‘A Prostitution of the Profession’? Forcible Feeding, Prison Doctors, Suffrage and the British State, 1909–1914

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Summary. Historians have castigated the British medical profession for endorsing forcible feeding during the suffragette hunger strike campaigns of 1909 to 1914. This article reconsiders the importance of medical opposition to forcible feeding by closely analysing its agendas and, importantly, by positing that the medico-ethical debates sparked in that period set the stage for ethical discourses that have recurrently resurfaced ever since. Although leading contemporary medical institutions and figures did indeed turn a blind eye to forcible feeding, the nature of medical opposition where it did arise, and the complex medico-ethical dilemmas posed by the procedure, demand fuller investigation, not least because they illuminate concerns still raised today. More specifically, I explore historical disagreement on forcible feeding as a therapeutic or coercive technique, the complex positioning of the prison doctor who performed the procedure and contestation over the extent to which the state ought to intervene in prison medicine.

Keywords: history of forcible feeding; suffrage and medical ethics; history of hunger strikes; history of prison medicine; history of stomach tubes

In 2005, general practitioner Bernadette Gregory wrote to the British Medical Journal inveighing against policies of forcible feeding recently initiated at Camp X-Ray, a temporary detention centre at Guantanamo Bay, Cuba. Gregory was highly concerned with the ethics of feeding hunger striking prisoners, as well as, in her view, a widely held view that prison doctors in fact held the right to forcibly feed prisoner-patients against their will. Gregory insisted that the Declaration of Tokyo (1975) and Declaration of Malta (1991) had both clearly outlined forcible feeding as unethical. Nonetheless, American authorities encouraged the practice, she claimed, to avoid the prospect of facing a set of highly controversial prison deaths that risked turning global opinion against Camp X-Ray and the nature of its management. Importantly, Gregory depicted prison doctors employed there as caught in an unhappy dilemma: should they prevent suicides and maintain health or, instead, allow prisoners to assert their right to refuse medical treatment in the form of being fed. ‘Doctors who participate in these practices’, she asserted, ‘need to examine their own consciences’. However, Gregory did astutely acknowledge the

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prison doctor’s precarious position; one where he or she might not feel able to stand up to their immediate superiors, not to mention the government.¹

Intriguingly, her sentiments echo those of suffragist sympathiser and physician Frank Moxon who, in 1914, asserted:

I consider that in a grave matter such as the forcible feeding of sane and resisting prisoners, when one has strong reason to believe, despite ministerial statements to the contrary, that strong pressure is brought to bear on the prison doctors in order to induce them to carry out a procedure for the purpose of compelling prisoners to serve their sentences, that then it is not only permissible, but an obvious duty to protest against what I can only call a prostitution of the profession. It becomes all the more necessary to appeal to the general public when the leading officials of the medical profession are so blinded in their misplaced anxiety for the maintenance of the law, as to forget the real duties of their calling, as so well defined in the aforementioned ‘Hippocratic Oath’.²

Moxon published this powerful statement in his pamphlet What Forcible Feeding Means, distributed towards the close of five years of incongruity on the ethical validity of forcibly feeding imprisoned suffragettes. The campaign for female suffrage witnessed the first large-scale implementation of such a policy in western prisons. At stake in the debates about this new technique of hunger strike management was the resonant issue of whether the state possessed, or should possess, the authority to intervene directly in prison medical matters, as well as important considerations about whether prison physicians were in a suitable position to confront the authority bearing down on them and which seemed, to some, to be directing their medical behaviour. Both Gregory’s and Moxon’s contentions demonstrate how state intervention in prison medicine—when it insists on forcible feeding—generates evocative questions about the prison doctor’s duties to his patients, his profession and the state. This paper explores medical dimensions of hunger striking from historical perspectives. I ask how and why, in the Edwardian period, new conceptions emerged of the imprisoned ‘militant body’; a new type of prisoner-patient located at the epicentre of unfolding ethical crises and adjusting prison medical practices. Simultaneously, I ask how prison militancy forged new and complex encounters between prisoner-patients and prison doctors. This line of inquiry is applied as a platform upon which to better understand the historical formation of medico-ethical policies on forcible feeding.

Although historically disparate, the presence of similar, if not identical, fundamental medico-ethical concerns in both these instances demonstrates some degree of continuity across time, as well as geographical space. Incidences of mass prison hunger strikes mostly occur decades apart, meaning that when forcible feeding policies commence, medical communities lack an immediate ethical framework based upon recent practice to refer to. Today, the nearest focal point for western doctors is the infamous Northern Irish hunger strikes of 1980–1 in which ten republican paramilitary prisoners starved to

death (in the absence of a forcible feeding policy). Irish Republican Army prisoners had launched smaller-scale hunger strikes in Britain and Ireland in the 1940s and 1970s. Yet it was the Irish republican hunger strikes against British rule of the late 1910s, soon followed by the hunger strike of up to 8,000 IRA prisoners in newly independent Ireland during the 1920s, that perhaps constituted the last large-scale instance of hunger strike activity prior to the 1980s. State responses to these protests reveal much about the pitfalls of forcible feeding policies, as well as the adverse implications of choosing not to intervene to preserve life. When founding member of the Irish Volunteers, Thomas Ashe, died in prison during 1917, strenuous efforts were made to attribute his death to the excessive bodily strain created by the British state’s forcible feeding policies.3 However, when forcible feeding policies were swiftly abandoned and, as a result, Lord Mayor of Cork Thomas MacSwiney starved to death following a 94-day hunger strike in 1920, he too came to be viewed as a martyr on a par with Ashe.4

Given the temporal distance of large-scale prison hunger strikes, historiographical analysis of past experiences has much to offer modern understandings of hunger strike management and the responses which they typically engender. More specifically, it informs on the ethical crises that characteristically arise in prison practice. Investigations into past British contexts bear particular relevance as it was in that country where these ethical disputes were first formed during the suffragette forcible feeding controversies of 1909–14. Furthermore, the British state retains an undeniably long tradition of negotiating appropriate responses to large-scale prison hunger strikes given its usage by suffragettes, Irish republicans and Gandhi’s campaign for Indian nationalism, not to mention the later Northern Irish controversies.5 Britain also possesses a historically entrenched medical tradition of opposing forcible feeding on medico-ethical grounds. Certainly, the BMJ’s support of Gregory’s case formed part of the journal’s long lineage of rebuking the practice traceable back to 1909.6

Accordingly, this article assesses the initial formation of opinion on the medical ethics of forcible feeding during the suffragette hunger strikes. I suggest that it was in that controversy when the porous, unstable boundaries between the practice’s function as therapy and punishment first became evident. Furthermore, discussion of the matter was not confined to suffragist propaganda. On the contrary, although the voice of the physicians who forcibly fed prisoners remained relatively mute during the controversy, they nonetheless found themselves at the centre of both pro- and anti-forcible feeding propaganda. Key questions were posed in public forums as to whether prison doctors were complying with their innate ethical duties by preserving life and preventing self-starvation or, on the contrary, and as Moxon suggested, they were willingly ‘prostituting’ their profession to a

5Although a rich literature on all of these exists, specific cross-comparison of international hunger strikes can be found in James Vernon, Hunger: A Modern History (Cambridge, MA and London: Belknap Press, 1997), 60–79.
coercive government determined to subjugate unruly members of society by directing, and over-stepping, the agreed-upon boundaries of medical power.

Medico-ethical dimensions of Edwardian forcible feeding remain undeveloped in both feminist and medical historiography. This is despite their relevance to modern day questions about the procedure. In recent decades, medical historians have proven more attentive to other aspects of hunger strike management. The technologies deployed to feed prisoners, and their relationship to therapeutic practice, have been illuminated by Elizabeth Williams who suggests that negative perceptions of forcible feeding held lasting implications for the usage of feeding technologies in asylums.7 Ian Miller, meanwhile, links suffragette propaganda on forcible feeding to anti-vivisectionist campaigns by situating the use of feeding technologies within a broader history of perceived medical violence towards animals and women.8 Both authors maintain, in different ways, that the practice went some way towards tainting public perceptions of psychiatric and laboratory medicine respectively. Medical responses to forcible feeding more generally have been assessed by J. F. Geddes who rebukes the British medical profession for mostly complying with state policies, a perspective based primarily upon the refusal of the Royal College of Physicians and The Lancet to publicly denounce prison feeding activities.9 However, this latter approach is somewhat one-sided as it fails to wholly engage with the intricacies of medical opposition where it did emerge. It also underplays the cultural significance of the ethical questions raised by hunger strike management, the evolution of a highly intricate relationship between prison medicine and the state, and the initiation of a set of important ethical debates whose content proved enduring throughout the twentieth century and beyond.

This article redresses that imbalance. My first section briefly outlines the initiation of forcible feeding policies and concerns raised in the context of contemporary medical ethics. The second section examines the emergence of two competing representations of forcible feeding: safe therapeutic technique and dangerous instrument of medical torture. I assess how both advocates and opponents of forcible feeding legitimised their particular stance. The next section explores diverse representations of the Edwardian prison doctor and his positioning either as willing or unwilling participant in forcible feeding. My final section investigates how opponents unremittingly strove to undermine official perspectives on the physical, and later psychological, safety of prison feeding. Throughout, I draw upon a broad range of printed sources, transcripts of legal proceedings, contemporary suffrage propaganda, medical literature and official documents. In doing so, I aim to provide a historically-informed analysis of recurrent ethical responses to forcible feeding that examines their initial origin and development as a means of better assessing contemporary state policies.

**Forcible Feeding and Medical Ethics**

In 1903, Emmeline Pankhurst formed the Women’s Social and Political Union (WSPU) in Manchester, a group who, by 1905, had adopted a militant approach to suffragist

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demands. Although this new recourse to violence repeatedly shocked the British public, it also drew significant public notice to the feminist cause. Upon initiating a hunger strike in July 1909, suffragette Marion Wallace Dunlop found herself prematurely released from Holloway Prison after just four days imprisonment due to fears that she might otherwise starve. Dunlop’s hunger strike offered a new articulation of militant violence, albeit one directed inwardly towards the body of the protestor. What appeared at the time to be an inconspicuous episode in the ongoing campaign for female suffrage ultimately escalated into years of controversy over the management of militant prisoners. Although Dunlop’s decision to hunger strike was reportedly on her own initiative, the WSPU quickly realised its advantages. The tactic fitted well with the burgeoning ethos of self-sacrifice attached to the militant campaign, underscored as it was by an explicit threat of martyrdom. From 1909, imprisoned suffragettes imitated Dunlop’s actions, transforming the hunger strike into a standard political protest. Over the five years that followed, the contentious issue of hunger strike management acquired considerable depth. As persuasively argued by James Vernon, contemporary humanitarian ideas cast a lack of state intervention in hunger and starvation—whether in institutional, domestic or imperial contexts—as emblematic of immoral and inhumane attitudes towards citizens. Yet the alternative—forcible feeding—was hardly deemed much more ethical.

Certainly, hunger strikes immersed prison authorities and the Home Office in a highly problematic predicament. Two options were left open to them: allow rebellious quasi-political prisoners to commit slow suicide or release them prior to the full completion of their prison sentences. Both could have proven publicly distasteful. Following a summer of mounting public criticism of the premature release of prisoners, official policy shifted to forcible feeding in September 1909. Two instruments were used for feeding purposes: the stomach pump and stomach tube. Physicians had made regular use of the pump since the 1820s, primarily to remove poison from the abdomen. The stomach tube, meanwhile, had been introduced into medical practice in 1868 as an instrument designed to empty the stomachs of patients for purposes of chemical analysis. Soon after, the tube came to be recognised as a useful instrument for feeding asylum patients who refused to eat. Yet medical agreement on the physical safety of these technologies had never been satisfactorily reached.

However, for a significant number of medical and non-medical individuals, the usage, techniques and instrumentation of forcible feeding went far beyond the accepted boundaries of medical ethics and clinical norms that had traditionally proved central to medical behaviour and which, according to prominent medical figures including Robert Saundby,
was meant to distinguish medical professionals from their non-professional equivalents.\(^{18}\)

The Edwardian period was also one when the boundaries between what was ethical and what was not was yet to be fully decided upon as medicine found itself increasingly embroiled in debates about vivisection and the potential of human experimentation. For instance, Susan Lederer demonstrates that the extent to which medical professionals were authorised to intrude into human bodily behaviour was yet to be laid out in strict ethical terms in this period.\(^{19}\) Forcible feeding was, in many ways, part and parcel of these ongoing debates. According to biomedical ethicist Albert R. Jonsen, the three pillars of medical ethics were, and are, deontology, decorum and political ethics. Deontology refers to the duties and obligations to patients shared by medical practitioners. Decorum denotes the behaviour of individual medical practitioners, ideally characterised by virtues of politeness, courage, respectfulness and resoluteness. Finally, political ethics refers to the role of practitioners within a political state, and the relationship of individual and collective medical work to the welfare of wider political units.\(^{20}\) Forcible feeding called all of these basic principles into question in different ways. It was a procedure that was easily rendered as a distortion of natural medical obligations to patients, undertaken in a non-decorous way and that constituted a perversion of the established interactions between the state and medicine.

Importantly, as I expand upon below, the issue of hunger strike management deeply immersed the medical profession in broader feminist campaigns, despite medical communities having otherwise demonstrated only sporadic enthusiasm for engaging with an increasingly militant cause. The ethical debates spawned by the management of hunger strikers came to be widely discussed by an array of actors external to medicine including politicians, journalists and literary figures. Hence, prison medical activity transformed into a very public affair, not least because images of forcibly-fed women were so crucial to the public display and spectacle inherent in militant activity.\(^{21}\) Ultimately, the ethical precariousness of prison feeding practices generated debates that stretched far beyond the relatively limited confines of arguments for gender equality from which they had emerged. Hence, one of the key strengths of the hunger strike was made clear: its ability to call into question the legitimacy of the state in using harsh forms of bodily regulation in its own institutions to quell political rebellion in non-constitutional ways. This, in itself, added weight, and still does, to characterisations of hunger strikers as oppressed, vulnerable figures unfairly stripped of political and bodily rights.

**Therapy or Coercion?**

At the heart of forcible feeding controversies rested the thorny matter of whether forcible feeding was a safe or unsafe, as well as morally appropriate, medical ‘duty’. In short, was forcible feeding therapeutic or coercive? Certainly, Edwardian advocates of the procedure insisted that the actions of prison doctors fully complied with medico-ethical obligations

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to preserve life and health. Predictably, official perspectives portrayed the work of prison doctors as therapeutic in nature, not disciplinary, and as an indispensable life-preserving mechanism. The Home Office publicly presented prison feeding procedures as safe, humane and ethically uncomplicated. Drawing comparison with equivalent techniques applied regularly in asylum environments, members of the Office carefully employed the less sensitive, clinically-detached term ‘artificial feeding’, thereby framing prison medical interventions as life-saving and health preserving.22

The Office, however, was too implicated as a hostile adversary of suffragette activity for its rendering to remain unquestioned. When challenging the official stance, opponents often placed medical knowledge and ethics at the centre of their critique. Certainly, expert uncertainty about the safety of artificial feeding, even in clinical contexts, granted militant suffragettes crucial opportunities to converse with sympathetic members of the medical profession who, although not always naturally attracted to the question of female enfranchisement, nonetheless felt unease towards the ways in which the state seemed to have harnessed prison medical power. The suffrage cause and the medical profession were not obviously allied. Indeed, leading medical figures were resolutely opposed to the very principle of female suffrage.23 However, medical opinion offered a powerful resource for fortifying anti-forcible feeding rhetoric.

In 1909, the WSPU quickly rallied medical support upon commencement of the forcible feeding practices, filling pages of their newspaper Votes for Women with medical testimony which insisted that the policy, especially when applied to resisting subjects, carried high potential to cause serious and permanent internal injury. The practice, opponents vociferously declared, produced an array of physical complaints and, on that basis, constituted a gross perversion of medical norms. It caused laceration of the throat, stomach damage, heart complaints and syncope, as well as septic pneumonia should food accidentally enter the lungs, so opponents asserted. Medical consent was a further issue routinely referred to, as applying the procedure on an unwilling and sane participant was easily portrayed as a violation of one of the most basic medical rights of the patient: to be able to choose whether or not to receive medical treatment.24 Feminist opposition framed forcible feeding as a technological violation of the bodies of vulnerable women stripped of the rights to protect themselves against excessive state policies. To achieve this, they referred to a mixture of physiological knowledge and medico-ethical principles.

Resistance voiced by non-suffragettes proved particularly concerned with the potent issue of whether prisons occurrences constituted a state-sanctioned abuse of medical power. The potential infliction of bodily complaints as part of state-directed policies raised pertinent questions about the function of prison medicine in Edwardian politics, and whether it was now being manipulated for political purposes under the auspices of preserving life. Forcible feeding, critics insisted, did not form part of medicine’s established duty to the state or society. Notable hostility to forcible feeding practices at Winson

22Moxon, What Forcible Feeding Means, 11.
23See, for instance, Almroth Wright, The Unexpurgated Case against Woman Suffrage (London: Constable, 1913).
24‘Forcible Feeding: Opinions of Medical Experts, Grave Danger to Life Involved’, Votes for Women, 1 October 1909, 2.
Street Gaol, Birmingham, came at the onset of the controversy from Labour leader Keir Hardie who retained scepticism towards the official line, suspecting that what was occurring in prisons was probably akin to medical torture rather than care. Policies of feeding via what was easily interpreted as a painful and degrading assortment of medical techniques proved especially challenging for those liberals who considered the strategy to be at odds with the natural impulses of their party. When tendering his resignation from the Liberal Association in October 1909, Reverend Lloyd Thomas angrily declared that by resorting to the stomach pump the government ‘offers the violated bodies of these high-minded women as a living sacrifice to the obstinacy of the Prime Minister and a few of his colleagues’. Similarly, Lady Blake resigned her presidency of the Berwick Women’s Liberal Association that same month, proclaiming that she could no longer maintain her connection with the Liberals.

A particularly well-publicised response came from Henry Brailsford and Henry W. Nevinson in 1909. When resigning as editors of Liberal newspaper The Daily News, they condemned the forceful use of the tube as an instrument of punishment, questioned its life-saving value, and announced that they would no longer continue denouncing torture in Russia while supporting it in Britain. This evaluation was far from accidental: it tapped into a discourse likely to gain a strong reception within a liberal culture that tarred Tsarist Russia with labels of otherness and authoritarianism, partly to promulgate faith in the civilised nature of modern British society and its cultural ideals. In fact, hunger strikes were then a novelty in Britain, having only been heard of principally in Russia. Furthermore, Russian hunger strikes were widely agreed upon in Britain as necessary acts of militancy in the face of a barbaric and inhumane government. The adoption of the strategy in a country that liked to present itself as the antithesis of all that was wrong with Russia—as liberal, civilised and modern—infused anti-forceful feeding rhetoric with profound cultural resonance.

Certainly, the potential of the government to intervene at the prison bedside created alarm over the diminished decision-making capacities of prison physicians who had traditionally reserved a right to make their own clinical choices. Although, technically, prison doctors still decided whether individual prisoners ought to be forcibly fed, the overarching presence of the state at the back of these decisions energised discussion on the degree of control that the state held in prison medical practice. Notably, medical professions on the European continent had far more entrenched traditions of state control in medicine than their British equivalent. In the context of British medicine, forcibly feeding prisoners

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26 Votes for Women, 8 October 1909, 21.
27 The Question of Prison Treatment’, The Times, 1 October 1909, 7.
28 The Times, 5 October 1909, 8.
30 The Siberian Suicides and Hunger-strikes’, The Times, 28 February 1890, 13; ‘Poles and Ruthenes in Austria’, The Times, 23 February 1907, 5.
31 For liberalism and female suffragism, see Martin Pugh, March of the Women: A Revisionist Analysis of the Campaign for Women’s Suffrage 1866–1914 (Oxford: Oxford University Press, 2002), 120.
33 Jonsen, Short History of Medical Ethics, 54.
whose health did not seem to be in immediate danger signalled an over-stepping of medicine’s established political responsibilities.

Yet resolving the issue was not an easy task given a distinct absence of a firm tradition of British medical ethics. During the late nineteenth century, the British Medical Association had adopted an ethical code only reluctantly, while the General Medical Council was generally reticent to issue ethical guidance. It was widely presumed that a strict ethical system did not in fact require codifying and setting in place in Britain as practitioners there could be trusted to perform their work in a gentlemanly and ethical manner. Furthermore, ethical issues, where they did arise, tended to be handled internally within the profession, not in law courts or the Parliament. Opponents of forcible feeding sought to disrupt this custom by transforming the issue into a remarkably public affair to be constitutionally resolved. Accordingly, the medico-ethical dimensions of forcible feeding were openly queried in public forums, an approach that ran counter to traditional British medical etiquette which frowned upon criticism levelled against medical conduct being made in public or in the lay press.

Prominent medical figures actively entered into a remarkably public dialogue with suffragism between 1909 and 1914 by offering expert opinion on both the potentially detrimental bodily ramifications of forcible feeding and the unwarranted extension of state authority. Some medical opposition came from predictable sources. Suffragette medical doctor Louisa Garrett Anderson publicly asserted that the stomach tube was not being applied to save lives, as it would be in clinical settings, but was instead being deployed to coerce militants. Charles Mansell-Moullin also protested. Mansell-Moullin had established a reputation for research into shock and peptic ulcer disease, but was also married to prominent suffragette Edith Mansell-Moullin. In September, he vehemently remonstrated in the British Medical Journal against the political usage of the term ‘hospital treatment’, announcing that ‘if it was used in the sense and meaning in which it appears in your columns it is a foul libel. Violence and brutality have no place in hospital’. Both actors strove to create firm distinctions between clinical practice and hunger strike management by insinuating that prison medicine was being politically manipulated and unethically utilised as a punitive tool.

Notably, medical criticism was not confined to figures with obvious affiliations to suffrage campaigns, but also surfaced from those whose attention had nonetheless been captured by concern over the institutional mis-usage of medical power. Lyttelton Forbes Winslow, for instance, was a controversial psychiatrist whose views typically proved more popular among journalists than his fellow professionals. Winslow had

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37 Moxon, What Forcible Feeding Means, 4.
39 The Times, 29 September 1909, 10.
gained notoriety for his investigations into the Jack the Ripper murders, and had long argued that crime and alcoholism resulted from insanity. His interest in punishment led him to write to *Votes for Women* stating that artificial feeding in clinical practice had proven to be accompanied by so many risks that he had long since abandoned the method, adding details of one case where the patient had allegedly bitten off his own tongue after it had become twisted behind the feeding tube. Similarly, surgeon Forbes Ross confirmed suggestions of the procedure’s danger in *The Observer* that despite having no specific feeling towards the suffragette cause, he considered forcible feeding to be ‘an act of brutality beyond common endurance’, noting that it was only adopted in asylums as a last resort, and that those subjected almost always contracted fatal chronic pigmentary colitis. Again, these critiques were intended to distinguish between clinical and prison practice and to contest claims that life-saving medical duties were being performed.

However, a distinct lack of consensus on the procedure’s clinical safety also enabled the Home Office to assemble a body of medical evidence that formed the basis of a convincing counter-narrative. Mirroring suffragette strategies, the Office also consulted medical figures accustomed to using artificial feeding procedures. In October 1909, Home Secretary Herbert Gladstone privately acquired data from Frederick Walter Mott, pathologist to London County Council Asylum at Claybury, who, in direct response to Ross’ aforementioned public assertions, claimed that he had not once observed the onset of medical complaints associated with artificial feeding in ten years of applying the procedure. The Office also maintained close contact with controversial prison medical officer William Cassels of Winson Street Gaol who had undertaken the first forcible feedings in September. Cassels kept a close watch on the health of his prisoners and regularly reported back to the Home Office. In his private correspondence to the Home Office, he disregarded assertions that forcible feeding produced intense vomiting. On one occasion, he argued that although prisoner Mary Leigh vomited for hours after being fed, this was probably self-induced. Cassels also refuted suggestions that forcible feeding was continuously applied on patients whose bodies had been severely weakened by the procedure by insisting that prisoners allowed him few opportunities for physical examination. For instance, Cassels asserted that Leigh had refused to answer his questions as to whether she was suffering from throat or nose pains following feeding. On one occasion, when he asked to examine her tongue, Leigh flippantly answered ‘I will give you enough of that when I get the vote’. Cassels noted his reasons for recording this as being that if a patient refused to give information or to be examined, then it was impossible for him to determine whether she was suffering from conditions such as a sore throat, specifically stating that ‘I do not believe that I should be justified in forcing the mouth open merely to see whether the throat is all right’. Cassels presented his medical duties of

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41. ‘A Doctor’s Protest,’ *Observer*, 3 October 1909, 9.
44. Memorandum from Winson Street Gaol’, 18 October 1909, HO 45/10417/183577/124 (NA).
45. Memorandum from Winson Street Gaol’, 20 October 1909, HO 45/10417/183577/130 (NA).
care as having been disrupted by a breakdown of the norms of the doctor–patient relationship. Clearly, medical knowledge and practice mutated into terrains negotiated by both pro- and anti-forcible feeding advocates to legitimise their particular stance.

Indecision on the safety of forcible feeding endured throughout the period of suffragette militancy, and beyond. However, the duties of the prison doctors in feeding hunger striking prisoners were laid out more explicitly in 1909. Roger Cooter suggests that the absence of a British tradition of formally establishing medico-ethical codes made it difficult for outsiders to pit themselves against a profession with a putative monopoly over what constituted ethical practice. Opponents of forcible feeding also found themselves in a confrontational position with the Home Office. This left them in an especially disadvantageous position when they attempted to resolve the matter constitutionally. In October 1909, Leigh sued Dr Helby of Winson Street Goal, Birmingham, as well as Home Secretary Herbert Gladstone, for unlawful assault, an activity in line with suffragette efforts to legitimise their campaign by appealing to the law against forceful governmental attempts to suppress feminist resistance. This was an ambitious step and, unsurprisingly, the outcome of the trial ultimately worked against efforts to define forcible feeding as a misapplication of medical responsibilities.

Official perspectives on forcible feeding as a curative, life-preserving procedure were legally confirmed during the proceedings of Leigh v Gladstone (1909). During these efforts were made to negotiate the contested boundaries between treatment and brutality and, by extension, whether the state had brazenly harnessed medical power. Importantly, various questions relating to ethics and medical duties were posed. First, did forcible feeding impact adversely upon physical health? Predictably, Cassels insisted that injuries resulted only when patients struggled and refused medical inspection, adding that vomiting was always self-induced. Confirming this, Guy’s Hospital physician Maurice Craig claimed to have fed patients up to 2,500 times at Bethlem Hospital without observing associated symptoms of heart disease, indigestion, gastric ulceration or mortality. Accordingly, prison doctors were cast as innocent of charges of wilful assault, provided that they adopted standard medical procedures. Secondly, did prison medical practice correspond with clinical practice? In fact, it transpired that rectal feeding was a more common hospital procedure, according to medical witnesses, although the option of applying this on imprisoned suffragettes was dismissed on the basis that ‘to do it [feeding] by rectal treatment would mean holding her legs and subjecting her to great indignity… in the presence of both men and women’. Issues of feminine delicacy and decorum thus indicated that feeding via the mouth or nose would remain the most appropriate form of treatment. Thirdly, and importantly, was forcible feeding compliant with ethical duties to save lives and preserve health? Witnesses concluded that it was indeed the medical responsibility of prison doctors to preserve health and life, and that damages should be paid only if a prisoner had been unnecessarily forcibly fed. Significantly, the trial made clear that prison doctors were not protected from legal action for manslaughter should a hunger striker die under their care. This latter ruling worked

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Note: The text contains internal citations which are not shown here.
unfavourably for opponents. Problematically, none of the medical witnesses could decisively decide upon when death from self-enforced fasting would most likely occur or, in view of that, when forcible feeding should commence. In response, compulsory feeding at an early stage was advised on the basis that medical officers should not allow sufficient time to elapse for self-starvation to generate serious physical weakness and potential death.48

In many ways, the opening months of the suffragette hunger strikes set the stage for an examination of medico-ethical problems relating to forcible feeding that have proven persistent. Discussion of the procedure was visibly split along two competing lines of thought. Opponents sought to redress suggestions that life-saving medical duties were being performed, focusing instead upon the physiological damage caused by forcible feeding as expressed through emotive narratives of pain, medical brutality and institutional torture. Yet the official perspective, although ethically dubious, was ultimately strengthened by the outcome of Leigh v Gladstone. In certain respects, that outcome reflects the inherently unequal power relations in play between the state and its political opponents. However, the initiation of forcible feeding policies in 1909 also established the important role of the prison doctor as arbiter between these two competing groups; as the individual, in the eyes of critics, expected to perform the actual act of physical subjugation. Medical opinion, meanwhile, could be turned to in order to validate either the safety or danger of the procedure, depending on the particular views of the individual consulted. It offered a powerful resource that might resolve critical questions of whether prison medical responsibilities were principally to the state or prisoner-patient. Nonetheless, for many the line between medical torture and medical care remained remarkably blurry.

**Representations of the Prison Doctor**

Moxon’s aforementioned statement presented prison doctors as figures working under considerable pressure from the Home Office to adopt an active role in institutionally subjugating political threat. In 2005, Gregory also struggled to reconcile whether prison doctors engaged in forcible feeding ought to closely examine their own conscience or if they were figures pressurised from above into performing unethical practices. This issue is historically rooted, its origins being situated in the suffragette hunger strikes. From around the late 1880s, the prison medical service had striven to be more attentive to prisoner health.49 Contemporary propagandist accounts of forcible feeding challenged progressive images of medicine’s institutional function by re-casting the work of the prison doctor in a more ambiguous light. Upon release, forcibly-fed suffragettes not only routinely cast dispersions on the extent to which prison doctors wilfully partook in harsh forms of medical treatment but also called into question the decorum and character of the physicians who fed them in order to expose their compliance with, if not enthusiasm for, forcible feeding. These propagandist renderings, in turn, sought to demonstrate

48 ‘Leigh Vs Gladstone: Medical Evidence’, 7 December 1909, HO 45/10418/183577/351 (NA); Leigh v. Gladstone (1909) 25 TLR 139.
that prison doctors were in fact willingly colluding with the state’s coercive agendas. Yet claims such as these were potentially damaging, given their appearance in a period when prison doctors were striving to professionalise; in a timeframe when, as Sims describes, they sought to distance their institutional work from disciplinary duties, campaigning for better pay and taking on more sophisticated psychiatric and therapeutic duties.50

Problematically, however, from late 1909, released prisoners not only publicly complained of a range of corporeal problems brought on by the subjection of the body to feeding technologies, but also forwarded problematic accusations about the adverse nature of their encounters with prison doctors. Issues of pain and force being inflicted, rather than treatment provided, remained central to their accounts. For instance, former school teacher Laura Ainsworth insisted that she had been fed painfully through her nostrils with a tube, despite having informed her doctors that she suffered from chronic nasal problems since being hit by a stone some years earlier. Ainsworth continued by detailing an alternative procedure which necessitated the prison medical officers pinning her down, her mouth being prised open with a steel instrument, and the insertion of a tube into her gullet. This process, she claimed, caused choking and intense nausea. Despite her discomfort, Ainsworth continued to be fed twice daily in this manner. She recounted that she had eventually become too weak to bear the procedure’s physiological effects, and had subsequently been removed to a hospital and fed with a feeding cup. This new bodily intervention demanded her mouth being forcibly opened so that fluid could be poured in, the consequences being headaches and throat pains. Upon release, Ainsworth’s female physician diagnosed her as suffering from congestion, nervous prostration and inflammation of the throat.51 Suggestions that prison doctors treated their patients indecorously fortified arguments that they were willing participants in oppressive state policies. In November 1909, Helen Liddle declared that ‘I consider the medical treatment as an absolute farce; the senior medical officer was perfectly brutal, short-tempered and very rough.’52 The following year, another female prisoner recalled how she had once overheard her doctor exclaiming that ‘this is like stuffing a turkey for Christmas’.53 These accounts deeply problematised prison feeding activities by pinpointing medical officers as individuals knowingly subverting the natural curative agendas of their profession by wilfully inculcating disease and physiological conditions. Simultaneously, they were cast as individuals failing, or refusing, to act in the gentlemanly, decorous fashion then expected of the profession.

Despite the Leigh v Gladstone case having set precedence for the medico-legal dimensions of hunger strike management, prison doctors continued to be targeted as conductors of torturous procedures. At worst, they were portrayed as willing participants in the pollution of the militant suffragette body with chronic diseases and bodily complaints to weaken and subjugate her militancy. Furthermore, WSPU propaganda continuously cited

52‘Releases at Manchester’, Votes for Women, 26 November 1909, 133.
numerous examples of abuse, neglect and brutality knowingly inflicted upon prisoners. These claims worked to discredit the ethical character and behaviour of prison doctors. Depicting prison doctors as unwilling participants proved ever more difficult once Cassels began publicly defending his work and openly supporting government policy. In January 1910, he sceptically commented in the *British Medical Journal* that Ainsworth’s voice was no more ‘weak and husky’ than when she had entered the prison. He also asserted that Hilda Burkitt, despite publicly lamenting her severe physical weakening in prison, had privately informed him that when alone she would waltz around the polished floor of the hospital ward, and that she had frequently announced to him that she felt fit enough to take on ten policemen. It appears that Cassels struggled to reconcile the public rhetoric of prison brutality with his own personal experiences of providing care. Yet Cassels’ public statements were voiced in the face of frequent attacks made upon his home, which the WSPU proudly reported as being besieged daily by its members. Since September 1909, his house had been guarded day and night by policemen to protect him against large crowds assembled outside with sandwich boards.

The character of the prison doctor was called further into question by persuasive claims of inconsistent, differential prison treatment. Lady Constance Lytton initiated the most famous episode in relation to this. Lytton was socially prominent, being the daughter of Robert Bulwer-Lytton who had once proclaimed Queen Victoria the Empress of India. Meanwhile, her mother, Edith Villiers, had acted as Queen Victoria’s lady-in-waiting. In 1909, Lytton was imprisoned at Newcastle Gaol. However, upon undertaking a hunger strike she found herself prematurely released after only a month of being forcibly fed due to being diagnosed with a weak heart. Rather than being happy with this, Lytton expressed concern about the preferential treatment which she herself believed to have been awarded on the basis of her social status. Working-class women, Lytton publicly alleged, remained imprisoned for longer periods due to their more limited social influence. Lytton’s insinuation implied that the state, fully aware of its dubious legal and moral rights to undertake forcible feeding, was less likely to inflict the process upon those with a louder social voice. She also confronted notions that prison doctors were appropriately performing medical duties as, surely, these were meant to extend to all patients equally. For Lytton, her early release undermined suggestions that medical benefit was being offered. If the former was the case, then presumably consistent levels of feeding would have been given to all prisoners, regardless of class or fame. This intricate matter captured the attention of one famous observer: Irish playwright and ardent socialist George Bernard Shaw. Writing to *The Times* on behalf of the Fabian Society, Shaw complained of the apparent discrepancies in medical treatment meted out to different prisoners. In response, Gladstone was forced to publish a statement in the national press asserting that prison conduct was by no means driven by consideration of social ranking.

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Angered by the official rejection of her claims, Lytton took action. In January 1910 she purchased a set of clothes normally worn by working-class females, adopted the pseudonym of Jane Warton, and deliberately got arrested and imprisoned. Forcible feeding commenced on the fourth day of her detention. Yet she soon observed that the medical treatment given to ‘Jane Warton’ differed remarkably to that given to Lady Constance Lytton, whose supposed weak heart had led to a hasty release just months earlier. She observed that no examination of ‘Warton’s’ heart had taken place until after her third feeding, and that even that was ‘of a perfunctory character’. She also recalled that her doctor had slapped her across the cheek. In certain respects, by focusing upon the exertion of medical power onto working-class subjects, Lytton sought to append contemporary prison experiences to a longer lineage of apprehension about state collusion with orthodox medicine that targeted vulnerable sections of British society. This was traceable back to the Anatomy Act of 1832 (which legalised the dissection of unclaimed pauper bodies) and through to the Compulsory Vaccination Act (1853) and Contagious Diseases Acts (1864, 1866, 1869) directed at infants and prostitutes respectively. Lytton/Warton’s experiences were reported at national level. In keeping with broader concerns about the emerging trajectories of liberal policy, The Law Times complained of gross preferential treatment and ‘a peculiar perversion of justice’ that ‘savours over-much of Russia’. The Liberal newspaper Manchester Guardian, meanwhile, posited that ‘they might at least expect the government, whatever its attitude towards militant methods, to show justice between one prisoner and another’, stating that ‘one did expect something more like justice from the Home Office’.

Accounts of Lytton’s plight illustrate the inherent duality of constructions of the prison doctor that materialise in consequence of forcible feeding. These typically juxtapose him as either fulfilling ethical duties or distorting them by engaging in political subjugation. In relation to their historical specificity, negative portraits of prison doctors devised during the female suffrage campaign openly queried the British medical profession’s preferred image of itself as decorous and gentlemanly. They sought to instil a sense that medical behaviour undertaken by prison doctors was not being conducted in accordance with the ethical norms of Edwardian medicine. Suffragette recollections were undeniably propagandist in nature. However, their intent emphasis on framing the prison doctor in a negative light highlights the precarious position in which prison doctors find themselves placed due to their active involvement in forcible feeding. During the Edwardian period, his voice was seldom heard—Casell’s public statement being a notable exception—which, in itself, might speak volumes about his unwillingness, or inability, to challenge state commands. Conversely, the nature of the prison doctor’s work might equally, as the accounts of Lytton and others imply, render him unsympathetic to the well-being of

60‘The Outlook’, Votes for Women, 28 January 1910, 274.
62As reprinted in Votes for Women, 4 February 1910, 306.
63‘Lady Constance Lytton: Her Experiences as Jane Warton’, Manchester Guardian, 1 February 1910, 12.
troublesome, recalcitrant prisoners whose unruliness disrupts the daily norms of prison medical practice. In turn, this may result in harsher institutional attitudes towards those prisoners.

**Bodies, Minds and Stomach Tubes**

In 1914, Moxon alleged that medical officers were not ‘justified in using or suggesting any treatment which cannot be upheld or applied on medical grounds and medical grounds only. That is to say, it must be proved to be of use for the purpose of curing disease, preventing ill health or alleviating pain’. He continued by adding: ‘we are the protectors of the body; it is our honourable lot to see that the vessel if marred or damaged is repaired, or at least made clean for the better protection and passage of the spirit.’ 

In doing so, Moxon raised provocative questions regarding whether or not artificial feeding had been proven to be a safe surgical procedure (which it technically had not been), and whether patients were healthier after being forcibly fed or in their voluntary conditions of starvation.

Notably, the later years of suffragette hunger strike management were characterised by constantly evolving forms of propaganda that perpetually sought to configure new ways to confirm the physically, and psychologically, damaging effects of being forcibly fed. Simultaneously, they strove to decisively establish the practice as one situated beyond the boundaries of acceptable medico-ethical practice, and to further implicate the prison doctor as compliant in dubious medical behaviour. The case of *Leigh v Gladstone* had provided legal validation to claims that prison feeding was both safe and morally sound, effectively castigating suffragette contestation as hyperbolic. In response, opponents stepped up their efforts to connect feeding practices to ill health and to reveal them as a gross bodily and mental assault. In light of this, important new questions were raised: did forcible feeding have potential psychological implications? Did prison feeding generate illness, or simply hasten pre-existing conditions? And finally, was it right to forcibly feed a mentally ill or physically disadvantaged individual? The very existence of these concerns highlights the ethical complexity that the issue of forcible feeding acquired in a remarkably short timeframe. It also demonstrates the empirical basis on which medical opposition rested.

In March 1910, the government implemented Rule 243a. This accorded suffragettes special treatment in prison including more regular visits, permission to wear their own clothes and the provision of first-division food, although it ultimately failed to officially recognise their status as political prisoners. Forcible feeding ceased, at least temporarily. Yet in 1911 the controversy erupted once more when Alfred Abbey, a member of the Men’s Political Union, was forcibly fed after he went on hunger strike due to being refused special treatment on the basis of his gender. The most provocative case of male forcible feeding was that of William Ball, who was subject to the procedure from Christmas Day 1911 after he commenced a hunger strike in protest against Abbey’s treatment. By February, Ball believed that he was being tormented by electricity. Although his imaginary fears of electrical torture subsided, he began smashing his prison windows under a false illusion that a detective was waiting outside for him.

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Some weeks later, Ball announced to his prison officials that he no longer minded his electrical torture so much, but objected vehemently to the needle torture that he was now being subjected to.  

Exactly what might have caused Ball’s apparent insanity transformed into a highly disputed question. His wife asserted that he had once been a fine athlete, having suffered from no serious illnesses during the previous twenty years. She pointed out, furthermore, that neither Ball nor his relatives had ever suffered from psychological instability. In response to Ball’s plight, the Men’s Society for Equal Rights distributed various leaflets with titles including *Imprisoned under a Liberal Government* and *The Case of William Ball: Official Brutality on the Increase*, while the WSPU printed one entitled *Torture in an English Prison*. These publications characterised British penal institutions as being out of step with the agendas of a modern, liberal country. Tellingly, Christabel Pankhurst asserted that Ball’s doctors must surely have observed his psychological decline, and should have ordered his release. ‘Has the Russian government ever devised so infamous a procedure as the persons responsible to the present Liberal Government!’, she angrily exclaimed. Of course, it could have been the case that prison authorities interpreted Ball’s refusal to ingest food as, in itself, a symptom of mental illness which, in asylum contexts, was typically responded to with forcible feeding.

Nonetheless, this apparent evidence of the psychological implications of prison feeding provided opponents with ammunition. In the House of Commons, Lord Robert Cecil asked what might have driven this man insane although his insinuation that mental illness had directly resulted from forcible feeding was categorically denied. When Ball’s prison doctor wrote to the Home Secretary suggesting that the prisoner’s mental balance had been upset ‘by his mind, apparently never a strong one, dwelling continually on the questions of votes for women and political prisoners’, an announcement also made in the House of Commons was met with universal laughter. Despite such underlying joviality, an official investigation followed, and a white paper was published. The report suggested that Ball never objected to being forcibly fed, having even informed the authorities that ‘the one fault he had to find was that they did not feed him enough while in prison’. It concluded that ‘Ball was kindly and properly treated, and his insanity could not be attributed to any treatment to which he was subjected’. The *Manchester Guardian* quickly derided the report as unsatisfactory, not least because it offered no cross-examination of the Home Office authorities or prison officials, despite them being accused of wrong-doing. The newspaper also denounced the report for refraining from speculating on what else might have caused Ball’s mental deterioration, given that forcible feeding and insanity had suspiciously commenced simultaneously. Nonetheless, official investigations cleared attending medical officers of blame for neglect or negligence.
and carefully dissociated the development of psychological complaints from the medical procedures accompanying them.

Yet Ball’s case proved useful as it enabled opponents to portray forcible feeding as a harmful mechanism of psychological torture. Ball’s pitiful fate bolstered arguments against the procedure, further calling into question the extent to which such practices indeed served ethical, curative and life-saving purposes. State policy could now be powerfully depicted as intent on infiltrating the psyche of suffragette prisoners as well as their bodies. Ultimately, however, little firm evidence could be procured that forcible feeding potentially caused insanity. Certainly, the severity of Ball’s delusions suggested that he was already suffering from underlying mental conditions that had previously evaded diagnosis. But even if direct connections could have been convincingly proven, less sympathetic opinion might well have insisted that prisoners brought on that condition themselves by refusing food in the first place in full knowledge that they risked being subjected to forcible feeding. Revealingly, when it was stated in the House of Commons in August 1912 that a woman had been discharged due to her becoming hysterical following feeding, universal laughter followed. Further allegations of insanity brought about by the procedure also proved unconvincing. In June 1912, Emily Davison threw herself on to the wire netting on the prison landing, and then dramatically flung herself through a gap in the netting, crashing onto a set of stone stairs. Presumably, this was an act of attempted suicide later recounted by Davison as resulting directly from the horrors of being forcibly fed. Her act was easily interpretable as a failed effort to attain martyrdom rather than a valid expression of mental illness brought about through improper usage of medical technologies. This latter perspective appeared to be confirmed when Davison later famously threw herself in front of the king’s horse at the Epsom Derby, subsequently dying from her injuries.

Nonetheless, attempts to decisively prove the harmful physical and psychological effects of forcible feeding increased following Ball’s case and, in many ways, became ever more refined. For instance, in 1912, dermatologist Agnes Savill, Mansell-Moullin and famed surgeon Victor Horsley published an extensive report intended to pressurise the government into reassessing its policy. The report was a clear attempt at determining links between forcible feeding and bodily and psychological harm. It offered the most extensive and professionally-written account of the corporeal and mental implications of forcible feeding penned so far. Within it, the authors detailed a range of physical and emotional effects upon the nervous system, arguing that the procedure typically caused cerebrospinal neurasthenia and exaggerated knee reflexes, and led to patients becoming fatigued and easily startled. The mental anguish produced by hearing the cries, choking and struggles of their friends was also identified as psychologically damaging.

Accounts such as these interpreted forcible feeding as something done to the female subject by an antagonistic external agent. Yet the reality may have been far more complex than this. For instance, during 1913 the Home Office came to believe that

73 ‘Royal Arsenal, Woolwich (Minimum Wage)’, Parliamentary Debates (House of Commons), 5 August 1912, 2273–91.
74 ‘Release of Mr Pethick Lawrence’, Manchester Guardian, 28 June 1912, 8.
WSPU were encouraging individuals deemed ‘abnormal and neurotic’ to commit crimes likely to lead to imprisonment so that the movement could heighten its chances of securing martyrdom.\(^{76}\) Militants, it was feared, were being specially selected to commit punishable crimes who were ‘weaklings suffering from physical defects in order to cause as much embarrassment as possible to the authorities’. One confidential government report determined that the health of recently imprisoned female prisoners fell far below the average of the general population. Types thought to have been chosen ranged from the dyspeptic, people with histories of fits, those who had suffered a nervous breakdown, the ‘mentally unstable’ and the ‘eccentric’.\(^{77}\) While the validity of these suggestions remains unclear, one prominent figure who acquired national press coverage was May Billinghurst, a paralytic who relied upon a wheelchair. Despite her condition, she was repeatedly forcibly fed. The emotive image of a female cripple being subjected to the procedure inevitably aroused public sympathy.\(^{78}\)

Similarly, Margaret James, who underwent a sentence of six months imprisonment for shop-breaking during 1913, was noted to be ‘a dwarf, an epileptic, and a cripple, and in weak physical condition’. According to *Leigh v Gladstone*, prison medical officers were only immune from liability if fatal or serious consequences of forcible feeding could not reasonably have been expected to manifest.\(^{79}\) Yet an official report compiled on James warned that ‘if she is left to die, there would, in the case of such a miserable weakling, be not only an outburst of public indignation, but possibly criminal proceedings might be taken by her friends against the prison authorities’. Medical officers feared that, if forcibly fed, epilepsy and mental excitement might ensue, firmly tipping James over the borderline to insanity. Yet James was not considered certifiably insane. Furthermore, releasing her was seen as undesirable due to her being considered ‘just the sort of woman who would repeat her offence as soon as she got out, and while in prison she has used threats of shooting and violence which the Prison Officers regard as serious’.\(^{80}\)

The Home Secretary privately sought legal advice regarding James’ imprisonment, asking whether he, the prison governor or medical officers would be exempt from criminal proceedings should death or insanity occur following feeding.\(^{80}\) These accounts suggest that the WSPU may well have sometimes utilised the bodies of already incapacitated individuals. Yet they also imply that medical officers, and the Home Office, were in fact aware of the potential psychological and physical ramifications of forcible feeding, or at least that they feared that James becoming insane or dying might provide conclusive evidence of the psychological and corporeal ramifications of being forcibly fed. These accounts also demonstrate the new contours appended to the ongoing ethical debates surrounding hunger strike management and the surfacing of fresh concerns designed to further undermine the validity of the state’s prison interventions. It also illustrates that the increasingly medicalised nature of critiques of forcible feeding had encouraged

\(^{76}\) ‘Correspondence: Forcible Feeding of Prisoners’, HO 144/1721/233014/2 (NA).

\(^{77}\) ‘Correspondence: Forcible Feeding of Prisoners’, HO/ 144/1721/233014/12 (NA).


\(^{80}\) ‘Letter from Secretary of State’, undated, LO 3 439, box 25 (NA).
state bodies to think about the procedure’s physiological and psychological consequences rather than simply concerning themselves with its implications as a violation of human rights. In many ways, the state itself had become more receptive to the medical aspects of anti-forcible feeding rhetoric although, publicly, it refrained from admitting so.

In the face of organised opposition and public scepticism, during 1913 the government introduced the Prisoners (Temporary Discharge for Ill Health) Act, or the ‘Cat and Mouse Act’.81 This was also implemented in response to the unmanageable burdens that the hunger strikes were placing on prison staff. The Act effectively legalised hunger striking, specifying that fasting prisoners should be released if they became ill, but then later re-arrested to complete their sentences. If these prisoners went on hunger strike again, they were be forcibly fed, meaning that the procedure could be continuously applied for some months rather than being confined to a short period of time.82 In response, medical opposition became more organised and sought increasingly strenuously to produce more decisive empirical evidence about the harmful effects of prison hunger strike management. The government’s reputation, already tarnished by public uncertainty about the Cat and Mouse Act, was not improved by recourse to increasingly drastic disciplinary feeding methods throughout 1914 including the alleged drugging of prisoners including Mary Richardson and the rectal feeding of Frances Gordon.83 By this point, concerned members of the medical community had developed a more sophisticated network of protest, having set up the Forcible Feeding Protest Committee of Medical Men who intervened in such cases. On one occasion, members of the Committee visited an asylum which a forcibly-fed prisoner had been transferred to, finding no evidence of insanity.84 However, the hunger strikes ceased as war commenced. Hence, neither pro nor anti-forcible feeding campaigners ever achieved a clear opportunity to prove once and for all that prison feeding was either saving lives or subjugating militancy.

Evidently, Edwardian medical opposition to hunger strike management subtly evolved between 1909 and 1914 as new ethical problems were posed and as new bodily and psychological scenarios emerged. Far from remaining static, the medical dimensions of forcible feeding perpetually mutated; constantly offering new concerns about physical and mental well-being imbued with layers of intricacy. This facilitated the development of an increasingly multifaceted interplay between the state, prison doctor and prisoner-patient. In this period, the Home Office proved more interested in exempting itself from legal action. Opponents were more concerned with bringing to an end a coercive tactic which they believed to have detrimental bodily ramifications. In many ways, the increasing sophistication of medical critiques occurred at an inopportune time; in a period distant from the initial shock of forcible feeding and when public interest had waned considerably. Nonetheless, they laid out a particular set of questions about the extent to which forcible feeding created an identifiable assortment of bodily complaints. This further allowed the practice to be set apart from normal therapeutic care.

81Prisoners (Temporary Discharge for Ill-Health) Act, 1913 (3 & 4 Geo 5).
82Vernon, Hunger, 65.
83For drugging, see ‘Forcible Feeding Correspondence’, undated, HO 144/305/248506/6. For rectal feeding, see ‘Atrocity in a Prison’, Votes for Women, 10 July 1914, 627.
Conclusions

Feminist-orientated perspectives have typically castigated the Edwardian British medical profession for its general refusal to condemn forcible feeding. Without denying the existence of a significant corpus of medical men who chose to ignore, or who even endorsed, the procedure, this article posits that the nature of medical opposition is also worthy of scholarly attention. Forcible feeding policies placed intense strain on the ethical norms traditionally embedded in the doctor–patient relationship. The boundaries between therapeutic care and coercion became remarkably unstable, while state intervention at the prison bedside raised resonant concerns over the true intention of state-influenced forms of medicine. The prison doctor, in particular, took on a highly intricate and heavily discussed role. The value of this article’s line of inquiry rests in its ability to allow us to better understand the nature of responses to the hunger strike phenomenon and, in particular, the complicated role which medicine reluctantly takes on when governments choose to forcibly feed deviant prisoners. The suffragette hunger strikes of 1909 to 1914 were, at their time, highly unique. Analysis of how medico-ethical issues were discussed, represented and resolved in that period furthers our general understanding of the role of medicine in prison management in periods of hunger strikes. Forcible feeding, although now agreed upon as unlawful and unethical, continues to be used in certain instances. Key questions resurface that are reminiscent of those asked in the Edwardian period. These mostly relate to whether the practice is a medical duty or coercive technique, whether the prison doctor is an unwilling participant or government puppet, and the degrees of harm that the procedure inflicts on groups who often resort to the hunger strike as a last resort in order to draw public attention to their cause.

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