there were nettles there were sure to be dock leaves to cure the sting. And then he said: ‘Remember that everything in life is like the nettles, there are always dock leaves if only you look hard enough’ (Allen 1967).

Several formidable women in Barbara’s family gave her strong female role models. Great-grandmother Barbara Charlton, Ernest’s mother, was an



Fig. 3.2 Barbara and her grandfather, Ernest Charlton Anne, c.1922. Reproduced courtesy of Elizabeth Ellison-Anne.

acute observer and commentator on people around her and wrote her memoirs (Charlton 1949). Grandmother Edith Charlton Anne, Ernest's wife, was a professional opera singer early in life and later published novels for adults (under a nom de plume) and stories for children (Allan 1897, c.1897; Anne 1898). Another relative who inspired Barbara was her aunt Ernestine ('Missie') Anne (1887–1985). A handful of letters in the AEGIS archive reveal Barbara's lifelong, lively and affectionate relationship with her. Lacking a formal education or career, Missie had a varied life including trying to live as a Benedictine nun. Missie also 'suffered bad mental health, being liable to deep depressions',⁹ sometimes requiring psychiatric treatment. Her family supported her in the face of cultural taboos towards mental illness, thus exposing Barbara at a relatively young age to a close family member suffering mental illness.¹⁰

Barbara had three brothers, Michael (1911–1980), Frederick John (1914–2010) and Robert (1919–1941, died on active service). Her parents had a 'ropey' marriage. They separated and moved to London, into two different houses in Kensington, but in 1935 when her mother was terminally ill with cancer,¹¹ they drew closer again.¹² Barbara's cousin William Charlton thought that Barbara and her siblings had a fragile relationship with their father, and Barbara's niece Elizabeth Ellison-Anne said that they did not talk to each other for years.¹³ Nevertheless, Barbara paid attention to her father's health in his old age. She observed less-than-ideal care in a hospital near to his home in Brighton, which might explain why he was moved to the relatively sophisticated facilities of a teaching hospital during his last illness.¹⁴ Personal experiences with her father may have added to Barbara's desire to improve provision for older people.

In her teens, Barbara attended the Convent of the Assumption boarding school followed by St Catherine's finishing school, both in Kensington. Her course of study included the Catholic Social Guild syllabus, which contributed to her understanding of ethics and personal responsibility. The Guild examination which she sat in 1927 included questions on the 'Manchester School' of economics, obligations of Catholics to do 'social work' and the pope's teaching on the 'Living Wage' (Catholic Social Guild 1928).¹⁵ Barbara wanted to be a ballet dancer and danced in Verdi's *Aida*¹⁶ with the Vic-Wells Company (Anon. 1976), the forerunner of the Royal Ballet. An ankle injury ended her dancing career, so she went to the Chelsea School of Art to study

theatre stage design. At Chelsea she met Brian Fletcher Robb (1913–1979), also from Yorkshire. Barbara and Brian married in 1937 in St Helen's chapel at Burghwallis Hall. Barbara's brother Frederick was best man. Her brother Robert (Fig. 3.3) and their friend from the Chelsea School of Art, David Kenworthy, were ushers (Anon. 1937). Kenworthy became a Labour peer when he inherited the title Baron Strabolgi, and later strongly supported the AEGIS campaign.

Barbara and Brian bought a tiny cottage in Hampstead Grove, north-west London, where they would entertain family, friends, politicians and artists. She later ran AEGIS from there. The cottage was 'cabin-cruiser' size, according to one visitor: 'absolutely tiny, and spotless, and neat and rather arty'.¹⁷ Brian, a cartoonist, illustrator and painter, had an art studio a short walk down the hill.¹⁸

During the Second World War, Brian was an army camouflage officer in North Africa (Robb 1944) and Barbara had various jobs. One was at St



Fig. 3.3 Barbara and her brother Robert, winter 1940–1941. Reproduced courtesy of Elizabeth Ellison-Anne.

Christopher's Hostel, which nurtured and supported adolescent boys, in Hatton Garden, central London (Anon. 1939).¹⁹ Many boys told extraordinary and distressing stories: one recounted cycling from Coventry to London after his closest pal died in a bombing raid. Others were homeless or living in poverty.²⁰ Barbara's experiences at St Christopher's whetted her appetite for training as a psychotherapist.²¹ Despite the struggles of war time, Barbara also had time for fun. On one occasion she was a guest at Hesleyside Hall, the home of her Charlton relatives, but she did not realise they dressed for dinner and she did not have a formal outfit with her. With audacious imagination and creativity, she wore her posh silk Chinese pyjamas: the mistress of the house was not impressed, but the story lingered and the family recounted it in 2016.²²

The Robbs had many left-wing friends, frowned on by some of Barbara's wealthy relatives. Mamie Charlton, her sister-in-law, described their friends as 'violently left wing'²³ and Barbara teased her brother Michael with favourable comments about communists. The same comments endeared her to other family members.²⁴ In a cartoon book (Robb 1944), Brian wrote the foreword about his future grandchildren, naming them Catherine and Nicholas, and drew himself, elderly, on the front cover with them. Barbara and Brian wanted children but Barbara had a miscarriage,²⁵ and parenthood was not to be.

CARL JUNG, VICTOR WHITE AND BARBARA

We know a significant amount about Barbara's personality from her interactions with Father Victor White (1902–1960) and through his long-term correspondence with Carl Jung (1875–1961), founder of analytical psychology. Victor White, son of an Anglican minister, converted to Catholicism, became a Dominican priest, a theologian and Jungian psychoanalyst. We do not know how White and Barbara met, but in early 1941 White visited his parents who were then residing at Burghwallis. Barbara was probably there at the time.²⁶ Barbara 'trained' in Jungian analysis under White's guidance.²⁷ Training at that time was often informal, a few chats with a practitioner, and without theoretical courses or personal analysis.²⁸ White admired Barbara's autodidactic training, including her 'remarkable self-analysis'.²⁹ Barbara began counselling people referred primarily through local church networks.³⁰ In 1943, White introduced Amy to Barbara, for psychological help (Robb 1967, p. 69). From the War until 1965, Barbara worked as a psychotherapist.³¹ Practicing

psychotherapy would have enhanced her insight into emotions and relationships and honed her listening and reflecting skills, all relevant to her later work.

White and Barbara had a close friendship. White recorded, in his dream diary, dreaming about her³² and a few letters from her survive in his archive. One, in 1951, about the *I Ching*, the ancient Chinese text on divination that she was studying, indicates the breadth and depth of her interests and knowledge. The letter was also rather affectionate, opening with 'Darling V', and ending 'lovingly, B.'³³ This probably reflected her naturally demonstrative warmth to her friends. Many letters in the AEGIS archive end 'love', but those to Brian show an effervescent affection, one beginning 'Darling, Darling B' and ending 'I am so very, very, very lucky to have you.'³⁴

White's correspondence with Jung began in 1945 and continued for fifteen years. Their letters explored the interface between analytical psychology and theology.³⁵ White first brought Barbara to Jung's attention in 1947, quoting her recent musings and dreams about Jung, for whom she prayed regularly 'that he may be all he can be'.³⁶ Jung answered White with interest and amusement, calling her White's 'soror mystica'—a 'mystical sister', the alchemist's female assistant,³⁷ a guiding collaborative partner. White replied, 'She seems to be very much more YOUR "soror mystica"!'³⁸ Barbara wrote out some of her dreams and her interpretations of them and sent them to White, who typed them out for Jung (Lammers and Cunningham 2007, p. 74). Jung's and White's letters about Barbara and her dreams give insights into her forceful personality and what inspired her in life, hence their inclusion here.

In one dream Barbara described having a tug-of-war with Jung but she pulled him off balance with remarkable ease, reflecting a determination to succeed even in the face of an opponent who was bigger, stronger and more famous than her. She described having bare feet, meaning having contact with the ground, the earth: 'Loving the God who had walked on the earth, I became interested in the earth itself.' For Barbara, bare feet, like ballet, implied a relationship with the ground, and signified freedom, pilgrimage and humility.³⁹ She wrote to White in 1947: 'I live for the Lord God who is Himself "at the service" of mankind, and it is only in so far that I am "orientated" to Him that I myself am able to serve mankind. My life is dedicated to mankind because it has first been dedicated to Him.'⁴⁰ White wrote: 'Her quite remarkable knowledge is balanced by a

deeply humble and simple faith—as well as by a very earthy common-sense and gaiety—all of which I greatly envy.⁴¹

Barbara met Jung in Zurich in 1951. Jung was seventy-six, Barbara was thirty-nine. They discussed older people, a subject that interested Barbara years before her campaign.⁴² Barbara asked Jung what message he would give to older people: ‘Tell them to live each day as if they’ll be here for another 100 years. Then they really will *live* to the end’ (Robb 1973). They also discussed some of Barbara’s dreams, including the one the night before the 1949 Epsom Derby when she predicted the three winning horses in the correct order and instructed Brian to back them on his way to work that morning (whether he did is not recounted).⁴³ After meeting Barbara, Jung wrote enthusiastically to White:

I have seen Mrs. Barbara Robb, and I assure you, she is quite an eyeful and beyond! . . . she is quite remarkable. If ever there was an anima,⁴⁴ it is she, and there is no doubt about it.

In such cases one better crosses oneself, because the anima, particularly when she is quintessential as in this case, casts a metaphysical shadow which is long like a Hotel-bill and contains no end of items that sum up in a marvellous way. One cannot label her and put her into a drawer. She decidedly leaves you guessing. I hadn’t expected anything like that. At least I understand now why she dreams of Derby winners: it just belongs to her! . . .

It is just as well that she got all her psychology from books, as she would have busted every decent and competent analyst. I sincerely hope she is going on dreaming of winners, because such people need winners to keep them afloat.⁴⁵

Jung’s comment about needing winners to keep afloat is eerie when we find out later that Barbara used much of her personal savings to fund the AEGIS campaign, causing her supporters substantial concern.⁴⁶ White replied to Jung:

I loved your letter—how right you are! . . . Barbara certainly is quite a corker, isn’t she? For weal or woe I cannot see her very often these days; but it occurs to me that IF you can be moved to offer any hints about how to deal with her when I do, I’d be very grateful.⁴⁷

Coming from two experts in psychology, Jung’s and White’s remarks about how to ‘deal with’ Barbara are extraordinary. If they floundered, then other men with less psychological understanding of people and interpersonal relationships, may well misinterpret and misunderstand her in the course of

her work. The challenges of understanding Barbara fitted with Jung classifying her as an extraordinary and forceful 'intuitive introvert',⁴⁸ defined as a

mystical dreamer and seer on the one hand, the crank and artist on the other... frequently a misunderstood genius... The moral problem arises when he (*sic*) tries to relate himself to his vision, when he is no longer satisfied with mere perception and its æsthetic configuration and evaluation, when he confronts the questions: What does this mean for me or the world? What emerges from this vision in the way of a duty or a task, for me or the world? (Jung (1923) 1971, pp. 401–402).

Jung's characterisation of Barbara was almost prophetic. Later, she did not just ponder over her vision, but acted on it. Ann Lammers (2007, p. 258) commented that Barbara's 'verbal outpourings' in the letters created an 'atmosphere of mystical participation, tinged by Eros and hilarity, raising the temperature of the conversation and melting its formality'. These ways of interacting—in meetings, letters, interviews and phone calls—helped create her campaign style.

Jung's analysis aligned with Barbara's life story, her role models and the ethos instilled into her as a child, the uncompromising ancestral martyrs, the determined womenfolk, her wise and kindly grandfather and her education about social responsibility. A deep faith, humility, a 'grounded' security, a sense of pilgrimage and valuing her freedom all contributed to Barbara's immense drive, persistence and ability to overcome obstacles in her quest for justice.

AMY GIBBS

Amy Gibbs (1891–1967) was born and brought up in north London. In 1911 she lived in middle-class Wood Green with her parents, four sisters, a servant and her ninety-five-year-old grandmother (UK Census 1911). She did not marry. She became a clerk in the Civil Service, but left because of mental illness. She was unwell for two years before admission to Napsbury Hospital, Hertfordshire, in 1929.⁴⁹ In 1934 the authorities transferred her to the brand new Shenley Hospital, from where she was discharged eighteen months later.⁵⁰ According to Barbara:

Her troubles arose from religious scruples. A simple soul, half-French and rather sexy, she had been taught that the devil would get her if she permitted herself any sexual sensations at all... She responded well to my kind of

therapy, and in a few weeks was able to take a job as a seamstress with a celebrated theatrical costumier. She pursued this career until she qualified for her retirement pension. . . . Her religious anxieties were not too difficult to keep in check.⁵¹

After discharge, apart from an admission to Friern for a few months in 1941–1942, Amy remained well until 1963 (Ministry of Health (MoH) 1968, p. 28). She lived alone in a rented flat in Kentish Town, northwest London.⁵² She had many talents, including writing poetry⁵³ and reciting and translating French verse (Robb 1967, p. 91). After Amy retired, Brian encouraged her to take up art. She created collages from foil sweet and chocolate wrappers, tinsel and milk bottle tops (Figs. 3.4 and 3.5). She sold these at art exhibitions in Hampstead and in avant-garde West End galleries.⁵⁴ Art collectors,



Fig. 3.4 Amy Gibbs creating a foil collage, 1961.

Source: author's collection.



Fig. 3.5 Foil collage by Amy Gibbs.

Source: AEGIS/4/3, Library, London School of Economics. Orphan work: attempts have been made to identify copyright owner.

including professional artists, bought her work.⁵⁵ A review of one exhibition commented on her ‘gift for seeing the beauty that most of us miss in the familiar things and sights of every day’ (Conlay 1961). Amy gave a television interview on her work, about which Barbara commented: ‘This talented, modest, sociable lady—simple minded in a way that reminded me of Sir Stanley Spencer—carried it all off admirably, and kept her head throughout’.⁵⁶ Amy’s art earnings significantly subsidised her old age pension,⁵⁷ enabling her to take holidays and to pay the membership fee of the Hampstead Artists Council (HAC), ‘things I can’t do without’.⁵⁸ In the light of her artistic successes, her family, who shunned her after she was admitted to Napsbury, made contact again (Robb 1967, p. 86).

In 1963, Amy began to experience anxiety and other symptoms, such as spontaneous sexual sensations, which distressed her. Her GP prescribed a ‘tranquilliser’ which made her feel so ‘muzzy’ that she feared

falling in the street.⁵⁹ She saw a consultant psychiatrist in an outpatients clinic who prescribed occupational therapy, and because of medication side effects, suggested an admission to Friern. Amy agreed, expecting that the admission would sort out her medication, allow her to continue with occupational therapy, and would be of short duration (Robb 1967, p. 69).

At the end of 1964, a mutual friend, Eric Buss, passed to Barbara Amy's request that she visit her in Friern. Buss was distressed by his inability to improve Amy's situation on the ward or arrange discharge. He informed Barbara that the ward doctor said Amy was 'not a mental case', even though she was in a psychiatric hospital (Robb 1967, p. 70). Because Amy was one of Barbara's psychotherapy patients, Barbara considered the ethics of visiting. She decided that because Amy was 'not a mental patient and as she kept asking to see me, it was not improper for me to visit her'.⁶⁰

'DIARY OF A NOBODY': FRIERN, AMY AND FRIENDS

Barbara was shocked when she saw Amy in ward E3 in January 1965 (Robb 1967, p. 93). In the fourteen months since they last met, Amy had changed from being plump, upright and active to being thin, stooped, frail and inactive. Her hair was cut in the uniform 'pudding bowl' style of the other patients. She wore hospital clothes, and had neither dentures nor spectacles. Most patients on the ward lacked these necessities, and hearing aids and other personal possessions, and most were apathetic 'sat as if sunk in torpor' (p. 72). Visitors were rare and staff were unfriendly and unhelpful.

Barbara usually visited Amy and attended meetings about her accompanied by Brian or a friend who would read and sign the Diary entry to confirm its accuracy. Friends included Buss and Lord and Lady Strabolgi, who knew Amy through the HAC (Cochrane 1990, pp. 29, 31) and Barbara's neighbours Audrey and Ronald Harvey. Audrey Harvey was a valuable ally. She worked with deprived people in London's East End and was an ardent citizens' rights campaigner alongside Abel-Smith and Townsend. She wrote about demeaning practices encountered by people who needed to seek welfare assistance. This helped shift the authorities' attitudes to social problems away from the culture of blaming the individual for their misfortunes, towards a more sympathetic approach, that people could fall on hard times due to an unfortunate set of circumstances (Harvey 1960, pp. 16–23; Harvey 1965b; Toynbee 1971). Harvey (1960, pp. 14–15) also

understood the effects of overcrowding: 'it causes real and protracted agony, all the more painful to witness because it is so often borne with stoical patience', an observation relevant to private dwellings and to psychiatric hospital wards where resigned acceptance by patients and staff did not encourage NHS authorities to make improvements.

Barbara's twice-weekly⁶¹ visits to the ward could not pass unnoticed. She took brandy, sweets and chocolates for the patients, offering them with the ward sister's permission (Robb 1967, p. 82).⁶² Sometimes her handbag concealed a state-of-the-art pocket cassette recorder, a device available only since 1963, useful for recording meetings if she was unaccompanied⁶³ or to record patients' reminiscences (Harvey 1976). Amy was sometimes tearful, and Barbara was determined to find out why. Typical of psychiatric practice with older people at the time, the nurses labelled Amy as 'confused' (Robb 1967, p. 74). The label implied that Amy's comments were unreliable and should not be believed, that she could not make decisions for herself, would not get better and required passive care rather than rehabilitation. Barbara did not think Amy was confused, but Amy was nervous about complaining because she feared she would be punished for doing so (pp. 73–74). On one occasion Amy mentioned that staff threatened to put her 'out into the street' because she had complained about them (pp. 82–83). Barbara and Amy devised a code in case their conversations were overheard, such as referring to patients having a bang rather than being hit. Allegedly, the nurses slapped patients for being incontinent. Protective towards Amy, Barbara was cautious about how much she spoke to the nurses to avoid antagonising them, but noted how they responded, including their pejorative and infantilising comments towards Amy's incontinence: 'She's sometimes very dirty. She won't get out and sit on the pot' (pp. 87–90). Staff showed poor understanding of patients' emotional needs, such as telling Amy that she must not believe her friends about ever leaving Friern. Patients were generally in bed by 7 P.M. When Barbara visited one evening she found five still up, in less than dignified circumstances: 'one of the five sat on a commode; another, minus most of her clothes, was receiving treatment [personal care] nearby. No attempt was made to use screens' (p. 74).

Barbara had difficulty finding a doctor to talk to, and when she did, she received inconsistent information about Amy's diagnosis, prognosis and the possibility of discharge (Robb 1967, pp. 70, 88). Social workers also gave Barbara disconcertingly inconsistent information. The

community social worker correctly informed Barbara that since Amy was not detained under the Mental Health Act, she was free to leave Friern without reference to her relatives or anyone else (p. 89). Miss Cloake, the hospital social worker, told Barbara, incorrectly (MoH 1965, pp. 3, 5) that because Amy was incontinent there was 'absolutely no possibility' of her leaving Friern (Robb 1967, p. 78), and that Amy's relatives could decide where she should live (p. 83). Amy's psychiatrist, Dr Aix, wrote to Barbara concurring with Miss Cloake that: 'Any move would have to be done with approval of her family'.⁶⁴ It was certainly important to find out where would be convenient for the family, to enable them to visit, but legally their views would not override that of a sound-minded patient. Dr Aix seemed unaware of the patient's degree of lucidity or of the legal position. Both gaps in knowledge were unacceptable and could affect care and the education of other staff, possibly influencing Miss Cloake's advice. Given the typical staff hierarchies, it is unlikely that a hospital social worker would question a consultant's opinion about discharge.

Barbara alleged that Miss Cloake was involved in dubious practices concerning clearing Amy's flat in conjunction with Miss Lovat, Amy's niece. Miss Cloake told Barbara that Amy signed the requisite form, although whether Amy had her spectacles so that she could read it, or how Miss Cloake explained it to her, is not known, and that Amy's belongings had to be disposed of as either they 'just crumbled' or were 'musty and horrible' (Robb 1967, p. 79). Those conditions were possible, because the flat was unoccupied and unheated for a year. However, neither Miss Cloake nor Miss Lovat had recently visited the flat, so it was unlikely that they knew the real condition of the property, and no evidence is given that neighbours or the landlord voiced concern. That did not prevent Miss Cloake from booking a clearance company before they visited. On the day they cleared her flat, Miss Lovat took some of the art work with her. It was neither 'musty and horrible' nor 'crumbling', which throws doubt on Miss Cloake's assessment and decision making. Later, Barbara met Miss Lovat, adding to her suspicions that Miss Cloake masterminded the sale of Amy's possessions, with Miss Lovat dutifully cooperating with, rather than challenging, her professional authority (p. 99).

Barbara was horrified by the sale of Amy's possessions. Buss wanted to buy them back for Amy, but his plan was thwarted: two weeks after the clearance, Miss Cloake said she had forgotten the name of the company and had no record or receipt (Robb 1967, pp. 84, 94), hardly a professional

way to deal with a patient's property. These events coincided with Barbara hearing about antiques racketeers across the country telling relatives or officials looking after older people that their house contents were worth nothing, and then removing them (p. 100). Barbara informed the police of her suspicions. Two years later the press reported that the scam continued and that the police had difficulty tracking down the criminals (Smith 1968).

During the summer Barbara and Buss visited Amy on Sunday afternoons and took her out into the grounds where they met other patients and visitors and listened to their worries about the care provided at Friern. Some relatives complained of the long journey to visit their loved ones and others had difficulty finding the fares. About two thirds of patients on ward E3 never had visitors (Robb 1967, p. 93). Barbara and Buss also heard about staff overlooking patients' physical ailments, shouting at them and taunting them, such as a nurse offering a patient a chocolate biscuit then taking it away and eating it in front of them (pp. 99, 101).

Attempts by the hospital to arrange a care home for Amy were ineffective, so her friends took steps to find one themselves. Barbara visited St Peter's, near Vauxhall, a convent care home with 200 residents run by the Little Sisters of the Poor. The ground floor was made up of mixed communal rooms. The sleeping quarters, as at Friern, were Nightingale-type dormitories. The home had a chapel (Fig. 3.6), visits from clergy, a farmyard with chickens and turkeys (Fig. 3.7), and provided facilities for handicrafts and other activities (Fig. 3.8).⁶⁵ Barbara was impressed and they had a vacancy. To complete the necessary discharge formalities, Barbara needed to discuss Amy with Dr Giddie, the ward doctor at Friern. Buss arranged their appointment for seven o'clock that evening. Dr Giddie did not turn up. The ward Sister phoned Dr Giddie who said that she would not meet Barbara and Buss as she could not help, but Barbara should write to the medical superintendent. Dr Giddie refused to speak to Barbara on the phone. Walking through the hospital and wondering how best to find a doctor in order to expedite Amy's discharge, Barbara asked two people she thought were canteen staff. She explained the predicament, and the glance one cast at her companion inspired Barbara to ask if she was Dr Giddie. Barbara was right. The companion, another doctor, offered constructive advice, with the ambiguous remark: 'The hospital would be delighted to see your friend go' (Robb 1967, pp. 102–104).



Fig. 3.6 Service in the chapel, St Peter’s, 1960s. Reproduced courtesy of Sr Deirdre McCormack, Mother Superior, St Peter’s.

Barbara did not trust Miss Cloake to book the ambulance to take Amy to St Peter’s, so Audrey and Ronald Harvey and Barbara and Brian, took her in the Harveys’ car. Amy was ready to leave when they arrived at Friern. Her outfit was hardly dignified. She was

wearing a hideous skirt and cardigan and heavy shoes—all replacements for her own, which, we were told had worn out. At least she still had her own, decent coat . . . and her perky little hat. Her undies, such as they were, were on loan, and had to be returned (Robb 1967, p. 106).

At St Peter’s, Amy particularly liked the food, smiling faces and having her own possessions, including a locker. She called her locker ‘Vishnu’⁶⁶—the giver and provider—more evidence of the breadth of Amy’s knowledge, and her good cognitive function when she arrived there. She got stronger and more content, apart from her devastation at hearing about the



Fig. 3.7 Nun feeding turkeys in the grounds, St Peter's, 1966. Reproduced courtesy of Sr Deirdre McCormack, Mother Superior, St Peter's.



Fig. 3.8 Party on the women's ward, St Peter's, late 1960s. Reproduced courtesy of Sr Deirdre McCormack, Mother Superior, St Peter's.

disposal of her belongings (Robb 1967, p. 109). She began to write letters again. Strabolgi⁶⁷ and Missie, among others, visited her. According to Missie, Amy was in 'wonderful good health and normality' when she spent an afternoon with her.⁶⁸ Amy wrote to Barbara: 'I get kindness and sympathy here and the sisters call me pet and darling and haven't slapped my face ever, or slapped me hard on the hand which [the staff at Friern] loved to do'.⁶⁹ Despite Miss Cloake's assertion that Amy would never leave Friern, Amy lived for two years at St Peter's until her death in 1967.

Despite poor-quality care, some staff at Friern showed compassion, kindness and understanding (Robb 1967, pp. 78–79). Most poor care was not deliberately malicious but related to understaffing, overcrowding (about sixty patients on Amy's ward (p. 93)), primitive facilities, inadequate leadership, ineffective communication and staff ignorance about best practice. The stark difference between the way personal difficulties such as incontinence of urine was managed as humanely as possible in

other institutions, such as Crichton Royal, Severalls or St Peter's, and the practice at Friern, where staff took few steps to minimise it and blamed patients for it, illustrates lack of knowledge or willingness to adopt practices that could improve patients' quality of life. Failure to implement best practice was also reinforced to Barbara when, on one visit to Friern, the patients and the ward looked engaging and lively, with books and sweets available, with all patients dressed and wearing their dentures. Barbara found out later that the staff were expecting an inspection (p. 89). Disturbingly, staff knew the conditions they should provide, implementing them for official visits but otherwise ignoring them. Barbara's observations also reflected her and Strabolgi's concerns about the effectiveness of planned, official inspections.

WAS AMY MENTALLY ILL?

Retrospective diagnosis of any illness is problematic. Psychiatric conditions are especially tricky. They lack obvious physical pathology, symptoms intertwine with social and cultural understanding and expectations, and diagnostic criteria are influenced by social factors, medical knowledge and the law. In the early 1960s, many psychiatrists regarded hospital admission as integral to treating mental illness, a practice gradually challenged by research findings (Carse et al. 1958). In Amy's circumstances, a brief admission for assessment and to review medication was a reasonable option. For Amy, the main question is whether she required a *prolonged* admission. Her clinical notes do not survive.

The nature of Amy's mental illness when she was admitted in 1929⁷⁰ is unclear. However, a severe chronic disabling 'psychotic' illness such as schizophrenia was unlikely because, after discharge, she remained living independently, in employment, and with good social interactions in the years before antipsychotic medication was available. At the time of her admission in 1963, her psychiatric symptoms included anxiety and disturbing sexual sensations,⁷¹ and an acquaintance commented that she was 'possessed of an evil spirit'.⁷² These details do not permit diagnosis.

Common psychiatric diagnoses in older people include depression and dementia. Did Amy have dementia? Some episodes in the Diary suggest that she had some intermittent muddled thoughts. She might have been a little forgetful because she did not, or did not want to, remember what she had eaten at mealtimes (Robb 1967, p. 88). However, Amy's account of

her fears and responses when asked questions to test her memory was compatible with anxiety more than dementia. In Barbara's words:

when this man started asking her questions, she had thought that he might be trying to make out that she was mad, to stop her from leaving the hospital. She had been frightened and her memory had gone.

He had asked her for her address. She told him she was in the old Colney Hatch. He asked for its proper name, and she hadn't been able to recall it, but had said that it might be in Middlesex. As soon as he had gone, she had remembered that it was now called Friern.

Finally he had asked if she felt depressed. She had said yes, and he had asked if it was because she was 'in this place'? She had told him that it was partly that: 'Of course, it's nothing but that, really, Mrs Robb, but I didn't want to be impolite' (Robb 1967, p. 103).

Amy's recollections of the interview suggest that her memory was functioning adequately. Her improvement after discharge indicates that she did not have a progressive degenerative disorder, 'senility' or dementia, to an extent that required long-term psychiatric hospital care.

Did Amy suffer from a depressive illness? Amy did not appear to be depressed at the time of admission. She looked forward to visiting friends in Ireland who had invited her for Christmas. She was pleased with her new 'darling' home help⁷³ and intended to be present when her collage *The Pink Front Door* was exhibited at Kenwood in Hampstead.⁷⁴ She was optimistic that her problems would be sorted out. Her optimism changed to despair after a few weeks. She ended a letter to Barbara: 'Yours frightened'. She had no occupational therapy at Friern. She felt no better despite medication, 'a sleeping draught last thing that makes me sleep half the night and I'm awake the other half with these ghastly sensations that I can't escape'. She received a course of electroconvulsive therapy (ECT).⁷⁵ Barbara referred to ECT several times in the Diary, indicating that she was broadly disparaging about it (Robb 1967, pp. 69, 81, 99).⁷⁶ It is unlikely that she knew about the research indicating that it could be highly effective in older people with severe depression (Post 1962). More likely, she drew her knowledge from controversial, negative accounts in novels such as *One Flew over the Cuckoo's Nest* (Kesey 1962) or *The Bell Jar* (Plath 1963). Amy's symptoms did not suggest severe depression, the main indication for prescribing ECT. It is not surprising that ECT did not help, supporting the notion that assessments of her mental state were inaccurate.

Lord Amulree, a hereditary peer and high-profile pioneering geriatrician (Arie 2004), stated that 'nobody should go into a mental hospital... unless he has a disease which requires proper, skilled treatment.'⁷⁷ Amy might have had a degree of mental illness that justified her initial admission. However, evidence is lacking—from Barbara's observations and from Amy's previous independence and social adjustment, her lack of response to ECT and her well-being at St Peter's—that she suffered a severe depressive illness or schizophrenia or that she had a dementia requiring prolonged admission. This analysis cannot be conclusive. However, it supports Townsend's (1965, p. 229) observations that 'rather fewer elderly patients in psychiatric hospitals than is commonly supposed, are physically and mentally incapacitated to a severe extent.'

PEOPLE AND POLITICS

Minister of Health Kenneth Robinson had a longstanding interest in mental health. He wrote in 1958 that standards in mental hospitals fell below those of the rest of the NHS and that it was no longer reasonable to continue 'conducting our mental health services on the cheap' (Robinson 1958, p. 17). He noted that one third of mental hospital beds were occupied by people with schizophrenia, but did not mention that the same proportion were occupied by elderly people (p. 3). He was instrumental in passing the Mental Health Act 1959 and the Suicide Act 1961 (Jeger 2004). He was a Vice President of the National Association for Mental Health (NAMH)⁷⁸ and a member of the Mental Health Committee of the North West Metropolitan RHB from around 1950, resigning from that post when appointed Minister (Jones 1960, p. 178).⁷⁹

As Minister, Robinson dealt with many competing health matters. In the 1960s, NHS spending increased in real terms and as a percentage of national income, a worry to the government. Resources were unevenly distributed, challenging the declared egalitarian objectives of the NHS (Webster 1998 p. 59). In 1965–1966, Robinson dealt effectively with the crisis in general practitioner services, which were 'in a process of disintegration' with low morale, poor recruitment and underinvestment. His carefully negotiated 'GP Charter' reversed the trend and boosted his reputation (Jeger 2004). MPs debated the needs of older people in February 1965.⁸⁰ Robinson did not speak and may not have attended. Reasons for that might have been valid, but his nonappearance was surprising for a topic for which his department had a crucial role.

A disturbing report by an anonymous consultant psychiatrist appeared in the *Guardian* in March 1965 (Anon. 1965a).⁸¹ It corroborated Barbara's concerns: psychiatric hospitals were forbidding and prisonlike, with primitive toilet and bathing facilities, unsafe floors, high ceilings and peeling bare walls. It alleged wards of ninety people, understaffing and lack of trained social workers and that families remained silent about conditions because of stigma, or if they made a complaint, they were unlikely to take it beyond the ward to higher NHS authorities. The author wrote that his hospital probably 'compares unfavourably with the treatment of animals on our larger and more efficient farms'. Whether coincidental or conspired, a private member's ballot debate on mental health took place in the Commons the same day.⁸² The consultant's article disturbed some MPs. Edwin Wainwright believed it: the consultant 'could easily be traced if necessary, so that what he says is obviously the truth'. Others, including Robinson, thought it exaggerated, except for the comments on the state of the buildings. Robinson, characteristically, praised the 'devoted staffs of these hospitals [who] maintain standards as impressively high as they are in so many cases'. Praise for staff working in poor facilities was honest and it could raise morale, but it defended existing standards and detracted from the authorities' responsibility to support staff to raise them.

Alfred Broughton MP reassured the House that although mental health services were the NHS's Cinderella, they had improved enormously and, like the rest of the NHS, were 'excellent' compared to those in other countries. However, comparisons were risky. Broughton also described the NHS as the 'best health service in the world', which, similar to saying that one is 'doing one's best under the circumstances' (Martin 1984, p. 245), implied deficits but created an impression of success and encouraged complacency. Statements of NHS superiority were also unsupported by data: comparative health outcomes were in their infancy (Scheiber 1990, pp. 159–160), and Abel-Smith did not have, but wanted to obtain, comparative economic data.⁸³ 'Best' was a political rather than medical or economic statement and inhibited criticism and precluded a balanced evaluation of services. Unfortunately, during the four-hour debate older people were hardly mentioned, suggesting that, despite their disproportionate occupancy of psychiatric hospital beds, their needs were easily overlooked.

Two weeks later, on 2 April 1965, Strabolgi sent Robinson a copy of the Diary signed by Barbara and the eleven people who had accompanied her on visits. Strabolgi's covering letter mentioned his 'grave disquiet' and shock at 'the atmosphere of the place and the feeling of official indifference

that pervades it'. He attached a list of suggestions for improvement. Remedies included providing spectacles and hearing aids and lockers for personal possessions, dedicated units for older people who were not mentally ill, volunteers to help on the wards and better social work support (Robb 1967, p. 111). Strabolgi invited Robinson to study the Diary and expressed confidence in him: 'there is no one better to tackle the many problems' of the NHS. Strabolgi also wrote that Robinson's direct personal attention was preferable to asking a formal question in the Lords,⁸⁴ which fitted with Robinson's request for NHS problems to be raised in a low-profile way.⁸⁵ Robinson informed Strabolgi: 'I am having the case looked into and will write to you again when my investigations are complete.'⁸⁶ Strabolgi, Barbara and the other signatories waited to see the changes, for Amy and for the hospital more generally (Robb 1967, pp. 91–92).

The Ministry invited Barbara to meet with Tooth on 25 May.⁸⁷ She expected to hear the results of the investigations,⁸⁸ but it was clear at the start of their meeting that nothing had been done. The meeting was neither formally minuted nor witnessed, and it was not tape recorded by Barbara: she expected it to be a straightforward exchange of information, rather than having to fight her corner. Barbara took copious notes, which form the basis of the account here. Immediately after the meeting she went to a café and phoned Brian to say she must write it up while the details were fresh in her mind. She sent her apologies for a party at which they were expected, hosted by a professor at the Royal College of Art where Brian was head of Illustration.⁸⁹ This was an audacious act for a 1960s married woman. Sometimes Barbara's preoccupation with Amy and Friern was incomprehensible to Brian (Robb 1979).

Tooth acquainted Barbara with the term *stripping* of personal possessions and informed her that 'The Minister deplures its continued application in some hospitals, but he cannot intervene—not even in the case of patients who, far from being violent, are not even mentally ill but merely old.' Due to the Ministry delegating control of the hospitals to the RHBs and HMCs, Robinson could advise, but could not insist, that the practice be stopped. Tooth also said that the Ministry rarely received complaints from back wards, from which it inferred that care was satisfactory, although families who felt guilty at depositing their loved ones in hospital might be overly grateful, rather than critical, of staff who provided care that they themselves could not give. Barbara commented that 'many visitors were "inarticulate working class folk" who wouldn't take a complaint further than the ward', partly in the belief that those at the top '*must* know what is going on', a perspective

supported by Abel-Smith (1967, p. 131) and the anonymous psychiatrist in the *Guardian* (Anon. 1965a). Tooth offered to investigate Amy's care, but 'could not recommend taking such a step, because it might lead to "something brutal" being done', echoing Amy's fears. Martin (1984, p. 150) empathised: 'It is very easy to be afraid, for a patient is always in a position of dependency, and the more closed or "total" the institution the greater the vulnerability to victimisation'. Barbara described Friern as Dickensian, 'Mrs Gamp-ery larger than life'. She ended the meeting:

The government of my country is powerless to protect the old and helpless from un-necessary hardship and cruelty known to be inflicted upon them in its own institutions. That, Dr Tooth, is really all that you have told me.

FROM PRIVATE TO PUBLIC

A month later, Strabolgi and Barbara still had not heard from the Ministry but with Amy safely away from feared reprisals at Friern, they could consider the next stage of their campaign. Sheila Benson, a researcher with Townsend (Townsend and Wederburn 1965), told them that stripping and the sort of treatment they observed at Friern were commonplace and that she had 'encountered other disgraces'.⁹⁰ Demeaning practices were more varied and widespread than Barbara or Strabolgi realised. This new information, together with dissatisfaction about continuing poor standards at Friern, led Strabolgi to address the House of Lords in a debate on community care.⁹¹ Barbara listened from the gallery.

Strabolgi attributed the number of older people in psychiatric hospitals to insufficient alternatives, especially care homes that could look after 'incontinent and enfeebled' older people who were mentally well. Once in the psychiatric hospital, he said, they 'are treated worse than in the old-fashioned type of Victorian workhouses. They are treated worse because they are regarded as mentally deficient as well as merely poor.' He described stripping, lack of activities, visitors being discouraged, 'appalling' food and serving the last meal of the day as early as 3:30 P.M.

The result of all this is an atmosphere of humiliation and neglect. The patients are... 'pulped'. They lose all sense of self-respect. Worse than this, many are cowed and frightened. All just vegetate and seem lost to the world. And they are lost to the world. There is nothing more relentless than the State machine when it gets the helpless into its maw.

The national press was hot on the trail of Strabolgi's speech, to investigate the unnamed hospital (Anon. 1965b. 1965c). Strabolgi and Barbara maintained confidentiality about this, because, if the problems were widespread, naming a single hospital would detract from the broader implications of their observations. However, they encouraged the press to survey several hospitals. The *Daily Mail* obliged, promising to report in September (Anon. 1965e, 1965f).⁹² The publicity brought Strabolgi a flood of corroborating letters.⁹³ One, from a journalist, described the 'terrible experience' of hospital care during her mother's last illness and lack of responsiveness when she challenged the authorities about it.⁹⁴ The Patients Association (PA) added to the argument that no notice was taken of complaints about hospitals and that an inspectorate was required, as existed for schools (Anon. 1965d).

Tooth gave Robinson his version of the meeting with Barbara. Based on this, Robinson wrote to Strabolgi that Barbara declined the offer of an investigation because *she* said Amy might suffer as a consequence.⁹⁵ That, however, seemed unlikely because Strabolgi and Barbara originally sent Robinson the Diary intending for him to investigate. Barbara informed Strabolgi that she would not have tried to hinder Tooth from investigating stripping if it could have prevented further suffering by older people,⁹⁶ and if it really were his duty to investigate, then her words, as a member of the public, should not have interfered with it. Differences between Barbara's and Tooth's reports might have been due to genuine misinterpretations arising from an unminuted meeting, or errors of recall, or, as Strabolgi and Barbara thought, ministerial self-justifying interpretations for doing nothing. Strabolgi replied to Robinson that because he now had evidence that stripping was more widespread, an investigation into Amy's specific predicament was obsolete. He asked Robinson what he proposed to do about stripping in NHS hospitals, if, as Tooth claimed, he deplored the practice.⁹⁷

In August, Peter Shore MP posed a formal written question to Robinson about stripping. Shore was persuaded to do this, according to Cochrane (1990, p. 63), as part of the practice of introducing tactical, 'rigged' (Summerscales 1971; Anon. 1971), 'inspired' or 'planted' parliamentary questions 'put down by someone trustworthy'⁹⁸ at a politically convenient time.⁹⁹ It enabled the responsible minister to plan his answer. Robinson was thus able to state publicly that

patients should be enabled to make the best use of their faculties by having proper spectacles, dentures and other aids when they need them. I deplore the practice of depriving patients of such aids which . . . is still followed in a minority

of hospitals and which can rarely be in the patient's own interest. I intend to issue guidance to hospital and local health and welfare authorities in due course.¹⁰⁰

This answer informed the public that the Ministry was tackling the issue. Its timeliness paved the way for Robinson, three days later, to write to Barbara for permission to use the Diary for a RHB inquiry. In the light of 'unfavourable publicity' following Strabolgi's speech, he offered a 'full inquiry into the case of Miss Gibbs'. The inquiry would be in private and the report would not be published, and because Amy was no longer at Friern she could not be disadvantaged by it.¹⁰¹

Barbara, the Diary co-signatories, the NAMH and PA were wary of Robinson's reference to 'unfavourable publicity'. They suspected that it, rather than genuine intention to make improvements, motivated him. They feared that in a RHB investigation, the Board would deny the incidents detailed and accept the words of staff over public (a common occurrence, according to the PA¹⁰²) and should the Diary be published, Robinson could state that it had been completely discredited to his satisfaction. Mary Applebey, general secretary of NAMH, regarded Robinson's request to investigate in private as an attempt 'to apply a well-known trick for suppressing embarrassing documents'.¹⁰³ Barbara replied to Robinson, in her 'respectful tone used when I write to ask the Pope why he has not got something done for us',¹⁰⁴ that he should have undertaken an inquiry when given the Diary in April, but now they knew that the problems were widespread, such an inquiry was too narrow. She also wrote that she had lost confidence in the Ministry's ability to handle complaints, and 'As for the unfavourable publicity of which you complain, may we respectfully suggest that the best way to avoid this in future is to firmly remove the faults that occasioned them.'¹⁰⁵

Harvey (1965a) added to the controversy a few days later with a quarter-page article in the *Guardian*, 'The unknown prisoners'. It described Amy and her ward, without naming the hospital. Close behind, the *Daily Mail* published its survey of seven psychiatric hospitals, reportedly chosen at random, but including Friern. They found overcrowding—one had three rows of beds head to toe in the middle of the ward—and unsanitary and antiquated buildings in need of repair (Anon. 1965e). None met all the Ministry's criteria for living standards for patients, including privacy, personal lockers and clothing; regular occupation; weekly pocket money; and freedom to choose a time to go to bed (MoH 1964, p. 4). The *Mail* asked Robinson about his plans. He admitted

that older people were 'an important element in the statistics' of psychiatric hospitals, that alternative care 'might have been preferable for some of them' and that he had just distributed a circular on the care of older people (Anon. 1965f; MoH 1965). A slim file at the National Archives indicates that this seven-page circular had a five-year gestation, with long periods of inactivity between discussions, and the file lacked indication of any ministerial action to achieve its recommendations. The circular reiterated proposals by Bevan¹⁰⁶ and in *Health and Welfare* (MoH 1963, p. iii), including that local authorities should create more small residential homes. It did not propose additional resources. Some parts of the circular related directly to concerns raised in the Diary—for example, it clarified that incontinence could be managed in care homes, contrary to what Miss Cloake told Barbara (Robb 1967, pp. 80–81; MoH 1965, pp. 3, 5). The National Archives file contains no discussion papers or drafts for the new circular,¹⁰⁷ suggesting, as Barbara suspected, that it was a rush job, with interest reignited so that Robinson could tell the *Mail* that something was being done.¹⁰⁸ The archives available do not allow definite conclusions to be drawn to corroborate this view, but the circular was timely.

Strabolgi offered during the debate in the Lords, to take Lord Taylor to visit the unnamed hospital that he described.¹⁰⁹ Strabolgi attempted to arrange an informal visit, with Townsend and Barbara accompanying them. However, the authorities favoured an official visit, without Barbara.¹¹⁰ Strabolgi would have cooperated with an official visit if Barbara went with them, because he was confident that she was so familiar with the hospital she would 'turn something up'. He would not make an official visit without her, knowing that their itinerary would be predetermined and the patients and the wards would be smartened up for the occasion.¹¹¹ Finding his plan unachievable, Strabolgi called off the visit. The experience of trying to arrange an informal visit reinforced to Barbara and Strabolgi the farcical nature of planned, official inspection visits, under strict hospital control.¹¹² Other commentators on the NHS noticed this dilemma, such as Abel-Smith, who never made unannounced visits to hospitals because it would have been 'greatly resented by the administration and medical and nursing staff'.¹¹³ Barbara wrote to the Association of Hospital Management Committees asking about established inspection processes, such as whether they had analysed the effect of staff escorting HMC visitors round the hospital and whether this might affect patients with regard to making complaints. The reply was evasive: 'the necessary reliable information is not available'.¹¹⁴

NEW IDEAS IN PSYCHOGERIATRICS

During the House of Lords debate, Taylor praised the rehabilitation and community-oriented work with older people by Russell Barton and Tony Whitehead at Severalls.¹¹⁵ Giving a window of hope during an uncomfortable debate, he raised awareness of the Severalls scheme, and probably introduced Barbara to it for the first time. In September 1965, the *Lancet* published Whitehead's paper evaluating it.¹¹⁶ In the aftermath of Strabolgi's speech, carrying the much sought after message that proactive psychogeriatric treatment could reduce bed use, Whitehead's paper reached the attention of the Ministry of Health. Tooth planned a meeting to discuss it. He enthusiastically suggested inviting Barton and Whitehead.¹¹⁷ However, the minutes record neither their attendance nor apologies, so it is unlikely they were invited. Barton was unpopular in official circles and was known to have a volatile temperament: Tooth referred to him as the Chief Medical Officer's 'tiger'.¹¹⁸ Two other eminent senior hospital consultants participated, both sympathetic to the needs of older people with mental illness, Norman Exton-Smith, a geriatrician (Irvine 2004), and Duncan Macmillan, a dynamic psychiatrist and medical superintendent in Nottingham. Macmillan was on the verge of retiring (HF 1970) and Exton-Smith did not have the creativity and dedication specifically concerning psychiatric services that Barton and Whitehead had shown. At the meeting, Tooth commented on the urgent need to improve care for older people in psychiatric hospitals. Exton-Smith and Macmillan made valid suggestions about joint psychiatric-geriatric assessment, appointing geriatricians to work in psychiatric hospitals and better training about psychiatry for nurses on geriatric wards. A second meeting was planned¹¹⁹ but no further details have been traced at the National Archives. Barton and Whitehead's pioneering ways to improve older people's mental health had no direct effect on policy.

Another important event in London in 1965 was the World Psychiatric Association (WPA) three-day conference on mental illness and older people. Before this, international meetings about older people's mental health were usually single half-day sessions tagged on to broader gerontology conferences. At the WPA conference, several renowned researchers presented their findings, including Martin Roth and Felix Post, with subjects ranging from clinical practice to brain pathology (WPA 1965). For the first time, several up-and-coming young NHS psychiatrists interested in older people's mental health met each other and were inspired by

established clinicians and researchers: Garry Blessed from Newcastle-upon-Tyne met Sam Robinson,¹²⁰ Klaus Bergmann, also working in Newcastle, met Post (Bergmann 2009, p. 40). Tom Arie probably met Blessed, Bergmann and Sam Robinson all for the first time.¹²¹ The new network had the potential to shape ideas, spread good practice and support colleagues with shared interests. Barbara was working in parallel, more politically than the clinicians and researchers, but her work and the new networking created a potentially fruitful conjunction of events.

COMMENT

Barbara's ancestry and early life were formative in her desire for justice. Family life, including difficulties and tragedies, and her religious education, gave her ideals that she sought to fulfil. Jung and White noted her knowledgeable, lively, determined, visionary, introverted intuitive personality: she would persist with a tug-of-war even when the odds were against her. Barbara's faith, family and friends and the financial means to dedicate herself to her task were assets that would help sustain her during the campaign years. Her humility underpinned her respect for others, and her ability to listen to them was a skill honed by her psychotherapy work. The interwoven life stories of the individual actors came together to influence the course of events: Barbara, Brian and Strabolgi at the Chelsea School of Art; White, Amy and Barbara since the 1940s; the HAC, which linked Amy, the Robbs, Strabolgi and Buss; and Barbara's neighbour Audrey Harvey, who worked with leading social rights campaigners such as Townsend and Abel-Smith.

Between January and June 1965, Barbara observed patterns of care which she and her fellow visitors to Friern found unacceptable: unkind and disrespectful nursing practices; and ignorant, unhelpful and often over-worked staff in an inadequate environment. Some patients had no significant mental illness, but arranging discharge was challenging. Barbara also learnt the hard way about minuting (or tape recording) important meetings, ensuring later caution: Brian's colleague Quentin Blake, who visited the Robbs at home, was startled to hear Barbara say on the telephone: 'I should tell you I am recording this conversation, Minister'.¹²²

NHS authorities did not acknowledge pitfalls of relying on planned, internal HMC inspections to assess quality of services. Their reports, together with lack of complaints, may have contributed to Robinson genuinely believing that the psychiatric hospitals functioned well,

including for older people, thus fuelling his hostility to Barbara and her campaign. Her work was timely, coinciding with other revelations of unfavourable aspects of the NHS which also caused anxiety for the government. It also coincided with more interest among psychiatrists about treating mental illnesses in older people, although proactive psychogeriatric treatment in the psychiatric hospitals was still unusual, and community support as an alternative to back ward custodial care was generally insufficient. These observations corroborate Paul Bridgen's (2001) conclusions in his study of geriatric medicine and long-term care, that the slow rate of adopting active treatment for older people in the early years of the NHS was disappointing. Indifference by clinicians and NHS administrative leaders, lack of interest in unwell older people, overlooking their needs and stating that provision was adequate risked institutionalising neglect. This fits with Robinson (1958) promoting better mental health services generally but not explicitly including older people. For them, plans remained ambiguous, to the extent of lack of clarity about which hospitals or doctors—geriatric or psychiatric—should accept responsibility for their psychiatric treatment (MoH 1962, p. 5; Hilton 2016, p. 52).¹²³

The rural isolation and 'total institution' (Goffman 1961) functioning of many psychiatric hospitals helped conceal deficits, and the stigma of psychiatric illness distanced the public emotionally from the happenings within them. Sheltering behind widely held beliefs about the excellence of the NHS, most hospital staff accepted established practices and acclimatised to the standards of care provided. Revelations of inhumane care were inconceivable to the public and officials who lacked experience of them. However, we must not judge the responses and attitudes existing in the 1960s by today's standards. Much that is visible today and acceptable to discuss would have been taboo in the 1960s: the Lampard Inquiry (Department of Health 2015) into the Jimmy Savile scandal exemplifies this. On the other hand, we must avoid a sense of security that all is well in the care of vulnerable people today (Panorama 2014).

Barbara made some important steps in these first few months of campaigning. She made links with the NAMH and PA and tested the waters with the Ministry. A debate in the House of Lords with much publicity, Shore's written question to Robinson, and the *Daily Mail* report highlighted concerns about standards of care. The timing of the Ministry's circular about the care of older people suggested that Barbara and Strabolgi had some influence on it. Barbara was aware of the struggle she might have to achieve her goals,

including hostility, evasiveness and obstruction from the authorities. She told her plans to a 'doctor who I know well', probably Brian's brother Douglas Robb who had extensive medicolegal experience.¹²⁴ He 'turned pale green and said "For God's sake, don't do it!"' and described how hospital staff fake laboratory results, gang up and tell lies.¹²⁵

NOTES

1. Anne Robinson, interview by author, 2015.
2. Robb, 'Record of a campaign', vol. 1, 4–5, AEGIS/1/1. (AEGIS archive at London School of Economics, LSE)
3. George and Weedon Grossmith's novel *Diary of a Nobody* (1892) was adapted for television in 1964. Both the Grossmiths' and Barbara's 'diaries' use the literary device of aptronyms to describe their characters.
4. Police statement, 1969, AEGIS/A/5.
5. Robb, biographical note, 1970, AEGIS/1/10/B.
6. Anon. *Sunday Times*, 12 November 1972 (no title on cutting) AEGIS/9/1.
7. Register of Births, Wetherby, Yorkshire West Riding; a biographical note (1970, AEGIS/1/10/B) and her gravestone state 1913.
8. 'Diary of a Nobody', handwritten, 13 March 1965, AEGIS/4/8.
9. William Charlton, Barbara's cousin, email, 2015.
10. William Charlton, interview by author, 2016.
11. Mamie Charlton, Barbara's sister-in-law, interview by author, 2016.
12. Elizabeth Ellison-Anne, Barbara's niece, interview by author, 2016.
13. William Charlton, email, 2015; Elizabeth Ellison-Anne, interview by author, 2016.
14. Elizabeth Ellison-Anne, interview by author, 2016.
15. With thanks to Sr Clare Veronica, archivist of the Religious of the Assumption.
16. Information from Charlton family, 2016.
17. Anne Robinson, interview by author, 2015.
18. Note, AEGIS/1/10/D.
19. Robb, biographical note, 1970, AEGIS/1/10/B.
20. Meena Hudson, St Christopher's Fellowship, provided copies of undated newsletter pages between 1939 and 1945.
21. Robb, biographical note, AEGIS/1/10/B.
22. Elizabeth Ellison-Anne, interview by author, 2016.
23. Mamie Charlton, letter, 2015.
24. Elizabeth Ellison-Anne, interview by author, 2016; Mamie Charlton, interview by author, 2016.
25. Elizabeth Ellison-Anne, interview by author, 2016.

26. File, 'Dreams 1940–1942' 16 January 1941 (White Archive). Barbara was at Burghwallis for several weeks around Christmas 1940, see photograph album 1937–1941, in possession of Elizabeth Ellison-Anne.
27. Robb, biographical note, 1970, AEGIS/1/10/B.
28. Anne Shearer: journalist, including at the *Guardian*. Reported on Harperbury Hospital. Learning disability campaigner and Jungian analyst. Member of Davies Committee, 1971–1973. Interview by author, 2015.
29. White to Jung, 19 January 1947, in Lammers and Cunningham, *Jung-White*, 68.
30. Meeting, AEGIS, 9 November 1966, 37, AEGIS/1/20.
31. William Charlton, letter, 2016.
32. List, subjects of dreams, 1945–1946; Notes on dreams, 22 October 1951, 12 March 1953 (White Archive).
33. Letter, Robb to White, 9 November 1951 (White Archive).
34. Note, 8 November 1967, AEGIS/2/10. Corroborating this, Sir Quentin Blake (former colleague of Brian Robb: interview by author, 2016) noticed the profound affection in letters between Brian and Barbara.
35. Ann Lammers and Adrian Cunningham (2007) collected all known letters between White and Jung, publishing them in chronological order, thus dates of letters rather than page numbers are used in these notes.
36. White to Jung, 19 January 1947.
37. Jung to White, 23 January 1947.
38. White to Jung, 7 February 1947.
39. Barbara's dreams, attached to letter, White to Jung, 16 June 1947.
40. Extract of letter, Robb to White c. February 1947, sent to Jung. (Lammers and Cunningham 2007, p. 74).
41. White to Jung, 4 February 1947.
42. Barbara was enthusiastic about the writing of Ronald Firbank, especially *Valmouth* (1919), a fantasy about centenarians, with religious and sexual innuendo. William Charlton, email, 2016.
43. Competition on coincidences, *Sunday Times*, 5 May 1974, cutting in AEGIS1/10/D.
44. According to Jung, the anima is the complementary female element within a man's unconscious, representing traits that are considered female, such as gentleness, empathy and nurturing. The anima also serves as his conception of womanhood, what he considers to be the ideal woman mentally and physically.
45. Jung to White, 21 September 1951.
46. AEGIS meeting, 9 November 1966, 37, AEGIS/1/20.
47. White to Jung, 7 October 1951.
48. Jung to White, 16 October 1951.
49. Index to female patient admissions, Napsbury Hospital, c.1905–1950, H50/B/01/001–004 (London Metropolitan Archives, LMA).

50. Index to female admissions, Shenley Hospital, 1934, H49/B/07/005 (LMA).
51. 'Diary of a Nobody', draft, AEGIS/1/1.
52. Robb, 'Diary of a Nobody', draft, AEGIS/1/1.
53. 'Nature's lament on the proposed destruction of a lily pond', poem attributed to Amy Gibbs, written out by Robb. AEGIS/4/3.
54. Label, reverse of photograph of Amy Gibbs, 1961 (author's collection)
55. Strabolgi's summary about Amy Gibbs for Lord Amulree, 1965, AEGIS/2/3; Hampstead Artists' exhibition catalogue 1963–1964 (Camden Local Studies Centre).
56. Robb, chronology of events, 28 September 1960, AEGIS/4/3.
57. Letter, Gibbs to Robb, 19 September 1963, AEGIS/A/1/A.
58. Letter, Gibbs to Robb, undated, AEGIS/A/1/A.
59. Letter, Gibbs to Robb, 11 October 1963, AEGIS/A/1/A; a drop in blood pressure that could cause dizziness or muzziness was a common side effect of many tranquilisers used at this time.
60. Robb, 'Record of a campaign' vol 1, 4, AEGIS/1/1.
61. Original Diary sent to Kenneth Robinson, 2 April 1965, AEGIS/4/2.
62. Elizabeth Ellison-Anne, interview by author, 2016.
63. Instruction manuals, AEGIS/9/6; Meeting, Robb and Miss Cloake, 9 March 1965, AEGIS/1/1.
64. Letter, Dr Aix (pseudonym; real name used in letter) to Robb, 16 March 1965, AEGIS/A/1/A.
65. Visit to St Peter's Residence and discussion with Sister Deirdre McCormack, Mother Superior, 2015.
66. Letters and sketches, Gibbs to Robb, 1965, AEGIS/4/5.
67. 'Community care' *Hansard* HL Deb 7 July 1965, vol 267 cc.1332–1410.
68. Note, Ernestine Anne to Robb, 1967, AEGIS/2/7/B.
69. Letter, Gibbs to Robb, December 1965, AEGIS/4/5.
70. Index to female patient admissions, Napsbury Hospital, c.1905–1950, H50/B/1/1–4 (LMA).
71. Letter, Gibbs to Robb, 11 October 1963, AEGIS/A/1/A.
72. Robb, 'Record of a campaign', vol 1, 1, AEGIS/1/1.
73. Letter, Gibbs to Robb, 1963, AEGIS/A/1/A.
74. HAC Programme, Iveagh Bequest Kenwood, 11–31 October 1964 (Camden Local Studies Centre).
75. Letters, Gibbs to Robb, November 1963, AEGIS/2/13.
76. Meeting, Robb and Ann Blofeld, 18 December 1965, AEGIS/A/1/A.
77. 'Mental health: Care of the young' *Hansard* HL Deb 13 July 1966, vol 276 cc.117–196.
78. NAMH, *Annual Report, 1958–9*, 1 (Mind Archive, Wellcome Library).
79. NWMRHB, Minutes and papers, 10 February 1964, BM 94/64 (LMA).

80. 'Needs of the elderly' *Hansard* HC Deb 19 February 1965, vol 706 cc.1508–1598.
81. In 2016, Emma Golding and Karen Jacques, archivists for the *Guardian* and the earlier *Manchester Guardian* were unable to identify the author.
82. 'Mental health service' *Hansard* HC Deb 19 March 1965, vol 708 cc.1645–1719.
83. Brian Abel-Smith, memo, May 1970, 154/3/DH/47/68 (University of Warwick Modern Records Centre).
84. Letter, Strabolgi to Robnison, 2 April 1965, AEGIS/7/8.
85. Letter, Robb to Strabolgi, 2 August 1965, AEGIS/7/12.
86. Note of exact words, Robb, enclosure 3, 76, AEGIS/1/1.
87. Meeting, Robb and Tooth, 25 May 1965, AEGIS/1/1.
88. Draft letter, Strabolgi to Robnison, July 1965, AEGIS/7/8.
89. Draft notes, meeting, Robb and Tooth, 25 May 1965, AEGIS/4/4.
90. Discussion, Robb and Sheila Benson, June 1965, 97, AEGIS/1/1.
91. 'Community care' *Hansard* HL Deb 7 July 1965 vol 267 cc.1332–1410.
92. Robb, 'Record of a campaign' vol 1, 108, AEGIS/1/1.
93. Letter, Strabolgi to Robnison, 15 July 1965, AEGIS/1/1.
94. Robb, 'Record of a campaign' vol 1, 120, AEGIS/1/1.
95. Letter, Robnison to Strabolgi, received on 12 July 1965, AEGIS/1/1.
96. Robb's report that accompanied Strabolgi's reply to Robnison, 15 July 1965, AEGIS/1/1.
97. Letter, Strabolgi to Robnison, 15 July 1965, AEGIS/1/1.
98. Memo, Robnison, about date of publication, 29 June 1968, MH159/216 (The National Archives, TNA).
99. Memo, EG Croft to Ms Hedley, 3 August 1967, MH150/350 (TNA).
100. 'Elderly and Mental Patients', *Hansard* HC Deb 2 August 1965 vol 717 cc.224–225 W.
101. Letter, Robnison to Robb, 5 August 1965, AEGIS/1/1.
102. Final report, meeting, Robb and Tooth, 25 May 1965, AEGIS/1/1.
103. Robb, 'Record of a campaign', vol 1, 147, AEGIS/1/1.
104. Letter, Robb to Strabolgi, 9 August 1965, AEGIS/7/12.
105. Letter, Robb to Robnison, 9 August 1965, AEGIS/1/1.
106. 'National Assistance Bill', *Hansard* HC Deb 24 November 1947 vol 444 cc.1603–1716.
107. 'Care of the chronic sick and elderly in hospitals and residential homes' meeting notes and papers, 1960–1965, MH160/95 (TNA).
108. Robb, 'Record of a campaign', vol 2, 10, AEGIS/1/2.
109. 'Community care' *Hansard* HL Deb 7 July 1965, vol 267 cc.1332–1410.
110. Letter, Strabolgi to Taylor, 19 July 1965, AEGIS/1/1.
111. Robb, 'Record of a campaign', vol 1, 137, AEGIS/1/1.
112. Robb, 'Record of a campaign', vol 1, 134, AEGIS/1/1.

113. Memo, Abel-Smith to Mr Mottershead, 6 August 1969, MH159/236 (TNA).
114. Letters, Robb to AG Till, secretary of association of HMCs, 27 January 1966; reply, 11 February 1966, AEGIS/1/4.
115. 'Community care' *Hansard* HL Deb 7 July 1965, vol 267 cc.1332–1410.
116. Reprinted in Robb 1967, 115–123, and see [Chapter 2](#), p. 33 for more details.
117. MoH, memo, probably, Tooth to Dr Boucher, 4 October 1965, MH160/486 (TNA).
118. Memo, Tooth, 30 September 1965, MH160/486 (TNA).
119. MoH, minutes, 'Provision of psychiatric services for the elderly', 12 November 1965, 1, MH160/486 (TNA).
120. Garry Blessed, discussion, January 2016.
121. Tom Arie, email, 2016.
122. Quentin Blake, interview by author, 2016.
123. MoH, 'Care of the mentally disordered', memo to Mr Dodds, 4 September 1964, D/M150/01, MH154/11 (TNA).
124. Douglas Fletcher Robb, 185, AEGIS/1/5.
125. Letter, Robb to Barton, 21 July 1966, AEGIS/1/20.

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