

## Reprinted Before Publication: Plotting a Route for *Sans Everything*

Barbara was belligerent with her press campaign. She enthused the press to enlighten the public and to pave the way for *Sans Everything*. Anne Robinson recalled:

I can remember one report, one story where I didn't have the space to put in all she wanted. . . . The edition went at six o'clock, she turned up at the *Sunday Times* at about four to argue it in, on Saturday afternoon.<sup>1</sup>

In early 1967, the Ministry began to prepare for an outburst of public opinion in response to *Sans Everything* and for the fuss it anticipated that AEGIS (Aid for the Elderly in Government Institutions) would continue to make. The Ministry did not regard the allegations with the gravity that Rolph had hoped for, in terms of triggering high-level public investigations.<sup>2</sup> Plans emerged to hold nonstatutory, private inquiries established by Regional Hospital Boards (RHBs).

*Sans Everything* exploded into the headlines on 30 June 1967. The same day, *Ten O'Clock*, a BBC radio current affairs programme interviewed Barbara, and *24 Hours*, a BBC1 television news programme, featured *Sans Everything*. With anticipated high demand for the book, the publisher reprinted it before publication.<sup>3</sup> *Sans Everything* achieved best-seller status in the first week.<sup>4</sup> One reader, Mabel Franks, wrote to Barbara comparing her to Francis Chichester who returned from his solo circumnavigation of the globe in May 1967:

I consider your achievement far more commendable than that of Chichester. Granted he is a very brave man and we all admire his courage, but your courage is of a noble kind for it will benefit humanity in the future. . . . You had the guts and moral fibre to pursue this matter and bring it right into the open.<sup>5</sup>

### THE PRESS PAVES THE WAY

*Guardian* journalist Ann Shearer argued the importance of the press in publicising scandals. The press has to answer the question: ‘Is it in the public interest to publish or to keep quiet?’ If it is in the public interest, the press can provide information that puts people who want to see change in touch with those who are in a position to make it happen: ‘the freedom of the press to put uncomfortable situations before the electorate is an essential element in the assumptions on which our societies are run. And if the media did not fulfil this role, who would?’ Based on her personal experience of seeking to improve psychiatric hospitals and the responses she received from the authorities, Shearer (1976, p. 112) wrote: ‘it would be naïve to leave it to “those who know best,” those most involved.’

Rolph introduced Barbara to reporters and editors on several national newspapers, including the *Daily Mail*, *Sunday Telegraph* and *News of the World*. Barbara compiled dossiers for them, and in return they provided ‘much assistance’.<sup>6</sup> According to Rolph (1987, p. 184) ‘editors in Fleet Street . . . never saw manuscripts so overwhelmingly supported by authority, and never had to feel uneasy about any statement Barbara made.’ Editors trusted Barbara with their, and their newspapers’, futures: libel, slander or unethical information could precipitate disrepute, a legal case or a hearing by the Press Council, the public body that aimed to maintain high standards of journalism. The Press Council had no concerns about Barbara’s well-backed-up allegations, but it approached Kenneth Robinson in 1966, about secretiveness and the press’s poor relationship with the NHS. Despite official agreements for NHS press releases, editors complained of varying standards of information ‘particularly in the matter of accidents and that sometimes there appeared to be a desire to restrict disclosure of hospital affairs beyond the point of public good’. Robinson retaliated that, on occasions, the press published ‘exaggerated or distorted reports’ (Press Council 1966, pp. 8–9). The Press Council complaints files were destroyed,<sup>7</sup> precluding chances of confirming the circumstances and evidence behind its exchange with Robinson. The Council’s concerns,

however, matched Richard Crossman's (1977, p. 134):<sup>8</sup> 'Of one thing I'm sure. The public relations of the Ministry of Health are terrible. It has an appallingly bad press office and really faulty relations with the general public.' One newspaper editor no longer sent reporters to RHB meetings because the only part of the proceedings that they witnessed was the Board operating 'simply as a rubber stamp meeting' (Fortune 1967). RHBs had the right to exclude press and public from parts of meetings for which they deemed that publicity 'would be prejudicial to the public interest'. The North West Metropolitan (NWM) RHB demonstrated this sort of exclusion when it discussed a circular from the Ministry about ill-treatment in psychiatric hospitals, although whether their exclusion was justified is unclear from the minutes.<sup>9</sup> Around the same time, Conservative MP Kenneth Lewis asked Robinson in Parliament how many RHBs allowed the press to attend their meetings. Robinson replied, 'All', without further explanation,<sup>10</sup> an emphatic but reassuring half-truth.

More reports of inadequate and custodial psychiatric care appeared in the national press and bolstered AEGIS's argument. In March 1967 the *Times* reported accidents causing the deaths of two elderly patients on an overcrowded ward of a psychiatric hospital (Leamington Spa reporter 1967). The same month, the BBC screened a documentary, *What Shall We Do with Granny?* It questioned whether any institution was an appropriate place to care for men and women who had lived independent lives for fifty or sixty years, let alone a crowded, bleak dormitory in a psychiatric hospital or former workhouse (BBC1, 1967).

Several newspapers and periodicals took up the *Sans Everything* theme before its publication. The *Sunday Times*, *Nursing Mirror* and *News of the World* showed particularly consistent support for the AEGIS campaign. Hugo Young was chief leader writer of the *Sunday Times*, which had a circulation of 1.5 million copies each week (Monopolies 1985). On 4 June, coinciding with Mental Health Week and three weeks before the publication of *Sans Everything*, Young cited extensively from two of the reports due to appear in the book (Young 1967). He criticised the nursing structure and the lack of training, particularly of 'people deceptively entitled "nursing assistants" whose training is only a tepid and hasty dilution' but praised the work done by nurses, 'unsung and unrewarded... among the most admirable heroes of medicine'. He alleged that complaints by staff or patients about standards of care could lead to reprisals against them. Lively debate followed in the correspondence columns, largely

supporting Young's message. John Andrews (1967), nurse tutor at Claybury Hospital, wrote that psychiatric hospitals needed 'regular articles such as yours'. Applebey (1967) supported the idea of an inspectorate for all institutions where chronically ill or disabled people lived, not just for psychiatric hospitals, and if the government was unwilling to set this up, then the National Association for Mental Health (NAMH) would gladly do so if given the resources. Others added their personal knowledge about the effects of overcrowding and underfunding. A few correspondents criticised Young's article: some condemned the nurses whose accounts he cited, and one, Sir Ivor Julian (1967), chairman of the South East Metropolitan RHB, rebutted Young's argument.

The *Nursing Mirror*, read widely by nurses but not by the general public, announced *Sans Everything* two weeks before publication. The editor, Yvonne Cross, wrote that she felt privileged to have read it in advance: 'privileged in humility and shame, for we have known something of these conditions and have been powerless to do anything to help the nurses who have reported them to us.' An editorial (Anon. 1967a) invited readers' comments on three questions: Would you complain forcibly to your superior about malpractice or appalling conditions? If the complaint did not achieve its objectives, would you pursue the matter? Would you feel confident that you would survive discredit and materially alter the situation? The *Nursing Mirror* printed the first answers on 23 June (Anon. 1967c): one student nurse wrote that to go above her immediate superior, 'to pursue the matter further would be unethical, and strictly against the conduct of a good nurse', indicating her understanding of the importance of obedience in the profession. Every letter expressed fear of reprisals, and many nurses would not take that risk.

Cross also wrote directly to Robinson after the Ministry made a press release that rebutted Young's statement in the *Sunday Times* that staff and patients were fearful of speaking out:<sup>11</sup>

You are mistaken in your rejection of the suggestion that reprisals are used against nurses who rebel publicly against sick administration in hospitals. There are thousands of ways in which nurses and patients can be made to pay dearly if they dare to raise their voices in criticism. . . . I believe this book to have created the opportunity for which thousands of people have been waiting, and . . . I intend to support it from the pages of the journal—and in every other way open to me.<sup>12</sup>

Other journalists argued similarly, that Fleet Street's support for AEGIS reflected a collective guilt about an issue of which it was distantly conscious but that had been kept under wraps (Cochrane 1990, p. 75). Concerning reprisals towards staff who spoke up, when Nigel Fisher MP asked Robinson if he would give 'protection of anonymity to anyone who comes forward with the evidence' Robinson replied: 'Yes, certainly', but he gave no clues as to how he could, or would, do that.<sup>13</sup> His uncertainty reflected reality when, a few months later, the Ministry nebulously instructed RHBs to try to 'dispel such apprehensions'.<sup>14</sup>

A third publication that offered consistent support to AEGIS was the *News of the World*, a Sunday newspaper, which, in the 1960s, had an enormous circulation of about 6 million copies a week (Rogers 2011). Their journalist, David Roxan, was familiar with mental hospitals and injustices of compulsory detention. In 1956 he worked with the National Council for Civil Liberties to secure the discharge of Peter Whitehead, who was inappropriately detained in mental hospitals for twelve years. Roxan's book, *Sentenced without Cause* (1958), described stripping Whitehead of his belongings and personal identity on admission (pp. 96–101), physical violence by staff to patients on the wards (p. 147) and difficulty securing Whitehead's discharge against the wishes of the authorities (p. 254), all detrimental processes resembling those that AEGIS uncovered. William Williams MP commented in 1958 that 'everybody' except the Ministry agreed that Peter Whitehead's detention was wrong. The Ministry, then under Conservative Party leadership, defended mental hospital practices, criticised Roxan's book as sensational and irresponsible and said that his attack on hospital practices was 'unjust' because staff, 'often under trying conditions, carry out their duties with sympathy and devotion and precious little thanks from the public'.<sup>15</sup> Lomax (1921), Roxan (1958) and Barbara (1967a) identified similar inhumane practices, and the Ministry rejected the allegations each time. Royal Commissions, Aneurin Bevan and others revealed difficulties in the mental hospitals, but ideas and intentions from the Ministry, Boards and hospital leadership did not match the commitment that would be necessary to ensure change. Overall, the Ministry indicated its conviction that psychiatric hospitals were fit for purpose (Rogers and Pilgrim 1996, pp. 58–71).

Roxan approached Barbara to offer his support and first cited her evidence in May 1966. Roxan (1966) also quoted COHSE, the Confederation of Health Service Employees trades union, to which many psychiatric nurses belonged.<sup>16</sup> Similar to the message Tooth gave

to Barbara,<sup>17</sup> COHSE stated, according to Roxan's article: 'There are hospitals where things do happen and there is little the Ministry can do about it.' This apathetic view ignored the possibility that COHSE could improve work conditions for its members if it encouraged the Ministry to provide better patient care. Roxan also quoted Applebey: 'People may not know it but we have a major problem on our hands', and a Ministry spokesman: 'much is being done' but 'we are very much aware' that more is needed. According to Abel-Smith, the Ministry's comments were NHS jargon, similar to labelling services as 'continuously under review', all of which meant that no further action was required (Stewart and Sleeman 1967).<sup>18</sup> Responding to Roxan's article, a care home matron (Anon. 1966) described her difficulties of finding staff: 'The staffing in old folks' homes has never been so bad. Hours are long, pay is bad—and we superintendents and matrons have almost to accept anything on two legs as staff.' On 25 June 1967, Roxan's eye-catching report, titled 'Old folk beaten in hospital', gave details of the 'startling allegations' in *Sans Everything*, due to be published the following Friday. He also wrote that the 'usually conservative' Royal College of Nursing (RCN) upheld the allegations (Roxan 1967a).

### THE MINISTRY, ROBINSON AND THE PRESS: PLANNING INQUIRIES

The independent inquiry into the Aberfan disaster, the colliery tip landslide in 1966 that killed 116 children and 28 adults, was fresh in the mind of the public. It found

a terrifying tale of bungling ineptitude by many men charged with tasks for which they were totally unfitted, of failure to heed clear warnings and of total lack of direction from above. Not villains, but decent men, led astray by foolishness or ignorance or by both in combination, are responsible for what happened (Welsh Office 1967, p. 25).

The inquiry blamed the Coal Board, the statutory authority that ran the nationalised coal mining industry, revealing its inept management of matters for which it was responsible and accountable (Welsh Office 1967, p. 131). The broader implication was that public bodies could be negligent. The enormous publicity around Aberfan gave the public some knowledge of inquiry processes that were also relevant to the planning, procedures and disputes associated with *Sans Everything*. Inquiries are

‘inquisitorial’—that is, the inquiry committee is actively involved in investigating the facts of the case, as opposed to an ‘adversarial’ process in which the role of the court is primarily that of an impartial referee between the prosecution and the defence. Inquiries seek to establish the facts and provide a full and fair account of what happened, especially in circumstances where evidence is disputed or the course and causation of events is unclear. Other functions include catharsis for those involved; learning in order to prevent a recurrence; and reassurance that the government is making sure the issue is fully dealt with. These aims, however, are not always entirely compatible with a single process. Public inquiries may be the best for reassurance, but an inquiry undertaken in private may be the best to determine the truth. The political need to provide reassurance that the situation will not recur drives the need to find simple causative factors, which risks blaming front-line staff, such as nurses, and diverting attention away from failures of senior management which are less visible. Finding a scapegoat can relieve rage and frustration, which is one reason witnesses need legal representation to ensure justice for themselves (Howe 1999).

The *Royal Commission on Tribunals of Inquiry* (1966) established principles for managing inquiries. It recommended that in ‘circumstances which occasion a nation-wide crisis of confidence’ inquiries should be established by Parliament (p. 16). For the NHS, that meant instituting an inquiry under section 70 of the NHS Act 1946. Legislation in 1967<sup>19</sup> brought section 70 under the jurisdiction of the Council on Tribunals, an advisory public body set up in 1958 to ensure that inquiries were run according to high standards, including being open, fair and impartial: open, for publicity of proceedings and the reasoning behind decisions; fair, through having a clear procedure, including allowing participants to present their case fully; impartial, by ensuring independence from the real or apparent influence of the authorities (Administrative Tribunals 1957, p. 10).<sup>20</sup> Procedures to achieve a comprehensive analysis of events included having an independent chairman who could enforce the attendance of witnesses, take evidence on oath and compel the production of documents. The Ministry identified only six instances between 1948 and 1966 when it used section 70 inquiries. All were disputes relating to employment, building works and finances.<sup>21</sup> None related directly to patient care or treatment. It is hard to believe that no patient-focussed serious or unresolved NHS complaints warranted section 70 inquiries during these years. One explanation for this absence was that the Ministry gave complaints only cursory attention.

In February 1967, Robinson met with Tooth and other civil servants, to plan how to investigate the *Sans Everything* allegations. He proposed that ‘the desire to protect staff from allegations of brutality and cruelty might be the spur to action’ and that this could stem either from a parliamentary question or a request from COHSE, which would want to protect its members.<sup>22</sup> Bernard Braine MP supported the concept of inquiries ‘to restore public confidence’,<sup>23</sup> which, like Robinson’s aim to protect staff, implied that the allegations were false, a perspective that did not bode well for impartial committees of inquiry to approach their task open-mindedly. Robinson was also determined that Barbara should receive no credit for the outcome: ‘the setting up of an Enquiry had to look convincingly spontaneous, and not as if he was being pushed into it by people such as Mrs Robb.’<sup>24</sup>

The Ministry was uncertain about procedures and legal matters, reinforcing the impression that it lacked experience in processing complaints. It was ambivalent about instigating inquiries because it usually delegated complaint management to the RHBs. Removing that role could be interpreted as the Ministry assuming that the RHBs lacked the necessary skills, suggesting little trust or openness for negotiation between them. The Ministry also considered how it should respond to the Mental Health Act (1959, section 126), which stated that it was a criminal offence to ‘ill-treat or wilfully neglect’ a patient ‘receiving treatment for mental disorder’ in a psychiatric hospital. That included unintentional but reckless practices. The Ministry decided to avoid mentioning the offence because it might deter witnesses from giving evidence.<sup>25</sup> Ignoring the law was a surprising course of action for a government department. The Ministry’s legal specialist advised against using section 70, on the basis that the allegations were probably unsound rather than serious,<sup>26</sup> further evidence that the authorities pre-judged them. The Ministry also rejected a section 70 inquiry because the allegations related to several regions and that separate inquiries ‘were no less independent but merely less cumbersome’ than a single inquiry.<sup>27</sup> Robinson prioritised practicalities over principles, imprudent for legal processes.

In April 1967, Maurice Miller, a medically qualified Labour MP, asked Robinson an ‘inspired’ parliamentary question, whether ‘existing methods of dealing with complaints that elderly patients, particularly in psychiatric hospitals, are ill-treated, afford adequate protection for patients and staff’. Robinson replied, reassuringly, ‘Yes’, referring to the complaints guidance circulated the previous year and with the implication that the Ministry



could confidently deal with the issues. The parliamentary question conveniently provided Robinson with the opportunity to praise staff and to announce a loophole for not investigating *Sans Everything*: ‘General unsubstantiated allegations are impossible to pursue and cast unfair suspicion on all those, doctors, nurses and others, who devote themselves to the care of these patients.’<sup>28</sup>

The Ministry received a prepublication copy of *Sans Everything* on 20 June. An internal memo commented: ‘There is little in the book which is new’ and ‘It is reasonable to assume that Mrs Robb is making as damaging a case as she can from the information she has received.’<sup>29</sup> The first comment admitted that the Ministry knew about the problems. If that was the case, why did it try to give the impression that all was well,<sup>30</sup> rather than try to improve the situation? The second implied malicious intent on Barbara’s part. The memo recommended that the Ministry should make a statement to refute Barbara’s evidence, emphasising that she withheld permission for it to be used in 1965. However, one reason she withheld permission was because she had lost confidence in the Ministry’s ability to investigate (Strabolgi et al. 1965).<sup>31</sup> Months of discussion at the Ministry in 1967 about how to investigate, supported Barbara’s contention.

### PUBLICATION DAY: 30 JUNE 1967

The presenter of *Ten O’Clock*, Mr Hunt, interviewed Barbara. He asked her, ‘Which do you regard as the most brutal of your allegations?’ She avoided being dragged into specific witch-hunt type questions and replied that physical brutality was scarce: ‘What concerns me . . . is the atmosphere in so many of the geriatric wards and the traumatic effect that this has on the patients.’ When Hunt challenged her on why the nurses did not speak out, she defended them and explained their fear of reprisals. Hunt criticised her ‘emotionally toned words’, such as using the word *stripping*, to which she replied that she first heard it at the Ministry from a senior official, ‘a very unemotional gentleman—a very charming gentleman’,<sup>32</sup> Dr Tooth. Hunt said that emotional language might have weakened her case: the authorities did not appreciate passion or drama about a cause, or acknowledge that emotive language could indicate the complainant’s desperation about the situation.

Presenters Cliff Michelmore and Kenneth Allsop probed the story on *24 Hours*.<sup>33</sup> Silhouettes and voices of the nurse-authors Davie, Daniel and Moodie reiterated their accounts in *Sans Everything*. Film shots

taken at St Peter's showed Amy and Barbara chatting. Cross's succinct responses supported Barbara and the nurses. Cross reinforced the need to investigate hospitals rather than individuals and that nurses feared reprisals. When Michelmores challenged her about why ex-nurses did not complain, she replied: 'How much credence would you give, say, an ex-television producer, who came and said "terrible things went on in my studio when I was there five years ago"? ... being an ex-anything immediately reduces your case.'

Allsop interviewed Robinson, allowing him the final word. Robinson said he would investigate if he received sufficient evidence. However, Robinson defended the NHS, and reiterated his confidence in the system: 'I am absolutely sure, that the care of our old people in our geriatric and psychiatric hospitals is as good as anything in the world.' It was ironical to make such a comment, which lacked corroboration,<sup>34</sup> in the context of criticising AEGIS for its unsubstantiated evidence. He said he wanted to investigate the allegations, but was concerned that, eighteen months after the events 'the trail is getting cold', indicating his concern about identifying individual wrong-doers. Allsop, reiterating Cross's point, challenged him on this focus on incidents, rather than on investigating a general malaise in the hospitals, but Robinson stuck to his plan.

The press picked up on Robinson's apparent lack of knowledge, or denial, of poor care in hospitals and his attitude to the allegations. The *Sunday Mirror* criticised Robinson, who, 'to his shame, seemed to pooh-pooh [*Sans Everything*] on Twenty-Four Hours' (Allen 1967). The BBC received a 'flood' of letters. Some people objected to the programme repeating the criticisms made in *Sans Everything*. Some complained about anonymising hospitals and silhouetting interviewees. However, many more thought the BBC was right to bring the matter into the open. Some letter writers recounted their experiences in hospitals, as patients, staff or visitors. One nurse, who wrote that her ward sister told her to 'sling' a patient in the bath even if she didn't want one, complained to matron, was ostracised by staff and left the hospital. She said: 'I was getting tough, hard-hearted, I had lost my individuality...I had lost the kindly world I belonged to.' A son wrote about his elderly mother's care. She spent the last four months of her life in hospital: she was stripped, had falls and sustained three fractures. He suspected that lack of supervision contributed to her falls, but when he enquired about whether there would be an inquest, he was told that little could be done

about his concerns.<sup>35</sup> The *24 Hours* programme also outraged Barbara's Aunt Missie:

When Mr Robinson said there was no truth in the 'Diary of a Nobody' ... I cried out: 'He is calling *me* a liar'. I can indeed vouch that the facts ... [were] told to me as they occurred. And I am ready to swear before any 'enquiry' as to Amy Gibb's wonderful good health and normality when I spent the afternoon with her at the convent.<sup>36</sup>

After the programme, Cross sent Robinson letters received by the *Nursing Mirror* to back up her statement about nurses fearing reprisals.<sup>37</sup> Robinson's private secretary replied:

The Minister is much disturbed at the letters which report reluctance on the part of nurses to press complaints to the hospital authorities for fear of reprisals, or belief that even if they reported such things, no improvement would result. He feels that this is as much a matter for the nursing profession itself to deal with as for him, and senior officers of the Department have already discussed this with the President of the Royal College of Nursing.<sup>38</sup>

Robinson externalised the problem away from the authorities, towards the nurses themselves. In total, 250 nurses wrote to the *Nursing Mirror*. Many nurses would speak out if they thought it would lead to improved practice, but, as Cross reflected two years later, 'the painful truth is that, invariably, their own discredit is the only result of their efforts' (Anon. 1969).

Support for AEGIS manifest in surprising ways, such as a shift in the allegiance of the NAMH away from officialdom. Chief Nursing Officer Kathleen Raven noted a 'rather unpleasant' outcome of *Sans Everything*: Applebey sung Barbara's praises at a sherry party at the King's Fund, claiming that 'the campaign about *Sans Everything* would not have had the same effect if the NAMH had not helped to produce it.' Raven continued, that the Ministry contributed significantly to NAMH funds, '£10,000 per annum and paying expenses for health service employees to attend their annual conferences', a veiled threat of sanctions if NAMH continued side with AEGIS.<sup>39</sup> In October 1967 NAMH published a booklet to promote understanding of the mental health needs of older people. It opened with the words: 'When face to face with an elderly person, often sans eyes and sans ears, and nearly always sans teeth, it is

tempting to wonder what this ageing man or woman might have been like as a little boy or girl' (Emery 1967, p. 1). Following so soon after *Sans Everything*, it is likely that the booklet and the words were inspired by it. AEGIS's campaign was also a factor leading to NAMH adopting a more forceful, lobbying stance (NAMH 1969, pp. 5–7; Long 2014, pp. 177–178).

#### AFTER PUBLICATION: SECRECY, PRIVACY AND CONFIDENTIALITY

Barbara's concern about confidentiality and safety of witnesses was admirable. However, with the publicity given to *Sans Everything*, complete confidentiality was unrealistic. It was inevitable that people involved, and the hospitals subject to investigation, would become known locally.<sup>40</sup> This happened on the day of publication. Sir Arnold France, Permanent Secretary at the Ministry, noted that in Leeds 'staff at the hospital are talking amongst themselves...it may become public knowledge that Sister Biss is thought to be the nurse in question. It might get to the ears, of course, of opposition Members of Parliament.'<sup>41</sup> It is interesting that he centred his worries on political tactics rather than on staff or patients.

The stream of letters from staff, patients and their relatives, to AEGIS, the Ministry, Patients Association (PA), NAMH, and the press, indicated widespread hospital problems. The Ministry received 186 negative letters about the care of older people in about 100 different hospitals. A 'considerable number' of people addressed their letters personally to Robinson. The Ministry drew up 'special arrangements' to deal with the letters, to guide staff as to which required replies from the Ministry, which should be forwarded to the RHBs, and which the RHBs should investigate and then feed back to the Ministry.<sup>42</sup> Psychiatrists working with mentally unwell older people, such as David Enoch and Garry Blessed, trying to do their best in their own hospitals, corroborated that it was a matter of 'there but for the grace of God go I.'<sup>43</sup> Publicly naming the hospitals in *Sans Everything* risked scapegoating them and detracting from the wider significance of the proposed inquiries, reinforcing Barbara's stand on maintaining confidentiality for hospitals and witnesses.<sup>44</sup>

The Ministry lacked a clear strategy about how to define, distinguish and manage the potentially conflicting issues of 'secrecy', 'privacy' and 'confidentiality' in the context of inquiries.<sup>45</sup> Barbara kept the press informed about progress on these matters (Anon. 1967f, 1967g). The