

‘A Prostitution of the Profession’?: The Ethical Dilemma of Suffragette Force- Feeding, 1909–14

In 2013, the British Medical Association wrote to President Obama and US Secretary of Defense Chuck Hagel inveighing against force-feeding policies at Guantánamo Bay. The Association was deeply concerned with the ethical problems associated with feeding prisoners against their will, seeing this as a severe violation of medical ethics. To support its emotive claims, the Association pointed to the Declarations of Tokyo (1975) and Malta (1991) which had both clearly condemned force-feeding as unethical.¹ Nonetheless, American military authorities had resurrected the practice, the Association suggested, to avoid facing an embarrassing set of prison deaths that risked turning international opinion against Guantánamo and the nature of its management.² Like other critics, the Association had some compassion for military doctors who seemed to be caught in an unhappy dilemma: Should they prevent suicides by force-feeding or oversee slow, excruciating deaths from starvation? Yet despite showing empathy, critics from within the medical profession, such as British general practitioner, Bernadette Gregory, generally concluded that ‘doctors who participate in these practices [force-feeding] need to examine their own consciences’.³

Intriguingly, these 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.⁴

Moxon published this powerful statement in his pamphlet *What Forcible Feeding Means*, distributed towards the end of five years of inconclusive debate about the ethical appropriateness of force-feeding suffragette prisoners. Throughout the thirty-six pages of his acerbic pamphlet, Moxon lambasted prison doctors for having abandoned the basic tenets of the Hippocratic Oath, lowering their standards of professional conduct, succumbing to government pressure to help defeat its political opposition, and performing a dangerous procedure on defenceless women.⁵ The similarities inherent in both of these renderings of force-feeding suggest considerable continuity over time. Both expressed astonishment that members of their own profession would wilfully partake in torture and brutality. Both voiced concern about the nature of the relationship between the state and prison doctors. And both sought to re-establish autonomy in medical decision-making to protect vulnerable patients. The persistence of these questions over almost a century suggests that the problems first posed by Moxon and others a century ago remain mostly unresolved.

The ethical quandary posed by prison force-feeding first became apparent during the suffragette hunger strikes of 1909–1914. This chapter traces the evolution of public opposition to the practice and demonstrates the effectiveness of suffragette appeals to medical ethics in eliciting professional support and challenging the government's insistence that 'artificial feeding' was safe. Suffragettes portrayed their force-fed bodies as being battered, assaulted, and harmed in an orgy of prison violence. In doing so, they evoked a crisis in professional conduct. They raised the spectres of medical torture, the politicisation of prison medicine, and an overruling of patient autonomy. In turn, force-feeding provoked an emotional public response rooted in sympathy for those seen as being in unbearable pain. The Home Office stood by its rational argument that prison doctors were simply saving the lives of irrational, suicidal women. Yet many felt horrified at the idea of defenceless women being tortured in penal institutions. The image

of doctors wilfully inflicting pain on vulnerable female prisoners clashed with the emotional economies of modern, liberal Britain. Critics sought to negotiate the appropriate boundaries of bodily intervention and delineate the point at which medical practice mutated into torture. Somewhat perplexingly, historians have failed to fully examine the issues and ethical debates that surrounded suffragette force-feeding. June Purvis has commended members of the movement for showing courage and bravery when enduring force-feeding, which she denotes as torture.⁶ Similarly, Jennian F. Geddes has denounced force-feeding as ‘an abuse’, and one in which the British medical community was complicit for failing to formally condemn the practice.⁷ While both authors view force-feeding as an atrocity, neither fully considers the ethical intricacy of force-feeding debates. However, as I have noted elsewhere, the issues and questions raised in this short five-year period impacted significantly on public perceptions of prison medical practice.⁸ A new penal technology—the stomach tube—had been introduced into English prisons and was to remain in place throughout much of the century. Understanding how these issues emerged paves the way for a more nuanced appreciation of the medical, ethical, and emotional aspects of hunger strike management in other historical and present-day contexts.

FROM ASYLUMS TO PRISONS

Where did the idea of force-feeding come from? Fasting had not always been viewed as particularly problematic. Until the nineteenth century, the ability of certain women to refrain from eating for prolonged periods had been considered miraculous.⁹ If gluttony was a major form of lust, then fasting provided renunciation and a literal way of encountering God.¹⁰ However, medicine became recognisably modern and empirical from around 1790. Superstition and religious thought had little place in this new and blossoming medical science. Physicians came to regard an apparent ability to abstain from food more sceptically. Although fasting girls remained newsworthy, doctors now accused them of being dishonest or ill. They pathologised fasting girls as anorectic or psychologically unstable.¹¹ As A.R. Turnbull, Medical Superintendent of Fife and Kinross District Asylum, wrote in 1895 in an article on force-feeding, published in the *Journal of Mental Science*, ‘refusal of food may be due to mere stupidity, or to the restlessness and inattention of maniacal excitement; much more frequently it is seen in cases of melancholia, melancholic stupor or delusional

insanity'.¹² Fasting was still a public spectacle of self-enforced suffering.¹³ Nonetheless, doctors now saw it as a problem that demanded therapeutic intervention. In this context, asylum doctors came to recognise the usefulness of force-feeding for breaking the physical and emotional resolve of fasting girls and correcting their seemingly errant behaviour.¹⁴

When the suffragettes first went on hunger strike, force-feeding was well-established in asylums.¹⁵ It had gained popularity in late-eighteenth-century France after eminent psychiatrist, Philippe Pinel, refuted a commonly held belief that insane patients never felt hungry, and therefore required little food. Believing that hunger could have a disastrous effect on the mind, Pinel instead ensured that his patients were well-nourished.¹⁶ The practice of feeding patients with an elastic tube soon became standard in French asylums.¹⁷ Nineteenth-century technological developments further promoted the use of feeding technologies. In 1868, German physician, Adolf Kussmaul, introduced the stomach tube to medical practice after perfecting the technology by experimenting on a professional sword swallower.¹⁸ Yet psychiatrists heavily debated the safety of the stomach tube.¹⁹ Despite considerable reservations, force-feeding became established as a standard therapeutic practice for halting starvation. Yet it also formed part of the disciplinary tendencies inherent in asylum practice that weighed particularly heavily upon women whose behaviour was deemed abnormal.²⁰

While asylum physicians were perfecting their feeding technologies, groups of women were gathering together to discuss why they were not allowed to vote. In England, the Reform Act of 1832 had extended voting rights to adult males who rented propertied land of a certain value. It gave voting rights to around one in seven men. The Reform Act of 1867 extended the franchise to men in urban areas who met a property qualification, further increasing the scope of male suffrage. Campaigns for female suffrage began to surface. The Manchester Suffrage Committee was formed in 1867. In 1872, the National Society for Women's Suffrage formed. In 1897, the National Union of Women's Suffrage Societies was established, bringing together a number of disparate local and national groups.²¹ Frustrated with this movement's lack of success, 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 demands. Its members chained themselves to railings to provoke arrest, poured harsh chemicals into mailboxes, broke windows, and committed acts of arson. This recourse to violence shocked

the British public, not least because it challenged contemporary norms of expected feminine behaviour. However, it drew considerable attention to the female suffrage cause.²²

Artist and illustrator, Marion Wallace Dunlop was an active member of the WSPU. Police regularly arrested her for offenses including 'obstruction' and leading groups of women on protest marches. In July 1909, Marion stencilled a passage from the Bill of Rights on a wall of the House of Commons which read: 'It is the right of the subject to petition the king, and all commitments and prosecutions for such petitioning are illegal'. Police once again arrested her. Upon entering Holloway Prison, the prison authorities rejected Marion's application to be placed in the first division (which would have acknowledged her offense as political). Entirely on her own initiative, Marion decided that she would refuse to eat until her demands were met. She found herself released from Holloway after just four days. Prison staff feared that she might otherwise starve.²³

What seemed at the time to be an inconspicuous episode in the ongoing campaign for female suffrage escalated into years of controversy over the management of hunger strikers. The WSPU quickly realised the strengths of hunger striking. The tactic fitted well with the burgeoning ethos of self-sacrifice attached to the militant campaign; hunger striking was underscored by an explicit threat of martyrdom. From 1909, other imprisoned suffragettes imitated Marion. In turn, hunger striking evolved into a standard political protest.²⁴ These protests immersed prison authorities and the Home Office in a highly problematic predicament. Two options were left open to them: allow rebellious politicised prisoners to slowly commit suicide or release them before the completion of their sentences. Both could have proven publicly distasteful. Initially, the Home Office chose the latter option, but criticism mounted during summer 1909. The simple act of refusing to eat was undermining the workings of the prison and judicial system, raising concern that all manner of prisoners—even murderers and sex offenders—might go on hunger strike to secure release. The Home Office required an alternative solution.

In September, Charlotte Marsh, Laura Ainsworth, and Mary Leigh were arrested while demonstrating at a public meeting being held by Prime Minister Herbert Asquith. A judge sentenced them to two weeks imprisonment at Winson Street Gaol, Birmingham, where the prisoners immediately went on hunger strike. One Saturday afternoon, a wardress entered Mary Leigh's cell and forced her onto her bed. Two doctors entered the room. While Mary was being pinned down, one of the doctors inserted a

tube into her nose with a funnel at the end. The tube had a glass junction in the middle that allowed the doctor to see if liquid was passing through. The doctors pushed over twenty inches of the tube into Mary's body while the wardresses held her down. A pint of milk and eggs was then poured into the tube. For Mary, the sensation of being fed was intensely agonising. She suffered throat and breast pain and a distressing sense that the drums of her ear were bursting.²⁵ Mary believed that force-feeding was illegal. It came as some surprise that her prison doctors had resorted to such an intrusive strategy.

Over the five years that followed, the contentious issue of force-feeding acquired considerable depth. Force-feeding was an imperfect solution. Patients who had refused food in asylums were considered insane. They had lost the rationality to make an informed decision about whether or not to eat. Prison hunger strikes were entirely different. Suffragettes tended not to be mentally ill, despite the audacious claims of some critics.²⁶ Moreover, their decisions to abstain from eating were premeditated, deliberate, and political. Suffragettes valorised their capacity to withstand hunger as an indication of moral strength, not mental weakness.²⁷ Their protests offered a new articulation of militant violence, albeit one directed inwardly towards the body of the female protestor.

ETHICAL DILEMMAS

Force-feeding created a pronounced ethical debate widely discussed by doctors, suffragettes, politicians, journalists, and literary figures. Between 1909 and 1914, English prison medicine became a very public affair. Force-feeding raised problems with implications that stretched far beyond the relatively limited confines of arguments for gender equality from which they had emerged. It called into questions the nature of medical practice itself. Indeed, this can be considered one of the key strengths of hunger striking: its ability to challenge the authority of a male-dominated medical profession and state in using medical technologies to quell female political rebellion. Force-feeding evoked powerful images of hunger strikers as oppressed, vulnerable individuals unfairly stripped of political and bodily rights. Yet suffragettes did not necessarily view their subjugation by prison doctors as too incompatible with the general behaviour of contemporary medical men. Many were actively campaigning against certain medical activities. The paternalistic male-dominated profession had a reputation for dealing harshly with deviant

women, as evident in the passing of the Contagious Diseases Act (1864) which had enforced compulsory, often humiliating, venereal disease checks on arrested prostitutes.²⁸ Suffragettes also regularly accused the profession of supporting torture, as demonstrated by its willingness to scientifically experiment on animals and, some feared, humans.²⁹ As historian Martin Weiner argues, the disciplinary face of Victorian medicine, expressed through its support for compulsory vaccination and venereal examination of prostitutes, meant that the disciplinary tendencies of the prison medical service did not necessarily conflict with the values or world views of the medical profession more generally. Medicine and punishment had many points of affinity and contact.³⁰

Nonetheless, for some, force-feeding was a step too far. According to critics, the usage, techniques, and instrumentation of force-feeding went far beyond the accepted boundaries of medical ethics and clinical norms that traditionally guided medical practice.³¹ Admittedly, the boundaries between what did and did not constitute an appropriate bodily intervention were not fully decided upon, as demonstrated by the embroilment of medical practitioners in matters such as compulsory vaccination, animal vivisection, and human experimentation.³² All of these seemed to have some discernible therapeutic value. But did force-feeding? Unlike compulsory vaccination, it did not seem to improve health or protect against disease. And unlike vivisection and experimentation, force-feeding had no clinical or research value. If force-feeding was indeed bereft of medical value, then it could easily be denounced as an unnecessary tool of discipline and punishment, as something that clashed profoundly with the intended functions of professional medicine.

Medical men had demonstrated only sporadic enthusiasm for the cause of female suffrage. Indeed, bacteriologist, Almroth E. Wright, penned damning anti-suffrage literature towards the end of the campaign that reinforced perspectives shared by many doctors on the social and biological superiority of men.³³ Nonetheless, the issue of force-feeding encouraged more sympathetic members of the profession to engage with feminist concerns. According to critics from within the profession, force-feeding differed from other disciplinary forms of medical intervention as it clashed with the basic principles of medical ethics which rested on a sense of duty to patients, polite and respectful interactions with patients, and a general commitment to the welfare of society as a whole.³⁴ But was it really the duty of prison doctors to feed to save lives? Did prison doctors perform the procedure decorously? And did the feeding of fasting prisoners

against their wishes really benefit society? The answers to these questions appeared unclear.

The safety of force-feeding was a particularly pressing matter. If force-feeding was dangerous, then it could hardly be considered appropriate. Prison doctors used two instruments to feed: the nasal tube and stomach tube. They occasionally used a stomach pump. Medical agreement on the physical safety of these technologies had never been satisfactorily reached.³⁵ Nasal tubes were generally less intrusive than stomach tubes, although the more invasive stomach tube was the preferred technology of feeding. Even in normal clinical practice, patients were known to vomit and suffer from internal bruising and cutting should the tube used be too coarse. Some accidentally swallowed the tubes.³⁶ When the Home Office first authorised force-feeding, the WSPU swiftly rallied medical support, filling pages of their newspaper, *Votes for Women*, with testimony which insisted that feeding practices, especially when used on resisting prisoners, could cause serious and permanent internal injury. Force-feeding, opponents vociferously declared, could cause a plethora of complaints and, on that basis, constituted a gross perversion of medical norms. It risked causing laceration of the throat, stomach damage, heart complaints, and syncope, as well as septic pneumonia should food accidentally enter the lungs, so opponents insisted.³⁷ Expert uncertainty about the safety of feeding technologies, even in clinical contexts, granted the suffragettes opportunities to converse with concerned medical professionals who, although not necessarily attracted to the issue of female enfranchisement, felt uneasy about the state's harnessing of prison medicine. The suffrage cause and the medical profession were not obviously allied. Nonetheless, medical opinion offered a powerful resource for fortifying anti-force-feeding rhetoric.

At the heart of force-feeding controversies also rested the thorny matter of whether or not prison doctors were obliged to perform the procedure as part of their medical duty. If not, then force-feeding seemed coercive. The Home Office portrayed force-feeding as therapeutic, not penal, as an indispensable life-saving mechanism. In its view, 'artificial feeding' was safe, humane, and ethically uncomplicated; it was required to save the lives of suicidal women. To support their argument that force-feeding corresponded with asylum feeding practices, Home Secretaries always used the less sensitive, clinically detached term 'artificial feeding'.³⁸ Yet the government was too implicated as a hostile adversary of the suffragettes for this somewhat simplistic rendering to go unchallenged. The issue of medical consent proved particularly problematic as performing a potentially

harmful procedure on an unwilling and sane participant clearly violated one of the most basic patient rights: to be able to choose whether or not to receive medical treatment.³⁹ If consent had not been given, then was force-feeding simply a state-sanctioned abuse of medical power? Worse still, was prison medicine being manipulated for political purposes under the auspices of saving lives? Moreover, the apparent enthusiasm of the government to intervene at the prison bedside caused considerable concern about the diminished decision-making capacities of prison physicians who had traditionally reserved a right to make their own clinical choices.⁴⁰ Although, technically, prison doctors still decided whether individual prisoners ought to be fed, the overarching presence of the state at the back of these decisions energised discussion on the degree of control or persuasion that the state now held in prison medical practice.

Resolving these issues was not an easy task given a distinct absence of a firm tradition of British medical ethics. The British Medical Association had adopted an ethical code only reluctantly, while the General Medical Council was generally reticent to issue ethical guidance.⁴¹ 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 gentlemanly and ethically.⁴² Furthermore, ethical issues, where they did arise, tended to be handled internally, not in law courts or Parliament.⁴³ Opponents of force-feeding disrupted this custom. Suffragettes thrust discussion of the medical ethical dimensions of force-feeding into 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.⁴⁴

From 1909, various prominent medical figures offered expert opinion on the harmful effects of force-feeding and the unwarranted extension of state authority into medical autonomy. Some opposition came from predictable sources. Suffragette medical doctor, Louisa Garrett Anderson, asserted that the stomach tube was not being used to save lives, as it would be in clinical settings, but was instead being deployed to coerce militant prisoners.⁴⁵ Charles Mansell-Moullin also protested. Mansell-Moullin had established a reputation for his 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 use by politicians 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'.⁴⁶

Both of these individuals made firm distinctions between clinical practice and hunger strike management by insinuating that prison medicine was being politically manipulated.

Notably, medical criticism was not always confined to medical men with any obvious affiliations to suffragism. It also surfaced from individuals with limited interest in votes for women but whose attention had nonetheless been captured by the ethical implications of force-feeding. Lyttelton Forbes Winslow was a controversial psychiatrist who had gained notoriety for investigating the Jack the Ripper murders, and had long argued that crime and alcoholism resulted from insanity. His interest in punishment encouraged him to write to *Votes for Women* stating that he had long since abandoned artificial feeding in clinical practice due to its various problems, mentioning one case where a patient had bitten off his own tongue after it had become twisted behind the feeding tube.⁴⁷ Similarly, impartial surgeon Forbes Ross stated in *The Observer* that he considered force-feeding to be ‘an act of brutality beyond common endurance’. Ross noted that it was only used in asylums as a last resort and that it almost always brought on fatal chronic pigmentary colitis.⁴⁸

Nonetheless, a lack of expert consensus on the safety of force-feeding enabled the Home Office to assemble a contrasting body of medical evidence. It consulted a number of medical figures accustomed to performing artificial feeding. In October 1909, Home Secretary, Herbert Gladstone, privately acquired data from Frederick Walter Mott, pathologist to London County Council Asylum at Claybury. Responding directly to Forbes Ross’ public claims, Mott claimed that he had never noticed medical complaints being brought on by artificial feeding in ten years of feeding asylum patients.⁴⁹ The Home Office also maintained close contact with controversial prison medical officer, William Cassels, of Winson Street Gaol who had performed the first suffragette feedings. Cassels kept a close watch on the health of his force-fed prisoners and reported daily to the Home Office. In his private correspondence, he dismissed accusations that force-feeding caused intense vomiting. He admitted that Mary Leigh had once vomited for hours after he had fed her, but claimed that this was probably self-induced.⁵⁰ Cassels also refuted suggestions that prison doctors knowingly fed prisoners whose bodies had been severely weakened by hunger striking. Suffragette prisoners, Cassels insisted, refused to be physically examined meaning that he could hardly be held responsible if a sick patient was accidentally force-fed. Cassels recalled that Mary Leigh had refused to answer questions about her throat and nose pains. Upon

asking to examine her tongue, Mary had flippantly answered 'I will give you enough of that when I get the vote'. Cassels carefully noted this incident. If a patient refused to provide information or be examined, then it was impossible for him to determine health problems such as a sore throat. On this matter, he stated that 'I do not believe that I should be justified in forcing the mouth open merely to see whether the throat is all right'.⁵¹ The message was clear. If a patient was injured, Cassels could not be held responsible. He was merely attempting to perform his medical duties in the face of recalcitrant, hostile, and un-cooperative prisoners.

Cassels had sound reasons for highlighting his professionalism. Upon leaving the prison, Mary Leigh took the brave step of taking legal action against Cassels and Gladstone for unlawful assault. Mary was faced with the formidable problem of taking on the Home Office. She was in a disadvantageous position. Ultimately, the official stance on 'artificial feeding' as curative and life-saving was formally confirmed during the proceedings of *Leigh v Gladstone*. The outcome of the trial would continue to be referred to throughout the century in various hunger striking contexts. At the proceedings, witnesses made efforts to negotiate the contested boundaries between treatment and torture and, by extension, establish whether the state was brazenly harnessing prison medicine. Witnesses discussed key questions raised in the public debate on force-feeding. Firstly, did force-feeding have potential health implications? Predictably, Cassels insisted that harm only resulted if patients refused medical inspection or struggled, adding that vomiting was always self-induced. Confirming this, Guy's Hospital physician, Maurice Craig, claimed to have fed patients up to 2500 times at Bethlem Hospital without having witnessed a death or problematic symptoms, such as heart disease, indigestion, or gastric ulceration. Accordingly, prison doctors who force-fed were cast as innocent of charges of wilful assault. Secondly, did prison medical practice correspond with asylum practice? One witness claimed that rectal feeding was a more common hospital procedure, although the feasibility of performing this on imprisoned suffragettes was dismissed as '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 indicated that feeding via the mouth or nose would remain the most appropriate form of treatment. Thirdly, and importantly, was force-feeding compliant with the prison doctor's ethical duties to save lives? Witnesses concluded that doctors did indeed have a basic responsibility to preserve health and life and were not obliged to pay damages

to prisoners. None of the medical witnesses could decisively decide upon when death was likely to occur or, in view of that, when force-feeding should commence. Accordingly, compulsory feeding at an early stage was advised to ensure that time did not elapse for starvation to bring on serious physical debilitation.⁵²

Evidently, the opening months of the suffragette hunger strikes opened up a number of medical ethical problems that still bear relevance. Then, as now, critics alleged that force-feeding amounted to torture, adding that the act was inherently political and constituted a serious breach of medical ethics. Opponents focused on the physical harm caused by force-feeding and challenged the right of doctors to perform the procedure. The implementation of force-feeding also established the role of the prison doctor as arbiter between the state and its prisoners, as the individual, in the eyes of critics, expected to perform the actual act of physical subjugation.

THE LOYALTIES OF PRISON DOCTORS

Force-feeding was far more than a technical issue in medical ethics. Critics considered the force-fed suffragette body in light of contemporary sensibilities towards pain and suffering. In the nineteenth century, the infliction of pain had been considered relatively acceptable in prisons. It was considered important to character reformation. Physical and emotional suffering, it was believed, helped to cure immorality.⁵³ Yet ideas changed considerably from the mid-Victorian period onward. Suffering lost much of its religious connotations in an increasingly secular society.⁵⁴ Moreover, medical innovations such as anaesthesia made pain less common. As the threshold of public sensitivity to pain lowered, the idea that it was being wilfully inflicted by members of a respectable profession made force-feeding seem all the more shocking.⁵⁵ The idea that the government had over-ruled medical autonomy in prisons to support such actions caused further provocation, as demonstrated by Frank Moxon in his impassioned outcry against force-feeding.

Force-feeding also raised concern about the willingness of the state to use prison medicine to help tackle political dissidence by enforcing physical and psychological discipline. The enactment of discipline with what was easily interpreted as a painful and degrading assortment of medical techniques proved particularly challenging for liberals who considered force-feeding to be at odds with their natural political impulses. When tendering his resignation from the Liberal Association in October 1909,

Reverend Lloyd Thomas angrily announced that, by resorting to the stomach tube, 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'.⁵⁶ Lady Blake resigned from her presidency of the Berwick Women's Liberal Association in the same month, proclaiming that she could no longer maintain her connection with the Liberals.⁵⁷ 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 stomach 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.⁵⁸ 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.⁵⁹ In fact, hunger strikes were then a novelty in Britain, having only been heard of 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.⁶⁰ The adoption of force-feeding strategies in a country that preferred to present itself as the antithesis of all that was wrong with Russia—as liberal, civilised, and modern—infused anti-force-feeding rhetoric with deep cultural resonance. For liberals, the infliction of pain called into question basic tenets of western, civilised society itself.⁶¹

The suffragettes found various opportunities to express their views on the unprofessional nature of force-feeding. Apparent lapses of medical professionalism allowed them to emphasise their suffering at the hands of prison doctors. Many maintained that medical staff had eagerly (rather than reluctantly) tortured and degraded them. They presented the stomach tube as a disciplinary technology used daily solely to rectify deviant behaviour and punish prisoners who refused to conform. It is difficult to assess whether prison doctors truly believed in their ethical duty to intervene for the sake of saving lives, if they played upon this suggestion when justifying their actions in the face of negative publicity or if some found sadistic pleasure in assaulting female prisoners. Most did not speak publicly about their actions. Information about them can be gleaned primarily from propagandist sources such as *Votes for Women*, a publication whose authors had reasons to portray doctors as wilful perpetrators of violence. What seems clear is that evocative images of suffering and medical torture

cast doubt on the professionalism of members of a trusted, learned profession allowing a clear sense of antagonists and victims to emerge.

This was problematic for the prison medical community. From around the late 1880s, the English prison medical service had strove to be more attentive to prisoner health.⁶² More generally, conceptions of crime and its management had gradually moved away from a harsh mid-Victorian obsession with ‘reforming’ immoral members of society by punishing. Ideas about rehabilitation increasingly infiltrated social thought on crime, meaning that prisons were seen as ideally serving a restorative, rather than solely punitive, function.⁶³ Contemporary anti-force-feeding propaganda challenged progressive images of prison medicine’s new functions by re-casting the work of the prison doctor in a more ambiguous light. Upon release, force-fed suffragettes cast dispersions on prison doctors by exposing their compliance with, if not sheer enthusiasm for, force-feeding. These propagandist renderings, in turn, implied that prison doctors were willingly conspiring with the coercive agendas of the state. These claims were potentially damaging, given their appearance in a period when prison doctors were motivated to professionalise, in a timeframe when, as Joe Sim details, they sought to distance their institutional work from disciplinary duties by campaigning for better pay and taking on more sophisticated psychiatric and therapeutic duties.⁶⁴

Problematically, from late 1909, released prisoners not only complained of a range of physical problems brought on by the use of feeding technologies, but also made strong accusations about their encounters with prison doctors. If anything, doctors seemed to be carelessly damaging the health of female prisoners. Rather than benevolently offering therapy, they seemed intent on restoring institutional order regardless of the levels of physical force and harm needed. Hannah Sheppard was force-fed at Strangeways while suffering from a stomach ulcer. Despite her condition, Sheppard endured a fortnight of being fed before capitulating by resuming eating. Eventually released, physically and emotionally weak, Sheppard was deposited late at night outside a WSPU office.⁶⁵ Sheppard was imprisoned alongside Helen Liddle, who recounted her experiences of being forcibly fed as follows:

I consider the medical treatment as an absolute farce; the senior medical officer was perfectly brutal, short-tempered and very rough. My chief accusation is against the senior medical officer for his use of the gag; by the end of the second week my mouth was so painful and swollen, inside and outside, that two wardresses noticed it. My lip was gathering, and the whole

operation was so painful and repulsive and needlessly cruel that two of the wardresses went away four times, sick and faint. They complained of sick headache ... the last week they fed us by the nasal tube, pouring down a whole quart of liquid at a time, causing great discomfort for hours and a curious feeling in the ears which seemed to make speaking difficult.⁶⁶

Another female prisoner recalled how she had once overheard her doctor exclaiming that ‘this is like stuffing a turkey for Christmas’, indicating an inappropriate amount of joviality, if not sadism.⁶⁷ Lillian Lenton declared in *Votes for Women* that:

If forcible feeding is at once intensely painful, highly dangerous and altogether futile as to achieving its avowed object there is only one name by which it can be designated and only one purposed which it can be intended to serve. It is torture, carried on by those on whom it is inflicted. As such it is repugnant to all modern ideas of punishment, and is a return to the dark ages of barbarism.⁶⁸

Similarly, members of the Pankhurst family later insisted that forcible feeding was coercive and torturous. Christabel Pankhurst described the procedure as a violent and painful assault.⁶⁹ In 1912, Sylvia Pankhurst claimed that some force-fed prisoners had been handcuffed, thrown into dark, damp punishment cells, frog-marched, beaten, and bruised.⁷⁰ In 1913, Sylvia Pankhurst was herself force-fed. Drawing clear parallels with rape, she described her experiences in *Votes for Women* as follows:

When six women had got me on the bed, holding me by the ankles, knees and shoulders, the doctors came stealing in. They hadn’t the courage to show themselves until I was securely held. Somebody caught me by the head from behind and tied a sheet under my chin. I set my teeth like a vice and my breath came so quickly that I thought I should suffocate. I felt a man’s hand trying to force my mouth open. I felt a steel instrument being forced against my gums, where I had had two teeth out. I fought against it with all my strength, but cutting its way into the flesh, it worked its way in, and then they turned a screw, which gradually forced my jaws apart. It felt as though I were having my teeth drawn. They then started to force the tube down my throat. I tightened the muscles and struggled with all my might. Presently they said, “That’s all,” and dragged out the tube. It was quite a long time before I could get my breath. They left me on the bed exhausted and shaking with sobs. The same thing happened in the evening, but I was too tired to fight so long. So it went on day after day.⁷¹

These accounts deeply problematised the official stance on ‘artificial feeding’ by casting medical officers as individuals knowingly subverting the natural therapeutic agendas of their profession by wilfully inculcating pain and harm. Suffragette propaganda portrayed prison doctors as individuals refusing to act in the gentlemanly, decorous fashion expected of members of their profession.

Following the *Leigh v Gladstone* outcome, the suffragette movement actively sought to refute the uncomplicated, official stance on ‘artificial feeding’ and its therapeutic benefits. WSPU propaganda continuously cited examples of abuse, neglect, and brutality deliberately inflicted upon prisoners intended to discredit the character of prison doctors. Although few doctors spoke out against these insinuations, in January 1910, William Cassels sceptically commented in the *British Medical Journal* that Laura Ainsworth’s voice was no more ‘weak and husky’ after being force-fed than when she had entered the prison, despite her complaints of throat ache. He also suggested that Hilda Burkitt, despite having publicly lamented her severe physical weakening in prison, had once privately informed him that, when alone, she would waltz around the polished floor of the hospital ward. Hilda had also frequently announced to Cassels that she felt fit enough to take on ten policemen.⁷² Cassels voiced his public statements in the face of frequent attacks being made upon his home, which the WSPU proudly reported in *Votes for Women* as being besieged daily by its members. Since the previous September, his house had been guarded day and night by policemen to protect him against crowds of fuming women assembled outside with sandwich boards.⁷³

Evidently, the work of prison doctors such as Cassels became increasingly disrupted by female militancy. But perhaps it was the case that Cassels felt sickened at the thought of women starving to death *en masse* in his workplace? Perhaps he genuinely believed in his duty to prevent such an emotionally perturbing scenario, even if this did involve performing a harmful procedure? And could his hostility have been caused by impatience at dealing with a set of stubborn, un-cooperative women who steadfastly refused his medical assistance and subjected him to insults, resistance, and public criticism? The image of Cassels as torturer was certainly provocative, but this image could have concealed a far more complex range of emotions felt by him when called upon to force-feed and avoid group death.

Nonetheless, further claims about prison treatment continued to cast negative light on the character of prison doctors. Lady Constance Lytton was a particularly prominent suffragette, being the daughter of Robert

Bulwer-Lytton who had once proclaimed Queen Victoria as the Empress of India. Her mother, Edith Villiers, had acted as Queen Victoria's lady-in-waiting. In 1909, Constance was imprisoned at Newcastle Gaol but was prematurely released after just a few force-feedings after being diagnosed with a weak heart. Yet Constance believed that she had been given preferential treatment due to her prominent social status. Working-class suffragettes, Constance alleged, remained imprisoned and force-fed for much longer periods as they had limited social influence. Their fate in prisons was less likely to be heard. Constance insinuated that the state, fully aware of its dubious legal and moral rights to force-feed, was less inclined to inflict pain upon those like herself with a louder social voice. But if prison doctors were truly performing medical duties by force-feeding, surely these were meant to extend to all patients equally, regardless of class or fame? Angered by Gladstone's formal debunking of her claims, Constance bought a set of clothes commonly worn by working-class females, adopted the pseudonym of Jane Warton, and deliberately got arrested and imprisoned.⁷⁴ The 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 'Warton's' heart was not examined until after her third feeding, and claimed that her doctor once slapped her across the cheek.⁷⁵ Lytton/Warton's experiences were reported nationally. 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'.⁷⁶

Accounts of Constance's plight illustrate the inherent duality of constructions of the prison doctor that materialised during the suffragette force-feeding controversy. These typically juxtaposed him as either fulfilling normal ethical duties or distorting them by engaging in political subjugation. These negative depictions openly queried the English medical profession's preferred image as decorous and gentlemanly. They also sought to instil a sense that prison medical behaviour ran counter to the norms of Edwardian medicine, accompanied as it now was with physical violence, verbal intimidation, and limited concern over health risks. The claims made by suffragettes were undeniably propagandist in nature. However, their intent determination to depict prison doctors in a negative light highlights the precarious position in which prison doctors found themselves placed (and often still do) upon involving themselves in force-feeding. During the Edwardian period, the prison doctor's voice was

seldom heard—Cassel’s public statements being a notable exception—which, in itself, might speak volumes about their unwillingness, or inability, to publicly challenge state commands. It is also likely that some prison doctors, as the accounts of Constance Lytton and others imply, rendered them unsympathetic to the physical and emotional well-being of troublesome, recalcitrant prisoners whose unruliness disrupted the daily norms of prison medical practice, resulting in harsher institutional attitudes towards those prisoners and a willingness to inflict pain and abuse.

BODIES, MINDS, AND STOMACH TUBES

The later years of suffragette hunger strike management saw the production of constantly evolving propaganda narratives that strove to find new ways of confirming the damaging physical and emotional effects of force-feeding. *Leigh v Gladstone* had provided legal precedence to suggestions that force-feeding was safe and ethically appropriate, effectively castigating suffragette contestation as hyperbolic. In response, opponents stepped up their efforts to connect feeding practices to ill health and reveal them as a gross bodily and mental assault. In light of this, new problems were raised: Does force-feeding have potential psychological and emotional implications? Can it directly cause illness or hasten pre-existing conditions? And finally, is it appropriate to force-feed physically or mentally disadvantaged individuals? The very existence of these concerns highlights the ethical complexity that the issue of force-feeding acquired in a remarkably short timeframe.

In March 1910, the government implemented Rule 243a, awarding suffragettes special privileges in prison, including more regular visits, permission to wear their own clothes, and better food. Force-feeding ceased, at least temporarily. However, in 1911, a further controversy erupted when Alfred Abbey, member of the Men’s Political Union, was force-fed. Alfred had gone on hunger strike to protest against not being awarded special treatment on the basis that he was male. From Christmas Day 1911, a fellow prisoner—William Ball—went on hunger strike in protest against Alfred’s treatment. By February, William believed that he was being tormented by electricity. Although his imaginary fears of electrical torture subsided, he began smashing his prison windows under an illusion that a detective was waiting outside for him. Some weeks later, William announced to his prison officials that he no longer minded the electrical torture so much, but objected vehemently to the needle torture that he was now being subjected to.⁷⁷

Exactly what might have caused Williams's apparent insanity was heavily disputed. His wife pointed out that William had once been a fine athlete and had never suffered any serious illness, physical, or psychological.⁷⁸ Angered by William's plight, the Men's Society for Equal Rights distributed various leaflets with titles including *The Case of William Ball: Official Brutality on the Increase* and *Imprisoned under a Liberal Government*. The WSPU printed one entitled *Torture in an English Prison*.⁷⁹ These publications further characterised British penal institutions as out of step with the agendas of a modern, liberal country. Christabel Pankhurst announced: 'Has the Russian government ever devised so infamous a procedure as the persons responsible to the present Liberal Government!'⁸⁰ In the House of Commons, Lord Robert Cecil asked what might have driven William insane, although his insinuation that force-feeding had caused mental illness was firmly rebutted.⁸¹ Home Secretary, Reginald McKenna, suggested that William'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 met with universal laughter.⁸² Despite such underlying joviality, an official investigation followed, and a white paper was published which concluded that William 'was kindly and properly treated, and his insanity could not be attributed to any treatment to which he was subjected'.⁸³ The *Manchester Guardian* derided the report as unsatisfactory as it offered no cross-examination of the Home Office or prison officials, despite them being accused of wrongdoing. The newspaper also denounced the report for refraining to speculate on what else might have caused William's mental deterioration, given that force-feeding and insanity had suspiciously commenced simultaneously.⁸⁴ Nonetheless, official investigations cleared attending medical officers of blame for neglect or negligence and dissociated William's mental disorder from force-feeding.⁸⁵

William's case proved useful as it enabled opponents to portray force-feeding as a harmful mechanism of emotional, as well as physical, torture. William's pitiful fate strengthened arguments against the procedure, further calling into question the therapeutic nature of prison feeding practices. State policies 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 force-feeding could cause insanity. Certainly, the severity of Ball's delusions suggests that he was already suffering from an underlying mental condition that had previously evaded diagnosis. But even if direct connections could

have been convincingly proven, less sympathetic opinion might well have insisted that William had brought on his condition himself by refusing to eat in the first place. Revealingly, when it was reported in the House of Commons in August 1912 that a woman had been discharged after becoming hysterical during a feeding, universal laughter followed.⁸⁶ When Emily Davison dramatically flung herself from the top floor of the prison after being fed—crashing onto a set of stone stairs—politicians expressed little sympathy.⁸⁷

Politicians also disregarded medical investigations into the damaging effects of force-feeding. In 1912, Charles Mansell-Moullin joined forces with dermatologist, Agnes Savill, and renowned surgeon Victor Horsley to pen an extensive report into force-feeding, subsequently published in the *Lancet*. The authors provided a powerful indictment of force-feeding, detailing a range of physical and emotional effects upon the nervous system including neurasthenia. The report also identified the mental anguish produced by hearing the cries, choking, and struggles of their friends as psychologically traumatic. The authors asserted that Home Secretary, Reginald McKenna, had persistently deceived the public by claiming that ‘artificial feeding’ was safe and had relied upon reports sent to him by prison doctors that underplayed the extent of physical and mental suffering involved in feeding hunger strikers.⁸⁸

Privately, the Home Office came to believe during 1913 that the WSPU was encouraging ‘abnormal and neurotic’ individuals to commit crimes likely to result in imprisonment to increase the movement’s chances of securing martyrdom.⁸⁹ Militants, the Home Office 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’.⁹⁰

While the reality of these suggestions remains unclear, one suffragette, May Billinghamurst, gained national press coverage, a paralytic who relied upon a wheelchair. Despite her condition, she was force-fed. The emotive image of a female cripple being subjected to the procedure aroused considerable sympathy.⁹¹ Similarly, the Home Office described Margaret James—sentenced to six-months imprisonment in 1913 for shop-breaking—as ‘a dwarf, an epileptic, and a cripple, and in weak physi-

cal condition'. According to *Leigh v Gladstone*, prison medical officers were only immune from liability if fatal or serious consequences of force-feeding could not reasonably have been expected to manifest.⁹² However, the Home Office feared that 'if she [Margaret] 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 force-fed, epilepsy and mental excitement might ensue, firmly tipping James over the borderline to insanity. However, Margaret was not considered certifiably insane. Problematically, Reginald McKenna viewed releasing Margaret as undesirable as Margaret was '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'. McKenna privately sought legal advice.⁹³ In many ways, this suggests that medical officers, and the Home Office, were becoming (privately) aware of the potential psychological and physical ramifications of force-feeding and fearful of conclusive evidence being provided of the dangers of force-feeding.⁹⁴

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'.⁹⁵ This was also implemented in response to the unmanageable burdens that hunger striking was placing on the prison system. The Act effectively legalised hunger striking, specifying that fasting prisoners should be released upon falling ill, but then later re-arrested to complete their sentences. If these prisoners resumed hunger striking, they were to be once again released upon falling ill.⁹⁶ 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.⁹⁷ By this point, 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. The Committee also investigated incidences of non-suffragette hunger striking including the case of a male prisoner who was force-fed 230 times before a magistrate ordered his confinement in an asylum where he resided for four months.⁹⁸ The Committee found no evidence of insanity.⁹⁹

The basic medical ethical questions posed from 1909—focusing on issues such as the safety of force-feeding, medical collusion with the

state and the claim that harm was being done to patients—were gender neutral. The problems at stake bore equal relevance to both male and female patients. Yet the fact that force-feeding was mostly performed on *female* prisoners proved particularly emotive and helped to propel the issue to public attention in this initial period when ethical debates were formed. In the act of force-feeding, broader socio-political debates were played out directly on the female body. By playing upon the gendered aspects of force-feeding, militant suffragettes proved adept at drawing out the emotive issue of inflicting pain upon a woman.

For instance, throughout their campaign, the movement published evocative posters at election times. Figure 2.1 is a poster entitled ‘Torturing Women in Prison’ produced during the 1913 by-election. It features an anonymous female prisoner being held down and nasally fed by a seemingly soul-less prison doctor whose penetrating, macabre eyes gaze at the milk which he is pouring into the feeding funnel. The prisoner is held down by a female wardress and clutched at the neck by a gentlemanly figure. The patient lies death-like and defenceless, her chair falls backwards as she repels from the tube. The poster is stripped of any sense that a valid medical procedure was being performed; the perpetrators of violence show no emotion or remorse at their actions (Fig. 2.2).

A similar image was produced in Emmeline Pankhurst’s *The Suffragette* depicting a terrified female prisoner pinned to her chair. Her perpetrators are dressed in black, their faces hidden by the darkness of the night. The suffragette is dressed in white, implying a spiritual goodness that contrasts with the evil being performed by her perpetrators.

The ethical issues surrounding force-feeding arose in a specific socio-cultural context in which the bodies of militant women came to serve as a site of conflict between the state and its political opponents. In many ways, the feeding of politically motivated women against their will represented the ultimate expression of contemporary gender relations. Force-feeding was performed at the will of a male-led government and male prison doctors. In attempting to reassert authority over her own body, the hunger striking female found herself subjected to a physical procedure that, in her accounts, shared similarities to oral rape as it was accompanied with force and intimidation. Although force-feeding acquired public prominence in this period as it was mostly performed on female bodies, the debates and questions raised were to be played out throughout the twentieth century in a number of socio-cultural and national contexts in which men were more likely to be force-fed.

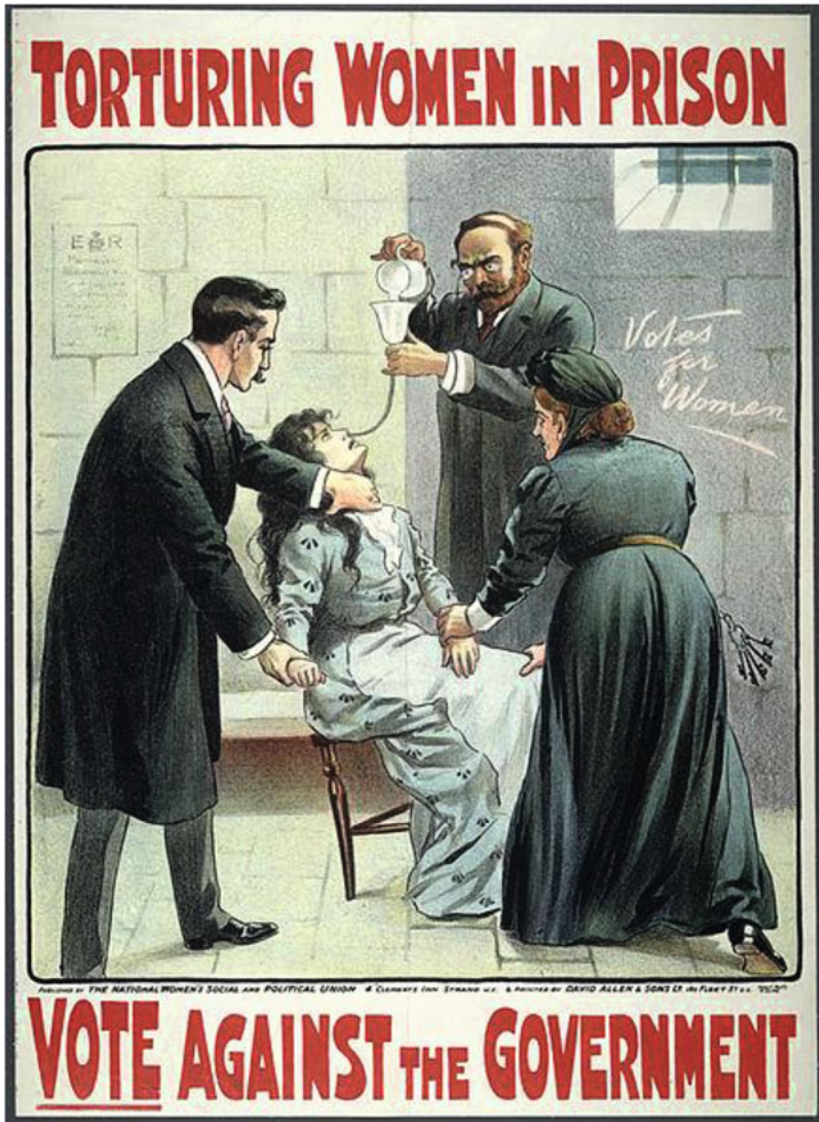


Fig. 2.1 Torturing women in prison: vote against the government. (Poster published by the National Women's Social and Political Union (London: David Allen and Sons, 1913)). All rights reserved.

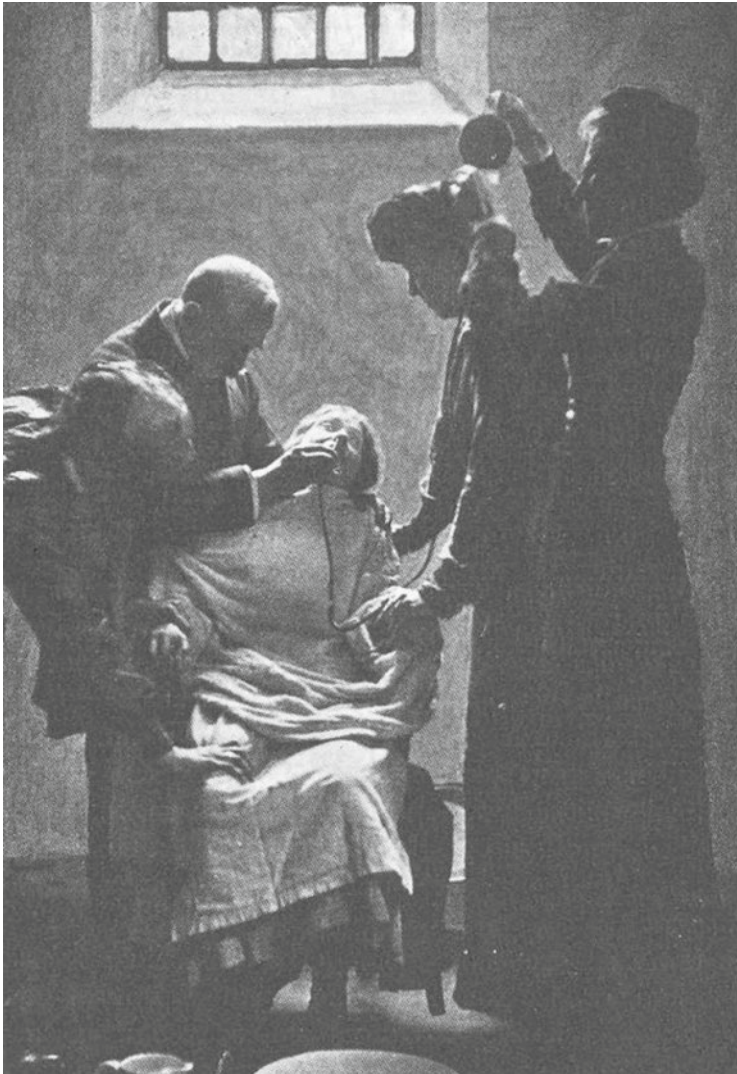


Fig. 2.2 A suffragette is force-fed in Holloway Prison (Emmeline Pankhurst, *The Suffragette* (New York: Sturgis and Walton Company, 1911), p. 433). All rights reserved.

CONCLUSION

The suffragette hunger strikes ceased as war commenced, meaning that neither pro- nor anti-force-feeding campaigners ever achieved a clear opportunity to prove once and for all that prison feeding was either therapeutic or torturous. Nonetheless, it seems clear that medical opposition to hunger strike management subtly evolved between 1909 and 1914 as opponents posed new ethical problems and as new bodily and emotional scenarios emerged. Far from remaining static, discussion of the medical dimensions of force-feeding perpetually mutated, constantly offering new claims about physical and emotional harm. 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 what they perceived to be a coercive tactic with detrimental bodily ramifications. The most sophisticated medical critiques were published towards the end of the campaign, a somewhat inopportune time given that the public was now distant from the initial shock of force-feeding. Public interest had waned considerably. Nonetheless, opponents had laid down a particular set of questions about force-feeding that helped to set the practice apart from normal therapeutic care.

Between 1909 and 1914, the core questions at the heart of force-feeding debates were rehearsed for the first time. These related to whether or not force-feeding amounts to torture, if prison doctors who force-feed act autonomously or on behalf of the state and if the procedure is actually safe. The suffragette hunger strike campaign rendered visible the potential physical and emotional hazards of the procedure, particularly when performed on struggling patients. It also demonstrated the complex role of prison doctors called upon to force-feed. Doctors such as William Cassels found themselves publicly accused of torture and brutality. Outraged suffragettes publicly reported any signs of physical abuse, verbal intimidation, or emotional breakdown and probably invented many others. The debates gained prominence in light of modern western sensitivities towards the infliction of pain and concern about the nature of medical power in early twentieth-century societies. The idea that women were being subjected to an allegedly painful procedure further guaranteed high public interest in suffragette force-feeding. Critics also pointed to other ethical issues such as the potential of force-fed individuals to go insane, the ethical acceptability

of feeding wheelchair-bound women against their will, and the apparent targeting of voiceless working-class women.

The debates about force-feeding discussed in this chapter were played out against the socio-cultural norms and ideas of the time. Dubious aspects of prison medicine could be linked to broader paternalistic moralising tendencies in medicine that acted unfavourably on vulnerable women such as compulsory venereal disease testing. Prison doctors force-fed suffragettes in a period when ideas on medical ethics were relatively unformed in comparison to the bioethics of today and when prison medicine itself was hardly considered as the most professional role within medicine. Nonetheless, basic ethical questions emerged that were to resurface in various geographical, socio-cultural, and political contexts in which hunger striking occurred throughout the remainder of the century. For western societies, force-feeding raises particular questions about civility, pain, and medical professionalism that clash with expectations of what our society is meant to be like. Torture and brutality are acts supposedly perpetrated in less civilised nations whose seemingly lower standards are often seen as worth waging wars for. The idea that western governments willingly support the torture and degradation of political opponents arouses much sympathy and compassion, appealing to the emotional economies of western society in which trust is placed on medical professionals and governments to behave decorously and ethically.

NOTES

1. I use the modern term ‘force-feeding’ throughout unless quoting directly from primary material. The term ‘forcible-feeding’ was used until the 1970s when it was gradually replaced with ‘force-feeding’. The term ‘artificial feeding’ will be used when referring to government perspectives or to the therapeutic use of the medical procedure without force.
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19. See Elizabeth A. Williams, 'Gags, Funnel and Tubes'.
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27. Vernon, *Hunger*, p. 60.
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 44. Moxon, *What Forcible Feeding Means*, p. 4.
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 51. Kew, HO45/10417/183577/130, 'Memorandum from Winson Street Gaol', 20 October 1909; Miller, 'Prostitution of the Profession?', pp. 234–5.
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