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The Use of Music in Healthcare Contexts: A Select Review of Writings From the 1890s to the 1940s^[1]

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Abstract

Playing live music with people who are ill to promote optimal states of health and well being is a contemporary practice which has origins as far back as the written historical record. This paper examines a select range of literature from the academic spheres of medicine, music and music education published in the late 19th century through to the mid 20th century in order to interrogate and explore aspects of the history of music therapy and its development in the English speaking world.

Keywords: Music therapy history; music in healthcare; music in hospitals

Introduction

As regards the advisability of instituting a musical mission or guild for the treatment of illness...we must speak with some reserve...the function of this pleasing art is in most cases quite subsidiary, and its effects are merely temporary.

(The Lancet, July 4th, 1891, p. 44)

Psychiatrists must learn more about the healing power of music and musicians must learn more about psychiatry before much can be accomplished to bridge the gap.

(Esther Goetz Gilliland, 1945, p. 24)

The primary purpose of the hospital has not changed, and the musical aide must never forget that medical care and rest come before all else.

(Sidney Licht, M.D., 1946, p. 89)

The use of music as an agent of health promotion or healing is not a new phenomenon. However examination of the uses and ubiquity of music in healing practices prior to the contemporary profession described as "music therapy" have only more recently received consideration from historical and anthropological perspectives (Gouk, 2000; Horden, 2000^[2]). I started this paper wondering how literature describing the past uses of music to attain healthcare goals might provide a backdrop to contemporary practices of music in hospitals and healthcare including my own work, and have enjoyed the process of uncovering some delightful materials; including robust debates, strange encounters and descriptions of uneven first flights as a fledgling profession.

This article provides a select review and discussion of some of the literature about music in

health care provided prior to the era of the professionalisation of music therapy as an established allied health discipline from the middle of the twentieth century. This brief survey reveals some of the negative reactions to proposed uses of music in hospital settings. It also indicates aspects of the contested nature of the term "music therapy" when it first appeared as a descriptor for practice.

The works of main interest for me in preparing this article were those where the writer described at least one case where they used music, or directly observed its use, as an agent of care, or for symptom modification with a person described as ill or hospitalised[3]. The reading of and response to these texts is from my perspective as a qualified music therapist practicing through the period of the late 20th and early 21st century[4] considering the aspects of psycho-musical and medical-musical discourses which have helped shape the development of current practices in music provision for hospitals whether as part of music therapy, or hospital arts, or music performance.

The review of papers and books below is deliberately selective. I first focussed on papers that were able to be accessed through online journal databases, and gradually was alerted to a number of books which were available through various libraries or were still in publication and could be purchased easily. I mainly worked with sources where descriptions of the uses of music to assist hospital patients from music and medical journals in the UK and USA were published from the late 19th century up until the late 1940s. I also found some published books and book reviews in English from that period. My main attention was to reports of the use of music with patients' hospitalised for treatment of medical conditions in general medical or convalescent hospitals rather than those which described the use of music for people with mental disorders in psychiatric services[5], however the exception is for the texts which describe music practices to assist returned soldiers after war service. I am aware that since I worked as a music therapist in hospital for many years, and completed my PhD in the Paediatric Department of a Faculty of Medicine, it could be that I am particularly drawn to the beestings rather than the bouquets of the historical record; highly sensitised to the "not medical enough" claims.

Music in London Hospitals 1891: "...its effects are merely temporary"

In 1891 a group of musicians led by Canon Frederick Kill Harford inaugurated the Guild of St Cecilia with a view to providing live music to hospital patients in London hospitals[6]. Letters to the editor written by Harford outlining the forward planning and subsequent execution of this proposal appeared in *The Lancet* (July 1891)[7] and in the *Magazine of Music* (August 1891). In September and October of that same year, further letters were published by Canon Harford in *The British Medical Journal*.

In these published letters, Harford described the activities of the Guild of St Cecilia and reported the outcomes of experiments with "soothing" and "exhilarating" music which were conducted in hospital visits. Patients were asked their opinion of the benefits of the music and these were recorded along with their comments. Physicians were also requested to send any observations of changes in patients and some did so, notably Dr Dunlop (described as the head physician at St Pancras) (Harford, BMJ, 1891).

In October that same year the editorial of *The Musical Times and Singing Class Circular* published an anonymous scathing riposte. Titled *Medicinal Music* it ridiculed Harford's proposal to have musicians available all hours to send out to hospitals. The response decried Harford's idea that hospitals should be able to call a central location where musicians could then play over the telephone into wards. At the end of the piece the author stated that the only merit in the proposal was its support from Florence Nightingale, and the proposal is urged to seek the support of doctors in order to have validity. In general the tone is dismissive and derisory as the following excerpt demonstrates,

Doubtless we shall come in time to have our electric call-boxes provided with a special signal for summoning the medical musician, so that within a very few minutes of the first symptoms of influenza or mumps making their appearance we shall be able to nip the ravages of these maladies in the bud by the application of the proper musical remedies. There will be, we fear, a few ribald sceptics who will talk about the melody being worse than the disease... (1891, October, p. 587)

It is notable that Harford had not in fact proposed a "medical musician" treating conditions in the same way a physician might but rather had suggested that musical performances might assist very ill patients to be soothed to sleep, through the use of lullabies, and had reported the benefits of music listening in reducing fever. Sometimes in criticising a suggestion or

phenomenon, it is necessary to turn it into something ridiculous so that it can be seen as bizarre and unnecessary.

In November a further editorial in similar tone, possibly by the same author, cited a letter of complaint received about the previous attack. This missive repeated previous assertions attacking the poor quality of the musicianship, and snidely remarking of the performances to which the public and media were invited as witnesses "As medicine they may have been admirable but as music they were so inferior that out of very kindness the leading critics of the London press held their peace." (November 1891, p. 654).

In further defence of the original article the author wrote:

Let it not be supposed for one moment that we intended to turn into mockery...accomplished artists... [who] employ their talents for the purpose of cheering hospital patients. It is the turning of the thing into a system that we loudly protest against. There is something terribly grotesque and American in the worst sense of the word in this notion of a central hall with telephone... (November 1891, p. 654)

This defence was concluded with the statement that the previous critical response cannot have been too offensively incorrect if only one reader protested its content (November, 1891).

As Tyler observed, "Harford's own prediction of the enormous expense of his plan soon came to be an unpalatable reality" (Tyler, 2002, p. 40). Perhaps though there are additional twists to be found in the short tale of Harford's Guild of St Cecilia. On the one hand there is the "enthusiastic believer"^[8] who is conducting experiments to examine the effects of music, and on the other hand a dual hegemony of musical and medical establishments knocking down any prospects for the ongoing development of such an idea. One might question what was so threatening about this idea to the medical establishment of the day?

Observing the Lancet's Piercing View of Music in a Medical Role

The current web site for *The Lancet* describes it as a journal unaffiliated with any medical or scientific institutions. Founded in 1823 by Thomas Wakley he has described the choice of title as follows "A lancet can be an arched window to let in the light or it can be a sharp surgical instrument to cut out the dross and I intend to use it in both senses" (*The Lancet* web site, 2006). Medical lectures from the London teaching centres formed the basis of early papers in the journal and current commentary on political and social events was included. "Thomas Wakley and his successors aimed to combine publication of the best medical science in the world with a zeal to counter the forces that undermine the values of medicine, be they political, social, or commercial." (*The Lancet* web site, 2006)

Since *The Lancet* seeks to uphold the "values of medicine" and provides research evidence for medical practices, it is interesting to examine some of the writings on music that have appeared in its pages at various times. Some tongue in cheek or humorous aspects of the discourse on music representation appears and is interesting in relation to the hospital contexts in which it was proposed to offer music.

In immediate response to Harford's letter published in *The Lancet* the editor added a comment on the detailed proposals:

The fact that music is capable of acting as a sedative in certain nervous conditions and as a stimulant in others is generally admitted. Its soothing property would no doubt be appreciably enhanced by the use of muted instruments, and its total efficiency by the employment of skilled performers. As regards the advisability of instituting a musical mission or guild for the treatment of illness, however, we must speak with some reserve. It must be remembered that the function of this pleasing art is in most cases quite subsidiary, and its effects are merely temporary. (*The Lancet*, July 4th, 1891, p. 44)

Some years after Harford's attempts to develop a practice of systematic musical treatments for hospitalised patients, in June 1895, *The Lancet* published a short review commentary on an article that had appeared in the magazine *Punch*. The article was titled *notes from a patient's diary* and is a comic satire on the use of music for the treatment of ailments. For example, it describes how the doctor produces a stethoscope at bedside, the patient protests he has no deficiency in his lungs and it turns out the stethoscope is a cornet upon which the doctor, now treating all patients with music, commences playing. In the street outside the patient hears a poor family ask for five barrel organs to be played simultaneously so that their child with chickenpox may take the doctors prescription of "street music every three hours" (*The Lancet*,

There was some serious reporting of the uses of music in addressing the needs of the sick, for example a report in *The Lancet* in 1892 of a paper presented by Dr J.G. Blackman at the Portsmouth Literary and Scientific Society. In this paper the findings of studies about physiological changes were cited and a patient's reduction in temperature was mentioned following a "dose" of melody. Twice the report referred to the use of music as an "elaborate" way to address patient needs, perhaps suggesting it was viewed as an unnecessary intervention in relation to the benefits gained. This short report concluded that any such treatment would take a "secondary place" to medical intervention (*The Lancet*, 1892). Also, in 1899 Davison, in a paper titled *Music in Medicine* cited Harford's work thus:

During the last few years attention has again been called to the influence of music in disease. In London Canon Harford, an enthusiastic believer in this mode of treatment organised bands of musicians...who might visit hospitals where permission was accorded....The results obtained showed that in music a therapeutic element existed which was not to be despised and which...might prove of great utility to the sick. (Davison, 1899, p. 1160)

Musical Therapy, Musico-Therapy, Trained music therapists, and Recreational Music

Eva Vescelius is credited with founding the "National Therapeutic Society in New York City" in 1903. She titled the work of musicians caring for the ill through music "musico-therapy"[10] (Vescelius, 1918). She provided descriptions of her musical interventions undertaken alongside other musician colleagues and friends for sick patients in hospitals or ill visitors to her home. For example she described a friend suffering for some five months with chills and fever who received a complete cure through listening to a live performance by accomplished musicians in Ms Vescelius' home of various pieces including the Moonlight Sonata and The Pilgrim's Chorus (Vescelius, 1918). Her commentary could suggest that there was some openness to the use of music beyond concerts and entertainment in medical establishments of the time. Although little information is given as to their backgrounds or where their work might be found, Vescelius cites the comments of a number of men titled Dr or Professor to support her view of the therapeutic work possible using music. In the same issue of *The Musical Quarterly* as her paper, a theoretical essay titled "Music as Medicine" was also published (Rogers, 1918) which outlined historical uses of music in healing, and outlined accounts of music's benefits that had appeared in historical documents.

Ilse (1925) reported on "ward music" provided from the New York Tuberculosis and Health Association, which was offered in 15 hospitals. Based on two decades of experience offering music in hospital ward environments, she concluded that "Music means so much – we cannot estimate how much – to sick folk, especially those who...are compelled to remain in hospital for long periods of time." (Ilse, 1925, p. 982). She promoted the benefits of her work with support from testimonies of doctors as well as depictions of antecedents to her work such as corridor singing in St Thomas Hospital London[11] in the 1860s and a quote from Harford's letter in the *Lancet*, May 1891.

At around this same time in the US there was an active interest group, described as the "music reformers", part of a social movement of "progressivism" in the late nineteenth and early twentieth centuries (Campbell, 2000, p. 261). It is possible to see how the aims of musico-therapy teaching and activity were endorsed by the background of this middle class social action which constructed "good" music[12] as an agent for positive change within communities, laying the "cornerstone for not only for responsible personal conduct but for also for the parallel growth of individuals as citizens" (Campbell, 2000, p. 265)[13].

A later period in which a number of papers about music in hospitals appeared is the mid 1940s; the end of the Second World War. As Gouk has pointed out, it is no coincidence that the end of a period of trauma would be followed by musical attempts to "...restore harmony within the social body after the disruption of war." (Gouk, 2000, p. 173). Indeed Vescelius' writing supports this proposition. See below her conception of the role of music in 1918:

After the present Great War is ended, a flood of humanity will doubtless pour in upon our shores – men and women fresh from scenes of horror, broken in fortune, broken in body, heartsick and homesick....music is a universal language, a harmonizer, comforter, educator. Cannot we musicians devise some way of helping these, our brothers and sisters? Vescelius, 1918, p. 400

Music to Support Returned Soldiers

The main practical reasons the pre-cursors to what we now know as the profession music therapy prospered at the end of these modern wars was the extent of the task of caring for the huge number of injured returned soldiers, and the large funds released to ensure this care was the best possible. In the US the numbers of persons discharged from service for 'neuropsychiatric' conditions was estimated at 130,000, and in the state of Illinois alone, for example, ten new hospitals were required to be constructed for the care of returned servicemen (Gilliland, 1945).

Gilliland's paper describing the process as well as providing documentary photographs^[14] of music for the war wounded provides an insight into some of the early ideas in the development of what we recognise today as the profession of music therapy. Gilliland took care in this paper to distinguish between *musical therapy* and *recreational music*. No definition was provided for recreational music except to note that extensive facilities were provided for recreation in most institutions and the work of the personnel whether in voluntary or paid employ was to "keep the patients in the right frame of mind" (Gilliland, 1945, p. 24). It suggests that "recreational music" was in common use as a term within the broad remit of recreational activities available to patients.

Gilliland defined "musical" therapy as the "...carefully prescribed dosage of music, either by listening or participation, given under a psychiatrist's supervision and closely watched and controlled." (Gilliland, 1945, p. 24) She made reference to the locked wards in the veterans' hospitals and the importance of proper training before providing music to the war traumatised within (Gilliland, 1945). Her papers particularly exhorted music educators to provide music where they could to the newly opened institutions (Gilliland, 1944, 1945).

The American *Music Educator's Journal* published a recommendation that "definite steps be taken toward the promotion of a program for licensing the persons who wish to teach or practice musical therapy" (1945, p. 48). The same report also noted the receipt of a number of letters to the journal on the topic of "therapeutic aspects of music" and one is quoted in part there as follows:

Everybody writes about it, but nobody produces the techniques. We find purposeful work in this field in only a few hospitals. What we need is a thoroughly scientific approach to the problems, and not any more enthusiastic sales talk – all of which is very fine but doesn't tell us how to produce results (1945, p. 48)

A letter in somewhat more acerbic tone from the office of the Clinical Psychologist, Hoff General Hospital, Santa Barbara, California was published in the same journal later that year.

To the music educators of America I would like to send this challenge: Either produce something worthwhile in the way of musical therapy, or admit that, to date, it is worthless and stop trying to force it upon us. Moore, 1945, p. 81

Moore's desperation expressed in this letter in the face of the psychological needs of the hospitalised men with whom he was dealing is palpable. He described "I want, and need desperately, something that can reach into a man's personality and draw out the horrors of war, the hell of battle, and the repressed memories of his buddies' death rattles" (Moore, 1945, p. 81). In his letter, he accused music educators of feeding their egos by producing papers on music(al) therapy, and of not being able to come up with interventions that could do any more than soothe the war wounded patients whom he was treating.

Antrim (1944) proposed that what was needed was research conducted at "a music therapy clinic staffed by doctors in sympathy with the basic idea and by trained music therapists" (p. 419). He then included a footnote about the "the Institute of Musico-Therapy of New York, Frances Paperte, Director". He stated that "some notable results are expected" (p. 419)^[15].

Music in Medical Contexts

In Britain around the same time a paper titled the *Therapeutic qualities of music* provided an historical overview of the way music had been used medicinally in ancient times and suggested that modern health care practices could benefit from consideration of its inclusion (Gardner, 1944). The paper referred to the writings of Canon Harford and presented testimony from a senior house doctor at the Bolton Infirmary to confirm that music was indeed soothing for patients. Gardner investigated the evidence for music as a treatment and concluded that "...it has been generally unsuccessful up to the present time for total cures." (p. 184)

In the next year, a letter to the editor criticised the lack of reference to Arab texts in Gardner's

paper since, "So early as the ninth century the Arabs had noted the therapeutic value of music. In the tenth century it was being used in the hospitals." (Farmer, 1945, p. 59). This preoccupation with the link between historical uses of music and current possibilities was a prevailing theme in justifications for the contemporary applications of music for therapeutic purposes and a number of theoretical papers published at the time reviewed ancient documents' references to music as a justification for attempts at current use[16]. It is beyond the scope of this article to extend a discussion of this phenomenon however it serves as a backdrop to the claims made for consideration of developing a systematic approach to the use of music for medical patients.

Gardner (1944) lamented that the Americans were ahead of the British in recognising the role of "music in therapeutics". The publication of this view coincides with the date of commencement of music therapy training at Michigan State University[17] in 1944 (American Music Therapy Association, 2006). Gilliland referred to two further trainings that were available in the US by 1945; i) a twelve week course by Arthur Flagler Fultz titled "Musical Guidance Plan" and accredited by the Boston School of Occupational Therapy and, ii) classes at New York University taught by Willem van de Wall (Gilliland, 1945).

In 1946 a Fellow of the New York Academy of Medicine Sidney Licht, M.D., observed "At present no accredited school of music or medicine offers a complete course of instruction leading to a degree in music in medical practice, or a major in that subject" (Licht, 1946, p. 122). Licht (1946) outlined a potential course of study in musical skills - recognisable as basic conservatoire training - and the medical subjects which would need to be covered, including among other topics; Psychology, Abnormal Psychology, Music in Medicine, and Kinesiology (p. 124). Reviewed by Gilliland in the *Music Educators Journal* that same year, it was received enthusiastically however Gilliland expressed her disappointment that Licht did not refer to his experience in army hospitals in this published lecture series. She wryly noted that the book's '...conservatism will satisfy even the most exacting of the medical profession.' (Gilliland, 1946, p. 44). Her review of the book *Music in Hospitals* by Willem van de Wall (1946) appeared in the same issue. She described this text as a "practical handbook" (Gilliland, 1946, p 44) and noted the author's plea for greater availability of training for hospital musicians and the need for development of an appreciation for the role of music by other hospital staff.

Coming to America as a young man from his homeland Holland, Van de Wall was a harpist in the Metropolitan Opera Orchestra and the New York Symphony (Clair & Heller, 1989). His text describing music for hospitals was preceded by the book *Music in Institutions* (Van de Wall, 1936). In his 1946 book he described the hospital musician as the leader of all recreational music activities from patient and staff choirs to visiting musicians, as well as directing individual sessions. He noted the report of the National Music Council Inc. regarding a survey of music in mental hospitals. The survey asked for consideration of the qualifications music workers should possess. The findings reported that the "...desired qualifications fell into four categories: musical background, personality traits, attitude toward mental patients and hospital work, training and experience in mental hospital work." (Van de Wall, 1946, p. 81). Van de Wall suggested that these categories were also relevant to other hospital musicians.

Van de Wall was invited to summarise his 1946 book as a chapter in the book *Music and medicine* (Schullian & Schoen, 1948[18]). Sidney Licht is quoted on the back of this book as claiming it as "the best book of its kind". A contemporary review by Carroll C. Pratt[19] of *Music and medicine* appeared in 1948. The book is described as the "...kind of stuff to give musicians indigestion, and it ought to cause even the psychiatrist to long for the refreshing effects of David and his harp." (Pratt, 1948)[20] This dual criticism for the work of musicians offering services to hospitalised patients; reflecting a fear that it was neither sufficiently musical nor sufficiently medical resonates with the responses to Canon Harford's instigation of the Guild of St Cecilia in 1891.

A review of Licht's book which appeared in *Notes* gives some idea of the surround to these "musical enough" concerns. The reviewer described how she

...witnessed a demonstration of "musical therapy" by a lady, an ex- or retired vocal teacher, with the title of "professor" who sang Lieder, in a manner calculated to bring back the infuriated ghost of Brahms, to a group of mentally ill veterans who deserved better of their country. Lattman, 1946, p. 353

In her review she cautions against embracing too quickly the principles of therapeutic music since in her words such new ideas are often accompanied by charlatans and "witch-doctors" (Lattman, 1946, p. 353). This echoes a similar editorial comment in the journal *Notes*

where the use of music as a therapy for returned servicemen was described as a "frequently abused topic" (Marriner, 1945, p. 161).

Without any claims of knowledge of either medicine or music, Leila McKay an army lieutenant provided an account of uses of music in a one year Music Therapy Project. This report of music as a "group therapeutic agent" for returned soldiers receiving medical care at Fort Logan AAF Convalescent Hospital[21] was published in the journal *Sociometry* (McKay, 1945)[22]. Her paper appears alongside that of Altshuler, a psychiatrist, credited as a pioneer of music therapy (Clair & Heller, 1989) whose theoretical paper is titled "The organism-as-a-whole and music therapy" (Altshuler, 1945).

McKay's report described how groups of men were taught how to make miniature pianos that could be played. They then underwent a course of instruction to learn how to reproduce popular tunes on the instruments. She described this as follows:

It was not uncommon to have three men sitting at three pianos, with canes or crutches propped alongside, with their tongues pushing out one side of their mouth, plinking out "Don't Fence Me In". Within one week of their starting lessons they could play tunes that other patients could not only recognise but could stay and applaud. (McKay, 1945, p. 472)

McKay outlined a number of uses of music for these convalescent returned soldiers including music lessons, music instrument making, music listening at meal-times and teaching the use of public address systems and microphones. There was also a Fort Logan Band at the disposal of the convalescents and some 6,000 records which were on loan to phonographs used in the day rooms and some wards (McKay, 1945).

While McKay described these interventions as therapeutic, there is not much of what she has outlined that would fit with methods in what is now the professional practice of music therapy. There is something intriguing however about both the scale and scope of the music activities offered to these recuperating returned soldiers in enthusiastic, practical and matter-of-fact ways; both soliciting the needs and preferences of the patients and recording their subsequent involvement.

Similarly Guy Marriner[23] (1945) described how music began to be used over a two year period as part of the "reconditioning"[24] programme for returned servicemen with physical or mental injuries after he had been commissioned by the Surgeon General to undertake a survey of the ways music was used in hospitals. He reported five ways that he had found music to be helpful to the range of patients treated in these hospitals; 1. as physical reconditioning (through playing instruments), 2. in post-operative exercises, 3. for educational benefits, 4. for resocialization, which he defined as "a self-realization of one's relationship to other people" (p. 161), 5. in neuro-psychiatric treatments (Marriner, 1945). While he did not refer to this work as therapy he did make a note of the term as follows:

Many people assume that the emotional reactions to music are evidences of the therapeutic value of music. Until doctors, psychiatrists, psychologists and musicians have made scientific clinical tests over a period of several years and have proven music to have definite curative powers, the medical profession will not accept the term "Musical Therapy". Marriner, 1945, p. 162

It is beyond the scope of this article to investigate what was happening to the development of "music" and/or "musical" therapy during this period but it is notable that in the same year as Marriner's report, and Moore's exasperated letter, the *Music Educators Journal* published a recommendation in the column "Do you have the answers?" that "Perhaps the best course would be for music educators to eliminate from their vocabularies for the time being the word "therapy" in any connection with musical activities in or out of hospitals." (1945, p. 84).

Similarly Licht (1946) had proposed that until proper training was completed the person providing music in a hospital context should be called a "musical aide". Van de Wall briefly referred to psychoanalysis and group therapy however in the main wrote about the "hospital musician" as distinct category of arts and health worker.

Just a few short years later, the "institutionalization of affective music" was described as taking place in the field of "music therapy" (Drinker, 1948, p. 290). This account described twenty Gray Ladies[25] selected to visit the wards of several hospitals in the US where "Working separately or together each one modifies beautiful, simple melodies into music of therapeutic value adapted to the emotional state of the different patients" (Drinker, 1948, p. 290). This recognition of the benefits of music for hospital patients was conceptualised by Sophie Drinker as having the potential to create "...a new class of official women musicians" (1948, p. 290); a

view in keeping with her feminist ideals. That same year in the UK, the Council for Music in Hospitals was officially formed (see Trythall, 2006).

Further Historical Context

At the same time the context in which the papers sourced for this article were written might be almost unrecognisable to the 21st century reader. The reports sourced from the end of World War II for example, are from the time when up to 8,000 factories in England had "industrial music" programmes broadcast from the BBC over the newly installed public address (PA) systems[26] (Beckett & Fairley, 1944)[27]. One report found 95 articles, books and pamphlets on the topic of industrial music, 73 of which had been published since 1940 showing that the sudden interest in music to help workers via music was part of the war effort (Beckett & Fairley, 1944).

Both Licht (1946) and Ilsen (1925) referred to patients' sensitivity to noise. While the US army convalescent hospitals seemed to embrace any opportunity to give men access to music of their interests (see McKay, 1945; Marriner, 1945) I wonder if the widespread use of music in work settings was possibly adopted inappropriately by hospitals leading ultimately in some cases to a total rejection of the value of music for patients. Van de Wall for example wrote about the urgent need for regulation of radio, phonograph and other publicly broadcast music in hospitals as follows:

There is no reason why all patients should be exposed to the raucous noises of radios and phonographs merely because it suits the whim of someone. Neither is there a valid excuse for the continuous flooding of halls and corridors with the metallic screeches of public address systems used for broadcasting phonograph recordings. (Van de Wall, 1946, p. 61)

At the earlier time of Harford's attempts to make music part of hospital care, London had spent the nineteenth century becoming the largest metropolis in Europe housing a population of 4.5 million people (Horall, 2001) with street music[28] on every corner. The music hall was seen by many in the middle class as the ruin of its lower class patrons and poor children (Horall, 2001). While it is pure speculation for me to suggest that there is a link, something in the quickly negative view of the musical and medical establishments to the proposals for music live or via telephone into wards suggests that perhaps a larger issue of music everywhere for everyone was not a shared utopian vision[29].

On a further point of difference between current times and the readings reviewed here, it is notable that Altshuler (1948) credits a solo violinist playing live music with the calming of agitated patients during their hydrotherapy treatments. Up until the introduction of anti-psychotics in the 1950s hydrotherapy was a commonly used, at the time scientifically proven, therapy in which patients with severe mental illness were treated with continuous baths or with wet packs (Braslow, 1999). While some of the techniques within these methods involved restraint so that the patient could receive the treatment, it was not considered a type of physical restraint; an unpopular intervention in the first half of the 20th century (Braslow, 1999). Altshuler (1948) noted that in spite of the best precautions, patients often developed the idea that "hydrotherapy is used as a punitive measure and not as a definite treatment" (p. 275). His rationale was that if the "turbulent" patient could be calmed with music, they would be able to take better benefit from the proven effects of hydrotherapy.

Discussion

Some support for the uses of music to assist hospital patients is evident in the published documentation found in the historical period covered here. The negative commentaries reveal some possible reasons that music is not currently as widely used in medical care contexts by comparison with its uses and applications as a therapeutic and social medium in special education and mental health services. Perhaps too there are some ways of using this material to begin to understand why music therapy is more widely available in acute hospitals in the USA in comparison to the UK. This historical review also provides a frame through which some considerations emerge about the reasons music therapy education began in the mid 1940s in the USA but only in the late 1950s in the UK; a topic ripe for further discussion.

Suggestions about musical possibilities in health and healing were in some cases responded to derisively in the materials sourced; first by overstating the claims made by those suggesting the benefits of music, and next by invoking the "values of medicine" as incompatible with the practice of music as an adjunct in healthcare services. The values of medicine by comparison are somewhat more immune to this procedure of scrutiny through retorts that over-state the claims made and then engage in derision of these claims. For example, it would be accurate to

describe paracetamol as having effects that are "only temporary" as in the example about the effects of music above, however this is never the description given to paracetamol's benefits.

Roy Porter gives us a way to consider these issues in his discussion of the absence of patient experiences from the historical record of medicine. He stated that medicine,

...has tended to produce histories of itself essentially cast in the mold of its own current image, stories of successive breakthroughs in medical science, heroic pioneers of surgical techniques, of the supersession of ignorant folkloric remedies and barefaced charlatany through the rise of medicine as a liberal, ethical, corporate profession. (Porter, 1985, p. 175)

He further suggested that even historians and sociologists taking a critical view of medical history discourses find themselves nonetheless conforming to the view that "the history of healing is par excellence the history of doctors" (Porter, 1985, p. 175). Perhaps the commentary above reveals that there might have been something quite threatening about the idea of adding music to the repertory of responses to pain, fever and anxiety in medical care. The conceptualisation of music as an intrusion into quiet places of rest and attentive care, possibly gave a perfect target by which to demonstrate medicine's capacity for "cutting through the dross" and suppressing "charlatany".

The action for the musician framing their work in hospitals as helpful, therapeutic or even "medical" in its orientation is jeopardised by a multi-faceted threat. The desire to make the complexity of music outcomes directed, specific and predictable can fail in the testing. The desire to stand aside from medical hegemony and claim a different space for music experience, as part of a health seeking psychological and social fabric woven around the patient's everyday experience of their health with reference to illness and disorder falters; partly because the order and structure of the hospital system precludes interactions that are not systematised, predictable and quiet, and partly because of the emphasis on interventions which act directly to ameliorate the disorder, rather than addressing secondary symptoms such as anxiety, fatigue, and depersonalisation where one might argue (as did Harford) that music, and music therapy, has a role to play.

Constructing music participation as inherently healthful rather than a "treatment" potentially subverts the values of the dominant, hierarchical system of the hospital, built to support the edifice of medical treatment and medical care of "illness". Suggesting the necessity for music in hospital contexts proposes the replacement of medical authority with the independence and identity appraisal that music allows; with its sounding of instruments and the voicing of individual needs and affect. It seems difficult for these accounts above to realise that music experiences are not offered to supplant medical treatment but rather as healthful actions within an arguably overly illness-focussed context. This is shown in the way that many of the critical responses over-state the claims for musical offerings and then deride them; or alternatively suggest that music is not particularly useful in medicine because it cannot effect "total cures" (Gardner, 1944, p. 84). This can also be seen in Marriner's (1945) account of music not being therapeutic because its "curative powers" had not been scientifically established, and also in the report that music would only ever be a subsidiary to medicine in the treatment of illness (*The Lancet*, 1891).

The ways in which music might act upon illness and the means by which it would be allowed to become part of ward life bear some reflection. Marriner's hierarchy of those who must undertake the scientific testing of the idea of music as therapy "doctors, psychiatrists, psychologists and musicians" (1945, p. 162) is not so different than the steps of approval the music therapy profession still seeks today. Marriner's certainty that "therapy" was not the word he was looking for to describe his use of music in rehabilitation perhaps is part of the antecedent for hospital arts and for the community music movement. One can't help think of Marriner as a loss to the early developments of music therapy with his ability to conceptualise a broad role for music across the different areas of need for the returned serviceman. How might the profession have been different if it had not called itself "music therapy" before meeting his proposed criteria?

While we might heed Tyler's (2002) suggestion that the warning that music therapists should not to try to find a continuous historical link between the descriptions of music and healing in the past and our current practices (Horden, 2000), nonetheless within the historical commentary reported here there is potential for further exploration. It would be interesting to research the responses to some of these criticisms and to reflect further on the dichotomy of the not medical enough and/or not musical enough challenge.

I suggest that aspects of this historical survey reveal issues very much in keeping with the pressures of promoting the work of music therapists in current medical and healthcare contexts such as needing approval from the medical establishment, and being "accomplished artists". The necessity for the music therapist to create immediate, observable clinical change through music remains an imperative that I for one don't always know what to do with, especially when it occurs alongside the often understated expectation that music will be used to keep patients in "the right frame of mind" (Gilliland, 1945, p.24). This article therefore makes a contribution to further considerations about the ways in which the actions of music therapy threaten a corruption of the "values of medicine". This idea would benefit from further pursuit, scrutiny and consideration in order to give further delineated space to the music therapists work and role in hospital and healthcare but also to offer a context for other contemporary hospital arts practices.

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Notes

[1]A version of this paper appears as the final chapter in Edwards, J. (Ed)(2007). Music: Promoting health and creating community in healthcare contexts. Cambridge Scholars Publishing.

[2]Both Ruud (2001) and Ansdell (2004) have provided music therapy commentary on these texts.

[3]As Davis & Gfeller (1999) noted, there are many manuscripts from the 18th and 19th century that discuss the medicinal and therapeutic properties of music but few provide direct applications and observations of practice.

[4]see Edwards, 2005, 1999a, 1999b.

[5]For relevant additional reading see Mackinnon (2006) and Mackinnon (2003).

[6]See also Bunt (1994), Davis (1988) and Tyler (2002) for other relevant research by music therapists about the Guild of St Cecilia.

[7]Two of Harford's letters in the British Medical Journal and one from the Lancet were recently reproduced in the Nordic Journal of Music Therapy with an introduction by Helen Patey Tyler (2002).

[8]Davison's (1899) description of Harford.

[9]This representation aligns with issues around street music and its irritations to men in London "who earn their living by the higher kinds of brain work" (September 1893) which was the subject of a number of papers at the time (for example, January, 1891).

[10] The term 'musicotherapy' was used to describe the course which commenced in 1919 at Columbia University taught by Margaret Anderton, a musician from England (Tyler, 2000) and Isa Maud Ilsen an early music therapy pioneer who was a qualified nurse credited with starting the National Association for Music in Hospitals in 1926 (Brooke, 2006).

[11]This was the hospital where Florence Nightingale founded a nurse training programme. Ilsen referred to Nightingale's support for music in wards in Crimean war hospitals.

[12]Campbell has noted that this term "good music" was ubiquitous however no agreed definition existed.

[13]A company which sold music books to schools used the slogan "Good Music Makes Good Citizens" in an ad campaign in 1923 (Campbell, 2000).

[14]On the opening page of her article Music for the war wounded Gilliland provides an unremarked photo of a nurse in uniform playing an upright piano beside a man sitting up in bed in his pyjamas playing the mouth organ. The nurse has her back to the patient and his eyes are fastened on her in a look of devotion.

[15]A paper based on the results of musical experiments at the Walter Reed hospital which commenced in 1944 were published by Taylor and Paperte (1958).

[16]See also Ruud (2001).

[17]Then known as Michigan State College; where Gilliland completed her music therapy training with the psychiatrist Dr Ira Altshuler. Esther Gilliland became the President of the newly formed National Association for Music Therapy in 1950.

[18]An extensive review and social contextualisation of this book appeared in a more recent book about music and healing within cultural contexts (Gouk, 2000).

[19]Carroll C. Pratt was a tutor at Harvard University in the philosophy department at the time of writing the review and an associate professor of psychology. He authored of a number of books including in 1931 *The meaning of music: A study in psychological aesthetics*.

[20]Pratt (1954) some years later reviewed a book edited by Podolsky (1954) titled *Music therapy* which he further described as "dreadful stuff" (p. 227).

[21]Described as one of ten convalescent centres for which Personnel Distribution Command were responsible.

[22]This issue of the journal contained over 30 full papers and a number of introductory and review notes which reported other creative methods in use in such institutions including psychodrama, group therapy, puppetry therapy, motion picture therapy, and dance methods (see *Sociometry*, 1945, 8(3-4)).

[23]Head of the Hospital Section, Music Branch, Special Services Division.

[24]Described as a programme designed to "send the soldier-patient back to duty in the best possible physical condition in the shortest possible time" (Rusk & Taylor, 1945, p. 53).

[25]A type of hospital volunteer "The Gray Lady runs errands, directs visitors, arranges and waters flowers, delivers mail to patients, fills in headings on charts, and gives many other services" (Wetzel, 1945, p. 443).

[26]These were installed as a warning system for air raids however were soon put to other uses such as recreational music listening (Beckett & Fairley, 1944).

[27]Antrim (1944) also described this as "applied music" and cast music therapy as a type.

[28]In the 1891 census of the 10,000 Italians in London, 1,440 listed their occupation as musician, including organ grinders (Hooker, 1894). One prior estimate had suggested that the number of Italian born organ grinders working in London city in 1891 was 920 (September, 1893). Sometimes each corner of a street had an organ grinder playing daily. One can only imagine what kind of confusing musical din resulted.

[29]I have elsewhere written about current uses of background music in everyday life see <http://www.voices.no/columnist/coledwards110208.php>.

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