

VIEW FROM THE OBSERVATORY ---

St Joseph's Hospice, Hackney: documenting a centenary history

Michelle Winslow, David Clark

*International Observatory on End of Life Care,
Institute for Health Research, Lancaster University,
Lancaster, UK*

An important aspect of the work of the International Observatory on End of Life Care is a programme of studies concerned with documenting and analysing the 'living history' of hospice and palliative care services in different settings. In this paper, we describe the work of a recent project to capture and celebrate the 100 year history of one of the UK's most famous hospices.

Keywords: *St Joseph's Hospice, centenary*

St Joseph's Hospice, based in Hackney in the East End of London, has a special importance within the global history of hospice and palliative care. It is the oldest hospice in England to have remained within its founding framework of governance, that of the Religious Sisters of Charity (1). It serves a community characterised by a long history of material poverty and deprivation as well as ethnic and cultural diversity. It provided the vital context for the early work of Cicely Saunders, whose subsequent activity was to be so consequential for the creation of the whole hospice movement. It has been the training ground for several cohorts of doctors, nurses and others who have gone on to practise in hospice and palliative care settings all over the world. Perhaps most importantly of all, it demonstrates to us how a hospice organisation can expand and change over time, adapting to altered circumstances, whilst returning regularly to its original mission and purpose

Address for correspondence:

Michelle Winslow
c/o International Observatory on End of Life
Care, Institute for Health Research, Lancaster
University, Lancaster LA1 4YT, UK
E-mail: m.winslow@sheffield.ac.uk

and remaining rooted within its local community. For all these reasons, the history of St Joseph's is both fascinating and important.

From April 2004 to September 2005, a project to record and document St Joseph's history in its centenary year was conducted as part of the History Programme of the International Observatory on End of Life Care, at Lancaster University (2). The culmination of this project has been an exhibition which ran throughout 2005 in Hackney, and a book in which we have sought to capture and make sense of the rich and unfolding story of St Joseph's during the first 100 years of its existence (3). The project has been a collaborative venture in which we have worked closely with many colleagues at the hospice as well as a large number who have given service there in the past. We see the outcome as something on the boundaries between 'history' and 'evaluation'. We have sought to document and to analyse the life of St Joseph's and the ways in which it has operated over time; we have also developed an account of its 100-year history which addresses the challenges and opportunities the hospice is facing in the early 21st century.

METHODS AND APPROACHES

This work builds on earlier studies of the development of the hospice movement. Over time, we have been assessing how and why hospice and palliative care have developed in Britain, Ireland and elsewhere. Our work has included several projects to preserve important archival material relevant to the early history of hospice and palliative care (4). We have studied the early origins of the modern hospice movement in some detail, particularly through the contribution of Cicely Saunders (5). We have also published a major work of oral history that seeks to capture the growth of the hospice movement in the UK through the voices and experiences of those directly involved, and which also has an accompanying exhibition that has been displayed at numerous hospices and conferences since its launch in spring 2005 (6).

The project with St Joseph's draws on a range of methods and techniques that we favour in making sense of the development of hospice and palliative care in settings all around the world. In researching the history of St Joseph's, part of our task has been to formalise and add to the existing archives held by the hospice. So, at the start

of the project, a considerable amount of work was undertaken to catalogue materials held there, building on the excellent work already done at the hospice to preserve aspects of St Joseph's history. This material included letters, building plans, annual reports, newsletters, meeting notes and an extensive array of photographs. In addition to these, we were grateful to receive sets of papers from individuals who have worked at St Joseph's in the past, and which we have added to the archives of the International Observatory on End of Life Care. The Observatory archives were also useful sources of interview material and for the papers of Cicely Saunders, which are held there on a temporary basis, prior to accession to the archives of Kings' College, London. A considerable amount of material was also collected through standard literature searches which gave access to published primary and secondary sources as well as to some useful reports and 'grey' literature.

At the outset of the study, we saw oral history – the spoken word of participants – as a central part of our methodology and, over time, this was further strengthened. A total of 49 individuals were interviewed during the period January 2004 to May 2005 (7). The interviews were carried out in numerous locations across England, Scotland and Ireland, as well as at the hospice itself. This enabled us to represent individuals who have been involved in many different aspects of the life of St Joseph's. We sought out key figures who had shaped and managed the organisation, as well as those with more 'backstage' roles. Perhaps inevitably, there were sensibilities relating to our efforts at ensuring inclusion and completeness and, wherever possible, we have tried to allay concerns about participating in the project through interview. All interviews were carefully transcribed and checked, and copies sent back to the interviewee for approval. We also supplemented our analysis with some interviews already conducted within the History Programme of the Observatory. We have sought to combine the spoken word of oral history with insights drawn from a variety of documentary sources in a way that is mutually strengthening and serves to enhance our understanding of particular stories, events and processes.

A CENTURY OF CARE

It was in the summer of 1900 that five Sisters travelled from Ireland to King Edward Road, Hackney. The women were members of a Catholic order called the Religious Sisters of Charity which had been founded in 1815 by Mother Mary Aikenhead and the Most Reverend Daniel Murray, Archbishop of Dublin. From its Mother House in Milltown, County Dublin, the order had spread to several countries in fulfilment of its Charism – the alleviation of the plight of the poor and dispossessed. In Ireland, the Sisters worked especially with children, establishing day

schools, orphanages, industrial and training schools, and catering for those whose parents could not pay high school fees or buy uniforms (8). Elsewhere, they could be found in response to invitations to minister in areas of deprivation characterised by dilapidated and unsanitary housing, uneducated and illiterate inhabitants, and endemic contagious disease and malnutrition (9).

Poverty was endemic in East London and the many Irish immigrants to be found there were often seen as a burden on poor relief. Privation and appalling living conditions caused poor health; when epidemics of typhoid and cholera struck, the impact was generally hardest on Irish homes and families. In this environment, the Catholic Church was seeking ways of offering support to the urban poor in the East End. Hence, the invitation to the Sisters of Charity to establish themselves amongst their compatriots, and alleviate their suffering where they could (10).

The protagonist who made possible the Sisters' journey to London was Father Peter Gallwey, an Irish Jesuit priest (11) and a man of strong views and tenacious will (12). Father Gallwey had taken a keen interest in Our Lady's Hospice for the Dying after it was opened by the Sisters of Charity in Harold's Cross, Dublin, in 1879, and he had resolved to bring a group of Sisters to Hackney to carry out similar work amongst his Irish parishioners. It was not until 1900, however, that he managed to raise sufficient funds to establish a Foundation. In February 1900, Father Gallwey noticed a house 'to let' in Hackney. A tenancy of the house was agreed with the help of the Cardinal's Catholic solicitor. The benefactor who had made this possible was Grace Goldsmid who had inherited a sizeable fortune from her Jewish parents. Grace converted to Catholicism, influenced by her Italian Catholic governess, and met Father Gallwey while receiving instruction.

As soon as their second week in London, the Sisters were to be found visiting the poor in Hackney and Hoxton. They also began weekly visits to two infirmaries and the Victoria Park hospital: 'bringing back many lapsed souls and also bringing about many conversions to the True Fold' (13). These home visits convinced the Sisters of the need to establish a place to care for people dying from tuberculosis, modelled on the institution at Harold's Cross (14). At this time, hospitals were extremely disinclined to admit dying patients and this left workhouse infirmaries as the only option for many seriously ill people (15). The stigma of the workhouse, however, meant that many preferred even a squalid home environment as a place to die (16).

In 1903, the Sisters planned a move to a rented villa around the corner from their original home. They were accepted as tenants but, soon after, the whole of the estate came up for freehold sale. The Sisters made an offer to purchase the estate, known as Cambridge Lodge, for

PROGRESS IN PALLIATIVE CARE

£9000. Negotiation for the site was protracted but reached a conclusion in December 1903 when the property was sold to an anonymous buyer for £10,000. In March, 1904, the buyer gave the entire Cambridge Lodge Estate to the Congregation for the care of the dying. The house was in some need of repair, and so possession was delayed for the work to be carried out. The Sisters, while grateful for the property, remarked: 'it was a bad old house, ill suited to its new purpose' (17).

Less than a year after the handover of the property, on 15 January 1905, St Joseph's Hospice for the Dying opened in Cambridge Lodge with 12 beds. Two patients were admitted late on Saturday, 14 January, a woman and a man – the latter a tram driver dying of consumption who was carried into St Joseph's Hospice by friends (18). This quiet opening of St Joseph's Hospice reflects a shift in attitudes towards the care of the dying poor in London, who for the first time were being seen to need special medical, nursing and spiritual care, in an institutional setting. Three other homes were offering similar care in London in this period: The Friedenheim, an Anglican home in Mildmay Park; the Hostel of God, run on Anglican principles; and St Luke's House, a Methodist home (12). The establishment of these homes marked a fragile commitment to the care of the dying – seen as an area requiring special institutional provision (20) and one beginning to attract the interest of some Victorian medical practitioners (21).

By 1907, St Joseph's Hospice was staffed by eight Catholic Sisters who worked as nurses, four part-time doctors and two part-time chaplains, as well as a number of domestic staff and untrained nurses (22).

BUILDING IN EARNEST

St Joseph's first building project was the construction of a small chapel with outer walls of corrugated iron and costing £450. Until this was completed in 1911, Sisters and patients used a small and unsuitable room in Cambridge Lodge as a place of worship (23). Throughout the next century, pressure for larger and more comfortable accommodation would ensure an almost incessant building programme at the hospice.

The year 1922 saw the addition of three new wards with balconies, for patients with tuberculosis. They contained modern sanitary arrangements and a good kitchen with hot water. A flat roof allowed patients access to fresh air without the exertion of going to the garden. The building cost £3702. The money was raised from bequests, an appeal and a Sale of Work (13).

Care at St Joseph's continued to be free to the poor. Contributions were welcomed from those who could afford to pay, but otherwise there was no fixed charge. Quite separate from the main hospice, in another villa, the Sisters were taking in private patients whose age and infirmity necessitated 24-h care (25). Their rate included meals

and 'ordinary nursing' but 'special nursing, stimulants and medicines' were charged as extras. Likewise, fees for medical attendance were additional and private patients had to make their own arrangements for care by a doctor. Payments were weekly, in advance, and no 'mental or infectious cases' were allowed into private rooms (26). The income that resulted provided valuable financial support for the hospice for the dying.

In 1923, the Ministry of Health recognised the hospice as a home for 'the reception of advanced cases of pulmonary tuberculosis' – people who were no longer eligible to stay in a sanatorium. The resulting income brought by this was a great help to St Joseph's, and marked the start of an important relationship with the Ministry of Health (27).

Yet demand on beds was unrelenting and, in 1924, the Sisters revealed that another new extension was planned, requiring a sum of £3000. They appealed: 'if only some rich benefactor would come forward and help to defray the cost'. In the absence of such a person, the Sisters held a street Flag Day collection, a Pound Day Appeal, and a Jumble Sale in the hospice garden. The latter was also beneficial for local people who could find bargains amongst the second-hand goods. Also, 1924 saw central heating installed in parts of the hospice and convent, the chapel, and the mens' sitting room. The initial outlay was £380 but, in the long-term, it saved on expense and labour and improved the comfort of patients and Sisters alike (28).

With applications for admission to the hospice on the increase, and many being refused due to lack of accommodation, a further extension was added in spring 1925, providing larger, more airy wards and a further 25 beds – bringing the total to 75. Expansion of accommodation continued apace when, in 1927, the freehold of a nearby property was obtained for a badly needed nurses' home, at what was considered the 'very reasonable sum' of £1500. However, the property came with sitting tenants and no likelihood of removing them; so, in 1928, a further property was purchased (29).

Silver Jubilee celebrations to mark 25 years of St Joseph's Hospice took place in 1929. The Sisters reflected on their achievements, and looked ahead:

In the space of time much has been accomplished, both from a spiritual and bodily point of view. To Catholic and non-Catholic alike, the hospice has proved itself a real haven of rest, comfort and consolation.... As an act of thanksgiving to Almighty God for all His Blessings, we desire to build a permanent Chapel in place of our corrugated iron Chapel. The need is most urgent. Our Sisters and Lay Staff alone fill the chapel, and those of our Catholic patients who wish to come in, as they so often do, many almost to the last day of their lives, find it over-crowded (30).

A permanent chapel was opened in 1932. The building joined the Convent to the hospice and provided a new

wing for the growing number of Sisters needed to run the hospice (13). The local newspaper reported with enormous enthusiasm:

A tower, 100 feet high and bearing on each side a large illuminated cross which can be seen for miles around, is a striking feature of the new extension of St Joseph's Hospice ... one of the best-known Catholic Institutions in the Metropolis.... The improvements include a central kitchen in which all the up-to-date equipment is chromium-plated, the floors and walls are tiled, and an opalite ceiling completes a setting of 'cuisine de luxe' ... an architectural gem is the new chapel, which is the Italian Renaissance style, ample in its proportions and striking in its dimensions (32).

Much of Britain was in the grip of economic depression in 1932 and, in common with other charitable institutions, St Joseph's was experiencing the 'stress of the time'. The slump took its toll on hospice subscribers, and this in turn had a significant impact on income and upkeep (33). The following year brought no relief and the Sisters reported a 'constant strain to make ends meet' (34).

Nevertheless, 1934 saw completion of a hospice link which gave direct access from the Convent. This was a great advantage, especially when moving between buildings at night. A lift for patients was also installed, along with modern bathrooms that were 'a great and necessary help for the better working of the institution' (35). Autumn also saw the laundry rebuilt and equipped with new machinery: 'The latest electric washers, ironers and drying room with a flat roof on top which is a great boon to the Sisters for saying their beads' (36).

That on-going development work continued in difficult conditions bears testimony to the effective fund-raising of the Sisters. They also had a financial advantage in that they needed a minimum of lay employees. Indeed, in 1938, of the three institutions in London offering comparable care to the dying, St Joseph's was the largest and the wealthiest. Its income that year amounted to £18,346, more than double that of the Hostel of God, and more than three times that of St Luke's House (12).

But difficult times lay ahead and outside forces were to take their toll on the hospice. With the outbreak of the Second World War, bombs fell on Hackney and St Joseph's buildings were damaged and destroyed. Early in the war, hospice patients and equipment were moved to accommodation in Bath owned by the Sisters of Charity. When peace returned in 1945, reconstruction of the hospice was a priority. Patient accommodation took precedence and the Sisters used the opportunity to update facilities where they could. In 1950, they reported:

The installation of individual lights over all the beds and the supplying of new beds and mattresses to most of our wards, has added greatly to the comfort of our patients (38).

The year 1955 saw up-to-date surgical equipment purchased and the beds converted to the latest hospital model (39). Lay staff waited until 1954 for a new nurses' home. In the meantime, they lived in two houses just inside the main gate, nurses in one and domestics in another. With three to a room, metered gas fires and no central heating, conditions were far from ideal (40).

A NEW ERA

As the Sisters made good the war damage, they embarked on plans for a new hospice to meet an increasing demand for beds. The sums involved were beyond all previous imaginings:

A new wing, at an estimated cost of £120,000 is at the moment in the course of erection. The new building will supply us with 75 beds for the seriously ill and enable us to use the present hospice for chronic patients.... Out of the scores who pass daily into eternity there is room only for 75 in the hospice. Every inch of space is made use of. Each bed's tale is 'one gone – one in – another waiting'. So it goes on day after day (13).

The completed structure, Our Lady's Wing, had floor-to-ceiling windows in the wards so that patients could watch street activity – retaining a degree of contact with the outside world. Each person had a locker, a print bedspread, and a fresh flower on the night table. Patients were mainly in wards, with private rooms reserved for those with facial cancers and malodorous malignancies, and patients with very large families (42).

The staff aimed to offer some semblance of a home-like, non-clinical atmosphere, but first person accounts from oral history interviews show it is the windows that are etched in peoples' memories. Sister Margaret Deegan was a nurse in Our Lady's Wing in the 1960s:

What I liked about it was the patients could look out and see, they would have commented about that. It was the big glass windows and the big panels, and it was lovely really for them. They didn't feel closed in like the old hospice.... They could see the people passing on Mare Street and the staff coming and going over to the nurses' home, and all that life. They were still part of life and that meant a lot to them (43).

Amongst the first doctors to work in Our Lady's Wing was the newly qualified Cicely Saunders. Here she recalls her first impressions of the new building:

It was a very nice wing. The beds were in six-bed bays with only one single room on each floor. There was a day room on the ground floor and on the first floor, but there wasn't one, as far as I remember, on the top. Patients were really staying in their beds, very rarely were they sitting even beside their beds, let alone out in

PROGRESS IN PALLIATIVE CARE

any kind of day room, they were very small. It had a peaceful feel about it (44).

It was in 1958 that Cicely Saunders took up a position as Research Fellow at St Mary's School of Medicine, and focused all of her efforts on clinical studies at St Joseph's. There, in Our Lady's Wing, she laid down the basic principles of modern hospice care. She developed a systematic approach to pain control in terminally ill patients, and she began teaching what she knew to other people. In response to medicine's despairing rejection of the dying patient ('there is nothing more we can do'), she offered a positive, imaginative alternative that sought to ensure pain relief, maintain dignity and to enhance the remaining period of available life, however short. St Joseph's was the platform from which she launched an energetic programme of lecturing, writing and awareness raising about the care of the dying in the UK and further afield, and it was from Hackney that her reputation spread and interest in her work grew in the decade before she opened St Christopher's Hospice in 1967.

Our Lady's Wing increased St Joseph's bed count to 112. The increase in bed numbers brought the problem of more nurses needing accommodation. It was decided that since the nursing home section and adjoining domestic quarters in the original old building were beyond useful repair, they would be demolished and replaced by a modern wing and a new nurses' home to accommodate 40 residents; the existing nurses' home was used to accommodate remaining resident staff (45).

A new era in the life of the hospice was underway, evident from the increasingly modern style to be found in the annual reports. Since they first appeared in 1907, these yearly outputs carried the title: *Report of St Joseph's Hospice for the Dying*. The report of 1958–1959 dropped the word 'dying', as did the institution, which became known simply as St Joseph's Hospice. A few years later, Reverend Mother Dolores declared: 'It was simply too disturbing for visitors who do not accept death as we do' (46). The change of name was more appropriate from the perspective of sensitivity, and also because the hospice was now admitting patients for long-term and rehabilitative care.

Throughout the 20th century, St Joseph's was engaged in numerous building schemes, to maintain standards of care and accommodation. Our Lady's Wing was undoubtedly the first purpose-built hospice unit in Britain. In 1965, St Patrick's Wing opened, a three storey, centrally heated facility replacing the original 19th century buildings and accommodating 21 chronically ill patients. By 1966, just one of the original Cambridge Lodge buildings remained, housing the convent, but large cracks were appearing in its walls and it was soon condemned (47). Rebuilding began the following year which prompted an appeal for £90,000 (48), a major fund-raising effort which added to a scheme to enable the demolition and rebuilding

of St Joseph's Wing. This new venture would provide accommodation for 25 chronic sick patients, with a large physiotherapy unit, main kitchen, central stores, central linen room and administrative offices (49).

In the mid-1970s, it was realised that there was an urgent need in the area for residential accommodation for people with disabilities. The Sisters embarked on the challenging venture of designing and equipping new facilities to cater for 26 residents. A minor setback occurred during construction work when the builders had to dig out 'very solid remains of what was once Oliver Cromwell's hunting stables' (50), but eventually Heenan House opened in 1977 as a place to work with people who needed assistance in living independently. Staff were involved in outreach work, re-housing, and arranging for residents to spend weekends at home to gain confidence.

A decade and a half after its opening, Our Lady's Wing was in need of an update. A visit by a geriatrician and an interior designer was arranged to advise on how best to use the day rooms to make patients feel more at home. Richard Lamerton, director of home care, remarked that they were looking 'awfully institutional, with shiny painted walls and slippy floors', and wanted advice on how to improve the atmosphere and décor. At the same time, he was seeking funds for this work – to include a specific request:

My first wish is to render the televisions silent. On entering the hospice, one is struck by the enormous peacefulness of the place, due, I think, to the regular prayers of the Sisters. But in the wards this peace is frequently shattered by the televisions. Imagine dying to the Racing Results, or Top of the Pops. We can hardly manage without them, for so many patients enjoy the television, but if only we could afford the underfloor wiring for lightweight headphones, we could restore peace to the wards while allowing every patient to watch television who wants to (49).

The money was raised by the Bingo Committee and, in 1975, silent televisions with headphones were installed in some wards (52).

By 1983, St Joseph's Hospice had 25 nuns and a large lay staff of doctors, nurses, ancillary workers and volunteers. It was supporting a domiciliary care service caring for 120 patients in their own homes, and was maintaining 112 in-patient beds that accommodated between 600 and 700 admissions each year (53).

The opening of the Norfolk Wing in 1984, for education, was an achievement that raised the international profile of St Joseph's. And 1995 saw Providence Wing provide a much needed new laundry, offices and restaurant. However, Heenan House lasted just 20 years, ending its rehabilitative role in the care of people with disabilities, in 1997. The building was then refurbished to provide

accommodation for long-term residents previously in St Patrick's Wing; mostly younger, chronically sick patients with a physical disability (54).

In 2002, the demolition of Our Lady's Wing got underway. Patient expectations and the maturing specialty of palliative care had outgrown the building's 1950s facilities, and its structure excluded the possibility of refurbishment. The impact on relatives and staff was enormous as they remembered with great emotion this place where some 30,000 people had died over 44 years of service. Patricia Duggan, residential manager and nurse, recalls the day that the mechanical diggers started work:

That was a sad morning, I remember just looking at it, and the thing that was going through my mind was ... all the patients and all the families. You know, the digger was clawing at it and you were just thinking of all the things that had happened and all the memories. But it was a sad day, it was (55).

During the 20th century, St Joseph's grew from a modest establishment that brought comfort and religious solicitude to the dying poor, into an expansive facility for modern hospice and palliative care, education and research. From the late 1950s, it contributed to a new vision in the care of the dying which challenged prevailing attitudes and stimulated enormous global interest. Service provision at the hospice steadily increased, measures to ensure ongoing professionalisation were implemented, and clinical staff became involved in wide-ranging, end-of-life care debates and discussion.

As the millennium closed, and with St Joseph's centenary year approaching, a decision was taken to rebuild the hospice with the most up-to-date facilities for the care of patients and their families. Centenary Wing demonstrates the forward thinking that has epitomised the work of the Sisters of Charity in the East End since 1900. Many issues have had to be taken into account – in particular capturing the needs of different ethnic and language groups and a variety of faiths and cultures. Attention has been given to the integration of physical, emotional, social and spiritual aspects of care, and the hospice offers choice to patients and their families. The 21st century facilities of the Centenary Wing retain Mary Aikenhead's 19th century vision of providing those near the end of life with the best of care and facilities. It forms part of St Joseph's aim to provide excellent care, whether in the patient's own home, or the in-patient setting.

St Joseph's has taken care of the sick and dying in the East End of London since the beginning of the 20th century. It has done so through many changing contexts and across two world wars. Along the way it has adapted to the creation of the British National Health Service and responded to major social and economic changes in its local community. St Joseph's is a place of building and rebuilding. Part of its story is a sense of invention and adaptability in adjusting to needs and circumstances that

evolve over time. There are many examples of new construction and development on the hospice's Mare Street site in Hackney, but this is not just a matter of bricks and mortar. St Joseph's has also played a part in the unfolding development of the modern hospice movement – contributing to new ideas about patient care, to research and to education – and giving inspiration to so many others who have become involved in the field. Its history also offers insights into the changing experiences of patients and families as they face up to the reality of advanced illness and death and the support they receive from those who make a special commitment to this area of care. In short, to study St Joseph's is to investigate not just one hospice organisation, but also the wider history of which it has been such an important part.

REFERENCES AND NOTES

1. In the past, the Religious Sisters of Charity have sometimes been referred to as the Irish Sisters of Charity. This was a popular title used to distinguish the Order from similarly named Congregations.
2. See <www.eolc-observatory.net>.
3. Winslow M, Clark D. *St Joseph's Hospice, Hackney: A century of caring in the East End of London*. Lancaster: Observatory Publications, 2005.
4. See, for example: (i) Lydon P. *A Catalogue of Records Retained by Hospices and Related Organisations in the UK and the Republic of Ireland*. Sheffield: EAHMH Publications, 1988; (ii) Clark D. An annotated bibliography of the publications of Cicely Saunders – 1: 1958–67. *Palliat Med* 1998;**12**:181–93; (iii) Clark D. An annotated bibliography of the publications of Cicely Saunders – 2: 1968–79. *Palliat Med* 1999;**13**:485–501; (iv) Clark D. *Cicely Saunders – founder of the hospice movement. Selected letters 1959–1999*. Oxford: Oxford University Press, 2002.
5. See: (i) Clark D. Originating a movement: Cicely Saunders and the development of St Christopher's Hospice, 1957–67. *Mortality* 1998;**3**:43–63; (ii) Clark D. Cradled to the grave? Pre-conditions for the hospice movement in the UK, 1948–67. *Mortality* 1999;**4**:225–47; (iii) Clark D. 'Total pain', disciplinary power and the body in the work of Cicely Saunders, 1958–67. *Soc Sci Med* 1999;**49**:727–36.
6. Clark D, Small N, Wright M, Winslow M, Hughes N. *A Bit of Heaven for the Few? An oral history of the modern hospice movement in the United Kingdom*. Lancaster: Observatory Publications, 2005.
7. Seventeen interviews were with members of the Sisters of Charity, though unfortunately four of these were withdrawn from the study at the point when the interviewees checked their transcriptions.

PROGRESS IN PALLIATIVE CARE

8. See: Bayley Butler M. *A Candle Was Lit: The life of Mother M. Aikenhead*. Dublin: Clonmore and Reynolds, 1953.
9. Religious Sisters of Charity <<http://www.rsccharitas.ie>>.
10. Nelson S. *Say Little, Do Much: Nursing nuns and hospitals in the nineteenth century*. Pennsylvania, PA: University of Pennsylvania Press, 2001;59.
11. Gavin M. *Memoirs of Father P. Gallwey*. London: Burns and Oates, 1913.
12. Humphreys C. 'Undying Spirits': *Religion, Medicine and Institutional Care of the Dying 1878–1938*. Unpublished PhD thesis, University of Sheffield, 1999.
13. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
14. *Report of St Joseph's Hospice for the Dying, 1907*.
15. Lydon P. *A Catalogue of Records Retained by Hospices and Related Organisations in the UK and the Republic of Ireland*. University of Sheffield: EAHHM, 1998;34.
16. See: *Our Roots*. Pamphlet. St Joseph's Hospice, Hackney, 1984.
17. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
18. Philpot T. Death – a part of life. *Nurs Mirror* 1980; 21 August.
19. Humphreys C. 'Undying Spirits': *Religion, Medicine and Institutional Care of the Dying 1878–1938*. Unpublished PhD thesis, University of Sheffield, 1999.
20. Humphreys C. 'Waiting for the last summons': the establishment of the first hospices in England 1878–1914 [1]. *Mortality* 2001;6:146–66.
21. Hughes N, D. Clark D. 'A thoughtful and experienced physician': William Munk and the care of the dying in late Victorian England. *J Palliat Med* 2004;7:703–10.
22. Saunders Y, Ross J. St Joseph's Hospice: then and now. *Eur J Palliat Care* 2001;8:5–18.
23. Champion M. *The Making of a Hospice*. London: Congregation of the Sisters of Charity, 1979;1.
24. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
25. *Report of St Joseph's Hospice for the Dying, 1922*.
26. *Report of St Joseph's Hospice for the Dying, 1911*.
27. *Report of St Joseph's Hospice for the Dying, 1923*.
28. *Report of St Joseph's Hospice for the Dying, 1924*.
29. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
30. *Report of St Joseph's Hospice for the Dying, 1929*.
31. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
32. St Joseph's Hospice, Hackney. Cardinal Bourne opens new extension. *The Gazette* 1932. Day and month unknown.
33. *Report of St Joseph's Hospice for the Dying, 1932*.
34. *Report of St Joseph's Hospice for the Dying, 1933*.
35. *Report of St Joseph's Hospice for the Dying, 1935*.
36. Hackney Annals, 1928–1935.
37. Humphreys C. 'Undying Spirits': *Religion, Medicine and Institutional Care of the Dying 1878–1938*. Unpublished PhD thesis, University of Sheffield, 1999.
38. *Report of St Joseph's Hospice for the Dying, 1950*.
39. *Report of St Joseph's Hospice for the Dying, 1954–1955*.
40. John Scott, unpublished memoirs, 2001.
41. A.M.D.G. Brief synopsis of the Annals of Hackney. Founded in 1900.
42. Pollock L, Isacson Pollock M. St Joseph's Hospice and the role of the social worker: A member of the treatment team helping terminally ill patients during their final days. *Am J Hospice Care* 1984;Summer:32–34.
43. Oral history interview with Sister Margaret Deegen. Recorded by M. Winslow, Hospice History Programme, Lancaster University. 9 February 2005.
44. Oral history interview with Cicely Saunders. Recorded by D. Clark, Hospice History Programme, Lancaster University. 29 April 1997.
45. Information pamphlet: St Joseph's Hospice. 1967.
46. Untitled article about St Joseph's Hospice. *Nova* 1967;August:55–6.
47. *St Joseph's Hospice Annual Report, 1966–1967*.
48. *St Joseph's Hospice Annual Report, 1967–1968*.
49. *St Joseph's Hospice Annual Report, 1970–1971*.
50. Friends of St Joseph's Hospice. Summer Newsletter. August 1975.
51. Undated letter between Richard Lamerton and potential donor. ca 1975. St Joseph's Hospice archives.
52. Friends of St Joseph's Hospice. Summer Newsletter. August 1975.
53. *St Joseph's Hospice Annual Report, 1982–1983*.
54. St Joseph's Hospice Newsletter. Issue 6; April 1998.
55. Oral history interview with Patricia Duggan. Recorded by M. Winslow, Hospice History Programme, Lancaster University., 29 June 2004.