

## Introduction

In June 1962, W. R. Lang was hit by a collapsing wall when walking along a street in York.<sup>1</sup> The injured patient was taken to the local hospital and eventually ‘wheeled into a big ward, ready for a comfortable bed and a sleep . . . for if one can’t rest in a hospital where can one expect to find peace?’ Unfortunately, Lang complained, ‘I was in for a rude shock. A National Health Service hospital is the last place in Britain to find quiet.’<sup>2</sup> This account was published in *Q[uiet] P[lease]: The Journal of the Noise Abatement Society*, a society launched in 1959 to combat the ‘noise pollution’ problem. The Noise Abatement Society reported on a range of perceived problem areas, from hospitals to traffic, and successfully lobbied for the 1960 Noise Abatement Act that classed noise as a ‘statutory nuisance’. It was part of a wider contemporary concern about noise, ‘modernity’ and urban life. The government established a Committee on the Problem of Noise, which published a white paper on the issue in 1963.<sup>3</sup> Letters from the public flooded this committee, complaining about a wide range of themes, including noise problems that were apparently new – or increasing – with technological change such as traffic, aircraft and loudspeakers.<sup>4</sup> The hospital was one of many sites discussed as part of this flurry of public and parliamentary interest in combatting ‘noise pollution’.

The hospital noise that Lang bemoaned might, then, not be viewed as a problem of particular note. However, the hospital had significance in these debates. Considering the wide range of ‘noise’ problems in modern Britain, including many busy and high-technology spaces, the particular and continued attention paid to hospitals over the course of the post-war period is noteworthy. In 1955, the Nuffield Trust health charity complained that ‘[f]or the last quarter of a century hospitals have been becoming steadily noisier . . . knowing the causes of the present situation has not pointed to any simple cure’.<sup>5</sup> A letter to the *British Medical Journal (BMJ)* over two decades later, in 1978, praised ‘a timely report on the increasing menace of noise . . . rapidly growing in our hospitals’.<sup>6</sup> *The Journal of the Noise Abatement Society* repeatedly returned to hospitals as case studies, with articles written from the perspectives of patients and staff alike. The society even ran a ‘Noise Control in Hospitals’ competition in the 1970s for sites that had successfully tackled the

<sup>1</sup> W. R. Lang, ‘Our Noisy Hospitals!’, *QP: The Journal of the Noise Abatement Society*, 1:4 (1962), 26.

<sup>2</sup> Lang, ‘Our Noisy Hospitals!’, 26.

<sup>3</sup> Alan Wilson, *Noise: Final Report [of the] Committee on the Problem of Noise* (HM Stationery Office, 1963).

<sup>4</sup> The National Archives, London, ‘Committee on the Problem of Noise: From Public’, MH 146/32; The National Archives, London, ‘Noise in Hospitals’, MH 146/44.

<sup>5</sup> Nuffield Provincial Hospitals Trust, *Studies in the Functions and Design of Hospitals* (Oxford University Press, 1955), p. 115.

<sup>6</sup> H. A. Fleming, ‘Points from Letters: Hospital Noise’, *British Medical Journal*, 1:6105 (1978), 115.

problem.<sup>7</sup> The history of hospital noise deserves attention in its own right and should not just be subsumed into a wider story of noise abatement.

Hospital noise was repeatedly discussed as a ‘growing’, or even a ‘new’ or ‘neglected’, problem during this period. In 1953, for example, *The Lancet* reported on a memorandum by the Central Health Services Council that bemoaned ‘how little thought is nowadays given to noise in hospitals’.<sup>8</sup> This neglect apparently compared unfavourably with previous centuries, when hospital noise ‘was, of course, a matter to which Miss Nightingale gave a good deal’.<sup>9</sup> This comment about ‘Miss Nightingale’ is a reference to the famous nurse Florence Nightingale, who wrote extensively on hospital environments and the importance of colour, light, air and peace for recovery. Implicitly, this article referred to her famous quote in *Notes on Nursing* (1859): ‘Unnecessary noise . . . is the most cruel absence of care which can be inflicted either on sick or well.’<sup>10</sup> The history of concerns about hospital noise also pre-dates these famous words. As Karin Bijsterveld notes ‘[t]he notion that the ill deserved tranquillity had a . . . long history’ going back to antiquity, with solutions over the centuries ranging from relocating patients away from noise sources to putting straw on pavements outside hospitals.<sup>11</sup> The longer history of ideas about sound and health is an important backdrop to the discussion that follows. ‘Noise’ could only be constructed as a problem in hospitals when there was a belief in the value of peace and quiet. The origins of this belief are deep-rooted. Some of the earliest hospitals were entwined with churches, abbeys and priories; as Keir Waddington notes in relation to the medieval years of St Bartholomew’s Hospital, at this point they often focused on ‘medicine for the soul’.<sup>12</sup> In such a spiritual-medical framework of thought, inner and outer peace were inextricably interwoven.

*The Lancet* was right to note that there was a long history to concerns about hospital noise. It was on shakier ground, though, with its implicit claim that the noise problem had been forgotten between the 1850s and 1950s. In the 1930s, campaigns against hospital noise had been led by the Anti-Noise League, a spiritual predecessor of the Noise Abatement Society that was concerned about urban sound and industrial modernity. It had even curated an exhibition on ‘dealing with hospital noises’ and published a leaflet entitled ‘Hospitals:

<sup>7</sup> Wellcome Library, London, ‘Records of the Noise Abatement Society’, SA/NAS (uncatalogued), accession number 2131.

<sup>8</sup> Anon., ‘The Patient in His Hospital’, *The Lancet*, 261:6753 (1953), 227–8.

<sup>9</sup> Anon., ‘The Patient’.

<sup>10</sup> Florence Nightingale, *Notes on Nursing* (Harrison & Sons, 1859), p. 31.

<sup>11</sup> Karin Bijsterveld, *Mechanical Sound: Technology, Culture, and Public Problems of Noise in the Twentieth Century* (MIT Press, 2008), p. 62.

<sup>12</sup> Keir Waddington, *Medical Education at St. Bartholomew’s Hospital, 1123–1995* (Boydell & Brewer, 2003), p. 13.

Planning against Noise'.<sup>13</sup> Interest in the topic of hospital noise waxed and waned in line with general noise abatement campaigns, but it was a stretch to claim that 'little thought' was given to the topic. *The Lancet* article might be better thought of as part of a genre, in which hospital noise was repeatedly identified as a particular, contemporary problem. This trend continues to this day, as does the tendency for such writings to look nostalgically to the past as a time of apparent relative quiet and calm in hospitals.<sup>14</sup> One *BMJ* blog, for example, recently referred to Sylvia Plath's 1961 poem 'Tulips' and its description of peace in hospital as now 'antiquated and implausible'.<sup>15</sup> In the light of the earlier cited complaints, it is ironic to see the post-war period cited as a period of relative peace in hospitals.

It seems that the problem of hospital noise was repeatedly discovered anew, with each new era bringing its own efforts to control and abate unwanted sound in healthcare settings. If this was indeed the case, why has hospital noise never been resolved? This question is at the heart of this Element, which examines hospital cacophonies and the making of 'noise' in the National Health Service (NHS), the British public healthcare system launched in 1948.<sup>16</sup> It suggests that one answer may lie in changes to the soundscape itself. The twentieth-century hospital environment was bombarded with new sounds, including more people, the rise of traffic on streets outside, the acoustic qualities of new construction materials and emerging healthcare technologies such as alarms and monitors. However, this is not the full story. A more complex picture emerges when 'noise' is also understood in social and cultural terms. 'Noise', as a socially constructed concept, was not simply a growing problem that hospitals failed to tackle. It was repeatedly *reinvented* as a different problem, or a number of different problems simultaneously, over the course of the twentieth century. Noise has been a constant problem to be tackled in hospitals because sounds – and the meanings of sounds – have changed constantly: when one noise problem in the hospital was tackled, another one emerged.

The late twentieth century might not be an obvious focal point for historians studying either noise or noise abatement. 'Modernity' is often linked to specific noisy environments, such as urban and industrial spaces, but was also marked by

<sup>13</sup> Anon., 'Noiseless Hospitals', *British Medical Journal*, 1:3917 (1936), 220.

<sup>14</sup> In 2018, for example, the *BMJ* published an editorial on 'noise pollution in hospitals' which – although acknowledging that it was not new – identified noise as 'a steadily worsening problem'; Andreas Xyrichis, John Wynne, Jamie Mackrill, Anne Marie Rafferty and Angus Carlyle, 'Noise Pollution in Hospitals', *British Medical Journal* (2018), 363:k4808.

<sup>15</sup> Estelle Jobson, 'Engaging with Patients on the Hospital Soundscape', 19 November 2018, <https://blogs.bmj.com/bmj/2018/11/19/estelle-jobson-engaging-patients-hospital-soundscape/> (accessed: 25 January 2021).

<sup>16</sup> 'The NHS' is used here as an umbrella term, though in practice it refers to multiple healthcare systems. The NHS name applies to the systems of Great Britain: England, Scotland and Wales. Northern Ireland's system is called 'Health and Social Care' (HSC) but is often discussed in terms of the broad UK 'NHS' umbrella and was also launched in 1948..

the increasing control of noise internationally as part of a perceived process of civilisation. Historians looking for noisy spaces have therefore often studied the more distant past: one recent survey, *Cultural Histories of Noise, Sound and Listening in Europe*, for example, covers the period 1300–1918.<sup>17</sup> Historians interested in the *decline* of noisy spaces, or the making of sensory order, have tended to focus on the sensibilities of ‘modernity’ from the eighteenth century to the early twentieth century.<sup>18</sup> Few histories of noise abatement reach into the late twentieth century: Jon Agar’s work on the medicalisation of noise relates to ‘campaigns against noise from the 1860s to the 1930s’; Emily Thompson writes on reverberant sound and space in the early twentieth century; Peter Payer’s article on ‘The Age of Noise’ in Vienna focuses on the period 1870–1914; and James G. Mansell’s book on noise and ‘modernity’ declares 1914–45 to be ‘the age of noise in Britain’.<sup>19</sup> There are some exceptions to this trend: for example, the work of Karin Bijsterveld covers most of the twentieth century; Jennifer Stoever writes on noise in post-war New York; and Sandra Jasper explores noise abatement in West Berlin.<sup>20</sup> In general, though, the late twentieth century is relatively neglected in this scholarship, especially with regard to British history. This period has great significance for the revival of noise abatement campaigns in politics, society and health. As Matthew Gandy notes, there was a ‘growing ambivalence towards urban noise . . . as a symbol of progress and prosperity, a disorienting and potentially health threatening source of social disorder, or a fascinating realm of cultural experimentation’.<sup>21</sup> There is a strong case that noise was, if anything, a *growing* concern over the course of the twentieth century.

This study is primarily about NHS hospitals in post-war England, for which there is the richest source material on hospital noise, but its scope extends across the late twentieth century and into Scotland and Wales.<sup>22</sup> It focuses on general

<sup>17</sup> Ian Biddle and Kirsten Gibsen, eds, *Cultural Histories of Noise, Sound and Listening in Europe, 1300–1918* (Routledge, 2016).

<sup>18</sup> An example for the earlier period is Peter Denney, Bruce Buchan, David Ellison and Karen Crawley, eds, *Sound, Space and Civility in the British World, 1700–1850* (Routledge, 2019).

<sup>19</sup> Jon Agar, ‘Bodies, Machines and Noise’ in Iwan Rhys Morus, ed., *Bodies/Machines* (Berg, 2002), p. 199; James G. Mansell, *The Age of Noise in Britain: Hearing Modernity* (University of Illinois Press, 2017); Peter Payer, ‘The Age of Noise: Early Reactions in Vienna, 1870–1914’, *Journal of Urban History*, 33:5 (2007), 773–93; Emily Thompson, *The Soundscape of Modernity: Architectural Acoustics and the Culture of Listening in America, 1900–1933* (MIT Press, 2002).

<sup>20</sup> Bijsterveld, *Mechanical Sound*; Sandra Jasper, ‘Sonic Refugia: Nature, Noise Abatement and Landscape Design in West Berlin’, *The Journal of Architecture*, 23:6 (2018), 36–60; Jennifer Stoever, “‘Just Be Quiet Pu-leeze’: The New York Amsterdam News Fights the Postwar “Campaign against Noise””, *Radical History Review*, 2015:121 (2015), 145–68.

<sup>21</sup> Matthew Gandy, ‘Introduction’, in Matthew Gandy and B. J. Nilsen, eds, *The Acoustic City* (Jovis, 2014), p. 10.

<sup>22</sup> Northern Ireland is not discussed in this Element, as there is not space to do justice to the differences in systems and provision, but it is worth noting that Altnagelvin was surveyed by the King’s Fund for their hospital music trial.

hospitals, including general teaching hospitals, because of their importance as sites for a wide range of different types of treatment and care, from emergency to maternity and psychiatry. Such spaces have always been complex and contradictory. They provide excellent case studies of the ‘ambivalence’ identified by Gandy and how it shaped the definition, measurement and management of ‘unnecessary’ sound. Ideas of scientific modernity and medical efficiency were built into these healthcare spaces, to be both prized and critiqued, as were ‘high technology’ environments. Hospitals were also seen as *ideally* crucial spaces of rest and recuperation, even if this was not always the case in reality. Noise was essential to modern medicine, but its reduction was – to quote *The Guardian* in 1961 – desirable for creating a ‘restful atmosphere’.<sup>23</sup> In the light of these tensions around necessary and unnecessary sound, it is perhaps unsurprising that hospitals were a common focus of noise abatement campaigns in Britain and internationally.<sup>24</sup>

The launch of the NHS in 1948 provides a unique opportunity to understand how ‘noise’ connected to a set of specific medical, social, political, economic and technological concerns. Noise was rediscovered and redefined as a problem in relation to new issues raised by the NHS, including concerns about efficiency, welfare and healthcare principles, and rebuilding for a general population. The NHS hospital can be viewed as a microcosm of wider changes happening in mid-to-late twentieth-century Britain. It was also a very specific kind of social space that brought together members of society who might never usually have mixed, grouping patients along specific lines such as age and illness. Hospitals brought with them power relations that were not found beyond their walls, as well as – with illness – new embodied and emotional relationships to space and place. The hospital as a case study thus offers layers. It brings together general social, technological and architectural trends. It also offers insights into the *specific* spatiality of a site that has been important to many people’s lives in the modern world and that is still poorly understood.

There is extensive scholarship on the history of hospital buildings as a launching point for wider examinations of architecture, healthcare, welfare, medicine, politics, economics and modernity.<sup>25</sup> However, there is only a very

<sup>23</sup> Anon., ‘End Washing Up Noises in Hospitals’, *The Guardian*, 1 March 1961, 10.

<sup>24</sup> Some – of many – international news reports on hospital noise include Anon., ‘Hinges Oiled’, *The Jerusalem Post*, 5 September 1966, 4; Anon., ‘Noise in Hospitals’, *Chicago Daily Tribune*, 24 March 1958, 22; Anon., ‘Noise Near Hospital’, *South China Morning Post*, 13 July 1960, 2.

<sup>25</sup> For example, Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital, 1893–1943* (University of Minnesota Press, 2008); Irena Benyovsky Latin, Jane L. Stevens Crawshaw and Kathleen Vongsathorn, eds, *Tracing Hospital Boundaries: Integration and Segregation in Southeastern Europe and Beyond, 1050–1970* (Brill, 2020); Jeanne Kisacko, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870–1940* (University of Pittsburgh Press, 2017); Charles E. Rosenberg, *The Care of Strangers: The Rise*

limited amount of work on the NHS hospital, and existing scholarship tends to deal more with architectural form than with questions of habitation and experience.<sup>26</sup> The lens of ‘noise’ broadens and adds to these existing hospital histories in two main ways. First, noise management goes beyond structured planning processes, to include more ad hoc acoustic design such as new materials or adjustments to layouts. Not only did new hospital architecture reflect changing healthcare principles but healthcare principles were also formed *through* adaptations to buildings and responses to problems. Second, histories of acoustic design and noise control show the value of shifting the focus of hospital history from how a building looked to how it felt.

The work that follows is not the first to explore ‘noise’ in healthcare settings, but it is the first to do so in depth, through an interdisciplinary lens and in relation to the NHS hospital. There is some fantastic existing historiography on the subject, but it tends to take the form of relatively short articles on specific issues: Katherine Fennelly writes on noise in early nineteenth-century asylums, David Theodore considers noise in relation to hospital architecture, Hillel Schwartz examines earplugs and Jonathan Reinartz writes (for a slightly earlier period) on senses and hospital visitors.<sup>27</sup> Other scholars of hospital history have paid some attention to noise and acoustic design, but typically as part of bigger studies rather than worthy of close examination in its own right; Annmarie Adams examines noise control in her work on early twentieth-century hospital architecture, for example, and Clare Hickman examines the senses in relation to

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*of America's Hospital System* (Basic Books, 1987); Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660–1815* (Yale University Press, 2000); Stephen Verderber and David J. Fine, *Healthcare Architecture in an Era of Radical Transformation* (Yale University Press, 2000); Cor Wagenaar, ed., *The Architecture of Hospitals* (NAi Publishers, 2006); Julie Willis, Philip Goad and Cameron Logan, *Architecture and the Modern Hospital: Nosokomeion to Hygeia* (Routledge, 2019).

<sup>26</sup> Harriet Richardson, ed., *English Hospitals, 1660–1948: A Survey of Their Architecture and Design* (RCHME, 1998), goes up to 1948 but includes many of the hospitals inherited by the NHS. Books and articles specifically on NHS form and architecture include Alistair Fair, ‘“Modernization of Our Hospital System”: The National Health Service, the Hospital Plan, and the “Harness” Programme, 1962–77’, *Twentieth Century British History*, 29:4 (2018), 547–75; Rosemary Glanville, Ann Noble and Peter Scher, *50 Years of Ideas in Health Care Buildings* (Nuffield Trust, 1999); Jonathan Hughes, ‘The “Matchbox on a Muffin”: The Design of Hospitals in the Early NHS’, *Medical History*, 44:1 (2000), 21–56; David Theodore, ‘Treating Architectural Research: The Nuffield Trust and the Post-war Hospital’, *The Journal of Architecture*, 24:7 (2019), 982–98.

<sup>27</sup> Katherine Fennelly, ‘Out of Sound, Out of Mind: Noise Control in Early Nineteenth-Century Lunatic Asylums in England and Ireland’, *World Archaeology*, 46:3 (2014), 416–30; David Theodore, ‘Sound Medicine: Studying the Acoustic Environment of the Modern Hospital, 1870–1970’, *The Journal of Architecture*, 23:6 (2018), 986–1002; Hillel Schwartz, ‘Inner and Outer Sancta: Earplugs and Hospitals’, in Trevor Pinch and Karin Bijsterveld, eds, *The Oxford Handbook of Sound Studies* (Oxford University Press, 2012), pp. 273–97; Jonathan Reinartz, ‘Learning to Use Their Senses: Visitors to Voluntary Hospitals in Eighteenth-Century England’, *Journal for Eighteenth-Century Studies*, 35:4 (2012), 505–20.

the history of hospital gardens, but noise is not the focus of either work.<sup>28</sup> In general, in fact, sound and noise are relatively under-explored in histories of architecture and specific built environments, despite the popularity of sound studies in urban history.<sup>29</sup> As Sabine von Fischer and Olga Touloumi note in their introduction to a rare special issue on the subject: '[d]espite its ubiquity, sound is largely missing from histories of architecture and the built environment'.<sup>30</sup> The significance of this research thus extends beyond the hospital, and offers a case study for an emerging field of enquiry.

This Element makes steps towards a spatially informed sensory history. It opens by unpicking the changing 'soundscape' of the NHS hospital. Its first section attempts to hear the NHS hospital in its full cacophony and to understand historical relationships between sound, built environments, people and objects. This analysis approaches sound as a productive process, rather than taking 'noise' as a stable object of study, and emphasises that no sound inherently carries the quality of being *noisy*. The first section closes by offering some ways in which historians might productively engage with the concept of 'atmospheres' in order to make some order out of disorderly cacophonies. It thus connects to wider bodies of literature in fields such as anthropology and geography on the senses, emotions and place-making.<sup>31</sup> Very little of this work has yet informed sensory histories, which have tended to focus on the social and cultural aspects of sound.

The second section turns more directly to the question of 'noise'. It shows that noise was defined and tackled as a problem in part by how it was measured, and multiple definitions of noise could co-exist. People who quantified noise, using new devices such as noise meters, tended to construct it as a problem of loudness and lean towards material solutions. Those researchers who used qualitative tools, such as questionnaires, tended instead to focus on social definitions of 'noise' and related behavioural solutions. This discussion builds on and develops some important recent histories of technology, which emphasise the importance of measurement in the making of sound, space and place.<sup>32</sup> It also has much to contribute to wider social histories and sensory

<sup>28</sup> Adams, *Medicine by Design*, pp. 112–17; Clare Hickman, *Therapeutic Landscapes: A History of English Hospital Gardens since 1800* (Manchester University Press, 2013).

<sup>29</sup> For example, Alexander Cowan and Jill Steward, eds, *The City and the Senses: Urban Culture since 1500* (Ashgate Publishing Ltd, 2007).

<sup>30</sup> It is possible to find examples to counter this claim, but it is true that the field has been traditionally 'ocularcentric'; Sabine von Fischer and Olga Touloumi, 'Sound Modernities: Histories of Media and Modern Architecture', *The Journal of Architecture*, 23:6 (2018), 873.

<sup>31</sup> For example, Tim Ingold, *The Perception of the Environment: Essays on Livelihood, Dwelling and Skill* (Psychology Press, 2000); Mark Paterson and Martin Dodge, eds, *Touching Space, Placing Touch* (Routledge, 2012).

<sup>32</sup> For example, Bijsterveld, *Mechanical Sound*; Thompson, *The Soundscape of Modernity*.

anthropologies, which have long been interested in the changing cultures of specific sounds and the definitions of noise.<sup>33</sup> Such scholarship emphasises that the meanings of sounds are context-specific.<sup>34</sup> The hospital further demonstrates how the specific medical, social, cultural, political and economic contexts of healthcare shaped the category of ‘noise’ over time. Overall, this Element does not claim that hospitals were newly noisy in the post-war period, nor that it was new for hospital noise to be experienced in social and cultural terms during this time. It takes the late twentieth century as a period of change, which allows a close examination of the ways in which the ‘same’ problem (noise) was in practice always being remade.

## 1 Cacophony

Historians of modernity have long noted – in the words of Sophia Rosenfeld – that ‘as the Western soundscape changed . . . the uses of hearing, the meaning invested in sound, modes of aural attention, and conflict over the noises of everyday life all evolved accordingly’.<sup>35</sup> Hospital soundscapes were no different and we can learn much from the ‘conflict over the noises of everyday life’ in hospitals, which provide an opportunity to look in close detail at how and why ‘noises’ came to be labelled as such. The first part of Rosenfeld’s point should not be rapidly skipped past in order to consider ‘meaning’ and ‘conflict’, however. It is important to start with the soundscape itself. This section seeks first to hear the hospital, before turning to explore which sounds came to be defined as ‘noise’, why, and to what end. It unpicks the different layers and scales of the hospital cacophony, showing that there are no neat narratives of the NHS hospital getting ‘more’ or ‘less’ noisy.

The term ‘soundscape’ is most famously rooted in the work of R. Murray Schafer, who used it in relation to acoustic ecology, but its intellectual use has evolved significantly.<sup>36</sup> Unlike Schafer, I will take no position on what constitutes a ‘good’, ‘bad’ or ‘polluted’ soundscape. The term is used here more in line with Emily Thompson’s interpretation: ‘A soundscape is simultaneously

<sup>33</sup> See Michael Bull, Les Back and David Howes, eds, *The Auditory Culture Reader* (Bloomsbury Publishing, 2016); Mark Michael Smith, ed., *Hearing History: A Reader* (University of Georgia Press, 2004).

<sup>34</sup> Most famously in Alain Corbin’s work on the social rituals and meanings of nineteenth-century French village bells; Alain Corbin, *Village Bells: Sound and Meaning in the Nineteenth Century French Countryside*, trans. Martin Thom (Columbia University Press, 1998).

<sup>35</sup> Sophia Rosenfeld, ‘On Being Heard: A Case for Paying Attention to the Historical Ear’, *The American Historical Review*, 116:2 (2011), 317.

<sup>36</sup> Ari Y. Kelman, ‘Rethinking the Soundscape: A Critical Genealogy of a Key Term in Sound Studies’, *The Senses and Society*, 5:2 (2010), 212–34.



a physical environment and a way of perceiving that environment.’<sup>37</sup> The use of ‘soundscape’ is not uncontroversial. Tim Ingold has gone so far as to write a piece called ‘Against Soundscape’, which complains that ‘the environment that we experience, know and move around is not sliced up along the lines of the sensory pathways by which we enter it’.<sup>38</sup> It is important, then, to clarify that the term is not used here to imply that there is a way of hearing an environment that is separable from other sensory encounters with or aspects of that environment. However, ‘soundscape’ remains a useful shorthand. It refers simultaneously to the different sounds that – when *perceived*, through feeling and/or hearing – make up the profile of a given space or place, and it brings together the material and social aspects of sound.

This section focuses on the physical environment of the hospital. As Thompson notes, this consists ‘not only of the sounds themselves . . . but also the material objects that create, and sometimes destroy, those sounds’.<sup>39</sup> The social and cultural aspects of listening are discussed further in the second section, but the ‘physical’ and the ‘social’ are divided here only for clarity of analysis. It is important to avoid what Matthew Gandy describes as ‘tensions between an emphasis on the spatio-temporal complexities of sound as an acoustic phenomenon and the wider social or historical context within which sound is experienced’.<sup>40</sup> Indeed, no ‘soundscape’ existed outside of modes of listening and the creation of sonic order. Although this analysis follows a common distinction between the two terms found in geographical literature, in which ‘place’ is broadly defined as *meaningful* space, it also problematises the division.<sup>41</sup> Hospital sounds and soundscapes were almost always produced, encountered and made meaningful through relationships between people and place. This approach aligns broadly with the theoretical framework outlined by LeFebvre who ‘implied that absolute space cannot exist because, at the moment

<sup>37</sup> Thompson, *The Soundscape of Modernity*, p. 1; Peter A. Coates, ‘The Strange Stillness of the Past: Toward an Environmental History of Sound and Noise’, *Environmental History*, 10:4 (2005), 639.

<sup>38</sup> Tim Ingold, ‘Against Soundscape’ in Angus Caryle, ed. *Autumn Leaves: Sound and the Environment in Artistic Practice* (Double Entendre, 2007), 10. Stefan Helmreich builds on Ingold’s work by questioning the concept of ‘immersion’ implied by ‘soundscapes’, preferring instead the notion of ‘transduction’; see Stefan Helmreich, ‘Listening against Soundscapes’, *Anthropology News*, 51:9 (2010), 10.

<sup>39</sup> Thompson, *The Soundscape of Modernity*, p. 1. <sup>40</sup> Gandy, ‘Introduction’, p. 9.

<sup>41</sup> The analysis distinguishes sounds as part of ‘objective’ spatiality (floorplans, materials, objects) from sounds experienced as place (affect, atmospheres), see Tim Cresswell, ‘Place’ in Nigel Thrift and Rob Kitchen, eds, *International Encyclopedia of Human Geography* (Elsevier, 2009), 169–77. These divisions can, though, be problematic. In ‘The Spaces of the Hospital: Spatiality and Urban Change in London 1680–1820’, *Journal of Architectural Education*, 69:1 (2015), 130–1, Annmarie Adams also rightly notes we should not conflate hospital ‘architecture’ with ‘space’.

it is colonised through social activity it becomes relativised and historicised space'.<sup>42</sup> It also connects with the work of phenomenologists and other scholars who emphasise the importance of embodiment, and embodied practices, in the making of space/place.<sup>43</sup>

In short, this analysis approaches 'sound' as a productive process, rather than a static object of study, which has always been environmental, embodied and social. It identifies some broad changes over time in the acoustic qualities of hospital spaces, but also shows that there was never a static hospital soundscape that simply existed 'out there' to be heard. The same hospital space could sound different over the course of a day, while the soundscape even in a given time and place could vary according to people's sensory sensitivity, health and emotional state.<sup>44</sup> The following analysis first explores different ways of hearing the hospital, and the layers of its soundscapes: surroundings, buildings, people, objects and entertainment. It closes with a discussion of the literature on 'atmospheres', as a way to make some historical sense out of these disorderly cacophonies.<sup>45</sup>

### 1.1 Hearing History

How can we hear the hubbub of the NHS hospital? There are many limitations to trying to 'hear' a historic hospital due to the embodied and situational nature of listening. A soundscape is always *in* and *of* place, which poses a challenge to historians, as historical locations are impossible to revisit. In a book on the history of hospital interior decoration, it would be conventional to insert images that show the visual qualities of the space and analyse those. Scholars including Elisa Morselli argue that there is also some potential in analysing 'the representation of sonic experience through images'.<sup>46</sup> Photographs of spaces are indeed provided here to evoke ambiance, some of which are drawn from site visits that I made in order to supplement the archive and to listen to a particular environment. However, site visits can tell us only about the built environment and not the other elements of the hospital soundscape; in many cases, the hospital has also evolved through use, wear

<sup>42</sup> Phil Hubbard and Rob Kitchin, eds, *Key Thinkers on Space and Place*, 2nd ed. (Sage, 2011), p. 5.

<sup>43</sup> See Tim Ingold and Nigel Thrift, for example, in Hubbard and Kitchin, *Key Thinkers*, p. 7.

<sup>44</sup> Histories of emotions and the senses are interwoven, see Rob Boddice and Mark Smith, *Emotion, Sense, Experience* (Cambridge University Press, 2020).

<sup>45</sup> Discussing spatial theory and 'atmospheric' approaches at the end of the section, rather than outlining them at the start (as is often the convention), allows the hospital's 'messy' acoustic cacophony to be heard; this section seeks to embrace and understand acoustic disorder, before imposing order on its material.

<sup>46</sup> Elisa Morselli, 'Eyes That Hear: The Synesthetic Representation of Soundspace through Architectural Photography', *Ambiances: Environnement sensible, architecture et espace urbain*, 5 (2019), 26.