Placing the history of artificial eardrums against the backdrop of medical consumerism and advertising culture, this chapter reveals how the commercialisation of assistive technologies can blur the boundaries between prosthetics and cures. Unlike assistive aids to hearing, artificial eardrums were initially constructed as a surgical prosthetic, a replacement of a damaged part to become integrated with a user’s body. By the 1880s, however, the device captured the imagination of British and American inventors and new manufacturing firms who distanced the surgical mark of the device while still adhering to standards of its design. As the device was invisible to both the observer and the wearer, their promotion as ‘cure’ rendered deafness as a sigma, a misery that required medico-technological intervention to integrate the deaf person into hearing society.

Understanding health and care

This chapter focuses on different ways of conceptualising health, care and the lifecourse. It discusses the critiques of biomedicine that have influenced thinking among gerontologists concerning the medicalisation
of old age and analyses the concept of salutogenesis. The discussion of care is focused on the key points of a feminist ethic of care. Debates concerning the dichotomy between the Third and Fourth Ages are discussed. The complexity of the concepts of health and care highlighted in this chapter stand in contrast to the over-simplistic conceptualisations identified in the previous chapter as influential on policy-making.

Reassessing staffing requirements and creating new roles for nurses during a period of rapid change at the Royal Western Counties Institution, 1927–48

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in Mental health nursing: The working lives of paid carers, 1800s-1900s

Published in print: 2015 Published Online: January 2016


This chapter explores how the RWCI reassessed its staffing requirements and created new roles for nurses during a period of contested change following the implementation of the 1913 Mental Deficiency Act. The institution grew significantly in this period and new facilities were developed to house a changing patient population. For the first time patients who were severely disabled and/or showing symptoms of mental illness were accepted. Staff struggled to cope with these changes, which led to discussions about how to recruit and retain and train appropriately qualified nurses. Senior nurses were credited with many of the institution’s successes before 1939, but the way they worked also made them vulnerable to outside criticism. Rank-and-file staff were blamed for an increasing number of care and control failures in the 1940s, and investigations hinted that at least some parts of the institution had fallen into a culture of neglect and abuse. Central government pressed for a further medicalisation of care in response to these difficulties but this seemed to provoke a series of clashes between the new medical superintendent and the most senior nurses rather than resolve the recruitment difficulties and role confusion that plagued the institution’s nursing service for many decades.