THE LANDSCAPES OF PUBLIC LUNATIC ASYLUMS
IN ENGLAND, 1808-1914

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CHAPTER 4. DEVELOPMENT OF THE PUBLIC ASYLUM LANDSCAPE, 1815-45

This chapter covers the development of the public asylum landscape in the first half of the main period under study, 1815-45. Having analysed the development of the precursors to the public asylum landscape, the next step is to discuss how their structure and therapeutic use were applied in the first wave of significant public asylum landscapes up to 1845. This is a particularly notable period for the landscape, as the development of treatment, linked to the provision of the therapeutic landscape, largely set the pattern for the asylum landscapes subsequently laid out and continued to define the asylum landscape type to 1914. The main questions to be answered in this chapter are: did the purpose-built English public lunatic asylum landscape develop between 1815 and 1845 as a significant, independent landscape type? What were the influences which led to its development, particularly in relation to therapeutic demands and its relationship with the country house estate model? What notable developments occurred in parallel in other types of institutional landscape, especially the workhouse, and how were they comparable with those in the asylum?

The first section of the chapter addresses the development of the therapeutic regime at Wakefield (1815-18), the earliest English public asylum to implement the therapeutic provision and use of a designed landscape. The second section demonstrates how the structure of the landscape was laid out to accommodate the therapeutic function, and as such developed in terms of medical and landscape theory, and addresses the extent to which it was allied to and drew from other designed landscape types, particularly the country house estate model. This analysis is illustrated with reference to various sites, in particular to three case studies, Wakefield, Hanwell (1828-31) and Derby (1844-51). The third section discusses the development of the asylum landscape in relation to those of the two major comparable institutions developed alongside the asylum, the workhouse and, to a lesser extent, the prison.
Conceive a spacious building resembling the palace of a peer, airy, and elevated, and elegant, surrounded by extensive and swelling grounds and gardens ... The sun and air are allowed to enter at every window, the view of the shrubberies and fields, and groups of labourers, is unobstructed by shutters or bars; all is clean, quiet and attractive ... When you pass the lodge, it is as if you had entered the precincts of some vast emporium of manufacture; labour is divided, so that it may be easy and well performed, and so apportioned, that it may suit the tastes and powers of each labourer. You meet the gardener, the common agriculturist, the mower, the weeder, all intent on their several occupations, and loud in their merriment. The flowers are tended, and trained, and watered by one, the humbler task of preparing the vegetables for table is committed to another.

W.A.F. Browne, Superintendent, Montrose Royal Lunatic Asylum, 1837

Having analysed the development of the prototypes for the public asylum landscape, the next step is to discuss how their structure and therapeutic use were applied in the first wave of significant public asylum landscapes up to 1845. The main questions to be answered in this chapter are:

Did the purpose-built English public lunatic asylum landscape develop between 1815 and 1845 as a significant, independent landscape type? What were the influences which led to its development, particularly in relation to therapeutic demands and its relationship with the country house estate model? What notable developments occurred in parallel in other types of institutional landscape, especially the workhouse, and how were they comparable with those in the asylum? Browne, in the quote above, sketches an early ideal asylum estate principally based on the domestic country house estate, emphasising elements which public asylum builders strove to incorporate and adapt for therapeutic purposes. However, this passage does not indicate whether his ideal asylum landscape was independent in character from the country house estate, and if it was, what the characteristics were which distinguished it. In addressing the questions posed above this distinction will become clear by the end of the chapter.

1 W.A.F. Browne, What Asylums Were, Are and Ought to Be: Being the Substance of Five Lectures Delivered Before the Managers of the Montrose Royal Lunatic Asylum (Edinburgh: Black, 1837), 229.
The period 1815-1845 was notable for the development of the asylum landscape. The development of treatment during these three decades, linked to the provision of the therapeutic landscape, broadly set the pattern for asylum landscape design up to 1914, unlike public asylum architecture which developed in the early nineteenth century and then underwent important modification in the latter part of the period under study. The first section of the chapter addresses the development of the therapeutic regime at Wakefield (1815-18), the earliest public asylum to implement the therapeutic provision of moral therapy via the use of a designed landscape. This particularly important site influenced to a great extent the uptake of the therapeutic use of the asylum landscape and its implementation at asylums for the rest of the century. The second section demonstrates how the structure of the landscape was laid out to accommodate the therapeutic function, and as such developed as a type in terms of medical and landscape theory, using major elements of the country house estate model combined with earlier medical structures, principally the airing courts. This analysis is illustrated with reference to various sites, in particular to three influential case studies, Wakefield (see Case Study 10), Hanwell (1828-31, see Case Study 5), and Derby (1844-51, see Case Study 3). The third section discusses the development of the asylum landscape in the context of public institutional developments, particularly in relation to those of the two major comparable institutions developed alongside the asylum, the prison and workhouse.

INFLUENCES

Influences on, and sources of information for, the structure and regime of public asylums grew rapidly during the first half of the nineteenth century. Published medical sources steadily increased and were widely available to magistrates, superintendents and other interested individuals. These included, after Tuke's 1813 Description and 1815 advice, works by Spurzheim, Halliday, Browne, Gardiner Hill, Ellis, and Jacobi. All of these provided detailed information about the most appropriate asylum regime, based on moral therapy. The authors who provided detailed information also tended to be those whose aim was to promote moral therapy alongside medical treatments and who also believed the use of the wider landscape was a valuable therapeutic tool. In addition to authors and practitioners, interested magistrates played a crucial role as the guiding force behind the

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construction of public asylums, as discussed by Smith.\(^3\) One magistrate in particular at Wakefield, Godfrey Higgins, exerted a dominant influence in its initial structure and regime using the ideals manifested at The Retreat, and at Hanwell the magistrates as a body shaped key aspects of asylum policy relating to the implementation of non-restraint as part of moral therapy. In terms of legislative guidance there was little advice on the construction and therapeutic activity within the asylum other than the 1808 Lunatics Act. However, various parliamentary inquiries reviewed the issues at regular intervals, most notably those of 1815 and 1827, and their findings were made publicly available as published reports.\(^4\) Such discussions highlighted and commended the move towards the adoption of moral treatment and condemned those establishments which retained the older, less humane and slovenly ways of housing and treating lunatics. As public asylum sites became more widespread they became available as examples for inspection by those magistrates overseeing the erection of their own county asylums, although the earliest sites, including Nottingham, Bedford and Norwich were not apparently widely used as models.

Because public asylums were still such a new type, there remained almost no advice available on landscape design specific to asylums. Influential writers on the construction of other public institutions, such as Becher on workhouses, did not give detailed advice on the landscapes in these cases either.\(^5\) Loudon visited at least two asylums, Lancaster and the private Spring Vale, Staffordshire, as well as various workhouses and prisons. He commented favourably in the early 1830s on the provision of gardens for residents in all three types of institutions, for work and recreation, in particular in the case of the asylum the advantages of a garden being 'of great benefit to the least afflicted of the inmates' and that a garden was 'even a more important appendage' in this particular case than for the other two institutions.\(^6\) Loudon did not provide detailed advice in his publications on the design of asylum landscapes, although he did provide designs and advice for a wide range of other landscapes including domestic and botanical gardens, public parks and cemeteries. Occasionally in these earliest public asylums, archival material clearly demonstrates that advice from a professional landscape designer was sought at particular sites. In one rare example, Hanwell, the magistrates obviously had pretensions to create a great institution for the Metropolis set in an appropriate landscape, and employed the nurseryman and designer David Ramsay who went on to other prestigious London projects such as Brompton and Highgate Cemeteries (opened 1837 and

\(^3\) L.D. Smith, 'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England (London: Leicester University, 1999), 28, 64.

\(^4\) Report together with The Minutes of Evidence, of Select Committee on Madhouses in England (1815); Report of Select Committee on Pauper Lunatics in the County of Middlesex, and on Lunatic Asylums (1827).


\(^6\) Gardener's Magazine, 7 (October 1831), 554; 8 (February 1832), 98.
1839 respectively). Elsewhere this does not seem to have been a common occurrence as the archival material is silent on the subject.

Wakefield, the first significant public asylum landscape

Wakefield was the first public asylum in England to implement a large-scale work-based regime. It was also the first public asylum estate in which medical theory on the treatment of lunatics was significantly reflected in the nature and quality of the landscape design. An early and influential public asylum, it has a crucial place in the narrative of therapeutic activities in public asylum landscapes which, together with direct influences on its structure and regime, requires careful examination. The following discussion concentrates on the influences on, and implementation of, its therapeutic regime, rather than an analysis of the structure of its landscape, which is left to the following section where it is discussed in the context of later developments. It is sufficient to mention at this point that in its landscape provision, which incorporated elements of the country house landscape modified to accommodate therapeutic requirements, it was more closely allied to the earlier charitable and privately run examples of, respectively, The Retreat and Brislington House than to the earliest public asylums which were discussed at the end of the last chapter. Wakefield was the largest public asylum yet constructed, designed to hold 150 patients and in doing so serve the population of one of the largest industrial centres of England, the West Riding of Yorkshire.

At Wakefield structured work regimes for the patients were taken up and regarded as a major agent of moral therapy, from which apparently led an appreciable reduction of restraint and increase of personal liberty. The result of a more liberated regime was a need to channel the energies of the patients who might otherwise be disruptive, or indulge in self-harming activities. The first superintendent at Wakefield, William Ellis (1780-1839, knighted 1835), was the first notable espouser of work therapy for pauper patients in public asylums, and this example, with its relatively densely-populated catchment area of industrial Yorkshire, was the showcase of the technique.

The influences on the regime and hence the landscape structure at Wakefield were several. Godfrey Higgins, the magistrate who was deeply engaged in the reform of the York asylum (1772-77), was one of Wakefield asylum's committee of magistrates. He was closely involved with the initial construction of the asylum so that moral therapy could be implemented from the beginning. A further

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7 Significant payments for Ramsay's landscaping activities at Hanwell are recorded in LMA, MF/A/1, Hanwell Building Account Ledger, 1831-32. Earlier, the grounds at Stafford were designed and laid out by Mr Clarke of Lichfield, recorded in Staffordshire RO, D550/1, Stafford asylum, Visiting Committee minutes, 1818. For references to Ramsay's other activities see James Stevens Curl, *The Victorian Celebration of Death* (Newton Abbot: David and Charles, 1972; rev. edn. Stroud: Sutton, 2000), 88, 95.

8 The only earlier example found where the designers of a site were referred to in the archival material is at Bedford, 1810-12, where William Apethorpe, gardener, laid out the grounds under the direction of the Chair of
very great influence was Samuel Tuke, who, together with the structure and regime at The Retreat, had a direct and major effect on the regime and estate at the Wakefield asylum. Tuke in 1815 provided advice based on his experience at The Retreat, which influenced the architects' layout of the core of the estate, illustrated in their published proposals (Plate 34). Tuke also recommended that the landscape should be of considerable extent, and that the provision of employment for patients was essential. His advice cited four main objects 'to achieve the welfare and comfort of lunatics' via the structure and layout of an asylum. In his fourth object he stipulated that 'the accommodation for the patients should be cheerful, and afford as much opportunity for voluntary change of place and variety of scene, as is compatible with security'.

At 25 acres (10 ha.), the site at Wakefield was considerably larger than any of the previous five public asylums, and more than double the size of The Retreat, but was still a good deal smaller than Fox's privately run Brislington House at 80 acres (32 ha.).

Ellis exerted the crucial practical influence on Wakefield asylum's therapeutic direction and implementation, although he arrived as superintendent only once the moral therapy regime and landscape layout adapted for the implementation of such a regime had been decided upon by Higgins and his colleagues. Ellis was one of the most influential early promoters of the benefits of work for lunatics in public asylums. At the same time as Tuke was providing advice to the magistrates of the West Riding, Ellis, at that time an obscure surgeon of Hull, was promoting the beneficial effects of work on lunatic patients. He explained this in his Letter to Thomas Thompson, Esq. M.P. ..., which echoed Tuke's words. Ellis had in 1814 co-founded the Hull Refuge, an asylum run with the same progressive spirit. The Letter brought Ellis into contact not only with Tuke, but also with Godfrey Higgins. Ellis' Letter showed an early recognition of the benefits of work therapy by a prospective public asylum superintendent. He recommended using the influence of work for improving patients' mental state for he believed that, 'nothing is found so efficacious as employment', when trying to deal with 'false impressions' associated with lunacy. For this purpose he advocated a 'great variety' of work, as recommended at The Retreat as part of moral therapy, and taken up at all the public asylums by the mid-nineteenth century.

Ellis became well acquainted with the regime at The Retreat, visiting on four occasions between 1816 and 1822, and during this period, in 1818, he and his wife were appointed the first director (medical superintendent) and matron, respectively, at Wakefield. Such was the connection between the two

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9 Tuke, op. cit. (1815), 10-12.
10 William Charles Ellis, Letter to Thomas Thompson, Esq. M.P.: containing considerations on the necessity of proper places being provided by the Legislature for the reception of all insane persons (Hull: for the author, 1815), 11-15.
11 Anne Digby, Madness, Morality and Medicine: a Study of The York Retreat 1796-1914 (Cambridge: Cambridge University, 1985), 244.
establishments, including Samuel Tuke's advice on the construction of Wakefield, that Tuke's son, Daniel Hack Tuke, later proclaimed, with justification, the asylum at Wakefield to be 'the legitimate child' of The Retreat. Work-related activities formed a large part of the therapeutic regime from the very beginning at Wakefield, the grounds apparently being used to a great extent for work and exercise, as related in Ellis' annual reports (1819-29). He was one of the major pioneers of reducing physical restraint in public asylums in order to employ patients outdoors, two decades before Hill and Conolly advocated and publicised its total abolition. However, this novel approach was not without its lay critics, who it appears made what Ellis regarded as unreasonable proposals. As Ellis incredulously recounted, 'it was seriously proposed, that no patient should be allowed to work in the grounds outside the walls without being chained to a keeper, and to allot patients 'a corner of the garden ... for their labour, and that they should dig it over and over again all the year round. The kind feeling and good sense of the people in the neighborhood soon overcame these prejudices'.

As well as Tuke it is likely that William Hallaran (?1765-1825) influenced Ellis in his early opinions and practice on vocational therapy. Hallaran was the pioneer of work therapy in Irish public asylums, and was one of the few authorities Ellis referred to in his major published work, *Treatise on ... Insanity ...* (1838). Hallaran had referred in 1810 to those patients at the asylum at Cork which he ran, who could be persuaded to perform some household tasks. In his opinion their work was 'not merely with benefit to the house' (i.e. of economic benefit to the institution), but was also of therapeutic benefit in relieving the tedium of the patients' life in the asylum. Those patients 'during the term of their employment at moderate labour, never fail to enjoy the happiest state of oblivion from their real or imaginary grievances'. This, he asserted rather optimistically, was not just of benefit in the immediate short term, but had 'good effects' on those patients whose 'latent powers of the mind only awaited a timely interference, to be warned of their existence'.

From its opening, the therapeutic regime at Wakefield was very different from most other asylums. Ellis emphasised the importance of the therapeutic use of productive employment outdoors and its benefits. In the first year he referred to the almost constant employment of the patients in the kitchen garden, doing rough work of digging and hoeing, as providing great benefit to those patients. Over the following years he referred to the benefits in general of this kind of employment to the patients, with

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13 Wakefield RO, C85/107, Wakefield asylum, Director's Annual Reports, 1819-29.
14 Ellis, *op. cit.* (1838), 8.
16 William Saunders Hallaran, *An enquiry into the causes producing the extraordinary addition to the number of insane, together with extended observations on the cure of insanity: with hints as to the better management of public asylums for insane persons* (Cork: Edwards and Savage, 1810), reproduced in Richard Hunter, Ida
as many as possible being persuaded to work. The rules of the asylum, drafted by Higgins, also made the emphasis on work clear, referring to the employment of patients in 'useful labour' as far as possible, with the director and matron to use all humane and mild measures to try and accomplish this. Other vocational activities included an emphasis on cloth manufacture, which was a notable local source of employment, and many of the women were employed in domestic tasks, greatly reducing the need for paid maids.

Ellis was convinced that his interpretation and implementation of moral therapy was effective as a therapeutic tool. Ten years after the asylum opened he confirmed from experience this opinion that his therapeutic system was working as anticipated, for, 'One of the principal objects kept in view, in the direction of this Asylum, has been to obtain for the patients constant and regular employment, and for that purpose, not only farming and gardening, but all trades have been forced into the service'. He mentioned a wide variety of trades undertaken by patients, including spinners, weavers, tailors, shoemakers, brewers, bakers, blacksmiths, joiners, painters, bricklayers and stonemasons, together with all the patients' clothing manufactured and made up by themselves; the asylum bread baked on the premises; and their own beer brewed. He believed that nearly half of the male and female patients were, 'constantly engaged in some kind of labour' which was always productive and beneficial to the asylum.

In one case study of a patient at Wakefield we hear the rare voice of one of these artisan patients articulating the beneficial effects of the therapeutic use of the designed landscape. As it was recounted by Ellis its drawbacks are both that it was at second hand and that it was expressed in the terms of the establishment and the superintendent's interpretation; however, it is still valid as long as these influences are taken into account. He recalled that this patient, a suicidal and depressed carpenter, attributed his recovery to the diversion of having worked on the ornamental elements of a 'moss-house' or grotto which was built within the asylum grounds, under the supervision of the gardener. The story, of course, is selected by Ellis to reflect the best emphasis on the therapeutic benefits of employment, but even so provides one of the few accounts from a recipient of the system.

There is little reference to recreational activities during Ellis' time at Wakefield. He used the wider landscape beyond the courts primarily for vocational therapy, placing little emphasis on the


Wakefield RO, C85/107, Wakefield asylum, Annual Reports, 1819, 1820, 1823, 1824, 1825, 1826.


Halliday, *op. cit.* (1828), Appendix III, 92-95 - letter from Ellis to Halliday (30 November 1827).
therapeutic benefits of recreation in encouraging pauper patients' recovery. Other alienists, however, expressed a belief in the need for recreation to accompany work. Burrows, although principally in private practice, recommended that vocational therapy and recreation were equally essential to recovery. He also recommended that both occupation and amusements ought to be varied for the best results.21

The patients' work in the wider asylum landscape served other purposes than just therapeutic. The therapeutic function was inextricable from the economic purpose and that of social control and re-education. Ellis opened the perennial discussion of prioritising the therapeutic benefits of work against the economic benefits. This was an uncomfortable subject as in doing so he addressed the difficulty which was even plainer later in the century of distinguishing which was the real primary function - for the economic benefit of the asylum, which was always the stated secondary benefit, or the stated primary benefit which was the therapeutic benefit directly to the patients. His stated reasons for promoting employment for patients were not just for the economic benefit, but also because, 'It has furnished a source of interesting employment for some of the Patients, which attracts their attention, occupies their minds, and prevents the intrusion of many painful thoughts and musings on the past, which harass and distress them when unemployed'.22 He had earlier reported that strenuous efforts were made to keep the costs of the asylum to a minimum, aided by the wide-ranging activities of the patients, for, 'As well as making the clothes and employment in the gardens, the patients are now making bread & brewing malt liquor. Several more acres of ground are also put under spade cultivation, by the produce of which the cows necessary to the establishment are entirely supported'.23

Beyond the therapeutic and economic purposes of vocational therapy, it was used as a tool for the social control and re-education of patients. Ellis believed that the system of vocational therapy promoted self-control within the pauper patients in order to reform their behaviour and thinking, promoting the ideology which drove the use of moral treatment at The Retreat. He perceived that the pauper patients when left unemployed behaved in a depraved and abandoned manner, but benefited from 'the [self-] restraint and self-government' which employment engendered and which resulted in a regime 'highly conducive to their mental restoration'. As well as the stated therapeutic benefit, Ellis' comment implied a social purpose, rebuilding the patient's acceptable behaviour within his or her particular social stratum, strengthening the social structure of which they formed part. In this way the public asylum became as much a social reformatory as a refuge, because of the need to reform

20 Ellis, op. cit. (1838), 197.
21 George Man Burrows, Commentaries on the Causes, Forms, Symptoms and Treatment, Medical and Moral, of Insanity (London: Underwood, 1828), 705-06.
22 Wakefield RO, C85/107, Wakefield asylum, Annual Report, 1823.
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behaviour rather than let illness work its course. In the first seven years his confidence in his patients' self-control had triumphed: no-one had been injured by the potentially dangerous tools which they were given to use outdoors, and Ellis continued to assert that, 'man, whatever state he is in, is happiest when all the powers he has are kept in regular and useful employment'.

Public asylums follow Wakefield's example

Ellis' system at Wakefield was regarded as a pioneering example of the therapeutic method in which work carried out by patients in a public asylum could be of therapeutic benefit to the patients as well as economically beneficial to the institution, and was taken up by other English asylums. This led to the adoption of designed landscapes of considerable size to accompany the asylum buildings, these continuing to adopt various elements of the country house landscape, with modifications for therapeutic purposes. For example, in 1823 Ellis described the work regime to George Poynder, engaged in setting up the Gloucester asylum (Horton Road), and the regime was described favourably by Halliday in his survey of asylums in 1828.

Opened in 1823, Gloucester was the first public asylum to follow the example of the West Riding in providing a system of therapy with work at its core. Its rules were close to those drafted by Higgins for Wakefield, particularly echoing that, 'the Patients shall be employed in other [than at domestic duties in the wards] useful labour as much as possible, and the Superintendent and Matron are very particularly charged to leave no mild and humane measures untried to carry this order into effect', as had been the case at Wakefield. At Gloucester the details of employment developed to the point where even female patients were offered the opportunity to work outdoors, subject to considerations of 'propriety'.

Another asylum noted for its use of employment of the patients for therapeutic purposes was Dorchester, this being introduced rather later by its second superintendent, Thomas Quick, who had worked for Ellis and was appointed in 1836. By 1838 it was claimed that 81 out of 99 patients in the asylum were employed. Of these, ten male patients, which equated to 10% of the total patients, were working in the garden out of a total of 30 working males and 51 females. This was said to be a higher proportion of working patients than at any other asylum at the time, and was seldom later equalled, let alone exceeded. Once again the economic purpose was prominent, for as a result of the patients' endeavours in the asylum landscape the weekly charge at the opening of asylum in 1832, 9s1d per patient, had been greatly reduced by 1838 to 6s5d. The stated causes for this reduction were

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24 Wakefield RO, C85/107, Wakefield asylum, Annual Reports, 1819, 1823-1826.
25 Gloucestershire RO, HO22/1/1, Horton Road asylum, Visiting Committee minutes, 1823, letter dated 5 April; Halliday, op. cit. (1828), 17, 19, 94.
26 Gloucestershire RO, HO22/1/1, Horton Road asylum, Visiting Committee minutes, Rules and Regulations for the Domestic Management of the Asylum, item 25, 13 August 1823.
27 Gloucestershire RO, HO22/1/1, Horton Road asylum, Visiting Committee minutes, April 1838.
28 Dorset RO, QS/Lunatic Asylums/Forston/5, Dorset asylum, Annual Report, 1838, 9.
partly due to an increase in patients and economy of scale, and partly by the employment of patients in domestic duties and in the kitchen garden.\(^{29}\) This was a key economic public benefit of the vocational therapy system based in the asylum landscape.

Ellis moved to Hanwell in 1831 where he continued to promote work therapy, such that by the time he retired, in 1837, he could claim that 454 out of 612 patients were employed in useful work.\(^{30}\) John Conolly (1794-1866) was Ellis' successor as superintendent at Hanwell and made the asylum famous for his removal of mechanical restraint from every one of the several hundred patients. The success of the non-restraint movement was essential for the further use and development of the landscape as a therapeutic instrument for if it had not ensured that asylum patients were generally unfettered they could not have made use of the public asylum estate in the way they did. Although Ellis had instituted a working regime for the patients, there had been a hiatus in the two years since his departure, and Conolly was further critical of the many patients who were restrained by physical means. Within three months of his arrival in 1839, Conolly later claimed, none of the 850 patients was under physical restraint of any kind.\(^{31}\) He introduced a management system based on moral principles which encompassed both patients and staff.\(^{32}\)

Conolly's influence on the moral treatment of the insane, like that of Tuke, Fox and Ellis before him, extended particularly into the world of public asylums. His colleagues and contemporaries regarded him as an outstanding figure of medicine even though his tenure at Hanwell only lasted from 1839 to 1843, and his earlier practical experience is shadowy. But, as Showalter maintains, 'his achievements in those four years made him the symbol of Victorian psychiatry's happiest visions of itself.\(^{33}\) His influence in the future of asylums was considerable, crowned by his book *The Treatment of the Insane Without Mechanical Restraints* (1856). Hunter and Macalpine put Conolly's adherence to the 'non-restraint system' in Whiggish context as, 'the successful conclusion of a movement which commenced with Pinel and which created a new epoch in the lives of the insane and a new approach to insanity not only in the British Isles but throughout the civilised world'.\(^{34}\)

\(^{29}\) Dorset RO, QS/Lunatic Asylums/Forston/5, Dorset asylum, Annual Report, 1838, 6.
\(^{30}\) Ellis, *op. cit.* (1838), 8.
\(^{32}\) A similar but less well publicised non-restraint exercise had been carried out for nearly two years before Conolly adopted it at Hanwell, by Robert Gardiner Hill at the provincial subscription asylum at Lincoln, described in Hill, *op. cit.* (1839). Indeed, it was a visit by Conolly to Lincoln in 1839 which prompted him to try the system. Conolly, however, was the more successful publicist, and it is his name which is the most prominently associated with the pioneering use of this method, as discussed in, Andrew Scull, Charlotte MacKenzie, Nicholas Hervey, *Masters of Bedlam: the Transformation of the Mad-Doctoring Trade* (New Jersey: Princeton University, 1996); Edward Shorter, *A History of Psychiatry: from the Era of the Asylum to the Age of Prozac* (New York: Wiley, 1997), 70.
\(^{34}\) Hunter, Macalpine, *op. cit.* (1963), 1031.
Conolly expanded on previous accounts of the therapeutic benefit patients would gain from exercise outdoors and work. The cultivation of the gardens, and of the ground called the farm, as well as of the extensive ornamental ground in front of the asylum, is entirely effected by the labour of numerous male patients, superintended by gardeners, or by steady workmen. The cheerfulness with which their work is performed, and the satisfaction with which, at stated hours, they assemble for their allowance of beer, sufficiently attest that calming and remedial influences are thus exercised. This was the type of vocational therapy which men were expected to undertake when they were able, in order, additionally, to keep the expenses of the asylum down. His implementation of vocational therapy was via a complex patient classification system, and he recommended that only certain categories should be allowed to work (who were likely to be the least recalcitrant patients), such as epileptic, quiet working and quiet chronic, and only under the direction of a physician (i.e. the superintendent). The physician's influence, he added, would ensure that those working indoors would not have the benefit of their employment negated by lack of outdoor exercise.

By 1828, only ten years after the beginning of Ellis' therapeutic work regime at Wakefield, most other public asylums had taken it up as far as circumstances allowed. Of the nine asylums (including one charitable at Lincoln) which Halliday surveyed, eight were stated to be employing the patients in some form outdoors. The smaller sites, such as Bedford, Nottingham, Lincoln and Bodmin, could only offer a limited extent of occupation because of their confined estates and hence work spaces outdoors, but even so they all largely, with the exception of Norwich, seem to have made varying attempts at implementing a work therapy regime twenty years after the passing of the 1808 Lunatics Act. Of the few asylums erected during the 1830s, Hanwell (1828-31), Maidstone (1830-33), and Wandsworth (1838-41) were all committed to work therapy from the earliest days. At Maidstone, by early 1834, 'The male patients who are capable of work are employed in the Grounds and Garden and the females in the house and offices'. This was amplified later in the same year when it was stated that 'many of the patients' were employed in cultivating the farm and gardens. At Bodmin the female patients were also said by Halliday to work in the gardens.

By 1845, when the Lunatics Act was passed, moral treatment was almost universally believed to be the most effective method of asylum therapy, aided by some pharmacological means. Its influence was reflected in the increasing size and complexity of newly opened asylum estates. As other

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36 Lunatics (Paupers or Criminals) Act, 1808 (48 Geo. III, c.96).
37 Kent RO, Q/GCI/1, Maidstone asylum, Reports of the Committee of Visitors of the Asylum, 10 March 1834; 21 October 1834.
38 Halliday, *op. cit.* (1828), 22-23.
commentators have shown (Digby, Scull, Smith), other methods of treatment were routinely used, largely based on medical interventions, together with restraint and incentives, which continued to form part of the therapeutic regime. Digby has also pointed out that the high quality of personal relationships which was crucial to the intimate therapeutic moral regime initially implemented at The Retreat, was extremely difficult to translate to larger asylums. For the public institutions, moral treatment had to be formalised into a set of rules, and in this way the patients became part of a strictly bureaucratised regime, in which the use of the landscape formed an element of both medical treatment and social management.

THE ASYLUM MODEL DEVELOPS

The country house estate model adopted and modified

If the public asylum was to adopt moral therapy as exemplified by The Retreat and Brislington House it required a physical estate structure in which such activities could be orchestrated in its various forms for large numbers of residential patients. The model consciously adopted and adapted was that of the country house estate, in particular the landscape park. That this was a view accepted by the medical establishment even by 1837, less than twenty years after the opening of Wakefield, is demonstrated for example by Browne who described his ideal of an asylum 'as it ought to be' (quoted in part at the beginning of this chapter). His model was based on almost the social ultimate in country house estates (excepting royalty), that of a peer of the realm, his palace representing the asylum building, with its concomitant 'extensive and swelling grounds and gardens' for the therapeutic use of the pauper patients. The following section examines in detail the landscape structure adopted in the public asylum estate and discusses how closely the country house model was followed, in an attempt to answer the questions: How was medical theory on the treatment of lunatics deliberately reflected in the nature and quality of the asylum landscape design, and how did the structure of the country house model influence medical treatment? In doing so it will be demonstrated where the principal influences lie, together with points of design and structural divergence.

There were many similarities between the structure and regime of the asylum and the domestic country house. However, in the application and adaptation of the country house estate model to another landscape type where the function differed, such as with the implementation of medical theory in the asylum, the rural domestic model was structurally and aesthetically flexible enough to be adapted to accommodate such a different function, including the insertion of new elements and the rearrangement of existing elements, without great disruption to its key features. This flexibility was

39 Lunatics Act, 1845 (8 & 9 Vict., c.100).
41 Browne, op. cit. (1837), 229.
demonstrated aesthetically by Repton at the beginning of the century, in the reintroduction of the flower garden around the house, for example at Woburn Abbey, and medically by Fox at Brislington House, principally in the design of airing courts at the heart of his new asylum estate, adapted from the landscape park model. The country house model was also flexible in terms of its scale, as was evident from its scaling down to villa requirements such as illustrated by Repton at Brandsbury, which was reflected in the design of The Retreat, as discussed in Chapters 2 and 3.

Magistrates, who dealt closely with the adoption of moral therapy and the associated demanding requirements of public asylum sites, were drawn from the landed classes and as such were familiar with the country house estate model and its structure and functions. There were no official guidelines to steer magistrates in those counties erecting asylums other than the very brief guidance in the 1808 Lunatics Act, but the estate and therapeutic models provided by The Retreat and Brislington House gradually began to be adopted by those counties wishing to make use of moral therapy. It appears that those magistrates dealing with the erection of asylums turned, in the absence of little other detailed guidance on the structure of the asylum estate, to the country house for a model flexible enough to be developed from a domestic function to accommodate a medical one. By 1845 public asylums commonly adopted this framework, modified for therapeutic and more complex social purposes, with the asylum building, which corresponded to the country house, set in a varying extent of landscaped park, other agricultural land and pleasure ground. The major modification to the landscape park model was for therapeutic purposes, in the provision of airing courts around the main building, and from this combination the individual asylum landscape model developed.

Sites chosen for comparison
The development of the public asylum landscape by drawing on the country house estate model in the period 1815-1845 is demonstrated in this discussion by reference to three particular asylums, Wakefield (1815-18, Plates 34 & 35, annotated plans of both the core of the site and the whole estate), Hanwell (1828-31, Plate 36, Ellis' 1838 annotated estate plan) and Derby (1844-51, Plates 6, 38 & 39, Conolly's 1847 plan of the estate core (executed with some amendments), an annotated OS map of the estate core, and an engraving of approach to and entrance front of the asylum building). The construction of these sites covered the period from the design of the seminal Wakefield asylum to the beginning of the great 70-year asylum-building programme initiated by the passing of the 1845 Lunatics Act. The two earlier asylums were particularly influential on the construction of other public asylums, being directly connected with two of the major medical authors, superintendents and alienists of their day, Ellis and Conolly. They appear to have influenced the structure of the third example, Derby, which drew together earlier innovations of the public asylum plan to display the typical characteristics of most public asylum landscapes to 1914.
The context of Wakefield, together with its influence on later asylums, has been discussed above. Hanwell, the twelfth county asylum, was the first publicly funded pauper asylum for London, and the largest to date, being designed for 300 patients, and quickly extended. As the first public asylum serving the Capital it was much remarked upon by commentators and there was even a guidebook published.\(^{42}\) It, too, was regarded as a model of its time, its early superintendents, Ellis and Conolly, both being alienist lions who wrote influentially about their experiences there.\(^{43}\) Derby, the nineteenth public asylum opened, was conceived just before the 1845 Act made the provision of pauper lunatic accommodation compulsory, and was one of fifteen begun in the 1840s in England. It was typical of a mid-nineteenth-century provincial pauper asylum provided for the population of a rural county, and was designed to hold 360 patients. The design of this asylum was singled out in 1847 by Conolly in *The Construction and Government of Lunatic Asylums* and lauded by him as a model of its type. Although the building was not executed exactly as in the plan he published, it followed the general principles in terms of landscape layout of the original design. Even at the beginning of the twentieth century the influential asylum architect G.T. Hine (1842-1916) in a review of the development of the public asylum building ranked Derby as a good example of its time.\(^{44}\)

Many of the so-called medical requirements of the public asylum were based on activities and facilities commonly found in the domestic country house landscape associated with both servants and the family. Fundamental requirements which modified the domestic model to fit the therapeutic demands (which sometimes appeared to conflict in their requirements) included: accommodation for several hundred residents segregated into various groups within a large, rural site; a secure site for the confinement of patients and exclusion of uninvited visitors, but which was accessible from local roads; the design of the estate to be aesthetically pleasing to the patients and provide a 'cheerful' environment, reducing visual confinement externally to a minimum and providing extensive views where possible; recreational features; work facilities, particularly outdoors. The approach to the provision of these requirements for asylum use can be grouped under several discrete headings: siting and topography, scale and size of site, accommodation, aesthetic, recreational, economic and social aspects, which are discussed below.

**Location**

The location of public asylums, directed by the 1808 Lunatics Act, continued and exaggerated earlier trends of rural semi-isolation combined with ease of access in their proximity to urban centres. Up to 1845 most were erected in open country just beyond the county town. Examples included Cornwall,

\(^{42}\) For example Hanwell is described favourably and illustrated in Anon., *New and Improved Practical Builder*, vol. 3 (1838), 157-58 and plate 67; LMA, H11/HLL/Y2/1, Anon., *A Guide through the Hanwell Asylum* (London, 1843).
at Bodmin, Staffordshire, at Stafford, Lancashire at Lancaster, and Maidstone, serving Kent. Visiting Committees of magistrates in charge of public asylum erection tended not to favour building asylums grouped with other public institutions where paupers, the indigent or criminals were resident, such as other public hospitals, workhouses and prisons. Such isolation from urban centres and institutional populations reflected the theory which still prevailed that patients should be kept as far from the gaze of the outside world as possible, and which also ensured that their antisocial behaviour did not affect the rest of the populace. A position in an undisturbed rural location was regarded as important in order to ensure privacy and isolation for the patients, together with the provision of therapeutic rural views.

Wakefield and Hanwell were built in open fields next to a turnpike road, as had been Norwich and Brislington House, and conformed in their situation to the 1808 Lunatics Act by being placed in isolated rural areas close to their county town (Wakefield and London respectively). The inconvenience of visitors and supplies reaching a rural site was lessened by their being on good lines of communication, with Hanwell additionally adjacent to a canal. Derby's location, three miles from the county town and set well back from the nearest main road, reflected the trend towards isolating asylums even from passing traffic, and its designers went to great lengths to ensure that patients were undisturbed by factors beyond the asylum. The asylum was sited deep in agricultural land which did not border a main road. This increased the difficulties of conveying patients, their attendants, visitors and supplies to the asylum, although as most staff were resident on site their immediate transportation was not such a problem.

Scale and size
The size of the asylum designed landscape grew, reaching its greatest extent not until the end of the nineteenth century. As it grew, so its design adopted further elements of the landscape park. The landscape park could, exceptionally, exceed many hundreds of acres in size, for example Blenheim at 2000 acres (810 ha.) and Stowe at over 1000 acres (405 ha.), but the majority tended to range from one hundred (40 ha.) to several hundred acres. As has been discussed in Chapter 2, the land incorporated within the domestic landscape park fulfilled various functions, relating to social, economic, recreational and aesthetic factors, and to maximise these the owner tended to lay out as much land as he could afford. The domestic landscape park always covered a considerable area in order to accommodate the aesthetic design which defined it; it also expressed the owner's social and economic pretensions.

44 George T. Hine, 'Asylums and Asylum Planning', *Journal of the Royal Institute of British Architects*, 9 (23 February 1901), 164.
Chapter 4

The size of the public asylum estate increased steadily up to 1850. Table 1, The Eight Earliest Public Asylums: number of patients and estate size at opening (1812-23), Table 2, The Eight Earliest Public Asylums: number of patients and estate size at 1828, and Table 3, A Selection of Public Asylums Begun 1827 to 1844: number of patients and estate size at opening, below, demonstrate that it increased from only 3 acres (1.2 ha.) at Bedford in 1812, until by the 1840s it was almost 100 acres (40 ha.), as shown by Wandsworth and Derby which acquired estates of 97 acres (39 ha.) and 79 acres (32 ha.) respectively. The principal reasons for the rapid enlargement of new asylum estates were two-fold. The first related to reasons of economy of scale, such that only one asylum needed to be erected to serve the needs of the increasing numbers of the county's pauper lunatics, rather than several smaller ones which would be more costly to run. Because of this, in order to accommodate the steadily rising numbers of lunatics, the estate needed to accommodate larger numbers of patients which in turn required buildings covering larger areas of ground and extra ground for airing courts. The second reason for the increase in estate size was the increase in the uptake of vocational therapy in the grounds for male patients and recreational therapy beyond the airing courts for both male and female patients, requiring extra land to accommodate such activities.

It was not until the Wakefield asylum was constructed, in a rural location on the edge of an important urban area, that the trend began for notably larger public asylum sites. Wakefield's 25 acre (10 ha.) site was so much more extensive than those laid out by the earlier county asylums largely because of the effects of its emphasis on the therapeutic benefits of work outdoors on the asylum estate. In comparison with the earliest exemplars of the therapeutic regime using the wider landscape, in its size Wakefield fell between the two main examples: The Retreat had started with 11 acres (4.5 ha.) and Brislington House had 80 acres (32 ha.).
Table 1. The Eight Earliest Public Asylums: number of patients and estate size at opening (1812-23)

The figures are not quite complete but provide a useful indicator of the earliest provision.

<table>
<thead>
<tr>
<th>Asylum</th>
<th>Date of erection</th>
<th>Extent of grounds initially provided (acres)</th>
<th>Number of patients planned</th>
<th>Initial number of patients per acre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford</td>
<td>1810-12</td>
<td>3</td>
<td>40</td>
<td>13</td>
</tr>
<tr>
<td>Nottingham</td>
<td>1810-12</td>
<td>5</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>Norwich</td>
<td>1811-14</td>
<td>5</td>
<td>100</td>
<td>20</td>
</tr>
<tr>
<td>Lancaster</td>
<td>1812-16</td>
<td>3</td>
<td>c.170</td>
<td>56</td>
</tr>
<tr>
<td>Stafford</td>
<td>1816-18</td>
<td>7</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Wakefield</td>
<td>1816-18</td>
<td>25</td>
<td>up to 150</td>
<td>6</td>
</tr>
<tr>
<td>Bodmin</td>
<td>1817-20</td>
<td>9</td>
<td>c.120</td>
<td>13</td>
</tr>
<tr>
<td>Gloucester</td>
<td>1813-23</td>
<td>9</td>
<td>120</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 2. The Eight Earliest Public Asylums: number of patients and estate size at 1828

<table>
<thead>
<tr>
<th>Asylum</th>
<th>Date of erection</th>
<th>Extent of grounds (acres)</th>
<th>Number of patients</th>
<th>Patients per acre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford</td>
<td>1810-12</td>
<td>3</td>
<td>52</td>
<td>17</td>
</tr>
<tr>
<td>Nottingham</td>
<td>1810-12</td>
<td>5</td>
<td>80</td>
<td>18</td>
</tr>
<tr>
<td>Norwich</td>
<td>1812-14</td>
<td>5</td>
<td>102</td>
<td>20</td>
</tr>
<tr>
<td>Lancaster</td>
<td>1812-16</td>
<td>15</td>
<td>170</td>
<td>11</td>
</tr>
<tr>
<td>Stafford</td>
<td>1816-18</td>
<td>30</td>
<td>120</td>
<td>4</td>
</tr>
<tr>
<td>Wakefield</td>
<td>1816-18</td>
<td>25</td>
<td>250</td>
<td>10</td>
</tr>
<tr>
<td>Bodmin</td>
<td>1818-20</td>
<td>7</td>
<td>102</td>
<td>15</td>
</tr>
<tr>
<td>Gloucester</td>
<td>1813-23</td>
<td>9</td>
<td>120</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: information adapted from Halliday (1828).

N.B. Some inconsistencies arise from Halliday’s figures when compared with figures provided from archival sources such as Visiting Committee minute books provided in Table 1.

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45 Bedfordshire RO, LB 1/1, Bedford asylum, Visiting Committee minutes, 1812-25.
46 Nottinghamshire RO, SO/HO/1/1, Nottingham asylum, reports of meetings, minutes with related copy letters, reports, etc. concerning the purchase of land and establishment of lunatic asylum, 1803-1810.
48 Staffordshire RO, Q/Ac box 1, Stafford asylum.
49 Tuke, op. cit. (1815); Andrew Halliday, op. cit. (1828), 19.
52 Halliday, op. cit. (1828), 19-23.
Table 3. A Selection of Public Asylums Begun 1827 to 1844: number of patients and estate size at opening

An indicator of the trends in asylum size leading up to the 1845 Lunatics Act.

<table>
<thead>
<tr>
<th>Asylum</th>
<th>Date of erection</th>
<th>Extent of grounds (acres)</th>
<th>Number of patients</th>
<th>Patients per acre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester</td>
<td>1827-29</td>
<td>(10^{53})</td>
<td>90</td>
<td>9</td>
</tr>
<tr>
<td>Hanwell</td>
<td>1828-31</td>
<td>49(^{54})</td>
<td>300(^{55})</td>
<td>6</td>
</tr>
<tr>
<td>Maidstone</td>
<td>1830-33</td>
<td>37(^{56})</td>
<td>174</td>
<td>4.5</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>1838-41</td>
<td>97(^{57})</td>
<td>350</td>
<td>3.5</td>
</tr>
<tr>
<td>Derby</td>
<td>1844-51</td>
<td>79(^{58})</td>
<td>360</td>
<td>4.5</td>
</tr>
</tbody>
</table>

In discussing the brief for the competition for the design for Wakefield in 1815, Tuke had encouraged the use of generous amounts of land for the asylum site. Rebutting the socially motivated accusation that the amount of land provided for the asylum was excessive for paupers, Tuke concluded that, 'the quantity of ground proposed to be devoted to the patients, in Wakefield, for the purpose of exercise, is the part to which, perhaps, the charge of extravagance is most likely to be attached; but, when it is considered that the Asylum is intended for the cure as well as the care of lunatics; that the disorder is the most afflictive to which humanity is liable; and one which often reduces within the sphere of pauperism, persons of the most decent habits, and of great, though of humble respectability; I feel it will be unnecessary to enter into any defence of this part of the Instructions. Air, exercise, and variety, justly rank amongst the most efficacious curative means of insanity'.\(^{59}\) This dictum expressed social, medical and economic issues which affected the policies adopted for asylum estate structure over the next century and more.

Several of the earliest public asylums increased the size of their estate after their opening in order to be able to accommodate an increase in patient numbers and make some attempt to implement therapeutic work regimes related to moral therapy. Two decades after the 1808 Lunatics Act, when Halliday made his survey of asylums in 1828, there had developed a wide variation in the estate sizes of public asylums, as illustrated in Table 2. There was a five-fold difference in patient numbers between the asylum estates, Bedford, serving a rural county, accommodating as few as 52 patients,

\(^{53}\) Joseph Hemingway, *History of the City of Chester, from its Foundation to the Present Time*, vol. 2 (Chester: Fletcher, 1831).

\(^{54}\) Various estate sizes are given in different sources, varying from 44 acres given in 1829 specification for work; to 55 acres in Ellis, *op. cit.* (1838), 283; the figure used comes from LMA, H11/HLL/Y2/1, Anon., *A Guide through the Hanwell Asylum* (London, 1843).

\(^{55}\) Ellis, *op. cit.* (1838), 283.

\(^{56}\) Staff of the Kent County Mental Hospital, Maidstone, *A Retrospect 1828-1927* (Maidstone, 1927), 1.

\(^{57}\) Surrey RO, QS5/6/1/3, Springfield asylum, financial statement of construction 1837-42.

\(^{58}\) Derbyshire RO, First Report of the Derbyshire County Lunatic Asylum, Derby, 1853.

\(^{59}\) Tuke, *op. cit.* (1815), 49.
with Wakefield, the largest with 250 patients, serving a large metropolitan population in the West Riding. The earliest three asylums made little extension to their original grounds in order to provide facilities to keep up with current trends in work therapy. There was, however, a definite trend in their successors towards providing a greater area of the surrounding grounds to decrease patient density. This rapidly increased from provision at 18-20 patients per acre, as with the first three asylums opened, to provision at ten to 15 patients per acre. Staffordshire, exceptionally, increased its provision of ground to reduce levels to as few as four patients per acre. Wakefield, having since its opening greatly increased its patient numbers, dropped to a great degree in the amount of ground available per patient, but this was still generous compared with Bedford or Norwich.

The size of the early public asylum estates provides a physical indicator of the progressive adoption of moral therapy using the landscape. This is expressed more usefully in comparison with the number of patients per site, as the patient density, which can be compared with similar information on asylums erected later in the century. There were no published guidelines to patient density until the 1840s when Conolly recommended a maximum of ten patients per acre. Until then the only indicator was examples set by earlier asylums.

Smith implies that the adoption of the work therapy regime in the early public asylums was slow. It is possible to test this assertion by relating the uptake of the work therapy regime in the asylum landscape to the extent of the wider landscape provided, since in order to provide adequate means for male patients to undertake farm work within the asylum estate a considerable area of farmland was required. Table 2 shows the extent of the landscape of the eight earliest public asylums by 1828, two decades after the passing of the 1808 Lunatics Act, and Table 3 shows the extent of the landscape of five of those of the late 1820s to 1840s, as an indicator of trends leading up to the 1845 Lunatics Act. Four of the eight English public asylums reported on by Halliday in 1828 were implementing a system of vocational therapy, and two more were implementing the system to a limited extent, leaving only two of eight asylums with their male patients hardly employed outdoors. At this time those four with the largest estates were the ones which undertook the greatest extent of vocational therapy, with those two which did not undertake it at all with the smallest estates. Of those five in Table 3, illustrating the trend leading up to the 1845 Lunatics Act towards the greater adoption of the therapeutic use of the landscape, the four largest were certainly laid out with the intention of

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60 Conolly, op. cit. (1847), 145.
61 Smith, op. cit. (1999), 238.
62 Lancaster, Wakefield, Stafford and Gloucester all had significant numbers of male patients working on their estates; Nottingham and Bodelin undertook some elements of vocational therapy in the landscape; Bedford and Norwich had hardly any or none at all. Source: Halliday, op. cit. (1828).
implementing vocational therapy in their landscapes.\textsuperscript{63} Thus it appears that in public asylums the implementation of the system of work therapy in the landscape can be related to the extent of the landscape provided, and that it was taken up by a large proportion of the asylums.

By the 1840s new public asylum landscapes were adopting the size of a small landscape park in order to accommodate the therapeutic, economic and practical needs of a residential community of several hundred staff and patients. At this point patient density in new sites had dropped to as low as 3.5 and 4.5 patients per acre by 1840, less than half that recommended by Conolly later in 1847. There were dissimilarities in the design of this wider asylum estate land with that of the country house estate, for example a large proportion of the asylum land was often unornamented farmland rather than ornamented parkland, in contrast to the domestic estate on which several unornamented satellite farms often complemented the ornamented core of the home farm parkland.

**The asylum building**

A single asylum building provided accommodation for the patients and formed the core of the estate. Externally, and superficially, in its lengthy and highly ornamented architectural form the asylum building once more attempted to assume the character of an extensive contemporary country house, as had Bethlem. Comparable examples of both types include Wandsworth asylum (1838-41) and Stoke Rochford Hall (1839-43), built in similar Tudor style. However, although externally the asylum building continued superficially to adopt domestic architectural styles, in its requirement to accommodate several hundred patients, it departed from the country house model. Instead it developed into a series of rambling and extensive wings extending out from a central administrative block. Internally it continued to adopt a consciously institutional therapeutic formula, its plan also accommodating a considerably more complex social structure than did the country house. The complexity of the plan grew as the activities and functions which took place within the building increased in variety and complexity. A hierarchy of spaces appeared, reflecting the nature of their use therapeutically by patients and socially and practically by staff. The principal social segregation within the pauper class was that of gender, divided physically between the two halves of the building. Beyond this the patients were segregated medically by symptoms and behaviour into a complex system reflected in the plan and structure. The buildings were enlarged to accommodate the greater numbers of lunatics being identified as appropriate for treatment in asylums (as illustrated in Tables 1, 2 and 3), rather than construct satellite buildings as happened from the late nineteenth century, with the villa system for epileptic and mental defective colonies. Such continued retention of a single core building, even though it was extensive, continued to be closely allied to the principle of the

\textsuperscript{63} Ellis described the regime which he implemented at Hanwell in 1831 in Ellis, \textit{op. cit.} (1838). References to employment of male patients in the farm at Maidstone appear in Kent RO, Q/GC/1, Maidstone asylum, Reports
country house estate, in which the principal building, the house, formed the nucleus and focus of the landscape.

In terms of size and complexity the asylum building developed quickly from the prototype of a simple linear block housing only a few dozen people and needing only a few small service buildings, as at Nottingham and Bedford. A complex and influential departure occurred with the layout of Wakefield, uniting two cruciform groups of four ward wings, each surrounding one of two octagonal towers to improve surveillance. Hanwell also in its layout incorporated similar octagonal towers at the angular meeting points of ward wings, with airing courts radiating around much of the complex, although this radial arrangement subsequently lost favour. This typified the asylum building by the 1830s, a large complex housing hundreds of patients and staff. It provided segregated patient accommodation, classified by various symptoms, staff accommodation, administrative facilities, and service facilities for the running of a large institution. The services, offices and superintendent’s accommodation occupied the centre of the complex, flanked by connecting wards made up of a basic unit which was still based on the Bethlem structure, bearing little resemblance to the structure of the residential wing of the country house. Within the long narrow ward wing a gallery running the length of the ward acted as a day room, off which led the patients' individual bedrooms and dormitories and access to airing courts. The gallery also acted as a corridor linking the other wards, through which staff passed when moving between wards and other parts of the building. In creating a building of this size the asylum became an institution of almost urban proportions, with its setting also designed to accommodate a large number of users.

One of the earliest commentaries on the trends which prevailed in asylum plans was published by The Builder in 1846. In it several asylum building ground plans of a variety of dates and layouts were compared together with their relative expense. There was no way of telling which if any of these plan forms was the most effective as part of the therapeutic regime, and practical details of their ease of management by staff were difficult to quantify. The most effective statistical way of assessing them in this context, it seemed, was not by their cure rates but by their cost. In practice, of the examples discussed, Hanwell was the one from which most other asylums developed over the two decades following its opening, and to which Derby bore a notable resemblance.

Both the asylum and country house were large, rural residential buildings, although the asylum buildings after the 1820s contained many more residents than even the largest of country houses. Girouard points out that a great Victorian country house might at its busiest contain 150 people, but

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of the Committee of Visitors of the Asylum, 1834; Derby asylum implemented a similar therapeutic regime from the outset, reported in Derbyshire RO, First Report of the Derbyshire County Lunatic Asylum, Derby, 1853, 18. 64 The Builder, 4 (25 July 1846), 349-50, 354-55.
from the 1830s asylums were accommodating many more patients than this, excluding the considerable staff numbers required to attend to them. Hanwell opened for 300 patients in 1831, Maidstone for 174 in 1833, Wandsworth for 350 in 1841.

The country house had the flexibility in its plan to segregate socially various elements of the residents and their activities, for example servants from family, male servants from female servants, indoor servants from outdoor. This detailed level of segregation was required in planning the asylum. Similar segregation occurred for social purposes, to separate for example, the superintendent's accommodation from the patients', and the male from female patients. Additionally a greater need for segregation for medical purposes was appearing, to separate the various categories of patients; at the same time such architectural segregation controlled movement through the building and views out of it, directing views over particular parts of the landscape. The suite of rooms for the use of the superintendent's family could be seen as directly analogous with the family wing which was found in the larger of the country houses, such as Mentmore (1850-55, illustrated in Plate 42) and Westonbirt (1863-70), and formed a virtually self-contained residence, separate from the staff. There are also direct comparisons between the family wing and the architecturally isolated structure of wards which were similarly closed communities.

Generally the most strongly expressed architectural difference between the house and the asylum was that in the latter there was an unfailing axial division between male and female sides (for example at Derby, Plate 6, plan in Conolly, 1847). Beyond the central administration and superintendent's accommodation the patient accommodation was divided into segregated ward wings. The divisions confirmed the social segregation of men and women, each side incorporating two- or three-storey wings with galleries, communal dormitories and individual bedrooms. Domestic service functions were accommodated centrally for ease of service of both male and female halves of the asylum, but removed from the ward wings into their own service areas as with the country house. This reflected the segregation not only of male and female patients while working in these areas, for example in the laundry and kitchen for females and workshops for males, but also segregation of the staff by gender. The strong axial division, reflecting the social division of the sexes, broke with the Victorian country house arrangement, where the plan was seldom so regularly arranged, although staff were undoubtedly divided by sex in their tasks and accommodation. This very regularity of the asylum building plan indicated that it was of an institutional rather than a domestic nature. In large country houses such as Westonbirt and Mentmore (Plate 42, the reconstructed ground-floor plan of Mentmore, in Franklin, 1981) the adjacent service wings, although sometimes of as great a scale as the main family block, were not placed to form a symmetrical composition. They were usually

asymmetrical in plan and elevation compared with the family block, to which they were placed offset. Often, too, the service wings of large country houses were screened to some extent at least by quadrant walls and planting, and at Mentmore the service wing was additionally lessened in its architectural impact by being sunk by the level of a storey below the level of the family wing (Plate 41, showing the relationship between the house, forecourt and service wing).\(^66\)

In both the country house and the asylum there was a need for spaces of varying sizes, for use for highly differentiated functions, used from individuals through to communal activities, which was expressed architecturally. These in both house and asylum resulted in the provision of a range of accommodation, for example, individuals' bedrooms, larger communal rooms for particular groups of staff and residents which retained a certain level of intimacy, a suite of rooms for the family (in the case of the asylum, the superintendent's family), moving up to a great hall for dining/balls, and chapel, the largest of which allowed all or nearly all the residents to assemble together. Specialist domestic spaces which the asylum building did not tend to acquire were those which required particular financial outlay which was not, for both medical and social reasons, considered appropriate for the cure of pauper lunatics, such as the conservatory, picture gallery, billiard room, library and music room.

Similar service activities occurred in both establishments, accommodated in kitchen, laundry and workshops, and in both were grouped together for convenience, often around one or more courtyards. As Girouard and Franklin have pointed out, the country house was planned in two almost separate parts to facilitate the division of the family's accommodation from the service activities, and this is clearly shown for example at Mentmore.\(^67\) This was also the case with the asylum, where the domestic service functions were usually sited on the opposite side of the building to the residential accommodation, for example at Hanwell and Derby.

In the country estate the views between house and service wing were generally controlled to ensure social segregation visually as well as physically. The service wing was often screened from a view of the main entrance and the gardens, deliberately restricting the views of the family by the servants. Conversely the main residential part of the house did not overlook the service wing or service courts. At Mentmore (1850-55) the service wing, although bounding one side of the forecourt, is visually segregated by a windowless wall; its sinking below the level of the main wing also reduces its visual

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impact as a service facility on the forecourt (Plate 41). The same device is continued on the garden side, restricting the views of the servants of the family's recreational activities (Plate 16). In this way the servants were unable to view the family and the family were unable to see the servants who could only enter the servants' wing externally from an entrance to the service courtyard on the opposite side to the forecourt. This segregation for social purposes also pertained in the service functions of the asylum.

The placing of the service structures and their approaches provides a good example of the developing segregation of the asylum buildings and their immediate service spaces into an increasingly more complex hierarchy similar to the trend set by the country house. At Wakefield this was reflected in the adoption of a simple relationship of a single approach through the wider estate to the building which itself had only a single main entrance. The drive brought all visitors to the entrance via the forecourt which was largely enclosed by the building, avoiding contact with patient spaces and accommodation (Plate 34). The gateway into the forecourt was flanked by service yards containing stables, pigsties, poultry sheds, and coal, straw and ash sheds. These yards were entered from either side of a narrow entrance court inside the main gateway which they flanked and which was overlooked by a porter's room. The entrance court opened straight into the forecourt, flanked by ward wings, at the far side of which lay the main entrance. This was an unusual arrangement for approaching a domestic house or an institution, bringing all visitors and deliveries past what were likely to be smelly, noisy and unsightly service areas, with no segregation of important visitors (including the magistrates who sat on the Visiting Committee) and services.

At Hanwell the building was arranged in a more sophisticated way. Two main entrances to the building separated the arrival of visitors and goods, while continuing to separate these from the patients' accommodation. The domestic service structures, being at opposite corners at the back of the building, were quite removed from the formal entrance at the front, and the farmyard, garden offices and coal sheds were separated still further from the rear of the main building in their own yards served by the canal. The Derby arrangement continued this segregation of visitors, services and patient accommodation, spreading them still further apart from each other, utilising to the full the available space to accomplish this. It united the domestic service units and yards centrally, running along the length of the rear of the building, behind the main entrance and wards, from which the service facilities were quite separate with their own approach. The farming and related buildings were entirely separated by the pleasure grounds from the main building, being consigned to a yard in the south-west corner of the site far from the main building and entrance to the site to minimise noise and nuisance.
The architectural style of the public asylum was not thought to affect materially the outcome of patients’ treatment, reflecting instead prevailing architectural styles, increasingly those of the country house. Early public asylum buildings reflected the Classical style prevalent in domestic and institutional buildings. Nottingham, Norwich and Bedford were in restrained Palladian form, and somewhat resembled late eighteenth-century country houses, elongated to reflect the numbers of people accommodated. Lancaster (1816-18) continued the Classical theme, as did Maidstone (1830-33, Plate 44). Wakefield (1816-18) took a more restrained utilitarian model, possibly because of the influence of Samuel Tuke. In architectural ornament it was much simpler than some contemporaries, even its cupola being a housing for an exhaust chimney, and resembled more a social institution than a country house. A decade later Hanwell continued this utilitarian approach to ornament. It was surely no coincidence that Ellis, who had been Medical Superintendent at both these asylums, recommended by 1838 in reference to the design of asylum buildings that they should be as plain as possible, with an imposing appearance. He had not recommended such a utilitarian approach to either the building or in particular the landscape design at Hanwell in 1830.

For four decades from the 1830s asylum buildings tended to be based on Hanwell's rambling corridor plan, but in the architectural style there was a shift from the later 1830s from the relatively plain Classically-based style towards more flamboyant architectural style and ornament. In the late 1830s and early 1840s historicist styles including Tudor and Jacobean versions were becoming popular not only in country house design, but also in residential institutions such as asylums and workhouses. Such styles were also adopted by asylums, including Wandsworth (1838-41, Plate 40, engraving of entrance front in Tudorbethan style and forecourt), built by William Moseley (c.1799-1880), of red brick with stone dressings, and Derby (1844-51, Plate 39), also of brick with stone dressings, by Henry Duesbury. Lodges and other peripheral buildings of the asylum took on whatever architectural mantle the main building adopted, as usually happened in the case of the country house, creating an architecturally harmonious group which helped to unite the estate stylistically.

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68 Ellis, op. cit. (1838), 271.
69 LMA, Ma/A/J2, Hanwell asylum, Visiting Committee minutes, December 1830, 242, report on the proposals for Hanwell Gardens, by Dr and Mrs Ellis and Mr Sibley, Surveyor, 'The Gardens should be made available for the earliest occupation ... As the cheerful appearance of the Grounds and Buildings have been found to produce a very salutary effect on the Patients, it is very desirable that no time should be lost in laying out and planting the approach to the House, the inner Quadrangle and various parts of the ground. An avenue from the Lodge to the Building, and clusters of trees in different situations, seems most advisable'.
70 For example workhouses in Tudor style include Windsor (1839), Amersham (1838) and Aylesbury (1844). Franklin describes the Tudor, Elizabethan and Jacobean styles as 'the outstanding success of the century from 1820 to 1920' in terms of the numbers of houses built in these styles and cites early examples such as Pull Court (1834-46) and Stoke Rochford Hall (1839-43), see Jill Franklin, The Gentleman's Country House and its Plan: 1835-1914 (London: Routledge and Kegan Paul, 1981), 5.
The asylum estate aesthetic

An aesthetically pleasing landscape was a requirement for the domestic setting of the country house and from the 1820s became a requirement for the public asylum, too, but for therapeutic rather than domestic reasons. The medical institution in various respects resembled the country house estate, but in doing so the purpose of this resemblance was quite different, although the difference in function was to some extent masked by the aesthetic veneer. The use of elements of the landscape park as the device to achieve this was adopted because of their structural flexibility of application in the asylum's requirement for a large, ornamented country estate design in which similar vocational and, to a lesser extent, recreational activities could be undertaken. The nature and quality of the landscape design was used to reflect medical theory and this led to the creation of a separate landscape type. For the landed estate a landscape park and garden was a domestic and recreational requirement which was a symbol of the social and economic status of the family, as it could only be created by those who owned land in abundance and had overcome the expense and other difficulties, such as the parliamentary enclosure of land, to consolidate their holdings. For the asylum it was strictly a medical requirement provided by public funds which it was otherwise impossible for paupers to encounter as direct residential users, even when employed as servants or outdoor staff in country house estates. Other institutions for the pauper classes such as workhouses and prisons did not provide such extensive and ornamented facilities (this is discussed further at the end of this chapter). In doing so the landed classes in charge of the asylum's design projected their perceptions and values of the landscape park and garden onto the pauper lunatics as their ideal of a therapeutic landscape. This was an unconscious irony, considering its very strong associations specific to the landed classes, predicated on the belief that views of a designed landscape park leading out into an ordered and ornamented countryside would automatically be beneficial to the mental condition of the lunatic of whatever class. The social role of the pauper changed once he entered the asylum estate to emulate that of the country house owner. Instead of forming an object to be viewed in or from such a landscape by the wealthy owner, and in which the pauper could only access restricted areas on the periphery, the pauper lunatic assumed the role of the landed owner in being able to view the landscape of the asylum and country beyond from the core of the landscape, a privilege normally reserved only for the owner and few favoured servants.

The issue of aesthetic values relates to the perceptions placed not only on the landscape park but also to the rural scene beyond, as important markers of social status equated with land ownership. It can be presumed that the landed classes expected that, by providing such amenities as designed parks and views of the countryside, the pauper patients would appreciate the same social and aesthetic values and derive medical benefit from them. 'Polite society', as opposed to the 'common people', used an acknowledged set of criteria specific to them for the appreciation of their own property and that of
others of the same class. Conolly, in his perceptive discussion of the provision of the type of setting
and views most appropriate for an asylum, explained that that an appreciation of the countryside and
its adornment was not automatic. Rather, it was something which related to a requirement for, in his
term, 'education' to be able to appreciate it for, 'Those whose faculties have never been cultivated
derive little satisfaction from the loveliest aspects of nature, and experience little emotion amidst the
grandest'. He particularly noted that patients of the 'educated classes' should be provided with 'scenery
calculated to give pleasure to such persons when of sane mind'. But he acknowledged that, as well as
the educated classes appreciating 'a prospect' and wishing to 'surround their houses with shrubs and
flowers', the city-dwelling artisan also appreciated a rural character in his domestic setting and in a
poor attempt to cultivate this substituted a bird to sing to him whilst he worked, and a few flowers
which he cultivated with care.71

Visual appropriation of the surrounding rural area was a major therapeutic feature related to the
appreciation of landscape, which was believed to interest the patients and raise their mood. W.A.F.
Browne (1805-85) recommended that undulating ground would be a therapeutic advantage, as it
provided an interesting view and setting for the patients' enjoyment. As a result they were likely to
take more exercise, and benefit more from it. This would be additionally beneficial if the building
was at the top of a slope, in which case those regarded as beyond recovery would be able to enjoy
passively the varied view, as 'To many of those whose intellectual avenues to pleasure are for ever
closed, the mere extent of country affords delight; to some the beauty of wood and water, hill and
dale, convey grateful impressions'. Viewing the changing seasons, the activity of limited industry, and
movement in the scenery were also thought to be beneficial for similar reasons.72 At Derby the pauper
was deliberately given the benefit of the doubt in terms of his ability to appreciate the provision of
views and scenery, as 'The site overlooks the rich valley of the Trent, and commanding a panoramic
view of the wide spread country beyond, ... perhaps one of the most beautiful and varied views in the
county'.73 Varied and interesting rural views continued to be regarded as an essential therapeutic asset
to an asylum, particularly when available from the building and courts where many patients continued
to be confined for long periods.

A critic of the provision of views for lunatics in asylums was John Perceval. During his detention at
Brislington House in the 1830s he censured the 'beautiful scenery' and 'noble views', which emulated
the type of features integral to the country house estate. He found these visual amenities upset his
spirits because he was reminded of his 'former health, and force of mind, and liberty'. This directly

71 Conolly, op. cit. (1847), 9.
72 Browne, op. cit. (1837), 182.
Asylum, Derby, 1853, 7.
contradicted the reasoning for the provision of just such views for lunatics ever since the 1808 Lunatics Act, and poses the question, was it because Perceval came from the wealthy landed classes that he found the views irksome, or was this opinion typical of all classes of inhabitants? Unfortunately there is almost no contemporary commentary from the pauper classes yet located which could be used to answer this question; Perceval himself is a very rare commentator on an asylum regime from the patient’s perspective.

Perceval also raised the issue of the compatibility of contemporary landscape design, as drawn from the country house landscape, as it was applied to the treatment of lunatics. Debates at the end of the eighteenth and in the early nineteenth century about the theory of the Picturesque in landscape design led, by the 1830s, to the widespread appreciation amongst the educated classes of a frisson of controlled danger and uncertainty in the landscape. This was expressed in particular at Brislington House with the provision of The Battery pleasure ground walk running along the top of the cliff above the River Avon to a rustic summerhouse (as mentioned above in Chapter 3). Patients were taken in supervised groups to this area from time to time. The precipitous borrowed views were acknowledged by Perceval to be ‘enchanting’, but in visiting it in his delusional state he recounted how his voices, 'commanded me to throw myself over'. He exercised enough self-restraint to prevent himself from following their instructions, and on subsequent visits chose not to approach the parapet of the cliff, but instead sat in the summerhouse to avoid 'the temptation'. In his critical opinion he considered it, because of its potential dangers, a most imprudent place to take patients in a similar frame of mind. In this case the wish to provide a landscape which conformed to design fashions prevalent in the domestic site seems to have overridden to a certain extent some aspects of the safety of the patients for whose benefit it was provided. The country house estate features and the asylum function in this early case lay in an uneasy tension which was resolved in general in later, public asylums by the avoidance of landscape features which might prove a risk to patients with a tendency to self-harm.

The major structural and aesthetic departure from the landscape park model was in the provision of airing courts adjacent to the residential quarters of the building, these ultimately derived from the Bethlem model as discussed in Chapter 3. In their use of the courts as the immediate surrounding, the asylums of the 1820s-40s clearly pre-empted the domestic fashion leading towards the widespread adoption of formal architectural garden elements at the core of the country house estate during the 1850s and 1860s. This was, however, not for aesthetic purposes but occurred for therapeutic purposes, apparently coincidentally it can be presumed, it being very unlikely that the country house

75 Ibid., 116-17.
landscape was influenced in this respect by the asylum. Elliott summarised the structure of the typical landscape park in the 1850s (quoted in Chapter 2) as comprising four main elements: 'an architectural setting for the house, a graduated transition to the surrounding parkland, a central axis or organizing feature, and a dominant role accorded to the view outwards from the house'. This is exemplified at Mentmore (1850-55), where the house stands on a formal terrace above formal parterres, from which pleasure ground walks lead through informal ornamental planting into the park, these all enjoying dominant views within and beyond the parkland and wider estate (Plate 43, 25" OS plan of the core of the site, illustrating the relationship of the formal gardens and informal pleasure grounds with the house).

In the physical layout of the asylum landscape this aesthetic was articulated in very similar fashion: the architectural setting for the building was provided by the airing courts, usually laid out in geometric fashion and provided for therapeutic purposes; a central axis was provided by the axial division of the building itself, frequently complemented by the correspondingly axial arrangement of the airing courts, and in the central approach which often led to the building; the pleasure grounds formed the transition to parkland and farmland; and views within and beyond the asylum estate were essential therapeutic features. In particular this was exemplified at Hanwell, Maidstone, Exminster and Derby, although the earlier public asylums, stemming from Wakefield, had also been closely related to this formula.

It continued, from the early days of The Retreat and Brislington House, to be generally perceived and articulated by alienists that as part of the therapeutic regime the sense of confinement generated by the enclosure of high walls without views beyond was counterproductive to cures. The device of aesthetically pleasing rural views extending over and beyond the country house estate was initially applied by these two asylums with little modification of the choice of type of view, for therapeutic purposes. As one superintendent expressed in common with most others, 'Pleasing and varied scenery' was believed to be, 'so cheering and tranquilizing in its effect on the mind'. Because it was very costly to employ enough attendants to prevent patients escaping, the courts continued to be enclosed and secured by walls or fences designed to be unclimbable. But in order to ameliorate the sense of confinement, ha-has, borrowed directly from the eighteenth-century landscape park, began to be used as well as or instead of upstanding walls to take advantage of long borrowed views across the asylum land to the countryside beyond.

Several devices were included at Derby to improve the prospect of the parkland and surrounding country for the patients from their wards and courts, while ensuring they did not escape. The walls

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surrounding the outer sides of the courts were sunk in ditches in the form of reverse ha-has as they were at Lincoln. To improve the security of these devices, a double slope was constructed leading down into the bottom of the ha-ha, the smaller, top slope 'answering the twofold purpose of forming a seat in fine weather, and of preventing a 'running jump' being taken from the top of the large slope to the wall'. The ha-ha was directly modified from the country house device, reversed so that the retaining wall was presented to the patients to ensure that they, like the livestock to control which it was developed, did not stray beyond their allotted spaces.

The most significant element of the landscape park which the wider asylum landscape consistently lacked was the ornamental water feature. In the domestic landscape park the water feature, as expressed ideally as a lake or informal serpentine canal, had never fallen out of favour as the dominant aesthetic feature where it was both practical to place one (and sometimes where it was not) and the owner had the means to finance such a costly undertaking. Landscape designers continued to recommend them. Repton wrote about the provision of water many times in his Red Books, and in Observations ... (1803) devoted a chapter to its best and most effective provision and use for ornamental purposes. Three decades later Loudon was clearly in favour of the use of water bodies in the park. Advice on the provision of water bodies in the asylum landscape was never proffered by medical theorists. There appear to be two particular reasons for this lack, one therapeutic and the other economic, both seemingly regarded by commentators as too obvious to be worth mentioning. The provision of water bodies accessible to patients who were frequently and unpredictably suicidal, even when supervised, was not therapeutically advisable or responsible. In addition the creation of water features was always an expensive activity, and as the asylums were for pauper patients the social class division also militated against their provision. This is one of the few cases in which a standard element of the country house estate structure and aesthetic was not considered suitable for transferral across to the therapeutic landscape of the asylum.

Security and accessibility

A secure but accessible site was required for both country house and asylum estates. The difference was that whereas the country house usually only attempted to repel intruders from outside, usually for

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77 Dr Parsey, Superintendent, in Warwickshire RO, CR 1664/30A, Hatton asylum, Annual Report, April 1856.
80 For example in John Claudius Loudon, An Encyclopaedia of Cottage, Farm, and Villa Architecture and Furniture (London: Longman, 1833; 2nd edn. 1846), 773, 814-15, he prominently illustrated an extensive water body in a design for his so-called 'Beau Ideal' of an English villa landscape (no mean-sized landscape, as he recommended it to be 100-150 acres (40-60 ha.) in extent).
social reasons, the asylum additionally needed to ensure that for medical as well as social purposes inmates did not abscond. At the boundaries the outermost level of security was provided by gateways, lodges, boundary walls, hedges and fences which controlled the entry and exit of vehicles and pedestrian visitors, in direct emulation of those which continued to be used for landscape parks. At Maidstone (1830-33) a high wall was used on the roadside boundary. This device served two purposes, to deter intruders and the gaze of casual passers-by, and to act as an imposing deterrent to escape attempts. At both Maidstone and Hanwell the entrance to the site was marked by a large, imposing gateway. At Hanwell it took the form of a Classical arched gateway with flanking lodges (Plate 37); at Maidstone the entrance was flanked by two monolithic lodges, gate piers and gates (Plate 44). Both had a formal axial drive through grounds which led straight to the central front entrance, that at Hanwell originally intended to be lined by an avenue.\footnote{Report by Dr and Mrs Ellis, and Mr Sibley, Surveyor, in LMA, Ma/A/J2, vol. 2, Hanwell asylum, Visiting Committee minutes, December 1830.} At Derby a single, modest lodge and gateway controlled access to the site, but the effectiveness of this less impressive control point could be maintained because of the increased remoteness of the site from the main road beyond.

The early device in which a forecourt was the only space to buffer the building from the public road, and vice versa, used at Norwich and Bedford, was quickly discarded. Instead a model was adopted where the building was placed at some distance from the main entrance as Nottingham had done. At Wakefield, Hanwell and Derby asylums the main building stood close to the centre of the site surrounded by its wider landscape. In this arrangement the surrounding landscape formed a substantial buffer, requiring well-controlled access points at the edge of the site in order to preserve security, these being adopted using the country house model once more, in the form of lodges and gates.

Belts of trees on the asylum boundary were used as ornamental and functional devices from the first extensive asylum landscapes at Brislington House and Wakefield. At Wakefield members of the Visiting Committee attached enough importance to the setting out of the mile or so of broad boundary plantations enclosing the 20 acre (8 ha.) of farmland to form a supervisory sub-committee before even the building had been begun, and to take a close interest in the planting, weeding and fencing.\footnote{West Yorkshire RO, C85/1, Wakefield asylum, Visiting Committee minutes, July 1816.} This belt device was drawn directly from the landscape park design, its purpose being the same in both estates, to shelter the residents from the outside observer and agricultural crops from inclement weather. In the asylum the belts were partly intended to shelter the estate's crops physically, but beyond this function they also enhanced the visual privacy of the patients by partially blocking the view of outsiders looking in. In both the landscape park and asylum estate during the nineteenth century shelter belts continued this very important function of exclusion for social and medical
purposes respectively, despite Repton's design strictures against the continuous belt, and the fashion for distant views which was promoted by the Picturesque movement and taken up for medical purposes.

The security for medical purposes was tempered by the requirement for access to the interior and within the site. The drives within public asylum estates increased in their importance as part of the design of the site, reflecting the increase in the number of individual components and the sophistication of their arrangement. This resulted in a need for a system of access roads allowing access directly to various areas from outside, and access within the site between these areas. The complexity of the circulation system reflected the increasing number and sophistication of the elements provided therapeutically for recreation and 'production' and the need for communication and physical access between them. In particular the increasing size and complexity of the asylum building required an efficient access system to its service and formal entrances, and from these to various elements within the estate, as did the country house within its estate. In doing so the drive system provided a hierarchy of access to various elements of the site, the main entrance to the asylum building usually occupying the top of that hierarchy, and thus being provided with the broadest, most highly ornamented drive, as was the approach to the front door of the country house.

In the early stages, including The Retreat and Wakefield, the services were all clustered around the nucleus of the building containing the wards and administrative functions, but gradually certain types of function became dispersed around the site. The kitchen and laundry facilities which were developed became fundamental elements for women's employment; workshops and other facilities associated with male employment were created as new types of structures for asylum sites, situated on the far side from the residential accommodation. The farm was moved well away from the main building, in order to keep associated dirty activities, offensive smells and unhygienic animals well away from a well-run and orderly asylum building which had a nominal medical function.

The drive system closely followed precedents set by Brislington House in adopting elements of the landscape park. The approach to the formal entrance to the asylum building emulated that of the country house estate where the principal drive led to the front door of the house, with spurs off to service facilities and satellite elements within the estate. This continued as a standard method for the country house estate during the nineteenth century, as confirmed in print by for example Loudon and Kemp (Plate 45, Kemp's design for Shendish illustrates this device). The drive system within both the landscape park and the asylum was not purely utilitarian but was also ornamental, taking advantage of the topography of a site and the views associated with its setting to enhance the status of
the principal building. At Derby the drive to the front door led down through a cutting in a shallow hillside to run parallel to the entrance front of the main building, in full view of its imposing Tudor-style frontage. On the other side of the drive a panoramic view dropped away to the distant plain, aided by a ha-ha supporting a terrace on which the drive ran.

The level of sophistication of asylum circulation systems grew rapidly towards that of the typical landscape park as is demonstrated by comparing Wakefield, Hanwell and Derby. At Wakefield a single entrance to the estate, off the turnpike road, was guarded by a lodge and gateway. From here an informal serpentine drive swept through the shelter belt and around the building to the forecourt entrance on the north side of the building. Siting the service courts so that they flanked the main approach to the asylum building meant that there was no need for a further service approach.

At Hanwell, beyond its impressive gateway, the main entrance to the asylum building was given greater grandeur than Wakefield with a very formal setting. From the straight, formal approach it was placed at the back of a broad, rectangular forecourt, enclosed on three sides by the wings of the building and enclosed by a fence or wall on its otherwise open side. In this it was reminiscent of the formal approach to Bethlem through Lower Moorfields, leading to the great forecourt. At Hanwell the ornamentation included the turning circle in the forecourt, enclosed by symmetrically placed serpentine paths winding between lawns and borders, leading to the more remote wings. The whole was designed to impress and perhaps intimidate visitors and new patients, as had been Bethlem in the 1670s, but without the great architectural ornamentation, as befitted an economically prudent public institution of the early nineteenth century. The question which Andrews and Stevenson posed in terms of the motives of those erecting the building and its great surroundings at Bethlem (discussed in Chapter 3), could equally well be posed in the case of the magistrates who built public asylums of the scale and character of Hanwell during the rest of the nineteenth century.84

An additional circulation element within the estate beyond that provided at Wakefield was introduced at Hanwell, in the form of a service drive, which reflected the greater sophistication of the placement of service functions in and around the main building. The service drive led off the main drive, encircling one side of the building and leading to the unornamented service spaces and detached service buildings which lay behind. A further element in the hierarchy of circulation and access was the Grand Junction Canal, which formed the rear boundary of the site, and which was the main source of bulky service deliveries such as coal to a purpose-built dock. Canals were used by few asylums,

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83 Loudon, op. cit. (1846), 769-70; Loudon sets out in detail his theories for the design of drives and approach roads. Kemp, op. cit. (1864), 135-46.
this relating largely to their location mostly on rising ground, which was frequently incompatible with canal engineering. In any case large amounts of water were a hazard for suicidal patients, and were never encouraged in asylum design (as discussed above).

Further refinement to the drive system occurred in the design at Derby, to provide a still more elaborate hierarchy of circulation which linked the increasingly complex, scattered arrangement of buildings. The drive formed an informal perimeter circuit around the core 32 acres (13 ha.) of the site at the centre of which stood the building and on the periphery of which stood various buildings and features to which access was required. The east arm of the circuit formed the formal visitors approach through pleasure grounds to the main entrance on the south front. The west arm provided access to the service buildings and spaces north of the building and at the west corner of the site. This, as discussed above, gave access to activities which were considered to be less appropriate for close proximity to the main building, including the farm buildings, the cemetery and dead house.85

This increasing complexity may be compared with a range of sizes of domestic landscapes of the period. The range could extend from the relatively confined Reptonian villa landscape, with its compact arrangement of buildings reached by a simple drive system such as Brandsbury, London (Plate 14), comparable with Nottingham and Wakefield, to a large country house estate with a network of drives to provide access from several public roads, and link the house, stables, kitchen garden and home farm, such as Mentmore (1850-55, Plate 46, OS map of estate) and Westonbirt (1840s-60s). The latter two are more comparable with Derby in their complexity, but are even closer to the complexity of the larger asylum estate drive systems which developed by the later nineteenth and early twentieth century, such as Cheddleton (1895-99, Plate 47, OS map of estate) and Napsbury (1900-05).

Recreation
Whereas recreation in the landscape park was a social and domestic activity, within the asylum it was regarded as a therapeutic element. As moral therapy was taken up with more conviction by asylums, so the need for greater provision for recreation was expressed in the development of more extensive facilities for this purpose. Such facilities were divided into two: the architecturally confined airing courts adjacent to the building, derived from Bethlem's therapeutic model, and the informal pleasure grounds beyond, leading into the wider landscape, which were not generally confined in the same architectural way. In terms of the country house estate, these are analogous to the gardens and pleasure grounds respectively.

Gardens and airing courts

The shape and placing of the airing courts in relation to the building continued to be influenced principally by medical and practical needs as expressed by Browne, Ellis and Conolly. Coincidentally they also reflected the landscape theory expressed by Repton earlier in the century that gardens and pleasure grounds near the country house should be considered as various different apartments, with the number of garden compartments rising with the magnificence of the house.\(^{86}\) The courts were developed to become more spacious in order to accommodate more patients and to lessen the feeling of confinement, their boundaries made visually less confined, particularly by the use of the ha-ha. As such they eventually resembled more the kind of garden compartments around the country house to which Repton alluded. This reduced considerably their former confined character which was closer to that of the domestic town garden, in which walls provided domestic privacy. The ornamental espy of the interior was directly influenced by landscape design theories, as, while retaining the need for security and so the continued scene of confined recreational activities, they developed for the therapeutic and general benefit of the patients.

Functionally the courts were always regarded as ornamented recreational spaces, required for therapeutic purposes, and were not productive. They were never, for example, given over to kitchen garden activities, although with their principally south-facing aspect and plethora of sheltering walls they would have been ideally horticulturally suited for such use. Little changed in the basic structure of the courts, or their relationship with the building. Surveillance of patients was necessary to prevent escapes and antisocial behaviour. This was generally achieved indirectly from the ward windows as well as directly via attendants supervising the patients in the courts. In order to allow a view of the whole court at once the plan tended to be restricted to a simple, broadly rectangular or triangular shape, without areas blind to observation from the building. The courts were sited adjacent to the patients' ward accommodation to allow them the most immediate access and to minimise the risk of patients escaping while moving into them.

Closely allied to the structure of the courts was the enclosed domestic garden compartment which usually accompanied the superintendent's apartments, provided solely for the use of his family. This garden was often part of the sequence of courts, placed adjacent to the axial central point of the building between the male and female accommodation, reflecting his pivotal position within the medical and social hierarchy of the institution. At Hanwell this central placing of his accommodation gave the superintendent immediate access to much of the asylum core area and formed part of the

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\(^{85}\) OS 25", Derbys. sh. LIV.2, pub. 1882.

buffer between the sexes. The large, wedge-shaped garden lay adjacent to his rooms, and separated
the closest male and female airing courts, largely preventing communication over the walls. The
arrangement placing the superintendent's garden at the centre of the asylum courts continued in
common practice over the following decades, as long as his accommodation was sited within the
centre of the asylum building. The superintendent's garden formed a compartment integral with the
courts which can be compared with the garden compartments which Repton had recommended to
surround the country house.

The size and shape of the courts was dependent on the shape of the building and the numbers of
patients expected to use each court, as a result assuming a variety of shapes and sizes within each
site. As a group the courts generally surrounded the building on three sides, incidentally conforming
for therapeutic reasons to Repton's aesthetic design advice in relation to the surroundings of the
country house, that the number of compartments should rise proportionately with the increase in the
size of the building. At Wakefield and Hanwell the angular form of the buildings, based on a series
of long narrow wings extending from several hubs, created spaces between the wings. These were
more extensive and irregular in shape than had been the spaces surrounding the earliest public
asylums and because of the irregular shape of the buildings could not be arranged in a linear
relationship to each other. The shape was as simple as possible such that the whole space could be
easily surveyed by staff within, or overlooked from the buildings, in order to check patients'
antisocial activities. Four of the courts at Wakefield were rectangular, a further eight assuming other
irregular shapes fitted to the form of three sides of the adjacent building. At Hanwell the airing
courts, all ten of them, were hidden behind the building, so that no trace of them could be seen from
the formal approach through 'cultivated grounds'. They were irregularly wedge-shaped, again fitted to
the spaces between the angles of the building.

Although in the structure, shape and siting of the courts medical theory and security were the most
influential factors, the close relationship of the building to the courts emulated that of the aesthetic
trend of the landscape park in which the newly developing formal terrace grew in importance as a
garden feature. This was exemplified at Mentmore where the house stood on a terrace which
overlooked two formal parterres (Plate 16), and Westonbirt where the house was again placed on a
terrace (Plate 48) from which lawns led to further formal garden features. As the asylum buildings
grew in size and complexity the courts lost their early and close resemblance to confined, terraced
town-house gardens, both in terms of their linear relationship to each other and their narrow
rectangular shape and limited size. Derby's developed version of the Hanwell building was also
surrounded by a sequence of courts enclosing a large proportion of the building complex. In a

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87 Ibid., 330.
development from the arrangement at Hanwell, the service areas at Derby occupied the side of the building which remained unenclosed by courts, such that the courts flanked the main entrance to take advantage of the extensive views to the south. The individual shape of these courts was generally rationalised to a more practical, broadly rectangular shape, and their size and layout complemented the ornamental architectural style and scale of the building. In this way the courts came to occupy a more extensive area which resembled more closely the formal terrace or parterre gardens which were becoming popular immediately around country houses to separate them from the pleasure grounds and parkland beyond.

The expression of classification within the courts, reflecting that in the building, continued as standard. The main division of the courts, by gender, occurred at all public asylums, so that the male courts mirrored the layout and classes of patients of the female wards on the opposite side of the building, and all courts were of similar size.\(^89\) The medical classification of the patients both in wards and adjacent courts had reached a stable form by the time Derby was constructed. This system is clearly depicted in its proposed layout as published by Conolly (1847, Plate 6).\(^90\) Two courts lay on either side of the main entrance terrace and offices on the south side of the building, each for 'aged and infirm' patients, this class probably chosen for this position because these were the quietest patients and would cause least disruption to the superintendent's quarters. Flanking these courts were two more south-facing courts, each for the 'moderately tranquil'. These four courts were not concealed behind the facade of the building as were all the courts at Hanwell, but as at Wakefield those at Derby wrapped round the outer side of the building. To the north of these and separated by ward wings, were two further courts to either side of the rear of the building, each assigned to 'refractory patients'. In these back courts the sexes were prevented by the central service structures from any possibility of communicating.

The theories of landscape design were, if not obviously employed in the siting of the courts, certainly applied in the layout of the courts, in which an ornamental design was believed to benefit patients. Historically the airing courts of older establishments were dismal, according to Conolly, being barren and devoid of all plants, surrounded by high walls and without shelter in winter or shade in summer, 'the only luxury being a bench fastened to the wall, with large iron rings suspended over it, so that even in the open air restraint might still be substituted for superintendence. In these respects, asylums were, until very lately, precisely like jails'.\(^91\) He may have exaggerated the furnishings and character

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\(^{88}\) Ellis, \textit{op. cit.} (1838), estate plan opp. p. 1.


\(^{90}\) Conolly, \textit{op. cit.} (1847), pl. 1.

\(^{91}\) Ibid., 49-50.
to enhance the perceived benefits of his recommendations, but it is likely that there was little ornamentation or comfort in the earlier courts.

Very little information has been identified detailing the earliest internal arrangement of the courts at Wakefield. At Hanwell, however, the courts were laid out ornamentally for the benefit of the patients. Conolly, according to his own account, had from his arrival in 1839 apparently greatly improved the layout and content of the courts, so that, 'Nearly every airing-court has been converted into a garden, and an abundant portion of ground assigned to the entire use of the most tranquil and orderly patients. Shrubs and trees have been planted, which promise shade and refreshment for years to come; summerhouses have been erected and numerous seats scattered about'. This predicated the aims of asylum designers in the layout of the courts from then onwards and echoed and confirmed Browne's 1837 ideal equating the asylum with the palace of a peer (quoted at the beginning of this chapter).

The chosen domestic character sometimes clashed with the practical therapeutic use. Gravel paving, a common path material in domestic gardens, was a hazard as it formed an easy subject for misuse by disruptive patients. In the early years at Norwich, from 1814, windows were continually being broken by patients in the yards throwing the gravel. Similarly, seats were initially provided around the edges of the courts, but were moved to the centres following escape attempts using them.

Conolly provided detailed recommendations on the layout of the courts, related to therapeutic and practical needs implemented using aesthetically pleasing devices. He thoroughly approved of the original plans for the layout of the interior of the Derby courts, particularly the facilities to encourage exercise where each court was to have a paved arcade for sheltered exercise, with a pavilion with seats at the end. In a general discussion about the plants which might be used he addressed issues of confinement and surveillance. He recommended plants to cover the walls if they were to be higher than the ha-ha ditch, to disguise their confining nature, but for the 'more mischievous' patients believed that shrubs and trees were 'not so useful and are sometimes inconvenient'. This seems to have referred to their being damaged and possibly somewhere for these patients to hide and commit antisocial acts, an example of the landscape design being manipulated to reconcile therapeutic demands. Conolly also disagreed with what he referred to as a remedial use of flagstones to pave whole courts for the refractory, preferring instead broad, smooth walks using gravel of a small gauge. In his opinion the number of patients whose behaviour required that they should exercise only in airing courts of gravel would be very small, implying that all the other courts would be laid out with

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92 Ibid., 51.
94 Conolly, op. cit. (1847), 53.
He also provided further detailed advice on both structures and planting to make the courts as pleasant as possible to encourage their therapeutic use by patients, favouring shrubs, flower beds, mounds and sheltered seats.96

Conolly, in his recommendations ventured into the realms of landscape design. For the 'larger exercising grounds' he recommended that they should always be laid out with many and varied ornamental features for therapeutic purposes as long as the patients could be properly supervised; his description closely mirrored the manner of a typical country house garden. Such features, including 'summer-houses, flower-borders, wide gravel walks between rows of lime trees, or other trees of quick growth, not obstructing the proper inspection of the patients when walking there', were closely reminiscent of Loudon's recommendations for the more formal garden areas of a country house estate (see above).

Conolly made an early reference to sporting provision for the patients as part of the therapeutic regime, recommending a wide variety of activities including, 'a bowling green, a cricket ground, ... ball-playing, or hoop or battledore, or trap-ball, or ninepins'. He commended the provision of pets, 'for the buildings containing birds of various kinds, and tame animals, will be found to interest many of the patients. A piece of shallow water, with ducks and other aquatic fowl, would also give them pleasure'. His aim was to provide a 'cheerful' character to the airing courts in the use of such ornamental and recreational features, as well as providing interesting features which would entice the patients out into them. He believed that, 'The general effect of all these arrangements on the health of the patients of an asylum [was] undoubted'. Their therapeutic effect would work on 'those who are excited', who would be encouraged to walk about in the ornamental and interesting grounds, this exercise providing them with relief from their symptoms. The effect would also work on patients at the other extreme of behaviour, the 'indolent and apathetic', in enticing them out into the grounds and to take exercise.97

Browne made recommendations for similar types of ornamental and recreational features to form part of the therapeutic regime, and additionally that each court should be furnished with a fountain and a bowling green. He also advised that the courts should be stocked with sheep, hares and monkeys or some other domestic or 'social' animals with which the patients could interact to revive or improve their social skills. In this respect Conolly and Browne each directly reiterated Tuke's recommendation that each court should be furnished with a number of small animals to emulate a domestic scene for the therapeutic benefit of the patients. Browne pre-empted criticism that patients'

95 Ibid., 53-54.
96 Ibid., 51.
97 Ibid., 51-52.
antisocial behaviour would wreck such delicate ornament and furnishings, that trees might be
aprooted, or used for gallows, that bowling greens would be destroyed and pets killed. His response
favoured the developing practice of more detailed classification of patients by clinical state, which he
thought, if properly administered, should ensure that those likely to be destructive would not be left
unobserved by an attendant.98

The formal structure and internal arrangement of the courts at Derby reflected the growing ethos of
the landscape theory of the day as summed up by Elliott that, 'the garden should display the
unmistakable signs of artifice', and which had a strong tradition in the town garden.99 The revival of
formal and architectural styles which had been promoted by Repton in the early 1800s was by the
1830s and 1840s an accepted fashion in gardens. This was exactly what the structure and layout of
the airing courts lent themselves to, particularly in their close relationship to the building, as
articulated by Loudon. He approved of the close relationship between the formality of the domestic
building and elements in the immediately surrounding garden, including 'arcades, porticoes, terraces,
parterres, treillages, avenues' and other similar devices which in their use allowed 'a striking and
varied contrast with, and a dignified and comfortable transition to, the undulating and rural features
of the more extended, distant and exposed boundaries'. He also approved of the use of the ha-ha as
long as it was not adjacent to the house, but used to separate the garden and pleasure grounds from
the less formal landscape beyond; this was adapted for asylum use with ha-has at the edges of the
courts with the pleasure grounds and wider landscape beyond.100

Pleasure grounds
The informally planted pleasure grounds were a further new element in the public asylum estate
which grew as it developed in sophistication, sited beyond the core building and airing courts. These
too were a feature which closely mirrored a similar feature in the landscape park. In the landscape
park the pleasure grounds were sited for recreational purposes such that they led into the wider
landscape beyond the more formally structured gardens immediately adjacent to the house, from
which both were easily reached. Loudon distinguished between the formally dressed garden grounds
which were to be attached to the garden front or fronts of the house, and the 'less refined', more
informal style in which the pleasure grounds were to be laid out. Accompanying the formal and
'enriched parterre', the pleasure grounds were to lead out from here to the parkland and woods of the
country estate, using devices such as shaded winding walks, open glades, and small lawns, with
ornamental seats at intervals.101

98 Browne, op. cit. (1837), 190.
99 Elliott, op. cit. (1986), 32.
100 Loudon, op. cit. (1846), 770-71.
In Watson and Pritchett's original design at Wakefield there was, apparently, no such pleasure ground space, as the airing courts lay directly adjacent to the kitchen garden and farmland (Plates 34 & 35). At Derby, trees and shrubs arranged informally, forming the equivalent of pleasure grounds, encircled the core including the two kitchen garden areas, and provided the ornamented landscape through which the circuit drive wound. This area was planted with trees and shrubs, and the planting alongside the boundary lane to the north formed a shelter belt. The patients may have had access to these spaces under the direct supervision of attendants, as it appears from map evidence that there were walks deliberately set out in them, but no early written reference has been located to the therapeutic use of such walks. At this time few recreational spaces for any exercise more active than walking were provided in asylums, although bowling greens were sometimes constructed, for example the one at Maidstone in place by 1836 (Plate 49, the bowling green illustrated as a separate compartment alongside the airing courts on a plan of the core of the asylum estate). Conolly's recommendations in respect of active exercise were more progressive than other medical commentators and were taken up generally from the mid-nineteenth century. He believed that exercise gave relief those who were 'excited', rather than as had previously generally been believed, that lunatics should be kept as quiet as possible. Conolly's approach could equally well have fitted one of the urban public parks, newly emerging in the 1830s and 1840s. The structure of the public park had also originally partly been based on the model of the domestic landscape park and pleasure ground, this being the only widespread extensive model available. But it also incorporated in its structure the therapeutic principle of taking that vital fresh air previously obtained on the fashionable town walk or promenade, together with more active exercises such as team sports and gymnasia.

Some recreational activities were not translated across from the landscape park to the asylum estate. One such group involved hunting and the pursuit of game which formed a fundamental element of the use and design of the domestic park, as articulated by Repton. Facilities for hunting, shooting and fishing, traditional and increasingly popular recreational pursuits of the landed classes, were not

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101 Ibid., 770, 808.
104 Kent RO, MH/Md2/P06, Maidstone asylum block plan, 1836.
105 Conolly, op. cit. (1847), 52.
106 Examples of town walks included Moorfields in front of Bethlem, a fashionable place of exercise for Londoners in the seventeenth and eighteenth centuries since its creation from 1605; the much lauded Terrace at Richmond Hill, Surrey (1700); the Quarry walks in Shrewsbury (laid out from 1719); and New Walk, Leicester (1785).
107 For example, Repton advised against the creation of narrow belts separated by a wide drive, believing that "no narrow strips of plantation would not be 'such effectual harbours of game, as deeper masses: especially where the game is likely to be disturbed by a drive betwixt them'. Humphry Repton, Fragments on the Theory and Practice of Landscape Gardening (London, 1816), 175.
provided for pauper lunatics and it was never suggested that they should be. The reasons for this related to closely linked social, economic and therapeutic issues. In social terms, even though the patients were provided with surroundings which emulated a higher social position than their own, they could not by social convention be given recreational activities redolent of such social position. Medically, these pursuits required a great degree of controlled activity over a wide area of land, in some cases with very dangerous implements, during which it would be impossible to control the activities of lunatic participants. Economically they were expensive and required great resources to undertake them. Thus in this function the asylum estate was not closely allied to the landscape park.

A social and aesthetic issue related to the asylum park design arises from the omission of such activities. As domestic parks were generally laid out with devices specifically to encourage the cultivation of game, the landscape design drew this together using a socially acceptable aesthetic veneer of belts and clumps of trees. By negating the sporting function in the asylum it left such planting, which was still provided in many cases in the farmland, functionally lacking in this respect, while continuing to imitate the aesthetic provision in a domestic estate where these activities occurred. Belts and clumps in the asylum estate did, however, retain other aspects of functionality, in providing an element of physical shelter for the estate and its residents from inclement weather, and sheltering their privacy from the gaze of those beyond the estate.

**Vocational therapy - a medical requirement with economic and social results**

The principal stated therapeutic benefit of work within the asylum as discussed by medical authors and alienists was as part of moral therapy. Work facilities were provided in several areas within the asylum estate, emulating domestic activities essential to the smooth functioning of the country house estate. Women were encouraged to work in socially appropriate domestic activities emulating those beyond the asylum with which they were already familiar, such as the laundry and kitchen, and cleaning the wards. Men worked in workshops, but the activity most prized in therapeutic terms by alienists was manual work on the land, either agricultural or horticultural.

The farm and parkland of the public asylum estate increased in significance from the 1820s, as recommended generally by medical theorists, both in terms of size and the extent of patient activity within them. For example, Browne recommended the provision beyond the airing courts of 'a wider sphere for physical exertion and means for multiplying pleasurable sensations'. This was to be achieved in the form of gardens, grounds, and farms attached to each establishment and cultivated by the lunatics. Conolly approved of the farming system as more effective than other forms of employment for men, as he perceived that 'more men recover who work in the gardens and on the farms than in the tailors' or the shoemakers' shops'. His reasoning was that farm and garden work was
more active and varied than these indoor activities, engaging the mind and body more and encouraging the return to a normal state, and thus more effective.109

Because of this therapeutic requirement for outdoor work, the asylum acquired a functional landscape of its own which, because of its proximity to the patients in the building, needed embellishment to ensure that the views of the patients were appropriately ornamented, again for therapeutic purposes. Frequently not all of the asylum estate was planted as parkland, but large areas remained as unadorned farmland. Its economic benefits were officially a secondary purpose, but were undoubtedly very significant. The patient labour used to cultivate the asylum land, although possibly erratic and unreliably productive, was already paid for out of the general asylum revenue, and so its produce in effect came as a free bonus to the asylum funds. Large numbers of male patients might be encouraged to undertake such activities, and even if they did not work full-time the results of their labour could still be worthwhile. Thus the landscape park and farmland beyond, together with the kitchen garden and horticultural maintenance of other areas of the estate, were dual-purpose, in providing a facility to allow economic self-sufficiency as well as being a therapeutic tool.

In parallel, in advice on the setting up of a domestic country estate, Loudon specifically recommended that this economic self-sufficiency was a great advantage, citing the reason that, 'The perfection of a rural economy is to purchase nothing which the estate can be made to produce,' the advantage being a great abundance of produce at 'prime cost'. As well as economic advantages he put forward a social advantage, for the owner in this way might improve the circumstances of his tenants, affording 'employment and a comfortable maintenance to many of [his] dependants, who would otherwise, perhaps, be supported by the poor's rate, or be breaking stones upon the roads'.110

To fulfil this need the public asylums set up their own self-sufficient farming estates, which were closely related to the earlier Quaker-run asylum examples which in turn were modelled on the provision and management of land in the country estate. Of the 11 acres (4.5 ha.) that The Retreat occupied in 1813, much was said to be occupied by a 'little farm' which was given over to a few milk cows and growing potatoes for the household. Brislington House scaled this up to a full-sized farmstead which farmed the parkland as well as agricultural land beyond. At Wakefield the first of the extensive public asylum farms was laid out for therapeutic purposes as part of the 25 acre (c.10 ha.) estate. Over the following decades, however, the proportion of farmland did not increase greatly. At Hanwell the landscape was considerably larger at 44 acres (18 ha.), but the farmland only occupied the same area as at Wakefield, 20 acres (8 ha.) although there were further productive areas,

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108 Browne, op. cit. (1837), 193.
109 Conolly, op. cit. (1847), 79.
110 Loudon, op. cit. (1846), 809.
with 6 acres (2.5 ha.) of kitchen gardens and orchards. At Derby the farmland occupied a greater area than at Hanwell: 47 acres (19 ha.) of the 79 acres (32 ha.). The other 32 acres (13 ha.) of the Derby estate was occupied by the core of the site (building, courts, pleasure grounds and kitchen gardens).

Throughout the first half of the nineteenth century English agriculture was generally a thriving and profitable enterprise. There was never any suggestion that it was not appropriate for the majority of the land surrounding the country house to be given over to what was generally aesthetically and socially preferably kept as pasture for sheep, cattle or horses. In the ornamental world of the landscape park, as Williamson points out, 'the rise of the garden was not accompanied by any diminution in enthusiasm for the park.' There was little major change in the design of the landscape park during the nineteenth century. The Picturesque and Gardenesque ideas of, respectively, William Sawrey Gilpin (1762-1843) and Loudon generally increased the variety of parkland planting, and garden and pleasure ground features, but did not change the essential structural design principles from the examples of Brown and Repton. Williamson provides a detailed exposition of the importance of the type of crops grown within the landscape park, with grass as one of the most important, as it assumed a variety of complex overlapping functions and symbolism. It was a major feature of parks not just for economic reasons but for symbolic social and aesthetic reasons too. In the asylum farmland, even though it bore a resemblance to the landscape park, it was not solely laid down to grass for pasture but was mixed with arable crops and orchard areas to provide a varied diet for the patients.

The kitchen garden, which furnished horticultural produce, was a standard therapeutic feature. It increased steadily in size as new asylums were designed and it was confirmed that it too had a potentially considerable economic function. It provided good opportunities for intensive cultivation which could occupy a greater number of patients per acre than standard agricultural activities. At Wakefield a two-acre (0.8 ha.) kitchen garden lay directly adjacent to the building and courts, on the opposite side to the service areas, and occupied a similar amount of land as the building and airing courts. At Hanwell the kitchen garden comprised two discrete areas at opposite sides of the building, flanking the airing courts and close to and easily reached from the service areas on the south side of the building. They occupied four acres (1.6 ha.), with a two-acre (0.8 ha.) orchard. The Derby kitchen gardens, also divided into two sections flanking the building, were overlooked by several of the wards and courts. At five acres (2 ha.) they occupied the same area as the building and airing courts together, filling in the remaining open space enclosed by the main drive which was not otherwise planted up as pleasure grounds. They too were sited within easy reach of the service side of the main

building in order to facilitate access by patients from this part of the building and to allow the direct supply of produce to the kitchen.

The kitchen garden interiors at Derby were well drained, laid out with gravel paths, well stocked and supplied with water in tanks, in a manner typical of those on a country house estate.\(^{113}\) The siting of the kitchen garden in these cases close to the main building, positioned in close proximity to the offices and service areas, reflected Loudon's recommendations in relation to the country house, in order to allow ease of access between garden and kitchen.\(^{114}\) In many landscape parks, however, the kitchen garden was placed firmly at a distance, divided from the house by parkland and pleasure grounds, for example Mentmore, laid out in the 1850s, where the kitchen garden lay 1km south-east of the house (Plate 46, OS plan of the Mentmore estate by 1885).

The Cemetery

The cemetery did not form part of the country house estate, the exception being when coincidentally a graveyard formed an adjunct to a parish church within the park, examples of which were fairly common, such as at Mentmore, where the churchyard lay at the edge of the pleasure grounds. Not all asylums had their own cemetery, but where one was laid out, it was usually designed and sited within the asylum landscape where it assumed a functional and to some extent an ornamental role. The steady mortality rate of a large number of long term asylum residents in a rural area meant that parish churchyards often could not or did not wish to accommodate the much greater numbers of interments. Brislington House had used the nearby Society of Friends' burial ground, and although The Retreat did not have a burial ground to begin with, later in the nineteenth century it set up in its grounds the Society's local community burial ground. At public asylums, after Norwich asylum's early burial ground, placed close to the building, the site of the cemetery, where one was provided, was placed further from the core, eventually occupying a discrete and remote part of the estate. That at Hanwell initially covered one third of an acre, not far from the main building in a similar position to the Norwich cemetery at the south-east corner of the core of the site, from which it was screened by a coal store. At Derby the cemetery lay in a far corner beyond the farm with its own little chapel and mortuary. The ground was usually given the approval of the Established Church, as had been initiated at Norwich, and consecrated by the local Bishop. Exceptionally in the case of Hanwell, the cemetery was consecrated by the Archbishop of Canterbury.\(^{115}\) As public asylum cemeteries were originally for the hygienic and socially acceptable disposal only of the pauper class they tended not to display any great level of ornamentation, their layout being restricted to a utilitarian grid system, closely allied to

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\(^{112}\) Tom Williamson, *Polite Landscapes* (Baltimore: Johns Hopkins, 1995), 163.

\(^{113}\) Derbyshire RO, First Report of the Derbyshire County Lunatic Asylum, Derby, 1853, 7, 11.

\(^{114}\) Loudon, *op. cit.* (1846), 768-69.

Chapter 4

the practical recommendations of J.C. Loudon, and were enclosed by a hedge or wall with a gateway to ensure security of the graves.\footnote{Loudon's favoured utilitarian grid design, in John Claudius Loudon, \textit{On the Laying Out, Planting, and Managing of Cemeteries and on the Improvement of Churchyards} (London: Longman, 1843; facsimile, Redhill: Ivelet, 1981), 56, 60, was carried out at Histon Road Cemetery, Cambridge in 1843.}

Charitable asylums, 1815-1845

Charitably funded asylum estates followed a development pattern similar to those of public asylums during the early nineteenth century, although the founding of new ones declined sharply with the advent of county asylums from 1808. Having been set up as charitable institutions they remained funded in this way. They were not absorbed into the public system, partly because they catered for a large proportion of wealthier patients. During the 1820s and 1830s a small group of typical charitably funded asylums was founded in the Midlands, comprising the Lincoln Lunatic Asylum (1819-1820), the Radcliffe Asylum, Oxford, (1821-1826, Plates 50 & 51, an annotated plan of the asylum site, together with an engraving of the entrance front and ladies' pleasure grounds), and the General Lunatic Asylum, Northampton (1836-1838). They were initiated at about the time the 1808 Lunatics Act was passed, by groups of subscribers who did not wish to be part of the county funded system, and took some years to raise sufficient funds. In their structure and aesthetic these asylum estates bore a marked resemblance to those of the contemporary county asylums and their buildings were sometimes designed by the same architects. The Lincoln and Oxford asylums were both designed by Richard Ingleman, who had designed Nottingham and was originally commissioned by both bodies of subscribers around its opening in 1812. The asylum at Oxford was piloted by the zealous Samuel Warneford and became something of a model institution to all asylum designers, even though not publicly funded. The design and construction of its landscape is particularly well documented.\footnote{Loudon's favoured utilitarian grid design, in John Claudius Loudon, \textit{On the Laying Out, Planting, and Managing of Cemeteries and on the Improvement of Churchyards} (London: Longman, 1843; facsimile, Redhill: Ivelet, 1981), 56, 60, was carried out at Histon Road Cemetery, Cambridge in 1843.}

It has been demonstrated that significant elements of the country house estate were adapted for the public asylum. In doing so a socially and economically acceptable framework was provided, which was sufficiently adaptable to fit the requirements of the prevalent medical theory, moral therapy, which embraced productive and recreational activity outdoors for therapeutic purposes in an aesthetically pleasing environment. This was made possible by the inherent flexibility of the elements which were adapted to form what amounted to a new landscape type. Other available models included urban domestic gardens, educational institutions, and designed landscapes with a social purpose, such as town walks, garden squares and public parks, as discussed in Chapter 2. Subsequent ornamental models developed from the eighteenth century included public commercial pleasure gardens, military and charitable general hospitals, public parks and cemeteries. Some of these were in any case derived from the country house estate model, such as the public park and commercial pleasure gardens; others were unsuitable for asylum purposes because of their intrinsically limited
size and rigid arrangement of components, such as the university colleges and urban domestic
gardens. It is difficult to ascertain which was chosen first, the site model or specific activities:
whether the type of therapeutic activity required led to the consideration of a variety of models and
after a selection process the adoption and adaptation of elements of the country house model; or,
more likely, whether recognition that this model provided the basis for an appropriate ornamental
residential setting and as a result the activities which it could accommodate were fitted to the moral
therapy requirements.

OTHER SOCIAL INSTITUTIONS

The period 1815-1845, crucial for the development of the public asylum and its landscape, saw great
social and public health reform. Having discussed the development of the early asylum estate in terms
of the therapeutic requirements and landscape design this can now be contrasted with the
development of the two public institutional estates which are most closely comparable in the type of
landscape and its confining function: the prison and workhouse. All three institutions addressed the
need to house discrete groups, generally drawn from the same social class, in an orderly manner
within closely confined living spaces and provide for their welfare at the same time as their
rehabilitation or reform.

The structure and regime of the workhouse, although not subject to legal reform until the 1834 New
Poor Law was passed and led to a workhouse-building boom, was the subject of scrutiny and early
attempts at reform during the 1820s, for example Becher’s design of a new system at Southwell,
Nottinghamshire, opened in 1824, which he illustrated in *The Anti-Pauper System* (Plate 52, plan of
model workhouse and associated yards).118 Prisons too were undergoing major changes in their
structure and regime during the first half of the century, resulting, from the 1830s, in an emphasis on
much more detailed classification and total separation of prisoners.

The workhouse

Was the workhouse estate closely comparable with the asylum landscape?

Workhouses were much more numerous than asylums, there being by the late nineteenth century
somewhere between six and 12 union workhouses per county, where asylums were usually limited to
one or two per county, except in areas which served dense metropolitan areas, such as Surrey.119 A
sharp rise in workhouse construction and rebuilding resulted from the passing of the New Poor Law
Act of 1834 which placed much greater emphasis on institutional support for indigent paupers, much

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117 The extensive archive is located at the Warneford Hospital (Radcliffe Asylum) Archive, Oxford.
118 Becher, op. cit. (1828), 1.
119 Surrey’s asylums served itself and London. By 1914 it had acquired 15 public and charitable asylums
including the celebrated Epsom Cluster of five, more than any other county.
Generally workhouses housed fewer inmates than asylums, within correspondingly smaller estates, but even so they bore marked structural similarities to asylum estates. However, rather than being curative, or punitive as in the case of the prison, these institutions were intended to be repressive. They encouraged indigent paupers as far as possible not to enter by means of depressing accommodation and a difficult regime, this aim being reflected in the landscape as well as the building design. The elements of the workhouse estate corresponded in many ways to those of asylums, but were designed with a repressive deterrent more akin to that of the punitive prisons, and lacked a therapeutic purpose.

As Bartlett discusses, a significant proportion of the workhouse population was formed by lunatics, idiots and imbeciles, and this in turn formed a considerable proportion of the lunatic population. Of the total number of poor persons identified as insane from 1844 to 1890, around 25% of these were institutionalised in the workhouse. This tended to be frowned upon by alienists who believed that workhouses were unsuited because of their lack of dedicated designed space specifically for the purposes of treatment (both indoors and outdoors) and that their repressive regime was detrimental to effecting cures. In general the estate spaces were usually repressive in character, unornamented and confined physically and in their views out of the site, which made them theoretically unsuitable for lunatics whose regime had been established as requiring, rather than a repressive character, a therapeutic character in which the provision of ornamentation and extensive views drawn from the country house model was believed to assist in achieving cures. Insane paupers were often confined to the workhouse rather than an asylum if they were harmless and not recalcitrant, and their condition chronic with little hope of cure.

A typical and influential early layout which demonstrates the broad similarities and differences in structure between asylum and workhouse estates was the Southwell Union at Thurgarton, Nottinghamshire. This was erected in 1824 to designs by the Revd. Thomas Becher and the architect William Nicholson (Plate 53, entrance front and airing court walls from agricultural land, 2002). Becher's design contrasted strongly with that of Humphry Repton several years previously for Crayford Work House [sic] (Plate 33 and see discussion in Chapter 3), Becher's purpose not being to provide an ornamental and socially benevolent institution with a domestic character, as had apparently been Repton's intention with his own design. Becher instead strove towards a more repressive regime quite without domestic comfort or character, expressed in the provisions of the

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120 Poor Law Amendment Act, 1834 (4 & 5 Will. IV, c.76).
121 Figures drawn from the annual reports of Poor Law Commissioners and Poor Law Board, collated in Peter Bartlett, *The Poor Law of Lunacy: The administration of pauper lunatics in mid-nineteenth-century England* (London: Leicester University, 1999), 44.
122 Thurgarton Workhouse was illustrated and described by Becher in his influential book, Becher, *op. cit.* (1828).
workhouse estate, including its confined and confining structures, lack of ornament and minimal level of comfort for the inmates.

Becher's main workhouse building was positioned more or less centrally within the grounds which were, unlike the typical asylum, largely unornamented. On the main entrance front of the building lay a line of four small, enclosed exercise yards, divided into male and female sides by the central path which led from the road, at some distance away, up to the formal visitors' entrance at the centre of the south front. These courts, analogous to the airing courts in a contemporary asylum, but considerably smaller and confined by high walls, were entered by the inmates only from their respective sections of the building, being surveyed from the projecting central bay which allowed the Master to overlook the yards from the Board Room, into which the front door led, or from his own rooms above (Plates 54 & 55 illustrate two views into the yards, from the entrance steps to the workhouse and from the Master's room above). In the functions of the exercise spaces, the surveillance element mirrored that of the asylum courts, which were in both institutions constantly overlooked by the attendants. The differing purpose of the spaces was manifested in the approach to the provision for the residents of views and ornamentation, which were deliberately restricted at the workhouse for repressive social reasons and purposely provided at the asylum for therapeutic reasons. Service yards and work spaces, segregated for male and female occupants as in the asylum landscape, occupied the rear of the building as was the case in the asylum structure. Beyond this core, south of the exercise yards, was an adjacent, enclosed kitchen garden and orchard space and beyond this again was the farmland. The emphasis within the design of the workhouse estate was on functionality for social reform purposes rather than, as at the asylum, ornament for therapeutic purposes.

Inmates continued throughout the rest of the century to be classified according to sex, age and state of health. The system was intended to deter and discipline, additionally preventing the 'moral' contagion of men mixing with women, adults with children, the sick with the healthy and the sane with the insane. This was expressed within the architecture of the building, which segregated the classes, and also in the provision of segregated exercise yards. Inmates were expected to work and outdoor manual labour was part of the regime, as became common in asylums, but with repetitive tasks being favoured for their repressive qualities. The regime was intended to be repressive rather than therapeutic, as was the asylum regime, although surveillance and confinement were common to both these institutions and also in prisons in order to achieve their various aims.

Shortly before the New Poor Law Act was passed in 1834 some rare extant comments made by a landscape designer on workhouse landscapes and their use and function, were published in the

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123 His Crayford Work House proposals were illustrated and described in Repton, op. cit. (1816), 227-31.
In these, Loudon commented favourably on the system of cultivation of the workhouse landscape by the inmates adopted in some workhouses. He believed that, as garden work was agreeable to almost all men and women, whether urban or rural dwellers, it formed an ideal, socially acceptable work system which could move the institution towards economic self-sufficiency.

Several years later he cited the example of Coventry where his comments on the activities and their putative beneficial effects on the aged and infirm inmates echoed those expressed by Repton in relation to his design for Crayford workhouse. Loudon did not discuss the repressive issues connected with the function of the workhouse, nor the landscape design or its manipulation to achieve the repressive function. His comments instead related to the high standard of horticultural care insisted upon by the matron and the inclusion of ornamental plants as well as productive.

The repressive principles of social control which were embodied in the workhouse estate continued at the heart of the system as the century progressed. A typical example of a nineteenth-century workhouse, Aylesbury (1844), demonstrates how these were expressed via the levels of provision of ornamentation in its estate, as illustrated on the 1:500 scale OS plan (published 1879, Plate 57, showing the core of the site, including the building, yards, lodges and lawn). This element can be compared with the therapeutic function of the asylum as expressed in its own levels of ornamentation.

At Aylesbury the arrangement of structures within the estate was similar to that at Thurgarton. The façade of the building, overlooking the entrance to the workhouse estate, was in a restrained Tudor style and was buffered from the adjacent turnpike road by a broad lawn, somewhat reminiscent of the buffering forecourt device used in early public asylum sites such as Norwich. This lawned space ensured that the inmates could not communicate with the outside world from the building and exercise yards in an unauthorised way. At the centre of the lawn, adjacent to the entrance to the workhouse estate, stood two buildings which at first glance emulated the gate lodges found in a country house estate, these erected in similar architectural style to the main building façade. Their function, however, was more complex than merely domestic security, which was the principal function of the country house lodge. In addition each lodge combined a separate administrative institutional function, one containing the management committee's Board room, the other, the 'Paupers' Hall' or receiving house for processing new inmates before entering the main building. Trees were scattered across the flanking lawn and along the roadside boundary and two of the yards. This level of ornamentation in the buildings and landscape was provided probably because of the

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124 *Gardener's Magazine*, 5 (December 1829), 714-15; 8 (February 1832), 97.

125 The 1:500 scale OS plan accurately shows significant details of small-scale features, including identifying shrub planting, minor paths and flower borders, as well as boundary treatments, whether walls or fences, which it is essential to take into account for this discussion.
Chapter 4

prominent position of this area of the estate in the public eye, its function to enhance the perception of the institution as a benevolent one. The Board room overlooked to one side, from a bay window, a small, formal bedding parterre, laid out with a complex diamond pattern of beds. There was no balancing feature on the lawn on the opposite side of the lodges, overlooked from the Paupers' Hall. The parterre could not be seen from behind the walls of the inmates' exercise yards. Here the Board achieved a level of ornament available specifically to themselves, greater than that generally visible to the general public, and at a level which was certainly not appropriate for the social position of the inmates.

Between the roadside lawn and the main building at Aylesbury lay a line of four small, walled exercise yards for the inmates' use, these spaces apparently unornamented, although two of them may have been laid to lawn with a perimeter path. The inmates' view of the lawn, Board members' parterre and road beyond was obscured by the walls. Yards at the front were supplemented by others to the rear of the building (those in the middle of the building complex were service yards). These largely unornamented yards were generally supplemented by productive kitchen garden areas and sometimes agricultural land, unless the workhouse was for example devoted to an infirmary function in an urban area where inmates were unable to work and land was at a premium. At Aylesbury, to the rear of the main building complex and yards, an open area covering several acres was laid out in a grid pattern of paths enclosing ground for kitchen garden produce, fenced around the boundary and probably entirely utilitarian in its content, although short-lived ornamental flowers may have been grown (c.f. the discussion above of Loudon's comments in *The Gardener's Magazine* (1832) on Coventry workhouse) although such ephemeral features would not be detailed on the OS plan. This working area was not easily visible from the main road and formal public approach on the other side of the workhouse and was entirely confined in its use to the inmates and staff, but was also accessible to Board members for inspection (Plate 56, OS plan 25" illustrating the entire workhouse site).

In this way social classification within the institution, most obviously displayed in the levels of access allowed to users of the site, is also expressed in the ornamentation of landscape spaces. The levels of access within the hierarchy are indicated by the approach to the level of ornamentation of the spaces. At the highest social level in the site, those with the most freedom of access throughout, are the Board members, this expressed in the greatest level of ornamentation near their dedicated space, the Board room. At the lowest social level are the inmates, those with the least freedom of access across the site, in whose dedicated spaces is an absence of ornamentation. The staff and public being an intermediate social level, with a corresponding level of access, particularly via their visual access to the lawn in front of the building, this was expressed in an intermediate level of
ornamentation. The social classification of those using the site is clearly demonstrated here, expressed via a sophisticated hierarchy of ornamentation in the workhouse landscape.

Was this refinement in indicating social distinctions via levels of ornamentation also expressed in the asylum and country house landscapes? The situation in the workhouse estate contrasts with the level of use of ornament in both the asylum and country house landscapes, which was considerably and consistently higher. As exemplified by using the case of Aylesbury, the workhouse expressed social control more obviously, via a greater range of ornamental differentiation, than did either of the other types. In the country house estate the level of ornamentation tended to be more uniform across the site. The major exception was the service areas, where ornamentation was much less, this partly for practical reasons and partly for social reasons, as discussed above. The service areas, however, did not comprise a major proportion of the estate. Such greater uniformity of ornamentation levels reflected the social situation of the estate, where the domestic user, who had the highest social position, had access to view the whole estate, where his servants tended to have access to restricted parts to fulfil their employment activities only. The social and ornamentation parallels are less evident but still existed following the same system as the workhouse to indicate social control.

In the asylum, as with the country house and the workhouse, it was again the principal function, but in this case therapeutic rather than domestic or social, that dictated the ornamentation levels throughout the site. In the asylum, as with the country house estate, the ornamentation levels tended to be much less differentiated and more uniformly distributed, at a high level, across the site. However, in the expression of its prime function, the asylum landscape did not indicate to a great degree therapeutic differentiation in its levels of ornamentation. The patients' classification system was complex and dictated by therapeutic necessity. The only areas where ornamentation might be notably absent were the refractory courts, such as at Derby, and in the service yards. The uniformly considerably greater level of ornamentation in the asylum than the workhouse system therefore does not indicate that there was an undifferentiated classification system for patients (in this case medical rather than social). In this case although superficially the level and distribution of ornamentation is comparable with that of the country house, it cannot in the asylum case be assigned to any individual indication of functional control. Ornamentation was used in a less sophisticated manner in the asylum in its indication of the therapeutic segregation than the workhouse and country house estate to indicate the social segregation.
The prison

Prisons increased to become almost as numerous as asylums by the mid-nineteenth century.\textsuperscript{126} To achieve their fundamental purpose of punishment and reform, they attempted various types of classification within the building and the external spaces. Exercise yards in workhouses were generally supplemented at least by kitchen gardens and sometimes agricultural land, whilst prisons apparently had more limited sites which tended to focus on the provision of enclosed yards for inmates with little wider estate. Prison exercise yards continued to be set between the accommodation wings, as had been recommended by Howard (1777, Plate 20) and both buildings and yards were enclosed by a high boundary wall. The development of such yards from Howard's model was illustrated at Pentonville Prison, London (1840-42), using a typical contemporary device based on a series of circular or oval compounds, set within the spaces enclosed by the buildings and boundary wall, each compound divided radially by high walls into small enclosures. Each enclosure accommodated a single prisoner to maintain segregation and classification, minimising communication between prisoners during their exercise periods (Plate 58, bird's-eye view of Pentonville Prison, 1844).\textsuperscript{127} These exercise yards were again comparable with the asylum airing courts and workhouse exercise yards, although they were closer in their functional character to those of the workhouse: small and confined with no aesthetic interest or wider views provided.

The ubiquitous Loudon visited several prisons in 1831, including Aylesbury, Chester and Lancaster. He reported that gardens of a 'more or less extent' were to be found attached to these and several other prisons, maintained 'in excellent order, with abundant crops of useful vegetables, or richly ornamented with flowers', but indicated that they were not to be found in every other prison. This amplifies the picture of the prison regime provided by recent authors such as Evans and Brodie who do not mention the provision of such garden facilities at this time but indicate that the outdoor estate was limited to exercise yards.\textsuperscript{128} In his report Loudon distinguished two main purposes for work in the prison garden, in some cases recreational and in others for economic purposes as 'labourers for the prison governor'. He commented favourably on the social effect which 'humanised' the gardening prisoners. His recommendation, that all prisons 'ought to have large gardens, for the sake of the moral training which they afford', expressed the view that work in the garden was of considerable benefit to


the social status quo and echoed one of the secondary reasons for the provision of the asylum landscape.\textsuperscript{129}

**Conclusions**

Did the purpose-built English public lunatic asylum landscape develop initially, between 1808 and 1845, as a significant, independent landscape type? What were the influences which led to its development, particularly in relation to therapeutic demands and its relationship with the country house estate model?

It has been demonstrated that by 1845 the public asylum had developed as a significant, independent landscape type in terms of its size and design, principally to accommodate the most recent theories on treatment and the resultant demands of moral therapy. These demands led to the need for a new type of institutional landscape, its design intended to accommodate an innovative and greatly enlarged asylum estate enlarged, in order both to accommodate the novel treatment regime and to house a much more complex social organisation than previously existed. In this way the entire asylum landscape was theoretically appropriated for the use of patients, its therapeutic purposes reflected in the organisation of the landscape.

The organisation of the landscape was achieved by the adoption of new elements, principally a much larger estate landscape beyond the airing courts. The design was particularly influenced by the model of the contemporary country house estate, particularly elements such as the pleasure grounds, park and farmland, to be found in the type of estate accompanying Browne's 'palace of a peer' quoted at the beginning of this chapter. However, to a patient of the late seventeenth century the 1840s layout would not have been completely unrecognizable, for it also retained elements of the 1670s Bethlem estate. These included an extensive institutional building and adjacent confined airing courts and a wider ornamental landscape setting which was restricted in its use but visually accessible. These elements in some respects were analogous with the arrangement of the late seventeenth-century country house estate. By 1845 the asylum landscape design drew its character from a combination of the conventional therapeutic core elements, including formally structured airing courts, together with adapted elements of a domestic landscape park beyond.

In practice the founders of early nineteenth-century public asylums who wished to accommodate moral therapy took up and developed the examples of The Retreat and Brislington House. The most notable and influential early public example was Wakefield, designed with advice from Samuel Tuke, its use implemented via William Ellis' therapeutic regime. From this prototype the public asylum

\textsuperscript{129} Loudon referred to these prison visits in articles in *Gardener's Magazine*, 7 (October 1831), 554; 8, (February 1832), 97. He commended the extent of the garden at Aylesbury prison, which he believed to be superior to that at Lancaster which he compared to a town garden in size.
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estate developed into a new landscape type, via other newly built examples such as Hanwell and Maidstone, which continuously increased in size and complexity. By 1845, as demonstrated at, for example Derby, the asylum landscape had developed beyond both the country house model and the earlier therapeutic model of The Retreat into a sophisticated sequence of elements designed to achieve the therapeutic function via a variety of devices and activities. At this point it had evolved to a largely mature state, typifying a design character which developed and consolidated into the early twentieth century. The asylum landscape had developed its own structure and character which, although adopting elements from both the country house landscape and the earlier charitable asylum landscape, was and remained distinct from both.

What significant developments occurred in parallel in other types of institutional landscape, especially the workhouse and prison, and how were they comparable with those in the asylum? Direct comparisons can be made between the provision of the landscapes of these three institutions of social control in the first half of the nineteenth century. The economic benefit to the institution of the work of the residents on the land is found to be common in various cases to all three, although in the case of the prison, as a seemingly minor factor. Recreation was catered for to varying degrees, with much more limited recreational exercise facilities provided for prisons and workhouses, largely restricted to confined yards. This limitation of vocational and recreational activity in both types apparently led to a limitation in the size of the estate of each. Loudon was one of very few, if any other, commentators who, having visited examples himself, commented on the provision and use of all three types of institutional landscape. He is not known for inaccuracies or exaggeration in his output and it is likely that he reported with truth what he saw in these sites, couched in terms of the prevailing attitudes. He believed work on the land to be an agent of social improvement for workhouse and prison inmates which was beneficial when used extensively. This concurred with his expression of the increasingly prevalent opinions regarding the medical benefit of work on the land for lunatics.

In the comparison of these three institutions with other landscape models, the asylum was the closest in design and structure to the country house landscape, manifesting similar levels of spatial provision and ornamentation in the provision of similar structural elements. The asylum's purpose, however, in adopting elements of this model was different, being deliberately therapeutic in its residential approach rather than domestic, its ultimate goal a social one, to return the residents to society as functional and productive elements. The asylum estate also differed in housing and organising the classification of a much larger and more complex group of residents than the country house estate. The workhouse to a much lesser extent derived elements of its landscape from the country house model, similarities including the cultivation of a kitchen garden, and often the provision of an
ornamented public approach, such as at Aylesbury. The major difference between the workhouse and the country house and asylum estates was in the deterrent social function of the former. In achieving this, as discussed above, the ornamental design principles found in the landscape park and garden were deliberately withheld from the majority of the workhouse estate. In discharging its repressive regime, the environment, including the landscape, was made as unattractive as possible in the direct environs of inmates, principally by the utilitarian structure and unornamented design. The prison apparently retained a minimal amount of land for inmates' use, constituting an extreme example of social control. In its restricted area and confined character for punitive purposes, the prison landscape bears little comparison with the domestic landscape, but is more closely allied to the workhouse purpose and structure. The prison landscape diverged from that of the asylum in the achievement of its punitive regime, expressed in the general lack of ornament and views and in the lack of a wider landscape for recreation and work.

From this chapter it has been concluded that medical theory on the treatment of lunatics was deliberately combined with landscape design theory in the nature and quality of early public asylum landscape design, to produce a new, individual landscape type. This type continued, however, to demonstrate notable parallels with other estates, particularly the country house model and the earlier charitable asylum estate based on Bethlem. This conclusion will be used to support the discussion in the next chapter relating to the consolidation and development of the asylum landscape from 1845, together with its development into variant types.
Having discussed the initial development of the public asylum as an emergent landscape type in Chapter 4, its further development is then discussed, in this chapter, in terms of its consolidation, development and diversification as a discrete landscape type during the second half of the period, 1845-1914. The context and analysis of earlier developments guide the discussion of this most prolific phase of asylum building. The two main questions addressed in this chapter are, how did the asylum landscape consolidate, further develop and diversify as a type after the passing of the 1845 Lunatics Act? Did the landscape maintain its design relationship and functional links with the country house estate? Although 1845 is taken as a convenient date as the point at which counties were legally obliged to make institutional provision for their lunatics, there was no great change at this date in the approach to the design and use of public asylum estate structure and use. By this time the asylum landscape had largely developed to a mature form which was consolidated until 1914 with relatively minor developments. The most significant change was in its diversification for specialist therapeutic institutions, although this did not change the basic principles. Aspects of the landscape's use, structure and development are discussed in terms of legal, medical, economic and social factors, drawn together via the landscape design and designers.
CHAPTER 5. CONSOLIDATION AND DIVERSIFICATION, 1845-1914

The context and analysis of earlier developments will now guide the discussion of the most prolific phase of asylum building, from 1845 to 1914. It has been demonstrated in the previous chapter that during the initial development of the public asylum landscape (1815-45) its design did indeed follow trends in landscape design, adopting in particular elements of country house estate. It has also been shown that the adoption of such design was combined with a therapeutic requirement and associated structures which led to a distinct landscape type with a medical function. In addressing the second phase of asylum estate development this chapter asks two principal questions, how did the asylum landscape consolidate, further develop and diversify as a type after the passing of the 1845 Lunatics Act? Did the landscape maintain its design relationship and functional links with the country house estate? In determining the nature of this relationship, it will address further the question posed in the aims outlined in Chapter 1: whether, and if so how, the social, landscape design and economic functions and structures of the country house landscape were modified for medical purposes?

The discussion centres around the analysis of the consolidation of the estate plan in non-specialist asylums, and any diversification in terms of its application to more specialist areas of treatment. In order to achieve this the chapter is divided into two main sections, the first relating to the main factors which influenced the consolidation and diversification of the use and layout of the landscape, particularly legal, medical, economic and social, and their relationship with the country house estate. The second half discusses details of the consolidation and diversification of the landscape design, together with its designers, in order to confirm whether or not it was a truly autonomous type. In doing so design influences on its form are discussed, including the country house estate, and to a lesser extent other types of institutional landscape.

INFLUENCES

Legal
Did the 1845 Lunatics Act affect the structure of the asylum landscape? If so what were the consequences for the public asylum landscape and its use?

It is convenient to deal with the legal influences at the beginning of the chapter, because, of the four factors which are discussed in the first half, although legal influences led in part to the great rise in the numbers of asylums, they had the least direct influence over the specific arrangement of the asylum landscape, although they had the potential to have the most because of their authoritative weight. Having established this, the remainder of the first half of the chapter discusses in depth the
three other influences which had a greater impact upon the landscape. The general effects of the 1845 Act, which was the most significant piece of legislation on the level of construction of the public asylum after the 1808 Lunatics Act, have been discussed in Chapter 2. Although 1845 is taken in this study as a convenient reference point at which counties were legally obliged to make institutional provision for their lunatics, there was no great change at this date in the approach to the design and use of public asylum estate structure. By this time the asylum landscape had largely developed a mature form which was consolidated until 1914 with only relatively minor developments.

The main direct effect of the 1845 Act was on the number of public asylums in England, which increased steadily, from 19 begun voluntarily by 1845 to a further 96 begun compulsorily by 1914. In England and Wales in 1850 there were 7,140 pauper patients in 24 public asylums; by 1910 this had risen to 97,580 in 91 public asylums.¹ There was also an increase in the capacity of each site. The increased number of examples did not directly affect the asylum landscape structure and arrangement, for even though buildings were continually enlarged and erected within extant sites to house more patients, they were fitted into the landscapes with little disruption to the therapeutic framework, which could easily be adapted to accommodate them.

As an indirect result of the 1845 Lunatics Act the Commissioners in Lunacy issued official advice, *Suggestions and Instructions in Reference to Sites: Construction and Arrangement of Buildings: Plans: of Lunatic Asylums* (1856, revised 1887, 1898, 1911), intended for the use of erecting authorities. It confirmed officially the therapeutic approach to the components of the asylum landscape which had in any case been adopted by erecting authorities up to the 1850s, and led to little change, rather, confirming the continuation of the structure of the asylum landscape in this form.² This advice, in its various editions, was generally acted upon by those erecting new asylums up to World War I, and for the last few asylum estates completed in the 1920s. It did not detail the medical treatment regime which was to occur within the buildings, although in stipulating that land should be provided for agricultural employment, exercise and recreation, it referred directly to the requirement of provision for therapeutic activities. Neither did the advice stipulate explicitly the most appropriate estate model to be adopted. However, in the elements detailed, including the provision of views, rural siting, and facilities for agricultural employment, exercise and recreation, including farm buildings and airing courts, it indirectly indicated that the asylum model developed to date was the most

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appropriate one to use, combining as it did elements of the country house estate with the early asylum model.³

Medical
Medical theory was the most significant factor affecting the consolidation and diversification of the designed landscape. Because of this it has been addressed early in the discussion, in order to provide a picture of its effect, to which can then be related the social and economic effects. This section addresses two main questions, how was the landscape used by patients within the vocational therapy system? How widespread was such vocational use within the landscape? The first question is approached via the analysis of patient case notes. The second question is approached using principally the case of Hanwell asylum as a model for which statistics are available for the whole of the period under discussion, discussed with reference to corroborative statistics from several other sites, to explain the extent of such use.

How was the landscape used by patients within the vocational therapy system?
Prevailing theories of approach to and treatment of mental illness did change during the nineteenth and early twentieth centuries. Theories such as phrenology, degenerationism and eugenics, the latter two given credence by Darwin's *On the Origin of Species* (1859), became popular and gained respect (and in the case of phrenology were discredited too).⁴ However, in the search for treatment for most types of mental illness their adoption did not have a material effect on the structure of the standard public asylum estate, neither did developments with drug treatments or other similar methods. The main exception was epileptic and mental deficiency colonies, whose creation was partly influenced by theories of hereditary degeneracy and a subsequent desire to segregate these patients. Published medical advice continued to appear and address landscapes to varying degrees in terms of structure and use. The more influential of these works, by authors such as Burdett, Mercier, Granville, and D.H. Tuke, tended not to favour large changes in either structure or use.⁵

The medical approach which had the greatest significance on the structure of the asylum estate was the increasing importance attached to the effective segregation of specialist categories of patients for therapeutic purposes. This segregation theory led to the creation of colonies for epileptics who could work, and the establishment of educational idiot asylums for children. Those asylum-based

³ Commissioners in Lunacy, *op. cit.* (1856), 1-2, 9.
establishments set up specifically for one specialist category of patient were created in response to the consolidation of the classification of patients, mostly by clinical state. Such variant establishments catered for the perceived needs of specific groups which had formerly been accommodated in the non-specialist asylums, in particular idiots and imbeciles (adult and children), who in the early twentieth century became referred to as mentally subnormal, and epileptics. These variant types of establishment were also founded on the principles of influential authors including Samuel Tuke, Fox and Conolly, but with modifications to accommodate the requirements of the specific patient group. These developments were peripheral to the main asylum movement and did not remove the majority of such patients from the non-specialist asylums, which continued to provide facilities in these areas as a matter of course. They are of interest because they illustrate the continued influence of the country house estate model within the consolidation of the asylum landscape type established by the mid-nineteenth century. They also illustrate that the asylum landscape itself was capable of adaptation and had enough flexibility in its therapeutic framework to be applied to variant types.

The landscape and vocational therapy

How did the system function once it was consolidated and accepted as part of the medical regime? How widespread was work in the landscape? The type and extent of therapeutic activity within the landscape was the most influential factor in the adoption of the asylum landscape design. The issues surrounding therapeutic activity must be understood in order to explain the resultant landscape and changes or lack of changes in its development. The landscape formed a key venue for vocational therapy, also providing a notable example of activity, dictated by medical therapy, influencing landscape structure and design. Its development up to 1850 cannot be analysed in great detail, as detailed documentary material relating to work therapy in the landscape tends not to exist before the 1840s. In the period 1845 to 1914, however, with the universal adoption of the vocational therapy system in the public realm and the appearance and survival of relevant documents, a picture of the uptake and regime of vocational therapy in the landscape emerges.

Vocational therapy, together with recreation, broadly continued in the landscape according to the systems which developed before the 1845 Act. The analysis of the regime as described in patient case notes helps to extend the context of asylum therapeutics beyond the superintendents' reports, which have to be read with caution, as they were written partly for official promotional purposes. Case notes provide further illustration of how work in the landscape fitted into the therapeutic asylum system. Collections of patient case histories covering the period under discussion occur sporadically in the surviving public asylum archives. Where they do survive for a particular site the information provided may be inconsistent or vague, leading to difficulties in interpretation. The elements of
information provided in relation to the therapeutic regime may not be consistent between different asylum bureaucracies. In addition only in rare cases does the information provided illuminate the interaction of the patients with their respective asylum landscapes, and then usually only in relation to work activities, even more rarely in connection with recreational activities. This is surprising considering the importance which asylum managers and contemporary literature vested in the therapeutic use of the landscape.

The archival material of two institutions in particular provides a useful indicator of the activity of the patient within the landscape. Such a small sample cannot be said to be representative of the entire use of the landscape for therapeutic purposes. However, these examples provide a detailed insight in parallel with other primary sources, for example the annual reports of the medical superintendents and their writings in journals such as the *Journal of Mental Science* and tracts on insanity. These documents should be treated with caution as the observer is reliant upon the superintendent's perspective in the reporting and interpretation of his charges' condition and activity, which is in any case usually quite brief and may not reveal the patients' specific concerns. In very rare cases the opinions of the patients are revealed, but this is usually via reportage rather than in their own words.

The case notes from these two asylums do, however, demonstrate how work in the English asylum landscape formed part of a graded system of therapeutic activities within the asylum institution in which the patient became progressively more active as his mental state improved. This system had been referred to by Browne in 1837, within his Utopian description of the ideal asylum, and persisted for the rest of the century. Those patients who were too unwilling or infirm remained in the ward, the males graduating, when temperament or physical ability allowed, to sedentary and repetitious tasks such as flock picking indoors. From this the patient might progress to domestic work on the ward or in the workshops or, if fit enough, outdoors to agricultural or horticultural activities. There were also different levels of activity within the heavier work outdoors. At Bracebridge Heath (1849-52) it was noted that the construction of a new road formed more suitable work for 'patients whose habits have rendered them unfit for regular farm occupation'.

Employment outdoors in the asylum estate was not an initial step for work therapy, and indoor tasks were found for those in the early stages of recovery. This is demonstrated at Morpeth (1853-59), for which the male case books for the 1890s survive. They illustrate not only how the graded therapeutic work regime was applied to individuals but how little the system had changed, in continuing to follow

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7 *Journal of Mental Science*, 12 (1866-67), 587.
closely the system Browne had described in 1837. For each patient the usual information provided was based on a detailed description of his symptoms and treatment. A typical entry is for John Rutherford, aged 19, a coal miner admitted early in June 1890. Shortly after he showed 'small signs of improvement' he was put to work in the flock picking room. This was his first step on the route to full employment outdoors, the patient having passed what was referred to as the 'idle, acute state'. By October he was sufficiently recovered that he had been sent out to work in the grounds of the asylum, proving himself 'industrious, and ... much improved in every respect'. By mid-November he was working outside daily and said to be mentally improved. On 19th December he was discharged as recovered. The effectiveness of the regime was not proven, however, for his name reappears a further three times in the asylum case notes to 1898, indicating that for all his speedy recovery in 1890 it was not a permanent cure.

Even at this late period in the history of asylumdom, elements can still regularly be identified which relate to the original application of moral therapy as practised at The Retreat. It had continued to be recognised since Tuke's original articulation of the concept in his *Description* (1813), that in order for patients to respond they needed to undertake activities in which they had some interest and enjoyment. This is again highlighted at Morpeth, where the preferences of patients were regarded as worth taking into account. George Heslop, shoemaker, was admitted in August 1890, and disliked working in the flock room so much that he was quickly sent to work outside in the grounds where he worked daily. He was said to enjoy this and was discharged shortly after, in mid-September. The preferences of the patient are referred to twice in this case in relation to the tasks he was set to do, and taken into account. Many references are made in the Northumberland case notes to the patients' quality of work in the grounds. Some were said to prefer to work in the grounds to doing nothing or passing time in the airing court; many were referred to with praise for continuing to work industriously in the grounds.

The activities of male patients at the opposite end of the country, at Devizes (1849-51), further illustrate how a patient's attitude to undertaking employment willingly was taken as a reliable sign of his mental state. A typical entry is for Matthew Walters:

16th July 1852. Sent out into the field to work, appears quiet.

18th July 1852. Is steadily at work but does not appear to like it very much.

30th September 1852. Inclined to be more obliging. Employs himself regularly in the field.

Gets steadily more rational and respectful.

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8 Northumberland RO, NRO 3680/185-88, Morpeth asylum, male case books, 1890-97.
9 Northumberland RO, NRO 3680/185, Morpeth asylum, male case books, 1890-2.
March 1853. Is usually employed in the field, but only takes the lightest kind of work and assists in looking after the others.\(^{10}\)

Again progress in recovery was equated to a willingness to co-operate in work. By presenting an obliging and co-operative persona the patient was considered to be improving in his condition. It also gives some indication of the progress of a typical case and shows that the emotions and feelings of the patients were observed, even if only in terms of the progress of their recovery. A further element in the hierarchy of therapeutic tasks appears, as Walters is entrusted with taking some responsibility for other patients regarded as being of lesser responsibility and self-discipline. A detailed picture of tasks is appearing, although it may not have been applied in quite the same way across other asylums.

**The extent of vocational therapy**

Having examined the application of vocational activities within the landscape in particular cases as part of the therapeutic system, the next question is, how widespread was their uptake amongst the patient population? This will provide an indicator of the proportion of patients who had access to this therapeutic activity. Was Scull right, as discussed in Chapter 1, when he questioned whether the reports of widespread occupation in the asylum were exaggerated, as in many cases his evidence points to the fact that a sizeable proportion of the inmates were not given any task, however trivial?\(^{11}\)

Despite the alienists' enthusiasm it appears that Scull is correct, and that only a small proportion of the male patients undertook therapeutic activity within the landscape. This is borne out by reference to the numbers employed on the landscape in one particular example, Hanwell. The numbers employed in this landscape, never a majority of working patients even in the early years, fell by half over 65 years. Hanwell provides a useful illustration of the proportion of male employment in the landscape over a relatively long period, indicating the significance of the landscape to the treatment of an entire asylum population. Such a broad picture is possible because its records of employment extend from the beginning of the great national asylum-building movement until its end just before 1914 and also provide information in the context of the total population of this asylum over a period of 65 years. The employment statistics for work in the landscape at Hanwell can be followed through the century via the asylum's annual reports and are presented in Table 4, Hanwell Asylum: numbers and proportions of working patients, 1843-1908.\(^{12}\)

\(^{10}\) Wiltshire RO, J4 190/1, Devizes asylum, male patients' case book, 1851-80, 23.


\(^{12}\) The information is based on an examination of tables of patient employment within the asylum for a period of 65 years, starting with the earliest complete data available in 1843, and continuing from 1848 at ten-yearly intervals. LMA, 226.21 MID, Hanwell asylum, Employment of Patients, tables in Annual Reports, 1848, 1858, 1868, 1878, 1888, 1898, 1908. In most, but not all cases the statistics were provided on a quarterly basis, and show a marked change between some quarters during any particular year. It is difficult to ascribe reasons for
of male patients working as a proportion of asylum population and an even smaller number working in the landscape and this fell over the 65 year period under examination.

The progression of employment at Hanwell traced throughout the century continues to show a very low proportion of patients working in the landscape, particularly when compared with the value placed on outdoor work by the alienists. This appears more clearly when the information is expressed in the form of a graph, Figure 2, Patient employment at Hanwell asylum, 1843-1908. The total numbers of male and female patients employed in the asylum both rose by the same proportion (see Table 4), a factor of approximately 2.5. Despite this great increase in working patients, allied to the increase in male working patients, the average number of male patients working in the landscape changed comparatively little. The effect was that as a proportion of the patient population, despite fluctuations, the number of male patients working in the landscape more than halved, from 11% in 1843 to 5% in 1908. It is possible that the principally urban background of the patients may have had an influence on numbers willing to work in the landscape, as most were drawn from non-agricultural occupations and may have regarded its dirty and hard physical work as a socially inferior activity.

Such statistics for a single asylum cannot be taken as representative of the situation in all asylums countrywide. Nevertheless they provide a well-documented illustration of the situation in a large metropolitan asylum over the period of this study, and a useful starting point for analysis. In various provincial asylums, with patients drawn principally from a rural population rather than an urban one, the proportion of male patients employed in the wider estate was surprisingly similar to those found at Hanwell. For example, at Haywards Heath (1856-59), in 1859, of the 92 men employed, 18 were outdoors, in the garden, cowhouse and piggery, and on the farmland, and 74 were employed at other tasks. There were 114 females employed in kitchen, laundry and needlework activities. The following year, 1860, an average of 30 male patients out of a resident population of 357 worked as farm and garden labourers, or 8.5% of the patient population. The weather also influenced the numbers working on the estate, as in wet weather this reduced the number of patients undertaking outdoor pursuits. In this case, in a snapshot comparison with a large urban asylum there was little difference in the rates of employment in the landscape.

these fluctuations, but, for the work reported outdoors, there may well have been a seasonal effect. In a significant number of cases the figures peak in the quarter reported in June and September for a year, possibly reflecting haymaking and harvest, and tend to dip to lower levels in the following quarters, reported in December and March. This is not entirely consistent throughout the reports, however. In order to provide a consistent set of data for the years chosen the annual data has been averaged from quarterly figures.

13 East Sussex RO, QAL/2/7/E1, Sussex asylum (Haywards Heath), Annual Report, 1859.
14 Ibid.
Table 4. Hanwell Asylum: numbers and proportions of working patients, 1843-1908

<table>
<thead>
<tr>
<th>Year</th>
<th>Total patients in asylum</th>
<th>Working female patients</th>
<th>Working female patients of total population</th>
<th>Male patients</th>
<th>Working male patients</th>
<th>Working male patients of total population</th>
<th>Male patients working in grounds</th>
<th>Percentage of male patients working in grounds against total population of asylum</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1843</td>
<td>975</td>
<td>302</td>
<td>30.1</td>
<td>412</td>
<td>223</td>
<td>22.9</td>
<td>110</td>
<td>11.3</td>
<td>*</td>
</tr>
<tr>
<td>1848</td>
<td>966</td>
<td></td>
<td></td>
<td>410</td>
<td>196</td>
<td>20.3</td>
<td>68</td>
<td>7.7</td>
<td>**</td>
</tr>
<tr>
<td>1858</td>
<td>1,025</td>
<td>385</td>
<td>37.6</td>
<td>431</td>
<td>202</td>
<td>19.7</td>
<td>86</td>
<td>8.4</td>
<td>**</td>
</tr>
<tr>
<td>1868</td>
<td>1,720</td>
<td>550</td>
<td>32</td>
<td>650</td>
<td>239</td>
<td>13.9</td>
<td>63</td>
<td>3.7</td>
<td>**</td>
</tr>
<tr>
<td>1878</td>
<td>1,823</td>
<td></td>
<td></td>
<td>728</td>
<td>494</td>
<td>27</td>
<td>169</td>
<td>9.2</td>
<td>**</td>
</tr>
<tr>
<td>1889</td>
<td>1,888</td>
<td>783</td>
<td>41.5</td>
<td>750</td>
<td>507</td>
<td>26.9</td>
<td>240</td>
<td>12.7</td>
<td>**</td>
</tr>
<tr>
<td>1898</td>
<td>2,050</td>
<td>735</td>
<td>35.9</td>
<td>825</td>
<td>437</td>
<td>21.3</td>
<td>110</td>
<td>5.4</td>
<td>+</td>
</tr>
<tr>
<td>1908</td>
<td>2,575</td>
<td>740</td>
<td>28.7</td>
<td>1,005</td>
<td>555</td>
<td>21.6</td>
<td>131</td>
<td>5.1</td>
<td>**</td>
</tr>
</tbody>
</table>

NOTES
* = Information from table of patient employment in January 1843; printed in January 1843 Quarterly Report
** = Information for the whole year from table of patient employment in Annual Report; data derived from figures given for quarterly intervals averaged over whole year
† = No table of patient employment provided; figures provided from Report of Commissioners in Lunacy
1843 was the earliest year in which complete data was identified in a suitable form for use in direct comparison with later figures.
1889 information provided as that for 1888 not located.
The proportion of therapeutic work outdoors was reportedly affected by the medical classes of patients available. Asylums whose patients were principally infirm and senile complained of great difficulties in finding suitable patients to work on the farm and in the gardens. Banstead (1874-77) in 1877 received most of the 'quiet chronic' patients from the other Middlesex sites at Hanwell and Colney Hatch (1849-51). Of 1,600 patients resident at Banstead the following year, the average number employed in the cowhouse, piggery and preparing vegetables for the kitchen, was reported to be only 20, or 1.25% of the total number of patients in residence. In comparison, the figures for the almost identical Metropolitan Asylums Board's Imbecile Asylum at Caterham (1868-70), in 1873,
showed a greater proportion persuaded to work. Here 102 male patients were working in the grounds out of 320 men employed (total male population 726), and a total of 1667 patients, or 6% of the patient population of the asylum working on the asylum estate.\(^{16}\) Caterham in this is closer to the proportions for Hanwell and Sussex than Banstead.

These examples illustrate that the extent of patient employment varied between public asylums from 1845 to 1914. There was always an element working outdoors, and this at an estimate may commonly have been in the range of between 5 and 15% of the patient population of the institution. From the figures examined above it appears that in these particular cases, restricted to the south-east of England, the level of employment in the landscape was usually relatively low. This is remarkable because of the prominence of, and reliance placed on, therapeutic employment in the landscape as a curative method. There is little difference in the figures between the examples of asylums with patients drawn from mainly rural and urban populations. A variation is, however, found in the figures for imbecile asylums where a still lower proportion of patients worked in the landscape, due it would seem to the higher population of patients physically unable to work.

It is impossible to quantify the effectiveness of vocational therapy in the landscape. Its therapeutic use defies simple evaluation, although it can be shown to have had both positive and negative aspects. In its support it should be pointed out that it did indeed provide an environment and a method from which the mentally ill must surely have benefited to some extent. It was certainly an environmental improvement over the conditions of most institutional lunatic patients of the eighteenth and early nineteenth centuries. It succeeded in ensuring that patients contributed to the economic basis of the institution. The negative aspects appear to outweigh the positive ones, however. The most useful method of reviewing the effectiveness of the therapeutic use of the landscape is as part of the general vocational therapy regime, itself set in the context of the number of patients in asylums, which rose hugely from 1845 to 1914.

It is impossible to assess vocational therapy quantifiably in terms of its curative effectiveness. It appears to have been at best unreliable and at worst completely useless, but it is virtually impossible to obtain data which can prove this one way or the other. Of those who left the asylum supposedly cured, there is no way of measuring exactly what caused their recovery. The constantly reiterated enthusiasm of asylum managers for the method as the supreme technique in the therapeutic canon is belied by the numbers of patients who inhabited the asylums more or less permanently which rose inexorably. In the examples discussed the extent of patients using the landscape for vocational

\(^{15}\) LMA, 26.21 (BAN), Banstead asylum, 6th Report of the Building Committee, 1878, 49.
\(^{16}\) LMA, MAB Minutes of the Proceedings of the Managers, vol. 7, Caterham asylum, Sub-Committee minutes, 1873-74, 410.
therapy was never more than a small minority, this being largely restricted to a small proportion of the male patients. Of those eligible by virtue of their gender, a proportion were never physically fit enough and others were reluctant.

The ascendancy of the curative ideal of the asylum landscape was expressed most clearly in the literature of the alienists, their annual reports, books and articles in professional periodicals such as the *Journal of Mental Science*. The evidence that they pursued treatment via the use of the landscape is indisputable, as is the evidence that they did not succeed in their aim to cure using the landscape. The evidence that the adoption of moral treatment changed the structure of the landscape is compelling.

Was therapy in the landscape as essential in achieving cures as the Victorian alienists would have us believe? Did the landscape have any useful function at all? Or was it merely social and behavioural conditioning and economic slavery? Scull in his discussion of somatic treatments and the historiography of psychiatry has suggested that the continued employment of particular treatments is dependent upon more than just intellectual processes, and that scientific (i.e. in this case therapeutic) and social factors must also be examined.17 In the case of the asylum landscape social and economic factors are particularly relevant in the reasons for its use, alongside the therapeutic element.

Other factors influenced the landscape design and use. In addition to the principal influence on the design of the asylum landscape, medical theory, and the legal effects, two further issues made a considerable impact on the asylum landscape: economic and social factors. They did not tend to influence the aesthetics or engender changes to the design, but they influenced its use. The social and economic issues associated with the activities of the asylum estate are most closely comparable to those of the Victorian domestic country house estate, from which the wider asylum estate had largely been adapted. These issues were of great significance to both estate types, alongside their therapeutic or domestic principal functions respectively, but in the asylum there were definitive differences in the use of the estate to that of the country house estate. The asylum also had some similarities with other landscape types, principally the workhouse, as a residential social institution, and the public park, as an ornamental pleasure ground for public (if very restricted) use. But it was not as closely related to these as to the domestic estate, the workhouse lacking an extensive, ornamented landscape, and the public park lacking a residential function and much of its area being freely available to visitors.

Vocational therapy in particular provides an illustration of the continuing influence of social and economic factors within the landscape: was it really the therapeutic cure-all that the alienists wished

to promote, or was it merely achieving social and behavioural conditioning and economic slavery? Of course this question polarises the primary beneficial purpose and the more subtle socio-economic purposes, all of which were implemented by the asylum establishment in a complex web of interlocking influences on each activity. The answer can only be that vocational therapy encompassed elements of all three. Those activities which took place in the landscape, in particular, nominally retained their therapeutic purpose, although to what, if any, degree they were effective is questionable, as has been discussed above. In addition tension existed between the primary therapeutic function, which nominally benefited the patients, and the further factors which benefited those, other than the patients, who were directly and indirectly associated with the asylum. The application of the medical function immediately distances the use of the asylum landscape from that of the country house, but the social and economic factors have closer parallels between both.

**Economic issues**

In the analysis of the use of the wider asylum landscape in Chapter 4 the issue of its economic function proved to be significant. Despite the primary purpose of the landscape being constantly restated as being that of a therapeutic tool, it also played a major economic role. This economic role, manifested principally in the production of farm and garden produce, was closely related to that of the parkland of the country house estate. At Middlesbrough the superintendent not only supervised medical and administrative functions within the asylum but was also closely involved with the asylum farming activities, via a bailiff. This is clearly demonstrated in his farm notebook in which he recorded the extent and values of crops grown within the estate (for example it includes his own hand-drawn plan of the estate with farm acreage and cropping, c. 1902, Plate 59). This was unsurprising, since the country house, with which design model the asylum estate continued a close relationship, was inextricably involved with productive farming in the parkland as well as with recreational and ornamental functions. Indeed the country house began in this period to draw even closer to the asylum in economic terms. It was in limited numbers used directly when mature country house estates were deliberately acquired because of the economic and other benefits of their mature grounds, and modified to accommodate newly built asylum estates (see following section, Reusing country house estates).

Underpinning the use of Christian and humanitarian principles in the institutional care of individuals was an additional benefit for the good of the industrial society, an economic one with a wider social purpose of enabling patients to resume their place in an industrial society as productive economic units. In its therapeutic approach the asylum was ideally designed to achieve this, its regime and physical structure being geared up to rehabilitate patients to the work environment and activity.
Browne even likened the asylum to 'some vast emporium of manufacture' where 'labour is divided, so that it may be easy and well performed'.

**Reusing country house estates**

Medical theory dictated the structure and use of the asylum site. However, in the acquisition of an appropriate estate fulfilling these criteria, particularly to accommodate vocational therapy in the landscape, economic prudence dictated that a well-established estate was preferable. Although the Commissioners did not make stipulations as to the previous function of the site in either the 1858 or 1887 editions of their *Suggestions* they were reputed to favour the use of 'a well developed estate in preference to the purchase of bare land to be subsequently prepared, and in several well-known instances this plan [had] been carried out'. These requirements were usually supplied by purchasing a working farm, sometimes as part of a landscaped country house estate.

Although a 'well developed estate' was preferred for practical and economic reasons, the conversion of existing buildings such as country houses to asylum use was not regarded as a good therapeutic substitute for the erection of purpose-built facilities. Existing farm buildings, where they were present, were usually unsuitable for the extensive and highly organised farming operation which was undertaken, and were rebuilt. It was specifically the land on which earlier development was favoured, and a number of public asylums were sited on earlier country house estates which included landscape parks.

The reuse of established country house estates becomes especially noticeable towards the end of the century, particularly, but not exclusively, around London where a great expansion took place in the construction of asylums to serve the remorseless increase in lunatics occurring in the Metropolis. The mansion tended either to be demolished, or where in a fit state, reused as a small-scale annexe for private patients. This was a particularly useful ready-made therapeutic and economic asset - to be able to house those of a wealthier class in the surroundings with which that social class would be familiar, entirely separated from the pauper mass of patients. The main asylum building was usually built nearby on existing parkland. The parkland not used for buildings or remodelled as pleasure grounds or airing courts was incorporated in the therapeutic estate function and complemented these core elements. In this way the influence of the domestic country house model had come full circle.

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18 Browne, *op. cit.* (1837), 229.
19 Canterbury Cathedral RO, CC/BB 8, *Kentish Gazette* (19 February 1898), report of City Council meeting (16 February 1898).
20 Asylums which occupied farming estates which were not originally ornamented are too numerous to list. Examples include Haywards Heath (1856-59), which occupied the site of Kenwards Farm; Hollymoor (1898-1905), which occupied the site of Holly Moor Farm; and Cheddleton (1895-99) which occupied Bank Farm.
and the model was now applied directly and ready-made for modification to therapeutic asylum purposes.

A series of sites illustrates this reuse and adaptation of the country house estate, with the insertion of the asylum building and its related core landscape and the modification of the wider landscape, all for therapeutic purposes. Such a conversion occurred at the largest scale at the Horton Manor estate, Epsom, on which the five-asylum 'Epsom Cluster', built by the LCC from the late 1890s until the 1920s, overlaid the whole of the 1050 acre (425 ha.) estate. Eventually it was intended to accommodate 10,000 patients with the Manor mansion incorporated within the Manor Hospital buildings (c.1900-03).\textsuperscript{21} At Bexley (1896-98) Baldwyns Park Estate was purchased and the Hall was reused as a detached villa for private patients (Plate 60 illustrates the insertion of the asylum into the earlier estate). In similar fashion at Claybury, Essex (1889-93, Plate 61 illustrates the proposed insertion of the asylum into the estate), the asylum overlaid part of the Claybury Hall landscape laid out by Humphry Repton in the early nineteenth century and the Hall was reused for private patients (Plate 62, OS 6" plan, illustrates this in execution). Beyond the Metropolis, Winwick, Lancashire (1894-97, Plate 63 illustrates the proposed insertion of the asylum into the estate) occupied the parkland of Winwick Hall, which was eventually demolished although the farm buildings were reused (Plate 64, OS 6" plan, illustrates this in execution); at Stone House, Canterbury (1900-03), Canterbury Borough reused both the parkland landscape for its very modest asylum and incorporated the small mansion of Stone House adjacent to the asylum structure. It is likely that such country house estates were used largely because they were available and relatively moderately priced due to the agricultural recessions of the second half of the nineteenth century and were easily adapted to asylum requirements.

In their extent asylum estates continued to emulate the traditional extensive country house estate, even during the agricultural depression from the 1870s. New asylum estates usually covered over 100 acres (40 ha.), and often extended to several hundred acres, incorporating agricultural and productive horticultural activity. In this they diverged from the general trend towards the scaling down of new country estates, as described by Franklin.\textsuperscript{22} They also diverged from Burdett's authoritative economic and medical advice, stated categorically as almost the first advice in his volume on asylum construction. He believed that a large asylum estate was economically 'simply a source of trouble and expense to all concerned', and that medically there was no advantage, as even if a large estate was provided, its agricultural land would not be used to the full therapeutic potential. Instead, he believed,

\textsuperscript{21} D.A. Cochrane, 'The Colonisation of Epsom' (unpublished report for South West Thames Regional Health Authority, 1985), 9, 17.
it became merely a financial liability by inducing the committee to 'embark on extensive farming operations by extra paid hands'. Burdett advised that for a medium-size asylum of 600 patients, 50-60 acres (20-24 ha.) were sufficient, while he considered 100 acres (40 ha.) perfectly ample for 1000 patients or more.\(^\text{23}\) His advice was not, it seems, generally adopted by asylum committees purchasing new sites.

From the 1870s few new asylum estates covered less than 100 acres (40 ha.), as can be seen from the random sample for which figures have been obtained illustrated in Table 5, Intended Size of a Range of Asylum Sites, including capacity, and density of patients. Those in the sample which began with less than this amount were generally local asylums set up by a borough or city rather than a county. The period from the 1890s to 1914 saw new estates in some cases extending to over 300 acres (121 ha.) The visiting committees may also have made the most of reduced land prices in acquiring estates, such as those of the London County Council when they acquired the extensive Manor Estate at Epsom, but this trend has not been investigated in this study.

Table 5. Intended Size of a Range of Asylum Sites, including capacity, and density of patients

<table>
<thead>
<tr>
<th>Site</th>
<th>Date erected</th>
<th>Size (acres)</th>
<th>Number of patients</th>
<th>Patients/acre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warley, Essex</td>
<td>1850-53</td>
<td>86</td>
<td>400</td>
<td>4</td>
</tr>
<tr>
<td>Powick, Worcs.</td>
<td>1850-52</td>
<td>45</td>
<td>200</td>
<td>4.5</td>
</tr>
<tr>
<td>Fairfield, Beds.</td>
<td>1855-60</td>
<td>257</td>
<td>500</td>
<td>2</td>
</tr>
<tr>
<td>Haywards Heath, E. Sussex</td>
<td>1856-59</td>
<td>120</td>
<td>408</td>
<td>3</td>
</tr>
<tr>
<td>Stone, Dartford, Kent</td>
<td>1862-66</td>
<td>33</td>
<td>250</td>
<td>7</td>
</tr>
<tr>
<td>Leavesden, Herts.</td>
<td>1868-70</td>
<td>76</td>
<td>1,500</td>
<td>20</td>
</tr>
<tr>
<td>Caterham, Surrey</td>
<td>1868-70</td>
<td>72</td>
<td>1,500</td>
<td>21</td>
</tr>
<tr>
<td>Ipswich, Suffolk</td>
<td>1868-70</td>
<td>50</td>
<td>130</td>
<td>2.5</td>
</tr>
<tr>
<td>Wallingford, Oxon.</td>
<td>1868-71</td>
<td>80</td>
<td>285</td>
<td>3.5</td>
</tr>
<tr>
<td>Whittingham, Lancs.</td>
<td>1870-73</td>
<td>155</td>
<td>1,100</td>
<td>7</td>
</tr>
<tr>
<td>Banstead, Surrey</td>
<td>1872-77</td>
<td>100</td>
<td>1,700</td>
<td>17</td>
</tr>
<tr>
<td>St Augustine, Kent</td>
<td>1873-75</td>
<td>120</td>
<td>870</td>
<td>7</td>
</tr>
<tr>
<td>Portsmouth, Hants.</td>
<td>1876-79</td>
<td>75</td>
<td>240</td>
<td>3</td>
</tr>
<tr>
<td>Rubery Hill, W. Mids.</td>
<td>1877-82</td>
<td>151</td>
<td>600</td>
<td>4</td>
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<tr>
<td>Cane Hill, Surrey</td>
<td>1880-83</td>
<td>148</td>
<td>1,200</td>
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<tr>
<td>Menston, W. Yorks.</td>
<td>1884-88</td>
<td>150</td>
<td>900</td>
<td>6</td>
</tr>
<tr>
<td>Claybury, Essex</td>
<td>1889-93</td>
<td>269</td>
<td>2,050</td>
<td>8</td>
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</tbody>
</table>

24 Essex RO, Q/ALc 4, Essex asylum (Warley), Annual Report, 1853.
27 Journal of Mental Science, 6 (1860), 261; East Sussex RO, ACC 6694/8, H.E. Kendall, Descriptions, specifications and estimates for the building of the Sussex County Lunatic Asylum (1856).
30 Ibid., 56.
31 The Builder, 27 (18 September 1869), 742.
32 Berkshire RO, Q/AL 12/1, Wallingford asylum, Annual Report, 1871.
33 Merseyside RO, Whittingham asylum, Annual Report, 1873.
34 LMA, LCC/MIN/760, Banstead asylum, Visiting Committee minutes, March 1872, 9-14.
35 Kent RO (Dover), MH/T3/Ab/1, Commissioners in Lunacy Report Book, December 1875; Anon., St Augustine’s Hospital: 1875-1975 (1975), 1.
37 Birmingham City RO, MS 1600 42/1, Rubery Hill asylum, Annual Report, 1882.
<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
<th>Patients</th>
<th>Beds</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesbrough, N. Yorks.</td>
<td>1893-98</td>
<td>105</td>
<td>220</td>
<td>2</td>
</tr>
<tr>
<td>Chichester, W. Sussex</td>
<td>1894-97</td>
<td>370</td>
<td>450</td>
<td>1.2</td>
</tr>
<tr>
<td>Cheddleton, Staffs.</td>
<td>1895-99</td>
<td>175</td>
<td>600</td>
<td>3.5</td>
</tr>
<tr>
<td>Hill End, Herts.</td>
<td>1896-99</td>
<td>174</td>
<td>800</td>
<td>4.6</td>
</tr>
<tr>
<td>Hollymoor, W. Mids.</td>
<td>1898-1905</td>
<td>100</td>
<td>600</td>
<td></td>
</tr>
<tr>
<td>Epsom Cluster, Surrey</td>
<td>1898-1923</td>
<td>1,050</td>
<td>10,000</td>
<td>9.5</td>
</tr>
<tr>
<td>(ave. 200 acres/asylum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rauceby, Lincs.</td>
<td>1899-1902</td>
<td>115</td>
<td>500</td>
<td>4.3</td>
</tr>
<tr>
<td>Hellingly, E. Sussex</td>
<td>1899-1903</td>
<td>400</td>
<td>860</td>
<td>2</td>
</tr>
<tr>
<td>Tooting Bec, London</td>
<td>1899-1903</td>
<td>22</td>
<td>996</td>
<td>45</td>
</tr>
<tr>
<td>Stone House, Canterbury, Kent</td>
<td>1900-03</td>
<td>55</td>
<td>300</td>
<td>5.5</td>
</tr>
<tr>
<td>Warlingham, Surrey</td>
<td>1900-03</td>
<td>68</td>
<td>400</td>
<td>5.5</td>
</tr>
<tr>
<td>Napsbury, Herts.</td>
<td>1900-05</td>
<td>411</td>
<td>1,200</td>
<td>3</td>
</tr>
<tr>
<td>York City, N. Yorks.</td>
<td>1902-06</td>
<td>140</td>
<td>362</td>
<td>2.5</td>
</tr>
<tr>
<td>Colchester, Essex</td>
<td>1907-13</td>
<td>300</td>
<td>1,500</td>
<td>5</td>
</tr>
<tr>
<td>Stannington, Northumberland</td>
<td>1910-14</td>
<td>300</td>
<td>500</td>
<td>1.6</td>
</tr>
</tbody>
</table>

41 Teesside Archive, H/SL/2/1, Middlesbrough asylum, Annual Report, 1899.
42 West Sussex RO, HC/GR MJ/1, Chichester asylum, Annual Report, 1898.
43 Max Chadwick, David Pearson, *A History of St Edwards [sic] Hospital Cheddleton Near Leek* (Leek: Churnet Valley, 1993), 1, 47.
44 Herts. RO, OFF ACC 1025 Box 1, Hill End asylum, Visiting Committee minutes, 1893-95.
47 *The Builder*, 81 (23 November 1901), 468-69.
48 East Sussex RO, HE 50/1, Report of Sub-Committee appointed to visit recently built asylums, April 1898 (re: Hellingly).
49 LMA, P26.21 (TOO), Descriptive notes written for the occasion of the inspection [of Tooting Bec asylum] by the Board, 13th June 1903 (illustrated pamphlet).
51 *The Builder*, 79 (11 August 1900), 137.
52 LMA, Middlesex County Council, Minutes and reports, Report of New Asylum Committee [Napsbury], 1899; Middlesex County Council, Opening of the Middlesex County Asylum, Napsbury (1905), brochure.
53 Borthwick Institute, York, NAB 1/1/1/1, York City asylum [Naburn], Visiting Committee minutes, August 1899, January 1902.
Chapter 5

Ornament in the landscape

As discussed in Chapter 4 (The asylum estate aesthetic), an aesthetically pleasing landscape was always a requirement for the public asylum from the 1820s, its character drawn from the domestic setting of the country house, but for therapeutic rather than domestic reasons. The various respects in which the medical institution and country house estate resembled each other were united by an aesthetic veneer. However, some of the elements of the country house estate, particularly in respect to landscape ornament, when applied to the asylum model were modified to a certain extent for economic reasons. One such ornamental element which tended to be modified was asylum parkland which formed an essential part of the therapeutic asylum aesthetic while overlying land which formed part of the vocational therapeutic economic area. Parkland ornamentation in the asylum estate tended to be less extensive than that of the domestic landscape park, especially on sites which did not incorporate such features from an earlier estate. The limitation of the extent seems to have been dictated by the economic factors, balanced against the medical drivers associated with the need to provide such ornamentation. This applied particularly to the extent of new ornamental planting of parkland trees, in belts, clumps and avenues which was often limited to areas of considerable visual impact, which maximised the aesthetic advantage while reducing the economic outlay. Parkland planting tended to be limited to the areas either closest to the core of the site which were visible from the wards and, or, from the approaches. Beyond this ornamental planting the land tended to retain its unornamented agricultural character.

Examples of such confined parkland design are numerous. At Derby the parkland was laid out occupying a paddock on the south side of the building where it was visible to the maximum number of patients: from the south front, particularly the airing courts and ward windows, and from the approaches to the main entrance on the south front. At Duston, Northampton (1873–76) and Chichester (1894–97, Plate 65, OS 6" plan illustrating the asylum estate) the parkland paddocks were not directly visible from the wards or courts. Instead they were flanked by the two main drives, leading from the east at Duston and from the west at Chichester, and, at the former, the parkland was additionally overlooked by the path to the chapel. Where the site was reused from a former country house estate, the ready-made parkland was often more extensive. At Winwick, Lancashire (1894–97), the enormous building was placed squarely at the centre of the former Winwick Hall parkland which was also used to accommodate the main drive, such that those in the wards and courts and arriving visitors could take full advantage of its aesthetics (Plate 64, OS 6" plan illustrating the asylum estate as executed).
Agriculture and horticulture - for economic or therapeutic purposes?
The progress of technology and organisation were significant in both domestic and asylum estates in relation to their functional elements, but symbolised different things in each estate. In the country house estate they symbolised progressive thinking and the wealth to implement innovative and expensive schemes. On the asylum estate, the use of technology and organisation symbolised the most efficient and effective cure of unsound minds, particularly in relation to work on the land. Such cures were manifested in the civic wealth available to implement new and expensive methods of treatment in magnificent schemes. In order to achieve efficiency the different functions performed were analysed and separated spatially in the landscape, each being provided with its own dedicated space. For example, within the country house the servants' wing was divided into various functional zones presided over by particular senior members of the domestic staff; the equivalent of this system in the asylum building led to its architectural division into similar functional elements in which different tasks related to vocational therapy were performed, such as kitchen, laundry, workshops, which were also controlled by particular members of the asylum staff. Beyond the principal building, in both estates the tasks in the landscape were segregated, as modelled in the country house landscape, into several main compartments, including farmstead, farmland, the kitchen garden, each with a particular organisational role and associated technology.

The major economic benefit from vocational therapy in the landscape was the large amount of farm and garden produce generated to support the residents directly. As Bartlett pointed out, 'An internal economy reduced asylum costs'. The therapeutic use was principally concerned with the method of cultivation in relation to the patients' cure. The economic use was concerned with the value of the resulting produce to the institution, and beyond, to those funding it. The wider landscape formed the chief economic unit within the outdoor estate, principally the parkland, farm and kitchen garden, and in general functioned as a successful economic unit which subsidised the asylum revenue. In practice, if not in principle, economic factors formed an equally important influence on the landscape structure and use, and could be said to have equalled the medical purpose in importance as the century progressed. Thus Addison's vision of a multi-purpose Arcadia of natural scenery (discussed in Chapter 2), which was supported by the goddesses of Plenty and Commerce, was even achieved to a certain extent in the world of the mad, although the effects of the Goddess of Liberty were less apparent.

The economic benefit of patient labour certainly formed part of this internal economy but was always declared by asylum managers to be a secondary purpose. Conolly went so far as to dissociate patient labour from any but altruistic therapeutic purposes, saying that 'The sole value of lunatic labour is to the lunatic himself, but in practice its economic benefit was undoubtedly one of the main advantages of the landscape to the asylum institution'. As discussed in Chapter 4, from the time of Ellis' introduction of vocational therapy at Wakefield in 1818 tension continued between the priority of therapeutic and economic factors. In many cases there was no difference in practice between the two in terms of the activities of the patients and the product of their labours. Although the economic benefit was never confirmed as the primary purpose of work in the landscape, the poor cure rates of inmates meant that it quickly rose in importance to become an essential part of the entire institution. It was of great accounting benefit to the superintendent who ran the establishment and always had to be aware of justifying his outgoings in his asylum accounts. As Dr Cooke, superintendent at Worcester, reported in 1895, the benefits of having a large farm attached to an asylum included amongst other things, 'an almost unlimited scope for patient employment which could be applied 'even in these times of agricultural depression', to asylum farming operations 'with considerable pecuniary success'. It was also of benefit to the Visiting Committee who could report favourably to their governing peers that they were as prudent with public funds as possible.

The asylum managers chose and enlarged the agricultural estate nominally principally for therapeutic purposes, but also to ensure that economic activity helped to make the estates as financially self-supporting as possible. The produce of the asylum did not appear on the open market, except for surpluses. The asylum estate was essentially a closed market with a potentially large source of 'free' labour which would otherwise be absorbing revenue rather than offsetting it. Because of this the more produce it generated for its own consumption the better, even in a time of agricultural slump.

The considerable level of output generated by vocational therapy is demonstrated by farm and garden accounts, which were always provided in asylum annual reports; these indicate a high level of output, despite the small proportion of patients working in this area. Within the first two years of opening, the State Criminal Lunatic Asylum at Broadmoor (1860-63), which was designed for 400 male and 100 female patients, produced large quantities of a variety of vegetables and farm produce. Thirty-six male patients, just under 10% of the anticipated total number of males, were at this time employed in the farm and garden. Table 6, State Criminal Lunatic Asylum, Broadmoor: account of produce from the garden and farm, 1865, illustrates the variety of items produced in one particular year, together

59 *Journal of Mental Science*, 41 (1895), 394-95.
60 PRO, MH 51/49, State Criminal Lunatic Asylum, Broadmoor, Annual Report, 1865.
with the large quantity of produce from the labours of an annual average of 36 patients. The variety is little different from a balanced diet of today. The magnitude of the output did not vary by much from that of other asylums, although the size of the kitchen garden, at 14 acres (5.5 ha.) was larger than most (Plate 66, OS 6" plan illustrating the core of the asylum estate).\footnote{For example at Hanwell in 1855, where produce from 56 acres (23 ha.) included, 110 tons potatoes, 56 tons wurzel, 15 tons carrots and parsnips, 13,952 lbs pork, 2,604 lbs beef, 182 lbs of veal, 3,102 lbs butter, 505 dozen}

Table 6. State Criminal Lunatic Asylum, Broadmoor: account of produce from the garden and farm, 1865 (Source: Annual Report, 1865, PRO).

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Articles of Provision</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 bushels</td>
<td>Broad beans</td>
<td>1 l. 1 s. 4 d.</td>
</tr>
<tr>
<td>97 bushels</td>
<td>French beans</td>
<td>19 l. 8 s. 0 d.</td>
</tr>
<tr>
<td>24 bushels</td>
<td>Peas</td>
<td>2 l. 2 s. 0 d.</td>
</tr>
<tr>
<td>51 bushels</td>
<td>Turnips</td>
<td>2 l. 11 s. 0 d.</td>
</tr>
<tr>
<td>644 doz.</td>
<td>Cabbages</td>
<td>32 l. 4 s. 0 d.</td>
</tr>
<tr>
<td>302 doz.</td>
<td>Lettuces</td>
<td>8 l. 16 s. 2 d.</td>
</tr>
<tr>
<td>634 sticks</td>
<td>Celery</td>
<td>2 l. 12 s. 10 d.</td>
</tr>
<tr>
<td>52 bunches</td>
<td>Radishes</td>
<td>0 l. 3 s. 0 d.</td>
</tr>
<tr>
<td>24 bunches</td>
<td>Sweet herbs</td>
<td>0 l. 14 s. 0 d.</td>
</tr>
<tr>
<td>842 lbs</td>
<td>Marrows</td>
<td>1 l. 15 s. 0 d.</td>
</tr>
<tr>
<td>15,804 lbs</td>
<td>Rhubarb</td>
<td>32 l. 18 s. 6 d.</td>
</tr>
<tr>
<td>150 bushels</td>
<td>Greens</td>
<td>5 l. 12 s. 6 d.</td>
</tr>
<tr>
<td>20 cwt</td>
<td>Parsnips</td>
<td>4 l. 0 s. 0 d.</td>
</tr>
<tr>
<td>28 1/2 cwt</td>
<td>Carrots</td>
<td>4 l. 19 s. 9 d.</td>
</tr>
<tr>
<td>297 sacks</td>
<td>Potatoes</td>
<td>103 l. 19 s. 0 d.</td>
</tr>
<tr>
<td>2 galls.</td>
<td>Gooseberries</td>
<td>0 l. 2 s. 6 d.</td>
</tr>
<tr>
<td>21 no.</td>
<td>Fowls</td>
<td>3 l. 3 s. 0 d.</td>
</tr>
<tr>
<td>1069 no.</td>
<td>Eggs</td>
<td>4 l. 9 s. 1 d.</td>
</tr>
<tr>
<td>18 lbs</td>
<td>Butter</td>
<td>1 l. 1 s. 0 d.</td>
</tr>
<tr>
<td>148 lbs</td>
<td>Lard</td>
<td>5 l. 11 s. 0 d.</td>
</tr>
<tr>
<td>2670 lbs</td>
<td>Pork</td>
<td>89 l. 0 s. 4 d.</td>
</tr>
<tr>
<td>120 lbs</td>
<td>Mutton</td>
<td>4 l. 0 s. 0 d.</td>
</tr>
<tr>
<td>4303 galls</td>
<td>Milk</td>
<td>179 l. 6 s. 0 d.</td>
</tr>
<tr>
<td>TOTAL VALUE</td>
<td></td>
<td>509 l. 10 s. 0 d.</td>
</tr>
</tbody>
</table>

\footnote{For example at Hanwell in 1855, where produce from 56 acres (23 ha.) included, 110 tons potatoes, 56 tons wurzel, 15 tons carrots and parsnips, 13,952 lbs pork, 2,604 lbs beef, 182 lbs of veal, 3,102 lbs butter, 505 dozen}
From the discussion above it is confirmed that in this respect the asylum landscape reflected to a considerable extent the economic functions of the country house estate, particularly in the adoption of similar productive agricultural and horticultural systems, although this was allegedly always undertaken principally for therapeutic purposes. The asylum estate was also brought closer to that domestic model for economic reasons in the deliberate siting of some asylums in mature country house estates reused for therapeutic purposes, even though asylum modifications were superimposed on the earlier designs. However, divergence between the two models occurred for economic reasons where standard ornamental aspects of the country house estate were in the asylum reduced in extent.

Social issues

Did the asylum landscape reflect the social functions and structures of the country house estate to a greater or lesser degree?

The asylum landscape assumed a particular role that had developed with the eighteenth century landscape park; as Jane Brown ascribed it, it was an expression of power. In the case of the asylum, the landscape was particularly relevant to social power, as well as to therapeutic power. Social historians such as Scull and Foucault argue that the asylum system was, aside from its medical purpose, a mechanism fundamentally designed for social engineering. This is perfectly true, but this function was not confined solely to the asylum landscape; it was also true of the country house landscape, and also of other landscapes which derived from it such as the public park. Moral therapy was ideally suited to ensuring that social conventions and frameworks, particularly favoured by the ruling and therefore landed classes, were perpetuated - referred to by Scull as the 'hidden strengths of moral treatment'. The moral (or in this context, social) discipline imposed by the asylum establishment was designed to complement the internal restraint which the treatment was intended to expand and consolidate as part of the patient’s self-discipline. The social system formed a tacit framework throughout the asylum, and as part of this the asylum landscape played a major role. As the landscape developed alongside the asylum, the implicit social functions of the institution were adopted within it. In this way issues of socio-economic class definition, political control, work ethic and gender identity were reinforced in the patients’ behaviour, particularly in relation to vocational therapy in the landscape. The landscape supplied a socially acceptable framework to achieve this. Its design and structure facilitated several functions in particular which could enhance social power, for example, the ability to filter and exclude particular groups, enhance the prestige of particular residents (especially the superintendent), and express the social and economic power of those who

eggs. LMA, 226.21 MID, Hanwell asylum, Annual Report, 1855, 57.


64 Scull, *op. cit.* (1993), 379.
managed the institution, both individually and institutionally. In such functions it directly mimicked the issues discussed in Chapter 2 which surrounded the social functions of the eighteenth century landscape park, having retained much of the character of that landscape type which enabled it to continue these functions.

This exertion of social power, however, although largely true of the asylum, is not unique to it or its landscape. Other residential systems achieved similar aims of reinforcing the social values of the ruling classes. These included domestic environments, such as the country house, and institutional ones, such as the workhouse, where instead of having a therapeutic factor in which to wrap it, the mechanism for achieving social power was more overt. The purpose of the country house estate focused in particular one end of the social spectrum - that of the needs of the domestic environment of a landed family. The purpose of the workhouse and its landscape focused on the opposite end of the social spectrum - being the domestic environment of the destitute and socially disenfranchised who nevertheless required access to space beyond the institutional building. In all three institutions, however, regardless of their purpose, whether domestic, therapeutic or repressive, the four influential social factors mentioned above (socio-economic class definition, political control, work ethic and gender identity) were not just confined within the asylum building but can also be related to landscape issues.

**Political control**

There certainly was an element of political control expressed in the landscape of the country house, and its exertion has been discussed to a certain extent in Chapter 2. Such political power was expressed in the domestic context. Its application in the medical arena must now be discussed in order ascertain the extent to which the two systems were comparable, starting with Foucault's accusation that political control guided the function of the asylum. Foucault asserted that, 'In the asylum, work is deprived of any productive value; it is imposed only as a moral rule; a limitation of liberty, a submission to order, an engagement of responsibility, with the single aim of disalienating the mind lost in the excess of a liberty which physical constraint limits only in appearance.'

The validity of his assertions about the value and purpose of vocational therapy in the asylum are open to challenge over medical and economic functions, in their alleged use to reform the patient, particularly in relation to their application to the landscape. From the discussion above and that in Chapter 4 it has clearly been demonstrated that Foucault was incorrect in terms of its application in the English asylum landscape. Although it was not directly of economic value to the patients, it was certainly not deprived of productive value, and was credited with positive therapeutic value, although the true extent of this value remains unclear. Work in the landscape was imposed as part of the therapeutic regime, although not solely for this purpose. Alongside therapeutic and economic issues, social issues
also formed a complex relationship particularly based on the resocialisation and self-discipline of patients.

Foucault's assertions are correct in some respects, but as statements they require explanation and interpretation of the detail to which they refer. Liberty was limited physically, for the asylum estate boundary was generally the ultimate limit for most patients, even if they were allowed beyond the airing courts. However, the often extensive estates provided a much greater area to the patients than in the eighteenth-century institutions, who were restricted to the asylum building and, if fortunate, confined airing courts. Elements of the therapeutic moral rule, such as submission to order and the engagement of responsibility, were indeed imposed within the landscape, as they were throughout the institution. But they linked together as part of the social order which was prevalent beyond the confines of the asylum, in the wider community, and so it might be said that the asylum formed part of an even greater moral incarceration.

Did, as Foucault challenged, work limit liberty and encourage the patients to submit to order? In terms of the wider landscape work both limited and encouraged liberty. The mental and physical limits of liberty at the asylum core were defined by the asylum rules and implemented by attendants' surveillance, and architectural means. Work in the wider landscape permitted liberty by allowing access beyond the core of the site, within the bounds of the rules set down which were implemented by staff surveillance. In certain circumstances it has been demonstrated that patients were allowed even freer liberty within a site, 'parole', both in the general asylum or more frequently in specialist asylums such as epileptic colonies. The patients were encouraged to submit to order within the working regime in the wider landscape, but, again this order was largely based on that to which they conformed beyond the asylum estate in the whole of the society to which they would return.

Was the asylum landscape part of measures in the institution to counter social friction and political discontent beyond it? The popularity of the asylum system with the ruling classes, including the provision and use of the landscape, extended beyond the therapeutic purpose to form a source of social indoctrination within the institution, and social promotion externally. Outside the asylum social friction and political discontent caused disruption for the ruling classes, with threats to the social hierarchy from amongst other things Chartism and its aftermath, and a militant working class, directly resulting from the impact of industrial capitalism. The requirement of patients to undergo a therapeutic regime based on an unquestioning acceptance of a social class system and its working practices was intended to counter external discontent beyond the asylum. It acted to enforce social conformity. Work in the landscape played a major symbolic role within the institution as, nation-

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wide, the labouring classes were composed of a considerable proportion of agricultural workers, and many patients had agricultural backgrounds. The indoctrination of this captive audience was intended to lead to the rehabilitation of patients such that they were more likely to respect the class system and associated work patterns which were essential for the ruling classes to retain their strength. As a source of external propaganda, the system could also be regarded as a practical demonstration and promotion of the progressive and humane character which the ruling classes wished to be seen to represent. This countered the views of such groups as the Chartists who to the ruling classes represented a threat by using subversive approaches to the authority of the political status quo. This explanation could also be applied to the provision of the workhouse system, although there was opposition to its principles and regime from both radical critics and the working classes who it was meant to benefit.

It is clear that political influences were manifested in the asylum landscape, but it does not appear that these influences had a major effect on the use or design of the landscape. In terms of comparison of the asylum landscape with the country house estate, the socio-medical and domestic circumstances in which each estate lay, respectively, were quite disparate, this separation being defined by the function of each. This leads to the conclusion that the elements of political control exerted in the asylum landscape are not directly comparable with the country house estate.

**Socio-economic class definition**

Did the asylum landscape assist in socio-economic class definition? If so, how did it compare with such definition in the country house estate as a strongly influential landscape type?

One of the major social values of the asylum system was in reforming awareness of the social class system and the patient's specific role within it. This was more openly discussed in relation to asylums in which paupers were treated alongside the wealthier social classes, but in most public asylums which treated paupers only, there was little direct reference to the subject. Reforming the pauper-class patient formed an implicit element of the therapeutic regime, in which the hierarchy of social mores was reiterated. The use of the landscape contributed to this function in similar fashion to the rest of the asylum system in reiterating widespread confirmation of the social class structure. This was articulated in terms of the treatment of lunacy by, amongst others, the alienist Burrows who recommended that asylum occupations and amusements ought to, 'suit the rank of the patient'.

Within the public asylum estate, which was designed for paupers, this meant that farming or gardening manual labour was undertaken by any male patients, as they were all regarded as paupers, and that manual labour was suitable for their social and medical classes.

66 Ibid., 248, 278.

Socio-economic class definition was expressed via architectural structure and style in the country house estate. The domestic uses of the country house estate required the establishment of a social hierarchy, essential both to underpin its practical functioning, and to provide a socially acceptable framework. Such a hierarchy was achieved structurally within the house, the equivalent of the asylum building, by the architectural segregation of staff (the equivalent of patients) from the family (the equivalent of attendants and officers). Similar social compartmentalisation occurred in the asylum landscape, for example the isolation of the superintendent's garden from areas used by the patients.

The Victorian landowner upheld a position of domestic power and dignity to which the asylum superintendent equated as the patriarch at the head of his medical estate. This authoritative position was supported on both estates by symbols of long-term paternalism embodied in the architectural structure and style. Initially the superintendent's accommodation, including the segregated garden, occupied the prestigious centre of the asylum building, which tended, along with the chapel and water tower (both similarly prestigious elements of the estate and redolent of its extreme civilisation in its treatment of some of Victorian society's less fortunate population), to be the most highly ornamented elements of the building (this arrangement of accommodation changed later in the century when privacy became a symbol of authority). Large towers symbolised dignity and combined with the usefulness of essential water storage; grand flights of steps led up to the front entrance. This mimicked the position of the domestic estate owner and the symbols with which he surrounded himself which visually supported his position. Attention to the aesthetic effect of the principal building also helped in the quest to maximise the overall scenic effect of the composition of the building and its landscape (at the same time maximising paternalistic overtones), accomplishment of which, Franklin hints, was often achieved at the expense of domestic convenience.68

A confirmation of tradition appeared in terms of the architectural styles which represented the theme of genealogical continuity (whether real or imagined) in the country house. This was comparable with the same contemporary historicist styles which were used for asylum buildings in the mid-nineteenth century, such as the Jacobean style at Wells (1845-48, Plates 67-69) and Warwick (1849-52), and the Tudor-style Stone House, Dartford (1862-66, Plate 2). Whether intentionally or not, they could be taken to symbolise a long (bogus), paternalistic tradition of asylum cures, with the additional object of increasing confidence in the institution. As Franklin sums it up, 'The style [Tudor, Elizabethan or Jacobean] was felt to be essentially English and adopting it marked a patron's link with the manorial past and with the world of the old landed families. Such a link appealed equally to those who already possessed a landed background and those who had still to acquire it'.69

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69 Ibid., 5.
Such historicist styles were also used for workhouses in the 1830s and early 1840s, particularly Tudor, and continued to be employed, together with Gothic, in the later 1840s and beyond. This was possibly for reasons that such styles symbolised long-standing Christian and humanitarian concerns for the well-being of the less fortunate, as expressed in A.W.N. Pugin's (1812-52) Contrasts (particularly the second edition of 1841), and which were equally relevant to the asylum. The eighteenth-century perception, that the ownership of a large extent of land equated to the possession of a long and possibly prestigious genealogical pedigree, was also echoed in the extent of asylum land provided. In the asylum setting the extent of land provided could also be perceived to equate to a long therapeutic pedigree, representing the infallibility of medical authority in the institution, a bogus precept, but one which helped to encourage confidence in the therapeutic system.

The grandeur of the asylum estate's structure and ornamentation confused notions of the standard expression of socio-economic class definition. Bartlett's assertion that the asylum was likely to be an improvement on the conditions which patients had been kept in before entering it is likely to be correct. In support of this he cites several cases of patients from various backgrounds before admission to the asylum, including those living in the community and in the workhouse. He demonstrates that reports of 'highly unpleasant conditions' in the asylum were not widespread in practice, and presents evidence that conditions within the asylum were not so bad as to prevent patients refusing to enter. From the present study it appears that the asylum landscape in particular tended to improve patients' immediate social, even if not their medical condition. It allowed a wider domestic horizon for patients, with occupation and recreation opportunities within it, and the associated physical and mental benefits. The regime within the building was not, when functioning according to medical theory, punitive, and beyond it there was the benefit of access for all patients to the comparatively large open spaces of the courts and, for the physically fit and co-operative, to the wider landscape beyond.

The pauper asylum, paradoxically, undoubtedly acquired the image of a palace for the mad. Early on, in the 1830s, Browne had portrayed the character of the ideal asylum in terms of the aristocratic estate (quoted at the beginning of Chapter 4). Asylum estates built after this did not vary dramatically

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70 Workhouse examples of the later 1840s and beyond which adopted historicist styles include Aylsham (1848-49, Tudor); Kensington (1846-48, Jacobean), Birmingham (Tudor, 1850-52), Huddersfield (1870, Gothic).

71 In his second edition of Contrasts ... Pugin included a new pair of illustrations, entitled 'Contrasted Residences for the Poor' which juxtaposed the image of an ancient poor house with that of a modern poor house to highlight the degeneration of English values. The style of architecture, Gothic in the case of the former, and for the latter a utilitarian style with a little Classical embellishment, was a crucial element of the visual contrast, symbolising the contrast in values between ancient and modern. A.W.N. Pugin, Contrasts: or a Parallel between the Noble Edifices of the Fourteenth and Fifteenth Centuries, and Similar Buildings of the Present Day; showing the Present Decay of Taste (London: Dolman, 2nd edn. 1841).
from this superficial character: 'Conceive a spacious building resembling the palace of a peer, airy, and elevated, and elegant, surrounded by extensive and swelling grounds and gardens'. This emulation of a surrounding otherwise only appropriate to those of the highest socio-economic level he commended as therapeutically beneficial. Later commentators were not all convinced of the benefit of altered social environment. Granville believed that such a close relation to the country house model was possibly medically counterproductive, as a result of the social and economic values of the surroundings which the asylum represented. He believed that the return of the patient from the surroundings of this magnitude to his own more modest surroundings might be medically detrimental, for 'the change back again to small rooms and ordinary surroundings may if too disturbing undo the good which has been effected'. His criticism was aimed exactly at those 'palatial asylums' which Browne had commended and which provided accommodation of a social level which the pauper patient could never emulate or attain in his own domain.

The asylum landscape did assist in socio-economic class definition, largely in the assignment to patients of the type of manual vocational therapeutic activities which confirmed their social status. This provision of horticultural and agricultural activities paralleled those undertaken by workers of similar class in the country house estate. However the asylum landscape also assisted in confusing this definition by providing extensive and ornamental surroundings for pauper patients which in circumstances beyond the asylum were only available to, and expressed in the estates of, the wealthy classes.

Work ethic in therapy
Another social issue connected with the use of the asylum landscape promoted the work ethic, which was similarly important in the country house estate. In this way the stability of the economic base at large was reinforced should the patients be returned to the community. It has been seen time and again through this chapter that great therapeutic emphasis and approval were placed on the patient's willingness to work, indeed within the asylum it symbolised the patient's therapeutic progression towards recovery. Work within the landscape was the most esteemed vocational therapy, stemming from the superintendents' social value of the work ethic, and formed part of the rehabilitation activities for convalescents. Mills expressed this in terms of the colonial British in their approach to setting up and managing Asian native asylums in India, but it is equally applicable to the English class system in public asylums, for that is where the Indian
asylum system emanated in the first place. In both countries, 'work ... became both the means and measure of "recovery" in the patient'.

**Gender identity**

Did the asylum landscape reflect gender identity issues expressed in the country house estate to a greater or lesser degree?

There is not at present sufficient available information to be able to answer this question accurately and fully, but it is clear that gender identity issues in general were manifested in the asylum landscape. The following discussion forms an overview of the most significant of these issues, but is ultimately inconclusive. Therapeutic activities within the asylum tended to be largely gender specific, as did comparable manual work within much of the rest of society, particularly the country house estate. The allocation of various elements of the treatment regime was dependent on patients' gender, principally related to the different roles and activities undertaken by men and women in the wider world. Similarly, other residential regimes, both domestic and institutional, including the country house and the workhouse respectively, reinforced the notion of activities specific to males or females. Both institutions were always run by a male superintendent, or in the case of the workhouse, master, whose paternalistic role was responsible for the short and long term regimes of both staff and patients. The male head was assisted by a matron whose specific responsibility was the female population. In each institution the inhabitants performed tasks considered proper to their gender, reasserting gender-specific cultural expectations. This was manifested in all significant asylum activities and structures, including the strict separation of the sexes for housing and treatment purposes and in the therapeutic and recreational activities which they were allowed to undertake.

Is Showalter correct if her main hypothesis in relation to vocational therapy is applied to the asylum landscape? Were women's occupations, 'intended to reinforce conventional sex-role behavior'? Yes they were, to a certain degree, for the reasons discussed below. However, there is some difficulty in the interpretation of 'conventional' with respect to the work activities which women commonly undertook on the land. In her definition of women's 'conventional sex-role', Showalter does not seem to take into account that a significant number of women in England worked on the land. As Horn demonstrates, confirmed by Black and MacRaild, domestic service within the house remained the major employer of women's labour throughout the nineteenth century, with other notable occupations including factory work, especially in urban areas, and in the survival of cottage industries. Indeed agriculture was a considerably lower employer of women, the peak year for women working in agriculture being 1851, when nearly a quarter of a million were thus engaged. This was a good deal

fewer when compared with 635,000 women occupied in textiles in the same year, and nearer one
million in domestic service, and it fell still further to 80,000 by 1881 in time of agricultural recession
and migration from the countryside.\textsuperscript{77} However, these figures for women's work in the landscape still
represent a considerable proportion of working women and it cannot be said that the number of
women working on the land was inconsequential; thus conventional work roles for women can be
said to include work on the land. It can reasonably be assumed that a significant number of these
women worked on the land in country house estates, which is likely to represent a higher proportion
than the proportion of women who worked on the land within the asylum, which tended towards zero,
even though the proportion of women patients in the asylum was usually nearer 50%.

Vocational therapy for women in the asylum generally centred on indoor tasks of a domestic nature,
similar to those they undertook in their own homes or in domestic service, based within the asylum
building. Beyond the building the wider asylum landscape remained a largely male-occupied zone,
and vocational therapy in the wider landscape tended to become specific to male patients who worked
on the farm and in the gardens. Females were admitted very much less frequently and for the most
part for recreation purposes only. Farm and garden work were the most prized for their therapeutic
properties by the asylum authorities, as Conolly articulated in the general theory prevalent as he
perceived it empirically in practice at Hanwell. Active occupations, he believed, appeared to lead to
more recoveries than sedentary ones, with more men recovering who worked in the gardens and
farms than in workshops, and more women recovered who worked in the kitchens, laundry and
wards, than in workrooms. In terms of vocational therapeutic activities he believed that not only was
farm and garden work beneficial because it was more active, but its 'more various' (and therefore
interesting) content made it even more remedial than other activities.\textsuperscript{78}

Such use of the most prestigious therapeutic activity has complex reasons for its association solely
with vocational male therapy. At face value it merely reflected one type of manual work which
uneducated rural men generally undertook and for which they were perceived to be better physically
fitted than women in a situation where women were not economically obliged to undertake it.
Additionally, the most effective perceived method of cure may in part have been related to the need
for men to be discharged as rapidly as possible because of their position as the chief provider within
the family unit. This also relates to Black and MacRaild's assertion that, 'There is no question that, in
Victorian society, men were put first, and this obviously affected most aspects of life'.\textsuperscript{79} There were
also negative aspects to these jobs which could be dirty, strenuous and boring (no matter how much

\textsuperscript{78} Conolly, \textit{op. cit.} (1847), 79.
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Conolly praised their 'variousness'). It is notable that many male patients probably did not wish to work on the farm or in the gardens. Such activity may not have been prestigious or welcome, in comparison with activities in workshops or domestic duties in the wards, especially those skilled occupations in which men may in any case have been trained and from which they derived more social esteem, such as tailoring.

Occasionally alienists recommended that the balance should be redressed, and that women should be given the opportunity to 'share the benefits of out of door work as much as men'. Bucknill and Tuke believed that some women were kept too long at monotonous indoor tasks, such as laundry or sewing, to the detriment of their recovery, and should instead be allowed employment outdoors. If work in the farm fields was, as they termed it, 'inexpedient', in other words did not fit received expectations, then they could be found work in the garden and within the farmstead. In the alienists' opinion the dairy, piggery and poultry yard came 'fairly within the conventional sphere of woman's duties', and female patients should not be denied the varied work and interest which was so 'beneficial and restorative'.

The suggestion restricted the female patients to certain activities, but in theory these provided a greater level of choice and freedom of activity in allowing women into the wider landscape. Occasionally this was put into practice when women were employed in the landscape, usually when extra labour was required for seasonal tasks, but this was not a common occurrence.

From this brief discussion it appears that work in the asylum landscape did not accurately reflect all the gender identity issues expressed in the country house estate. It would seem that in general the proportion of women beyond the asylum who worked in agriculture was not reflected to any great degree in women patients' employment within the asylum landscape. In the lack of women employed in the asylum landscape it appears that the asylum reflected an ideal which the managers wished to attain and promote, in which women's roles were conventionally assigned to indoor domestic duties. What is more likely to reflect gender identity issues expressed in the country house estate is if it is true that the most therapeutically prized work (that on the landscape) was assigned to male patients to ensure that principal breadwinners were returned to their families as quickly as possible. This cannot be confirmed in the present study, being beyond its scope and approach, but would be a useful additional avenue of study to increase the context in which the asylum landscape sits.

79 Black, MacRaild, *op. cit.* (2003), 247.
81 In one of the few recorded activities where women worked within the agricultural landscape, 12 women were recorded at Hanwell in 1855 as helping to make hay. LMA, 226.21 MID, Hanwell asylum, Annual Report, 1855, 57.
Having examined the legal, medical, economic and social factors and their impact on the use and design of the landscape, the aesthetic and structural changes related to the development and diversification of the landscape type can now be analysed in the context of this discussion.

EFFECTS ON THE LANDSCAPE

Having discussed in the first half of the chapter the medical, legal, social and economic context and influences in which consolidation and diversification of the landscape occurred, the second half of the chapter addresses detailed aspects of the development and diversification of the landscape type from 1845. Several questions are addressed: how and why was the asylum landscape design consolidated; how did it develop further as a type and diversify; and what was its continuing relationship with the country house estate, and with other landscape types? Did it continue to be influenced by contemporary trends in landscape design?

The first section addresses trends in the work of a number of asylum landscape designers and the influences which they brought to their work. The following sections move on to a discussion of the development of structures which were already present in the landscape, followed by a discussion of the new structures which were adopted and their effect on the landscape character. The final section addresses the diversification of the asylum landscape and the influences affecting this.

Trends in landscape designers

Were there any trends in the use of landscape designers for asylum sites which inform us about the consolidation of the landscape type? How do such trends compare with those of other landscape types, particularly country house estates, and do they demonstrate the link between the two types?

Knowledge of asylum landscape designers is extremely useful in assessing a significant part of the national picture of asylum landscape design activity. More broadly it is also of value, as the assessment of asylum estates in the national and local context forms a valuable element of the context of wider landscape, medical and social history. As printed sources are notably silent on asylum landscape designers, the most useful source of information on them is the archival material, which is much more helpful on this issue. An extensive search of such material has revealed a pattern of designers employed. The results of this search are given in Appendix IV, The Designers of the Asylum Landscape. In their quest for the curative ideal the asylum committees continued to adopt the type of design incorporating elements of the country house estate. In doing so the archival material reveals that some committees employed professional landscape designers to assist in the best design and implementation of the landscape, combining both medical and aesthetic approaches adapted to the individual site characteristics. In other cases the asylum committees are found to have relied upon knowledge of landscape techniques available from within the individual asylum staff.
Did the asylum landscapes follow earlier precedents set by other landscape types, particularly the country house landscape, in terms of designers and aesthetic approach?

For sites where archival material was examined for this study, named designers only begin to appear in significant numbers for sites laid out from the 1850s, possibly because of the greater numbers of sites being built as a result of the 1845 Lunatics Act. The greatest concentration of sites laid out which have been identified from such material as having named designers falls at the end of the study period, between 1890 and 1914. A pattern emerges of several groups of designers, each with different professional backgrounds. They include those of contemporary national renown; designers of local significance; and individuals who were not professional designers but were named in archival documents as having a notable influence on the design, such as architects, nurserymen, landscape contractors and medical superintendents. For some sites where the deposits were searched the extant records provide no identification at all of those who materially influenced the design of the landscapes.

Why are the landscape designers so shadowy? There is a great lack of contemporary published information about the designers of asylum landscapes, unlike the asylum building architects and the designers of country house landscapes. This may indicate a marginalisation of this type of landscape, as relatively uncommon in comparison with other commissions including domestic and public parks, together with possibly a lesser prestige in the commission which led to a lack of publicity. Such a lacuna is a disadvantage as knowledge of the designers and their techniques collectively helps to understand the landscape as it was laid out, and the design theories and processes. There is far more published information about asylum architects largely because every building required an architect but not all landscapes were regarded as requiring a professional landscape designer. The process of selecting an architect for such a notable and extensive publicly funded building scheme was almost always reported in the local and often the national press to the extent that the name of the architect was published, sometimes with a drawing and description of his design. The principal place in which detailed descriptions of projected asylum buildings and their architects were published was *The Builder* (1844 - ), but for all the architectural detail in such accounts there was never any mention of the landscape designer. This did not mirror the situation regarding reports on country houses and other designed landscapes in *The Builder*, where in various cases the landscape designer was named quite prominently alongside the architect and sometimes the site was illustrated.\(^8^2\) The designers of

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\(^8^2\) See particularly reports in *The Builder* on country houses built in the 1860s-80s where sites with named landscape designers included: Overstone Hall, Northamptonshire laid out by W. Broderick Thomas (20 (1 March 1862), 149); Hemsted House, Kent, also by W. Broderick Thomas (20 (5 April 1862), 242); Dunsdale, Kent by Edward Milner (21 (20 June 1863), 442); Posingworth Manor, Sussex by Mr Marnock (26 (26 September 1868), 711); unnamed house at Bowden, Cheshire by John Shaw (29 (30 December 1871), 1024); Upsall Castle, Yorkshire by W. Broderick Thomas (31 (28 June 1873), 506); Nutfield Priory, Surrey by Edward
country house landscapes were sometimes named in connection with reports on the building
collection, or else were discussed in their own right in gardening journals, particularly the
_Gardeners' Chronicle_ (1841 - ). The obituaries of various notable designers printed in the _Gardeners'
Chronicle_, including Edward Milner (1884), Robert Marnock (1889), Alexander McKenzie (1893),
and H.E. Milner (1906), provide lists of what were regarded as their principal works, including public
and private commissions.\(^{83}\) What they do not name are the asylum commissions which each one is
known as the result of this study to have undertaken, which schemes are also known to have been
extensive.

In English medical and architectural texts published during the period, designers of asylum
landscapes were not identified, for example in the detailed overview provided by Burdett (1891).\(^{84}\) In
the United States, however, Hurd's detailed overview of the asylums in 1916 addressed the designers
of a considerable number of American asylum landscapes, but not always with absolute accuracy.\(^{85}\)

Those who designed asylum sites do not appear to have written about or otherwise publicised this
work or provided guidance to others. A published example where this subject could comfortably have
been covered was in _The Art and Practice of Landscape Gardening_ (1890), although it was
principally aimed at domestic sites including the country house estate, as were most other nineteenth-
century landscape design texts. Here H.E. Milner (c.1845-1906) ventured beyond the domestic sphere
in providing advice on laying out public parks, cemeteries (for example his informal layout for Stoke
Cemetery was illustrated), and suburban residential developments, but did not venture into the realms
of hospital or asylum landscape design.\(^{86}\) This is somewhat surprising as both he and his father were
involved with such schemes. His father, Edward (d. 1884), had previously been employed at the City
of London asylum, Stone, Kent, in 1865-66, to lay out the grounds.\(^{87}\) The firm was later involved

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\(^{83}\) Anon., 'Obituary Edward Milner', _Gardeners' Chronicle_, 21, 2nd series (5 April 1884), 459; Anon., 'Obituary
Robert Marnock', ibid., 6, 3rd series (23 November 1889), 588; Anon., 'Obituary Alexander McKenzie', ibid.,
13, 3\(^{rd}\) series (1 April 1893), 397; Anon., 'Obituary Henry Ernest Milner', ibid., 39, 3rd series (17 March 1906),
175.

\(^{84}\) Burdett, _op. cit._ vols. 2 and 3 (1891).

\(^{85}\) H.M. Hurd (ed.), _The Institutional Care of the Insane in the United States and Canada_, vols. 2 and 3
(Baltimore: Johns Hopkins, 1916). As an example of his inaccuracy, Hurd assigns the design of the New York
State Asylum at Utica to Charles Downing (vol. 3, 154), but recent scholarly work clearly demonstrates it to be
the work of his better-known brother, Andrew Jackson Downing, in 1849. See David Schuyler, _Apostle of Taste:
Andrew Jackson Downing 1815-1852_ (Baltimore: Johns Hopkins, 1996), 80.


\(^{87}\) Corporation of London RO, Stone asylum, Dartford, Report to the Court of Common Council from the
Committee of Justices, 22 March 1866.
with at least the initial stages of the design and construction of several asylum and isolation hospital
sites around London for the Metropolitan Asylums Board at the turn of the century. In this case the
absence of attention to asylum landscapes is likely because Milner's audience was principally made
up of those concerned with the domestic sphere for whom he may not have considered it appropriate
to include such institutions. Again the Americans were more likely to publicise and illustrate such
asylum designs, for example the scheme for the well established Hartford Retreat by Olmsted and
Vaux (1860-61), executed by Jacob Weidenmann, and illustrated by Weidenmann in 1870 as part of a
landscape design manual principally aimed at the domestic market.

Sites with named landscape designers
Of the 30 public asylum sites where designers were identified as part of this study, 11 such sites had a
design contribution from a professional landscape designer of contemporary national renown. A
further ten such sites were laid out to designs of a professional horticulturist in a consultant capacity
(see results in Appendix IV). Those 11 sites with designers of contemporary national renown did not
consist entirely of high-profile, prestigious sites. Their contribution covered a range of sites from
those funded by large Metropolitan authorities such as Colney Hatch, by Middlesex (1849-51), to
relatively minor sites such as Rauceby (1897-1902), funded by a minor county borough (Kesteven). It
is surprising to find that not more of the asylum landscapes examined had such eminent designers, as
such projects were amongst the largest of this period, whether domestic, commercial or institutional.
Large sums, usually over £100,000, were spent on acquiring, building and equipping the rest of the
site, but the amount spent on the designer's fee was usually at maximum only a few hundred pounds.
Nor were the designers commonly publicised in connection with these commissions, even though the
prestige of their connection with such public projects might have been extensive. By comparison,
although there is no similar systematic statistical work available enumerating the designers of new or
remodelled domestic landscape parks and gardens in the nineteenth century, it is reasonable to
assume that only a minority of such commissions were carried out by professional designers of
national renown.

88 H.E. Milner and Sons are recorded as having been invited to advise on the layout, and provide designs and
costings for the landscapes around The Southern Hospital, The Grove Hospital, Joyce Green Hospital (all
isolation hospitals), and Tooting Bec Asylum; MAB, Minutes of the Proceedings of the Managers, vol. 34, April
1900, 43-44.
89 Illustrated in colour in Jacob Weidenmann, Beautifying Country Homes. A Handbook of Landscape
Gardening (New York: Orange Judd, 1870), pl. 18. Weidenmann was the superintendent of the Hartford City
Park and of Cedar Hill Cemetery in the same city.
90 In this case the status of 'contemporary national renown' has been defined as a practitioner having a national
and influential landscape design practice. This has been confirmed by references to commissions and
publications in both primary works, including reports in the Gardeners' Chronicle, The Builder, the designer's
own publications (e.g. Edward Kemp, How to Lay Out a Garden (London: Bradbury and Evans, 3rd edn. 1864)),
and secondary sources, including Brent Elliott, Victorian Gardens (London: Batsford, 1986); Hazel Conway,
Those designers of national renown (and in the case of William Goldring (1854-1919), of international significance) were esteemed designers of domestic sites (including country house landscapes), and some were designers of considerable specialist standing of other landscape types including public parks, such as Alexander MacKenzie (c.1829-93). William Broderick Thomas (1811-798), McKenzie, Robert Marnock (1800-89), Edward Milner (d. 1884), Henry Ernest Milner (c.1845-1906) and Goldring, had, alongside thriving country house practices, notable commissions for other landscape types including public parks, and the Milners and Marnock designed cemeteries too. Within this class of designer, however, no clear asylum specialist appears. In terms of numbers of asylum sites designed, out of the sample examined, Goldring was the most prolific of the nationally renowned designers identified, with three sites so far identified in the 1890s and 1900s, although today his reputation is shadowy and he is little known, even by many scholars of garden history. McKenzie designed two asylum sites some two decades earlier, in the late 1860s and 1870s, but no other designers of similar contemporary renown have so far been identified who designed more than one.

The inclusion of asylum landscapes within the scope of the types of commissions undertaken by such designers extends our knowledge of the breadth of the application of the country house landscape. This reveals a significant continuing aesthetic link between the country house and asylum landscape design, in sharing various nationally renowned designers. The versatility of these designers and their approach is evident in this cross-over, for if a considerable number of eminent designers of domestic landscapes were professionally capable and willing to undertake designs for a fundamentally different purpose, this demonstrates that their aesthetic skills were equally applicable to therapeutic landscapes as well as the domestic sphere.

Several of the most well-known mid-nineteenth-century designers, who all undertook domestic commissions, do not, however, appear to have been involved in asylum landscape design (at least in terms of the sites for which records were examined). It would not be surprising to find that Loudon (1783-1843) or Joseph Paxton (1803-65) in particular had produced advice for at least one asylum site, as both designers moved beyond domestic commissions, addressing publicly funded sites, including early and influential urban parks and cemeteries. Gertrude Jekyll (1843-1932), although

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People's Parks: the Design and Development of Victorian Parks in Britain (Cambridge: Cambridge University, 1991); and entries in the EH Register.

91 For details of selected commissions of significance see Appendix IV.

92 Goldring was active as a designer from 1887, after some years as a writer and Assistant Editor of William Robinson's magazine The Garden. He worked on numerous English country house commissions, several public parks, including most significantly Borough Gardens, Dorchester, designed several gardens and public parks in India, gardens in France, and won a Gold Medal for his garden surrounding the British Pavilion at the 1904 St Louis Exhibition. By 1913 he was regarded by his peers as a worthy successor to Robert Marnock, William Robinson and other nationally important designers of the previous two centuries (Kew Guild Journal, 1913).
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principally designing for domestic sites, ventured into therapeutic landscape design in providing extensive plans for a private Sussex sanatorium.93 W.A. Nesfield (1793-1881) seems to have confined himself largely to the domestic scene, only venturing into the public realm for particularly prestigious commissions such as Royal Parks.94 This is slightly different to the situation in North America, which otherwise shows marked similarities in terms of asylum design history. Here we find that the two most influential landscape designers of the period, whose work also covered domestic and other public commissions, were involved with asylum design. A.J. Downing (1815-1852) designed the New York State asylum, Utica (1842-43) and the New Jersey State asylum, Trenton (1848).95 F.L. Olmsted (1822-1903) advised on at least five asylum commissions including the Hartford Retreat, Connecticut (1860-61).96

A second group of asylum landscape designers consisted of professional horticulturists who specialised in public sites, and tended to be active in a more localised sphere. These designers formed part of a group which was particularly connected with the design of other public sites, largely in a regional context, including public parks, cemeteries and orphanages. Other designers of similar professional background (who have not so far been linked with asylum commissions) include William Gay (c.1820-93), a cemetery specialist, whose commissions identified to date were limited mainly to the north-west and Midlands, while he was employed at two public cemeteries.97 Similarly George Rowbotham (who was associated with Edward Milner when he laid out three parks in Preston in the 1860s), while Preston Corporation Parks' Superintendent in the 1880s, designed a residential institution comparable to the asylum and workhouse, the Harris Orphanage in Preston (Plate 70, OS 25", estate plan).98 The working influences and practices of these designers are directly comparable with those of Richard Ashwell (fl. mid-nineteenth century), Superintendent of Coventry Cemetery, and Robert Lloyd (d. 1900), Head Gardener at Brookwood asylum, Surrey, both of whom designed

93 Jekyll provided significant designs for a private tuberculosis sanatorium, the King Edward VII Sanatorium, Midhurst, Sussex, 1905-08. Copies of the plans are held at NMR, Swindon, Jekyll microfilm, file 111, folder 74.
96 He also advised on Hudson River State Hospital, New York (1867), New York State Asylum, Buffalo (1870-72), and the McLean Asylum, Massachusetts (1872-73); source: Lee Hall, Olmsted's America (Boston: Little, Brown, 1995), 147.
97 Gay was Clerk of Works for Welford Road Cemetery, Leicester in 1849, and designer and Superintendent of Undercliffe Cemetery, Bradford from 1852. His public commissions included Undercliffe Cemetery, Bradford (1852-54), Toxteth Park Cemetery, Liverpool (opened 1856), Philips Park Cemetery, Manchester (opened 1866), Saltaire Park, Baildon (opened 1871), Lawnswood Cemetery, Leeds (opened 1875), and Pudsey Cemetery, Leeds (opened 1875).

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for public sites while employed in a professional horticultural capacity at other institutions (see Appendix IV for details of their asylum commissions and brief notes on their professional background). Of designers identified, Robert Lloyd was clearly the most experienced asylum landscape designer. However, he appears to have used his asylum experience to inform only the same type of commissions, as he is currently unknown outside the design sphere of asylum estates. This is unusual, for the other designers in both these groups are all known to have designed for more than one type of landscape. Even so, the wide geographical spread of sites and his connection with a significant number of commissions strongly suggests his national importance as a specialist designer for this landscape type.

**Landscape designers and the relationship with asylum architects**

In similar fashion, two architects emerged as prolific asylum specialists, C.H. Howell (1824-1905, who worked on asylum commissions between 1862 and 1895), and G.T. Hine (1841-1916, who worked on asylum commissions from 1875), both of whom were Consultant Architect to the Commissioners in Lunacy, and whose work in the domestic sphere was negligible. Lloyd worked with both these architects, developing a particular association with Howell, three of whose sites Lloyd was connected with (Brookwood, Cane Hill, Middlesbrough). Although Hine was more prolific than Howell (as shown in Appendix IV, Tables 12 & 13), Lloyd seems only to have worked on two of Hine's sites before he died in 1900. No explicit reference to a professional relationship between Lloyd and either Hine or Howell has yet been located, although both architects must have met Lloyd on site while supervising building works. Neither has any reference been found to either of these architects recommending Lloyd to the visiting committees for which they worked. Where any reference to the source of the commission for Lloyd has been located, and indeed for the other landscape designers, it is oblique, couched in official terms typically found at Hill End (1896-99): 'The Committee ask that Mr Lloyd of Brookwood Asylum be requested to advise as to draining and laying out the grounds of the asylum.' At Middlesbrough a similarly opaque reference to the initial selection of Lloyd occurs, made in a report which appeared when the Visiting Committee contemplated laying out the grounds. Wood, who had taken over as architect from Howell, addressed the grounds in his report in May 1896, and recommended that the question of laying out the grounds should be considered shortly, as the roads should be formed and the airing courts laid out before the building was opened. The committee ordered Wood to consult Lloyd, but there is no hint as to why Lloyd was chosen. Lloyd was employed to inspect the site, draw up a report, and lay down his scheme roughly on plans to be furnished by the committee.

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99 Hertfordshire RO, OFF ACC 1025 Box 1, Hill End asylum, Visiting Committee minutes, vol. 2, 23 November 1898.
There is a comparison to be found in another landscape type which illustrates a professional relationship between an architect and landscape designer. Dungavel in his study of the architect Aston Webb identifies both a 'friendship' and working relationship between Webb and the landscape gardener H.E. Milner, particularly with reference to Britannia Royal Naval College, Dartmouth (1900-03, Plate 18). \(^{101}\) Here Milner sited the building within the landscape, laid out the roads, and landscaped the grounds. \(^{102}\) Webb apparently insisted to the Treasury, who were overseeing the commission, that such work was 'somewhat beyond an architect's province'. \(^{103}\) A further area of enquiry connected with this theme of links between landscape designers and architects, might be to locate and, if still extant, examine the professional papers of Hine and Howell. If relevant papers exist, such research may identify whether there was any personal or professional material such as correspondence or accounts to make a direct link with Lloyd, or indeed any other designer connected with asylum projects. This is an area which was not investigated as it was believed unlikely to affect the outcomes of this study, but which would be of interest and is a possible area of further research.

The belief that a landscape designer was required to design and lay out asylum grounds was reiterated in 1901 by Hine at Horton, Epsom (1897-1902), when asked to prepare a landscape design for the airing courts. He demurred, commenting that 'It is not part of the Architect's duty to be a Landscape Gardener, which laying out the airing courts amounts to'. On the contrary, he considered that his role would be completed when the railings had been erected around the space. However, in the absence of anyone else he was willing to oversee levelling the courts and prepare a sketch of how he considered the courts should be laid out, including the shelters. \(^{104}\) The committee at Rauceby, as at various other sites, had previously decided that professional help beyond the architect was required in the matter of designing the grounds, for it appeared 'very desirable' to obtain the opinion of some 'competent person as to planting and laying out of the grounds and roads'. \(^{105}\) This provides further confirmation that an expert opinion was required in the design of the therapeutic type of landscape, which in the case of Rauceby was finally obtained from Goldring, a much more prestigious designer than Lloyd. \(^{106}\)

Such men in this group of designers were employed probably principally because of their economic benefits to the asylum finances, providing a competent professional service but without the prestige

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\(^{102}\) PRO, ADM 1/7765, includes a bound copy letter volume relating to the construction of the college at Dartmouth, 1898-1904, in which are many references to Milner's involvement with the process, including a copy of Milner's report to the Admiralty dated 4 February 1898 (DW 1317), detailing his proposals for the landscape, also discussing his selection with Webb of the site for the building. In December 1898 he estimated that his landscape proposals would cost £14,556 to implement (DW 11850/98).

\(^{103}\) Webb, 3 November 1900, PRO, ADM 1/7568 (DW12889/1900), in Dungavel, op. cit. (1999), 244.

\(^{104}\) LMA, LCC/MIN/1120, Horton asylum, Visiting Committee minutes, 4 November 1901.

\(^{105}\) Lincolnshire RO, 85/159, Rauceby asylum, Visiting Committee minutes, 20 September 1899.

\(^{106}\) Lincolnshire RO, 85/159, Rauceby asylum, Visiting Committee minutes, 9 May, 11 July 1900.
to be gained from employing a nationally known designer. For example, Goldring’s daily fee at £4 or 4gns was four times that of Lloyd at £1 per day, although no comparative discussion relating to the selection of designers on economic terms has so far been identified in archival sources. The close geographic proximity of some designers to the sites they worked on may also have played a part in the choice made, in enabling them to achieve closer supervision of the implementation of their work. Ashwell, while based at Coventry, laid out the Warwick asylum 10 miles away, and, several of Lloyd’s identified commissions were in the Home Counties or counties adjacent to his own Surrey. Elsewhere in the nineteenth-century public realm commissions for landscape designs were commonly awarded via competitions, for example public parks and cemeteries, which provided commissioning authorities with not only varied economic options but also design choices. No example of the use of such a selection device has been located for any asylum site to date. There is not enough information systematically compiled at present on the choice and commissioning of designers of various landscape types to further this discussion, but it may well be a fruitful source of further enquiry to make a comparative analysis between the choice of designers and the criteria used.

To conclude this section about designers and their significance, it has been demonstrated that the use of professional designers for the asylum estate follows precedents set in other landscape types, particularly by the country house estate and also public parks and cemeteries. Not only was the same technique employed of engaging a professional designer to work on the landscape simultaneously with the architect on the building, but many designers employed at asylums were notably active in the domestic sphere, continuing the close relationship between the superficial aesthetic of the country house and asylum estate types. Some designers also undertook other public commissions such as parks, residential schools and cemeteries. There is another parallel to be drawn with other landscape types for which specialist designers emerged, including the country house estate, for example Nesfield, together with public park specialists including MacKenzie, and cemetery specialists including Gay. In the asylum landscape sphere research has identified at least one specialist, and possibly two: certainly Lloyd and arguably Goldring. There is the possibility that there may yet be others to be identified.

Development of existing landscape features

Having discussed the nature and choice of landscape designers who worked on asylum projects it is logical to ask, how much of the variation from the country house estate which the designers had to adopt in the asylum model was linked to medical need? Was there any purely aesthetic modification or was all change adaptation to medical needs? What were the areas of design consolidation and where and why did diversification occur?

An aesthetic formula for the asylum, which drew on that of the country house estate, had developed by the 1850s into a distinct landscape type which was driven by medical theory and practice. In general the asylum estate plan was consolidated up to 1914 with little major alteration. Even the greatest structural departures from the asylum model (driven by therapeutic needs) did not disrupt the original aesthetic contribution of the country house model such that its relationship was unrecognisable. As with the country house estate, the asylum type continued to be adopted largely because of its flexibility which was in large part dependent on the large size of the estate and its generally informal design. It appears that there was little development of the aesthetic of the asylum estate unless it was linked to the therapeutic drivers, as will be demonstrated below.

As discussed in Chapter 2, design trends in the country house estate between 1850 and 1914 moved broadly from the construction of large, formal terraces laid out with seasonal bedding towards a less formal layout and planting. The High Victorian bedded out parterres below country houses of the 1850s and 60s, such as Mentmore (Plate 16), while not swept away during the following decades, became less popular as new features, being superseded by the use of planting schemes such as herbaceous borders within the more intimate setting of the Arts and Crafts-style garden which retained a considerable formality of design in many of its elements. In asylum landscape design much of the wider estate was generally laid out informally, particularly the parkland, other agricultural land and pleasure grounds, which it continued to incorporate in common with the country house estate. The asylum did not lose the formality of its core, contributed by the enclosed character of the airing courts developed from their ancestors, those at Bethlem, Moorfields, this largely achieved by their unvarying position adjacent to the main building. The enclosed character thus achieved at the core was comparable with the more intimate landscape compartmentalisation which accompanied the rise of the Arts and Crafts movement in the late nineteenth and early twentieth century.

A divergence occurred in the location of the principal areas of development of the asylum landscape and that of the country house, although the changes did not fundamentally affect the framework of the landscape elements in either type. The country house estate changed at its core, moving from a setting of great terraces towards the compartmentalised grouping of smaller spaces, comparable with the
asylum estate. The wider domestic landscape remained largely unchanged except for a trend towards a reduction in size, whereas its core changed with stylistic trends driven by aesthetic factors. In contrast, changes to the standard asylum landscape largely occurred beyond its core landscape, the airing courts. Such changes were largely restricted to the wider landscape, resulting from an increase in the number and type of satellite buildings, and from their enclosure by individual garden compartments, all for therapeutic purposes.

At the core of the asylum landscape the means of achieving medical theory sometimes shifted from the most theoretically valuable towards the most practically achievable. This occurred in the case of the achievement of extensive therapeutic views. In several cases, particularly during the 1850 and 60s, the long, corridor-plan building was placed to take advantage of the therapeutic views from the top of a steep slope, using an aesthetic device in response to the practical problem of dealing with the slope. Examples included Fulbourn (1855-58); Haywards Heath (1856-59, illustrated in Plate 71, the architect's bird's-eye view of the building and courts, 1860); Dorchester (1859-63); and the State Criminal Lunatic Asylum, Broadmoor (1860-63, Plate 72, an engraving from the Illustrated London News, shows the buildings occupying a plateau at the top of the hillside, and the terraced airing courts descending steeply to the walled kitchen garden and asylum farmland). Lancaster Moor annexe (1880s) is very unusual for the later period with its huge formal terrace above which stands what was by then an old-fashioned corridor-style building. Large-scale formal terraces incorporating the airing courts stepped down a hillside below a plateau occupied by the asylum building. This was a response to the topography of the site, chosen for medical purposes. In their style such terraces corresponded to the architectural character which Elliott believed by 1850 had become widely accepted as a concept in contemporary domestic landscape design. However, they also varied from the country house model, as the terraces designed for domestic sites at this time tended to use a single large parterre, rather than a series of steps down a slope. This type of asylum design, incorporating a long plateau supporting the main building above descending terraces, did, however, occur elsewhere in the public arena, in public parks, including examples such as Paxton's Crystal Palace Park, Sydenham (1856) and People's Park, Halifax (1857, Plate 73, an engraving from the Illustrated London News, shows the terrace on which the main promenade and park building were located, overlooking a less formal layout), where the site sloped away from the architectural focus via one or more terraces. Cemeteries were also designed with focal terraces, such as Undercliffe Cemetery, Bradford (1852-54) by William Gay.

108 Napsbury Hospital Public Inquiry, Brent Elliott, 'The development of the asylum landscape: supplementary proof of evidence dealing with the registration of Napsbury Hospital as a park or garden of special historic interest' (1998), para. 5.2.
Various devices translated from domestic landscape design in the early part of the nineteenth century were consolidated in their adaptation for asylum use. For example the interior design of the airing court changed little other than by the addition of various structures for the patients' benefit. Its layout continued to resemble a formal design typical of domestic gardens, but perpetuated the essential difference between the medical and domestic uses, that the patients were not allowed the freedom of access to the whole group of airing courts that a family would have had to a group of garden compartments. The path system, usually the dominant structural feature, formed the framework for ornamental features in the courts, mainly lawns, borders and trees. As can be seen from a comparative study of OS plans, path systems designed in formal geometric patterns were the overwhelming style. They fitted practically and aesthetically with the regular, largely rectangular airing-court shapes. The simplest layout was a boundary path enclosing a panel of lawn, progressing in complexity to cruciform paths within a boundary path, sometimes with a circular central feature. The final progression in formality was to intricate path arrangements in, for example, Union Jack pattern at Stone House, Dartford (1862-66, Plate 3, proposed estate plan showing pencil sketch of proposed paths, & Plate 74, OS plan 25" showing the core of the site as executed). Airing courts designed with informal path systems were in the great minority, but occur throughout the period, regardless of whether the building was corridor plan or the later echelon. A few sites were laid out with airing courts with serpentine path systems c.1860-1930, for example Napsbury, where all the courts were laid out with serpentine paths, dressed with a variety of ornamental trees, and each provided with thatched either octagonal or rectangular shelters (Plate 75).109 At Colney Hatch (1849-51) the courts were mixed in their formality of style, at random it seems, some having formal grids as the basis for their design, including very complex bed layouts. Others courts here had informal serpentine paths and picturesque features.110

Further ornamental devices commonly used in the country house landscape, such as the pleasure ground walk, persisted throughout the period at the asylum, favoured for therapeutic purposes. At Wallingford (1868-70), such a walk, typical of domestic design (for example at Mentmore, Plate 46), ran through Marnock's shelter belt of mixed evergreens and deciduous trees encircling the open lawns in front of the building.111 Nearly 30 years later Lloyd recommended the same device for the boundary at Middlesbrough (1893-98), articulating its purposes for therapeutic recreation and exercise.112 A walk eight-feet (2.5m) wide around the inside of the boundary plantations

109 Sites with informal path systems in their airing courts include Rainhill (1847-51); Leavesden (1868-70); Humberstone (1869); Barnwood (1880-85), where the courts were laid out as informal lawns; Cane Hill (1883); West Ham (1897-1901).
110 LMA, H12/CH/A/32/03, Colney Hatch asylum, General Plan of Sewer Drains, c.1890.
incorporating the drives would, he suggested, prove particularly useful and pleasant exercise ground for particular groups within the asylum, including convalescents and children's parties.\textsuperscript{113}

The building
A single asylum building remained the focus of the landscape for the non-specialist asylum. Flexibility in the landscape was needed to incorporate changes to building design which, having largely consolidated by the 1840s in the corridor plan, developed further in the 1870s-80s into the echelon plan with little subsequent change. Diversification occurred from the 1890s, into the specialist and architecturally fragmented colony system. These major alterations to the focal point of the asylum landscape design were achieved without great alteration to the structure and use, partly because of the large estate size, and partly because of the flexible informality of the design ethos drawn from the country house estate.

The corridor-plan building demonstrated at Hanwell (1828-31) was commonly used until the idea of wards located in detached pavilions joined by covered walkways began to be adopted for medical purposes during the 1870s. This was first taken up in asylum planning at the MAB imbeciles asylums at Leavesden and Caterham (1868-70, illustrated in Plate 76, bird's-eye view of generic scheme for both sites, and Plate 77, OS 25" plan of the core of the site), with the same design reused at the Middlesex asylum, Banstead (1872-77). Here, largely for economic reasons, although nominally for therapeutic, this class of patients was provided with its own dedicated establishment. This more architecturally fragmented system had been devised principally for general hospitals after the Crimean War (1854-56) in order to inhibit the spread of disease amongst whole populations in an institution. The same phenomenon of institutional fragmentation occurred for the same reason in other institutions, including workhouses and workhouse infirmaries, isolation hospitals and orphanages. Eventually such fragmentation led to the wholesale adoption of this radical new asylum building form, in which almost separate pavilions formed the basic ward unit in the building. Even with such major building modifications, the same landscape elements, particularly the courts, were believed medically appropriate to surround the building but were amended in their arrangement. They continued to form a series of confined adjacent spaces, the major change being in their arrangement, laid out in two parallel rows of rectangular enclosures, each of which ran along the outer side of a row of pavilions.

The arrangement of parallel ward pavilions and courts was not widely adopted, but instead led to a much more popular arrangement, the echelon plan, which became standard in general asylum buildings from the 1880s to 1914, for example at Middlesbrough (1893-98, Plate 80) and Cheddleton (1895-1999, Plate 47). It consisted of a central administration and service block, from which virtually

\textsuperscript{113} Ibid., 837.
detached villa blocks for the patients swept back in echelon fashion, connected only by single-storey spinal corridors. An uninterrupted therapeutic aspect was afforded for the patient accommodation in the direction that the 'V' pointed (preferably south as advised by the Commissioners in Lunacy's Suggestions). Nearly 40 sites were built to this arrangement, but the echelon was never used for other institutions. Its economic benefit enabled the cheaper housing of large numbers of patients, allowing for more convenient, modular means of increasing the number of wards as required, by means of extending the connecting corridor beyond the furthest pavilion and attaching new pavilions. It did not radically affect the structure of the asylum grounds as the airing courts continued to lie adjacent to their relevant blocks and the rest of the landscape absorbed these changes, remaining largely unaffected.

The changes to the asylum estate in this period which had most impact on the design resulted from the movement of specific categories of patient to specialist variant institutions on separate sites, these being based directly on the standard asylum layout. The categories of institution included idiot and imbecile asylums (from the 1850s), and the epileptic and mental deficiency colonies (from the 1890s and 1900s). These types of institution were never as numerous or widespread during the period under study as their non-specialist parent.

Continuing the theme of institutional fragmentation, a new asylum type became widespread on the Continent and in America during the latter part of the nineteenth century, known as the cottage or colony system. The colony system was first discussed in England, particularly in the Journal of Mental Science, in the mid-nineteenth century when the Gheel Colony in Belgium came to prominence as a successful asylum system. The Gheel Colony was based at first on lunatics being boarded out on a casual basis with local residents and gradually developed into a colony run along formally administered asylum lines. Alt Scherbitz in Germany was a lauded example of a European colony based on this system, and its model became increasingly popular, on the Continent and in America, particularly for epileptics.

The Continental colony system did not gain acceptance for public asylums in England, except for epileptics from the 1890s, and for the mentally deficient after World War I, but was adopted with

114 See in particular Journal of Mental Science, 4 (1858), 426-37; 5 (1858-59), 202 (discussion by W.A.F. Browne on the unsuitability of the system); 7 (1860-62), 31-60 (by J. Sibbald who describes the history of the place and system, then discusses whether and if so how the Gheel system can be used); from then on there were regular reports of visits to inspect Gheel and discussions as to the possibilities of instituting a similar system in Britain.

115 See for example H. Stevens, 'The Insane Colony of Gheel', Journal of Mental Science, 4 (1858), 426-37, in which he suggests that the colony at Gheel is 'a model system of treatment ... effective, economical, rational, durable, and more humane'.
some vigour in Scotland after 1900. One of the few examples of a conventional asylum utilising the colony system was Rampton, the second State Criminal Lunatic Asylum (1908-12), part of which was laid out with individual Arts and Crafts-style villa buildings, set in their own spacious enclosures, set in the grounds in the manner of a colony. The epileptic colony deserves more detailed analysis as it was particularly influential on the plan form of the subsequent mental defective colonies, and has been addressed later in this chapter. The LCC Ewell Colony (1900-03) (Case Study 4) in particular was an influential and well-publicised example of its type.

The country house between 1845 and 1914 retained greater structural continuity than the asylum building, its main development being in the adoption of a progression of historicist architectural styles. There were many more country houses built or remodelled between 1835 and 1889, as identified by Girouard, than there were asylums built in total. He cites a sample of 500 such country houses which he identified during this period (the vast majority of these apparently in England, the rest throughout the United Kingdom and Ireland), compared with 130 asylums begun in total in England between 1808 and 1914 (both charitable and public). His definition of a 'country house' was that it should have a several hundred-acre estate attached, distinguishing it from the less substantial 'house in the country' but broadly similar in size and scale of components to an asylum estate. From the 1840s to the 1900s building styles moved from Italianate Classical to Tudor and Jacobean, to varying kinds of Gothic, then to English vernacular, followed by Classical English baroque. All these overlapped and some, such as Tudor, remained perennially popular into the twentieth century, with social implications for their use as discussed above. The asylum, as has also been discussed, also followed these trends to a great extent. The corresponding stylistic changes in the Victorian landscape park from the 1840s were considerably less, and as Franklin put it, 'would have startled an eighteenth-century gentleman a good deal less than its mansion'. The connection between the style of the house and the landscape, particularly the garden compartments, was not strongly related by this period. One instance which did frequently link architecture and landscape style, mentioned above in connection with the terraces, was the Italianate mansion and to complement it the provision of one or more Italianate terraces. The Prince Consort's Osborne in particular gave rise to, as Girouard terms it, 'a sudden rush of mini-Obornes in the late 1840s', continuing in popularity until as late as the 1870s, many of which had stylistically connected Italianate garden terraces.

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116 The colony system was adopted in particular at the Crichton Royal Asylum, Dumfries from 1897.
119 Girouard, *op. cit.* (1979), 147.
As well as their intrinsic ornamental function, the provision by such compartments of an architectural frame for the building and a practical venue for recreation close to the house for the family, is clearly analogous in asylum terms (although seemingly coincidentally) with the architectural relationship of the airing courts to the asylum building and their recreational use by the patients. Even at the end of the nineteenth century, Burdett (1891) was confident in reiterating the fundamental theory of design for the courts which had been prevalent for almost a century which was intended to benefit the patients, and which above all was based on the domestic model: 'The courts should be laid out as gardens, and orchards, and lawns. The walks should be twelve or fifteen feet wide, and laid down in asphalte or concrete. All the courts should have sun-shades and kiosks'.

The asylum landscape was flexible enough to be able to accommodate the contradictions which occasionally appeared in developing medical theory which related to landscape design. Burdett, medically experienced in various general hospitals and a prolific author, believed by the 1890s that a 'doctrine of trust' had occurred between attendants and patients to the point where the patients were unlikely to abscond from the majority of wards. As a result he observed that high walls were 'discredited as being comparatively uncalled for' and thus largely obsolete, and that the only boundary division generally required was a low wall supporting a light iron railing. By contrast Mercier, another prolific author and sometime medical officer at various asylums, recommended that the court boundaries were best formed by the conventional ha-ha walls! In practice, responses in the landscape differed too, and were in this case easily accommodated. At Middlesbrough (1893-98), contemporary with these opinions, Lloyd's design did not incorporate Burdett's proposed variation in the court boundaries, instead continuing with the conventional ha-ha arrangement as Mercier recommended. At Napsbury (1900-05), however, Goldring recommended high, rounded-topped iron railings, which were erected in similar fashion to Burdett's advice. Neither afforded easy escape for patients.

A flexible combination of medical and practical influences was thus brought to bear on the asylum landscape design, with the aesthetic needs adapted to accommodate such influences. Lloyd described his approach to designing appropriate airing-court facilities for asylum patients at Middlesbrough (Case Study 6), and in doing so provided a rare designer's insight into the process of reconciling these influences. This is particularly valuable since he was an experienced practitioner, having been involved at four previous asylum sites, and, as discussed above, can be regarded as of national importance in terms of asylum landscape design. For the courts he designed a simple pattern of paths

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120 Burdett, op. cit., vol. 2 (1891), 13.
121 ibid., 13.
122 Charles Mercier, Lunatic Asylums: Their Organisation and Management (London: Griffin, 1894), 58.
for the patients' therapeutic but confined exercise, the width dictated by the practical requirement that
patients should not have to walk on the grass to pass each other. Medical theory influenced the
provision of a raised boundary walk at the top of the ha-ha slope to allow the patients the
conventional view of the surroundings. In addition, he believed, there was 'a class of patients' who
preferred the opposite aspect, and instead enjoyed walking alongside the sunken boundary walls of
the airing court. For these patients he provided a further walk at the bottom of the ha-ha below the
raised boundary walk. The aesthetics of the planting were tailored to the medical requirements of
specific users. It was intended to make the slope safer for epileptics, who if they fell were prevented
from falling down the slope or hurting themselves. To achieve this therapeutic requirement he
advised that the slope separating the upper and lower levels should be thickly carpeted with
impenetrable shrubs pruned low, with a few trees planted at regular intervals for visual effect, to
relieve the undergrowth and make a feature. The buffer planting on the slopes was apparently not
carried out, for in 1901 one patient quarrelled with another and rolled down the ha-ha bank,
fracturing his shin bone. Remedial measures were then suggested for the bank, including the planting
of the top edge of the bank with low shrubs as per Lloyd's original intention.125

Adoption of new landscape features

Having analysed how features which were incorporated into the asylum landscape up to the 1840s
were subsequently modified and continued their role within the landscape without its significant
disruption, the next section contrasts with this in dealing with the incorporation of new features as
part of the consolidation of the landscape design as an individual type. A variety of new features
commonly appeared in the asylum landscape from the 1840s, provided principally for medical
purposes, as well as to a lesser extent for economic and social purposes, but unequivocally
incorporated aesthetically into the asylum design. Their insertion resulted in little major aesthetic or
structural disruption but confirmed the individuality of the asylum type. The equivalent of some were
common to the country house estate and sustained its design link with the asylum landscape, such as
shelters, the equivalent of summerhouses and loggias, commonly found in gardens. Others, such as
recreation grounds and sports pitches, and rail links to adjacent main lines, were less common in the
country house estate, but commonly found in the asylum estate, and some, again including recreation
grounds, were also common in other types of landscape including public parks and residential schools
and colleges. Others such as outdoor privies were not generally found in country house gardens at all
(an exception being those associated with the kitchen garden, and they were the norm for pauper
homes, sited in vernacular gardens). Some of these new features in the asylum estate were provided
solely for medical reasons, including the shelters and privies. Others, including the sports pitches and

124 LMA, H50/A/01/006, Napsbury asylum, Visiting Committee minutes, 1904-05, 18-23.
recreation grounds, were provided for both medical and social purposes, and others again were principally economic in their purpose, such as the railway links. Their inclusion moved the asylum landscape further from the country house estate model and helped to identify and confirm it as a specific landscape type in its own right. Its variations from the country house model were defining factors in identifying it as an asylum landscape.

Shelters were reminiscent of the type of summerhouses and other domestic garden buildings provided for the recreational shelter and repose of the family since at least the seventeenth century, but in the asylum were adapted to accommodate more users. Here they were provided for the therapeutic benefit of patients, their continuing use endorsed by Burdett at the end of the century, as 'All the courts should have sun-shades and kiosks'. Their provision made the courts more attractive to the patients and thus if they were encouraged to greater use of the courts they were perceived to benefit therapeutically from the exercise and fresh air.

A precedent for these structures in asylum use was the pavilions in the courts at Bethlem, Moorfields, although their use was probably more for staff than patients. In the asylum there were usually one, occasionally two, per court, although sometimes they were not provided at all, or only in some of the courts. The shelters, varying between circular, rectangular and octagonal in plan, usually had some ornamentation, and were closely related in structure to those provided as seaside promenade shelters and in public parks but were usually less flamboyant, for example that in the female airing court at Broadmoor (Plate 78, a postcard illustrating the airing-court terrace on which stood a shelter).

Sometimes shelters were constructed with iron frames with painted wooden cladding and seats or were entirely wooden. At Hill End (1896-99), the iron founders Boulton and Paul supplied sunshades of 20 feet (c.6m) diameter, these being mushroom-shaped for patients to stand under. At Napsbury (1900-05, Plate 75), the open, octagonal shelters with seats were metal and wooden, supplied by the New Expanded Metal Co. and built in Arts and Crafts style, with unusual thatched roofs. Here the style and thatching were a feature of the smaller buildings on the site, including the cricket pavilion.

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127 Examples of items supplied by Boulton and Paul include: at Cane Hill, five shelters of wood and glass with tiled roofs were erected, costing £325 (LCC Asylums Committee and Sub-Committee, Annual Report, June 1894 (re: Cane Hill), Engineer's report); in 1896 large rectangular shelters at Menston (West Yorkshire RO, C488/3/1, Account ledger of repairs and alterations, High Royds, 1896); at Hill End, in 1899 two octagonal shelters were erected in the infirmary grounds for £106.10s each (Hertfordshire RO, OFF ACC 1025 Box 1, Hill End asylum, Visiting Committee minutes, October 1899); at Rauceby one shelter was supplied in autumn 1902 and another in spring 1903 (Lincolnshire RO, 85/159, Rauceby asylum, Visiting Committee minutes, 1894-1902 and 1902-12).
128 At Napsbury, the New Expanded Metal Co. provided 11 shelters for £1,000 and a cricket pavilion for £300, LMA, 'Reports of New Asylum Committee' in Middlesex County Council minutes/reports, 1906.
and dairy, and were domestic in character. The openness of the fronts ensured that easy supervision of the patients' activities was possible.

Within the airing courts, one feature which occurred in common with public parks, but was seldom found in the domestic garden of the country house, was the privy. Privies and urinals, their external sheltering structure sometimes ornamented, were sometimes provided in the courts for the convenience of the user as part of the court furnishings, as they were in public parks. These structures were not only intended to improve the comfort and hygiene of the patients therapeutically, but also to lessen the work necessary for attendants if patients were incontinent and could not return to the ward privies in time. However, they were not provided in the courts at each asylum.

Sometimes privies were disguised with ornamental structures which linked them with the style of the asylum building. At Wandsworth (1838-41) the privies, in place by at least 1850, were disguised in substantially ornamented octagonal brick towers set into the ha-ha walls. Several were sited on the outer walls, and at least one was shared with the court adjacent, designed in an ornamental style to complement the Tudor-style building. At Wells (1845-48) two of the courts (at 2002) retain octagonal crenellated stone towers which appear to be hollow, with roofs encircling them which project from about a quarter of the way down the structure (Plate 69). These again aesthetically complement the Tudor-style, stone-built main building. It is possible that these combined the function of privies with shelter, although this would have brought the two activities rather closer together than would have been usual for reasons of hygiene in the later nineteenth century. There are four of these structures arranged in a square pattern in the west court at Wells, formerly having been focal points within the grid path system, and one remaining of two which stood in the east court. A less substantial and cheaper method of enclosing the privies was employed at Caterham, where they were constructed of the oak park fencing which enclosed the outer sides of the court so as to form part of the fence.

Another new feature which appeared from the 1850s was the recreation ground, principally incorporating football and cricket pitches, set within the wider asylum landscape. Bowls and croquet were established as activities within the core of the site, for example as illustrated at Maidstone in the 1830s (Plate 49, 1836 plan of the site), and at Broadmoor in the 1860s (Plate 79, an engraving in the Illustrated London News which shows the male patients playing croquet in their airing court). More active recreational pastimes gained in popularity, particularly organised sports in which both male staff and patients participated. These were perceived to form a method of channelling excess energies

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129 Plan of Springfield Hospital, 1850, in G.L. Hearn Planning, 'Draft Conservation Plan Springfield Hospital, Wandsworth' (March 2000) (whereabouts of original plan unknown).
130 OS 25°, Somerset sh. XLI.2, pub. 1930.
131 LMA, MAB 243, Caterham asylum, Visiting Committee minutes, January 1870, 311.
and aggressions under tightly controlled circumstances which was encouraged by medical authority. Thus they functioned both therapeutically, for the patients, and socially, for the staff to use them, and at a joint level where staff and patients participated in the same activities.

There are many records of recreation grounds being constructed at asylums, and of matches being played between patients and staff; opponents were also drawn from other institutions and villages. Requiring large open spaces, they were generally constructed at the boundary between the pleasure grounds and the farmland in order to allow the most convenient access from the main building. At Middlesbrough, Lloyd's choice of recreation ground site occupied four acres (1.6 ha.) within a 13 acre (5 ha.) paddock purposely overlooked by the airing court walks to the east (Plate 80, OS 6" illustrating the estate, with the site of the recreation ground alongside the south-west boundary between the two entrance drives). The siting was specific to an asylum, for it accounted for the possibility of escapes by patients granted a limited amount of freedom beyond the courts. Lloyd believed that in this position close to the main building the area was far enough from the site boundaries and quiet corners as to be difficult to escape from during the excitement of the activities.133

A limited parallel lay in the country house estates, for in some a cricket pitch was provided, with teams made up of so-called 'gentlemen' (drawn from the family and their friends) and 'players' (village residents and servants). This combined a domestic recreational purpose with a social function, combining exercise for the male family members and the enhancement of social relations between the family and their servants and their families. A much more widespread parallel to the adoption of the recreation ground in the asylum estate occurred concurrently from the 1850s in that great Victorian social phenomenon, the public park, partly prompted by the 1833 Select Committee on Public Walks. Sports facilities, including pitches and gymnasia within recreation grounds, were very frequently provided within public parks, partly for mass public health benefits, but were also an added attraction to draw the 'Working Classes' away from activities which were socially less acceptable, such as drinking alcohol to excess and gambling. The intention was both social and economic, as the Select Committee Report put it, to promote civilisation and excite active, persevering and willing industry. In a large part this was for the benefit of the landed classes, members of which populated such committees, to ensure that the social and economic systems which supported them were not threatened with disruption.134 This was easily incorporated physically and aesthetically in both asylum and public park, for the large open spaces derived in both from the landscape park could be

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122 Illustrated London News (7 September 1867), 273.
133 Teesside Archives, CB/M/C 1/56, Printed Proceedings of the Middlesbrough Town Council, 1895-96, report of R. Lloyd on laying out the grounds (27 October 1896).
drawn from agriculture or lawn respectively, with only slight modification and little disruption to the design. In some other landscape types such as purpose-built residential schools, which also developed during the nineteenth century, such facilities were also commonly provided, these institutions usually solely for male pupils. For example, at Britannia Royal Naval College (1900-03, Plate 18), H.E. Milner deliberately incorporated playing fields as a key feature of his landscape design from the outset.135

Another great Victorian phenomenon, the railway, contributed new features in the consolidation of asylum landscape design, again achieved without particular aesthetic or structural disruption. Its purpose was principally economic, combined with a lesser social function. The asylum builders wholeheartedly adopted the social convenience and economic benefit offered by the railway and its great expansion from the 1830s. It had a huge impact in cultural, social and economic terms across Britain and beyond, with a national rail network achieved by the 1850s and a local network of branch lines in place by the 1870s. As well as its urban convenience it embraced both domestic and institutional rural sites with its local and national links. In their first edition of the Suggestions (1856), the Commissioners in Lunacy did not mention the railway as an influence on the siting of asylums. In the 1887 edition, however, they advised that new asylums should be sited in convenient proximity to a railway to facilitate the arrival of goods and visitors. Burdett articulated benefits of the proximity of this phenomenon to the asylum, and recommended an asylum site no further than two miles from a station.136

Such siting of asylums close to extant railway facilities had not been uncommon in practice even in the 1850s and 1860s, for example at Fairfield (1855-60) and Wallingford (1868-71). Although both lay in otherwise isolated tracts of countryside, they were close to mainline railways and convenient stations. Fairfield had its own line running to the heart of the complex, and this practical amendment to the landscape became more common up to 1914 wherever a rail link was possible. The railway developed its own entirely new structures, including lines and stations, which, when applied within the asylum estate, were generally accommodated with a minimum of disruption to the aesthetic design. Its dual-purpose benefits of economy and convenience were reported in the Journal of Mental Science, 'A leading feature in this asylum is a tramway connecting it with the railway station at Fairfield, Beds. This is a great convenience, and having become out of repair has been relaid at a cost...'

135 PRO, ADM 1/7765, includes a bound copy letter volume relating to the construction of the college at Dartmouth, 1898-1904, including a copy of Milner's report to the Admiralty dated 4 February 1898 (DW 1317), detailing his proposals for the landscape in which he refers to the provision of playing fields. In December 1898 he estimated that his landscape proposals would cost £14,556 to implement, of which the playing fields would cost £2,500, a significant proportion of the total estimated cost (DW11850/98).
of £528. "The sum is large, but it is much more than compensated by the heavy cost of carting goods, etc., along the road from the railway to the asylum." 137

Other landscape types including country houses and cemeteries also embraced the convenience of rail links. Many country houses had halts on their outer estate boundaries to provide convenient access, and occasionally, such as at Thornbridge Hall, Derbyshire, even had their own private station, in this case built in 1903, or a branch leading off the main line, but this never became a common feature in the estate. 138 At a similar scale to an asylum building, Waddesdon Manor, Buckinghamshire (1870s) was provided with a tramway to facilitate the movement of materials from the main line to the hilltop building site in similar manner to the many asylum railways constructed, such as Cheddleton (1895-99, Plate 47), Hellingly (1901-03) and Napsbury (1900-05). The Waddesdon estate, however, dispensed with the tramway after the building works were complete, whereas asylum railways were kept to facilitate the arrival of goods and visitors. 139 Occasionally cemeteries also used rail links as an integral part of their landscape design and operation. At Brookwood, Surrey (founded 1852), the site lay adjacent to the main-line railway from London, from where the dead and their mourners were dispatched in special trains, a branch line leading to two receiving stations deep in the heart of the ornamental cemetery.

New building types within the landscape

The largest group of insertions which the asylum landscape had to accommodate comprised various satellite buildings, to which in general the country house estate did not become subject, although landscapes such as public parks and cemeteries often accommodated satellite buildings as part of their design. The trend in fragmentation of medical structures during the second half of the century also resulted in the insertion of new types of buildings to the asylum, these being specifically related to medical, religious or social factors. They joined those such as the farm and lodges which were directly drawn, during the development of the asylum estate between 1808 and 1845, from the country house estate. Such new buildings were, by the often greater nature of their built scale, more challenging to incorporate without disruption to the landscape aesthetic than the landscape structures and elements discussed above. Buildings included the isolation hospital, chapel, superintendent’s house (these two relocated from within the main building) and, in the early twentieth century, patient villas and admissions hospitals. The requirement for privacy in some cases, such as the superintendent’s house, or a cordon sanitaire, such as the isolation hospital, led to these types generally being enclosed in their own designed grounds, reached by spurs off the main drives. Although the buildings were distributed around the site for medical, religious and social reasons, in

137 *Journal of Mental Science*, 12 (1866-67), 576.
all cases they were generally provided with some ornamented landscape setting, and often with an
ornamented garden compartment of their own. This reflected the flexibility of the asylum landscape
as it had developed, with the ability to absorb such additional features without greatly compromising
the basic design.

The superintendent's residence was moved out of the asylum building for social reasons, it being
more convenient, private and appropriate to his status to have a separate establishment. His residence
was sometimes placed at some distance to the building, such as at Rauceby (1897-1902), which was
intended to increase the privacy of his family. However, it continued at some sites to be situated close
to the main building, such as at Cherry Knowle (1891-95) and Middlesbrough (1893-98), which was
more operationally convenient. He was often provided with the most extensive of the satellite
enclosures for his garden. It was usually the most highly ornamented, laid out with features
appropriate to his status in the establishment and beyond, such as terraces and a tennis court, for
example at Rauceby. Medical reasons dictated the siting of the isolation hospital at some distance
from the main building, and garden features were again used to enhance the medical requirements,
this time for quarantine purposes. The garden acted as a buffer with hedges, belts of trees, and fences
and gates used to isolate it visually and physically, such as at Middlesbrough (1893-98) and
Chichester (1894-97). Although they had an impact on the design of the estate, the satellite buildings
always remained subordinate to the main building complex in landscape design terms.

Diversification into asylum landscape variants
How did the asylum landscape develop further and in doing so how did it compare with developments
in landscape design trends, including the country house estate, and related public institutions?
The features discussed above, once inserted into the asylum landscape, did not particularly affect its
basic structure or purpose - to act as a therapeutic element, complementing the function of the asylum
building in which were housed medically diverse groups of patients. An asylum was never built
without an integral and extensive therapeutic landscape. From 1850 a trend developed towards
treating certain classes of patients in sites which were adapted for the perceived needs of the intended
medical class and entirely separate from the great mass of lunatic patients. The separation of such
medical classes continued to be perceived to require an institutional setting with a therapeutic
landscape and for this the asylum model was drawn upon and modified. The adaptation of the general
asylum site for specific classes of patient resulted in landscape elements being rearranged or removed
altogether, to accommodate medical requirements, but such variants retained a close aesthetic
relationship with the non-specialist asylum landscape type. However, the diversification in asylum
landscape design was limited in its application and never as common as the non-specialist
institutional design.

Idiot asylums

The first major asylum diversification occurred from the 1850s at the charitable idiot children's asylums and resulted from a therapeutic need to replace airing courts entirely by extended pleasure grounds. In this way the idiot asylum estate returned closer in aesthetic terms to the typical mid-eighteenth-century landscape park model, where the informal pleasure grounds led straight from the house and were not augmented by more formal architectural garden features. This was in marked contrast to the contemporary country house model where, as discussed above, formal architectural garden features became fashionable to frame the large country houses being erected or remodelled.

The change of design was based around a shift in emphasis in the institutional regime. It was believed that idiot children should not be kept with adult lunatics of all classes, and that in a separate institution an educational rather than curative regime was more appropriate. The idiot children's asylum, although based on the county asylum estate model, was designed to be a long term home as the children grew up. Because of this difference in the approach to the residents a less custodial type of institution was developed in which the pleasure grounds around the large central building were laid out around informally planted pleasure-ground lawns which led right up to the ward entrances. Two of the most notable examples were the Royal Earlswood Idiot Asylum, Redhill (1852-55, Plate 81, OS 25" plan illustrating the core of the estate, which lacks airing courts adjacent to the building), and the Royal Albert Institution for Idiots, Lancaster (1866-73, Plate 82, OS 25" plan, which also lacks airing courts), which were both provided with lavishly designed and planted pleasure grounds. This type of specialised institution was not widespread, numbering only six in the charitable sector and was taken up uniquely in the public sector, at the MAB's Darenth Park (1875-78) for the metropolitan population.

Epileptic colonies

The greatest structural and aesthetic diversification from the typical asylum estate model occurred with the epileptic colony. This variant also continued the move evident in the non-specialist asylum landscape away from the country house model, although the link was not entirely severed and some of its principles were still evident in the colony design. The colony did not emerge until the 1890s, but extended the architectural fragmentation which had been continuing in asylums as well as other medical institutions such as general hospitals, from which chest hospitals and isolation hospitals had emerged as a type with their own landscapes. The fragmentation had occurred in other institutions including orphanages and workhouses, again resulting in the development of further landscape types. The fragmentation of the epileptic colony, like development of the idiot asylum, occurred purely in

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order to accommodate therapeutic developments in the classification of patients, and also like the idiot asylum it did not become prevalent as an institution in comparison with the general asylum. Its form did not become more widespread until taken up and applied to the local authority-run mental deficiency colonies after World War I.

The colony developed from the medically led belief that the most active epileptic patients would benefit from their removal to a type of accommodation specifically tailored to their requirements. Medical theory dictated that effective treatment for physically fit epileptic patients would come from isolation from other classes of lunatic, in separate sites in buildings of more domestic character. The combination of the separation of this class of patient with the continuing therapeutic value of the landscape was expressed in relation to the Ewell Epileptic Colony (1900-03, Case Study 4), whose superintendent confirmed that, 'In addition to, and at least of not less importance than, thus providing surroundings adapted to the mental state of this class of case, was the intention that such environment should be utilised to the full as a therapeutic agent'.

Achieving this institutional fragmentation in architectural terms did not involve huge design change. The ward pavilions typical of the echelon building, which effectively functioned as separate therapeutic units, were merely detached completely, reduced in size to accommodate fewer patients, and scattered in a designed landscape core of similar proportion. The functioning of the institution continued in similar form, still based in a group of nearby buildings at the administrative and service core. The greatest effect was on the landscape design, for there was a significant departure in the arrangement of the buildings, although these continued to be grouped in pleasure grounds within a wider agricultural estate. Most radically, the confined and formally-placed courts were entirely lost, their former space next to the now scattered wards sometimes replaced with informal, domestic-scale gardens which were of entirely different character and function, or else placed directly within communal pleasure grounds (Plate 83, OS 25" plan, illustrates the core of the Ewell site and the distribution of the villa residences within the pleasure grounds).

The new colony estate type comprised an informal and fragmented layout set in pleasure grounds within a wider agricultural estate, together with vernacular-style architecture which aimed for a smaller-scale domestic character. In this formula it bore a closer resemblance to the emerging contemporary garden city type, for example New Earswick, York (1903 onwards), than to the country house estate, although the design relationship with the latter was not entirely lost. Garden cities developed rapidly from the 1890s as a civic planning device for the social improvement of those

141 LMA, LCC 15th Annual Report of the Asylums Committee and Sub-Committees, 1904, 110.
living in deprived urban areas at the same time as the colony gained therapeutic significance.\textsuperscript{142}

Garden city settlements tended to be set in undeveloped agricultural land which was comparable with the agricultural estate in which the nucleus of the colony lay. The designers of communities such as Port Sunlight, Cheshire (founded by the industrialist W.H. Lever who employed a range of architects, 1890s-1900s), New Earswick, York (designed by Raymond Unwin, 1903), and Letchworth Garden City, Hertfordshire (designed by Barry Parker and Raymond Unwin, 1904 onwards) attempted a type of benevolent social and economic engineering. They aimed to produce pleasant, thoughtfully designed surroundings which were intended to improve the lives of residents who moved from crowded inner cities. This was in some ways echoed by the purpose of the epileptic colony. In this therapeutic settlement a certain element of the asylum population, which had previously been deemed inappropriately housed for its therapeutic benefit amongst the general mixed medical classes of patients, was moved to a new institutional type created specifically to rectify this situation in a comparable act of therapeutic and social engineering. The informal arrangement of villa residences at the Ewell Colony is comparable with the informal layout of the houses at, for example, New Earswick.\textsuperscript{143}

In contemporary landscape design, too, both in the domestic sphere and in other public institutions such as public parks, aesthetic trends were moving in a similar direction. Simultaneously there was a shift, promoted by Jekyll, Robinson and others, towards the use of informal garden features with a minimum of architectural structure, such as woodland gardens. Jekyll's first gardening book, published in 1899 at exactly the time when such informality was gaining influence in many quarters, was entitled \textit{Wood and Garden}. In it formal architectural features were kept to a minimum, and where they did appear were softened in their appearance by the use of informal planting schemes.

Vernacular architecture became popular to complement such schemes, comparable to the movement in the civic and therapeutic landscapes.\textsuperscript{144}

\textsuperscript{142} Such garden city ideas were expressed in detail by Ebenezer Howard (1850-1928), the founder of the first garden city at Letchworth, in for example Ebenezer Howard, \textit{Garden Cities of Tomorrow: being the second edition of 'Tomorrow: a Peaceful Path to Real Reform'} (London: Swan, Sonnenschein, 1902). Howard's contribution and the rise of garden cities are discussed more fully in [Arthur Jones, ed.], \textit{Garden Cities and New Towns} (Hertford: Hertfordshire Publications, 1989).

\textsuperscript{143} The village of New Earswick was conceived at the beginning of the twentieth century by the local Quaker industrialist Joseph Rowntree. Raymond Unwin prepared the first site plan in 1903, and about 30 cottages were built. The village then grew in discrete periods: 1904-1918, 1919-1936 and 1946 onwards. Unwin's first site plan was a departure from the contemporary norm in that, instead of closely built houses with straight roads in between, its ground plan was much more organic and irregular. The landscape formed a major and integral part of the village, both public and private spaces, and was part of one of the first garden-city developments for artisans rather than for wealthy professional classes. Landscape ideas were pioneered at relatively small scale at New Earswick before being used elsewhere in subsequent garden cities such as Letchworth.

\textsuperscript{144} Gertrude Jekyll, \textit{Wood and Garden} (London: Longmans Green, 1899). Of course there was a reaction to this informality, which led to a revival of formal, compartmentalised garden elements in connection with the Arts and Crafts movement, as articulated by authors such as Reginald Blomfield, F. Inigo Thomas, \textit{The Formal Garden in England} (London: Macmillan, 1892), Sir George Sitwell, \textit{An Essay on the Making of Gardens} (London: Murray, 1909), and Walter Godfrey, \textit{Gardens in the Making} (London: Batsford, 1914). However, these styles were not
The colony was the most notable departure yet from earlier asylum facilities. In the complete fragmentation of the residential accommodation and its removal from the administrative and service core it moved even further from the standard asylum model than the charitable idiot children's asylum which, although it had also dispensed with courts, had retained the single residential building at its core. As sheltered therapeutic and working institutions, epileptic colonies appeared during the early twentieth century in limited numbers. Their function specifically for epileptic patients tended to be absorbed after World War I in the local authority-run mental deficiency colonies which did, however, sustain much the same design formula. The Ewell colony emulated the influential Chalfont Colony (opened 1894), in which each villa had its own garden originally maintained by the residents (although at Chalfont in 1900 the bailiff and his men took over all gardening work). The Langho Colony, Lancashire (1902-06), publicly funded by the local authority via the Chorlton and Manchester Guardians, incorporated ornamental features of the Anderton Hall estate on which it superimposed villas and service buildings for 272 patients.

**Mental deficiency colonies**

Following the early use of the pleasure ground-type colony system for epileptics, it became more widespread when applied to so-called mental deficiency colonies. Up to 30 purpose built, publicly funded mental deficiency colonies were constructed, the majority created in the 1920s and 1930s. These residential estates continued the established function of the asylum and epileptic colony for therapeutic work and recreation. They had an additional key social function: to isolate the mentally deficient from the rest of the community for eugenic purposes, in order to prevent the continuation of hereditary mental defects. The spur for their widespread creation was the 1913 Mental Deficiency Act which stipulated that local authorities should provide accommodation for 'mental defectives', who were taken to include those formerly referred to as idiots, imbeciles and the feeble-minded. The majority of such colonies, laid out after 1918, were situated in mature country house estates isolated from urban centres, continuing the earliest application of moral therapy at the end of the eighteenth century in which the elements of the rural country house landscape were believed to form the ideal model for the treatment of mental illness. In this way, as with the modification of country house estates for general asylums at the end of the nineteenth century, the influence of the domestic country house model had come full circle and was now used directly and ready-made for modification for therapeutic purposes.

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mutually exclusive, and in many domestic gardens from this period the two, formal and informal, were laid out to complement each other.


146 Mental Deficiency Act, 1913, (3 & 4 Geo. V, c.28).
The first mental deficiency colonies were set up before 1914. Monyhull Hall in the West Midlands was the first example, founded in 1905 and opened in 1908, with a few others following before World War I, including Prudhoe Hall in Northumberland, begun in 1913 (Plate 84, proposed layout and bird's-eye view of Prudhoe Colony). At each the country house was reused as an administrative block, with villas erected for patients in the landscape park, providing a model for subsequent sites. The colony formula provided detached blocks inserted into an informal ornamental pleasure ground landscape, this in turn set in farmland. Prudhoe Colony addressed this formula in an informal arrangement of buildings and landscape, with villas eventually placed in scattered crescents within the park in an echo of the garden suburb or city neighbourhood. At Great Barr, begun in 1911, a particularly striking use was made of the extant, eighteenth-century landscape park with work by Repton and Shenstone. This was used to frame a strong axial layout of colony buildings set in their own formal landscape inserted at the heart of the earlier design (Plate 85, OS 25" plan, illustrates the core of this arrangement and the combination of formal and informal layouts). The core of the colony provided the contemporary residential and therapeutic facilities while the historic setting provided recreational and work facilities, the recommended therapeutic use of which had changed little since the Tukes' application of it in the 1790s.

A closely related institutional landscape type, the cottage or village home orphanage, may have influenced the structure and design of the epileptic colony and later the mental deficiency colony. There are parallels in this earlier approach to the provision of accommodation and an associated landscape, which functioned on a less repressive basis than other institutions, for example the workhouse, which the colony may have drawn upon. The village home orphanage predated the epileptic colony by several decades, having been developed in preference to the monolithic and impersonal so-called Barrack Schools which previously prevailed. At the time of its emergence in the early 1870s its approach was unparalleled in other institutions, although, as Morrison has pointed out, it emanated from the same phenomenon of institutional fragmentation as pavilion plan general hospitals and workhouses, which was later applied to echelon asylums, and epileptic and mental deficiency colonies. Separate-block planning was manipulated to achieve a sophisticated

147 The Feeble-Minded Colony, Prudhoe Hall was set up in 1914 by the Boards of Guardians in the counties of Northumberland, Cumberland, Durham and the North Riding of Yorkshire. By 1930 it accommodated 600-700 patients in three separate 'villages' of villas arranged in arcs spread around the parkland. See articles in the Builder (2 October 1914), 315; (26 November 1915), 394-95; (17 January 1930), 172, 181-83 (including bird's-eye view and plan of projected development). See also RCHME, Report, Prudhoe Hall, NBR 102267 (1992).
148 The West Bromwich Poor Law Union bought the Great Barr estate in 1911. It was laid out as a mental deficiency colony by the Birmingham architect Gerald McMichael, whose insertion of the associated landscape and buildings left most of the park untouched. See De Bois Landscape Survey Group, 'Great Barr Park: a Survey of the Landscape' (unpublished report, n.d., c.1990s) [copy on English Heritage file GD2208].
150 Morrison, op. cit. (1998), 89.
segregation of inmates which was typical of mid-to-late Victorian workhouses and echelon asylums, at the same time breaking up the community into elements which were less likely to succumb to widespread outbreaks of infectious diseases. Intended to provide a domestic character for the residents, it was based on individual residential buildings scattered in a designed estate focused on a central administrative and school building. These in the case of the village home orphanages formed the basis of a community which attempted to minimise the institutional character. Its purposes were not therapeutic, but social, educational and domestic, to ensure that pauper children grew up with sufficient education and appropriate social values.

The earliest examples include Princess Mary's Village Homes for Little Girls at Addlestone in Surrey (1871) and Dr Barnardo's Village Home for Orphan, Neglected and Destitute Girls at Barkingside, Essex (1876-79). Although the earliest were charitably funded, many were subsequently built by local authorities. Morrison identifies nearly 50 sites in total. Many of the later examples of such residential school and orphanage estates were laid out in the early C20 at the same time as epileptic and mental deficiency colonies with similar plans. A particularly notable example of the landscaping of this type of site was the Harris Orphanage, Preston, Lancashire (1885-88, Plate 70, site plan). Eight domestic-scale villas for 120 children surrounded a quasi-village green, with smaller ancillary buildings scattered around. These were hidden from the road by the imposing Gothic-style principal building, housing the schoolmaster, schoolroom and chapel, and set in grounds laid out informally and ornamentally by Preston Corporation Parks' Superintendent, George Rowbotham, who had been associated with Edward Milner's work in the town (see above).151

In their superficial appearance the epileptic and mental deficiency colonies moved towards garden city, and other institutional models such as the village home orphanage. However, the principal economic activity, which was dictated by the therapeutic function, continued to reflect a considerable emphasis on farm and garden labour. In this retention of labour on the land the colonies retained a resemblance to the country house estate. Ironically, after World War I much less labour was available to work the domestic rural estate, which led to the sale of many estates out of domestic ownership and their reuse as public amenities such as public parks, or residential institutions, particularly as mental deficiency colonies, because this vocational principle still formed part of contemporary therapeutic theory.

151 The development of this orphanage and Harris's close involvement is documented in the uncatalogued Minutes of the Building Committee of the Harris Orphanage, Preston, 1884-89, held at the Harris Museum, Preston.
Conclusions

How did the asylum landscape consolidate, further develop and diversify as a type after the passing of the 1845 Lunatics Act? Did the landscape maintain its design relationship and functional links with the country house estate? If so, how were the social and economic functions and the structures of the country house landscape modified for medical purposes?

This chapter has examined the further development of the design and use of the asylum landscape, 1845-1914, as an independent landscape type, after its initial establishment following the 1808 Lunatics Act. The relationship with the country house estate has also been examined in order to identify the extent of its role as a major and continuing influence, together with the asylum's relationship with other landscape types. It has been established that even in the variants of the asylum landscape, such diversification did not entirely sever the design relationship with the country house estate, although influences from other landscape types have been identified.

In Chapter 4 it was demonstrated that during the first half of the nineteenth century the extent of the use and structure of the asylum landscape gradually expanded in step with the progressive adoption of moral therapy and non-restraint techniques. This institutional housing of lunatics continued in widespread use up to 1914 and beyond, largely because the methods of treatment changed little after 1845, continuing the theoretical and practical reliance on work as a major, but not necessarily effective, aid to recovery. Because of this there was little incentive to alter the pattern of the asylum estate structure, although there was a general trend towards increasing the estate size, for reasons of the economy of scale of housing and feeding patients. In Chapter 5 it has been demonstrated that the public asylum landscape established by 1845 then continued to 1914 to be considered generally the most appropriate configuration for new sites. Following the 1845 Lunatics Act, the asylum landscape framework, which had become more or less standardised by then, was consolidated in its retention of the principal elements and their arrangement: a large asylum building at the core of the site surrounded by airing courts and pleasure grounds, and, in the wider landscape, kitchen gardens, parkland and farmland. This basic structure, united by an ornamental design, continued in universal use for new general, that is non-specialist, asylums up to 1914. It even accommodated with little disruption to its structure the evolution of the asylum building from the corridor structure to the echelon arrangement of ward pavilions, which constituted a major architectural upheaval.

At the same time as the main elements were consolidated as essential features, the further development of the asylum landscape type around these elements continued, to a limited extent, mainly with the insertion of additional elements into the basic structure developed by 1845. These new features, it has been shown, did not greatly alter or disrupt the fundamental design of the existing structure and principles of arrangement of its original features. The insertion of this particular
collection of new buildings and landscape features confirmed the asylum as a distinct and significant landscape type. The new elements reflected mixed influences and functions. For example, the isolation hospital was introduced for medical purposes, the recreation ground was introduced for both therapeutic and social reasons, and the railway or tramway was adopted for economic and operational reasons. By 1914, despite this level of addition to the content of the asylum estate, its design and structure was still clearly recognisable as that which had developed by 1845, these new features having been inserted into the flexible matrix without major disruption to the basic design. Such development of the asylum landscape inevitably led to further divergence from the country house model, as few of the innovations were common to the latter, although not to such an extent that it lost all aesthetic links. The divergence resulted in the definition of the structure and design of the asylum as an independent and specific type of landscape, which occurred country-wide with little variation.

It has been shown that the asylum landscape was indeed capable of significant diversification, although this was not common and resulted in the development of only one major variant: the colony estate. While the asylum estate remained the standard tool for the treatment of most lunatics, a movement gathered force from the mid-nineteenth century towards the treatment and segregation of certain classes of patient in separate institutions. This therapeutic driver eventually led, in the public arena, to the significant variant, the colony estate, this being prompted by the trend towards architectural fragmentation for residential and medical institutions. Diversification on a significant scale did not occur until late in the main asylum building period up to 1914, with the emergence in the 1890s of the epileptic colony. This variant estate type was subsequently taken up for the treatment of so-called mental defectives by local authorities, its most prolific period of construction being principally after World War I, immediately following the main period under study. The colony, whether for epileptics or mental defectives, never became as numerous as the asylum, with a total of only 30 or so constructed at a large scale to 1939, whereas 115 public asylums in total were constructed. The colony landscape moved stylistically and structurally further from the country house estate model than the asylum. In doing so, it was apparently influenced by elements of the so-called village home orphanage, which had developed somewhat earlier, and the contemporary garden city movement, attaining more of the character of a planned domestic garden suburb. This reflected the desire to develop, for therapeutic purposes, the character of a domestic community, in an attempt to avoid that of the typical monolithic asylum institution. The adaptability of the asylum landscape design enabled it to accommodate such major changes, such as the fragmentation of the residential accommodation and the abolition of airing courts, while retaining much of the essential ornamental and therapeutic character of the asylum. This flexibility was largely due to the influence of the landscape park aesthetic and structures, which the colony adopted to a considerable degree. Many colony estates were sited in domestic estates, specifically to reuse the amenities and structures of the
mature landscape park, to which the required therapeutic modifications were made. In this way the link was ultimately confirmed between the therapeutic and the domestic country house landscapes.

Clearly the asylum estate landscape maintained stylistic and structural links with the country house estate, as is confirmed by the analysis of asylum landscape designers earlier in this chapter, underpinned by the evidence presented in Appendix IV, Asylum Landscape Designers. However, each asylum site was carefully composed to suit the institution's therapeutic, economic and social requirements, the design being further adapted to make the most of its particular site features. It has been shown that the asylum landscape was not the product of a pattern book, which might be applied as a standard to all sites without consideration as to the individual circumstances of each. Although there was a standard, if shifting, formula of elements, as there was with the country house estate, in neither type did this negate the need for the design and arrangement of them to be tailored to each site.

The level of ornament required in the provision of a complex combination of therapeutic, social and economic functions led to the development and consolidation of a unique landscape type. This is especially obvious in comparison with other public institutions of similar scale, for example, the workhouse, in which the landscape tended to be ornamented to a significantly lesser extent, if at all. A considerable number of asylum sites have been identified in this study where specialist professional design advice was sought in order to ensure that the structure and ornamental design were appropriately executed. The practical link between the country house landscape and its application in theories of treatment is clear from the repeated use of such specialist advice, in many instances via named professional designers who were deliberately employed by erecting committees to produce a therapeutic and ornamental landscape. This is evident from the employment of designers such as Marnock, Broderick Thomas and Goldring at asylum sites, who enjoyed a high professional reputation in the sphere of the country house estate. They moved apparently with little difficulty between the application of the landscape park to both domestic and therapeutic subjects, modifying basic landscape design principles to suit functional and site-specific requirements. The procurement of such advice indicates that a specialist approach was required to deal with the application and suitable therapeutic arrangement of the estate elements which the architect could not normally provide, in order to customize their provision to the particular requirements of the individual institution and its site. One specialist asylum landscape designer has been identified, Robert Lloyd, whose expertise filled an evident need for specialist advice. Lloyd was associated with at least seven such sites, which is a significant percentage of all the 115 public asylum sites for one person to have influenced directly.
It has been shown that the social and economic functions, which were nominally subsidiary to the primary therapeutic function and were associated with features adapted from the country house estate, were modified to varying degrees for medical purposes. All three functions were bound together by the aesthetic design of the estate. It has also been demonstrated that the asylum landscape reflected to a considerably lesser degree the social functions of the domestic establishment than its economic functions. In terms of the social functions the fundamental difference was in the change of purpose of the estate: the adaptation of estate features from the domestic housing of a single family of the landed classes, serviced by staff of a lower class, to the therapeutic housing of a large and unrelated group of the lowest social classes with a mental illness, serviced by medical staff. Some similarities in social function have, however, been distinguished in the approach to gender identities and socio-economic class definition. Class differentiation, although remaining in evidence in the functioning of the asylum, was blurred to a considerable extent in the design and ornamentation of the asylum estate: the large, ornamented building and extensive and ornamented compartmentalised landscape provided for the pauper lunatics continued to bear a resemblance to the domestic grandeur of the wealthier classes in their country house estates.

Economically, the functions of the asylum landscape bore a much stronger resemblance than the social functions to those of the country house estate, with the adoption of a group of productive elements into the wider asylum landscape with little modification. These included the farmstead, farmland, kitchen garden and orchards which were standard elements of both estate types. A significant tension has been highlighted between the nominally secondary function of these elements as an economic unit, which was of great importance to the asylum economy, and their supposedly primary therapeutic function. The tension was emphasized by the proportionally low extent of therapeutic activity in the economic landscape.
CHAPTER 6. CONCLUSIONS AND POTENTIAL FOR FUTURE ENQUIRY

This chapter analyses the outcomes of the issues addressed in this study, principally the extent to which the purpose-built English public asylum estate developed as an independent landscape type, and the design influences on its development. It also addresses its relationship with the domestic country house estate as an apparently closely related and influential landscape type, and the extent to which it reflected the social and economic functions and structures of this domestic establishment.

The discussion concludes that the public asylum landscape was a product of several design influences, including the earliest purpose-built asylum, Bethlem. It also concludes that the asylum estate was indeed significantly influenced by the country house estate, elements of the landscape design of which it reflected to a great extent. It was also capable of modification into discrete variants, such as the epileptic colony and the later mental deficiency colony, in so doing moving away from the country house model towards the garden city model.

The study method and its positive and negative aspects are briefly critically appraised, leading to a discussion of potential areas for further enquiry which could enhance the present study. These include other contemporary asylum, hospital and residential institutional landscape types, together with contemporary asylums in other geographical areas. A further potentially valuable tool is the detailed spatial analysis of the asylum estate, including the relationship between the building and landscape, as well as between the asylum and other related landscape types including the country house and other institutions.
CHAPTER 6. CONCLUSIONS AND POTENTIAL FOR FUTURE ENQUIRY

CONCLUSIONS

This work has addressed two particular aims. It has attempted to determine whether the purpose-built English public lunatic asylum landscape (1808-1914) developed as a significant, independent landscape type, and in doing so has considered the influences which led to its development and consolidation. Secondly, in doing so, it has sought to analyse this development by addressing the nature of the relationship of the asylum landscape with one apparently particularly closely related and influential landscape type, the country house estate. Did the therapeutic estate reflect the social, landscape design and economic functions and structures of this domestic establishment to a greater or lesser degree, modified for medical purposes? A supplementary aim has been to demonstrate that this type of landscape forms a legitimate object for conservation in the face of current grave threats to the fabric, and how this may be approached. These issues and questions have been addressed by reference to original research carried out for this study. The resultant material has been analysed in order to demonstrate the meaning and significance of the asylum estate as a discrete landscape type.

In addressing these issues the work has placed the landscape in the context of its therapeutic function as an adjunct to the asylum building. More significantly, it has also established the requirements which the medical establishment placed on the asylum landscape as an therapeutic instrument independent of the asylum building, these having been discussed in terms of their influences, application and expression in the estate design. In doing so, the study has addressed the reasons for the development of the asylum estate, and demonstrated that it consolidated as a designed landscape type in its own right. In achieving this outcome, the origins of the ornamental and structural design have been questioned, particularly the influence of other types of designed landscape, notably the relationship with the country house estate and its landscape park. The study has also analysed the purpose and development of the asylum landscape alongside other landscapes of related social institutions, particularly that of the workhouse. From this it has been established that, although the two were closely allied in institutional terms, in design terms the aesthetic of the asylum was more closely related to that of the country house estate. The importance of this study is in its use of material newly identified from archival sources, and in its novel approach to the analysis of this material, set within the context of developments in garden design and combined with parallel developments in the treatment of mental illness, with reference to architectural and social influences.
The most notable conclusion is that the public asylum landscape did develop as a significant, independent landscape type, with its own character and function. Additionally, it has been concluded that in establishing this character it drew upon elements of the country house landscape which were adapted in order to fulfill the therapeutic function. Other domestic landscape design influences appeared at early stages in its development, including town and villa gardens, but these generally had less impact on the public asylum estate. However, in the most significant specialist variant type, the epileptic and mental deficiency colony, while a relationship with the country house estate was retained, further designed landscape influences appeared, including the garden city, and institutional social landscapes such as the village home orphanage. In all cases, however, the main design driver in the landscape was medical theory. This dictated not only the provision of conventional medical elements, for example airing courts in non-specialist asylums, but also the adoption and modification of elements of other types of landscape for therapeutic purposes and the use of a significant ornamental estate design. Although the relationship of the asylum estate with the country house estate was indeed a close one at various periods, because of their fundamental functional differences the two estates diverged not only in landscape design terms, but also in social terms.

The first purpose-built asylum, Bethlem (1674-76), presented a new landscape type, based on earlier therapeutic precedents, which was both significant and influential. Although it was clearly a medical institution, which reflected this purpose in its estate, it bore similarities in its estate structure, setting and arrangement to the formal and compartmentalised country house landscape fashionable in the seventeenth and early eighteenth centuries. Few, if any, contemporary estate models other than the rural domestic one could appropriately accommodate a building of such scale, together with the therapeutic need for secure landscape compartments. Subsequent charitable asylums such as Leicester (1781) tended to followed Bethlem's example, providing in its estate structure similar therapeutically important elements, principally the single asylum building and adjacent courts, but at a generally smaller scale. Thus the asylum's relationship with the country house estate was initiated, although during the eighteenth century the style of the latter moved in an entirely different, informal direction to that of the asylum, resulting in the development of the landscape park.

The next major innovations in purpose-built asylum estate design occurred from the 1790s in response to the requirements of moral therapy (psychological methods employed via physical management to help cure a mental disorder) which demanded external provision for patient recreation and vocational therapy. The most influential event was the construction of The Retreat (1792-96), with a rural estate which at 11 acres (4.5 ha.) was at a considerably greater scale than other similar

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1 See Chapter 3, section on Bethlem, Moorfields, the earliest purpose-built English asylum, and subsequent related sections.
institutions. Its landscape innovation lay in the therapeutic provision and use of elements in the wider asylum estate beyond the asylum building and airing courts, which latter had persisted in universal use since the building of Bethlem. This estate was comparable in its structure and scale with domestic villa landscapes of the type designed and publicised contemporaneously by Humphry Repton and which were themselves based on a scaled-down version of the country house estate. Shortly after, at Brislington House (1804-06), Dr Fox also adopted this therapeutic approach to the landscape, extending the provision for therapeutic purposes greatly beyond that pioneered at The Retreat. In doing so Fox created, at 80 acres (32 ha.), the largest purpose-built therapeutic landscape yet constructed, clearly adopting fundamental elements of a full-scale country house landscape model, used particularly in the design of the wider asylum landscape, for the therapeutic benefit of the patients. He combined these elements with the provision of a therapeutic building, institutional in character but sited in similar fashion to a country house at the core of its landed estate, together with adjacent confined airing courts whose interiors drew on design devices found in contemporary town gardens attached, for example, to rows of terraced town houses. Both asylums, in adapting elements of various domestic landscape models, including the country house, villa and town garden, to accompany conventional medical elements, were thus clearly influenced by contemporary landscape design fashion. In particular, in accomplishing the therapeutic imperative, both asylums incorporated elements of the character of the informal landscape park developed during the eighteenth century, as seen at Nuneham Courtenay, taken up and adapted for medical rather than domestic purposes. Both asylums have also been demonstrated to have been important and influential in the subsequent development of the public asylum landscape.

The shift towards the use of moral therapy in the landscape and the resultant modification in the asylum estate structure was little acknowledged immediately after the passing of the 1808 Lunatics Act in the character and structure of the first three public asylums, except to a restricted extent at Nottingham (1810-12). Analysis of the early layouts of these three sites reveals that they do not appear to have been significant or influential examples of the modification of the landscape for the purposes of the adoption of the new moral therapy medical theory. Instead they tended to use relatively confined estates which were more closely allied to the older charitable models of the previous century, these in turn based on the still earlier Bethlem model.

In the early nineteenth century the aesthetic of the country house estate, based on the informal landscape park and pleasure grounds, was moving towards a greater level of formality around the

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2 See Chapter 3, section on Tuke’s Description of The Retreat and its significance, and subsequent related sections.
3 See Chapter 3, section on Brislington House, the first extensive asylum landscape.
4 See Chapter 3, section on The earliest public asylum landscapes.
house in the arrangement of the garden structures and planting, exemplified in Repton's designs for
Woburn and Ashridge. These various compartments, often disparate in their character, complemented
the informal, ornamented pleasure ground features which had developed as part of the landscape
park. Conversely, the early purpose-built asylum, with its hitherto formal estate principally based on a
group of airing courts united around the asylum building, began to adopt informal, pleasure-ground-
type features for use by its patients, to complement the formal ones (the courts) which it had always
used. In this way the country house and the emerging asylum estate drew stylistically closer,
particularly in the parallel formality of the core elements and the informality of the wider pleasure
ground and park equivalents, but the estates retained entirely different purposes. Thus both types
were moving from opposite design directions towards the adoption of mixed formal and informal
features but for quite different purposes.

The adoption of the expression of moral therapy in the landscape occurred for the first time on a large
scale in a public asylum from 1815, at Wakefield (1815-18), which proved to be a crucial event in the
development of such landscapes. This resulted in the design of an ornamental landscape prototype
for the public realm specifically tailored to accommodate therapeutic requirements. The landscape
structure was greatly influenced by Samuel Tuke and The Retreat, and thus, at least in this indirect
manner, by the contemporary country house estate. In accomplishing this Wakefield was influenced
by The Retreat, and adopted, for therapeutic purposes, innovative landscape features used there (for
example the kitchen garden and farmland), scaling these up to accommodate the greater number of
patients resident in this public institution. As has been demonstrated in the comparative analysis of
Wakefield, Hanwell (1828-31) and Derby (1844-51), over the following three decades asylum
landscape design developed in its sophistication from the Wakefield prototype to a formula which
became a standard model in public asylums, typified by Derby. In doing so it reflected key elements
of the wider country house estate, including belts, pleasure ground areas, parkland and views across
an increasingly large estate to the surrounding countryside, applied and modified specifically for
therapeutic purposes. Thus by 1845 (and the passing of the Lunatics Act, which compelled counties
to make separate provision for their lunatics), a discrete asylum landscape type had developed which
incorporated an increasing level of complex functional and ornamental design to achieve its
therapeutic purpose.

Although the asylum landscape adopted and adapted key physical elements of the country house
estate, the two estate types developed independently (as discussed throughout Chapters 4 and 5).

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5 See Chapter 4, section on Wakefield, the first significant public asylum landscape, and subsequent related
sections.
6 See Chapter 4, section on The country house estate model adopted and modified, and subsequent related
sections.
Even so they continued, from the early nineteenth century, to bear a prominent resemblance in structure and aesthetic. Each tended to comprise parallel and similar structures and design, including a formal core enclosed by informal pleasure grounds and parkland, farm, kitchen gardens and lodges, as well as a complex network of drives, all linked by an ornamental veneer. The contemporary trend in the country house garden, as exemplified by Mentmore (1850-55) and Westonbirt (1840s-60s), moved from Repton's individual, relatively small, and sometimes disjointed compartments towards the provision of larger formal terraces and garden parterres, these compartments more physically and stylistically united in their framing of the house. This stylistically, and apparently coincidentally, moved the domestic rural estate closer to the arrangement adopted at the core of the asylum estate in which compartmentalised spaces had formally framed the asylum building in the custodial element of its therapeutic function since the erection of Bethlem in Moorfields in the late seventeenth century. The domestic and therapeutic landscape types retained fundamental design differences, however, which helped to distinguish their individual characters. For example, the asylum lacked major ornamental water features (for therapeutic reasons) and extravagant seasonal bedding parterres (for economic reasons), both of which were common in mid-nineteenth-century country house estates. Even so, in both domestic and therapeutic estates the main aim remained to provide an aesthetically-pleasing and functionally practical design based on an extensive estate to accommodate the principal residents' activities.

In contrast the estates of other social institutions closely related to the asylum, such as the workhouse and prison, although fulfilling the requirement to provide a functionally practical landscape, lacked the imperative to provide an aesthetically pleasing landscape design in order to fulfil their essential purpose. In particular there were structural similarities between the workhouse and asylum landscape, principally the exercise yards, the central building and productive kitchen garden areas. Generally, however, because of their repressive regime and character, the workhouse landscape was ornamented to a much lesser degree and consequentially did not draw on ornamental designed landscape models to anything like the same degree as that of the asylum. In some cases the workhouse landscape contained restricted elements of ornamentation, and a hierarchy of ornamentation was in some cases (such as Aylesbury) identifiable which related to the social hierarchy within the institution. However, this ornamented design approach seems to have played a minor role in the workhouse estate, which was essentially repressive rather than curative in intent, this manifested in its largely utilitarian design.

As well as the therapeutic function imbued in the asylum landscape design it also embodied other functions, principally social and economic, evident throughout the period under study, but

7 See Chapter 4, section on Other social institutions, and subsequent related sections.
particularly once the asylum type was fully developed, from the 1840s onwards. In the landscape these secondary functions were particularly related to the provision of those elements which had been drawn from the country house estate. In its social functions and structures the asylum was not as closely related to those of the domestic establishment as might be suggested by the similarity of the design of the landscape elements in both estates. The asylum's social functions and structures were by-products of the primary medical function of the establishment, rather than of the domestic function which produced the country house landscape. The country house principally provided a domestic residence for landed society families and in doing so made an extensive and lavish display of wealth while providing luxurious surroundings for domestic activities. By contrast, at the opposite end of the social scale the asylum provided a therapeutic residential environment for paupers. Paradoxically a highly ornamental environmental quality was believed to be required for therapeutic purposes to restore the residents to their low socio-economic position in society. In achieving this the asylum diverged from the purpose of the country house, for it did not constitute a display of the principal residents' wealth as did the country house. Its ornamented design could, however, be interpreted as a display of society's (and therefore the asylum's ultimate owners') desire to project a philanthropic approach towards the less fortunate, or possibly be interpreted as a manifestation of society's desire to return patients as speedily as possible to their major function as social and economic productive units.

The social interpretation of the asylum's appearance as an ornamental and extensive estate considerably blurred the boundaries of the otherwise rigidly defined contemporary conventional social hierarchy. Such an ensemble could formerly have represented, in terms of its scale of structure and level of ornament, only the country house estate of the landed classes, never an institution for mad paupers. The alienist W.A.F. Browne further confirmed this social (and even landscape) confusion in his allusion to the asylum as comparable with the 'palace of a peer, airy, and elevated, and elegant', the grounds and gardens of suitable magnificence to accompany such a building being 'extensive and swelling' (quoted in full at the beginning of Chapter 4). Thus a complex, extensive and ornamented estate (ornamented outside the building at least), paralleling in character the domestic estate of the wealthy landed classes, was provided for those at the opposite end of the social spectrum for therapeutic purposes in order to alleviate their mental illness. Paupers would otherwise not normally have had access by virtue of being the principal residential group to such an opulent residential situation.

Although the social distinction which was normally visually evident between wealthy and pauper residences was blurred in the case of the country house and asylum estates, the social distinctions
which were manifested and promoted in the practical use, rather than the appearance, of the country house estate were reflected in the asylum estate. Domestically the landed classes did not undertake manual work, but were served by those of a considerably lower social level. This social distinction via tasks undertaken was expressed and confirmed in the practical use of the asylum estate via the assignment of vocational therapy activities. In the asylum estate the patients, who were generally paupers, were assigned to manual labour tasks, reiterating the social implications of the assignment of such tasks to those at the lower end of the social spectrum. In addition the asylum confirmed a social trend, evident within this institutional type at least, to move towards reducing the number of women working as manual labourers outdoors by allocating such tasks generally only to men, particularly towards the end of the period under study. In the manifestation of such social functions the asylum landscape confirmed the social role of men and attempted to rehabilitate them in this way to prepare them for life as productive economic units and stable members of society beyond the asylum.

In its economic functions and structures the asylum estate more obviously reflected those of the domestic country house estate than its social functions, the economic elements additionally forming a further by-product of the primary therapeutic function. The asylum estate adopted two main economic structures drawn directly from the country house estate, along with their associated functions, the farmland (to a greater or lesser extent ornamented as parkland), and the kitchen gardens and orchards. The principal functions of these structures, whether for the primary domestic purpose in the country house estate or therapeutic purpose in the asylum, were supplemented by this secondary, economic function. For example, ornamental parkland had developed in the domestic rural estate during the eighteenth century largely from purely economic farmland which had been ornamented as a landscape park as the setting for the country house. By the nineteenth century the function in the country estate had consolidated as primarily an ornamental, domestic setting, not an economic unit, although the latter was just as much a part of its character as it was ornamental. When this parkland structure was adopted and adapted by the asylum estate a therapeutic function was substituted for its original function as a domestic setting, but the resultant economic benefits remained similar and just as valuable in both. Additionally, in both estates the economic farming activity maintained in a practical manner the ornamental parkland structure.

During the later nineteenth century the design aesthetic and structure of the asylum and country house estates drew gradually further apart, although similarities persisted. The asylum estate consolidated

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9 See Chapter 5, section on Political control.
10 See Chapter 5, section on Gender identity.
11 See Chapter 5, section on Economic issues, and subsequent related sections.
12 See Chapter 5, section on Development of existing landscape features, and subsequent related sections.
in its own style, becoming more distinctive in the move away from the country house estate style that it had drawn upon and modified up to 1845. In consolidating its style the asylum landscape acquired as standard a range of further features which it did not share, or only very occasionally, with the country house estate. These included various satellite buildings, railway structures, privies and recreation grounds, inserted alongside the retention of the original airing courts, which features had always most obviously distinguished it from the country house estate. The flexibility of the domestic landscape park and pleasure ground model, initially drawn upon for the wider asylum landscape, stemmed from a combination of its large scale and informal style. These attributes, when applied to the asylum estate, in turn ensured that the insertions described could be made for therapeutic purposes without great change to the design and ornamental character, for example at Middlesbrough (1893-98). Economic and social functions continued throughout the latter part of the study period to 1914 in similar fashion, with their respectively greater and lesser alliances to the country house estate model.

The link with contemporary landscape design theory was generally maintained in the 115 public asylum estates built or under construction up to 1914. That this link was deliberately and continuously maintained has been demonstrated by reference to a variety of asylum cases, particularly highlighted by the commissioning of professional landscape designers, some of whom were fluent in designing in various idioms, particularly that of the country house, but also public parks and cemeteries. Examples of asylum commissions by notable landscape designers include Colney Hatch (1849-51) by William Broderick Thomas; Leavesden (1868-70) and Banstead (1872-77) by Alexander MacKenzie; Rauceby (1897-1902) and Napsbury (1900-05) by William Goldring. Such professionals understood the design of the asylum landscape type and its combination of influences. In integrating the required therapeutic elements they were able to draw on key elements of contemporary landscape design, particularly those from the landscape park.\textsuperscript{13}

Analysis of the material relating to the construction and layout of asylum sites demonstrates that the design of asylum estates was carried out by several groups of people, including professional designers of contemporary national renown, professional horticulturists, and landscape contractors and nurserymen. A further group with a major influence on asylum designs, who were not landscape professionals, was also identified. Such individuals were generally closely professionally connected with the particular sites to which they contributed, and included architects and superintendents. Alongside the series of sites laid out by designers of contemporary national renown, discussed above, a trend in the requirement and direct use of specialist expertise in this type of landscape design is

\textsuperscript{13} See Chapter 5, Trends in landscape designers, and subsequent related sections.
observed with the identification of at least one asylum design specialist, Robert Lloyd, who is known
to have contributed to at least six sites and been initially involved with a seventh.

It has been demonstrated that the landscape of the non-specialist public asylum did not change greatly
in use and form after 1845, except for the insertion of various features which did not seriously disrupt
the asylum landscape design formula developed by 1845. This formula continued in use in all public
asylums except for specialist institutions, a small number of which were developed to house separate
medical classes of patients. Although they occurred for therapeutic reasons, they were not linked to
the most major development in the structure of the asylum building, the adoption of the echelon from
the 1870s, which began the fragmentation of asylum estate buildings and a move towards the variant
colony system. Such an otherwise general lack of variation in asylum landscape design up to 1914, as
demonstrated by reference to, for example, Middlesbrough (1893-98) as a typical late example, was
linked mainly to a largely unchanging therapeutic asylum regime based on moral therapy. However,
this lack of variation in the regime did not negate the versatility of the asylum estate in its ability to
be developed into discrete variants which reflected contemporary landscape design theories, as
occurred towards the end of the nineteenth century with the emergence of the epileptic colony.

The standard treatment regime by 1845 was based on the classification and physical segregation of
patients into medical groups in the asylum building, and to a certain extent in the landscape. A need
was identified for the greater physical separation of two particular classes of patients in their
therapeutic environment from the general mass of lunatics. This led to the development of two
variant estate types to accommodate them, modifying the asylum estate type in two, opposite,
directions, these, respectively, returning towards and moving away from, the country house estate
model. The less important estate variant, in asylum landscape design terms, was developed from the
1850s as the mainly charitable idiot children's asylum, this remaining a minor variant which was not
widely adopted. Detachment of this class of patient from the main asylum population led to a move
closer towards the country house estate model. Airing courts were abolished for therapeutic reasons
and the areas incorporated within the more open pleasure grounds of the ornamental estate, retaining
a large core institutional building, as demonstrated at the Royal Earlswood (1852-55) and Royal
Albert (1866-73) institutions for idiots. In landscape design terms this moved the idiot children's
asylum away from the contemporary asylum model. In doing so it resembled more closely the
eighteenth-century country house estate ideal of a principal building immediately surrounded by
informal pleasure grounds, rather than the contemporary country house model, which had by this time
largely adopted formal compartmental gardens around the house.

14 See Chapter 5, section on Diversification into asylum landscape variants.
15 See Chapter 5, section on Idiot asylums.
In landscape design terms the more important variant of the non-specialist asylum resulted from a trend for the therapeutic isolation of epileptics from the general asylum population which led to the creation of so-called epileptic colonies.\textsuperscript{16} This specialist site type was taken up and applied to a more widespread therapeutic variant, the mental deficiency colony.\textsuperscript{17} The colony estate, which appeared in the 1890s, although drawn from the asylum model, moved further from the country house estate model. Instead, while continuing to strive for a domestic character, it developed more towards the contemporary garden city model based on formal and informal groupings of domestic-scale residences in a rural setting. An informal suburban character was obtained by the abolition of airing courts and the introduction of grouped villa residences set in pleasure grounds, these in turn set within the core of the rural character of the wider farming estate in which the patients worked, for example at the Ewell Epileptic Colony (1900-03). Such design variation continued to be driven by therapeutic theory for both the epileptic and the mental deficiency colony. In the latter type, not fully developed until after 1918, a trend emerged towards the reuse of the redundant country house estate, in which rural setting groups of administrative and residential buildings were inserted to take therapeutic advantage of the ready-made, domestic, country house estate design. These domestic landscapes, available in large numbers following World War I, were ideally suited, having originally provided a model for adaptation by the non-specialist asylum landscape, as discussed above. Of the 30 or so acquired by local authorities and modified for therapeutic purposes by 1939, early examples, including Great Barr (1911 and later) and Prudhoe (1913 and later), reaffirmed the link between the domestic and therapeutic landscape types, in this case firmly uniting the country house and the more architecturally fragmented garden city models.

The asylum estate, it has been demonstrated, developed as a distinct landscape type with its own sophisticated character. In doing so it united contemporary landscape design trends, including design elements of the country house estate, with conventional medical devices, such as the airing courts derived originally from Bethlem, in an ornamented estate. The domestic landscape park and pleasure ground model of the country house estate contributed elements versatile enough to be adapted for application to other landscape functions, in this case therapeutic requirements. At the same time the ornamental design of the rural domestic landed estate continued to develop, particularly with the reintroduction of formal garden structures during the mid-nineteenth century. In parallel the asylum landscape developed its own design expressed in its ornament, structure and function and formed a substantial and discrete element of the historic environment with its own historic interest and integral place in the context of garden history. Thus it can be said to form a legitimate object for consideration for conservation as an historic artefact.

\textsuperscript{16} See Chapter 5, section on Epileptic colonies.
Chapter 6

The supplementary aim of the work has been as an aid to conservation, to identify and raise the awareness of the cultural value of these landscapes in order to provide a more complete picture for those who should be informed on the subject, who deal principally with the management of such sites. Having demonstrated the potential historic value of the asylum landscape as a type, a discussion of criteria for the assessment of its value as a contemporary cultural artefact and approaches to its conservation is provided in Appendix I, Endword: Asylum Landscape Conservation.

CRITICAL REVIEW OF THE STUDY

This research has provided a significant body of new material for analysis in both garden history and medical history terms. The strengths of the conception of the research stemmed particularly from its nature as a discrete subject area with a large amount of primary material available for comparison and analysis with extant material on the development of the country house landscape. However, there are also areas which are arguably weaknesses in the conception and its implementation. These are primarily based in a criticism that the very discreteness of the area of study leads to a limitation in its extent of enquiry. This leads to the identification of suggestions for related avenues of further enquiry, based largely on various additional discrete study areas which stem directly from issues raised in the discussion in this study and are, because of this, intrinsically linked to the subject.

The closest comparable types of landscape which have not been addressed in detail in this study are those of different administrative types, the charitable and privately run asylums, which although a relatively small group would form a useful comparison in terms of their relationship with the public asylum landscape and the country house estate. In addition there are similar valid comparisons to be made with developments in other geographic areas, between English asylum landscapes and those in the wider UK, the former British Empire colonies, continental Europe and North America. Cultural, geographic and racial issues would form additional areas of analysis in such cases. A related area for further enquiry is the contrast between the design and function of asylum landscapes and other hospital types with large landscapes, including hospitals treating infectious diseases such as smallpox and tuberculosis, together with convalescent homes and military hospitals. Such other hospital types did not form such large or cogent groups of sites in the same way as the public asylums, and they tended not to have such highly developed specialist layouts, but they do appear to have drawn on the country house model for their landscape design. Although comparisons with other institutional models have been briefly sketched, this too would form a valuable area for detailed study, especially residential institutions including workhouses, prisons, orphanages and schools, and also with non-residential institutions such as public parks and cemeteries.

17 See Chapter 5, section on Mental deficiency colonies.
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The chief strength of the implementation of the research, in informing the conception of the study, is in the breadth and depth of the number of site archives investigated, with the resultant considerable potential for analysis. The result was the identification of a huge body of material for analysis, on which reasonably secure identification of trends could be based, and conclusions drawn in answering the questions posed in the original aims. A further strength of the implementation of the research results from the large amount of primary and secondary material relating to the development of the landscape park which is available for use in the comparison process. In addition the author's knowledge of a wide range of sites on the ground, both country house and asylum estates, supported the understanding of the structure and function of both types, and their comparative relationship.

One notable weakness in the implementation of the research stems from a lack of detailed comparative spatial analysis, both in linking asylum buildings to their landscapes and using the asylum example in a broader analysis across landscape types. This would be a valuable area of further enquiry to extend the conclusions of this work, and with the relatively plentiful availability of detailed mapping of asylum estates and plans of their buildings there is an abundance of material available on which to base such a line of enquiry. The development of such an applied method has not yet been given scholarly attention, but would help to fill a considerable gap in informing the understanding of the design of the relationships of spaces in asylum landscapes via a study of their use and movement through them. It would be appropriate to further the scope of this study because of the complexity of circulation through the asylum landscape and the reasons for this, and is potentially a useful analytical tool in furthering our understanding of the comparative relationship between building and landscape design, at a level of detail which requires further work beyond the scope of this study. It would also be useful in its application in the comparison between the asylum and country house estates, and across a range of public institutional sites, such as asylums, workhouses and prisons.

A potential area for further enquiry leads from a gap in the information available on the commissioning of designers working in any designed landscape type. A comparative analysis across landscape types would be useful, identifying the choice of designers and the criteria used to select them, using the information available on asylum landscapes as one avenue for comparison. A further avenue which it was not possible to pursue for this study is to locate and, if still extant, examine the professional papers of asylum architects G.T. Hine and C.F. Howell. Identification of personal or professional material such as correspondence or accounts may help to make a direct link with Lloyd, or indeed any other designer connected with asylum projects on which they worked.