

‘An Experience Much Worse Than Rape’: The End of Force-Feeding?

At the twenty-ninth World Medical Assembly, held in Tokyo in October 1975, the World Medical Association formally declared that physicians should maintain the utmost respect for human life. First and foremost, the Declaration was concerned with stopping doctors participating in torture, defined as ‘the deliberate, systematic or wanton infliction of mental suffering by one or more persons acting alone or on the orders of any authority to force another person to yield information, to make a confession, or for any other reason.’ The Declaration insisted that physicians should never partake in cruel, inhuman, or degrading acts, particularly during civil strife or armed conflict. The Declaration also maintained that the right of patients (or victims) to be able to refuse medical treatment should never be overruled. Physicians should always act with clinical independence from state bodies. The Declaration was written in response to concerns about doctors helping to torture political opponents. In the Soviet Union, doctors had allegedly misdiagnosed politicised prisoners as insane to authorise their asylum incarceration. In Argentina, Brazil, Chile, and Uruguay, medical personnel had reportedly helped security agencies to torture by resuscitating prisoners who were close to death and issued false death certificates. From 1972, Amnesty International brought these issues to public attention and appealed to end medical participation in torture.¹

Notably, article six of the Declaration stated:

Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the

consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent physician. The consequences of the refusal of nourishment shall be explained by the physician to the prisoner.²

This statement provided the first formal declaration of medical ethical standards relating to the medical management of hunger strikers, particularly those likely to be fed against their will. But why was it only at this particular historical juncture that the medical profession formally denounced force-feeding as unacceptable? Who spoke out against force-feeding, and why? And did a particular socio-cultural climate exist that encouraged success? The chapter suggests that in the 1970s, Britain once again found itself centre-stage in ethical debates about the management of hunger strikers. In the opening decade of the Northern Irish Troubles (c.1969–98), deep controversies came to surround the prison treatment of Irish republicans. The public visibility of republican hunger strikes re-ignited debate on force-feeding. Although English convict prisoners had been (somewhat covertly) force-fed for some decades, force-fed PIRA prisoners garnered considerable attention. During the Troubles, the British and Northern Irish governments used imprisonment extensively and found themselves accused of supporting dubious institutional treatment. As in the past, questions were raised about whether force-feeding amounted to torture, if the procedure was safe and if doctors performing the procedure were acting autonomously from the state. Yet the socio-cultural climate in which these questions resurfaced had radically changed. Force-feeding now took place against an international backdrop of concern over human rights, breaches of civil liberties, and the excesses of institutional medical power more generally. This milieu was particularly amenable to successful outcries against force-feeding.

The nature of PIRA violence, which included the bombing of innocent civilians across the British Isles, presented an ethical quandary for the public. As John M. Regan suggests, the implications of defeating republican subversion confronted British citizens with a dilemma about the nature of political and institutional responses to the republican threat. Few people looked favourably upon political violence. Yet, for many, force-feeding seemed deplorable. The use of excessive physical force to tackle PIRA hunger striking challenged basic tenets of British liberal culture. A majority of people remained unsympathetic to PIRA and its relentless

slaughtering of innocent civilians. Yet torturing and degrading prisoners seemed to contradict deeply entrenched ideas on what it means to live in the modern, civilised west; it produced a strong emotional response.³ Even a state under threat needed to preserve its dignity. Moreover, force-feeding was now being performed in a period of heightened concern over marginalised groups, including prisoners and Northern Irish Catholics. It had also resurfaced at a time when the nature of medical paternalism itself (particularly in institutions) was being critiqued in academic and popular culture, as exemplified by Ken Kesey's novel and film *One Flew over the Cuckoo's Nest* and Michael Foucault's *Discipline and Punish*.⁴ This chapter examines the reasons why force-feeding became so prominent in the public eye in the mid-1970s. It suggests that issues such as the force-feeding of *female* prisoners added affective dimensions to public discussion of hunger strike management. It also maintains that the mid-1970s presented a suitable setting for successful condemnation of perceived lapses in human rights and medical ethics. The basic questions surrounding force-feeding differed little from earlier periods. Yet pain, suffering, and torture was now being imposed in a period when active opposition could form, find a voice and encourage policy change and where patient autonomy was more valued. Understanding why force-feeding policies changed in the 1970s allows us to understand why the re-emergence of force-feeding at Guantánamo seems all the more problematic in the twenty-first century.

THE TROUBLES AND POLITICAL IMPRISONMENT

Since its inception in 1921, the Northern Irish state had been overwhelmingly dominated by Unionist (primarily Protestant) politicians who prioritised preserving the integrity of the state against a Catholic minority seen as staunchly republican and eager to re-unite with the south of Ireland. Unionists firmly believed that it was in their socio-economic, political, and cultural interests to remain within the UK, a conviction fortified as the southern Irish state became increasingly Catholic-orientated throughout the century. For Unionists, the government of a united Ireland was unlikely to be too concerned with the interests of a northern-based Protestant minority. To safeguard the state against re-unification, Catholics were mostly excluded from Northern Irish politics and senior civil service positions. Between the 1920s and 1960s, discrimination against Catholics ran so deep that many lacked equal levels of access to housing, education, and health care.⁵ Throughout the 1960s, Prime Minister Terence O'Neill tried

to encourage greater Catholic participation through fairer participation in elections, equitability in the allocation of state resources and security against arbitrary arrest. Yet O'Neill failed to deliver on most of his promises (partly because of opposition among hard-line unionists), exacerbating dissatisfaction among Catholic communities.⁶

Inequalities and irreconcilable viewpoints encouraged political dissidence. In the late 1960s, hard-line Unionists felt endangered by an emerging, Catholic-focused, Northern Irish civil rights campaign. For them, the integrity of the state was under threat. In response, fundamentalist preacher, Ian Paisley, formed the Ulster Constitution Defence Committee and established a paramilitary-style wing called the Ulster Protestant Volunteers.⁷ Tensions increased further when a civil rights group in Derry was violently subdued by the Royal Ulster Constabulary (RUC) in October 1968. In 1969, escalating violence led the British government to deploy troops in Northern Ireland. While the army initially protected Catholic communities from loyalist violence, its role swiftly changed to tackling PIRA. For many Catholics, this represented British collusion with unionism.⁸ PIRA formed in 1969 as a more militant offshoot of the IRA. It saw violence as the most appropriate means of attaining full national independence.⁹ Militant republicanism increasingly appealed to Catholic communities who felt alienated from both the Unionist-dominated RUC and the British forces. PIRA fed upon the dissatisfaction of minority communities who deeply distrusted Northern Ireland's political, policing, and military infrastructure. During the 1970s, republican and loyalist violence increased. Both groups retaliated against each other for murders and bombings, perpetuating a cycle of violence.¹⁰

As had been the case in the War of Independence some fifty years earlier, prisons once again became a locus of socio-political contention. Hunger strikes began to attract public attention in 1971 when Prime Minister, William Faulkner, implemented a policy of internment without trial. On 9 August 1971, he launched Operation Demetrius. In an initial swoop, thousands of military troops and police made 340 arrests. Problematically, a large number of people with no discernible PIRA connections were arrested, interrogated, and, in many instances, subjected to degrading treatment. The RUC Special Branch which collated information on suspects had relied heavily on out-of-date information on IRA membership collected during the unsuccessful Border Campaign of 1956–62.¹¹ Violence broke out in many areas of Belfast. Nonetheless, internment remained in place for four years, despite a growing realisation that

the policy was in fact strengthening the appeal of republicanism. Frequent, and often unnecessary, house searches in Catholic areas of Belfast, such as Falls Road, provoked further ire.¹² Indeed, the government seemed intent on repressing the republican threat and less inclined to tackle unionist paramilitary violence.¹³ Such difficulties encouraged human rights groups to strongly condemn internment nationally and internationally.¹⁴

To accommodate a rapid growth in prisoner numbers, the government opened the Long Kesh/Maze Internment Camp on the outskirts of Lisburn as a temporary necessity in August 1971. Internees were gradually transferred to the camp from Crumlin Road Prison, Belfast, and the *HMS Maidstone* moored in Belfast Lough.¹⁵ Some hunger strikes attracted considerable attention. In May 1972, founding PIRA member, Billy McKee, went on hunger strike.¹⁶ Billy sought to secure special category status. He was soon joined by a number of other prisoners. On the twenty-fourth day of their protest, the prisoners were reportedly too dazed and weak to leave their beds.¹⁷ The protest ended after thirty-five days when Northern Irish Secretary of State, William Whitelaw, granted concessions.¹⁸ His decision bore important implications for subsequent hunger strikes. Politicised prisoners were now allowed to wear civilian clothing, receive more visits and food parcels, and access improved educational provisions.¹⁹ This was an important step. Prior to 1972, the Northern Irish government and prison service had typically downplayed the politicised nature of violence in Ulster. As such, political prisoner status had not been formally recognised.²⁰ Nonetheless, Whitelaw later regretted his decision to introduce political prisoner status due to the complexities which it was to pose within the prison system.²¹

THE FORCE-FEEDING OF DOLOURS AND MARION PRICE

In 1972, PIRA commenced a campaign on the British mainland that involved bombing sites such as the Old Bailey and Whitehall. Those arrested in England tended to serve their sentences there. Some went on hunger strike. As the previous chapter demonstrated, force-feeding was common in twentieth-century English prisons. While hunger striking, PIRA members imprisoned in England found themselves exposed to being fed against their will. Prison doctors attempted to restore prison order by once again resorting to the stomach tube. For those living in Britain (distant from the intensity of the Troubles), PIRA's mainland campaign often appeared meaningless and ill-targeted (as later exemplified by

the injuring of forty-one innocent children in an explosion at the Tower of London in July 1974).²² But, to many, force-feeding seemed equally excessive. It encouraged public reflection on broader issues relating to the exertion of state and medical power and an apparent erosion of basic liberal principles and human dignity. These concerns surfaced even within a national context that mostly abhorred PIRA violence.

In 1973, eight PIRA members were convicted and imprisoned for detonating car bombs in London. One civilian had died. Almost 200 others had been injured. The so-called ‘Winchester Eight’ consisted of sisters Dolours and Marian Price, Gerald Kelly, Hugh Feeney, Robert Walsh, Martin Brady, William Armstrong, and Paul Holmes. All hailed from Belfast and were aged between nineteen and twenty-four. Upon being convicted, they were dispersed to different prisons and treated as convict, rather than special category, prisoners. In November, the Winchester Eight started a highly publicised hunger strike. Four of the prisoners capitulated. Yet the Price sisters, Gerald Kelly, and Hugh Feeney persevered with their fasts until mid-1974.²³ These prisoners were force-fed for over 200 days. Their stated goal was to secure a transfer to a Northern Irish prison. In a peculiar twist of fate, prison doctors force-fed the Price sisters in the very same room that Terence MacSwiney had passed away in at Brixton Prison some fifty years earlier, although this potentially provocative detail was not publicly disclosed.²⁴

As ever, force-feeding sparked debate. But, on this occasion, compassion felt towards the force-fed ultimately translated into firmer regulation of prison medical behaviour. Why had this not occurred earlier? After all, evocative images of female prisoners being fed with stomach tubes had shocked the Edwardian public but ultimately failed to persuade the government or prison doctors to stop feeding prisoners against their will. In revolutionary-period Ireland, Thomas Ashe had died shortly after being force-fed. Yet this had failed to encourage the medical profession to outline a definite stance on force-feeding. The procedure had been performed regularly in twentieth-century English prisons but garnered only sporadic public interest. What factors, then, encouraged the profession to finally deem force-feeding to be a harsh disciplinary mechanism and an over-exertion of medical duty?

The high levels of publicity awarded to Dolours and Marian Price played an important role. Republican force-feedings were far more visible than convict feedings. However, the fact that two *female* prisoners were being fed perhaps provided the most important catalyst. The young age of

the sisters (aged nineteen and twenty-three respectively) further strengthened this affective aspect of the situation. Given that the public generally associated Irish republicanism with robust masculinity, hunger strikes pursued by two young sisters presented something of a curiosity, a transgression of behaviour typically expected from Irish women. Sikita Bannerjee suggests that militant women occupied an ambiguous space within PIRA as its male members characteristically cast the ideal Irish women as passive and chaste.²⁵ Indeed, the independent Irish state itself had been modelled upon the concept of the chaste, innocent, and passive female as moral guardian of the nation.²⁶ By partaking in brute violence and expressing an unyielding determination to fast until death, the sisters openly disrupted and challenged gendered expectations. Images of two young women willing to mutilate their own bodies and sacrifice their physical integrity for a cause that associated itself with heroic masculinity disconcerted the public. Notably, the force-feedings of the two men—Kelly and Feeney—received relatively scant media attention, particularly in Britain. Republican men, after all, were expected to be able to endure procedures such as force-feeding, their bodies seemed less fragile and vulnerable. In contrast, the Price sisters found themselves constantly in the media spotlight, if only to be cast as an aberration on gendered norms.

How did journalists make sense of the Price sisters' turn to violence? And in what ways did perceptions of female violence feed into public discourse on their feedings? Notably, the sisters were commonly referred to as 'girls', a narrative act that underscored a sense that they had prematurely lost their innocence. In Britain, journalists portrayed the sisters as monstrous and violent creatures, as women whose sense of social norms had somehow been corrupted and perverted. Traditionally, explanations for violent—particularly murderous—female acts had been sought in biology. In the early twentieth century, doctors and legal experts mostly agreed that certain stages of the female life cycle—particularly adolescence—placed women at high risk of mental instability that could manifest in crime and violence.²⁷ Such ideas formed the basis of expert opinion on crimes such as infanticide.²⁸ However in the post-war period, criminologists sought alternative explanations in social environments, family disorganisation, and individual psychopathology.²⁹ Northern Ireland was readily portrayed as a hotbed of social disorganisation, a pathological location which bred abnormality and violent tendencies.

Explanations for the Price sisters' unfeminine behaviour could easily be identified in the Northern Irish social environment, an idea that

informed the manner by which the *Daily Express* framed an interview with Albert Price, father of the two sisters, in 1974. Journalist Paul Dacre, in his discussion of the ‘two warped minds’ of the sisters, interviewed their father in an effort to comprehend ‘the sick climate from which they [the sisters] sprang’. Seeking explanation for the Prices’ aberrant transgression of feminine norms, Dacre depicted a pathologised social climate in Belfast (specifically in the Catholic-dominated Falls Road area) tarnished by a normalisation of violence. Dacre portrayed Albert as oblivious to the extent to which violence had seeped into the Price household. He observed a wooden replica of a Thompson machine gun made by a Long Kesh internee hanging above the fireplace over a picture of his two daughters, obvious tropes of Irish republicanism. Dacre interspersed the father’s comments on the sisters once being ‘lovely young girls’ with descriptions of a living room replete with an array of books on the Easter Rising and photographs of uniformed PIRA youths attending parades. Dacre presented Albert as oblivious to the psychological damage which he had wrought upon his daughters by sustaining a militaristic domestic environment in his living room. Notably, the *Daily Express* published this piece alongside an interview with a victim of the Old Bailey bombing who remained traumatised by injuries to his right eye caused by flying glass.³⁰ While the *Daily Express* did not make the connection explicit, its two stories were inextricably interrelated. The implications were clear. Dolours and Marion had been raised in a household where violence seemed normal; in a setting where the father figure failed to envisage how the military-esque environment of his living room might have made a lasting psychological imprint on his two daughters. It was within this pathological environment, Dacre implied, that the seeds of the sisters’ deviant behaviour had been planted with catastrophic results for innocent by-standers.³¹

In Ireland, the *Kerryman* also reinforced the significance of environmental factors in ‘perverting’ the Price sisters’ minds by stating:

Many people have an interest in the future of the Price sisters. The sentences they received were savage. The offences of which they were found guilty were very serious and few will condone them. Nevertheless, they are very young and will be seen by thinking people as very much victims of their environment and background. Their capacity for subversion ceased when they were imprisoned. Now they are two young people far from their home and friends, at the mercy of a brutal force-feeding system which is an outrage against nature.³²

As in the *Daily Express*' account, the idea that two young 'girls' might have *chosen* to engage with militant republicanism seemed somewhat alien. Whereas republican men who bombed cities and innocent civilians could, in a sense, be cast as conforming to masculine behaviour at times of conflict, contemporaries sought alternative explanations for female militancy. This added a sense of innocence to the Price sisters which, in turn, strengthened the emotional impact of reports of their encounters with their prison doctors. The imposition of force-feeding on two young 'girls' who seemed scarcely responsible for their deviant psychological conditions caused discontent; their willingness to endure force-feeding and to die, if necessary, added a further monstrous dimension to perceptions of what these 'girls' had been transformed into. The framing of the sisters as passive victims of social disorganisation encouraged even those outraged by PIRA atrocities to empathise. Moreover, the refusal of the government to grant the hunger strikers' request to be imprisoned in their own country, and its stubborn determination to impose physical violence, raised questions about the appropriateness of responding to physical violence with further violence.

Like earlier accounts of force-feeding, first-hand reports confirmed the perennial prisoner complaint that force-feeding was painful and degrading; more resembling torture than therapeutic intervention. In turn, this raised questions about the function of inflicted pain in a modern liberal society and its purpose in protecting Britain and Northern Ireland from 'terrorism', particularly given that the sisters' requests seemed relatively reasonable. Published accounts of the Prices' experiences encouraged readers to connect emotionally with their plight, producing mixed feelings attitudes towards individuals who had themselves caused pain and trauma. In January 1974, Claire Price (sister of Dolours and Marian) described her sisters' condition after seventy-eight days of hunger striking (published in the *Guardian*) as follows: 'The two would now be unrecognisable to anyone who had seen them in the Winchester trial ... their faces have gone a waxy colour and they have sores around their mouths. They are both much thinner and they are complaining that they cannot sleep.'³³ This representation of a mixture of self-mutilation and enforced brutality by prison medical staff proved emotive, reinforcing a sense that the Price sisters were becoming physically and psychologically unrecognisable from the young women who they should have grown into. In the same month, the *Kerryman* published part of a letter sent by Dolours to her mother which read:

I was scared stiff when I saw the tube and the wooden clamp for my mouth. The worst bit was when I couldn't get my breath as the tube was going down. I really panicked then as I thought I was suffocating. It takes only a few minutes but it seems like an eternity.

Marian Price added that 'I am not ashamed to say it is a very horrific and terrifying experience. I've had it three times now, but it doesn't get any easier.'³⁴ In February, republican MP and civil rights campaigner, Bernadette Devlin McAliskey, publicly stated that 'until the force-feeding is over, they [the sisters] cannot think of anything else and spend the morning mentally preparing themselves. The mental agony of waiting by now outweighs the physical pain of feeding.'³⁵

The Price sisters' personal accounts confirmed the sense of intimidation and physical discomfort prominent in other historical depictions of force-feeding. In a subsequent interview, Marian described the procedure as follows:

Four male prison officers tie you into the chair so tightly with sheets you can't struggle. You clench your teeth to try to keep your mouth closed but they push a metal spring device around your jaw to prise it open. They force a wooden clamp with a hole in the middle into your mouth. Then, they insert a big rubber tube down that. They hold your head back. You can't move. They throw whatever they like into the food mixer; orange juice, soup or cartons of cream if they want to beef up the calories. They take jugs of this gruel from the food mixer and pour it into a funnel attached to the tube. The force-feeding takes fifteen minutes but it feels like forever. You're in control of nothing. You're terrified the food will go down the wrong way and you won't be able to let them know because you can't speak or move. You're frightened you'll choke to death.³⁶

A particularly emotive description of being force-fed was published in the *Spectator*, highlighting how the ethical implications surrounding the procedure generated debate outside of sensationalistic tabloid journalism. In February, the *Spectator* equated force-feeding with sexual assault, mirroring (but more explicitly stipulating) implications made by the suffragettes on the physical and emotional intrusiveness of force-feeding. The *Spectator* asserted:

How many of us would want to live after being forcibly-fed? This is an experience much worse than rape. The emotional assault on the person can

be permanently damaging. The calculated administration of an experience such as forcible-feeding to someone who just cannot, or will not, eat is, to me, infernal, whether the subject is a recalcitrant old lag in prison or a young woman held without trial. To restrain, even to punish, is one thing; to torture something very different. With the possible exception of the treatment of the mentally ill who may be violent and, indeed, act violently against themselves, it would seem that those who give instructions for forcible-feeding and those who obey should be judged like the torturers of the concentration camps, the rapists of certain Far East campaigns, the perverters of children.³⁷

The *Spectator's* message was clear. The force-feeding of two young 'girls' amounted to torture, assault and a gross perversion of institutional power, reminiscent of the worst excesses of those countries which had threatened liberal society in the past. Even despite the violence of PIRA bombings, public representations of the Price sisters struggled to move beyond the sense that innocence had been lost—and was continuing to be lost—due to the excessive actions of prison doctors. In contemporary discourse, adolescent girlhood was ideally marked by a sense of immature and malleable identity, as a symbol of desirability, rather than independence, maturity,³⁸ The Price sisters had clearly transgressed these norms, but was it really necessary to further contribute to their descent into physical and mental perversion by effectively raping them rather than providing rehabilitation? Certainly, the parallels drawn with rape would have been less effective if Kelly and Feeney (never referred to as boys) had been the subject of such speculation, particularly given the unspoken nature of the topic of male rape. The *Spectator* added to a broader discussion of the bodies and minds of the Price sisters having been perpetually battered and distorted by the domestic environment in which they grew up; the violent society in which they had been reared; and, now, the apparent torture to which they were being subjected to while imprisoned.

In Belfast, a pamphlet published in Catholic enclave Anderstown announced that force-feeding was a 'Nazi-style torture'.³⁹ It also provided the following account:

At last it has happened, today, on the nineteenth day of hunger strike, I was forcibly-fed. Unpleasant in the extreme. Actually what led up to the force-feeding was that on Saturday, after my bath, I clocked out [fainted] and my blood pressure dropped a bit ... so forcible-feeding was the next step I really panicked [sic] as I thought I was suffocating. It only takes

a few minutes but it feels like an eternity. To crown matters I was violently sick afterwards and brought everything up. I feel a wee bit better now but I am dreading going through it all again tomorrow. It's only to be expected that after nineteen days without food, my stomach would reject the 'feed'.⁴⁰

A special edition of IRA newspaper *An Plobacht* paid more attention to the male prisoners but similarly depicted force-feeding as torture. It printed a statement made by one prisoner that 'the mental agony of waiting to be force-fed is getting to the stage when it now outweighs the physical discomfort of having to go through with it.'⁴¹ *An Plobacht* detailed the harsh use of surgical instruments on Gerard Kelly's gums and jaw during force-feeding, causing internal bleeding. According to the newspaper, Gerard's teeth had been broken as the doctors forced his mouth open with a lever. In relation to Hugh Feeney, *An Plobacht* recorded that 'the tube is pushed hastily into his stomach, doubling as it goes, causing him severe pain', and that the water poured into Hugh's mouth had a strong saline content which was causing his lips and gums to crack and bleed.⁴² *An Plobacht* called upon its readers to 'stop the slow and agonising execution of these young Irish citizens' by writing to Prime Minister Edward Heath demanding that force-feeding be stopped.⁴³

Evidently, discussion of the Price sisters' prison treatment reinvigorated claims that force-feeding was torturous, traumatic, and excessive. As in other historical contexts, the key issue was not so much whether prisoners should be kept alive but whether force-feeding formed part of a broader programme of discipline and punishment used solely to stop political protest. Nonetheless, far broader questions were at stake about the nature of modern liberal society and how the state chose to manage its political dissidents. Between 1973 and 1974, the enactment of physical and emotional discipline on two young 'girls' with discernible political beliefs caused concern. Equally importantly, femininity was considered in discussion of force-feeding for the first time since the 1910s, helping to attract a level of public attention to the subject not seen since the Edwardian period.

HUMAN RIGHTS AND PRISONER WELFARE

While the harrowing depictions of force-feeding published regularly in the national press provoked an emotional public response, the eradication of the practice from English prisons was contingent upon a particular

socio-cultural milieu in which opposition to force-feeding could finally translate into policy change. Earlier, suffragettes and conscientious objectors had been unable to persuade policy makers and medical communities to formally condemn the procedure. In Ireland, Thomas Ashe's death had discouraged doctors from force-feeding. However the controversy surrounding this fatality rested primarily in Ashe's prominent republican status in the Irish public consciousness. In Ireland, force-feeding had not been abandoned solely for ethical reasons. In contrast, the Price sisters were force-fed against the backdrop of a late-century socio-cultural milieu with heightened sensibilities towards accusations of torture and institutional abuses.

A robust human rights movement now existed which swiftly condemned allegations of torture and breaches of human rights. Since the Edwardian period, critics had equated force-feeding with torture and suffering. Yet, an international framework designed to preserve individual liberty was not then in place, although a general feeling certainly existed that force-feeding seemed excessive and unjust. As Joanna Bourke maintains, since the eighteenth century, ethical thought has been inflected by states of feeling. In a progressive, caring society, respect for the bodily integrity of others (as demonstrated by the declining use of capital punishment and torture during interrogations) has encouraged empathy for those in pain.⁴⁴ In the 1940s, the extremities of Nazi violence had ignited a feeling that universal human rights needed to be enforced, resulting in the Declaration of Human Rights of December 1948.⁴⁵ During the Prices' hunger strikes, newspapers and republican propaganda fuelled a sense of perpetrated torture in the public imagination, encouraging compassionate attitudes to evolve rooted in humanitarian considerations. If force-feeding did amount to torture, then it could be readily portrayed as a breach of human rights. The emotional aspects of 'torture' profoundly clashed with the rational political logic of refusing to concede to prisoner demands to protect national security.⁴⁶

In the 1970s, human rights activists were deeply concerned about torture. Presumptions that the Northern Irish Troubles stemmed from civil rights issues attracted further attention to the plight of imprisoned republicans.⁴⁷ Moreover, the Troubles coincided with a burgeoning international apprehension about the lack of rights possessed by prisoners specifically. Internationally, riots took place in prisons including Parkhurst on the Isle of Wight and Folsom, California. Both proved newsworthy. In summer 1972, protests erupted in thirty-eight British prisons relating to

institutional conditions.⁴⁸ A legitimate challenge was being posed to the authority of western penal systems that called into question the supposedly rehabilitative, rather than punitive, nature of prisons. Some critics went so far as to campaign for the entire abolition of the prison network, seeing it as just as outdated as the former workhouse system.⁴⁹ Prison protests were typically initiated by groups who saw themselves as deprived of civil liberties outside of the prison (such as black communities in America), demonstrating the interconnections between struggles inside and outside of the institution. Moreover, protesting prisoners increasingly fashioned themselves as politically focused and demanded to be treated as such.⁵⁰ These factors converged in public discussion of the Price sisters' force-feedings, ensuring that the matter garnered attention as a potential human and prisoner rights infringement. Accordingly, force-fed prisoners found support from an array of human rights and civil liberties groups who saw prison welfare as integral to their activities.⁵¹

Decisively establishing force-feeding as a contravention of human rights was a formidable task. In December 1973, solicitor, Bernard Simons, attempted to apply for an injunction and a Declaration of Right to prevent the Price sisters from being fed. According to Simons, force-feeding constituted 'an assault on the person'. Simons maintained that the government had no right to feed prisoners against their will, an argument that contradicted the traditional stance on prison doctors having an ethical duty to keep prisoners alive.⁵² The application was dismissed.⁵³ Public opinion remained divided. Ted Ward, organiser of the Preservation of the Rights of Prisoners movement, and Martin Wright, director of the Howard League for Penal Reform, believed that the government was correct to authorise force-feeding. In contrast, the National Council for Civil Liberties maintained that force-feeding contravened Article 3 of the European Convention of Human Rights which prohibited inhuman and degrading treatment. The Council viewed force-feeding as a brutal and gross violation of personal freedom.⁵⁴

The portrayal of force-feeding as torturous provided a useful trope for civil, human, and prisoner rights groups who sought to bring the matter to the forefront of public attention throughout 1974, most successfully in Ireland and Northern Ireland. In January, the Irish Civil Rights Association also claimed that force-feeding contravened the European Convention of Human Rights which prohibited the degrading treatment of persons held in custody by the State.⁵⁵ The Dublin branch of the Association for Legal Justice condemned force-feeding as an assault upon human dignity and a

deprivation of prisoner rights, adding that 'torture of a human being in any circumstances is appalling, but practised by government agencies on a defenceless prisoner is abominable.'⁵⁶ A number of well-publicised protests were organised by the Irish Civil Rights Association. In December 1973, an effigy of British Minister for Home Affairs, Robert Carr, was burned with two tricolour-draped coffins outside the passport office in Merrion Square, Dublin.⁵⁷ In the following month, 170 members of the Association marched to the residence of British ambassador, Arthur Galsworthy, in Sandyford, Dublin, demanding the repatriation of Irish political prisoners.⁵⁸

It is worth briefly noting that the treatment of the Price sisters failed to attract consolidated support from the second-wave feminist movement. In 1974, British feminist magazine, *Spare Rib*, attempted to cast the feedings as a potential women's rights issue. Familiar images of male doctors subjugating defenceless female prisoners had once again surfaced. Yet their efforts raised contention. Many feminists chose to portray themselves as peaceful and compassionate, often to highlight the important contribution which women could potentially make in a male-driven world seemingly driven by conflict and violence. The magazine's coverage of the Price sisters met a mixed response. One reader suggested that *Spare Rib* had taken up the cause solely because it was female prisoners who were being fed, and suggested that the feminist movement could not support all women, particularly those who 'killed indiscriminately with bombs and guns just like the misguided men'. A further reader accused the magazine of 'soiling the memory' of the suffragettes by drawing parallels between PIRA and suffragette militancy.⁵⁹ The gendered dimensions of the Price sisters' feedings certainly sparked public discussion, but the extremities of PIRA violence ultimately mitigated against full support from the feminist movement, a somewhat ironic scenario given that the modern prison hunger strike had first emerged from that cause.

Evidently, force-feeding became entangled within a complexity of broader debates on prisoner welfare, the rights of minority communities, and the precarious nature of the modern prison system itself, construed by its critics as a barrier to human dignity. The Declaration of Human Rights defines torture as the wilful infliction of physical or psychological violence on individuals often on the authority of the state. Torture can be punitive, dehumanising, or deterrent.⁶⁰ However defining what precisely constitutes torture—particularly in contexts of conflict—can be problematic. While some displays of violence and intimidation quite clearly amount to torture,

others (such as force-feeding) are contestable.⁶¹ In the 1970s, the infliction of pain in state-managed institutions added further complications. Pain had served little function in the judicial system since the eighteenth century when the public infliction of harm upon the bodies of criminals had helped to inscribe authority, encourage repentance, and, in theory, deter others from committing crime or sin. Yet pain, punishment, and suffering mostly lost their religious moorings during that century. By the twentieth century, punishment (and imprisonment) was generally viewed as an opportunity for criminals to repay their ‘debt’ to society. In historian Lynn Hunt’s words, no payment could be forthcoming from a mutilated body.⁶² In the 1970s, rehabilitation and re-entry into society were, ostensibly, the chief aims of imprisonment, ensuring that mutilation and violence seemed intolerable.⁶³ Force-feeding sat particularly uneasily within late twentieth-century discourses on pain.

What does seem clear is that the manner by which force-feeding was performed—with its loss of human dignity and degradation—was rendered meaningful in light of a socio-cultural context that privileged the sanctity of human rights. Adding weight to accusations of torture, in February 1974, Albert Price reported to the press that his two daughters were being tied to their chairs during their feedings, an act easily portrayed as degrading and intimidating.⁶⁴ The psychological effects of force-feeding were also not lost on contemporary critics, as evident in the affective depictions of the procedure that played upon the aftermath of rape. During an Irish Civil Rights Association demonstration, practicing psychiatrist, Brian Lavery, asserted that the psychological effects of being force-fed were similar to multiple rape, once again highlighting the importance of sexual analogies in framing contemporary debates.⁶⁵ The physically and emotionally traumatic nature of force-feeding had always caused unease. Yet organised movements now existed that could actively campaign against such problems. Whereas the suffragettes had relied primarily upon their own propaganda and public support among prominent individuals where they could find it, the Price sisters were supported by a mobilised network of human and civil rights activists who mostly had no connection whatsoever with PIRA.

MEDICAL ETHICS AND FORCE-FEEDING

The construction of force-feeding as a human rights concern bore important implications for those performing the procedure: the prison doctors. The development of the human rights movement dovetailed with rising

pressure placed on medical professionals to adhere to medical ethical standards. Whereas Edwardian-period medical ethics had been relatively unformed in Britain and Ireland, a more sophisticated (and enforced) interpretation of appropriate medical ethical behaviour was taking shape in the 1970s. Again, the excesses of Nazism had encouraged a post-war consensus on the need to regulate medical behaviour and discourage doctors from participating in torturous acts that held little clinical value. Public sensitivities towards allegations of medical cruelty were high in the post-war period. In the 1940s, Nazi physicians had performed medical experiments on prisoners in concentration camps involving depriving victims of oxygen until they died, deliberately infecting victims with infectious diseases such as typhus and cholera, and performing mass sterilisation. Although German physicians justified some of these experiments as having been essential to the war effort, many bore experimental purposes only. For instance, Josef Mengele collected twins from the concentration camps and transplanted their genitals in an attempt to create artificial Siamese twins. Mengele's work was inspired by racist and pseudoscientific eugenics and served no military purpose.⁶⁶ The outcome of the Nuremberg trials of 1945–46, which saw twenty-three Nazi doctors being accused of involvement in human experimentation, led to the establishment of the Nuremberg Code. This emphasised issues such as patient consent.⁶⁷ Yet human experimentation (typically undertaken on vulnerable groups such as orphans or black people) remained common internationally.⁶⁸ The end result (sparked primarily by a 1966 exposé on human experimentation by American anaesthesiologist Henry Beecher) was a closer regulation of medical practice and a stricter imposition of ethics at the bedside.⁶⁹ Modern bioethics developed in light of such problems. Heightened concern about dubious medical behaviour helped to solidify a sense that force-feeding constituted a breach of medical duty.

In the 1970s, prison medicine came under particular scrutiny. Rising numbers of long-term prisoners in that decade encouraged increased security and control in prisons. It transpired that prison doctors were regularly over-prescribing addictive drugs to control violent behaviour, performing questionable operations such as lobotomies to 'cure' criminal tendencies, and routinely categorising members of minority groups (such as black prisoners) as psychiatrically unstable.⁷⁰ Force-feeding was now being performed in light of a broader critique of prison medicine, in a period when doctors were under increasing pressure to seek outside advice on the ethical aspects of their work rather than continue regulating

themselves.⁷¹ Medical opinion on the ethical appropriateness of feeding prisoners against their will remained divided. In February 1974, eminent doctor and Conservative MP, Tom Stuttaford, suggested on BBC Radio Four news programme, *The World at One*, that force-feeding caused no physical suffering or permanent damage. Stuttaford added that the procedure only took five minutes and dismissed claims of torture as grossly exaggerated.⁷² But many doctors remained unconvinced. Considerable opposition arose from members of the profession who saw a severe lapse in ethical norms. The procedure had barely been improved upon since it had first been introduced. The substances fed to fasting prisoners now consisted of a concentrated blend of skimmed milk, minerals, and Complan, a nutritional supplement drink. The option of intravenous feeding was also available, although it tended not to be used as it required a drip being placed into the vein of a resisting prisoner for up to twenty-four hours. This could easily be ripped out. The nature of the force-feeding technologies remained just as intrusive as in the past, the procedure was so simple in nature that few innovations could be made.

In light of this absence of technological development, familiar ethical questions were posed. Firstly, was force-feeding safe? John Yudkin, Emeritus Professor of Nutrition at London University, publicly stated that force-feeding tended to be harmless, although he acknowledged that feeding tubes could accidentally slip into the windpipe instead of the gullet. Others were less convinced. Sat mournfully smoking a cigarette after visiting his daughters for the first time in a year, Albert Price announced to a televised press conference that ‘the doctor—he punished them too. He mustn’t be a very experienced man. He put the tube down the wrong way.’⁷³ Secondly, did force-feeding impact adversely on health? In January (after around a month of force-feeding), the Brixton Prison medical officer publicly announced that the sisters were fit and healthy, and had lost no weight in the previous week. He also denied that the procedure made the girls choke.⁷⁴ However in a letter to the *Guardian*, prominent consultant pathologist David Stark Murray (former President of the Socialist Medical Association) asserted that force-feeding was physically dangerous and psychologically damaging.⁷⁵ Thirdly, were prison doctors once again ‘prostituting their profession’ to the state and abandoning basic medical ethical principles? The *New Law Journal* pointed out that ‘no-one is making them [the prisoners] undergo a hunger strike.’ Dismissing notions of human rights, the journal commented, ‘when the day comes that we behave coolly enough to have regard to such ‘rights’, it may be that we

have gone too far down that road.’⁷⁶ In contrast, Donald Gould, medical correspondent in the *New Statesman*, took a more nuanced stance by referring to an apparent dual loyalty. Gould suggested:

When doctors force-feed a prisoner, therefore, they are acting as agents of the state, and not as servants of the patient in their care. The conflict between a doctor’s duty on the one hand, and to his patients on the other, is growing all the time—doctors as a group must fiercely defend the principle that their duty is to their patients.⁷⁷

The immediacy of republican violence, the construction of the female prisoners as monstrous individuals, and the self-imposed nature of their hunger strikes militated against universal condemnation. Even critics of force-feeding were careful to maintain that they held no sympathy for PIRA politics or violence. The mixed emotions produced by the Price sisters’ medical encounters were notably evident in a discussion that took place in *New Society*. In January, Jacqueline Kaye, a member of the Joint Action Committee on the Hunger Strikers, penned a compassionate article that depicted deep levels of suffering at the hands of medical men. Citing excerpts from a letter sent by the sisters to their mother, she wrote:

The Price sisters, now being held in the hospital wing of an all-male prison, where most of the other patients are mentally ill, have described to their mother and sister the way they are fed every day. While they are held down on the floor of a bed, a wooden brick is passed through their teeth. Through the hole in the middle of the block, a greased public tube, of the kind normally used for pumping out the stomach of patients who have taken an overdose, is pushed down the throat and into the stomach. Water is then poured down and if the girls start to choke, it is withdrawn because it has gone down the windpipe. The girls begin to feel sick and often start to vomit around the tube. The liquid mixture—twenty-four fluid ounces of complan, milk, eggs and orange juice—gives about 1500 calories. It is poured directly, all at once, into the stomach. The girls were being fed twice a day, but damage to their throats led the prison doctor to decide to give them the feed once a day only. If they vomit, they are immediately fed again⁷⁸

Kaye’s article recounted a familiar repertoire of vomiting, physical force, technological invasion, choking, and inner pain. In writing her emotive account, Kaye intended to encourage her readers to consider the principles (and physical consequences) underlying force-feeding policies, regardless

of its political contexts. Nonetheless, some readers remained unmoved. In a letter published in the following issue, one reader, L.G. Hart, asserted:

After Jacqueline Kaye's 'Feeding by Force', will you now be commissioning an article on those who suffered from the 'crude and often violent procedure' of injuring by car bomb? One title might be 'Lacerating by Force' ... there is something quite disturbing in the spectacle of your magazine presenting a one-sided view of this quartet's self-imposed suffering.⁷⁹

Hart's letter exemplified the apathy felt among certain portions of the British population who failed to see why militant republicans deserved compassion, given that they seemed to care little for those whom they maimed and killed. Contradictory feelings existed towards the feeding of PIRA dissidents. Nonetheless, society was encouraged to reflect upon its liberal values and attitudes towards the wilful infliction of pain by medical professionals.

It is worth noting that the Price sisters held some sympathy for the doctors called upon to cure for them. They recognised that prison medical staff were not necessarily willing colluders with the government, even if this was a remarkably effective trope in republican propaganda. In their *Prison Writings*, the sisters wrote:

We've come to the conclusion that we must sympathise with the dilemma the doctors here find themselves in. We were just saying that they have all the training to counter illness, psychiatric illness, etc ... But how can they fight idealism? There's nothing about it in the medical books I'm sure. It's unfortunate that they should have to be used in this way because they bear us no grudge or us them. Our quarrel is with the Home Office only, and still I feel that it is a sad reflection on a very noble profession but then my opinion counts for nothing. As far as we are concerned our idealism is incurable, which from a medical point of view is frustrating for a dedicated doctor.⁸⁰

Nonetheless, prison doctors undoubtedly harmed the rebellious prisoners under their care. Indeed, they maintained medical reports on the Price sisters that seem to confirm certain aspects of Kaye's claims. They noted that the sisters accepted the use of the stomach tube throughout most of their protest and did not resist force-feeding. On 1 February 1974, the sisters screamed and resisted violently. They found themselves gagged; a radio was turned up high to conceal their screams during the feeding process. Yet the prison doctors noted that this was a one-off response to

negative press publicity which they had read, it was an isolated situation.⁸¹ Private communication between the Home Office and the Director of Prison Medical Services later suggested that the sisters only acquiesced to being fed as 'the prisoner[s] finds the passing of the tube passed down the throat so unpleasant that after one or two days the struggling stops and the tube is passed easily and without discomfort'. In that sense, the Director was able to deny that 'force-feeding' was taking place, the fear of physical force was enough to discourage the sisters from resisting.⁸² However, the Price sisters' medical records indicate a large degree of vomiting, mouth abrasions, tooth damage, and fainting attacks. Their doctors insisted that vomiting was a self-induced attempt to rid the stomach of food.⁸³ One reported that Dolours was particularly prone to vomiting and physical weakness, a problem which he attributed to her erratic mental state (as evidenced by her bouts of weeping and irritability) and her slender build.⁸⁴ Despite such justifications, a vivid sense of pain and trauma in the prison medical encounter permeated their reports.

If prison doctors refused to admit that force-feeding was painful and traumatic, perhaps it could be proven some other way? In January 1974, a hundred demonstrators congregated outside Wormwood Scrubs at an event organised by the Irish Political Hostages Campaign. Some allowed themselves to be force-fed in the street. One elderly Wexford man, Charles O'Sullivan, needed to be taken to hospital after his feeding. Brendan McGill, national organiser of Sinn Féin in Britain, vomited as a doctor inserted a tube into his throat. Famed Irish actress, Siobhan McKenna, had to be restrained by Dublin actors Niall Buggy and Máire Ní Ghráinne after volunteering to be fed.⁸⁵ The vulgarity of this public display of relentless vomiting was intended to draw public attention to the physical effects of force-feeding, highlighting the danger and discomfort of the procedure.

Despite mounting pressure, the higher echelons of the British medical profession remained relatively mute. In January, *Irish Medical Times* editor, Aidan Meade, called for the mass resignation of all Irish doctors from the British Medical Association unless the organisation demanded an immediate inquiry into force-feeding. Meade added that if this did not happen, Irish doctors should make representations to the World Medical Association about the abusive behaviour of British prison doctors. Underscoring his concern with ethical, rather than political, considerations, Meade added that 'let me say at the outset that I hold no brief for persons convicted of crimes of violence but I do feel that the dignity of the human being must be defended to the uttermost by all mankind and

doctors in particular.⁸⁶ Despite Meade's appeal, the Irish Medical Association decided by a considerable majority against condemning their British colleagues.⁸⁷ One spokesman stated that 'terms like medical violence and forced feeding were emotive and conjured up a picture of brutality, violence and sadism in the minds of laymen', adding that other prisoners had left British prisons without having complained about being force-fed.⁸⁸ Similarly, the British Medical Association remained silent on the matter, despite the medical implications of the sisters' feedings. It was mostly left to individual doctors to campaign against force-feeding.

In March 1974, a young London-based trainee G. P., Berry Beaumont, publicly announced that the sisters should be allowed to starve themselves to death if they wished. Berry insisted that 'it [force-feeding] may be justified in cases of insanity. But it is not in the case of two intelligent people who have made a decision not to eat until their legitimate demands have been met.'⁸⁹ But what motivated individuals such as Berry to protest? In an interview with the author, Berry recounted that she had become aware of the Price sisters' prison treatment in February after a conversation with a young colleague who was politically active in the Irish Political Hostages Campaign. Berry had limited interest in, or understanding of, the Northern Irish Troubles. Moreover, she had no personal contact with the two sisters. Her intervention, she recalled, stemmed purely from concern over what she saw as a severe lapse in medical ethics made worse by the relatively reasonable requests being made by the Price sisters to be transferred home. Notably, Berry was unaware at the time (and to date) of the commonplace nature of force-feeding in English prisons at the time, further highlighting how the Price sisters' prominent feedings drew public attention to a relatively veiled aspect of prison medicine.⁹⁰

Throughout 1974, Berry attended meetings organised by the Irish Political Hostages Campaign as a spokesperson against force-feeding. She helped to arrange demonstrations and public rallies in London, Liverpool, and Dublin, at which she showed the funnels and tubes to passers-by. In May, Berry led a group of protestors to picket the headquarters of the British Medical Association in Tavistock Square, London, and delivered a letter signed by thirty-eight medical professionals to the Association's secretary, Derek Stevenson, calling for a public statement to be made condemning the practice. At this stage, the Price sisters had been force-fed for 175 days. Beaumont publicly insisted that force-feeding was medically dangerous, psychologically damaging, and ethically dubious, adding that it seemed clear that the procedure did not maintain health. Indeed,

she claimed, the sisters had lost weight, their hair had fallen out, and their teeth had become loose.⁹¹ Berry remembered that ‘the force-feeding demonstrations were quite potent actually—I like to think we made an impact on the BMA because we made demands on them to discuss it [force feeding] and we picketed outside the BMA for hours on the day that the ethicists were discussing it.’⁹²

Evidently, by the mid-1970s, force-feeding seemed increasingly at odds with contemporary notions of human rights, ethical behaviour, and modern liberal society for individuals such as Berry Beaumont. While the nature of the procedure had barely changed since its introduction into prisons in 1909, the socio-cultural climate that surrounded medical practice had. The publicity generated by the Price sisters’ plight, combined with adjusting perceptions of human rights and medical ethics, created an environment in which force-feeding could be more effectively challenged. The numbers campaigning against the use of the procedure barely equalled their equivalents during the suffragette hunger strike campaign or following Thomas Ashe’s prison death. Yet the backgrounds of those who did were far more diverse. Ideas had changed considerably about what constituted appropriate ethical behaviour and the extent to which pain should be willfully inflicted on human beings; even in relation to two of the most notorious and determined criminals in the English prison system.

THE DEATH OF MICHAEL GAUGHAN

While a general sense existed that force-feeding was painful, degrading, and unethical, it took the death of a force-fed PIRA prisoner to break the reluctance of the Home Office to formally revoke its policies. In May 1974, Home Secretary Roy Jenkins announced that the low level of cooperation displayed by the Price sisters during the feeding process had led him to decide to end their force-feedings.⁹³ In fact, private communication between the Home Office and Brixton Prison had suggested that the sisters were mostly compliant. Jenkins later recalled that he was felt under duress from PIRA (which was threatening retaliation) and members of the public (a possible reference to human rights and medical ethics activists).⁹⁴ In the *New Statesman*, journalist and medical critic, Donald Gould, suggested that it was, in fact, the prison doctors who had refused to continue feeding. He cited the ‘pain, the emotional agony and the denigration of human dignity’ that surrounded the procedure and claimed

that the doctors had ‘finally had enough’. According to Gould, ‘unless they are brutes, the nurses and doctors and wardens involved must be sick at heart.’⁹⁵ His statement seemed to confirm the viewpoint of the *Lancet* which, a week earlier, had suggested that the Brixton Prison medical officers would rather not force-feed given the choice, but felt obliged to carry out orders given by the Home Office.⁹⁶ Contrarily, a statement made by Clare Price suggested that ‘the last time he [the prison doctor] force-fed her, he nearly killed her.’⁹⁷ While Gould’s statement sought to affirm the humanity and decency of the doctors who participated in hunger strike management, Clare’s more cynical announcement implied that the prison medical staff were more concerned with avoiding a death (and potential legal interventions) than with the welfare of the two sisters.

This policy change inevitably reignited discussion of the ethics of allowing prisoners to starve to death. It also raised issues over who would be held accountable. Five days after Jenkin’s announcements, reports surfaced that the Price sisters—who had now been refusing to eat for 194 days—had been given their last rites.⁹⁸ While many insisted that responsibility for their pending deaths should rest with the sisters themselves, PIRA apportioned blame to the Home Office for refusing to grant the simple request of transporting the prisoners back home. A letter dispatched from Dolours, published in the *Daily Express*, read:

As we sit today, physically we are pretty worn out. Even to walk to the loo drains us and the least movement leaves my heart pounding like a big drum. Each day passes and we fade a little more but no matter how the body may fade, our determination never will. We have geared ourselves for this and there is no other answer.

Cognisant of the potential political ramifications of a death from hunger strike, Dolours added:

The Home Office say we are not near death. Well, if a couple of weeks isn’t near enough for them, I don’t know what will be. They’ll never live down the stigma that they let people die rather than transfer them to another prison. How ridiculous they will look to the rest of the world. I am only sorry I won’t be here to see it.⁹⁹

Somewhat unsympathetically, the *Daily Express* declared that starving to death was not too much of an ordeal after all. After consulting Birmingham psychiatrist, Myre Sim, the newspaper announced that hunger subsides

after the first few days of fasting and that ‘it’s not a difficult thing to fast to death once one has made up one’s mind.’ With reference to anorexia cases, Sim maintained that a lack of electrolytes (essential nutrients such as sodium and potassium) and vitamins dulls the senses and impairs intellectual ability. Nonetheless, this did not mean that hunger strikers became mentally ill. ‘Being a fanatical member of the IRA’, the *Daily Express* lamented, ‘is not a certifiable illness’.¹⁰⁰

However, interest in the Price sisters’ plight rapidly subsided as another case of force-feeding hit the international headlines. Michael Gaughan had been born in Mayo but later moved to London. In 1971, he received a seven-year prison sentence for taking part in an armed robbery while involved with the Official IRA. In 1974, he went on hunger strike at Parkhurst alongside fellow republican, Frank Stagg, in protest against long periods of solitary confinement and a refusal to be granted political prisoner status.¹⁰¹ On 3 June (less than a fortnight after Jenkins announced that the Prices were no longer to be fed), Michael died after being force-fed. Until he died, Michael’s hunger strike had received scant media attention, perhaps because he had not been involved in the recent spate of PIRA mainland bombings. His gender also undoubtedly made the hunger strike seem less emotive. Nonetheless, the circumstances surrounding his death, combined with the recent publicity awarded to the Price sisters, ensured that force-feeding swiftly returned to the forefront of public debate.

Suggesting that doctors had engaged in cruelty and torture, Michael’s mother Delia announced in the *Guardian* following his death:

They force-fed him on Thursday and cut open all the back of his mouth. He showed it to me. His teeth were loose and there was the smell of death in the place. I hadn’t seen him for three years—he never wanted me to see him in prison. I went to see him with my son John, and we just didn’t recognise him. He was just like something out of a Nazi concentration camp. He was so thin, all skin and bone. He knew he was dying and he told me he wanted to be buried in Ireland. Why did they treat him like that? He was a gentle, refined boy and he’d only been in London six weeks when he was arrested. How can anyone treat a boy like that? There’s more concern for cats and dogs than there is for people.¹⁰²

Pat Arrowsmith reportedly went on hunger strike in sympathy with the remaining hunger strikers. Malachy Foots, spokesman for the Provisional Sinn Féin, publicly stated that ‘Michael Gaughan’s death is nothing less

than an act of murder by Roy Jenkins. It has been seen in Ireland in the same light as if it has been caused by a bullet from a British Army rifle.¹⁰³

On 6 June, police reinforcements guarded Ryde Town Hall while an inquest took place in fear of PIRA retaliation. Home Office pathologist, Peter Puller, oversaw the proceedings.¹⁰⁴ The jury reached an unsatisfactory verdict of death from ‘bronchial pneumonia and malnutrition’. Declaring their objection, Michael’s family insisted that death must have been caused by a feeding tube either rupturing Gaughan’s stomach or piercing a lung. Debates on the true cause of Michael’s death proliferated. The *Irish Press* contended that Michael had not died naturally from the effects of fasting, but instead from pneumonia. If this illness had been brought on by force-feeding, the newspaper insisted, then Michael was a victim of murder or manslaughter.¹⁰⁵ Adopting a similar tone, Brendan Magill, British organiser of Sinn Féin, stated that:

The family are not at all satisfied about the death. We think the symptoms show that damage was done to Michael by force-feeding. After he was force-fed on Saturday he complained that something hurt him inside. We believe something may have ruptured in his stomach when the feeding tube was placed inside him. And there is the fact that pneumonia developed so quickly. If we find that, through negligence, the doctors at Parkhurst Prison murdered Mr Gaughan, they should answer for that negligence. It should be possible to charge them with manslaughter at the very least.¹⁰⁶

Towards the end of June, a second jury concluded that Michael had died from self-neglect. Medical evidence suggested that Michael had been rational and aware of the consequences of refusing to eat. It added that Michael had refused to be fed with the less intrusive feeding cup and noted that his violent resistance had added unnecessary danger to a normally safe procedure. The prison doctor acknowledged that force-feeding was not without its risks but maintained that he had been forced to weigh the dangers accompanied with the procedure against the problem of a prisoner starving to death.¹⁰⁷

Michael’s death led to a turnaround in hunger strike management policies. Jenkins agreed to grant a prison transfer to the Price sisters, Feeney, and Kelly on the condition that PIRA did not step up its terror campaign, much to the wrath of the still unsympathetic *Daily Express*.¹⁰⁸ In consequence of Michael’s death, the medical profession came under increased pressure to decisively outline its stance on force-feeding. At their annual

general meeting in Carraroe, Co. Galway, Acadamh na Lianna, a group of Irish speaking doctors, passed a resolution condemning force-feeding.¹⁰⁹ The Irish Civil Rights Association, the Irish Political Hostages Committee, and the Association for Legal Justice all called for a public inquiry into force-feeding.¹¹⁰ Jenkins dismissed the need for such an inquiry.¹¹¹ Throughout the summer, the British Medical Association came under further fire for refusing to condemn force-feeding.¹¹² While expert opinion remained deeply divided at the Association's annual conference, representatives of the Prison Medical Service, including H.C. Milne, stated that it was nonsense to expect a doctor to stand by and watch a prisoner kill him or herself, an action which he deemed less ethical than force-feeding. Other doctors raised concern that prison doctors with PIRA sympathies might be inclined to let a prisoner die to help secure martyrdom. Yet the Association was primarily concerned with tackling accusations of medical negligence charged at members of its community, not with prisoner welfare. At the conference, the doctors voted to accept a statement of guidance which stated that doctors who force-fed would not be deemed guilty of misconduct by the General Medical Council. It also recognised that doctors could refuse to force-feed if he or she wished.¹¹³

Under considerable pressure, the *British Medical Journal* published an article on 29 June (shortly after Michael Gaughan's second inquest) which discussed the legal aspects of force-feeding and confirmed the status of prison doctors. The article contained a lengthy recital of the *Leigh v Gladstone* case of 1909 which had affirmed the prison doctor's duty to keep fasting prisoners alive. While critical of the idea that prison doctors should help the state quell political opposition, the main thrust of the piece confirmed that doctors who force-fed were dutifully attending to the interests of patients.¹¹⁴ In an official statement issued in the following week, the *British Medical Journal* referred to the Declaration of Geneva (1947) of the World Medical Association which stated that 'the health of my patient will be my first consideration.' In light of this, it argued that 'artificial feeding' was compatible with human rights and medical ethical norms. Seemingly unaware of the extent of convict prisoner force-feeding, the statement read 'the total of cases in this country over the past forty years is small and most of the prisoners have been psychiatrically disturbed'. The Association also dismissed insinuations that force-feeding amounted to torture.¹¹⁵

Despite some degree of medical support for force-feeding, Jenkins announced on 17 July 1974 that mentally sound hunger strikers would

be provided with food from now on and that ‘health deterioration may be allowed to continue with medical intervention’, in line with Scottish and Northern Irish policies. Jenkins’ statement implied that force-feeding would no longer take place in English prisons.¹¹⁶ Essentially, Britain opted for a model of clinical independence. Force-feeding remained a clinical judgement rather than a legal requirement by law and could, in principle, continue.¹¹⁷ Throughout autumn, pressure was placed on British and Irish doctors to draft a declaration on force-feeding to be prepared in time for the World Medical Association’s Ethics Committee in March 1975.¹¹⁸ Even despite Michael Gaughan’s death, prison doctors continued to feed convict prisoners against their will in 1975, including Nathan Greenberg, an American citizen held in Wormwood Scrubs who fasted for over two months before his prison doctor authorised feeding.¹¹⁹ Notably, the Declaration had considerable input from members of the Irish Medical Association. All of the points made in the Irish submission were ultimately included in the new code of conduct. Upon its publication, Secretary-General of the Association, Noel Reilly, announced that ‘this is an ethical code for doctors and has all the force of such a code. Doctors who ignore it could be found guilty of unethical practice.’ Reilly added that doctors who felt pressured by governments to force-feed would receive full support from the World Medical Association.¹²⁰ In a letter to the *Irish Press*, the Irish Civil Rights Association welcomed the Declaration, stating that:

We pay tribute to those whose courage, spirit and will during several long months of brutal force-feeding drew worldwide attention and made it imperative that World Medical Association should lay down these strict ethical guidelines for members of their profession. That tribute we pay to: Marion and Dolours Price, Gerard Kelly, Hugh Feeney, Frank Stagg and to the memory of Michael Gaughan, who died under the cruel treatment of force-feeding.¹²¹

Ultimately, the Declaration played an important role in diminishing force-feeding practices in prisons internationally. It also prompted considerable discussion in forums such as the *Journal of Medical Ethics* on the need for basic medical ethical principles to dictate prison medical practice and for physicians working in prisons to separate themselves from the ‘dual loyalty’ which many felt towards the ethical codes of their profession and the political needs of governments who might authorise their participation in force-feeding to quell political opposition.¹²² While force-feeding was, as

always, seen as ethically dubious during the 1970s, the death of a force-fed prisoner—Michael Gaughan—now bore enough resonance to stimulate policy change and encourage the medical profession to adopt international guidelines. Penal discourses and technologies that had once held sway in English prisons were beginning to wane; the exertion of discipline and power upon the bodies of prisoners seemed increasingly questionable in a period that emphasised the importance of human rights and prisoner welfare and which questioned the nature of institutional power itself. Pain and emotional trauma seemed unacceptable in English prisons.

AFTERMATHS

The ending of force-feeding policies radically changed the dynamics of hunger strike management. Hunger strikers now had full reign to claim authority over their bodies without the threat of being fed. The authority of prison doctors to enforce discipline with their stomach tubes had been dramatically reduced. Unlike the battered corpse of Michael Gaughan—its facial markings unveiling the brutality of prison medicine—the corpses of those who were to die in Northern Irish prisons became imbued with emotive connotations of self-sacrifice and political desperation. As had been the case during the Irish War of Independence some fifty years earlier, doctors now adopted a less antagonistic role. In many ways, their role in hunger strike management was bypassed, food refusal evolved into a head-on conflict between prisoners and politicians. Being no longer expected to use force, doctors reverted to a more therapeutic role. Yet if we posit that many prison doctors—even those who force-fed—genuinely saw their role as being to preserve life (rather than help enforce prison discipline), how did they respond to prisoners who expressed a determination to die? Could the idea of prisoners starving to death have emotional repercussions for both prison doctors and the public?

When Jenkins announced that force-feeding was to be no longer used in English prisons, a Coventry bus driver named Frank Stagg was on hunger strike at Parkhurst. Frank was serving a ten-year sentence for PIRA-related offences. Jenkins had omitted Frank from the concession package offered to the Prices, Feeney, and Kelly. Frank was from the Republic of Ireland. No rationale existed for transferring him to a Northern Irish prison. Nonetheless, Frank had garnered considerable attention as he had been on hunger strike alongside Michael Gaughan. During 1974, prison doctors force-fed Frank for sixty-eight days; the end result being a dislocated jaw,

weakened digestive system, and physical debility.¹²³ Mid-way through this protest, prison staff had persuaded Frank to intervene in Michael's hunger strike, although Michael had reportedly bemoaned: 'It's too late—they are killing me and have fractured my lung by the forced feeding.'¹²⁴ When Michael died, PIRA advised Frank to end his protest.

Frank Stagg was pivotal to the transition away from force-feeding as he staged numerous hunger strikes during a period of policy change. His experiences provided a harbinger of problems to come. In October 1974, Frank once again refused to eat in protest against intrusive strip-searches. Medical staff transferred him to an intensive care unit at Long Lartin Prison, Worcestershire. Frank had not fully recovered from his first hunger strike and was still receiving outpatient treatment for kidney and liver problems.¹²⁵ Twenty-one days into Frank's renewed fast, his wife, Bridie, announced to the press that 'Frank is now too weak to get out of bed. He is only taking a small amount of water, because his lips are bleeding continuously and he has severe abdominal pains.' Frank's sister added that he was in a worse condition than he had been seventy days into his first hunger strike.¹²⁶ Frank resumed eating after thirty-four days following an intervention from the Irish government.¹²⁷

Frank commenced a further hunger strike in December 1975 alongside a number of other prisoners.¹²⁸ He was soon admitted to hospital suffering from vitamin deficiency, physical weakness, and fainting. Despite his frail condition, Frank refused medical examination. At times, he declined water believing that his doctors were surreptitiously adding vitamins.¹²⁹ In mid-January, he wrote to his mother: 'I am extremely weak and shivering with cold. I have also had some dizziness as well, which is very unusual so early on. I am understandably in very poor shape physically after being in the punishment block for eight months and for the past three months I have had no exercise or fresh air.' During his various protests, Frank failed to regain weight or appetite and was blighted with kidney problems.¹³⁰ Amnesty International protested that his death would be a humanitarian concern, given that Frank sought to draw attention to problems such as prolonged solitary confinement.¹³¹ Yet his self-imposed starvation ultimately attracted less humanitarian concern than the fate of force-fed prisoners. The situation was devoid of antagonistic doctors and perpetrated violence. Frank died on 12 February 1976 after surviving sixty-two days without food. In the days that followed, Belfast was beset with bombings, shootings, hijackings, riots, burnt out factories, and a PIRA rocket attack on a British Army post.¹³² After death, Frank's body was a

contested political artefact. His funeral caused controversy as family members disagreed about whether the corpse should be buried in a family or republican plot. Republicans waited at Dublin Airport for the corpse. The Irish government controversially re-directed the flight to Shannon Airport so that Stagg could be buried in the family plot (although republicans later stole his body and placed it in the republican plot).¹³³

But who had been responsible for Stagg’s slow, physical decay? Was it Stagg himself who had willingly inflicted violence on his own body fully cognisant of the likely consequences? Was it the British government who had prioritised political expediency over the death of one individual? Or was it PIRA who, in the public eye, supported physical self-sacrifice among its members, perceiving it as an embedded part of Irish republican mythology traceable to discernible events in the Irish past? Dublin-based newspaper, the *Evening Herald*, announced that:

And so the IRA have had their way. Frank Stagg has been slaughtered to suit their brutish schemes. There was no reason in the world why this unfortunate man should have died by hunger strike. His so called friends could have halted his march towards death with a single word. There is no mercy in the IRA, when it comes to using a human being to provide fodder for their murderous ambitions.¹³⁴

Similarly, Irish Taoiseach Jack Lynch, speaking at an annual convention in Dublin, asserted:

The life of that young man could have been saved by a word from those who claim to be his leaders. These men, wherever they are, are only too willing to sacrifice the lives of their young subordinates, just as they order the indiscriminate taking of many innocent lives in the pursuit of an objective, which, by their evil deeds, they desecrate.¹³⁵

Frank Stagg’s body ultimately became imbued with multiple meanings, depending on the particular political perspectives of the actors involved, the search for culpability opened up manifold possibilities. Yet, unlike earlier incidences where the bodies of hunger strikers had been force-fed, damaged, and, in some instances, destroyed, the self-imposed nature of prison starvation went some way towards shielding governments and prison doctors from accusations of excessive force. Blame was now directed elsewhere. At an inquest which lasted for an hour, David John Gee, Professor of Forensic Medicine at University of Leeds, concluded

that death had resulted from cardiac atrophy following malnutrition. The prison governor confirmed that Frank had been warned about the likely consequences of not eating. The coroner acknowledged that feeding prisoners against their will was inherently dangerous and supported the decision not to force-feed. Ultimately, the jury concluded that Frank had committed suicide.¹³⁶ Unlike force-feeding, self-starvation was not a transgression of human rights or medical ethical norms. The act of dying itself was certainly imbued with political meaning. Corpses, when they emerged, became deeply contested. Yet many—such as Frank’s—were soon forgotten about, their political impact remaining limited.

Few bodies are as contested in Irish history as that of Bobby Sands. His death was the end result of a series of controversies surrounding Northern Irish imprisonment. From 1971, the Northern Irish government housed politicised prisoners in Long Kesh/Maze Prison. Initially, the prison contained huts designed to hold eighty men, although the site was expanded throughout the 1970s. By the end of the decade, prisoners were accommodated in H-shaped blocks and segregated according to their political orientation.¹³⁷ Although Whitelaw had granted special category status to politically motivated prisoners in 1972, tacitly acknowledging that political motivations underpinned PIRA violence, the British government took steps to ‘normalise’ Northern Ireland from the mid-1970s. From 1976, all politicised prisoners were treated as ordinary criminals as part of an attempt to defuse the impression that a war was taking place in Northern Ireland. Considerable opposition arose to the government’s refusal to grant special category status.¹³⁸ Many prisoners rejected criminalisation policies by refusing to adorn the physical markings of criminal life, most notably the prison uniform. In September 1976, Ciaran Nugent refused to wear his uniform. He kept warm in his cell by wearing only a blanket; starting what became known as the ‘blanket protest’. By 1980, almost 450 prisoners were ‘on the blanket’. They found themselves subject to harsh punishment and severe loss of prison privileges. The blanket protest escalated into a no-wash protest when prisoners refused to shower unless prison staff provided them with a second towel to cover themselves while they washed.¹³⁹

In October 1980, seven republican prisoners went on hunger strike. As one prisoner, Sean McKenna, lapsed into a coma in December, the British government appeared to concede to the prisoners’ demands for the right to wear their own clothes, freely associate, organise their own leisure activities, to be granted a reduction of sentence, and to be exempt

from prison work. Yet by January, it became clear that these demands had not in fact been conceded.¹⁴⁰ During an internationally controversial hunger strike that followed from March 1981, ten republicans died: Bobby Sands, Francis Hughes, Patsy O'Hara, Raymond McCreech, Joe McDonnell, Martin Hurson, Kevin Lynch, Kevin Doherty, Tom McElwee, and Mickey Devine.¹⁴¹ Conceding to prisoner demands would have symbolically challenged the 'criminalisation' of PIRA members, acknowledging their cause as politically legitimate.¹⁴² Unlike earlier hunger strikes, the prisoners staged their protests successively in small groups, essentially producing a 'conveyor-belt of death'. Prime Minister, Margaret Thatcher, infamously adopted a hard-line stance. She adamantly refused to give way to the hunger strikers, choosing instead to let them die.¹⁴³ It is worth noting that claims have since been made that PIRA could have stopped the hunger strikes if they wished, and should therefore assume responsibility.¹⁴⁴ Nonetheless, since 1981, the protestors have received much sympathy, with the predominant memory of the hunger strikes being one that demonises Thatcher for her intransigence.

But what issues surrounded the hunger striking body on a less symbolic or political level? The physical effects of hunger striking were similar to those experienced by republicans in the War of Independence; a litany of weight loss, sore throats, cracked skin, dizziness, painful eyes, and eventual descent into a coma from which most prisoners never awoke.¹⁴⁵ Although those who passed away left little evidence of their experiences, accounts penned by survivors reveal deep levels of self-mutilation and self-inflicted bodily harm. Irish National Liberation Army prisoner Liam McCloskey later recalled:

On the forty-second day [of the hunger strike] my eyesight started to go. I was watching TV and the picture began to flicker. I was wondering if it was the TV or me and looked around and the whole room did the same. Just after that I was sick. That the beginning of a weeklong cycle when my eyesight began to slowly fade. This causes a seasickness effect. I was in bed all the time holding a wee bowl, vomiting up water and green bile which was very unpleasant. My eyesight started to go on Sunday, and by Friday I was constantly heaving and heaving. I thought that my whole insides would just drop out ... the next morning, Saturday, I woke up and I was blind, and because of that the sickness stopped. Around this time my bowels and co-ordination stated to go downhill. I didn't realise though because I was blind.¹⁴⁶

Liam's experiences contrasted sharply with those of force-fed prisoners. McCloskey self-consciously allowed his basic functions—eyesight, bowel movements—to fail. The boundaries between the inside and outside of his body becoming increasingly blurred as physical sensations blended into one another. But the lack of medical intervention added particular dimensions to his account that brought to light the sacrificial nature of his protest. The fact that McCloskey allowed his health to decay to such an extreme level added weight to the view that Irish republicanism was a valid political cause. Such renderings of self-starvation drew attention to the political cause being fought for, rather than the brutality of medical interventions.

How was such an individual to be cared for? As hunger strike management policies changed, prison interactions adjusted. In many ways, the 1981 hunger strikes presented less human rights problems than protests involving force-feeding had, given that suffering was self-imposed rather than directly inflicted. Indeed, in June 1981, the European Commission on Human Rights ruled against the prisoners on each of their demands.¹⁴⁷ Yet this did not entirely dissolve the ethical problems associated with hunger strike management. As in the past, self-starvation encouraged compassionate relationships to form between hunger strikers and those overseeing their health. Whereas force-feeding doctors had been demonised as unsavoury characters eagerly perverting the natural ethical inclinations of their profession, those caring for dying patients could be positioned (and position themselves) as caring—often distraught—individuals trapped in a professional dilemma. This revised medical role encouraged prisoners to empathise with their doctors and form less antagonistic relationships. Admittedly, this scenario depended heavily upon the particular personalities of those involved. Nonetheless, the absence of force-feeding undoubtedly produced a discernible shift in prisoner–staff relations.

It but is important to note that doctors who had force-fed during the Troubles were not entirely lacking compassion and a sense of ethical responsibility. Between 1974 and 1975, prison doctors held different opinions on force-feeding. Although republican propaganda typically portrayed prison doctors as sinister characters, the reality was far more complex. Some doctors vigorously opposed the use of the practice, others did not. Some objected to the enactment of violence on the bodies of prisoners, others saw their institutional role as compatible with institutional and political objectives. In an oral history interview undertaken some decades

later, one prisoner reminisced on his experiences of being fed. In his statement, the former prisoner recalled high levels of physical force:

The doctor would come in with eight prison warders and he would order the prison warders to restrain me. What restraining me meant was lying flat on my arms making sure that I couldn't move, bending my neck by the hair over the bed ends—the top of the bed—to get a straight line down your throat so that they could force a tube down it. He then had to open my mouth. And your jaw is probably the strongest muscle that you have. And that became a violent episode which the doctor himself generally was involved in. so they would push your nose about, bleed our nose. Try and push your chin down. If that didn't work, they would pull back your lips to try and force you to open your lips. If that didn't work they would use forceps and run them up and down your gums until your gums bled to try to force you to open your mouth.

The former prisoner added:

This happened on a daily basis. So different days depending on your resistance. It was either up or down they would also then use a riles tube which is a very thin tube they used, I think, for intravenous drip. They would move it against the membrane at the back of your nose—a very sensitive part—to try and force a gag so you would open your mouth. If they got your mouth open at all, they forced a wooden bit in something like you would put in a horse with a hole in it. They would force that back and one of the prison warders would then hold that back and you wouldn't be able to move. It was quite a frightening experience.¹⁴⁸

Evidently, this prisoner recounted his experiences of force-feeding as marred by physical violence and force, as a determined, but ultimately futile, struggle against bodily intrusion. It would be reasonable to assume that prison doctors were more willing to use force in the case of a male hunger striker. The former prisoner's resistance undoubtedly guaranteed a resort to violence that might not have occurred if he had passively accepted the stomach tube. Indeed, his resistance in itself helped to transform the act of force-feeding into a battle of wills between doctor and prisoner.

Notably, the ex-prisoner recalled that three of the ten prison doctors at Wormwood Scrubs refused to perform the operation for ethical reasons (or perhaps because they objected to the physical violence involved). He also recollected that, through reasoning and arguing, he dissuaded a

further four medical staff from force-feeding. The remaining three, he suggested, firmly stood by their opinion that their role was to save life. Nonetheless, when a legal case against their actions went to court, he recalled that the remaining three doctors suddenly stopped feeding him. ‘My question to them’, he asserted, ‘was: Where is your Hippocratic Oath if you are so convinced—if your conviction is—you are doing this to save my life as opposed to doing it for political reasons, then surely you should continue on (which they did not)? So I think that the dilemma answers itself.’ To answer his rhetorical question, the former prisoner commented that many of the prison doctors had been recruited from the British Army and formed part of a military system in place to tackle PIRA activity. For this ex-prisoner, the political perspectives of the prison doctors influenced decisions made about medical intervention that ran against the grain of medical ethical norms.¹⁴⁹ Nonetheless, the fact remains that a significant proportion of medical staff viewed force-feeding as unethical and refused to perform the practice due to a belief in its wrongness. They decided not to involve themselves in the political aspects of force-feeding or abandon the ethical norms that structured their work.

But how did prison doctors deal with the alternative option: Being unable to intervene as a patient under his care slowly died from a lack of food? This option subverted the disciplinary tendencies inherent in prison medicine to enact punishment on the body. Yet it was also emotionally traumatic for the prison doctors involved. Between 1980 and 1981, the Northern Irish Department of Health carefully considered the problem of hunger strike management. One former staff member later recounted the pressure placed on doctors forced to watch prisoners waste away. As he recollected, ‘that caused enormous stress for all healthcare staff. There were doctors that found that just extremely difficult to deal with. It was seen regardless of all the political issues involved, it was seen that all the patients had that right to choose.’ He recounted particular frustration for doctors when family members were called in to offer their opinion about whether a seriously ill hunger striker should be fed and refused, stating that they wanted their son to die for the cause.¹⁵⁰ During the opening months of the hunger strikes, family members adhered to their relative’s wishes against intervening should a prisoner fall into a coma. However, relatives began to intervene towards the end of the hunger strikes as it became apparent that the government was unlikely to compromise.¹⁵¹ Death seemed pointless. As the Long Kesh/Maze hunger strikes progressed—and as international interest began to wane—many parents saw the death of a son as futile.¹⁵² In September 1981, family members of IRA member Laurence

McKeown, who had been fasting for seventy days, ordered medical treatment to be provided.¹⁵³

The Department of Health expended considerable resources dealing with the protocols and ethics of over-seeing self-starvation. As a former staff member recalled, 'I mean this is my objective view, they couldn't have done more to handle it in an appropriate way for health professionals. It was unknown territory.' Indeed, as the staff member also acknowledged, prison doctors were not equipped with a full understanding of how the human body wastes away without food or intricate matters relating to under-nutrition. Physiological knowledge of human starvation was still relatively unformed. Instead, prison doctors relied on their own observations, powerless to intervene. Fasting prisoners were now treated in the prison hospital. Medical officers established a prisoner's capacity for rational judgement and obtained confirmation of their opinion from an outside consultant. They informed prisoners that medical supervision and food would be made available, and that medical officers were not required to force-feed. Starvation, they warned, might be allowed to continue without medical intervention.¹⁵⁴ Publicly, the Home Office did not openly refer to the Declaration of Tokyo. Nor did it entirely rule out the possibility of force-feeding if a prison medical officer deemed it appropriate.¹⁵⁵ Nonetheless, in practice, prison doctors refrained from administering food.

Did this new policy make the work of prison medical staff easier or more difficult? After all, prison doctors were no longer called upon to perform a painful and highly contested bodily intervention that cast negative light on their professionalism in the public eye. But was observing a decaying body that could potentially be saved more or less traumatic as resorting to violence to save life? The Long Kesh/Maze prison hunger strikes undoubtedly placed severe strain on prison staff members forced to work in an often hostile environment which, at worst, endangered their lives and those of their family members.¹⁵⁶ Many PIRA prisoners acknowledged the precarious position of the doctors who cared for them. In an oral history interview, one former prisoner recalled that 'the hunger strike posed a lot of questions then because you are a doctor and people are dying around you and there is nothing medically wrong with them and then you feel powerless and all the rest of it.' Cognisant of the ethically problematic nature of force-feeding, he added that:

I would imagine that [force-feeding] would be contradictory to the Hippocratic Oath or to the essence of the Hippocratic Oath. During it [the hunger strike], every day we were just taken out and you were weighed,

blood pressure taken and just generally checked your health and checked urine samples and all which I suppose even to show that we weren't eating because it would show up.¹⁵⁷

Similarly, another former prisoner stated that 'I think that was a terrible time for everyone, maybe particularly the doctors ... because their total instinct is to save life and they were examining people who were starving themselves to death. And they did examine them. They didn't stand back from that.'¹⁵⁸ A further former republican prisoner recalled:

We got good care afterwards and I would say it was down to people like Dr Love ... we would have got examined by him every day for maybe a week ... he definitely had a warmth and a humanity about him.¹⁵⁹

Hunger striking also raised complex questions about underlying medical problems that required treatment. Fourteen days into his hunger strike, Brendan McLaughlin agreed to receive treatment for a stomach ulcer. He was unable to sleep due to his stomach pains and was vomiting blood. A hospital consultant at Musgrave Park Hospital, Belfast, warned him that he would be dead within four or five days if he refused treatment.¹⁶⁰ McLaughlin raised an intricate dilemma. In essence, the point of the hunger strike was to die. But what if a prisoner died of a cause other than starvation? What if his or her protest aggravated a pre-existing medical complaint? Hunger striking could also take its toll on the psychological well-being of prison doctors. One doctor, Dr Ross, suffered serious problems with his conscience as he felt that he should insert a drip into a prisoner who had fell into a coma. Ross firmly believed that it was his duty to intervene in cases of starvation. He shot himself in the head on 13 June 1981.¹⁶¹

Evidently, the transition to permitting self-starvation raised multiple questions for prison doctors about how to manage, regulate, and observe the bodies of prisoners intent on refusing food. Doctors could adopt an observational role only, abandoning tendencies shown throughout the century to assert their power by resorting to the stomach tube to restore institutional order. The act of observing decaying bodies produced complex emotional responses—in one instance—resulting in suicide. Even despite forming part of a politico-military system in place to address political dissidence, many medical workers found it impossible to entirely discard compassion and empathy, to force themselves to over-rule their basic medical ethical inclinations and refrain from intervening by supplying food.

CONCLUSION

In the mid-1970s, a range of inter-connected circumstances led to the formal denouncement of prison force-feeding as ethically unacceptable. The renewal of Irish republican activity in Northern Ireland—which spilled over onto mainland Britain—resulted in a number of incidences where politicised individuals found themselves imprisoned in English prisons and force-fed. Prison practices came under scrutiny in the context of broader debates on how so-called terrorists should be dealt with, and the appropriateness of inflicting pain and suffering in a liberal culture increasingly concerned about infringements of civil liberties and human rights. While force-feeding was far from uncommon in mid-twentieth-century English prisons, the high public visibility of the Northern Irish conflict ensured high media interest. Moreover, the lengthy force-feeding of two young sisters who simply wished to be returned home to continue serving their sentences added affective dimensions to discussion of their institutional treatment, replete with discussion of the gendered dimensions of performing the act on two ‘girls’. Indeed, the Price sisters provided the first newsworthy incidence of a prolonged period of female force-feeding since the suffragette period.

A particular socio-cultural milieu existed in the 1970s which made force-feeding appear unacceptable. Heightened concern over breaches of human rights (which incorporated prisoner rights) meant that accusations of torture were now thoroughly investigated by activist groups. Moreover, medical behaviour itself was subject to public questioning in the 1970s. Revelations of breaches of medical ethics had encouraged the development of a new agenda of bioethics that sought to structure medical behaviour and protect patient rights. These imperatives combined with pressure placed on politicians to structure public opinion on force-feeding. Nonetheless, it was ultimately the death of Michael Gaughan that garnered considerable political and media interest, coinciding as it did with a peak in public interest in force-feeding. Gaughan’s death confirmed the long-standing view held by critics that force-feeding was dangerous and potentially life-threatening, not to mention an entirely inappropriate response to problems faced by politicised prisoners. While the British medical profession mostly concerned itself with protecting prison doctors from accusations of neglect, abuse, or manslaughter, the broader international community (immersed as it was with discussing problems such as medical participation in torture) took the opportunity

to condemn force-feeding as an unacceptable method of dealing with prisoners involved in civil conflict and who were directly opposed to the government that had authorised, overseen, and supported their feedings.

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