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

This thesis undertakes an unprecedented comparative analysis of the English public asylum landscape during its development, 1808-45, and during its subsequent consolidation and variation into other related types during the main period of public asylum building, 1845-1914. The scholarly contribution of this thesis is to investigate whether, and if so how, the asylum landscape formed a distinct landscape type, together with its principal influences and context. It addresses the main design influences on the development of the purpose-built English public lunatic asylum landscape, in particular the landscape of the country house estate. The study questions whether, and if so how, the asylum landscape reflected the landscape design, social and economic functions and structures of this apparently closely related domestic landscape type, and modified for medical purposes. A supplementary but still significant aim is to demonstrate that this type of landscape forms a legitimate object for conservation as an historic asset, in the face of grave current threats to the fabric, together with approaches to the achievement of such conservation.

Previous scholarly work on this landscape type has been negligible, concentrating instead on architectural aspects of asylum sites, and on approaches to the treatment of mental health within asylums as a social and therapeutic institutional type. This thesis adopts a garden history approach to understand the asylum landscape and its relationship with other designed landscape types, addressing related influential themes, including medical, architectural and social history. It draws on the analysis of an original combination of archival materials, both textual and graphic, to obtain a comparative picture of the design and use of asylum sites in the national context. It also draws on contemporary published texts from which to elucidate the wider theoretical context in which both the individual sites and the national movement were based.

The study concludes that the asylum estate did indeed develop as a distinct landscape type, significantly influenced by the country house estate, incorporating to varying degrees associated social and economic functions and structures. However, in assuming a discrete identity the asylum landscape varied significantly from the country house estate, in accommodating requirements connected with moral therapy, in doing so developing elements derived from the first purpose-built asylum in England, Bethlem (1674-76). The development of this distinct landscape type was accomplished largely by utilising the aesthetic and flexible qualities inherent in the informal arrangement of the elements of the country house estate, which were suitable for adaptation beyond the domestic sphere, for therapeutic purposes. Such flexibility resulted in the landscape being capable of modification beyond the general asylum type into discrete variants, such as the late nineteenth- and early twentieth-century epileptic colony, and the mental deficiency colony, in doing so moving further from the country house model, towards the garden city model.

As well as the design and ornament of the asylum landscape the study also addresses its use, concluding that its principal function was therapeutic, for which an extensive, ornamented landscape was required in order for the patients to undertake recreational and vocational activities. The study identifies a number of individuals who contributed to the design of various asylums, including professional landscape designers who were commissioned to provide designs specifically for asylum sites. It also identifies a previously unknown designer, Robert Lloyd, who was particularly prolific in this field, being associated with at least seven asylum sites. Thus the asylum landscape is demonstrated to be a legitimate historic asset, and in an appendix its value is appraised in terms of the conservation of the historic environment, and approaches to the conservation of this type are considered.
ACKNOWLEDGEMENTS

This thesis would never have been completed without the generous support of many people who have assisted the course of my investigations. In particular, my supervisors have provided a continuing source of guidance and support, principally Dr Judith Roberts as my first supervisor and great friend, and Professor Janet Myles who has also given invaluable support and advice.

The documentary research for this thesis has been undertaken in several dozen county and district record offices, as well as local studies libraries, several health archives, the LMA, PRO and NMR. Without the Wellcome Library for the History of Medicine I could never have achieved such a depth of inquiry, and I am indebted to the staff of all these institutions who have provided invaluable and patient expertise and guidance on their holdings. The staff of the English Heritage Library at Savile Row, principally Cathy Phillpotts and Sally England, have also provided unfailingly, over five years, cheerful and patient service in the face of some rather singular requests for material.

I have benefited from the goodwill of various health authorities and their staff, including security staff, in my attempts to gain access to asylum sites, without whose co-operation I should never have managed to see so much and gain such a broad picture of the asylum landscape.

I am forever indebted to several exceptionally tolerant and encouraging friends, including Harriet Jordan, Nicola Sterry and Catrina Appleby, as well as to my partner Nigel Halse who has, without complaint but with great encouragement, been subject to my great enthusiasm well beyond the bounds of ordinary tolerance. Finally I should acknowledge the influence of my late parents without whose support and encouragement I should never have got far enough to contemplate such an undertaking.
TERMINOLOGY

I do not attempt to define the meaning of, or explain the reasons for, insanity, which in any case seem to have shifted with time, and their analysis could take up a huge amount of space. This study relates to an assumption that, in general, insanity manifested itself in any generation as a type of unacceptable deviation from the standard behaviour of society in general. One useful and relatively concise discussion is Porter’s *Madness: A Brief History* (2002), particularly the introduction.1

The terminology used historically to refer to the mentally ill and institutions for their treatment was diverse, and has been used here where historically appropriate as part of the scholarly analysis of the subject. Wright’s *Mental Disability in Victorian England* (2001) provides a useful thesaurus of terms relating to their nineteenth-century meaning, covering the main period under discussion in this study.2

The following definitions are used, partly adapted from his nosology.

A lunatic was one who although previously 'sane' suffered from a temporary or permanent impairment of mental ability. Lunacy was considered a more professional term to use, rather than 'mad' or 'crazy' which occurred in popular literature. Lunacy was not considered to be congenital, whereas 'idiocy' was, and referred to those who had a permanent mental disability from birth or an early age. 'Imbecile' was used in a similar manner to idiot but did not have the later legal status gained from late nineteenth-century statutes. 'Insane', legally and in general parlance, covered all those who were incapable of conducting their own affairs, not just those who were lunatics, but also idiots and imbeciles. An 'asylum' tended from the eighteenth and nineteenth centuries to refer to an institution which was run charitably or from public funds for lunatics and idiots. A 'madhouse' was generally in eighteenth- and early nineteenth-century usage a privately run establishment, although there could be a huge variation in sizes and conditions, and the term died out in the later nineteenth century. An 'alienist' was a nineteenth-century term for a doctor specialising in the treatment of lunatics, usually to be found practising in a public asylum, and superseded the term 'mad-doctor' which had been used in the previous century. 'Mental hospital' was the term which from the 1920s replaced the term lunatic asylum.

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## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>c.</td>
<td>circa</td>
</tr>
<tr>
<td>EH</td>
<td>English Heritage</td>
</tr>
<tr>
<td>HLF</td>
<td>Heritage Lottery Fund</td>
</tr>
<tr>
<td>HMSO</td>
<td>Her Majesty's Stationery Office</td>
</tr>
<tr>
<td>LCC</td>
<td>London County Council</td>
</tr>
<tr>
<td>LMA</td>
<td>London Metropolitan Archive</td>
</tr>
<tr>
<td>MAB</td>
<td>Metropolitan Asylums Board</td>
</tr>
<tr>
<td>n.d.</td>
<td>not dated</td>
</tr>
<tr>
<td>NGR</td>
<td>National grid reference</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NMR</td>
<td>National Monuments Record</td>
</tr>
<tr>
<td>OS</td>
<td>Ordnance Survey</td>
</tr>
<tr>
<td>PRO</td>
<td>Public Record Office</td>
</tr>
<tr>
<td>Pub.</td>
<td>Date of publication</td>
</tr>
<tr>
<td>RCHME</td>
<td>Royal Commission on the Historical Monuments of England</td>
</tr>
<tr>
<td>RO</td>
<td>Record Office</td>
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<tr>
<td>Vol.</td>
<td>Volume</td>
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<tr>
<td>WLHM</td>
<td>Wellcome Library for the History of Medicine</td>
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The public asylum landscape in England, between its inception in 1808 and the conclusion of its great construction era in 1914, apparently developed into a significant ornamental landscape type. This initial assessment has led to a scholarly study in garden history terms to confirm whether or not this was the case. In achieving this an analysis has been undertaken based on the development of asylum landscape design, together with major influences, including parallel landscape design, medical, legal and social developments. This introductory chapter sets out the aims and objectives of the thesis, explains the research programme which informs the discussion, and places the asylum landscape in an initial academic context, examining the historiography of the subject to date and discussing the reasons for the scholarly approach taken in this study. The chapter then moves on to describe the methodology adopted for the study and outlines the principal primary sources which were most informative, concluding with the organisation of the thesis.
CHAPTER 1. INTRODUCTION

Aims of the study

The public asylum landscape in England, between its inception in 1808 and the conclusion of its great construction era in 1914, apparently developed into a significant ornamental landscape type. This work addresses two main aims connected with this initial observation. Firstly it attempts to determine whether the purpose-built English public lunatic asylum landscape (1808-1914) did develop as a significant, independent landscape type, and in doing so addresses the influences which led to its development. Secondly, it seeks 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. In determining the nature of this relationship, it asks whether, and if so how, the social, landscape design and economic functions and structures of the country house landscape were modified for medical purposes? A third, supplementary aim is to demonstrate that this type of landscape forms a legitimate object for conservation as an historic asset, in the face of grave current threats to the fabric, together with approaches to the achievement of such conservation.

In addressing these issues the work draws upon research into the design of purpose-built lunatic asylum landscapes erected by public bodies for the reception of pauper lunatics in the period 1808-1914. It places the landscape not only in the context of its therapeutic function alongside the asylum buildings, but also within the context of developments in contemporary landscape design. The major requirements of the therapeutic establishment are identified, and their application and expression demonstrated in the development of the asylum estate design and the influences on this design. This analysis is set within the context of developments in garden design and the treatment of mental illness, alongside social and economic factors and parallel developments.

The wider purpose of the work is to identify and raise awareness of the cultural value of these landscapes in order to provide a more complete picture for those who require information on the subject. It is hoped that the results of the historic analysis in this study will be used to assist those concerned with making better-informed decisions about the heritage merit of asylum landscapes when major development is proposed, including NHS policy makers, those managing individual sites and disposing of redundant sites, as well as local authority planners and conservation professionals. In order to achieve this the conclusions of the historic analysis are used to inform a discussion as the epilogue to the study, in Appendix I, Endword: Asylum Landscape Conservation, addressing the
major conservation issues currently concerning these landscapes, leading to a discussion of appropriate conservation approaches.

**Significance and approach**

This work makes the first scholarly consideration of the development and significance of a particular landscape type which has not previously been subject to a detailed analytical study at a country-wide level. In doing so it addresses the reasons why and how this landscape developed, and whether such development led to a significant and independent landscape type, together with its use in the treatment of insanity. Such a study contributes to an awareness of the landscape issues relating to asylum sites in the face of endemic institutionalised ignorance of designed landscapes per se, including professional architectural, archaeological and conservation circles. This study is the first in which asylum landscapes have been seriously considered in this context.

This study reveals the design, structure and purpose of the purpose-built asylum landscape, together with its influences, particularly the country house estate and medical factors. It is for others to put it in its broadest context, of medical and social history, to discuss its place as part of the whole of contemporary society and medical activities, and to assess whether it was a true benefit or a sop to humane liberals. Information has been assembled and analysed which may be used as ammunition for others to take further in terms of the academic search for its place in social control, medicalisation of life, policing of families and gender studies. In addressing the contribution of the asylum landscape to the development of designed landscapes, it will also be questioned whether it was a truly independent landscape design type or whether it was merely the repeated application of a pattern-book approach in a mass-produced system.

In specifically garden history terms this study is significant for several reasons. Firstly because the methodology attempts to draw together and identify a group of factors which influenced the development of the design of one type of designed landscape, something which is not usually undertaken as studies are usually confined to various academic themes, such as art historical, social and economic. The main factors which are addressed in this case, in varying degrees of detail, include landscape design, medical, social and economic issues. The study advances from the conventional recognition that the analysis of designed landscapes is tied to such commonly used

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Chapter 1

literal or pictorial themes, towards endorsing the validity of drawing on new fields, in this case, the built environment in partnership with medical history. In doing so a recognised form of landscape is selected and appraised in analytical terms in parallel with developments in medical history. This approach makes a significant contribution to the garden history field by moving into a new analytical interpretation, based not in the standard aesthetic interpretation (exemplified by Elliott, 1986) or the less common social interpretation (exemplified by Williamson, 1995), but based instead on a previously untried theme, that of medical interpretation.

In this study a theoretical model has not been employed, such as a Marxist view of 'historical materialism', or a feminist approach based on the social organisation of sexual difference. Instead the method adopted is based upon a straightforward analysis of a specific garden history area, that of asylum landscapes, testing out hypotheses within the garden history context influenced by medical history. This approach was selected because garden history is such a young and untried subject that there is still much scope for critical empirical work before proceeding to apply analytical data to theoretical models. However, this approach is relevant because there is a need for such empirical work to move the approach of the subject (garden history) on into new scholarly dimensions.

More specifically within the context of garden history this work is significant because it is set largely in a period, the nineteenth century, which is in general largely overlooked in garden history studies, and in which the scholarly comparison of different types of landscape is largely untried. Furthermore, it addresses garden history as related to a public social institution which has not been undertaken on such a scale and depth before. It also contributes considerably to the understanding of the work of landscape designers of the period. In doing so it identifies the designers of 25% of the English public asylums begun between 1808 and 1914 with the identification of 30 sites for which named persons contributed to the design process and/or laying out of the grounds out of a total of 115. Out of a further 15 charitable and private asylums, two sites with named landscape designers have been identified. Many of these designers were active in designing other types of landscape, including country house estates, public parks and cemeteries, and this work helps to set them and their work in context.

**Genesis of the study**

This study arose from a personal and professional interest in the history and conservation of purpose-built asylum sites as designed landscapes, both in England, and beyond in Great Britain and Ireland, North America and the former British Empire colonies. The seeds of my interest were originally sown in the 1970s and 1980s, while visiting my father in a rural asylum of the 1850s over a period of 15 years, before the great mental hospital closure programme assumed its full and final momentum. These seeds were germinated by a friend's scholarly interest in the conservation of asylum buildings
as part of her MA studies, and a visit to Alan Bennett's play, *The Madness of George III*, in 1992. The seedlings of this interest finally blossomed as part of my professional responsibilities within the English Heritage Parks and Gardens Register team, intensified hugely by a recognition of both the historic interest of asylum sites and simultaneously the continuous and major threats to their historic integrity during the 1990s. I also conceived an intense desire to promote both the historic interest of these estates as designed landscapes, which seemed to be as important a type as the traditionally recognised and valued country house landscape, together with their conservation capabilities. Although it was obvious that the buildings attracted a limited level of protection and could certainly be reused, no-one championed the landscapes in the same way, and so as a personal contribution to the field I embarked on this study in 1998.

**Context of nineteenth-century asylums**

Psychiatric hospitals in England, and throughout the rest of the British Isles, have during the twentieth century almost entirely been located in eighteenth- and nineteenth-century, purpose-built structures and landscapes. The majority of these sites are the product of a massive asylums construction programme which escalated during the nineteenth century, this in turn set within the context of the institutionalisation of contemporary English society resulting from a considerably more complex society which developed from the previous century via the Industrial Revolution. This institutionalisation was manifested in a huge expansion of institutions of social control, including prisons, asylums, hospitals, workhouses, educational establishments and public parks, their functions expressed in identifiable estate types which were specifically tailored structurally in, for example, their building and landscape forms. The reasons for the rise in the numbers of the insane during the nineteenth century, together with that of the asylum, are manifold, and have been debated at length elsewhere. What is relevant to this study from these discussions is that the asylum was intended to be therapeutic, and that in the late eighteenth and early nineteenth centuries the asylum was expected to fulfil a realistic function of effecting cures.

The majority of asylums were purpose-built because of the belief that the insane were best treated away from their own homes in an environment which was specifically designed to meet their treatment requirements. Lunacy reformers and medical practitioners of the nineteenth century were largely concerned with therapeutic and humanitarian means of treating patients rather than promoting custodial regimes. This was manifested in a prominently held conviction that the asylum institution possessed inherently redemptive powers, drawn in large part from the ornamental landscape laid out

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for therapeutic uses, in which the building was firmly rooted. Superficially the purpose-built asylum estate appeared to be based on the model of the country house estate, which was still a popular and developing model of domestic residence for the wealthy classes. The asylum estate was, however, modified in its functions and structures from the domestic model for therapeutic, social and economic reasons to accommodate large numbers of insane male and female paupers. Patients, when housed in asylum surroundings designed for several hundred people, could be economically grouped by their condition. Additionally, economies of scale could be achieved by accommodating the insane in large, purpose-built sites, rather than in the smaller, private establishments which had housed the majority of patients in the eighteenth and early nineteenth centuries.

Other public institutions of social control which developed in parallel also sought to achieve their purpose by segregating elements of the population in purpose-built residential, custodial estates, particularly the workhouse and prison. The carefully designed frameworks of these form useful close comparisons to the asylum. Despite the custodial nature of the asylum, this was not regarded as the prime therapeutic feature of the institution, in marked contrast to these other institutions. In particular the workhouse is the most useful comparator in this context and will be drawn upon later in this study during the analysis of the asylum landscape. Its structure and regime displayed close superficial similarities with the asylum, the crucial difference being that, although the workhouse exacted social control via its building, it did not draw to a great extent on a requirement for the ornamentation of its associated landscape to achieve this. Although both institutions housed the same social class, provision of landscape ornament was purely for therapeutic purposes. As will be demonstrated in the argument running through this study, the structure and ornamentation of the asylum landscape was imbued with the therapeutic function and was designed to achieve this alongside the regime within the building. The major difference between the workhouse landscape and that of the asylum lay in the restriction of the former solely to a social and economic function to achieve a repressive regime, whereas the latter also embraced a therapeutic and ornamental function to achieve a curative regime. The prison, which again catered for the same social class, also had its own landscape type set within a custodial regime for social outcasts, but this tended to be much more confined in the extent of the estate and work undertaken, and like workhouses it generally lacked landscape ornamentation. The prison's purpose was solely social, usually without even the economic spur towards self-sufficiency that the other two institutions displayed as this was believed to be an inappropriate part of a punitive regime. Because of this it does not form as useful a comparator with the asylum as the workhouse and has been addressed to a lesser degree in this study.

**Scale and scope of asylum development**

The scale of the nineteenth-century asylums construction programme matched that of other institutions such as workhouses, prisons and schools. It was fuelled by the conviction of mental
health treatment reformers and the medical profession that the only effective way to cure the insane was by housing them in discreet, and often isolated communities. In 1847 in England and Wales there were 5,247 pauper patients housed in 21 county and borough asylums. By 1914 there were 108,837 equivalent patients housed in 102 public asylums and by 1930 there were 125,530 patients.\(^4\) The rate of construction of new asylums only declined in the early twentieth century and very few of the newly set up asylums were housed in other than purpose-built facilities. After World War I many fewer new asylums were built, the last two new major asylum sites being opened in the 1930s. A new institution characterised this Inter-War period, the mental deficiency colony, a descendant of the asylum, based on similar therapeutic principles, which was often placed in a former country house estate, with the house at the core of a newly built colony.\(^5\) The landscape associated with this variant type of medical institution is not addressed in detail in this study, other than as a legitimate development of the asylum type. The numbers of asylums built can be contrasted with considerably greater numbers of sites of other notable estate types which were built in the nineteenth century, such as the country house, over 500 of which are estimated by Girouard as either built or remodelled between 1835 and 1889 alone.\(^6\) There were also considerably more workhouses constructed, estimates of numbers of these being built after 1834 also exceeding 500.\(^7\) The conclusion can be drawn that the large number of people who came to be housed in asylums were in relatively few sites compared with these other two site types. This discussion will be expanded in Chapter 2 in relation to the workhouse and Chapter 5 for the country house.

**Recent history and decline**

The decline in the use of the asylum estate came after World War II, largely based on an increase in the effectiveness of drug therapy and an increasing social unwillingness to detain people in custodial institutions. During the 1950s the first of continuing far-reaching advances in pharmacotherapy were made as patients began to be treated with psychotropic drugs which controlled mood swings. By the 1930s a 'parole' system had begun to develop in mental hospitals, allowing many patients largely unimpeded access to much of the hospital building and grounds. In some cases patients were even allowed home at weekends. This was further developed in the 1950s as the 'open door movement'

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\(^5\) Bethlem Hospital was moved from Southwark in London to Beckenham, Kent, which was completed in 1930. Runwell Hospital, Essex, the first to be constructed after World War I, opened in 1934.

\(^6\) Mark Girouard, *The Victorian Country House* (New Haven and London: Yale, 1979), 8-9. In contrast, Franklin estimates that 'well over 1,000, perhaps as many as 2,000 country houses were built between 1835 and 1914'. Franklin's definition of what constituted a country house, however, is significantly broader than Girouard, embracing houses and their estates built at a smaller scale than Girouard includes, hence the higher estimated numbers. Jill Franklin, *The Gentleman's Country House and its Plan: 1835-1914* (London: Routledge and Kegan Paul, 1981), 1-4.

gained momentum, promoted by a combination of factors including the new drug development. A further factor was a report by the World Health Organisation in 1953 which promoted the reduction of treatment in centralised hospitals in favour of more dispersed services to be used as tools in the hands of the community.\(^8\) Wartime experiences in the treatment of refugees and military personnel also prompted a move towards 'therapeutic community systems', rather than large, impersonal institutions.\(^9\)

This development in treatment methods from World War II resulted in a seminal speech in 1961 by Enoch Powell, the Minister of Health. In it he prophesied that, 'in fifteen years' time there may well be needed not more than half as many places in hospitals for mental illness as there are today'.\(^10\) To implement this vast predicted cut, he referred to a proposed reduction of at least 75,000 hospital beds, and the wish to see the abandonment of large mental hospital institutions in favour of treatment in specialised wards or wings of general hospitals. As a result, long-term plans were made for the abandonment of the large asylum sites in favour of a 'Care in the Community' mental health policy in the NHS, vastly reducing the number of beds required in long stay, hospital-based accommodation. This proceeded, with various minor changes of policy, through the following decades, although over a much longer time scale than he had envisaged, with some hospitals not closed until the early twenty-first century and a very small number retaining a hospital function.\(^11\) It was perceived that the extra funds required for adopting the care in the community policy would be raised by estate rationalisation, in other words, the sale of long-stay hospitals and their associated large estates which would release capital assets. Naturally NHS bodies have since the 1960s been anxious to make the most financial gain from their redundant capital assets, and this has meant that many of the old asylum sites have been sold for redevelopment to their maximum value, often with the loss of much of the landscape or the core building or both. The result during the 1980s and 1990s has been the complete devastation of many historically important examples of this type of site, and the pending threat of demolition and redevelopment to many others.

The vast majority of former lunatic asylums have, from the 1980s into the twenty-first century, been closed down or medical activities have been dramatically reduced in scale and facilities relocated within other hospitals. A study published by SAVE Britain’s Heritage in 1995 predicted that by the year 2000, 98 out of a total of at least 121 large mental hospitals open in 1986 in Britain would have


\(^11\) For example Wallingford, Oxfordshire did not close until early 2003. Mapperley, Nottingham remains open for the foreseeable future.
closed.\(^{12}\) Few have been redeveloped into modern hospital facilities, this being part of a deliberate policy to break with past associations and discard old models of psychiatric care provision as being untenable.\(^{13}\) While this has been continuing little has been done to record or research the whole of each of these complex sites to identify their historic significance. The structure of the substantial sites which they occupied represents a major cultural artefact which is being lost to the community, both in terms of buildings and landscape. The loss of this community asset, which encompasses a huge investment in terms of the country's sustainable resources, building stock, designed landscapes and amenity open space can be compared with that experienced during the notorious 1960s cuts to another nineteenth- and early twentieth-century institution, Britain's railway system. Indeed it has been argued that 'not since the Beeching Axe fell on the railways has so large a slice of the nation's public architectural heritage been made so precipitously redundant'.\(^{14}\) The closure and demolition of asylum sites, and their redevelopment in a piecemeal fashion over a period of twenty to thirty years, has been greeted with significantly less indignation than was the closure of large sections of the railway system or would be threats of a similar scale to country house estates at present. There are several possible reasons for this, including the public distaste for issues affecting mental illness, the perceived notoriety of local mental hospitals and a resultant public indifference to their fate, and the lack of influence of sufferers of mental illness over politicians.

**Framework of the study**

This study addresses the subject of asylum landscapes using principally a garden history approach, in which a combination of analytical methods are adopted. This landscape type, the purpose-built lunatic asylum built by public authorities, has been selected for study because it forms a coherent group of sites, developed during the nineteenth century as a response to reforms in mental health treatment and legislation. In addition, the similarity of character of the physical structure of the asylum landscape to that of the traditional subject for garden history analysis, the country house estate, underpins the suitability of this approach. The form of the purpose-built asylum site was developed along particular lines with a particular design aesthetic, including a major landscape component which had several functions including medical treatment, recreation, economy, visual amenity and sanitation. The majority of purpose-built asylums were set up in the public sector by county magistrates to receive pauper lunatics and it is these which form the main area of study. Several early (late eighteenth- and early nineteenth-century), purpose-built charitable and privately run asylums in particular influenced the design and use of later public asylums, and two of these will be examined as part of the context of the study.\(^{15}\) Other charitable and privately run asylums have not...


\(^{13}\) For a detailed analysis of the shift in treatment policies to Care in the Community see Kathleen Jones, *Experience in Mental Health: Community Care and Social Policy* (London: SAGE, 1988), 30-51.


\(^{15}\) Examples being The Retreat, York, opened 1796; Brislington House, Bristol, opened 1806.
been included in this study other than as part of the context, as they form further coherent groups for which additional study is appropriate.

Throughout this period public asylums were not accommodated in buildings which had been developed for other purposes. Where country house estates were bought for asylum purposes the associated domestic houses, of varying size and scale, were either demolished (such as Winwick, Lancashire) or else adapted and extended for the reception and treatment of small numbers of patients, often fee-paying (for example Claybury, Essex and Bexley, Kent). In either case the standard large asylum building complexes for pauper patients were inserted into the mature landscape which was adapted to fit to the landscape model required, including the provision of airing courts.

The study has been restricted to the landscape of the asylum rather than those of other hospital types because the asylum was the only landscape type deliberately developed specifically for the treatment of mental health problems. In addition, other types of hospital sites during the period under examination tended not to occupy significant landscaped grounds. Until the late nineteenth century most hospital sites were occupied by the so-called general hospitals which treated almost all ailments other than mental illness or disability. General hospitals usually stood in urban areas at the centres of densest population, close to where the majority of potential patients lived, and where space for development was at a premium. Patients undergoing treatment did not occupy space in these hospitals for more than short periods of time, unlike those in lunatic asylums. General hospitals did not therefore require exercise space for patients, and the medical profession did not consider that the provision of grounds had any bearing on patient therapy. Several other purpose-built types of hospital developed during the second half of the nineteenth century which treated specific illnesses and were provided with extensive landscapes. These types generally developed to supplement the facilities offered by other types of hospitals, the majority being laid out during the late nineteenth and early twentieth centuries. They included hospitals treating highly infectious and life-threatening diseases including smallpox and other fevers, and tuberculosis. They did not form such a significant, cogent group of sites in landscape terms in the same way as the asylums, and they did not have such a highly developed specialist layout, although they drew to some extent on the country house model for their landscape design. However, they are strong candidates for further enquiry and comparison with asylums.

The geographical limitation of the study to England has been chosen for two main reasons, partly to ensure a manageable body of material for research and analysis, but mainly because this geographical area is set within the context of a single national legal and cultural framework. English asylums were subject to various legal requirements resulting from Acts of Parliament, which meant that their
development differed from those in Scotland and Ireland.\textsuperscript{16} Although Wales was subject to the same legal requirements as England it developed its own regional approach to the treatment of mental illness which did not rely to such a great degree on institutional treatment, which resulted in a much lower number of asylums per head of population.\textsuperscript{17} The therapeutic approach to the creation of asylums and the management of patients within them also differed in the other countries, Scotland and Ireland. However, in general there were many similarities in the history of the creation and use of asylum sites throughout the UK, and to a lesser extent in Europe and North America. Because of this the history of asylums in England cannot be divorced from mental health treatment and architectural developments in other parts, or from the contemporary influence of Continental Europe and North America, and would form an area of useful further enquiry.

The main period of study (1808-1914) has been selected because it represents the most significant period in the construction of new public asylum estates in England with the laying out of associated designed landscapes. In 1808 the Lunatics Act was passed which permitted the first publicly funded asylums to be erected; by 1914 the great wave of construction of new asylum sites which built up momentum during the nineteenth century had almost come to a standstill. This period also coincides with an 'Age of Improvement' defined by Briggs as covering the period 1783 to 1867 which was occurring throughout Europe, in which the development of economy, society, politics and government were all greatly affected.\textsuperscript{18} These radical changes were the result of the industrial and agrarian 'revolutions', which began in England in the eighteenth century and continued into the nineteenth century, and the continuing effect of colonial expansion and development and the concentration of population. Within this social revolution the domestic country house continued to increase in popularity, and many examples within landed estates were built, at the same time as the great expansion in institutional building began and gathered momentum, including asylums and their landscaping.

\textsuperscript{16} Ireland was the first United Kingdom state to make compulsory provision of public asylums, with an Act passed in 1817, in which the Lord Lieutenant was empowered to direct county or district magistrates to erect asylums for their insane poor, reported by Andrew Halliday, \textit{A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland} (London: Underwood, 1828). Halliday's description is reprinted in Richard Hunter, Ida Macalpine, \textit{Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts} (London: Oxford University Press, 1963), 788. Scotland did not pass such an act for a further 40 years, with the Lunacy (Scotland) Act, An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland, 1857 (20 & 21 Vict., c.71).

\textsuperscript{17} This cultural difference and its effect on the provision of public asylums is examined in detail in Pamela Michael, \textit{Care and Treatment of the Mentally Ill in North Wales, 1800-2000} (Cardiff: University of Wales, 2003).

Historiography

What work has been carried out on the subject matter so far and from what approaches? Has there been work on similar site types? What gaps are there?

No significant countrywide study specifically of English asylum landscapes has so far appeared, or more generally, a study of hospital landscapes, or even more broadly of the landscapes of public institutions. These are major gaps in the understanding of designed landscapes given that the quantity of such institutional sites must number many hundreds (see also above, Scale and scope of asylum development). A limited number of studies of other types of nineteenth-century designed landscapes have appeared, including the country house, public park and garden cemetery, but these have not referred to residential institutional landscapes. They have tended to take a narrow approach to the analysis of their subject type, with little comparison across types or of the themes which were influential on their structure, functions and design. In order to analyse thoroughly the development of the asylum landscape type it has been necessary to adopt a new approach, linking together a variety of such themes which were influential on structure, functions and design. These include designed landscape history, here referred to in shorthand as garden history, together with other established approaches, particularly to social, architectural and medical history. All of these are subjects which greatly influenced the development of asylum landscapes, and with the exception of garden history there have been studies in these fields relating to the architectural, medical and social history of asylums, but the coverage of landscape design and conservation issues in these has been minimal or non-existent. Public asylums are often mentioned, but usually as a subsidiary part of the general chronology of architectural, social and medical developments. When references to asylum sites are made they relate mainly to the structure and use of the building rather than that of the landscape, with emphasis upon the perceived move through the nineteenth century towards a universal warehousing of pauper lunatics in huge asylum settlements which produced little or no relief of the symptoms of lunacy. None of these approaches has addressed the detailed analysis of asylum landscapes throughout England in relation to the treatment of illness.

Garden history approaches

Although this study is informed by social and medical history approaches, together with architectural history, and touches on other subjects, its main approach is rooted firmly in the context of designed landscape studies in the UK. Garden history is a comparatively young subject, having made a significant academic impact only since the 1960s. Because of its junior status as a developing subject it has not yet matured its own coherent theoretical approaches but as an emerging subject it can be subject to, and so borrows from, other better-developed approaches. The versatility of subject matter leading from the diverse functions of both domestic gardens and other designed ornamental landscapes, and the structures within them, means that garden history has in its analysis borrowed and
applied methods from several disciplines which can be applied to the analysis of landscape design and function.

Early studies in garden history were principally informed by the approach and methodology of architectural history. They also almost exclusively addressed the eighteenth-century domestic country house estates of the wealthiest and politically influential classes. Borrowing heavily from these techniques the typical academic approach to garden history focuses on the analysis of the designed, usually ornamental, elements of the landscape, taking an historical approach to the subject. Because of this focus on the country house estate there is a major and vital body of information which has been drawn upon to inform this study in relation to the aesthetic and structural elements of this type in making a comparison with the genesis of the asylum landscape. The drawback of this approach is that it tends to ignore functions and themes of the landscape other than the purely aesthetic which may have influenced its design, and does not recognise the holistic approach which was adopted in accommodating a variety of functions when such landscapes were created. Another technique examines designed landscapes in relation to the biographical careers of major personalities such as designers. Although this provides a useful overview of particular groups of landscapes, for example those designed by such personalities, it provides a narrow view of a very select group of landscapes and ignores the broad trends which may appear when analysing the vast bulk of designed landscapes which are of historic interest but whose designers are, and will probably remain, unknown. A similar method has been used in relation to medical history, where the topic has been analysed in relation to the careers of the most notable medical practitioners and authors with similar results and drawbacks.

The methods used by the art historian have been used in the analysis of some designed ornamental landscapes, particularly where the iconography formed a significant aspect. Literary history too has been used particularly in respect to, for example, pastoral poetry in connection with eighteenth-century Arcadian landscapes. The disadvantage of adopting purely art or literary historical methods is similar to that of standard approaches to architectural history, where the ornamental elements alone are taken into account. The archaeological approach is one of the most recent disciplines to be widely applied in garden history, and makes use of both field and excavation methods, which are useful in

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20 For landscape history analysed via major personalities see works such as Peter Willis, *Charles Bridgeman and the English Landscape Garden* (Jesmond: Elysium Press, 2nd edn. 2001); Dorothy Stroud, *Humphry Repton* (London: Country Life, 1962); for medical personalities see works such as Andrew Scull, Charlotte MacKenzie, Nicholas Hervey, *Masters of Bedlam the Transformation of the Mad-Doctoring Trade* (New Jersey: Princeton University, 1996).
confirming or supplementing documentary sources, but results require careful interpretation of site-based evidence against such documentary evidence as exists to ensure absolute confidence in the results for analysis. Less frequent is the linking of garden history to social and economic history, and in the case of asylum landscapes in particular, the linking of landscapes with the expression of changes of attitudes to medical treatment. All of these approaches are valid and when a series are used together appropriately in combination as dictated by the context of a site, such combination can produce excellent analytical results. As the present study uses mental health treatment as a context for landscape design an interdisciplinary approach is required, with the result that most of the above approaches (with the exception of iconography and literary history) are of use in the analysis of asylum landscapes.

Dixon Hunt has been the most vocal assessor and critical commentator on methods applied to garden history. For example, in his essay addressing 'Approaches (New and Old) to Garden History', in *Perspectives on Garden Histories* (1999), he describes the development of conventional approaches to designed landscape history, emphasizing that garden history in particular has been attended with the major disadvantage that every colonizing approach - whether from art history, literature, biohistory, geography, or sociology - tends to treat the garden as an interesting element, but usually a marginal element, of that discipline. His assertion that, while gardens and designed landscapes remain objects of historical study, they are perceived to be marginal in terms of academic study, is clearly confirmed in the case of asylums, in which the landscapes are studied sporadically as adjuncts to several other spheres of interest but have never up to now been the object of study in their own right.

The particular emphasis on approaches relating to designed landscape history has favoured studies of eighteenth-century aristocratic and gentry styles, designers and sites, to the detriment of other periods and genres. This, Dixon Hunt asserts, stems principally from Horace Walpole's influence over the historiography of garden history. Walpole created an excellent propaganda coup principally via his *A History of the Modern Taste in Gardening*, in gestation from the 1750s to the 1770s and first published in 1780 (described by Dixon Hunt as the 'Walpolean hijacking' of the relevance of issues crucial to garden theory). In this work he managed to ensure that since the later eighteenth century many historians have subjectively regarded the landscape park as the only true form of gardening, and

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23 For an overview of garden archaeology see the issue of *Journal of Garden History* devoted to this subject entitled 'The Techniques and Uses of Garden Archaeology', *Journal of Garden History*, 17, no. 1 (1997); for an approach specifically to field archaeology see Paul Pattinson (ed.), *There By Design: Field Archaeology in Parks and Gardens* (Oxford: Archaeopress, 1998).

24 Iconography is unlikely to be of use because of its absence from asylum landscapes and literary history for the same reason.

that all variations of its pure form since that period are merely bastardisations.\textsuperscript{26} This may form part of the reason why relatively little academic work in garden history has resulted in detailed published discussion of nineteenth-century designed landscapes as a period of landscape developments firmly based in that century, rather than being approached as a mere extension of an eighteenth-century acme of design perfection. This contrasts with the equivalent architectural approach towards the Victorian country house taken by, for example, Girouard, who takes the approach that it forms a legitimate product of its own age, and is not merely some debasement of the eighteenth-century Palladian style.\textsuperscript{27}

One indicator of trends in the periods studied in the garden history field can be found in academic journals. In particular the major indicators are the two major journals devoted to garden history, the British-based Garden History Society's \textit{Garden History} (published since 1973) and \textit{Studies in the History of Gardens and Designed Landscapes} (first published in 1981 and until 1998 known as the \textit{Journal of Garden History}), produced in the USA. Analysis of the subject matter of articles in these two journals shows that there is a huge weighting towards the study of eighteenth-century designed landscapes. These articles are almost exclusively devoted to the country house estate for their subject matter, as for this period this is the type for which historic documentation is most easily available, as well as secondary sources on the buildings. The vast majority of articles in \textit{Garden History} concern activities during particular periods of landscape history, with a small proportion relating to multi-period coverage of particular types of landscape, conservation issues and other topics. As over 40\% of articles relate to subject matter of the eighteenth century, this is a considerable majority, less than 20\% of articles being based on nineteenth-century subjects and 9\% on twentieth-century topics. \textit{Studies in the History of Gardens and Designed Landscapes} shows a similar structure of its articles based around historic periods, with a slightly lesser weighting towards the eighteenth century, although this period still commands the largest category. Some 25\% concentrate on the eighteenth century; 15\% of articles are based on nineteenth-century subjects and the same proportion on the twentieth century.

\textsuperscript{27} Girouard, \textit{op. cit.} (1979).
The above graph, Figure 1, demonstrates that when the subjects of the articles are divided chronologically into individual centuries a lack of a systematic approach appears in relation to broad garden history study periods. The editorial direction, in trying to break away from the great influence of the eighteenth century, has sometimes leapt straight to the twentieth century. A gap has opened up which largely overlooks the nineteenth century, and there has been no systematic survey of nineteenth-century landscape types, perhaps reflecting a victory for Walpole's propagandizing in the conscious or subconscious belief that the eighteenth-century landscape park is the acme of garden-making and is never to be surpassed in artistic merit. It appears that landscapes of the nineteenth century have been considered too subjectively in terms of earlier activity, the conclusion being that they are merely extensions, developments or debasements of the eighteenth-century Arcadian landscape apogee, rather than subjects for studies in their own right. This omission is surprising given the enormous amount of primary material available, particularly in relation to publicly funded landscape types which had a social or medical purpose and only appeared in the nineteenth century, such as public parks, cemeteries, orphanages and workhouses.
The continuing omission from the 1990s into the early twenty-first century of published analytical work relating to the landscapes of the nineteenth century is even more significant because of the large number of nineteenth-century public park sites which have received HLF grant aid in this period. Such funding within a special programme for restoration works targeted at public parks inevitably requires as part of the grant conditions a thorough historic survey, which although not published, is usually freely available for analytical study. No analytical study of design using this material has yet appeared, missing a crucial opportunity to broaden our knowledge of this subject area and period to provide the nationwide context based on sound academic analysis with which to underpin future individual restoration projects.

This trend towards the study of the eighteenth century is also very apparent when considering scholarly works dedicated to garden history of the nineteenth century. There are significantly more works dealing with landscapes of the eighteenth and even the twentieth century than those of the nineteenth century, particularly works providing overviews of the eighteenth century, reviewing areas of design together with monographs of the notable designers. Works relating specifically to garden history of the nineteenth century are far fewer and this also applies to works addressing country houses and their landscapes. There is a complete lack of sources relating to the institutional landscapes of, for example, social, medical and educational institutions such as orphanages, workhouses, prisons, hospitals, sanatoria and boarding schools and colleges. This omission of attention to nineteenth-century designed landscape history contrasts notably with Scull's observation that the history of psychiatry has actually concentrated its attention specifically upon the nineteenth century. It appears that this difference may relate to the periods of seminal activity as perceived by specialist historians, which for Western garden history is the eighteenth-century Age of Enlightenment. For the history of psychiatry this seminal activity dates from the early development of 'modern' methods, from the beginning of the moral treatment era, most notably ushered in with the opening of The Retreat in 1796.

Garden history literature review

The most scholarly overview of landscape design developments, Elliott's *Victorian Gardens* (1986), was published over seventeen years ago. The drawback of this originally ground-breaking work is that it has never been revised, or equalled or surpassed in its breadth of coverage, nor its scholarly depth in the subject matter it tackles. Since its initial publication it has never been revised or superseded by a work which embraces subsequent research, which in specific fields such as public parks and garden cemeteries has been considerable, nor the identification and research into newly recognised institutional types of landscape such as those mentioned above. In terms of this study it

does not mention asylums at all, although it does provide the best available contextual overview of
nineteenth-century domestic landscape design which is very useful in the comparison with asylum
design. There is now a need for a broader approach, drawing together analysis of the parallel design
and development of ornamental landscapes with varying functions, including domestic parks and
gardens of the wealthy, public landscapes, institutional landscapes and vernacular gardens. Such a
study could place these landscapes in context and highlight the origins and crossover of influences.

Since Elliott's publication an explosion has taken place in the production of garden history-related
publications and in the breadth and depth of knowledge, but restricted to limited subject areas, as
discussed above. Although there has been considerable scholarly research on this period, books on
the subject of nineteenth-century landscapes have consistently been published less frequently than on
other periods, particularly the eighteenth century, and in any case asylums have not been on the
agenda. Even the twentieth century has recently attracted a notable amount of analytical attention, for
example in Birksted's Post-Modern approach to landscape architecture, Relating Architecture to
Landscape (1999).\(^3\) The interest in the twentieth century may result from its nearness in time to the
present, which gives historians added if subjective interest and a wish to analyse and comment from a
first-hand perspective. Such studies however are of limited use in this study, as the design and
purpose of the non-specialist asylum sites laid out between 1900 and 1914 were more firmly rooted in
the previous century than forward-looking to developments later in their own.

Several books have addressed particular types of nineteenth-century public landscape in isolation
from contemporary developments in similar types, for example the public park and cemetery, but
nothing has addressed the asylum. A significant and relatively early work dealing with garden history
of this period is Chadwick's The Park and the Town: Public Landscape in the 19th and 20th
Centuries (1966), which makes an early move away from the domestic landscape of the wealthy, and
discusses instead public recreational landscapes of the nineteenth and twentieth centuries in Britain,
Europe and North and South America, including a valuable section on public landscapes of the
nineteenth century.\(^3\) Conway's doctoral thesis and subsequent monograph, People's Parks: the
Design and Development of Victorian Parks in Britain (1991), pick up on this theme as an approach
to public parks in Britain in particular, but although largely rooted in social history in exploring this
type of landscape novel to the period, neither this study nor Chadwick cross into the realms of other
designed landscape types such as cemeteries, hospitals, asylums or workhouses.\(^3\) Brooks' Mortal

\(^3\) George F. Chadwick, The Park and the Town: Public Landscape in the 19th and 20th Centuries (London:
\(^3\) Hazel Conway, 'The Municipal Park: Design and Development circa 1840-1880' (unpublished doctoral thesis,
Remains: The History and Present State of the Victorian and Edwardian Cemetery (1989), in dealing with the development of cemeteries, addresses this major landscape genre of the century only as an adjunct to the social and architectural aspects of the subject, with little analysis of design development. Curl dealt specifically and in detail with the landscape design aspects of cemeteries in Britain in the nineteenth century within his studies of wider topics connected with the commemoration of death. His initial notable publication on the subject addressed the Victorian obsession with death, The Victorian Celebration of Death (1972), followed by a further discussion of the development of cemeteries and their design as part of his more general architectural review of funerary architecture, A Celebration of Death: an Introduction to some of the Buildings, Monuments, and Settings of Funerary Architecture in the Western European Tradition (1980), both of which are useful as the context for the development of asylum landscapes. Curl, unusually it seems for scholarly works on architecture and designed landscapes dealing with period, has produced slightly revised and updated editions of these two works. These coincided with public concern with historic cemeteries and problems with their conservation, led by a parliamentary select committee inquiry into the subject in 2000. Although Curl deals at some length with the genesis of the garden cemetery and its subsequent development, both he and Brooks again lack a broader designed landscape context into which to fit this type which might usefully be compared with the subject of this study.

The essays in Mingay's The Victorian Countryside (1981) are a seminal collection on the eponymous subject which have not been revised or superseded as an overview. Their undoubted scholarship is now rather out of date and requires revision, taking account of the results of subsequent research, and developments in approaches to the individual subjects addressed. Although the asylum was generally placed in a rural setting it is not addressed by Mingay; however, the discussion of various themes relating to the country house estate remains of direct significance in informing this study. For the purposes of this study this work addresses a broader and more useful group of themes in relation to the country house estate than does, for example, Girouard's The Victorian Country House (1979), which largely relates to the aesthetics of the architecture of the house, and is discussed in greater detail under Architecture below. The issues of most direct relevance in terms of the country house

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Chapter 1

estate which Mingay covers include landscape design, architecture and estate management, together with agriculture, all of which are particularly relevant in analysing their influence on the development of the asylum estate.\textsuperscript{37} The work is of further value in setting the context for the country house in its political, economic and social context, covering such topics as 'the politics of land', 'free trade and the land', and 'landed society' respectively.\textsuperscript{38}

With the exception of elements of Elliott's study, these approaches, however, tend not to go beyond the analysis of an individual genre to make a detailed comparison of different types of designed landscape (i.e. domestic, institutional, public recreational, educational, medical, etc). The reliance on descriptive and narrative rather than analytical methods and the resultant lack of a recent and meaningful comparison of their parallel development means that the context in which each landscape type sits is still not fully understood. It also reflects to its detriment upon the quality of the more widespread research work addressing individual nineteenth-century sites of all types at a local level. Dixon Hunt is rightly critical, especially in relation to the period of the present study, when he points out that, 'One responsibility that is incumbent upon any historian but often shirked by gardenists is to set their local work in context'.\textsuperscript{39} Although developments during the century are of course addressed broadly in general accounts of garden history this does not make up for the lack of such an analysis of the parallel development of various landscape types and the crossovers in influence and style.

Very few works assess the output of notable individual landscape designers whose work was firmly rooted in the century, such as William Andrews Nesfield (1793-1881), Edward Milner (1819-84), Edward Kemp (1817-91), and Robert Marnock (1800-89), and no published work has attempted the identification of designers involved with asylum sites. In addition there are no comparisons of designers' approaches and methods.\textsuperscript{40} Such works might provide insight into their design and work patterns across several types of landscape, for example, public, domestic and institutional. Notable exceptions are works on the activities of giants of their period, Chadwick's \textit{Joseph Paxton} (1961), and MacDougall's \textit{John Claudius Loudon and the Early Nineteenth Century in Great Britain} (1980), but even these are rare and unsatisfactory. Although they are biographical they lack an analytical or even a narrative approach to the individual landscaping activities of their subjects which might be useful in application to various landscape types.\textsuperscript{41} Various scholarly works have addressed two further

\begin{itemize}
\item Dixon Hunt, \textit{op. cit.} (1999), 81.
\end{itemize}
extremely influential landscapers who were both active designers and garden writers at either end of the nineteenth century, Humphry Repton and Gertrude Jekyll, for example Daniels' *Humphry Repton: Landscape Gardening and the Geography of Georgian England* (1999), and Brown's *Gardens of a Golden Afternoon* (1982). Daniels' work in particular is useful for the purposes of this study, for he examines the social context and approaches of Repton's work and how they changed over time. However, for the purposes of this work these designers are essentially peripheral to the main period under discussion, as their activities are not firmly established in the nineteenth century. The style of the former designer is particularly rooted in the eighteenth century; the latter's work could be said to be more particularly a direct precursor to stylistic developments in the twentieth century. In any case, as mentioned above there remains the problem with this biographical approach in which, even though such designers were extremely influential, by default a large body of work must be ignored in the analysis of trends set by a considerable number of sites for which there is no known designer.

Of unpublished garden history works there is a similar lack of work addressing the nineteenth century, but there has been an appearance of several studies relating to asylum landscapes. A few academic studies have been made of nineteenth-century landscape subjects but these tend to follow standard biographical methods, and little effort has been made to open up new avenues of study or provide an overview of developments during the century. Of two studies based on nineteenth-century designers, Piebenga’s subject, as discussed in ‘William Sawrey Gilpin (1762-1843): a review of his work as a landscape gardener’ (1996), did not, it appears, venture beyond domestic commissions. Piebenga does, however, discuss the relationship of Sawrey Gilpin’s commissions to simultaneous architectural activities on particular country house estates. Van Groeningen, in ‘The development of herbaceous planting in Britain and Germany from the Nineteenth to early Twentieth century’ (1996), compared the work of three designers, William Robinson, Gertrude Jekyll and Karl Foerster, whose work was particularly related to ephemeral planting schemes. However, such schemes are unlikely to have been of significance in public institutional landscapes, and therefore to this study, because of their cost. Conway’s approach to public parks has been discussed above and does not contribute directly to this study, as, although it expands somewhat on Chadwick (1966) it does not look to other social institutions for historic context. Studies of individual parks, principally Victorian public parks, have been made as part of Heritage Lottery Fund (HLF) applications and subsequent restoration work, as mentioned above, but this work is very disparate, is of variable quality and depth, and has not been analysed as a whole to provide a detailed overview. Although over 300 public parks

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have received HLF grants, it is uncertain how many detailed historic surveys have been carried out as part of these awards.

Turning to studies of asylum landscape design in particular, there has been a limited amount of scholarly work, this being largely unpublished post-graduate material with a very limited circulation, and very little at Doctoral level. The two main thematic works have taken archaeological and garden history approaches, and there has been no detailed coverage from architectural or social approaches. Rossi's MA dissertation, 'Mental Hospital Landscapes in a Changing World' (1998), addressed the general components and individual landscapes of asylums with regard to their garden history and conservation, this based on case studies reviewing four Yorkshire asylums. Johnstone's MA thesis, entitled 'The Landscape of Madness: An Archaeological and Historical Evaluation of the Lunatic Asylum Provision for the County of Hampshire 1845-1930' (1998), made an archaeological and historical evaluation of the asylum provision of a specific county, analysing the buildings and landscapes of two Hampshire asylums in particular. These two works, although limited in their scope to geographical regions of England, attempt to open up the subject in addressing elements of the asylum landscape and its design, and reviewing the historic development of a number of sites, but in their academic approach they are necessarily restricted in their analytical scope. They do not address the context of asylum landscape design in terms of particular influences from other landscape types such as the country house estate, nor to other similar institutions such as the workhouse.

Beyond academic works there has been only very limited and largely site-specific research carried out into the development of the asylum landscape, and even less addressing its relationship to the country house estate or other social institutions. Such research has often been prompted by the development of individual sites, and usually covers the history of the general development of asylums, set within the context of the history of landscape design, architecture and medicine, for example as part of the evidence given at Public Inquiries into the development of sites. One rare example of analytical work at a country-wide level, in this case produced for a Public Inquiry, is an unpublished overview by Elliott, 'The development of the asylum landscape: supplementary proof of evidence dealing with

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45 For example reports on individual sites, such as Sarah Green, 'Severalls Hospital Colchester Essex: Historical Study of its Layout and Grounds' (unpublished dissertation, Architectural Association, London, March 2001).
48 Public Inquiries into development proposals for asylum sites have included Claybury, London Borough of Redbridge, 1997; Napsbury, Hertfordshire, 1998-9; Fairfield, Bedfordshire, 1998.
the registration of Napsbury Hospital as a park or garden of special historic interest' (1998). In its approach it attempts to analyse the aesthetic design development of the English asylum landscape, paralleling trends in the ornamental design of asylum features with those of other types of landscape including country house estates, public parks and cemeteries. However, Elliott's approach is a very brief overview with little reference to primary research into asylum archives. His arguments in relation to the asylum sites to which he refers are based largely on an appraisal of OS maps, which provide a snapshot of a landscape at a particular time (usually in the examples he illustrates the late nineteenth or early twentieth century) with little other primary research cited relating specifically to public asylum sites at the time they were laid out.

Such material, because of its specialist and specific purpose, often related to planning proposals, remains generally unavailable, unidentified, and its whereabouts unknown. Pressure groups concerned to conserve individual asylums sites have carried out research on the landscape design history of specific sites, but this can be patchy in its historical approach and is frequently not reliably and consistently scholarly. From the above analysis it is clear that there is a significant gap in the coverage of asylum landscapes at a scholarly analytical level in garden history terms. This thesis is making a major contribution in introducing the study of the history and development of the asylum landscape and its influences, particularly its relationship with the country house estate, and other related institutions.

Medical history

The majority of the academic coverage of the history of asylum development has occurred during research into the history of psychiatry, i.e. mental illness and its treatment. Such coverage forms a crucial source in the current study and provides a useful context for the appraisal of the function of the asylum landscape. However, the medical approach rarely touches specifically on several issues which are critical to this study: the design development and uses of asylum landscapes, the therapeutic reasons for the influence of other landscape models, particularly the relationship with the country house estate model, and the asylum's context as one of a series of institutions designed to exert social control. Porter produced in 1991 a short historiography of psychiatry in Britain, reviewing works available on this subject, which provides useful additional sources to that date, although since then there have been further publications addressing this subject. The current study

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49 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', unpublished report for Public Inquiry on the future of Napsbury Hospital, (1998).
50 Examples of locally produced research include St James's Park Trust, 'St James's Memorial Park, Portsmouth, Lottery Bid Document' (August 1998); Hellingly Community Park Trust, research document, Hellingly Hospital, East Sussex (July 2002).
is important in this field because it helps to provide a scholarly introduction to fill this gap, broadening the study of therapeutics in the asylum into landscape themes which has not before been attempted in any detailed fashion.

During the second half of the twentieth century there have been many works written covering the history of mental health and its treatment, largely drawn together under the heading of the history of psychiatry. In Scull's opinion the majority of work that had emerged on this subject to 1994 had concentrated its attention on the nineteenth century, and this appears to remain the trend, but more recently works covering the eighteenth and twentieth centuries have also been appearing in larger numbers. Evaluations up to the 1960s and 1970s were largely uncritical and tended to assume that the medical and humanitarian changes which occurred were naturally improvements, for example in Hunter and Macalpine's annotated anthology of excerpts from medical texts relating to mental illness and its cure, *Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts* (1963). This remains, however, an excellent source of excerpts from many otherwise obscure authors, many of which proved very useful in providing contextual material for this study and in indicating the most significant texts which should be consulted in full. The encouragement of self-discipline to achieve recovery had been widely adopted since the early nineteenth century, and developed as an essential element of treatment, but the approach to its historic significance was never really challenged until the 1960s. The more traditional evaluation of asylum history, which some such as Digby identify as Whiggish, in which the rise of the asylum was identified with psychiatric progress, was exemplified by Hunter and Macalpine in a series of well-researched publications. These still provide excellent narrative based on sound historical research, which includes some reference to the asylum landscape, but contrast strongly with the more critical evaluations from the 1960s onwards. In several works, such as *Psychiatry for the Poor. 1851 Colney Hatch Asylum. Friern Hospital 1973: A Medical and Social History* (1974), they give useful accounts of particular asylums, touching on the activities which took place within them, which provide useful

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context for the purposes of this study. However, these putative improvements, recounted by historians who were mainly medical practitioners, did not provide an overview of the relationship between the estate design and the therapeutic functions it performed or place the institutions in their wider social context.

Radical new approaches to the history of the treatment of mental illness appeared in the 1960s, moving from purely medical aspects into social arenas, and challenging the previously largely uncritical approach. Michel Foucault is the most prominent of these revisionists, in 1965 putting forward a theory that European asylums were created during the eighteenth and nineteenth centuries as a method of social control of the masses by those in positions of power, in *Madness and Civilisation: A History of Insanity in the Age of Reason* (1965). Foucault's theories were part of a new approach to the entire history of medicine which took in the cultural and social aspects of the subject, expanding it beyond previous studies which had restricted themselves to the medical understanding of ill health and its treatment by great men. In his desire to overturn received wisdom on the subject, indeed his theories are shocking in their divergence from previous attitudes, Foucault's opinions were based on what Scull refers to as 'the shakiest of scholarly foundations' and so undermine his interpretation of his source material. Historiographically, it is impossible to avoid literally and ideologically the controversies raised in Foucault's pioneering contribution to the radical revision of our approach to the social history of mental health treatment, for appraisals of his approach feature in all scholarly overviews of this subject since the 1970s.

Foucault was universally critical of the sociological and therapeutic purposes of vocational therapy, which activity pervades the history of asylum landscapes. He did not, however, look in depth at the way in which such sociological and therapeutic aspects were manifested in the landscape. His criticism of the social aspects of the Quaker approach used at The Retreat, asserting that through such work man submitted his liberty to the laws of both morality and reality, was more a philosophical deconstruction via his own subjective evaluation of the regime, than an analytical and objective appraisal of the evidence of the primary records. Additionally he attacked the therapeutic value, declaring that work in the asylum was deprived of any productive value, and was used only as a limitation of liberty, a submission to order which engaged the individual's responsibility. This

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assertion will be addressed and disproved later in this study, in Chapters 4 and 5, during an analysis of the activities in the wider asylum landscape beyond the core building and airing courts. Foucault radically challenged the previously widely held Whiggish evaluations in terms of medical and humanitarian progress, that work was a beneficial activity which could only be of positive therapeutic value to the mental welfare of the patient. Instead he chose to assert a belief in the authoritarian power of moral treatment since the 'liberation of the insane by Pinel and Tuke' in the 1790s constituted 'a gigantic moral imprisonment' to 're-form' the patient.\(^6\) Again his attack is not apparently based on a detailed evaluation of primary sources and even with his rhetoric, he does not manage to discredit the historical significance of the elements of moral treatment, including the specific functions of the landscape.

From the 1960s onwards, other social historians took the expanded approach to medical history and broadened it yet further to cover the medical history of lunacy specifically in Britain, addressing its influence by the changing political, economic and social structures in which it was embedded. They have not so far carried out a direct comparison of the function of the asylum regime with other institutions of social control, nor have they looked specifically at the landscape in their approach. Scull is another anti-psychiatrist in Foucault's historical revisionist mould, but, unlike Foucault's philosophical evaluation, Scull's work is underpinned by a more exacting, historian's (rather than philosopher's) approach to the evidence, seeking answers from a detailed examination of primary records. Scull, together with Porter in Mind Forged Manacles: a History of Madness in England from the Restoration to the Regency (1990), addressed the development of treatments for mental health problems in the context of prevailing medical developments and social attitudes, within which they incorporate the development of the public and private asylum systems.\(^6\) In Scull's account of madness and society, The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900 (1993), he tries to demonstrate a balanced approach by adopting an objective critical edge: that although, historically, approaches to mental illness and treatment did change, these changes were neither all improvements nor all ever-increasingly repressive.\(^6\) As sources for this study, both his and Porter's coverage of the period under examination are invaluable in setting the scene for the development and management of 'asylumdom', as Scull terms it, in which to place the subject of the current study.

\(^{61}\) Porter, op. cit. (1990); Andrew Scull, The Most Solitary of Afflictions, Madness and Society in Britain, 1700-1900 (New Haven and London: Yale University, 1993).
\(^{62}\) Scull, ibid.
Scull (1993), in evaluating the social purposes and medical effectiveness of various aspects of the asylum regime addresses issues which are relevant to this study. He questions the effectiveness of the employment techniques which were accepted unquestioningly by the asylum managers and which relate to asylum landscapes. He also questions 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. This question is particularly relevant to the current study in terms of the extent of employment of patients in the designed asylum landscape, and is analysed in detail in Chapter 5 in relation to the use of the landscape by the patients.

The history of mental health was moved into the context of its application specifically to women by Showalter, in *The Female Malady, Women, Madness and English Culture* (1987). She continued the critical appraisal of the asylum regime in terms of social issues, particularly that of gender. Of particular relevance to this study is her discussion of the asylum employment regime within wider issues of treatment. She argues that the institutional regime allowed few women to use the asylum landscape and that such segregation of work by gender was yet further exertion of the power of men to control women's activities. Aspects of this argument are discussed further in Chapter 5. Although she is correct to a certain extent, her feminist approach did not allow her place the female experience of the asylum securely in the context of the whole asylum regime. Nor did she make direct comparisons with women's activities and roles in society beyond the asylum which would have provided a useful comparison for the purposes of this study. The feminist approach is undoubtedly full of potential, and one which will develop as feminist historians move into this field. It is not an approach that has been adopted in this study, instead using a more critical, empirical method, but its omission as a tool is not believed to affect adversely the outcome of the analysis.

Mills, in *Madness, Cannabis and Colonialism: The 'Native Only' Lunatic Asylums of British India, 1837-1900* (2000), and Ernst, in *Mad Tales from the Raj: the European insane in British India 1800-1858* (1991), moved beyond Europe into studies of the colonial context of the treatment of lunacy, raising both racial and social issues. A major asylum network was set up by the British in their colonies throughout the world, but the Indian network was probably the most extensive and complex, with possibly 30 asylums set up altogether. Mills and Ernst both examine issues of general relevance to this study, but in the peripheral colonial context. In particular they address issues surrounding the colonial asylum managers' approach to native lunatics and vocational therapy, both demonstrating

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63 Scull, ibid., 289.
65 Ibid.
that the system of treatment mirrored that in Britain of paupers, from which system it was directly derived. Mills discusses the process of treatment in terms of gaining social and therapeutic control of the inmate before recovery, in other words the process of 'how to make of the patient an ordered, productive individual'. He continued this discussion of therapeutic issues by demonstrating that work was central to the methods of treating the Indian inmate and that it became both 'the means and the measure of 'recovery' in the patient', for, 'The ultimate aim was a self-disciplined Indian'. Such theories paralleled those used in England for the purpose of treating pauper lunatics in public asylums, including the definition and reinforcement of social class and gender distinction which were regarded as appropriate in terms of therapeutic employment.\(^6^7\) Ernst amplifies the colonial racial context, which sought to promote British superiority and Indian inferiority. She establishes that this was demonstrated even within the asylum by the allocation of menial tasks to the 'natives', although in England this was equally applicable to paupers, and the belief that insane Europeans who were able to work in the European theatre of asylums, were unsuited to work in the Indian climate.\(^6^8\)

Beyond British and colonial regimes another westernised country, America, embraced British methods of therapy and was particularly influenced by The Retreat, setting up what was probably the largest network of public asylums in the world. Tomes addresses one of the most influential American alienists of the mid-nineteenth century, Thomas Kirkbride, and his asylum regime. Here themes regularly recur which were also prevalent in the English asylums. Social and gender distinctions between patients are found to be significant in relation to the therapeutic use of the landscape, largely mirroring those found in English and colonial asylums.\(^6^9\) This type of material provides useful context for this study in documenting contemporary asylum-related activities elsewhere in the English-speaking world. However, in terms of its detailed application to this study it has several drawbacks. Apart from the geographical scope falling beyond that under discussion, all tend to lack, as with studies of English asylums, detailed analysis, or even descriptions, of the landscape components and their therapeutic use which might be used as context for this study. There is undoubtedly great scope for further scholarly work in the analysis of Indian and American asylum landscapes and their comparison with the English system.

Literature on the history of individual psychiatric institutions has expanded hugely since 1980 and forms a useful body of work from which to obtain an overview of the pattern of individual asylum development. There is a range of levels of scholarly approach and analysis, from uncritical and unanalytical descriptions of their creation, activities, and staff and patients, for example Stratten's

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commemorative *Rauceby Reflections: The Story of a Mental Hospital 1902-1992* (1992), to more detailed and scholarly analyses of many aspects including social, medical, legal and economic, in order to illustrate the reasons for their development. These include Bernard Cashman's *A Proper House: Bedford Lunatic Asylum (1812-1860)* (1992); Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker, Keir Waddington's monumental *The History of Bethlem Hospital* (1997). When, in these site-specific works, the landscape components are referred to at all, it is often in passing, within a reference to other aspects of the asylum. Again a major disadvantage is that there is no scholarly research and analysis of the design and function of individual site landscapes, nor an analysis of the landscape in the wider historical context of social, medical and landscape developments and so an unbalanced picture is presented.

Other authors such as Wright, in *Mental Disability in Victorian England: the Earlswood Asylum, 1847-1901* (2001), and MacKenzie, have made studies of individual sites as examples of particular themes, whether medical or social respectively. These again tend necessarily to be very site specific and although they refer to a broad range of sources relating to their chosen theme, they do not form a full geographic analysis of their theme. They provide some useful comment on the use of the landscapes in terms of their presence as an adjunct to the buildings and as venues for patient activities, but seldom in any detail in terms of their full therapeutic implications or related design issues. For detailed reviews of public asylums and the treatment of pauper lunatics in England during specific periods we must turn to Smith's very comprehensive study of public lunatic asylums, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England* (1999), and Bartlett's legal study of the administration of pauper lunatics, *The Poor Law of Lunacy: The administration of pauper lunatics in mid-nineteenth-century England* (1999). Although they are restricted in the period which they cover in terms of this study, they still provide a very useful and dense complementary set of references for the period during which the framework for the public asylum network was being set up.

The 'voice of the mad', as Porter refers to first-hand accounts of patients' experiences, is very sketchily covered by the contemporary historian, reflecting a lack of primary sources in this field. It is

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approached in chapters of various works, including Porter (1990), and Smith (1999), and in occasional scholarly articles such as Beveridge's 'Life in the Asylum: patients' letters from Morningside, 1873-1908', *History of Psychiatry* (1998), but there is very little quotation and analysis of direct patient articulation available in print. There is certainly no published first-hand representation by the pauper majority of patients of their activities in the landscape, or their experience of the use of the landscape in their treatment and their perception of its efficacy. This forms a major gap in the range of sources often available to other types of historian and affects the balance of the bias of primary source material available for analysis. Where detailed experiences of mentally ill patients have been published the authors were from the articulate middle-class or aristocratic echelons. The vast majority remained inarticulate and illiterate, accounts of whose experiences would be a very valuable addition to the historian's approach to mental illness and use of the public asylum landscape and its therapeutic value, but these remain very elusive.

Of academic journals relating to medical history, perhaps the most obviously relevant is the relatively recently founded *History of Psychiatry*, in which articles have been published which relate to several aspects of asylum history, including the history of a private asylum, of a public asylum, and patients' experiences at a Scottish public asylum. Other journals in the field of medical history have also regularly published articles relating to various aspects of asylum sites, sometimes with informative references to landscape. These tend to be confined to the field of the academic discipline concerned, and none of these journals has yet analysed the evolution of the landscape as related to developments in treatment.

Doctoral theses have been produced on the history of individual asylums, including the history of private and charitably run asylums, such as Andrews' 'Bedlam Revisited: A History of Bethlem Hospital c.1634 - c.1770' (1991), and MacKenzie's 'Psychiatry for the Rich' (1987). But again the landscapes tend to receive brief coverage, which relates principally to a widespread perception by most commentators, including these social historians, that the landscapes functioned as merely the

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75 These include *Lancet*, *The British Journal of Psychiatry* (formerly *The Journal of Mental Science*), *Bulletin of the History of Medicine, Medical History*. 

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setting to the asylum building rather than as a potentially useful source of information about the therapeutic regime in its own right.76

Architectural history
Apart from the history of psychiatry and landscape design, the development of asylums and their landscapes has been informed by another major approach, architectural history. It is surprising to note that there is no major architectural history publication of the later twentieth or early twenty-first century devoted to the analysis of asylum architecture alone. This is despite the fact that historically it was such an influential institutional type and ubiquitous in Britain during the nineteenth and twentieth centuries and that physically the sites have been under major and publicly known threat since the 1960s. As with garden history, most space in general architectural history publications is devoted to domestic themes, including the country house, but also including a similar level of detail for religious architecture (principally churches), with civic architecture a strong topic too. Social and medical institutions do not feature strongly.

General works addressing the range of nineteenth-century architecture are few. In the paucity relating to this period architecture is comparable with the coverage of contemporary garden types and designers in garden history studies, as discussed above. Two of the more notable overviews are Curl's *Victorian Architecture* (1990), and Dixon and Muthesius' *Victorian Architecture* (1978).77 The approach of both of these reflects the time at which they were written in two ways. It emphasizes the lack of available detailed material on which the authors could draw to inform their thematic approaches to buildings for public health and residential institutions. Secondly, the state of historic research at the point at which they were written is reflected in the dominance of attention to religious, civic and domestic buildings in each book. Other building types, such as industrial, institutional and vernacular, are accorded very little space or analysis because their architectural significance has only become appreciated during the 1980s and 1990s. Considering the size and scale of the public institutional building programme, including asylums and workhouses, within what was admittedly a general explosion of building activity, coverage in such period-specific works is very scanty. Even those types which are covered in depth are largely limited to stylistic analysis, although both books do give some space to the effects of newly developed materials on the development of building types.

More specific to medical approaches, several thematic published works on the architectural history of hospitals have included analysis of the design history of asylum buildings, usually as chapters set in

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the context of general medical developments and other hospital types. Thompson and Goldin, in *The Hospital: A Social and Architectural History* (1975), produced an early and as yet not superseded attempt at a widely geographically spread history of purpose-built hospital architecture, covering Europe and North America, although it does not reflect more recent scholarly research on the subject.\(^7\) Taylor, in *Hospitals and Asylum Architecture in England 1840-1914: Building for Health Care* (1991), confined himself to English hospitals from the mid-nineteenth to early twentieth centuries. In doing so he disregarded the most important period in the development of the asylum building and estate, from the 1790s, when a new age in asylum design began, as a result of the adoption of moral therapy, to a point by 1840 after which their landscapes did not change considerably, which is of particular interest in the development of the asylum landscape.\(^7\)

Richardson, in the RCHME's *English Hospitals 1660-1948* (1998), covered hospitals in England from the Restoration to the advent of the NHS, but being an architectural study largely ignored landscape issues and the integral relationship of asylum building and landscape.\(^8\) It has however proved the most useful of hospital studies for this particular work because of its scholarly breadth and depth in providing contextual material on hospitals in general as well as asylums in particular.

These and other authors reviewed asylums only as a minor subsection of the general design history of hospital buildings. The opportunity to include meaningful analysis of the landscape, where appropriate, was largely lost, the landscape being regarded merely as the setting to the building or as an architectural component of the site. Building types were discussed within the relevance of plan forms, architectural styles and the biographical context of architects. This was, in turn, usually linked to the 'medical' functions of the buildings set in the context of the development of the so-called 'moral treatment' in the late eighteenth and early nineteenth centuries, which led to the major building programmes of the mid- to late nineteenth century.

Predating these published works, Harwood's dissertation, 'The history and plan forms of purpose-built lunatic asylums with a study of their conservation and reuse' (1986), went a considerable way towards filling the need for a monograph specifically on asylum architecture.\(^8\) It should be recognised as an important and widely circulated early survey of the architectural history, conservation and reuse of asylum buildings which was used to inform other studies such as that by the RCHME in the 1990s, although, by definition in its production as a diploma thesis, limited in terms of its scope of scholarly research and analysis. Harwood's scope in tackling the whole of England in reviewing asylum

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\(^8\) Harriet Richardson (ed.), *English Hospitals 1660-1948* (Swindon: RCHME, 1998), 154-81.
architecture was pioneering. Its lack of attention to the landscape is unsurprising, it having been undertaken at a point when the consideration of a landscape interest was entirely unrecognised. Although joined by later scholarly works, it not been entirely superseded in its scope and approach, and has proved a useful overview for this study in identifying asylum sites of likely interest for analysis, containing as it does a brief gazetteer and sketch of many sites' condition in the mid-1980s.

The architectural merit of individual sites has been analysed in some detail by the RCHME who, as part of a national survey of hospitals, surveyed in varying levels of depth and assembled site files on nearly all the English asylum sites which were taken into the NHS in 1948. This survey was used to inform Richardson (1998). In some cases the principal buildings of individual sites, particularly where they were 'listed', were researched in greater depth in order to satisfy planning requirements for development, or as part of an academic study. The site files provide a very variable depth of information, but have proved useful for this study when seeking building descriptions, initial historical information and photographs of asylum buildings. They do not, however, cover the landscape element of the asylum estate in any systematic or detailed manner, consequently the great opportunity of the survey to appraise the design and function of entire estates has been lost, principally because of the ignorance about the value of lesser-known designed landscape types of even one of the country's premier historic environment research establishments.

Methods of spatial analysis within buildings were pioneered by Hillier and Hanson in *The Social Logic of Space* (1984). These were extended in their subject matter by Markus, who addressed institutional architecture applied to social function in *Buildings and Power* (1993). Innovatively he addressed the spatial analysis of several late eighteenth-century and early nineteenth-century public institutions, including asylums, workhouses, bridewells, prisons and other types of hospital, with some emphasis on Scottish case studies, but not omitting reference to important English examples. The resultant analytical methods and theories are applied to circulation and movement through early asylum building design and provide an introduction to this method and its applications which is useful in the analysis of asylum landscapes in this study. Markus illustrated only one application to an asylum site of the visual mapping method embodied in this approach. Because of this there was no scope using this method to make a comparative analysis of several asylums and the detailed

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83 B. Hillier, J. Hanson, *The Social Logic of Space* (Cambridge: Cambridge University, 1984).
development of their circulation and movement systems. Neither did he provide a comparative analysis of the circulation systems of the other various public institutions which he discussed, particularly workhouses and prisons which would have been potentially valuable, particularly for this study. This is a method potentially very revealing in the analysis of all designed landscapes, particularly the analysis of circulation and access hierarchies within, and linking, both the landscape and its related buildings. In relation to the subject of this study the development of such an applied method has not yet been given scholarly attention, but would help to fill a considerable gap particularly informing the understanding of the spatial analysis of movement through asylum landscapes, to which this technique could appropriately be applied. It would be appropriate to this study in assisting to understand the complexity of circulation through the asylum landscape and is potentially a useful analytical tool in furthering our understanding of the relationship between building and landscape, at a level of detail which requires work beyond the scope of this study. It would also be useful in applying it to the comparison of spatial issues in a range of public institutional sites, such as asylums, workhouses and prisons, or between the asylum and the country house. This method has not been applied in this study in depth because of its complex nature, but its omission as a tool is not believed to affect adversely the outcome of this analysis.

Individual architects of the nineteenth century have been addressed in a more thorough way, although there are notable omissions. As architecture and landscape design were often both addressed by nineteenth-century architects (although some produced more successful designs than others), aspects of their landscaping activities are covered in some scholarly works, for example Tyack’s monograph on Pennethorne, *Sir James Pennethorne and the Making of Victorian London* (1992).\(^85\) This work, while useful, provides a limited overview of commissions and does not analyse stylistic or wider contextual issues. In the application of such a combination of architectural and landscape design practice to the field of asylum architects, detailed historical information is lacking on notable asylum designers. C.H. Howell (1824-1905) and G.T. Hine (1842-1916) are the two most prolific asylum architects, and for whom there is no detailed scholarly work published about their practices, whether in monograph form or within other works.

Of architectural works on the country house, the designed landscape is usually largely ignored, other than in occasional references to peripheral buildings and as the setting for the house. Girouard's *The Victorian Country House* (1979) is principally an architectural history addressing stylistic issues, encompassing to a limited extent social issues, such as the relationships between family and servants, as expressed in the architecture.\(^86\) Franklin's *The Gentleman's Country House and its Plan: 1835-\(^85\) Geoffre Tyack, *Sir James Pennethorne and the Making of Victorian London* (Cambridge: Cambridge University, 1992).
\(^86\) Girouard, *op. cit.* (1979).
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1914 (1981) addresses principally such social aspects via the architecture and plans of a broader size range of country houses of the same period. Like Elliott (1986) on Victorian parks and gardens and Mingay (1981) on the Victorian countryside, Girouard and Franklin, although seminal and complementary studies in their subject, are becoming outdated and in need of revision in the light of new research and approaches. Even so, in the level of scholarship and the extent of the number of buildings covered in both their surveys to which such scholarship is applied, both these works are of considerable use in this study because their subject matter addresses the dominant element of the country house estate. However, both authors generally overlook the landscape to which the buildings were so closely related, as well as the relationship between the two, both in social and architectural terms. A revised and expanded account of the subject drawing on the most recent research is required, together with equal weight given to the landscape.

Prioritisation of research

This study is based on a significant body of primary archival research, this being the result of a systematic research programme. Individual officially deposited asylum site archives were identified at the outset of the study as the richest and most relevant sources of primary information on the design, construction and use of asylum sites during the period under study. They should, if the information has survived to be deposited, contain detailed administrative information about the erection and subsequent management of the asylum sites, official reports on the general approach towards therapy and management of patients, together with patient case notes which in some cases detail their therapeutic use of the landscape. The most useful types of source and the reasons for their relevance are discussed below. The primary archival material was contextualised by reference to contemporary primary printed works, principally garden history, architectural and medical.

Initially the sites of all the purpose-built charitable and public lunatic asylums built in the study period in England were located and mapped. A general pattern of site distribution was identified, with a fairly even spread throughout the country, reflecting the trend among counties to erect one or several asylums per county. This was supplemented by clusters of sites which were grouped around major centres of population, including London, Birmingham, West Yorkshire and Manchester. This geographical identification informed the approach taken to the choice of asylums to be researched, such that eventually the pattern of research targets reflected the countrywide spread - a broad spread with some clusters reflecting groups of sites associated with urban centres, such as London and Birmingham. Having ascertained from record offices the whereabouts of useful deposits and the likely amount of material relating to landscape design and use, a list was drawn up of the sites to which these deposits related. All the archives contacted which had deposits appeared to have material

which might be of interest, some much more obviously relevant than others. Even deposits with apparently only a small amount of possibly relevant material were not automatically discounted for investigation in case this yielded material particularly pertinent to the study aims.

From the list of deposits an initial selection of those relating to sites of particular interest to this study, and thus of high priority, was made; this prioritisation was informed initially by a review of primary and secondary printed sources which indicated sites of significant historic interest principally in the development of the public asylum in general, from these targeting those with specific relevance to the development of its landscape. Sites selected in this way included the three earliest public asylums, Bedford, Norwich and Nottingham; Wakefield as an early pioneer of work therapy in the landscape; Hanwell as the scene of Conolly's seminal removal of personal restraints from the patients allowing them more freedom to use the asylum estate. Other sites were included on this preliminary list for research to supplement that carried out during their assessment for inclusion on the English Heritage Register. These sites tended to be addressed because of planning activities likely to affect their historic character to a considerable degree, combined with the survival of good remains on the ground, rather than because of their previously known historic landscape interest, although a large number proved to have informative deposits which assisted in their recognition as sites of national importance. In addition a small number of charitable and privately run asylums were also chosen because of either their perceived significant influence on the development of the public asylum landscape, such as Brislington House (a private establishment), or because they formed notable variants on the asylum landscape, such as the charitable Royal Albert Idiot Asylum. Other than to assist with English Heritage assessments, sites were not initially prioritised for research using the relatively complete survival of their fabric and character as a criterion.

This preliminary list formed a basis for research prioritisation, but it was realised that the more deposits that were searched, the better comparison and analysis could be achieved as part of the study. There was no further systematic way of prioritising sites for research by prior knowledge of their garden historic interest, for example researching those with known landscape designers, as might be the case with, say, landscape parks, whose designers are frequently known. This was not the case at all with asylums, where the availability of such garden history details was almost a blank. This is illustrated clearly by using the example of designer identification: at the beginning of the study, of all the 115 public asylum sites begun by 1914 only one was known to have a named designer, Napsbury, designed by William Goldring (1854-1919). Because of the extreme paucity of secondary sources addressing the significance of the landscape design and its use, it was decided to

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88 Sites researched for EH purposes included Napsbury, Hertfordshire; Springfield, London; Rauceby, Lincolnshire; Graylingwell, West Sussex; Hellingly, East Sussex; Menston, West Yorkshire; Stannington, Northumberland.
examine as many deposits beyond those prioritised by the methods outlined above in order to gain as broad a picture of this significance as possible countrywide.

The major geographical area of omission was a group in the south-west, as the public asylum deposits of Cornwall, Devon and Somerset were not examined. However, there was no indicator via secondary sources and information obtained about deposits from record offices that the activities in this region would differ sufficiently from those of the rest of England to affect the study outcomes. Because of time restrictions it was therefore decided to omit this group of sources. In all the other regions of England a number of deposits were examined. Although the principal archival source was official asylum collections, other archival sources which had a direct connection to the study subject were searched, this often informed by material identified in official asylum deposits.89

In England, 115 publicly funded asylums and related institutions were built or begun in the period 1808-1914, broadly spread geographically across the country. Around 15 large-scale private or charitably funded purpose-built asylums were erected in the same period, the numbers for this category diminishing greatly after the 1860s. For 75 of these 130 sites the author searched the main deposit of administration records, initially according to the prioritised list drawn up as described above. Attention was paid particularly to sites erected between 1808 and 1845 because these constituted the first wave of English public asylum building, and the design and use of their landscapes was believed to have influenced crucially the second major construction period from 1845 to 1914. Having ensured that as many early site deposits as possible were investigated, the author then attempted to address deposits for sites covering a consistent spread of erection dates to 1914. Where such records existed the author inspected the material relevant to the erection of the asylum and the laying out of its grounds, together with material relating to the function of the landscape and its use by patients in the period from its construction to 1914.

Archival material
Because of the public accountability of the local authorities who set up and ran the public asylums there is good coverage of general primary manuscript material relating to many aspects of specific sites. This material is usually to be found deposited in a variety of places, principally county record

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89 One notable example of this was information leading to the landscape designer Alexander McKenzie's professional copy letter book held at the City of London Guildhall Library, Manuscripts Section, located from a reference to him in Ray Desmond, Dictionary of British and Irish Botanists and Horticulturists (London: Taylor and Francis, 1994), 455. The relevance of this item was only appreciated having previously discovered McKenzie's role as an asylum designer via references to his work at Leavesden and Banstead located in the official asylum deposits at the LMA. The copy letter book included a detailed and previously unknown letter containing his approach to, and preliminary advice on, Banstead, alongside contextual details of his other contemporary commissions, particularly public works as Superintendent of all open spaces in the charge of the Metropolitan Board of Works (Guildhall Library, London, MS 16862, copy letter book, Alexander McKenzie, 1872-76).
offices, other publicly run archives (such as the PRO) or, to a lesser extent, in health authorities’ own archives. Many hospital records were, until the late twentieth century, kept by individual hospitals. Recent hospital closures in particular have prompted the deposit of such material with record offices, as suggested by the Department of Health’s 1989 guidance circular on the preservation, retention and destruction of public records. Those major collections relating to the public asylum case studies in this study are based in the appropriate county archive. The location of deposits is less predictable for private and charitably run asylums.

The type of records most relevant to this study fall into two main sections. The first main type of record relates to the planning and construction of the asylum, indicating the processes and reasons for the design adopted. The second group of sources relates to the function and long-term use of the site. Until 1888, when the Local Government Act transferred most of the non-judicial functions of the Quarter Sessions to the newly created county councils, it was the Justices of the Peace who supervised the construction of pauper lunatic asylums in their own county, and they always produced records of their activities. After 1888 new public asylums continued to be established, but by the newly constituted county councils, and records of their activities are found in county council minutes. Usually their Quarter Sessions records or county council minutes survive (lodged at county record offices), and in these written accounts of the process of setting up pauper lunatic asylums, there may be information relating to the laying out of the landscape, again to varying degrees of detail. Sometimes the initial building and ground plans, and elevations survive, together with accounts, for example for Stone House, Dartford (Plates 1, 2 & 3).

91 For example, that for Hanwell is in the LMA; that for Middlesbrough is in Teesside Archive.
92 For example, of the case studies used, the extremely extensive Bethlem archive resides at the current hospital site at Beckenham in Kent, curated by a dedicated archivist. The similarly extensive archive for The Retreat is deposited at the Borthwick Institute, part of the University of York. For the one private asylum used as a case study, Brislington House, the main archive is lost and the remaining significant items are divided between two archives. Some items are deposited in the Somerset RO at Taunton, including a handsome and informative water colour plan of 1843 (Plate 26) and two detailed publicity brochures from c. 1806 and 1838, but there is further material at the Bristol RO, including a photograph album covering significant aspects of the layout of the site dating from the early twentieth century: Somerset RO, Q/RLu 42/6, ground plan of Brislington House, airing courts and cells, 1843; 42/2, ground plan of Brislington House, airing courts and cells, 1850; T/PH/fx2, Edward Long Fox, _An Account of the Establishment [Brislington House]_ (Bristol: for the author, 1806); T/PH/fx3, F.K. and C.J. Fox, _History and present state of Brislington House near Bristol: an asylum for the cure and reception of insane persons, established by Edward Long Fox ... 1804 and now conducted by F. and C. Fox_ (Bristol: Light and Ridler, 1836). Bristol RO, 39624/5, Album of photographs 'Brislington House, near Bristol', n.d., c. 1900-1910.
93 Local Government Act, 1888 (51 & 52 Vict., c.41).
94 Corporation of London RO, Surveyor's Institution Plans, 93, J.B. Bunning, Block plan of proposed new asylum, Dartford, Kent, 25 October 1860 (see Plate 3). In this case one of the preliminary landscape sketches has survived, sketched in pencil onto a water colour plan, possibly by the landscape designer for this site, Edward Milner who is mentioned in the Common Council Report for 1866 as having 'formed' the site (Corporation of London RO, Corporation of London Common Council Minutes and Reports, 1866).
Of the first type, relating to the planning and construction of the asylum, minute books from the visiting committee who oversaw the building of the asylum are potentially of great interest as they frequently include information in varying detail on the approach to the landscape design and envisaged use. These had their drawbacks for the purposes of this study as they sometimes hardly mentioned the approach to the landscape, even though the building was very prominently discussed and a notable landscape was proved to have been laid out by reference to other sources and the remains on the ground. However, it appears that where landscape designers were employed on sites, and particularly where payments were made for such services, their activities were very likely to be noted in these minutes, and this was easily identified where the minutes survived. Sometimes their reports and activities were recorded in detail in these minute books, such as those of Alexander MacKenzie at Banstead in the mid 1870s, and William Broderick Thomas at Colney Hatch, in 1848-51.95

Site plans from the asylum construction phase are extremely valuable in the interpretation of asylum estate layouts, often providing details of the initial landscape design. These are not common, the most notable one found to date being a detailed and artistic rendering by the landscape designer William Goldring of his proposals (1900), which were largely implemented, for Rauceby, Lincolnshire (Plates 4 and 5).96 This demonstrates that the survival of material relevant to this study does not depend on the national institutional or medical importance of the asylum, as proved by Rauceby, which was a small borough asylum not nationally prominent at its construction or during its functioning as an asylum, and not predictably likely to have such a significant item.

A further major repository of asylum information is the papers of the Commission in Lunacy held at the PRO. County magistrates, superseded after 1888 by county councils, were required to consult the Commission in Lunacy on proposals for new asylums and alterations to existing institutions. As a result a large body of useful correspondence and some interesting plans exist with the papers of the former Commission, relating to the building of asylums, the acquisition of land, contracts and planning. It is unfortunate that many plans which were specifically referred to as once having been part of these documents are now missing as these would form an incomparable source of material for the analysis and comparison of sites at their initial design phase.

Of the second type of material, relating to the functioning and long term use of the site, printed annual reports are a very useful source for this study in providing an official overview of activities

95 LMA, H12/CH/A/01/02/1-5, Colney Hatch asylum, Visiting Committee minutes, 1848-51; LCC/MIN/760-62, Banstead asylum, Visiting Committee minutes, 1871-78.
96 Water-colour plan 'Kesteven County Asylum' [Rauceby], William Goldring, 1900. This plan was in 2001 located at Orchard House, Rauceby Hospital, Lincolnshire.
once the asylum had been opened, sometimes also detailing the design, maintenance and use of the landscape. It is unusual for deposits of the early asylums to contain a complete sequence of these from their opening to 1914, but frequently a satisfactory picture of the pattern of activity is obtained from taking a sample at around ten-yearly intervals or whatever reports were available. These reports were, of course, heavily biased to provide a positive picture of the institutional management unless this was unavoidable (such as reporting outbreaks of swine fever in the pig herd, or cholera or suicides in the patients). Occasionally there survive farm or garden reports which are useful for providing details of patient involvement in the maintenance of the landscape, and the type of activities carried out, as well as the diversity of responsibilities of the superintendents. At Middlesbrough the first superintendent kept a farm notebook detailing the crops and livestock records, indicating that as well as medical and administrative duties, he had direct responsibility for the farm operations (via a bailiff) in which he took a considerable interest.97

The bias of the reports from the Asylum Committee, the medical superintendent and other officers is to a certain extent balanced by the inclusion of the annual report from the two Commissioners in Lunacy from their annual inspection. The Commissioners were in some cases critical of what they found, but their visits were always expected by the asylum staff and so the worst problems in the running of the establishment are likely to have been hidden. Their reports indicated that they valued the provision of the outdoor facilities to a high degree. Relevant to this study is the fact that they criticised the provision of outdoor facilities as frequently as other aspects of the asylum management, particularly walks through the wider estate, such as at Leavesden in October 1873.98

Individual case notes, where they exist and are accessible, covering much of the study period (patient records are closed for 100 years after the last entry, thus those dating after 1902 were not accessed), provide a useful indicator of the therapeutic vocational function of the landscape for most of the period under study, especially those at Devizes and Morpeth. The case notes sometimes indicate the type and sequence of therapeutic employment undertaken by the individuals, as well as their general and mental health. An examination was made of a selection of female as well as male case notes where they were available, and although it was confirmed from these that the female patients did not tend to work outdoors, they needed to be checked to ensure that this was largely so. In some cases male case notes provided a useful detailed record of the way the landscape was used as part of a therapeutic system of activity.

97 Teesside Archive, H/SL/13/2, Middlesbrough asylum, superintendent's farm notebook, 1898-1906.
These primary sources are of course all given a particular bias, however unintentional, being official administrative documents written in a set style to a set format for a particular purpose, and the purpose of each needs to be understood in order to interpret it most appropriately. There was located no first-hand account of the patients' own use of the landscape or opinions upon it, without some kind of official intervention or interpretation. This means that direct reporting of the use of, and opinions on, the landscape by patients is always absent and this must always be taken into account when appraising the use and effectiveness of the landscape in therapy.

The records relating to charitably funded institutions erected from 1808 to 1914 provide a useful adjunct and source of comparison with the processes identified in public asylums, particularly for variant institutions which developed the standard landscape type, such as the children's idiot asylums. Similar types of material exist for the charitable asylums and have been drawn upon in this study where such information illustrates or confirms issues relating to public asylums. These deposits tend to be located in county record offices in a similar way to the public asylums, as most charitable asylums were absorbed into the NHS after 1948 and their records administered in the same way.

The main problem that such archival sources pose is their incompleteness, many having lost documentation which relates to landscape issues, leading to possible uncertainty of interpretation. The research undertaken as part of this study using these sources highlights that not only are designed landscapes marginalised in history and conservation circles, but their design and construction was sometimes poorly addressed in official documents, this amounting to a criticism of the thoroughness of contemporary recording of facts which relate to landscape issues. Any study must take into account the possibly unbalanced picture that they present. This is particularly so in terms of the laying out of the landscape, where significant and obvious gaps appear. For example at Morpeth where details of the building construction are recorded in committee minutes, but the landscape design and layout is hardly referred to, even though from other sources it is clear that there was a notable design implemented at the time. Such reliance on the institutional deposits also overlooks the possibility of other sources of information such as first-hand accounts by patients being located elsewhere. Such records were not searched for as part of this study, as their location is unpredictable and their very existence is open to question. Such a gap in the research methodology was evaluated and its omission from the study material judged unlikely to affect the outcomes of this particular analysis to their detriment.

Illustrations used in the study
A wide range and number of illustrations were found in primary sources, both printed and manuscript, a variety of which have been used to illustrate this study. These mainly illustrate the
design and structural layout of asylum sites, from which the therapeutic function may be interpreted via other sources. The most useful types for this purpose include perspective views of sites in engravings and water-colours, and plans of sites, again in engraved and water-colour formats, which can usefully demonstrate layouts and features present. These can be limited in their scope as they are often restricted to the core of the sites, and sometimes it is difficult to tell whether they relate to proposals or work actually executed, and in whose hand they are. In order to supplement these and gain a reasonably systematic comparison of entire site layouts, Ordnance Survey (OS) maps at 6" and 25" to 1 mile scale are also used; these have been used in conjunction with the other illustrations to gain as full an understanding of sites as possible. Some of the historic illustrations of sites have been reproduced previously in works relating to asylum and workhouse buildings and are used for this study as they additionally amplify discussions on asylum landscapes. Others, particularly the manuscript plans of asylum sites, have not been reproduced before, as far as can be ascertained, and their reproduction in this study is important for the new insight which they throw on the development of the landscape. In addition examples of site features are also illustrated using a selection of the author’s own photographic prints, taken over a period of six years from 1997 to 2003 during asylum site visits, covering 60 sites in England. This collection forms an important archival record as many of the sites have since changed dramatically or been destroyed altogether, and there is believed to be no other such complete record of asylum landscapes taken at the end of the twentieth and early twenty-first century.

Site visits

Without reference to the physical evidence of the asylum sites themselves, their siting, arrangement of elements in the physical environment, and setting, could not be analysed adequately to achieve the aims of this study. As Mowl (2003) has recently expressed, while criticising garden historians for writing garden history based purely on paper-based sources rather than in conjunction with first-hand knowledge of the sites, ‘Let us all get our wellies out and walk the terrain, only then can we appreciate what really happened in the past’.100 First-hand site knowledge is important in the objective interpretation of the design and use of designed landscapes, as a tool in helping to preserve an open mind in this process, while trying to avoid the subjective expectation and interpretation of certain patterns. Such site knowledge is also vital to inform conservation issues and approaches, for similar reasons. This broad methodology is also applicable in the particular case of asylums. In order to assist in interpreting the primary archival material the author attempted to visit as many public, charitable and private asylum sites as possible in England, and visited 90, such visits being in varying depth. Fifteen of these were visited as part of detailed assessment procedures for inclusion on the English Heritage Register, although not all visited for this purpose were necessarily included on the Register.

99 Northumberland RO, QAL 29, Morpeth asylum, Committee Minutes, 1848-61.
Not all the sites visited were researched archivally, although the majority were, but an overview was obtained of the physical relationship of the pattern of the siting and layout of asylum sites country-wide. Again the major area of omission was a group in the south-west, as the public asylums of Cornwall and Devon were not examined on site. Otherwise in all the other regions of England a number of sites were seen. Sites were interpreted with the aid largely of the series of historic Ordnance Survey maps, and a photographic record made of the landscapes and exteriors of the buildings of as many as possible, the extent varying on the level of access obtained. It was important to avoid photographing patients resident in those few sites which remained in psychiatric use to preserve their privacy, but, as few patients were seen in the grounds, this did not tend to affect adversely the record obtained.

Case studies

Ten case studies have been selected and written up and appended to this study (Appendix II). They have been used to provide further historic information to underpin the analysis in the main text and in order to avoid repetition when referring to key sites which illustrate essential elements of the arguments being made. Selection rested on several criteria. Practically, a manageable number was required, no more than ten in order to be able to give sufficient space to each. The principal criterion related to the significance of sites in the development of the asylum landscape whose historic significance was demonstrated via good primary records. Not all of these were publicly funded sites. Bethlem (1674-76) and The Retreat (1792-96) were charitably funded and Brislington House (1804-06) was privately owned and run, but all three were very important in influencing the development of the public asylum landscape. Norwich (1812-14) was chosen as one of the earliest three public asylums, and a reactionary example of the public asylum landscape, which appears to adopt a confined landscape model drawn from eighteenth-century charitable examples which swiftly became outdated. Nottingham (1810-12), too, was chosen as an early example of a public asylum which contrasts well with Norwich, as it demonstrates the concurrent adoption of a more expansive landscape which appears to be progressive in its design. Wakefield was chosen as the earliest significant and most influential pioneer of work therapy in the public asylum landscape, where the landscape which was laid out was specifically adapted to accommodate this. Hanwell, the first public asylum in London, was where Ellis continued his programme of work therapy after he left Wakefield, which was reflected in the layout of the landscape, and where Conolly subsequently removed the mechanical restraints from all its patients in 1839. It is of further interest because it has a long and relatively complete set of administrative records spanning the period from the 1830s to 1914 and beyond and so provides a useful continuous example of the implementation of work therapy during a great part of the period under study.
In the selection of later case-study sites, the criteria were different. It was important to have a site which represented the standard type developed by the mid-nineteenth century which was widely representative in its design principles and use. Derby fitted this criterion as it was erected in the late 1840s and early 1850s at the point where the permissive legislation relating to the erection of asylums made provision compulsory. It is a typical example of a rural asylum erected at this point which reflects general trends in design and use. Additionally it is also assumed to have exerted some influence on other asylum designs as its initial design was described in detail in its first annual report and its design was praised and illustrated by Conolly in his widely circulated *The Construction and Government of Lunatic Asylums* (1847, Plate 6).  

A further criterion for a case study was that in order to provide a comparison with early and mid-period asylums it would be appropriate to have a site which was representative of design principles and use towards the end of the study period. Middlesbrough (1893-98), while certainly not a well-known or influential asylum was chosen as a typical example of the late nineteenth century for which good archival records survived, including in particular a valuable detailed report on the laying out of the landscape by Robert Lloyd, the consultant landscape designer. This was subsequently found to be of even greater significance as Lloyd emerged as a significant landscape designer of the asylum type. It is a standard example of the asylum model of the period and demonstrates well its typicality of design and use. Although public (as opposed to charitable) variants of the asylum type were relatively rare, it was decided to include one such as a case study, in order to demonstrate the progression of the development of the type. For this purpose the Ewell Colony (1900-03) was chosen as it exhibits the relationship with the earlier standard model and provides a link between the asylum and the later mental deficiency colonies of the Inter-War period.

The landscapes of these case-study sites largely survived into the 1990s together with the asylum buildings. The two exceptions were Hooke's Bethlem, which was demolished in the early nineteenth century and the site largely built over, and Nottingham, where the building was demolished in the early twentieth century and the site is now a public park. All the others were visited as part of the site visiting programme to ensure the widest possible interpretation of the archival material.

To supplement the information drawn from the case-study sites and provide a broader spectrum of examples, various other sites have been referred to in the text to illustrate the analysis. Basic information for these sites has been collated in a gazetteer, Appendix III in Volume III. Twelve of the sites in the gazetteer were not visited for the purpose of this study. A database was set up on which information relating to all the English asylum sites was recorded, the information including core data such as name, NGR, former names, and address, as well as information about archival location,

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101 Conolly, *op. cit.* (1847).
current condition at time of visiting, architect and landscape architect where known. This was continuously managed and updated as fresh information was obtained in order to ensure easy access to information on asylums country-wide.

Organisation of the thesis

The material in this study has been arranged in three volumes as follows.

Volume I

The first chapter introduces the study, beginning with the aims, the significance of the study, a brief history of the contemporary context of nineteenth-century asylums and an overview of their recent history and decline. It continues with a discussion of the historiography relevant to the subject matter of the study, including a critical analysis of the various approaches taken in the main subjects which inform this investigation - garden history, medical history and architectural history. The chapter continues with the methodology of the study, an evaluation of the most useful primary sources, concluding with a discussion of the parameters for the selection of primary material for investigation, site visits and case studies.

The second chapter sets the historic context of public asylum landscapes in terms of garden history, medical, social and legislative aspects in order to understand fully developments during the main period studied (1808-1914). Mental health, its treatment and reform, is set within the context of other institutional developments in England during the period. Progress in the treatment of mental health in this period is examined in terms of legislation and developments in the treatment of mental ill health, with reference to appropriate sources. Relevant published primary works on garden history and insanity and its treatment are analysed to highlight general attitudes towards asylums and any indications of the existence, design and use of asylum landscaping. This is set in the context of developments in garden history, with particular reference to the country house estate with which developments in medical and social history are contrasted.

The development of the earliest influential asylum landscapes, from 1670 to 1815, is examined in the third chapter, in order to answer two critical contextual questions which inform the discussion of the development of asylum landscapes in the main study period, as analysed in the following two chapters: how did the earliest asylum landscapes reflect contemporary landscape design and medical theory, and to what extent were they used therapeutically? In the previous chapter the context for the development of the English public lunatic asylum was discussed in terms of medical, landscape, social and legal issues, in order to identify major influences on the development of the public asylum landscape. This chapter examines these issues and relates them directly to the asylum landscape in order to analyse and explain the influences on the design and structure of the earliest purpose-built estates. Three sites in particular are addressed as having been most influential on the asylum
landscape, Bethlem (1674-76), and Brislington House (1804-06), but most influential of all, The Retreat (1792-96). At each site various devices were adopted during its development which formed influential precursors to the structure of the public asylums built during the main period of study 1808-1914. The evolution of, and influences on, the design and structure of each of these three asylum estates is analysed, together with their functions and use, in terms of both medical and landscape theory, particularly the parallel development of their functions and design with those of the country house estate.

Volume II

The fourth chapter covers the development of the public asylum landscape in the first half of the main period under study, 1808-45. 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 major public asylum landscapes, from 1815 to 1845. This is a particularly significant 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 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? What significant 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 public asylum to implement to any great degree 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.

Having discussed the initial development of the public asylum as an emergent landscape type, its further development is then, in the fifth chapter, discussed 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. 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.

The conclusions in the sixth chapter relate to the original study aims. They review the influences on and the extent to which the purpose-built English public lunatic asylum landscape (1808-1914) developed as a discrete designed landscape type. They also review the nature of the relationship of the asylum landscape with the apparently particularly closely related and influential landscape type, the country house estate. This chapter concludes with a review of related areas of considerable potential for further enquiry.

Volume III

Volume III contains the appendices. Appendix I, Endword: Asylum Landscape Conservation, functions as an epilogue to the analysis of asylum landscape development and uses in the main period. It appraises the conservation aspects concerning asylum landscapes in the early twenty-first century, based on the significance identified in the main text, and suggests an appropriate conservation approach. Appendix II consists of a group of ten case studies, comprising factual descriptions of sites and their development, which specifically inform the discussion in the main text. Sites have been chosen, as discussed above, to illustrate notable trends and influential developments in the landscape which reflect medical and other advances, and where there is sufficient primary material to support the discussion. Appendix III consists of a gazetteer comprising brief information on other sites, in order to amplify points made in the main text. In the gazetteer the information presented is much briefer than the case studies, limited to the basic name, location and date erected, landscape designer (where known), architect, and a very brief note about each site. Appendix IV, Designers of English Asylum Landscapes, discusses the named designers who were identified as part of the archival searches. Appendix V lists those asylum sites currently included on the English Heritage Register of Parks and Gardens of special historic interest. Illustrations are included in Volume III.
CHAPTER 2. THE CONTEXT OF PUBLIC ASYLUM LANDSCAPES

This chapter sets the historic context of public asylum landscapes in terms of garden history, medical, social and legislative aspects in order to understand fully developments during the main period studied (1808-1914). Mental health, its treatment and reform, is set within the context of other institutional developments in England during the period. Progress in the treatment of mental health in this period is examined in terms of legislation and developments in the treatment of mental ill health, with reference to appropriate sources. Relevant published primary works on garden history and insanity and its treatment are analysed to highlight general attitudes towards asylums and any indications of the existence, design and use of asylum landscaping. This is set in the context of developments in garden history, with particular reference to the country house estate with which developments in medical and social history are contrasted.
CHAPTER 2. THE CONTEXT OF PUBLIC ASYLUM LANDSCAPES

This chapter discusses the context of English public asylum landscapes from the late seventeenth century, prompted by the rebuilding of Bethlem (1674-76), to their mid-nineteenth place as vital elements of established public institutions. It addresses the parallel development of landscape design and medical theory and practice in order to inform the later discussion of particularly significant aspects which influenced the development of the asylum landscape. It also discusses significant developments in legislation, and developments in comparable public institutions including workhouses and prisons. In this historic context the pivotal institution in the discussion of the use and development of the landscape is undoubtedly The Retreat, and its pioneering use of the designed landscape based around moral treatment. Using this discussion as a basis it will be shown in later chapters that the subsequent development of the English public asylum landscape is rooted in both medical and landscape theories of the eighteenth century. In order to test these theories they must first be put into historical context.

The reasons for the spread of the network of institutions for the insane, particularly its rapid increase during the nineteenth century, have provoked much animated debate by historians over the past four decades. Because this general discussion has been covered in detail elsewhere, in this thesis only the elements most relevant to this study have been addressed in detail. In particular they relate to themes which have a significant bearing on the development of the management regime within the asylum for which its landscape was essential. A review of literature relating to the asylum management regime reveals several recurring themes, in particular related to therapeutic, economic and social issues, but there is little direct reference to the use of the asylum landscape. The issues which are raised are fundamental to the use of the asylum landscape and answers to their validity will be dealt with more fully in the later chapters which deal specifically with activities in the landscape.

Garden design in the seventeenth and early eighteenth centuries

At the same time that Bethlem was rebuilt in Moorfields in huge and innovative style, as Willis was writing his early discourse on the mad, and as Locke's theories (published in *An Essay Concerning...*)

1 For general discussions of the reasons for the rise of asylums see for example Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven and London: Yale University Press, 1993); Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early Eighteenth Century to the 1990s* (London and New Jersey: Athlone, 1993). For discussions related to more specific themes see for example L.D. Smith, 'Cure, Comfort and Safe Custody': *Public Lunatic Asylums in Early-Nineteenth-Century England* (London: Leicester University Press, 1999); Peter Bartlett, *The Poor Law of
Human Understanding in 1689) were crystallising in the late seventeenth century, the garden had gained a prominent place in the wealthier ranks of English society. The politician and courtier Francis Bacon (1561-1626) had confirmed the creation of gardens and gardening itself as a civilised and socially acceptable activity in the early seventeenth century, and he expressed it as particularly appropriate for the higher social ranks in his An Essay of Gardens (1625). This was borne out in literature by text books published by authors such as Markham in The English Husbandman (1613), principally only available to the wealthy literate and thus inevitably in their theories restricted initially to these higher social levels. By the late seventeenth century there were established several distinct types of gardens and other ornamental designed landscapes. These were principally domestic, both urban and rural in variety, but also institutional, such as the university colleges of Oxford and Cambridge and the similar school estate at Eton College, Berkshire, founded in 1440. There were also, more rarely, designed ornamental landscapes laid out for social purposes including public walks, for example Northernhay, Exeter, laid out in 1612, and Moorfields, London, a place of public resort laid out as a public park from 1605 and discussed in more detail below.

Gardening itself was not restricted to the wealthier classes, however. Although there is little collected scholarly work which specifically discusses the gardening activities of the lower social classes in the seventeenth century, information from a variety of sources points to widespread activities such as commercial nursery work, florists' activities (in the sense of the production of individual and specific varieties of flowers for show), and domestic fruit and vegetable gardening, the latter carried on in what would now be termed a vernacular style.
Domestic garden design and structure for the wealthier classes continued a style and format which by the late seventeenth century had been prevalent for over a century and which is particularly pertinent in the discussion of the development of asylum landscapes. This is because they encompassed within an ornamental framework elements of three wide-ranging themes especially relevant to the later asylum landscapes: recreation, economic production, and the maintenance of the social framework and fabric, all of which the other types of designed landscape, for example institutional and social, tended not to address. This period was the prelude to the major changes which took place in landscape design during the following century. The universally used formal garden designs which scholars such as Strong have demonstrated to be rooted firmly in the Renaissance largely broke down during the early eighteenth century, to be replaced by a seemingly informal landscape which was in fact carefully structured in design terms and representative of a strong social hierarchy. This may be compared with changes in the treatment of lunatics occurring simultaneously, which tended to move away from the punitive treatment and housing of lunatics regarded as beasts, towards the philosophy of Locke and its application in medical theories which will be discussed below.

As with buildings in the late seventeenth century, in garden design the domestic model was predominant and was largely used as the model for the few other types of garden which existed, which were principally institutional. The manner in which the country house estate in particular embraced the three themes mentioned above as particularly pertinent to the asylum landscape, together with its capacity for adaptation to relatively large-scale use and for other purposes, including institutional, means that it forms a useful model against which to test theories of design influences on the early asylum landscape. It is helpful to rehearse the basic structure and design of elements of the late seventeenth-century country house estate in order to assess its significance and discuss which elements, if any, came to be incorporated within the asylum landscape and why. Of those few institutions which existed, even fewer enjoyed extensive gardens, such as the Oxford and Cambridge colleges and the Royal hospitals, and these were largely closely related to the domestic model, in particular that of the compartmentalised garden surrounding the courtyard house.

Changes in garden design at this period occurred mainly in the domestic gardens of the wealthy classes, particularly their rural estates where space was more readily available for experimentation beyond the urban nucleus. Such changes were driven not only by aesthetic and political fashions, as have been the subject of study of many garden historians, beginning with the publication by Horace Walpole (1717-97) in 1780 of his *The History of the Modern Taste in Gardening* (see discussion of Walpole’s influence on the historiography of garden history in Chapter 1). Such transformations,
which were manifested particularly in rural gardens and estates, were also influenced by prevailing social, technological and economic factors, which have been less frequently discussed but are no less important. Because of this dominance of the rural garden and estate model it is logical to use it as a starting point from which to analyse landscape design influences on the development of the asylum landscape. It is then possible to discuss whether the landscape park, because it developed from this earlier domestic rural model, alone possessed properties which could have been applied in asylum treatment, or whether it was used for medical purposes merely because it was the only socially acceptable model at the time. In discussing the influences on the asylum landscape type the question can be addressed, did the nineteenth-century asylum landscape bear any resemblance to the precursors to the landscape park?

The landscape of the late seventeenth-century country house formed and reflected a significant element of the rural social structure which had changed little over several centuries. In this structure the local landowner displayed his wealth by building and occupying the most prestigious building close to the associated social and economic centre, the town or village. The domestic rural landscape which amplified this statement of power was formally compartmentalised in its layout, with elements set aside in tight relationship to each other for both productive and recreational activities, at the core of which lay the principal buildings - the house and domestic offices. A useful example which conforms closely with this formula is Chastleton House in Oxfordshire, built by Walter Jones between 1607 and 1612, and enclosed with rectangular, walled garden and service compartments constructed at this time or a little later (Plate 7). This layout conforms closely with Gervase Markham's prescription for garden layout in his *The English Husbandman* of 1613.\(^9\) The site lies adjacent to the village with a small park surrounding it.

The strongly compartmentalised structure of such formal gardens and estates is well known from various sources, in particular contemporary engravings.\(^10\) Cartographers in the early to mid-eighteenth century mapped garden designs, many of which had changed little from the previous century, either as individual garden plans or general county maps.\(^11\) The structure of the ideal garden was described, illustrated and commented upon by authors such as Worlidge and Nourse who codified their

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9 Markham, *op. cit.* (1613).
principles, drawing heavily on styles which were already prevalent.\textsuperscript{12} As is evident from Strong's discussion, such principles were based on European Renaissance designs, including those of the power-broking Medicis in Tuscany, adapted for English circumstances and taste in the sixteenth and earlier seventeenth centuries.\textsuperscript{13} With minor modification, this formula was equally applicable to both the gentry, with limited estates, as well as the established aristocratic and nouveaux riches owners of large estates. The aesthetics of later seventeenth-century garden design has been examined in detail elsewhere using varying approaches, which, together with various other sources, provide a good overview of the subject which it is not required to duplicate in this study.\textsuperscript{14} Instead the purpose and arrangement of the elements of the estate will be discussed as most relevant to later developments in the asylum landscape.

The main purposes of the seventeenth- and early eighteenth-century estate were domestic and recreational; it was also a statement of the owner's power, status and wealth, and as such was constructed to be seen from outside. Although by making a garden at all the owner signified that he was sufficiently wealthy to devote space to, and to lay out ornamentally, recreational elements, he still required functional spaces connected with the production of the majority of food to feed his household, to undertake household tasks such as cooking and laundry, and to house his methods of transport, his horses and carriage. The nucleus of the estate tended to be divided from surrounding farmland, woodland, and sometimes a deer park, the enclosure bounded by walls, hedges or fencing to ensure the security of the property, or by a combination of walls and fencing using devices which allowed views through, to ensure that the status of the property could be fully appreciated visually by passers-by.

Chauncy illustrates a selection of mainly gentry estates for a single county in his \textit{The Historical Antiquities of Hertfordshire} (1700), in which this proximity of functional and ornamental spaces at the core of the estate occurs in various arrangements, for example at Stagenhoe and Little Offley (Plates 8 & 9).\textsuperscript{15} He, together with Knyff and Kip at a national level, also illustrates in some examples

\textsuperscript{11} John Rocque was one such cartographer who mapped both individual gardens and whole counties, for example J. Rocque, \textit{Plan du Jardin et Vue des Maisons de Chiswick} ... (London: Rocque, 1736); \textit{A Topographical Survey of the County of Berks.} ... (London: Rocque, 1761).

\textsuperscript{12} John Worlidge, \textit{Systema Horticulturae: or the Art of Gardening} ... (London: Burrel and Hensman, 1677); Timothy Nourse, \textit{Campania Foelix} (London: Bennet, 1700).


\textsuperscript{15} Chauncy, \textit{op. cit.} (1700); various plates are reproduced in Tim Mowl, 'John Drapentier's Views of the Gentry Gardens of Hertfordshire,' \textit{Garden History}, 29, no. 2 (2001), 152-170.
elements of an extended designed landscape beyond the core walls. These cover parkland and other designed open spaces laid out with formal woodland rides and avenues. As Batey points out, until the end of the seventeenth century the garden, even when laid out on a grand scale, was a contained unit, and associated land, even a park, although both recreational, for hunting, and functional, as a convenient larder, was not considered as an aesthetic setting for the house.\footnote{Mavis Batey, 'Landscape Gardens in Oxfordshire,' in Sandra Raphael, et al., Of Oxfordshire Gardens (Oxford: Oxford Polytechnic Press, 1982), 52.}

The forecourt, across which the formal visitor generally walked to gain access from the road to the house, provided both a physical and social buffer from the outside world. Additionally it visually framed the architectural formality of the house and formed the initial statement of the owner's power on entry to the estate. As the ceremonial approach to the house it combined function with ornament, unlike the service approach and yard which were used on a daily basis by the family and staff and were purely functional. The forecourt might be given further importance by division into various sections, sometimes with inner and outer compartments divided by walls or railings, the spaces linked by increasingly grand gateways.\footnote{See illustrations of Aspenden Hall and Bedwell Park, Hertfordshire in Chauncy, op. cit. (1700), reproduced in Mowl, op. cit. (2001), 159.} Chastleton's forecourt is modest, but typical. It is approached via a free-standing ornamental gateway set into the forecourt walls, which leads to a rectangular forecourt, across which the visitor must travel on foot to reach the house. The forecourt might also form the finale of a much longer axial and ornamental approach route, as at Stonyhurst, Lancashire. Here the sense of approach to a great establishment was built up by way of a long formal drive and avenue, leading to flanking canals which led into the forecourt. More modest houses might be approached via a shorter and less dramatic single or double avenue.\footnote{See illustrations of Stagenhoe and Aspenden, Hertfordshire in Chauncy, op. cit. (1700), reproduced in Mowl, op. cit. (2001), 153, 159 (see Plate 8 below for Stagenhoe).} In any case the forecourt was generally entered on foot, the conveyance being left at the outer gateway, with an axial walk directly to the front door.\footnote{The subject of approaches to seventeenth-century country houses is discussed further in John Cornforth, 'Who Used the Front Door?', Country Life, 194, no. 36 (7 December 2000), 116-121.}

One or more formal garden enclosures for the recreation of the owner and his family adjoined the house, generally on one or two sides. Chastleton has a formal enclosure called the Best Garden, now dominated by a circular arrangement of yew hedges and clipped specimens. Visual appropriation was an important element, achieved with raised structures to enhance the views beyond the owners' garden and estate. Such devices included terraces and mounts within the formal garden compartments, and can clearly be seen for example in Loggan's engravings of the gardens of various Oxbridge colleges.\footnote{Loggan illustrates the mounts at Wadham and New College, Oxford, in David Loggan, Oxonia Illustrata (Oxford, 1675). Chauncy at Stagenhoe shows a raised terrace in Chauncy, op. cit. (1700), reproduced in Mowl, op. cit. (2001), 153 (Plate 8 below).} Two upper rooms in the stair towers at Chastleton, on the east and west fronts,
may have been used as rooftop banqueting houses, particularly that on the east front with its panoramic views over the Best Garden and the countryside beyond. Visual appropriation worked in both directions, also enhancing views of passers-by of the principal building and its setting, confirming the power and status of the owner. A common device to facilitate this was to place one or more clairvoies, decorative iron railing screens, within the walls between garden compartments or set in the boundary walls, a method which was particularly employed in the forecourt boundary with the adjacent road.

Recreational features set within the structured garden compartments were composed of a standard group of elements, and, apart from mounts and terraces, included most commonly geometrically shaped walks, lawns, pools and canals, and borders, buildings including alcoves and gazebos, and games facilities such as bowling greens. Sometimes external avenues were laid out parallel or perpendicular to the estate enclosure.21

Alongside the recreational spaces lay the spaces for the daily functioning of the country house estate, including service courts and service approaches. These, not having to indicate the owner's financial and status pretensions, tended to lie close to one or more of the less ornamental elevations of the house. Productive areas were important and included orchards, kitchen gardens and sometimes the farm. Roberts, in her analysis of gentry gardens of the seventeenth and early eighteenth centuries, demonstrates that the orchards and kitchen garden were considered by various influential writers, such as Markham (1613) and Lawson (1618), to have a significant ornamental as well as functional purpose.22 The village often lay adjacent to the estate, closely associated with the house both socially and economically, including homesteads and church, as illustrated for example at Londesborough in North Yorkshire and also at Chastleton.23

The late seventeenth-century town garden was modelled on the formal rural model, but being adapted to an urban situation in which space was at a premium, tended to be simpler than its rural cousin and lacking in the productive function. Its chief function was recreational, with a strong element of visual appropriation. It was restricted in use to those of sufficient wealth to be able to afford the luxury of such space. Examples are obvious in town maps, such as Ogilby and Morgan's map of London (1676) and in illustrations such as Hollar's view of Covent Garden of the mid-seventeenth century.24

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21 See illustration of Little Offley, Hertfordshire (Plate 9 below) in Chauncy, op. cit. (1700), reproduced in Mowl, op. cit. (2001), 155.
Restricted available space limited the elements to a few of those found in the rural estate: often only a single garden compartment and possibly a service yard. Ornamental devices similar to the rural model were employed, including mounts, terraces, lawns, borders and bowling greens.

Views in and out of the urban estate were as important as in the rural estate, taking full advantage of the urban setting which, as Longstaffe-Gowan discusses, possessed its own attractions. Urban residential developments were beginning to incorporate an integral communal open space in front of the houses, a town square, the earliest being the paved Covent Garden in London c.1630.

Significantly for the development of the asylum landscape an extremely early precedent in the provision of public space had been set at the beginning of the seventeenth century. Moorfields was laid out and ornamented in the formal fashion specifically for polite recreation, as illustrated in Morgan's map of 1682 (Plate 10), and has been referred to with justification as 'London's first civic park'. A finger of common land beyond the north wall and ditch of the City of London, 'Moor Fields', was drained, levelled and laid out over some years from 1605 by the City Aldermen. It was a statement of the civic wealth and power of the institution reflected in its benevolent application by its illustrious Aldermen. Gardeners John Percival and Michael Wilson were employed to undertake the work for not more than £400, creating formal walks with lawns and extensive and notable avenues of trees. Richard Johnson in his *Pleasant Walks of Moorfields* (1607) referred to the sweet and desirable walks laid out over some ten acres (4 ha.), which already seemed 'a garden of this City and a pleasurable place of sweet ayres for Citizens [sic] to walk in'. The formerly insalubrious reputation of 'Moor Fields' was greatly improved and it became a fashionable place of resort for Londoners. In the 1670s the city ditch at the southern end of Moorfields, as it became known, was filled in with rubbish and there the Aldermen chose to site their magnificent new lunatic asylum, Bethlem. Its commanding position formed the termination of the southern axial view, its grand main entrance aligned on the principal north-south avenue of Lower Moorfields, the southern section of three rectangular compartments which comprised the formal open spaces of Moorfields by the 1670s. The complementary relationship of Bethlem to Moorfields will be discussed in more detail in the following chapter in terms of the structure and use of the asylum landscape.

**Early medical developments in the treatment of the mad**

The greatest influence on the institutional treatment of lunatics until the mid-eighteenth century was Bethlem, a unique charitable institution for the treatment of lunatics (see Case Study 1 & Plates 10 & 11). It was run by Aldermen of the City of London following their acquisition of the medieval

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25 Longstaffe-Gowan, op. cit. (2001), 64.
From its acquired specialism in the treatment of lunatics in the Middle Ages until the eighteenth century, Bethlem retained a unique position in England as the only asylum freely available to all sections of society, including paupers. During the seventeenth century attitudes towards the housing and treatment of lunatics gradually shifted away from confinement at home or within houses of correction or gaols towards a perception of the need for some measure of specialist confinement away from the domestic environment. By the end of the century English lunatics who were not paupers might be confined at some point in their illness either in a private establishment catering for several lunatics (usually referred to as a 'madhouse') or sometimes boarded out individually, often under the care of medics or clergy. Throughout the century, as Parry-Jones has demonstrated, a well-known network of private madhouses developed, including those at Box (Wiltshire), Glastonbury (Somerset) and Clerkenwell Green in London, which usually catered for those who were able to pay for care. Although these establishments had the reputation for corrupt and brutal practices and occupied buildings put up for other purposes, it is likely that they would have made some provision for the outdoor exercise of the lunatics, as did Bethlem.

As Stevenson has shown, Bethlem as a unique and publicly accessible institution was constantly the subject of publicity and comment. The magnificent new premises specifically adapted to house lunatics were erected in the mid-1670s during the building campaign which followed the Great Fire of London (1666). The structure of the whole estate, unique in its functional adaptation, provided a model which formed the basis for most of the English purpose-built asylums of the eighteenth century, both in the provisions of the building and of facilities for patients for exercise and recreation outdoors. Originally intended to cater for 120 patients, when it was finished Bethlem accommodated even more than this, and formed an exceptionally large institution of any kind for the period. There was no other institution of its size at the time of its construction in London, or beyond in the rest of England. The exceptional context for the building, and therefore by its association the whole accompanying estate, was pointed out by Stevenson, who refers to it as 'a phenomenon much more remarkable than has ever been acknowledged' as it was the first great charitable building since the

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27 Quoted in ibid., 455.
29 Ibid., 8.
30 The most distinguished visitor was Charles II who visited in August 1676; various poems referred to Bethlem, such as the anonymous 'Bethlehem's beauty' (1676) and 'Lucida Intervalla' published in 1679 by the inmate James Carkesse, which relates his experiences following his admission in 1678; Thomas Tryon wrote in 1689 of that 'Gallant Structure ... to be one of the Prime Ornaments of the City of London, and Noble Monument of Charity', Thomas Tryon, 'A discourse of the causes, natures and cure of phrensie, madness or distraction', in M.V. DePorte (ed.), A Treatise of Dreams and Visions (Los Angeles: Augustan Reprint Society, 1973), 289-91. The diarist John Evelyn referred to Bethlem: John Evelyn, The Diary of John Evelyn, E.S. De Beer (ed.), vol. 4 (Oxford: Oxford University Press, 1955), 134; entry for 18 April 1678.
Savoy Hospital was built in the City in the early sixteenth century.\(^{31}\) Because of this unique position and continuing influence the structure and uses of its open spaces are examined in detail in the following chapter.

Bethlem was at the forefront of a new movement to make institutional provision for those who were too infirm to look after themselves. Shortly after its rebuilding there followed the royal foundation of two prestigious military hospitals, at Chelsea (1682) and Greenwich (1696). These were expressions of the perceived (if not actual) financial and benevolent power of the monarch, in similar fashion to that expressed by the Aldermen of the City of London in the erection of Bethlem. Both were even more palatial in size than Bethlem and were the only comparable contemporary institutions in England. The development of military hospitals will not be discussed further in this context, however, as they were designed for a quite different purpose, being single sex, and specialising in an entirely different social group which was set within its own hierarchical society.

One of the great figures of seventeenth-century medicine was Dr Thomas Willis (1621-75). An influential physician and sometime mentor of Christopher Wren (1632-1723), Willis wrote on, amongst other subjects, mental illness, and was obviously familiar with Bethlem and its regime.\(^{32}\) The author of several publications on the subject including *Two Discourses Concerning the Soul of Brutes* ... (1683), an extensive account of mental illness, he was an early advocate of the physical form and domestic organisation of asylums as a sound basis on which to treat lunatics. His advice on 'inveterate and habitual Madness', was that the sick seldom submitted to any medical cure but that being housed in 'Hospital for Mad people', or Bedlam, and submitting to 'the ordinary discipline of the place', they were either cured or at least prevented from harming themselves or others.\(^{33}\)

Willis made one of the earliest direct references to the use of the landscape in the treatment of lunatics. During the later seventeenth century, exercise and occupation were recommended in general medical texts and other publications, as having wholesome and therapeutic benefits.\(^{34}\) In his major general medical work, *The Practice of Physick*, he made early detailed recommendations about the treatment of lunatics, which were surprisingly liberal and tend to discount the belief that all contemporary treatment was brutal. He recommended diversions, largely recreational exercise and employment, both indoors and outdoors, as the main therapeutic means to recovery of lunatics.

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\(^{31}\) Christine Stevenson, 'Robert Hooke's Bethlem', *Journal of the Society of Architectural Historians*, 55, no. 3 (September 1996), 255.


Specifically, they were to be encouraged in cheerfulness or joy by means of a range of recreational diversions appropriate to the landed classes which allowed a large degree of personal liberty. These included 'pleasant talk, or jesting, Singing, Musick, Pictures, Dancing, Hunting, Fishing, and other pleasant Exercises'. He advised that generally patients should be treated away from home, but that those who insisted on staying at home should immerse themselves in activity, particularly in domestic employment, attending to household matters, and the governance of the family; also, 'that they should build Houses, plan and order Gardens, Orchards, or Till the Ground'.

In Willis' recommendations he believed that both cerebral and physical diversions were of benefit to counteract the lunatic thoughts and behaviour. The suggestions were obviously aimed socially at a male head of the household with some financial means, but even so Willis generalised that 'the mind being busied with necessary care or duties put aside and at last deserts more easily, vain and mad cogitations'. His reference to gardening activities in this context suggests that they were not only commonly undertaken in the normal course of life, but that they were helpful to reorder the disturbed mind. In terms of this study Willis' advice should be approached with caution as it is not specifically connected with the institutional care of lunatics. However, in its very early date it is relevant to the therapeutic context of the use of the landscape in connection with lunacy.

Willis' advice complements the advances in approach to the philosophy of madness pioneered in the influential theories of the late seventeenth-century philosopher John Locke (1632-1704), whose major work in this field was An Essay concerning Human Understanding (1690). In this work Locke's great achievement was that it provided for the first time 'a systematic, detailed, reasoned, and wide-ranging philosophy of mind and cognition whose thrust ... is empiricist'. Locke's major influence on eighteenth-century perceptions of the functioning of the human mind introduced the concepts that understanding and reason formed a fundamental part of man's consciousness. He guided concepts of madness from theological to secular theories, humanising attitudes and engendering sympathy for the madman. Together with fellow philosophers David Hume (1711-66) and David Hartley the Elder (1705-57), he exerted considerable influence on contemporary psychiatric thought, and laid down new systems of classification of insanity. Locke's Essay marked a turning point in attitudes towards the insane. Instead of being inhuman beasts, who could not appreciate a comfortable life, and indeed benefited from ill treatment, the insane came to be seen as wayward children, unable at that moment to reassert reason over their misconceptions of the world which brought about their unacceptable

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35 Willis, op. cit. (1684), 194.
37 David Hartley, Observations on Man, his Frame, his Duty, and his Expectations (London: Leake and Frederick, 1749), and Hume in various publications.
behaviour, but who could be brought to see reason. Locke and Willis' approaches formed a notable step in the move towards a more liberal physical treatment regime of lunatics.

As a medical hypothesis, miasma theory suffused most aspects of medical theory and treatment, including that of the treatment of lunacy. Its premise, of air infected with disease, had an ancient pedigree, being widely believed from antiquity until the nineteenth century in order to explain how diseases could be spread without humans physically touching each other. It was observed throughout the seventeenth and eighteenth centuries that many infectious diseases were more prevalent where people lived in crowded conditions and where the ingress of fresh, clean air from outdoors was prevented, such as in poor housing, on board ships, and in hospitals. By the late seventeenth century it was believed that via appropriate town planning and details of architecture, fresh air could easily be introduced into the residences of citizens, hospital patients and sailors. In wealthier districts dwellings were not packed together, and such diseases, perceived to be carried by miasmata were less common. Here the air could circulate freely and ensure the effective removal of the infection-laden air. Thus it was judged that the numerous inmates of a lunatic hospital living together would derive major benefit from the ingress and circulation of fresh (i.e. not foul-smelling), good air and its adequate circulation. Miasma theory continued to be a prominent factor in the design and construction of public residential institutions well into the nineteenth century.

The development of the landscape park, mid- and late eighteenth century

During the eighteenth century a huge development occurred in landscape design, in the transition of gardens from the formal to naturalistic styles. This occurred initially and most extensively and influentially in the country estates of the landed classes and was led by British examples which influenced landscape design throughout Europe and North America. During the century changes in the landscape occurred much faster and at a much greater scale than did those of the asylum network and its regime. During the process of change the landscape acquired a model flexible enough for it to be modified for the treatment of lunatics in terms of moral therapy, which proved so significant during the following century.

The three particular themes outlined at the start of the chapter gained further in significance during the eighteenth century and continued in importance into the nineteenth century, expressed within both the country house and the asylum landscape. These were recreation, economic production and the maintenance of the social framework and fabric, which were connected by the aesthetic of the ornamental landscape design. In the assertion of these themes the formal seventeenth-century landscape was physically expanded and entirely redesigned to form the landscape park, reflecting the
widening economic and social gap between the estate owner and the workers. Similar component elements to those comprising the formal landscapes of the previous century continued in use but were generally naturalised, rearranged and enlarged in scale. In their fully developed form these elements also provided a socially acceptable framework which could be used as a venue for treatment within an asylum context. The three themes were closely related to the requirements of the asylum landscape, although without the therapeutic function, as originated at The Retreat and developed in the public asylum, and their development will be discussed in detail in the following chapters. Initially, however, the major reworking of the formal country house estate into the informal landscape park must be discussed as, like Bethlem, it provides a crucial element of the context of the development of the asylum estate which came to be used universally for the institutional treatment of lunacy in the nineteenth century.

The first question to answer is, how much did the landscape of the country house estate change during the eighteenth century? In short, the components changed little, but were radically remodelled and rearranged to fit the new landscape aesthetic. The most prominent visual change in the country house estate during the eighteenth century was that the formal aesthetic of the landscape design gradually broke down to a controlled naturalistic appearance. A detailed review of the development of styles and designers of the eighteenth century is not necessary here as it is not strictly relevant to the discussion of asylum landscapes. However, it is necessary to illustrate the broad design changes. These can be demonstrated by examining a chronological succession of illustrative material for a range of sites designed progressively throughout the century, such as appear in Harris' The Artist and the Country House (1979).

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38 Our knowledge of the development of the eighteenth-century landscape park comes from a variety of sources. Estate maps and large-scale county maps form a useful snapshot of the design of an estate at a point either as it was intended to be or had been laid out. Estate maps tend to place features accurately, but county maps are not always accurate and may only show the most prominent features. Written descriptions by owners and travellers can provide information about how estates were used, but can be difficult to interpret and erratic in their coverage of a particular estate. Estate papers, if they survive, may provide information about the technology which was used to form various features. Parish papers such as enclosure awards may provide information about land-enclosure activities and also indicate the design in enclosure maps. Published works on landscape design were produced with increasing frequency, such as Batty Langley's New Principles of Gardening (London, 1728), but tended not to be written by the great designers of the century.

39 This can be obtained from various sources on landscape design, the broadest being Jacques' overview of Georgian gardens, David Jacques, Georgian Gardens (London: Batsford, 1983), which is now rather limited in view of the amount of material since published, and Laird, whose subject is limited to the planting of the landscape in Mark Laird, The Flowering of the Landscape Garden: English Pleasure Grounds 1720-1800 (Philadelphia: University of Pennsylvania, 1999). Various biographies of designers have been produced which review landscape styles, including Stroud on Brown and Repton, and Willis on Bridgeman, both again now rather outdated. More recent approaches from other disciplines include historical geography, such as Daniels on the landscapes of Repton, and social history such as Williamson. See the discussion in Chapter 1 about historiography for critical appraisal of these.

As the century progressed the formal landscape framework tended to acquire progressively less formal infilling. For example, in Rocque’s survey of Chiswick House, published in 1736, a transitional stage appears between formal and informal designs. The extensive geometric compartments are filled with serpentine paths complementing the formal framework, reminiscent of the frenetic figures which Batty Langley (1696-1751) produced and disseminated in his garden design pattern book, *New Principles of Gardening* (1728). In some cases an informal landscape park was laid out around extant formal features, such as the axial avenues, parterre and forecourt which were enclosed by an informally designed parkland, peppered with clumps and individual trees, as at Bower Hall, Essex, illustrated in the 1750s or 60s. Following this transitional period the formal framework itself was eventually done away with, examples dating from the 1740s. An example of the final form is illustrated at Trentham House, Staffordshire c.1751, in which the landscape is pictured entirely without formal features and the house rises out of a sea of lawn.

In order to achieve this result the previously purely utilitarian agricultural land, and recreational park if one existed, which had formerly lain beyond the walled garden and other enclosures were drawn into the design of the new landscape and provided additionally with specific aesthetic and social purposes. Into this newly created expansive informality the other estate elements, formerly at the core, were spread out, such that the whole estate now formed the aesthetic setting for the principal building, the house. Designers of the most prestigious and innovative estates active in the early eighteenth century, who expressed early manifestations of such ideas, such as Charles Bridgeman (?-1738) and William Kent (1685-1748), were emulated at other estates. Gradually the trend towards informality continued, confirmed in the landscapes of the landed classes by a host of landscapers the most prominent of which was Lancelot Brown (1716-83).

It will be useful for the subsequent discussion to give at this point a brief description of the components of a typical country house landscape of the mid- to late eighteenth century. This is not the place to provide a detailed history or analysis of the type as this has been done by others elsewhere, for example Jacques (1983), with respect to aesthetic issues, and Williamson (1995), who provides a social approach. The intention is to provide a sketch of the essential elements of the landscape park which were reworked together in many hundreds of similar sites, within the same formula, for the purpose of comparison during the later discussion of the asylum estate. The landscape consisted of a formulaic group of elements which can be outlined as follows: the mansion

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41 John Rocque, *Plan du Jardin et Vue des Maisons de Chiswick* ... (London: Rocque, 1736), illustrated in ibid., pl. 189.
43 Bower Hall, Essex, c. 1750s-60s, illustrated in Harris, *op. cit.* (1979), pl. 182.
44 Trentham Park, Staffordshire, c. 1751, illustrated in ibid., pl. 179.
lay at the heart of the designed estate, enclosed or flanked by informal pleasure grounds, these usually laid out with shrubbery walks from the house to achieve views over an enclosing park studded with clumps of trees and singles, and lined with shelter belts to mark the boundaries and internal divisions. Wherever the topography allowed (together with available finances), a water feature was created, usually in the form of a lake set in the park as the dominant and most prestigious feature of the ensemble. Farming and forestry activities took place in the park to maintain its pasture, to a lesser extent arable, and trees, together with sporting activities, and the house was supplied with produce by a walled kitchen garden lying at some distance, disguised by shrubberies or placed in woodland.

Flower gardens, although not entirely absent, were also enclosed and shielded from the views across the park from the pleasure grounds in this way. The whole was linked to the outside world by a network of serpentine drives crossing the buffering park and also linking the various built elements of the estate with each other. This formula was common whether sites were laid out to designs of a nationally active designer such as Lancelot Brown, or by improving owners, such as at Missenden Abbey, Buckinghamshire which was laid out in the late eighteenth century by James Oldham Oldham and embellished by John Ayton in the early nineteenth century, who appear to have followed their own designs.46

Nuneham Courtenay, Oxfordshire is an example which largely adheres to this formula with typical variations, laid out initially in this period, with some further work in the nineteenth and early twentieth centuries (Plate 12, Farington's view of the house, informal pleasure grounds and River Thames). The Palladian villa (1757) was deliberately sited on a wooded knoll above the River Thames to take advantage of the views down to the water (which substituted for a lake), more distantly of Oxford’s dreaming spires and of the market town of Abingdon, and into the broad countryside between. The surrounding landscaped pleasure grounds, with informal lawns sweeping up to the house, were further embellished, 1779-1782, with the assistance of Lancelot Brown (1716-1783), and led out into a naturalistic park studded with trees. An intimate flower garden lay close to the house enclosed in the pleasure grounds, both elements initially designed by the poet William Mason in the 1770s. The kitchen garden and stables lay at some distance from the house, in the park which was given over to agriculture, forestry and sporting activities, and the estate was crossed by a network of private drives and paths.47 This then provides a briefly sketched model of the typical landscape park and country house estate as it had developed by the later eighteenth century and upon which the comparison with the asylum landscape of the following century will be based.

Chapter 2

What caused such radical aesthetic changes to occur which led to such a widespread adoption of this model for the domestic activities of the landed classes? The literary drive towards this aesthetic outcome has been well documented in garden history literature over the past 30 years. It had begun around 1710-12, initially articulated by the essayist Joseph Addison (1672-1719) and taken up with conviction by others. Although John James (c.1672-1746) published an important English translation of a text book on French formal gardening as *The Theory and Practice of Gardening* in 1712, in the same year the move towards a more natural style was confirmed in print by Addison in several essays published in *The Spectator*. Previously, in *The Tatler*, Addison had questioned the ordered and prescriptive designs which prevailed and symbolised absolutist French politics. He sketched instead a dream world, principally an Arcadia of natural scenery, ruled over by the Goddess of Liberty supported particularly by two other goddesses, Plenty and Commerce.

As Hunt and Willis have expressed it, with this essay Addison established what was to become, 'an essential part of the ideology of the English landscape garden, its freedom from unnecessary constraints.' This association with constraints is a particularly apposite ideology in terms of the later adaptation of elements of the landscape park as an asylum tool dealing with issues of confinement in terms of the patients' use. Addison continued his exposition of an informal Arcadian garden world in *The Spectator*. Although, as many notable garden historians such as Batey have described, it was certainly intended for recreation and aesthetic benefit, it was also intended for other purposes, making it a multi-function landscape. Such purposes, including economic and social, are much less frequently alluded to in the scholarly analysis of the evolution and purpose of the landscape park but are clearly pertinent in the later adaptation of elements of this type of landscape for institutional and curative purposes. For example the early intention that the landscape should be productive, is clear from Addison's question, 'why may not a whole Estate be thrown into a kind of Garden by frequent Plantations, that may turn as much to the Profit, as the Pleasure of the Owner?' The move towards informality, particularly in the wider estate landscape, was codified initially by the writer Stephen Switzer (1682-1745) in *Ichnographia Rustica* (1718), and then by others as the century progressed.

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48 One particularly useful anthology of literary sources for garden history of this period is John Dixon Hunt, Peter Willis, *The Genius of the Place: The English Landscape Garden 1620-1820* (London: Elek, 1975).
50 Joseph Addison, untitled essays in *The Spectator*, no. 414 (25 June 1712); no. 417 (28 June 1712); no. 477 (6 September 1712).
52 For example Mavis Batey in *Oxford Gardens: The University's Influence on Garden History* (Amersham: Avebury, 1982), 51-76, refers almost exclusively to the aesthetic and allusional properties of the landscape, however Williamson, *op. cit.* (1995), takes the social function as his approach to the landscape park.
Having outlined the aesthetic metamorphosis of the country house landscape design from formal to informal together with its literary initiation, the major functions of the resultant landscape park will now be examined. The discussion which follows will approach the landscape in relation to the three themes outlined above, recreation, economics and the reinforcement of the social fabric, as these were later so important in the adaptation of elements of the landscape park as an asylum tool, alongside the medical function.

Jane Brown sweepingly, but as will be demonstrated, accurately, asserted that, 'The eighteenth-century landscape style was undoubtedly an expression of power'. 55 This concept seems to contradict Hunt and Willis' interpretation of Addison that the landscape was intended to be free of unnecessary constraints. However, the removal of such constraints was clearly couched by the latter in terms of the landscape aesthetic, rather than the social and economic uses of the landscape. Power and freedom were in fact combined, using the aesthetic dimension of the landscape park to express the owner's personal liberty within his estate as part of his power, status and wealth. The combination of the social and aesthetic purposes, together with the economic dimension, is particularly relevant in terms of the later creation of the asylum landscape which had much to do with the exertion of power, whether therapeutic or social, within the aesthetic and economic functions of the landscape park. The discussion of the exertion of power in tension with freedom of action relates directly to the use of moral therapy within the asylum during the nineteenth century, including the use of the landscape.

The landscape park incorporated complex overlapping functions, combining social and aesthetic purposes with an economic function. The park was used to ensure privacy, asserted social and economic superiority within an aesthetic framework, and was created by the use of power and wealth, the owner making a landscape park as extensive as he could afford, with his residence at the protected centre. The formal country house landscape of the late seventeenth and early eighteenth centuries tended to be replaced during the mid to late eighteenth century largely by an attempt at an informal and isolated rural Arcadia. In it the domestic core was removed from any associated village community, affirming the social differences by use of physical distance, and the wider landscape was drawn in as part of the design, leading towards self-sufficiency in agricultural and garden produce. As a result of the far-reaching economic changes which led to the increased disposable income of the landed classes (whether from government stipend due to the enlarged bureaucracy, industrial returns or agricultural improvement sources) the designed estate was usually enlarged when formality was abolished; the hitherto compactly placed estate elements were relocated to leave the core residence apparently in isolation, within a 'landscape of exclusion' as Williamson terms it. 56 Land was a prestigious commodity in social terms, redolent of a long genealogical pedigree and possibly

prestigious ancestry. For this reason, and to ensure maximum privacy, the greatest visible expanse, uninterrupted as far as possible by industrial and social activity, was incorporated within the landscape design. This move from the close relationship between the country house and its associated settlement, demonstrated by Chastleton, to the placement of the house in isolation in the park was exemplified at Nuneham Courtenay, Oxfordshire. Here, in order to complete his landscape park, Earl Harcourt demolished an entire village in the 1760s and rebuilt it outside his new park on the Oxford to Dorchester turnpike, an event which was deplored by Oliver Goldsmith in his poem *The Deserted Village*.57

The rural economic structure changed such that in many parts of the country, with the increasing enclosure of previously commonly occupied land, private owners with sufficient wealth and influence could consolidate and remodel large parcels of land with the aesthetic and practical help of designers such as Lancelot Brown (1716-1783) and Richard Woods (?1716-93). In this way they could develop a powerful landscape of social exclusion. It was no longer fashionable for a house to be seen at close quarters from the public highway or for the residents to see those using the highway. A new or replacement house might be sited close to the centre of the park, enclosed and walled for the purpose. Any inconvenient existing road or public path could, with enough financial backing during the process of enclosure, usually be re-routed outside the park. Sometimes, as at Nuneham Courtenay, even the village which was located within the newly extended park was removed, its residents of a social standing too low to be tolerated within the owner's personal aesthetic orbit. Those villages which were rebuilt beyond the edge of the park as estate villages, including Nuneham, were intended as a symbol of the owners' philanthropy and good management. This ability to exclude particular groups of people from the asylum estate was a vital tool in securing the correct aesthetic for the park. It provided a fundamental device during the development of the asylum estate in the nineteenth century, when access by various groups was closely controlled.

The approach to the country house was radically altered to enhance the social and economic perceptions by outsiders of the owner. To accomplish this a display of privacy was required to emphasise that the landscape was occupied only by those invited in by the owner. Additionally, a large area of the owner's land holding was often used in the creation of approaches, crossing a major area of the landscape via a network of sometimes long, circuitous serpentine drives. The informal drive system allowed views both of a great extent of the prestigious designed landscape, and often of some of the incidental buildings which were also redolent of the owner's wealth and taste. Service

drives, either entirely separate or leading off the main drives, allowed access to the rear offices of the house.58

Visual appropriation of land in others' ownership represented an illusion of the park owner's wealth and power, which enhanced the social position of the landowner, and in many cases formed a key purpose of the landscape park. Within and beyond the designed landscape visual deception was practised in various forms, but chiefly to enhance the social position of the owner. This was accomplished most notably with the ha-ha or sunken wall, introduced in the early eighteenth century, to divide the formal garden from the less formal parkland beyond. The ha-ha achieved the division of land largely invisibly, which the clairvoie had earlier deliberately emphasised as a point of prestige in the formally laid out estate. The new house tended to sit on a broad expanse of lawn, supposedly at one with its parkland which appeared to sweep from the park wall right up to it. The intention was to create an entire Arcadian character, uninterrupted by alien features. To achieve this practically the ha-ha separated the lawn around the house and the fingers of pleasure grounds leading into the park from the pasture beyond without an obvious join, preventing stock from reaching the house and fouling the smooth lawns and disrupting the walks. At Nuneham the Thames was imbued with a similarly discreet boundary function at the edge of the pleasure grounds, itself intended to be a prestigious part of the view, while allowing long views across the plain beyond towards Abingdon.

Extensive views within or sometimes well beyond the ownership of the park owner were facilitated at the edge of the estate again using the ha-ha, this time to disguise ownership boundaries. At the beginning of the naturalising of the country house landscape Addison had alluded to the ability of the man of polite imagination to appreciate better 'the Prospect of Fields and Meadows' than a 'Vulgar' man might do who actually owned the land, giving the former, 'indeed, a kind of Property in everything he sees'.59 At Nuneham a view of several miles extended from the house and pleasure grounds to take in the dreaming spires of Oxford University, its object being property which was most certainly not that of the Harcourt owners. This concept of 'borrowing' views became especially significant in relation to the therapeutic views provided for pauper lunatics in the nineteenth century.

The estate wall, in its placing at the park boundary, particularly alongside public roads, functioned symbolically in similar manner to the ha-ha, enhancing the perception of the owner's social position and wealth in relation to those beyond it, but in this case the lower social classes rather than his peers in the land-owning classes. A long, unbroken estate wall endorsed the presence of a wealthy owner and his extensive landscape beyond, from which uninvited outsiders were excluded physically, the

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58 For example Robert Adam's 1760 stable block at Luton Hoo, Bedfordshire, which lies 350 yards from the house.
59 Spectator, no. 411 (21 June 1712).
exclusion often enhanced visually by the addition of an obscuring shelter belt inside the wall. Where the several drives reached the park boundary wall sentinel entrance lodges appeared ubiquitously, a new dual-purpose form of dwelling, housing employees specifically assigned to control the entrance of visitors. This was a feature which was later employed universally in the public asylum landscape.

Recreation was a prime function of the landscape park, the aesthetic of which was designed to incorporate a wide range of rural recreational activities. That the activities were generally of little economic value reinforced the social power of the landowner, who was able to devote large areas of land to recreational activities solely for the benefit of himself and his family and friends. Sporting activities such as riding, hunting with hounds, fishing and shooting game were very important, taking place across the open parkland and woodland, and their influence was such that the layout was designed to a great degree to enhance such activities. Less energetic activities were also accommodated, and walks led from the house around the park through informally planted wooded pleasure grounds studded with ornamented garden buildings and structures providing views over and beyond the parkland, and separated from it by fences and ha-has. At Nuneham, when the Carfax conduit in central Oxford was dismantled, the stone ornamentation was removed to the park in 1789 by the second Earl Harcourt, who used the structure as an ornament to be seen from the house and as the objective of a pleasure ground walk in place of the ruined tower recommended by Lancelot Brown in his 1779 scheme. Flower gardens which had previously lain prominently beneath the windows of the seventeenth-century house became less obvious, largely sited away from the house, perhaps near the kitchen garden, to be reached in the course of a pleasure-ground walk. This Mason had done at Nuneham, placing his informal flower garden discretely close to the house, enclosed by shrubberies, but dividing it from the kitchen garden beyond.

The park also functioned as an economic unit, incorporating various elements of agriculture, forestry and horticulture. Technology developed during the eighteenth century such that the management of the agricultural landscape, which, alongside the sporting provision, was the most significant land management regime within the park, became more productive. Mingay discusses how stock management and cropping regimes were the subject of improved techniques as a result of the efficiencies of parliamentary enclosure, which escalated rapidly in the eighteenth century. By 1800 interest in agricultural improvement had spread greatly, from the highest in the land, King George III,
down the social scale, aided by the widespread local enclosure Acts. Such improvement encompassed the most efficient farming practices, the introduction of new crops, and the invention and application of new types of agricultural machinery. It contributed to the economy and structure of the designed landscape, including the introduction of stands of timber and the layout of paddocks and fields. Other multi-purpose landscape features were introduced. For example, a lake was not merely ornamental but aided the drainage of the land and provided a reservoir and source of fish and water fowl, as well as recreational activities including shooting and fishing. Associated with it, a bridge might be required to carry the new drive system as it swept towards the house on a circuitous and ostentatious route, and this would be ornamented to enhance the aesthetic design. Roberts demonstrates that such water management was achievable because of increasing technological proficiency.

Horticultural production for the domestic establishment formed a further economic element, expressed in the provision of the walled kitchen garden, and orchards. Again this element, like the model farm, was later incorporated as a major element in the public asylum estate landscape design. These elements were generally detached from the house and placed at some distance in the park, often aesthetically disguised and practically sheltered by woody plantings of belts or copses, and provided with glasshouses and associated structures. Such disguised productive elements provided almost the only formality within the landscape park, laid out as they were with a formal grid pattern of paths and beds as the most efficient method of production. Technological proficiency increased the productiveness of the kitchen garden, in particular with a growing awareness of the effective construction and management of glasshouse ranges.

The treatment of lunacy in the eighteenth century

During the eighteenth century, alongside the developments in landscape fashions, a more liberal approach developed in the theory and practical treatment of lunatics, reflecting Enlightenment views which placed faith in the power of human reason to transform and improve the world. This shift in the approach to the treatment of lunacy is largely represented in documentary evidence by the writings of some of the most prominent mad-doctors from the mid-eighteenth century onwards. A discussion of those in particular who recommended greater personal freedom in patients' regimes indicates the extent to which outdoor activity, and hence the use of the landscape, was moving towards becoming an essential part of the patients' therapeutic regime.

64 For a general discussion of agricultural improvement during the later eighteenth century see Asa Briggs, The Age of Improvement 1783-1867 (London and New York, Longman, 1979), 37-43.
Chapter 2

*Treatise on Madness* (1758) by William Battie (1703-76) was the first published expression of the therapeutic benefits of treating lunatics in institutions. Battie, the founding physician of the innovative St Luke's Hospital in London (founded 1751), and also the leading 'mad-doctor' of the day, promoted a variety of therapies, and, significantly for later developments, did not find medication a great remedy for madness. Instead he believed that the regimen was perhaps of more importance in lunacy than in any other illness. He also recommended confinement for lunatic patients, and that within St Luke's regime, management, both physical and psychological, achieved far more than medicine. Without confinement he believed, 'every method hitherto devised for the cure of Madness would be ineffectual'.

John Monro (1715-91), physician to the 'rival' and far more prestigious Bethlem published a response to Battie, in which he disagreed with much of Battie's theory. He did not, however, disagree with Battie's premise that the best way to treat lunatics was in a confined environment, and also believed that confinement on its own, even without medicine, might bring about recovery. Additionally Monro referred to the consequent benefits of the increased space available for exercise, indicating a move towards the beneficial and therapeutic use of exercise, for 'the country is preferable to the town for the opportunities it affords of using exercise, without the danger of being exposed'. This very early promotion of the benefits of a country location for an asylum echoes Willis' recommendations in the previous century in its reference to outdoor exercise as part of the cure.

Towards the end of the eighteenth century an emerging medical convention emphasised a humane, respectful and kindly approach in the care of the mad and set the scene for two closely related themes which are particularly relevant to this study and which were to manifest themselves in asylum regimes of the following century: the cessation of the punitive, but not necessarily restraining, regime, and the therapeutic benefits of exercise. Several books reflecting this approach were written by English physicians and apothecaries, drawing upon their own experiences and addressing the symptoms, classification and treatment of insanity at that point.

Pargeter (1760-1810) in *Observations on Maniacal Disorders* (1792) expressed belief in the positive benefits of exercise as part of the curative regime within his theories of moral management. Confinement was one essential aspect, with exercise and diet forming other components. John Ferriar (1761-1815), the physician to the Manchester Lunatic Hospital and Asylum, in *Medical Histories and Reflections* (1795) reiterated Pargeter's views that a humane regime should replace...
cruelty, and that the mind should be treated rather than the body. But he was less positive about its curative powers: 'A system of mildness and conciliation is now generally adopted which, if it does not always facilitate the cure, at least tends to soften the destiny of the sufferer'. Joseph Mason Cox (1763-1818), who ran Fishponds private madhouse, Bristol, also suggested improvements in the treatment of lunacy and its management in a more liberal manner. In *Practical Observations on Insanity* (1806), while explaining the general regime for patients, he recommended that 'as much liberty and exercise in the open air should be allowed as is consistent with safety' and that by 'artfully engaging the mind in some pursuit, occupying the body in any employment which requires attention, and yet does not occasion fatigue' cures might be effected.

Beyond Britain, one European author in particular was influential on the use of the landscape in the asylum. One of the earliest references to the therapeutic benefits of work in an asylum setting came from Phillipe Pinel (1745-1826), who practised and promoted the principles of moral therapy in late eighteenth- and early nineteenth-century France. At the height of the Revolution in 1793 Pinel was given charge of the Bicêtre Hospice in Paris. In what became an iconic symbol of liberation, he immediately directed the removal of chains permanently restraining the male lunatic patients, and did the same for the nearby Salpêtrière women's asylum in 1795. A reformist with humanitarian and therapeutic ideals, he gained fame from his book *Traité médico-philosophique sur l'aliénation mentale* (1801), advocating the use of moral therapy in asylums. Pinel's book, published in English in 1806 as *A Treatise on Insanity*, gave little detail on the therapeutic organisation of an asylum's routine. It did, however, strongly advocate the therapeutic use of 'interesting and laborious employment', and illustrated in detail its use in agricultural activities at the asylum in Saragossa, Spain. Such activity he believed to have a three-fold therapeutic action, diverting the thoughts of the lunatic from morbid subjects, raising their spirits by engaging their thoughts on more 'pleasing objects', and using physical exercise to 'strengthen the functions of the understanding'.

Pinel made a very early published recommendation that every asylum should have an extensive enclosed estate which could be converted to 'a sort of farm' in order to allow therapeutic occupation for the patients. It is possible that this recommendation was influenced by Dr de la Rive's 1798 favourable description of the regime at The York Retreat published in *Bibliotheque Britannique*, to which Pinel would probably have had access. The innovative regime at The Retreat, which was

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72 Ibid., 194.
73 Anon., *Bibliotheque Britannique* (Geneva, 1798). Extracts from de la Rive's early description were appended to Samuel Tuke, *Description of The Retreat* (York: Alexander, 1813), 221-24.
described by de la Rive as having the appearance of a large rural farm accompanied by an enclosed
garden, combined subjugation with encouragement to work, and was based upon the following
system: 'Subject them at first; encourage them afterwards, employ them, and render their employment
agreeable by attractive means' (see Case Study 9).74

By the end of the eighteenth century exercise, particularly outdoors, was becoming generally
recognised theoretically as a basic element of the lunatic's asylum treatment regime within the
category of moral therapy, alongside medical therapy. However, in none of the works mentioned
above was there detailed reference to the regime of therapeutic exercise and recreation outdoors or
how this might practically be accomplished, or to the layout of the grounds of any madhouse for this
purpose.

The purpose-built asylums formed a small network of charitable subscription asylums, set alongside a
network of private asylums located for the most part in adapted domestic premises. The charitable
asylums had grown up piecemeal across England during the eighteenth century, based largely on
Bethlem's model. They in turn formed an adjunct to a larger network of general hospital provision by
subscription infirmaries, both the resort solely of the poor. Beyond these charitably funded residential
institutions there appeared further institutional social provision which spread country-wide, with the
construction of purpose-built workhouses for the indigent poor and prisons for felons. These latter
establishments were part of the administrative Establishment as they were funded instead with public
money at local level.75

Ten subscription institutions for lunatics were founded during the eighteenth century, largely by
concerned and wealthy members of their respective local civic communities. These comprised Bethel
Hospital, Norwich (1712-1713), St Luke's Hospital, London (opened 1751), the Manchester Lunatic
Hospital (built 1765), the Newcastle Lunatic Hospital (1765-67), together with those at York (1772-
1777), Leicester (founded 1781, opened 1794), Liverpool (opened 1792), Hereford (built 1799), and
Exeter (bought 1801). There was also The Retreat at York (1792-1796) run, uniquely, for a religious
group. The asylums were not as numerous as the general hospitals. By the end of the century,
whereas there were about 30 charitable general hospitals,76 which were situated in most regional
centres countrywide, there were only eight charitable asylums, these, too, distributed amongst
regional centres. England was at the forefront of such provision in the United Kingdom, although the

74 Tuke, op. cit. (1813), 222-23.
75 Further analysis of the eighteenth- and early nineteenth-century growth of the network of hospitals, prisons and
workhouses can be found in Harriet Richardson (ed.), English Hospitals 1660-1948 (Swindon: RCHME, 1998),
16-25, 54-62; Alan Brodie, Jane Croom, James O. Davies, English Prisons: An Architectural History (Swindon:
(Swindon: English Heritage, 1999), 3-36.
charitable St Patrick's Hospital in Dublin was founded in Ireland in 1745. In Wales by the end of the century there was no charitable or publicly funded provision. The first such provision in Scotland was the subscription asylum founded in Montrose in 1781, with a second such asylum, at Aberdeen, in 1800.

By the end of the eighteenth century, at a point when this charitable asylum network, together with the network of privately run madhouses, was firmly established, asylum treatment was perceived by the public as becoming more respectable and acceptable. In response to this such provision was also becoming more practically available. However, none of the provincial subscription asylums except for The Retreat were noted for innovation, either in terms of their treatment of lunatics, or the organisation of their institutions.

Moral therapy at The Retreat

These developments in the landscape design and medical spheres formed the context for the greatest development of the period which united the medical and landscape elements, the construction of The Retreat on the outskirts of York in the 1790s and its opening in 1796 (Plate 13, annotated estate plan of mid-nineteenth century). Managed by the Quaker William Tuke (1732-1822), it became outstandingly prominent and influential during the following century, this as a result of the widely disseminated alternative and rational methods of treatment which were a feature of the regime. It provided a broader and often less harsh alternative to the therapeutic methods practised at the other asylums, and many of the privately run madhouses. This was consistent with the opinion gaining the steady acceptance of the medical profession, as discussed above, that lunatics did not need to be treated violently to ensure the recovery of their reason. The theory upon which the regime at The Retreat was based must be discussed as the framework in which the landscape use and structure fitted, as discussed in the next chapter.

The earliest detailed surviving account of an asylum regime is that of The Retreat by Samuel Tuke, William's grandson (1784-1857). In Samuel's 1813 Description, he provides an unparallelled source from this period with which to examine the ideology which formed the basis of the provision of the landscape which persisted for nearly two centuries. Although published more than 15 years after the establishment was opened, it provides a unique and detailed contemporary picture of the management of an eighteenth-century asylum and its stated therapeutic function. Before this there was little published detail referring to the practical management of lunatics, and in particular to the therapeutic possibilities in the use of the asylum landscape. His description of the structure and management may

be somewhat idealised, but is, even so, a unique and useful account of the aims and methods of an asylum founded in the 1790s. Such was the associated publicity that The Retreat was influential in the construction of other asylums in England and abroad. It is generally regarded as having played a pivotal part, in Britain, Europe and America, in the move towards a more effective regime, and in influencing the associated approach to the milder, more liberal treatment and housing of lunatics.

Although The Retreat was not the only asylum institution practising moral treatment, it has credibly been referred to by Digby as the 'alma mater of moral treatment'. In a detailed discussion she demonstrates its far-reaching influence as a symbol of a new orthodoxy in the care of the insane. It is this influence which provides the reason for detailed discussion in the context of public asylum landscapes, even though it was itself charitably funded and originally specifically for patients only of the Quaker religious movement. Others asylums in England which also practised moral treatment at the same time were generally privately run, including Brislington House, Bristol, Spring Vale, Staffordshire, and Ticehurst House, Sussex. But The Retreat, in implementing moral therapy, was more influential than these private asylums on later treatment in English public asylums largely because its practices were widely disseminated and philanthropic in intent.

At The Retreat, moral therapy superseded moral management, as practised by physicians such as William Pargeter and Willis, where the physician tried to take over control of the patient in place of the disease which was already in control, or treating patients principally with medical methods. Contemporary theories of moral management such as those Pargeter published in the 1790s, which required the physician to influence the patient directly, were modified into the less labour-intensive moral therapy. The medical approach was considerably reduced at The Retreat, which concurred with Battie's theory of half a century previously, 'that management did much more than medicine', echoed by Pargeter. A fundamental tenet of moral therapy encouraged patients to self-restraint, which was intended to lead to self-discipline. During the first years at The Retreat there was no resident physician, and the available medication was believed to be virtually useless (although this did not prevent the use of heroic methods in certain cases). Instead humanity, reason and kindness were the stated preferred methods, combined with some mechanical restraint where deemed absolutely necessary. The extent of the medical intervention was apparently limited in comparison

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79 See Parry-Jones, *op. cit.* (1972), and the 1815 Select Committee minutes of evidence.
81 Battie, *op. cit.* (1758), 68.
82 Tulce, *op. cit.* (1813), 110-12.
83 Ibid., 163.
with the heroic methods adopted elsewhere. Tuke tended to dismiss most conventional medical means as largely a failure, and in his writing on the subject referred to other methods such as warm and cold baths, diet, air and exercise as more effective. The method of the management of patients was referred to as the paramount treatment; medical therapy was secondary, and as such the landscape acquired a prominent role. The emphasis was to create a therapeutic environment of domestic character which was to be the mainstay of treatment.

Moral treatment as implemented in the Quaker regime at The Retreat was based on rational, social, domestic and paternal influences. It was also promoted as a replacement for reliance on physical coercion but not at this stage as an entire substitute. Patients were treated in some ways like children with the novel intention of resocialising them, particularly in Quaker ways, by walking, talking, and social and domestic activities such as taking tea with the Superintendent and his family. Vocational activities were an integral part of this regime, some of which occurred in the asylum landscape. Other methods of treatment such as confinement and medical/pharmacological treatments, which were practised at the asylum, were given little prominence in the Description, almost as though the treatise was intended as an advertisement specifically for the elements of moral treatment. Moral treatment was thus set to replace the two earlier main methods of physical treatment: physical coercion and medical depletion, both of which were becoming less socially acceptable.

Patients were to be housed on a small scale in something as near as possible to a domestic environment and undertake domestic social activities in order to achieve their 'general comfort'. As part of this domestic-scale regime which was based on social rather than medical activities, close attention was to be paid to patients in order to help them to recover their former character. This was theoretically possible in the small Quaker 'family' where patients were initially few and the belief in the Quaker lifestyle was understood by all.

A key part of the novel treatment at The Retreat was the use of a structured outdoor recreation and employment regime as a major therapeutic element, which drew together for the first time the developments made in both medical and landscape disciplines. The physical elements of the estate at The Retreat reflected the ideological elements of moral treatment which required the use of the wider landscape. Tuke described how work and recreation in the asylum landscape formed a fundamental element of this regime, principally for therapeutic and social rather than economic purposes. In order to achieve self-discipline Tuke considered that for both sexes regular employment was to be encouraged 'both on a moral and physical account, which are accompanied by considerable bodily action; that are most agreeable to the patient, and which are most opposite to the illusions of his

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84 Ibid., 150.
disease'. In other words, physical exertion was prescribed as a significant aid to recovery, by encouraging fatigue and diverting the mind from irrational thoughts. Tuke defined two elements of 'employment'. He included within the term both 'useful occupation' (which he also refers to shortly after as 'employment') and 'amusement', under which he classed recreational activities such as reading, writing, drawing, playing at ball and chess. Tuke's division of what will be termed in this discussion 'employment' to indicate vocational activity, and 'recreation' to indicate non-vocational activities, will be shown to be of particular note in connection with the structure and use of the landscape, both in landscape design and medical terms.

There has been much debate as to the real nature of The Retreat's regime - was it fundamentally repressive, the powerful inculcating a sense of great fear and substituting for the free terror of madness the stifling anguish of responsibility, as the iconoclastic Foucault would have us believe? Or was it a mild treatment, as Jones, who is based in a more Whiggish tradition of historiography, prefers to believe? Did it, as she argues, remove 'the final justification for neglect, brutality and crude medical methods', proving that "judicious kindness" was more effective than rigorous confinement? The truth about moral therapy at The Retreat appears, of course, to be somewhere in between, with a Christian desire to promote humane treatment and the perceived need to encourage self-discipline held in a fundamental tension. The place of the landscape within this tension is discussed in Chapter 3.

The Retreat was the principal English pioneer of the therapeutic use of the landscape, and in the nineteenth century it also became the most renowned exemplar. However, there was a further asylum, Brislington House, Bristol, which played a major part in the early establishment of the use of the asylum landscape as an element of moral therapy (see Case Study 2). Brislington House, now lesser-known but opened only ten years after The Retreat, was the first purpose-built, privately run asylum, and was under the management of the notable Dr Edward Long Fox (1761-1835), also a Quaker. Fox was an influential figure in early nineteenth-century public asylum construction and management, but his activities and influence have since then largely been overlooked. He wrote about his theories and practice in treating lunatics, and advised those erecting public asylums, as well as parliamentary committees, on the most appropriate methods of treating lunatics. Fox worked on closely similar principles and practice to those of the Tukes at The Retreat. The establishment was on a larger and grander scale than The Retreat, being more closely related to the scale of the domestic country house.

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85 Ibid., 156.
86 Ibid., 180-81.
estate, and the public institution which was to emerge later in the century. His implementation of moral treatment included providing an extensive country house-type landscape park to enclose the asylum buildings and courts as a therapeutic tool to encourage the recovery of his patients.

**Legislative developments**

While the eighteenth-century asylum estate developed as a result of medical, philanthropic and economic pressures, the legislature was largely indifferent to the treatment of lunatics, and made no impact on their therapeutic regime. Parliament was little interested, other than to pass various acts which ensured in a desultory fashion the safety of the general populace from violent lunatics and that sane persons were not wrongfully confined in madhouses. Legislation did not regulate institutional provision for lunatics and so the increase in private madhouses and public asylums was ad hoc. The provision of asylums did not appear to follow any systematic pattern of perceived need, other than where charitable donors were willing to set up an institution or market-led forces led to private establishments being set up.

The first English parliamentary legislation which significantly addressed the confinement and general treatment of lunatics was enacted during the eighteenth century, but throughout the century it and succeeding Acts had little practical effect on the condition of lunatics. The Vagrancy Act of 1714 distinguished pauper lunatics for the first time from other indigent members of society, including 'Rogues, Vagabonds, Sturdy Beggars and Vagrants', although the condition of lunacy itself was not well defined. It reflected the stirrings of the movement towards widespread treatment of lunatics in institutions, giving Justices of the Peace powers to detain lunatics, placing the 'furiously mad, and dangerous ... safely locked up, in such secure place' as a prison, lock-up or bridewell, as long as 'such lunacy or madness shall continue'. Most lunatics were either kept at home, boarded out in private houses which gradually became known as 'mad' houses, or left at large and this Act had little general effect.

The next Act which referred specifically to lunatics was the 1744 Vagrant Act which largely reiterated the 1714 Act. However, in 1763, a House of Commons Select Committee was set up to inquire into the confinement of sane persons in madhouses as alleged lunatics. This led, after some delay, to The Act for Regulating Private Madhouses of 1774 which resulted from a proliferation of

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89 One exception was Parry-Jones, who provided a useful concise history of the establishment in Parry-Jones, op. cit. (1972), 112-115.
90 Vagrancy Act, 1714 (12 Anne c.23).
91 Vagrant Act, 1744 (17 Geo. II, c.5).
92 Parry-Jones, op. cit. (1972), 9; Report of the Select Committee appointed to inquire into the state of private madhouses in this Kingdom (1763).
privately-owned madhouses, usually with under a dozen inmates. This reflected the increase in popularity in this method of treatment away from the home environment, as recommended by Battie (1758) and Monro (1758). It constituted the first state control over the trade in the private treatment of lunacy, but had many imperfections, including its disregard for the pauper lunatic. Its stipulations were hardly policed, and state provision of places of confinement for lunatics throughout the country was not even hinted at. The trade in lunacy continued to be notorious, with patients often kept in crowded and unregulated conditions, sometimes of appalling squalor and subject to bad treatment.

The illness of George III during the late eighteenth and early nineteenth centuries inevitably raised public and parliamentary interest in the treatment of lunatics, although it appears that his doctor, Willis, did not favour the mild methods employed at The Retreat. His Majesty's condition, perceived as lunacy but possibly actually porphyria, occurred at a time of developing interest in the treatment of lunacy, when Pargeter, Ferriar, Cox and Tuke were publishing on the subject, and The Retreat was just beginning to become famous. This much-discussed instance of lunacy in the highest in the realm, along with the increase in private and charitable institutions for lunatics, formed part of the spur to reformers beginning to press for governmental regulation of provision and treatment.

Nineteenth-century landscape theory and practice

The aesthetic and structural development of the landscape park continued during the first half of the nineteenth century, and, as with the rest of the eighteenth-century cultural inheritance, in the following century had to adapt to an enlarged world of mass culture. Concurrently medical practice in the treatment of lunacy (as well as other aspects), broadened to embrace a vastly enlarged number of recipients and needed to identify suitable methods of doing so effectively. The medical response was via the development of the public asylum landscape to a point where by the 1850s the domestic landscape park and the asylum estate bore a notable resemblance to each other. The landscape response was via the adaptation of the landscape park to reflect such a move towards mass culture. The potential for such adaptation was inherent in the flexibility of the design and structure of the landscape park. That it could be modified to such a degree without damaging its integrity was demonstrated in two particular modifications, the reintroduction of the flower garden to the environs of the house, and the scaling down of the landscape to accompany the more modest villas being built on the urban periphery in the early nineteenth century. Such flexibility led to the adaptation of the private, domestic landscape park formula to various forms of mass use in the public realm, including urban public parks and cemeteries.

93 Regulation of Madhouses Act, 1774 (14 Geo. III, c.49). After five years the Act was extended for a further seven years and made perpetual in 1786 as an Act to continue the Regulation of Madhouses Act, 1779 (19 Geo. III, c.15); An Act for making perpetual the Regulation of Madhouses Act, 1786 (26 Geo. III, c.91).
Humphry Repton (1752-1818) acquired Lancelot Brown's mantle as premier and most influential landscaper from the late 1780s until his death. Crucially Repton, whose theories developed initially out of his close adherence to those of Brown, unlike Brown codified both his theory and general trends in landscape design in several books, beginning in 1795. Thus during the Regency period Repton provided a source of advice on current taste in landscape design widely available to those who did not consult him personally, at a time when there was little other published detailed guidance available, but a growing number of those interested in the subject. He began the broadening of the appeal of the landscape park to a mass market.

In one of the most striking developments of the landscape park, which Repton promoted from the early 1800s, he demonstrated the flexibility of its design, in the return to the notion of the flower garden being placed in close proximity to the house instead of sweeping lawns. Woburn Abbey was a particularly notable example of this device where in 1805 Repton designed various individual garden features around the house. The popularity of this device may have been connected with its practical as well as its aesthetic benefits, for it reinstated a more conveniently accessible and visible recreational feature for the inhabitants, and it provided a more structured architectural frame to the elevations of the house. Being largely for aesthetic and practical purposes and set well away from the eye of the public, the re-introduction of the flower garden did not have major social or economic implications, other than to suggest that the owner could afford to employ sufficient staff to maintain such labour-intensive features. Repton also partly reverted to earlier fashions in visual appropriation, in suggesting that views of distant roads might form points of interest in the landscape, such as at Shardeloes, Buckinghamshire. In the parkland, the social, economic and recreational functions continued as originally intended.

Parliamentary interest began with a report from the parliamentary committee appointed to examine the physicians who had attended His Majesty, during his illness, in 1788 and 1789. Ida Macalpine, Richard Hunter, *George III and the Mad Business* (London: Allen Lane, 1969) provides a good account of this episode. His first published work was Humphry Repton, *Sketches and Hints on Landscape Gardening* (London: Boydell and Nicoll, 1794); his most influential works were: Humphry Repton, *Observations on the Theory and Practice of Landscape Gardening* (London: Taylor, 1803); *Fragments on the Theory and Practice of Landscape Gardening* (London, 1816). His works were collected in one volume, John Claudius Loudon (ed.), *The Landscape Gardening and Landscape Architecture of the Late Humphry Repton, Esq.* (London: Longman, 1840).

Although George IV was only Regent from 1811 to 1820, the term 'Regency' to which his title was given, is usually taken to cover the period from 1794, when the ideas which gave rise to the style began to ferment, until the accession of Queen Victoria in 1837.


Shardeloes, Buckinghamshire, illustrated in Repton's Red Book (1794), where the Amersham to Aylesbury turnpike ran through the park.
Another trend in the modification of the landscape park which Repton reflected and promoted was its adaptation to accommodate considerably smaller areas of ornamented parkland not associated with a wider farmed estate. In its structure and design the landscape park was versatile enough to be modified in domestic use for those who required a smaller estate without the economic farming elements, usually of under 100 acres (c.40 ha). This was an early indicator that the landscape park was capable of modification for other purposes such as institutional and public recreation. Although Repton provided designs for some extensive estates, in many of his commissions from the 1780s he was required to scale down the elements of the landscape park for those of his clients who owned significantly smaller estates, particularly those from the newly prosperous merchant and industrialist classes. 99 Examples of Repton's more modest villa designs in the landscape style include the ten acre (4 ha.) Brandsbury, London (1789, Plate 14, Repton's plan illustrates the modest nature of the estate), laid out for an owner from an established landed family, Lady Salusbury, and Armley Park, West Yorkshire (1810), laid out on the rather larger 70 acre (c.30 ha) site for a recently wealthy local mill owner, Benjamin Gott. 100 Villas gained increasing popularity, being built in large numbers as the preferred domestic type for the newly developing middle class, championed most notably by the writer and designer John Claudius Loudon (1783-1843). 101 In this way the principles of the landscape park became accepted and implemented amongst a still wider audience, and the elements reduced still further from the country house estate model until eventually by the mid-nineteenth century, and with further promotion by Loudon, it had reached a suburban scale.

In general Repton codified his approach to the landscape park in three main divisions: the wider agricultural estate, within which lay the ornamented park laid to pasture, and within this the 'dressed grounds' connected directly with the house. These were directly related to the eighteenth-century model described above as exemplified by Nuneham Courtenay, which lay in a large agricultural estate including its own estate village, enclosing the park, in which lay the pleasure grounds and Mason's flower garden adjacent to the house. Repton believed that the scale of the landscape was intended to reflect the status of the house, for whether a large country mansion or a more modest detached villa, 'the grounds should be in proportion to the style and size of the house' which was always to be the 'principal feature in the scene' and enhanced by adjacent garden and pleasure ground features of suitable type and scale which he termed 'appropriate appendages'. 102 Elsewhere he also advised that the gardens and pleasure grounds near the house should be considered as various

99 There is an extensive discussion of this subject in Daniels, op. cit. (1999), 207-54.
different apartments, with the number of garden compartments rising with the magnificence of the house.\textsuperscript{103} This was reflected in his schemes for the great mansions at Woburn (1805) and Ashridge (1813), which each included around a dozen compartments, and in the scheme for the more modest villa at Armley (1810) which was intended to sit on a formal balustraded terrace as its single garden compartment (Plate 15). Such approaches indicated the beginnings of the shift towards the versatile mixed garden style of Loudon which was easily adapted to other purposes, including institutional.\textsuperscript{104}

The use of prospect continued as a major design feature, in particular the retention of 'invisible' boundaries within and beyond the estate, and their facilitation of views from the house. At Armley (1810) Repton remodelled the house and grounds to frame the industrial landscape in a pictorial way, incorporating views across the park boundary, formed by the Rive Aire in the valley below, down to the owner's mill and beyond to the busy town of Leeds (Plate 15). The choice of prospect in this case was a direct expression of the owner's power over the features in the scene beyond the park, as well as his power to manipulate views within the park, by softening the industrial view using devices such as clumps of trees. This device was taken up with enthusiasm by asylum designers in the nineteenth century, intending the reduction of visible boundaries where possible, to enhance the therapeutic experience of patients. The ha-ha was a vital tool in accomplishing this in the landscape, and the theoretical use of this was articulated early in Repton's career, for example in the Red Book for Glemham (April 1791), a country house estate in Suffolk. Here he pointed out that the appearance of a large extent of parkland was indeed necessary to create a satisfactory landscape design, although in practice a great amount of land was not necessary if the views across it and beyond were not disrupted by obviously marked boundaries. Significantly for the later use of the ha-ha in the asylum landscape he made the point that even after the sunk fence had been discovered by the viewer, it did not greatly alter the perception of the long views. The reason for this, he believed, was that, 'the mind acquiesces in the fraud, and we [the viewers] are pleased with the effect, so long as the cause does not obtrude on the sight'.\textsuperscript{105}

From the early nineteenth century this formula, combining the informal, largely open landscape of the park with the more intimate and formally structured garden features close to the house, formed the predominant designed landscape model for the country house estate. Its major advantage was its flexibility, with the opportunity for various adaptations and activities depending upon prevailing circumstances, which lent it to use at various other scales and for different purposes.

\textsuperscript{103} Humphry Repton, \textit{An Inquiry into the Changes of Taste in Landscape Gardening} (London, 1806) in Loudon, \textit{op. cit.} (1840), 330.

\textsuperscript{104} Illustrated in his Red Books for Ashridge, Hertfordshire (1813), Woburn Abbey, Bedfordshire (1805), Armley Park (1810) and reproduced in Daniels, \textit{op. cit.} (1999).
By comparison, urban domestic gardens tended to continue the framework of formal compartments enclosed by walls and fences, which could also be interpreted as defining those who did not own extensive tracts of land. Recreation was the main practical use of these ornamental confined spaces, with associated production impracticable. As Longstaffe-Gowan has shown, in the Metropolis at least, design within the compartments largely continued in a formal arrangement, although concessions were sometimes made and the design softened to reflect the informal styles of the country estate. The appropriation of views, including by the gardens of prestigious houses, remained important and the fashionable garden squares which had appeared in the previous century developed, with this requirement for views, into an essential element of the network of new residential developments in towns and cities throughout England. However, the urban domestic garden was not redolent of a landscape of power to the same extent as was its rural relation. Beyond the domestic model a number of other types of landscape had started to appear, largely intended for the use of urban inhabitants, such as recreational pleasure gardens, detached town gardens, town squares and town walks.

The first half of the nineteenth century also saw a great growth of popular interest in gardening and garden making beyond the landed classes. This resulted partly from the agricultural prosperity of the Napoleonic Wars but was also engendered by the unprecedented industrial and trade wealth, resulting from the developing Industrial Revolution. Following Repton's death in 1818 John Claudius Loudon (1783-1843) 'assumed the mantle of the nation's landscape improver from Repton, as Repton had assumed it from Capability Brown', becoming the most influential popular garden writer and designer of the mid-nineteenth century. His audience embraced Repton's villa-owning clientele but was augmented by a growing literate class with social pretensions and sufficient funds to wish to establish themselves as having aesthetic and cultural taste, able to afford a villa and its landscape of some tens of acres, about which Loudon wrote with great fluency. Loudon's prodigious flow of books continued to focus on the small-scale domestic estate, but even though his architectural advice included social buildings of relatively low status, such as inns, farms, and parochial schools, he seldom concerned himself with public institutions such as prisons, workhouses or asylums.

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105 In Daniels, op. cit. (1994), unpaginated, section entitled 'The Park'.
106 Longstaffe-Gowan reproduces many eighteenth-century plans of London in which the general town garden is firmly formal in style in Longstaffe-Gowan, op. cit. (2001). Notable exceptions which he illustrates include two gardens in Kensington laid out in serpentine form depicted in 1766 (J. Rhodes, Topographical Survey of the Parish of Kensington) (p. 125), and The Hermitage Garden, Kentish Town, illustrated by William Stukely in 1760 (p. 124). In the early nineteenth century the trend moved towards informality, but many formal designs were still retained.
107 Daniels, op. cit. (1999), 143.
108 His theories are discussed in John Claudius Loudon, Encyclopaedia of Gardening (London: Longman, 1822), and op. cit. (1833; 2nd edn. 1846), neither of which refer to institutional landscapes.
A particular popularising tool for gardening and garden styles was the horticultural journal, of which Loudon and Joseph Paxton (1803-65) founded notably early examples. There was usually very little, if any, comment on asylums in these journals, and Paxton in his *Horticultural Register* did not make any reference at all. However, occasionally a reference appeared, for example, in the *Gardener's Magazine* Loudon reported favourably on several occasions within the context of the benefits of gardens for institutional residents. These included the beneficial use of gardens and gardening for the inmates of prisons, workhouses and asylums in England and on the agricultural system used for the treatment of lunatics in Belgium. The *Gardeners' Chronicle* (1841-) was a perennially popular journal particularly aimed at professional gardeners and landed owners. Although landscape design was discussed in detail in these journals, in none of them did asylum design feature, although occasionally a reference to asylum affairs occurred, such as the obituary of a notable asylum gardener. Loudon's sentiments on the relevance of the landscape setting to the specific treatment of insanity were echoed by A.J. Downing in North America, where he was Loudon's counterpart as an influential landscape designer, in his equivalent journal to the *Gardener's Magazine*, The *Horticulturist*.

Other notable landscape designers who followed Loudon and Repton into print during the nineteenth century largely continued their aesthetic lead in terms of landscape style. These authors also continued notably silent on works relating to asylums, and usually on public institutions per se. Edward Kemp (1817-91), another influential mid-nineteenth-century author, even in his much expanded third edition of *How to Lay Out a Garden* (1864) kept strictly to domestic matters. H.E. Milner (c.1845-1906), however, writing at the end of the century in *The Art and Practice of Landscape Gardening* (1890) did extend beyond the domestic sphere, providing advice on laying out public parks, cemeteries and suburban residential developments, but he did not venture into the realms of hospital or asylum landscape design. The advice of such authors continued to cover the principles of landscape gardening incorporated within asylum estates well into the twentieth century.

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109 For example, Paxton founded the *Horticultural Register*, which was published from 1831 to 1836, and *Paxton's Magazine of Botany and Register of Flowering Plants* from 1834 to 1849; Loudon produced and edited the *Gardener's Magazine*, 1826-34, which became the *Gardener's Magazine, and Register of Rural and Domestic Improvement*, 1835-43.

110 For example reporting on English sites in articles in the *Gardener's Magazine*, 5 (December 1829), 714-15 (workhouse gardens); 7 (October 1831), 554 (prison and asylum gardens); 8 (February 1832), 98 (workhouse, prison and asylum gardens). He reported the therapeutic use of the landscape for patients in Belgium who were sent out to work for various farmers, possibly a reference to the system at Gheel, the *Gardener's Magazine*, 1 (July 1826), 326.

111 For example the brief obituary for Robert Lloyd published in the *Gardeners' Chronicle*, 1 (16 June 1900), 388.

112 Downing was greatly influenced by Loudon, and wrote: 'Many a fine intellect overtaxed and wracked in the too ardent pursuit of power or wealth, is fondly courted back to reason, and more quiet joys, by the dusky, cool walks of the asylum, where peace and rural beauty do not refuse to dwell', in the *Horticulturist*, 2 (1848), 396.

In the country house estate by the 1850s and 1860s there was a trend for the individual garden compartments of mixed style sited adjacent to the house, favoured by Repton, to develop into large, highly architectural garden features. These were often expressed as formal parterres set on open terraces with an Italianate character, the largest of which required many staff to maintain, and great quantities of exotic plants which were usually replaced in the seasonal bedding system at least twice a year. At Mentmore, Buckinghamshire (built 1850-55), this formula is exemplified by such a scheme laid out in the 1850s by Joseph Paxton for the owner Baron Meyer de Rothschild, which includes a formal terrace enclosing the house on three sides, from which lead two large, formal Italianate garden terraces (Plate 16, showing the terrace and west parterre at Mentmore).114 This, far from being an economically productive device, was a prominent symbol of considerable disposable income, its function principally aesthetic and recreational, symbolising the social and economic superiority of the owner who could afford to produce and maintain such extravagant displays.115 The asylum landscape, coincidentally, adopted a similarly formal device adjacent to the principal building, in the structuring of its sequence of airing courts which lay next to the asylum building, but for entirely different, purely therapeutic reasons. In addition the conspicuous display of seasonal plants was not emulated in the asylum landscape, for economic reasons.

The elements of the arrangement of the country house landscape at this point were, as Elliott summarises, broadly governed in their organisation by four basic aesthetic design principles: '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'.116 The adoption within the domestic landscape park of such a graduated system of great formality leading to informality was similar to the asylum landscape structure at this time, which had been adopted for medical reasons for the previous half century or so, and it now coincided in both landscape types.

As the century continued, formal features in the country house garden were complemented by features based on more natural principles, for example as advocated by William Robinson (1838-1935) principally in The Wild Garden (1870), and Gertrude Jekyll (1843-1932) in her many publications on garden design of the late nineteenth and early twentieth centuries.117 Formal parterres and terraces were in many cases joined by informal features such as rock gardens, herbaceous borders and Japanese gardens, set in the pleasure grounds which formed the 'graduated transition to the

115 William Andrews Nesfield (1793-1881) designed many such parterres, including at Holkham Hall, Norfolk and Eaton Hall in Cheshire, in the 1850s.
surrounding parkland' (Elliott, 1986). At Mentmore in the 1870s a series of features was incorporated into an informal pleasure ground area of mature trees and lawn to complement Paxton's Italianate terraces, including a rosery, fernery, aviary and maze.\(^{118}\)

The end of the nineteenth century and the first decade of the twentieth century saw renewed interest in groups of formal garden compartments, particularly with a vernacular-style framework to complement the Arts and Crafts style of architecture. This was exemplified by Edwin Lutyens (1869-1944), and clothed with informal but bold planting schemes of the type advocated by Jekyll in her writing and garden designs. These schemes were again devised in conjunction with more naturalistic features to complement the core house and its formal setting.

The economic attractions of the landscape park lessened considerably for the domestic landed owner and farmer during the nineteenth century, particularly during the last quarter. As a result of foreign imports the value of agricultural land and its produce, particularly wheat, fell dramatically during the 1870s-90s.\(^{119}\) Some of the owners who did not sell up withdrew from farming the land themselves and turned to renting it out instead, leaving them with less interest in ornamenting land which they did not directly control.\(^{120}\) The resultant agricultural depression led to a shift in perceptions of the social and practical value of land away from it as the most desirable social and economic acquisition, previously symbolised by the country house estate. As Franklin has pointed out, partly as a direct result of the agricultural depression of the 1870s-90s, and partly indirectly from the resultant glut of country house estates, the number of houses built as the centrepieces of landed estates reduced from its peak year in 1870 as rents and land devalued. In addition, by 1900 the size of new country houses and their estates had reduced considerably, and the majority of those who were building them had acquired their funds from trade or industry rather than from traditional land-based sources.\(^{121}\) This is exemplified at Blackwell, Cumbria, where Sir Edward Holt, a wealthy northern industrialist, commissioned the architect Mackay Hugh Baillie Scott (1865-1945) c.1898 to design a country house situated on the hillside above Lake Windermere. Formal compartmentalised gardens closely tied to the house were surrounded by only 20 acres (8 ha.) of parkland, the ensemble being laid out to a design of 1900 by Thomas Mawson.\(^{122}\)


\(^{121}\) Jill Franklin, 'The Victorian Country House,' in ibid., 410.

Against this decrease in the size of new individual estates, Prince has pointed out that the total area of parkland, as indicated on the second edition one-inch Ordnance Survey maps published in the 1880s, actually was greater than ever before. This he attributes partly to the enlargement of some parks to provide the settings for country houses newly reached by railways, partly to the laying out of new parks in areas made newly accessible by the railways. In addition there were new creators of parkland including medical institutions such as asylums, sanatoria and isolation hospitals, together with other types such as public schools and colleges. One typical example of a new type of medical institution which was constructed with a large, integral designed landscape was Joyce Green, Dartford (1900-03, Plate 17). This was built as a smallpox hospital by the MAB, and its 90 acre (36 ha.) grounds, on the south bank of the River Thames, were laid out with advice from H.E. Milner and Son. An example of a residential educational institution was Aston Webb’s (1849-1930) Britannia Royal Naval College, Dartmouth (1900-03, Plate 18), a school for naval cadets. The school building was surrounded when built by an integral 60 acre (24 ha.) estate, comprising park, playing fields and woodland overlooking the sea and the River Dart, designed by H.E. Milner. Both these landscapes bore a notable resemblance to the country house estate, its model being modified for medical and educational purposes respectively.

Legislation and medical developments beyond The Retreat

Following the opening of The Retreat a shift occurred in the nineteenth century between the speed of development in the treatment of lunacy and landscape activities. By the early 1800s the structure of the landscape park was largely consolidated. Although many more individual sites were constructed, the most prominent alterations were mainly connected with its adaptation for other purposes such as villas, asylums, public parks and cemeteries. In contrast the general treatment of lunacy in terms of the structure and regime of asylums began to change greatly. The driver for much of the asylum change was the generation of public and parliamentary interest in the treatment of lunatics and subsequent legislation which occurred in the first half of the nineteenth century. This legislation resulted in the erection country-wide of a number of publicly funded lunatic asylums and consequently generated the need for a model to base these on. Unexpectedly, rather than base the model on the most common examples, the charitable asylums based on the Bethlem model, it was the principles of the estate at The Retreat which were developed in practice to form the basis for the vast majority of new asylums. A review of those inquiries and legislation which were most influential in promoting the use of the asylum landscape is provided below.

124 LMA, MAB minutes, vol. 34, March-December 1900, 43-44. Report by H.E. Milner and Son advising on the laying out of the grounds at Joyce Green (11 April 1900), presented at meeting of 21 April 1900.
In 1807 a parliamentary select committee inquired into the state of criminal and pauper lunatics and the laws relating thereto. At the time there were 2,248 people officially identified as insane, living in workhouses, asylums and in the wider community, out of a population of almost ten million (or 2.26 lunatics per thousand of population). Evidence came from various sources of expertise, including Sir George Onesiphorous Paul, a prominent Gloucestershire magistrate and keen promoter of reform in the treatment of lunatics. Paul argued that lunacy was steadily increasing, and that pauper lunatics were in particular need of assistance. The committee concluded that emulating the institutional provision of the charitable subscription asylums at York, Liverpool, Manchester, Hereford, Norwich and Leicester was the best way to ensure the proper care and management of pauper lunatics. It recommended that magistrates should be given the permissive power to levy a county rate in order that they might fund the erection of asylums, if the will at local level existed.

The Select Committee Report of 1807 resulted in the passing in 1808 of the Lunatics Act, sometimes known as the County Asylum or Wynn’s Act. This was the first Act which directly addressed the surroundings and conditions of treatment for lunatics and formed the foundation for the public asylum building programme which dominated the field during the century. It addressed administrative, financial and management matters, and for the first time permitted the county authorities to raise money for the construction of public asylums. The significance of the permissive wording is notable, for no great rush to spend money on erecting new asylums happened for a further four decades. By 1824 only nine counties had responded to the Act’s encouragement and by 1844 only 15 asylums had been erected under the provisions of the 1808 Act.

The Act made several stipulations about the siting and structure of county asylums which continued to influence the basis of provision during the nineteenth century, particularly in relation to the asylum landscape. The site was to be in ‘an Airy and Healthy Situation’. The provision of fresh air continued as a key element of treatment, still perceived to dispel the disease-laden miasmata which infected people in confined or putrid surroundings. Dr Thomas Arnold (1742-1816), the chief instigator of Leicester asylum and its first physician in 1794, in the second edition of his Observations ... (1806) remained convinced that ‘conditions of the air, have a tendency to produce insanity’. The recommendation of an airy and healthy situation confirmed the opinion that madness

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125 PRO, ADM 1/7765/DW 1317, Britannia Royal Naval College, letter book including report by H.E. Milner on laying out the grounds, 4 February 1898, and later items regarding his supervision of its implementation.
126 Report of Select Committee on the State of Criminal and Pauper Lunatics (1807).
127 Lunatics (Paupers or Criminals) Act, 1808 (48 Geo. III, c.96).
128 Parry-Jones, op. cit. (1972), 15.
129 Section XVI of the Lunatics Act, 1808.
was a disease of civilisation, and indicated that, practically, a rural position, rather than one within a cramped town centre, was called for. The site was to be within the vicinity of constant medical assistance, in effect precluding the siting of the asylum far from an urban area of a considerable size. In practice this requirement led to the asylum's proximity to a large town, although conditions in such towns or cities were not usually healthy or airy, and often could provide only a contaminated water supply. The compromise was that usually the early county asylums were sited on the edge of county towns, as had been most of the late eighteenth-century subscription asylums. The classification of patients was officially sanctioned as a fundamental element of asylum treatment. It stipulated classification socially, by gender, and medically, by the nature of their clinical state. In this respect, provision of wards separating 'Convalescents and Incurables' was to be made, together with airing grounds for the different classes, balancing custodial and therapeutic elements.

In the dozen years or so following the 1808 Act several other Acts relating to lunacy were implemented but exerted no influence on the structure of asylums.\textsuperscript{131} The 1815 parliamentary Select Committee inquiry reported on the better regulation of madhouses in England, and is important for providing the first notable review of institutional provision for lunatics.\textsuperscript{132} In particular it provides a crucial account of the progress towards the therapeutic use of the asylum landscape for patients by detailing landscape use, especially by private establishments. Evidence was given relating to the treatment of patients and their living conditions in public and private, provincial and metropolitan asylums, including the Bethlem and York asylums, revealing major neglect and maltreatment of lunatics. There were, however, notable exceptions including a mixture of charitable, privately run and new publicly funded asylums, respectively The Retreat at York; Brislington House and two other private asylums, Laverstock asylum, Wiltshire and Spring Vale, Staffordshire; and the county asylum at Nottingham (Case Study 8, and see Chapter 3). Each claimed that they made use of the asylum landscape, and in some cases that beyond, as a fundamental part of the patients' therapeutic regime.\textsuperscript{133}

In 1827 a further Select Committee inquired into the provisions for pauper lunatics in Middlesex, which revealed continuing neglect and maltreatment of the insane poor of that county, wherever they were housed. The county asylums were by this time firmly established in the role of public providers of treatment and accommodation for lunatics. The Committee provided a model questionnaire printed in the \textit{Report to the Select Committee} (1827). Its purpose was to guide both the provision which asylums should have been making, and the inspecting Commissioners and magistrates in their

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\textsuperscript{131} Act to amend the Lunatics (Paupers or Criminals) Act, 1811 (51 Geo. III, c.79); Act to amend the Lunatics (Paupers or Criminals) Act, 1815 (55 Geo. III, c.46); Act for making provision for the better care of Pauper Lunatics in England, 1819 (59 Geo. III, c.127).

\textsuperscript{132} \textit{Report together with The Minutes of Evidence, of Select Committee on Madhouses in England} (1815).

\textsuperscript{133} Ibid., sections on York, 11-43; Bethlem, 44-151; Nottingham, 152-159; The Retreat, 160-2; Brislington House, 298; Laverstock, 299; Spring Vale, 332-41.
activities. Comprehensive questions, covering all aspects of the regime, reveal a notable concern for the correct and adequate use of the landscape. Of the site itself it asked, whether the courtyards were airy and dry and afforded some type of view over the walls; of the patients activities, whether it was insisted that all patients should undertake daily exercise; of occupation, it inquired of the types of manual labour, what types of patients had adopted it, the results in terms of patient recovery, passive amusements for those unable to undertake manual labour; and moral treatment, whether the patients were encouraged in self-restraint and self-respect, treated kindly, and diverted from their insane thoughts. This indicates that, although by this time only around nine public asylums had been erected, the use of the landscape in a therapeutic capacity was sufficiently well accepted and developed to be a major official indicator of good practice.

The 1842 Lunatic Asylums Act instituted central government influence over the locally administered public asylum network. It gave the Metropolitan Commissioners in Lunacy appointed in 1828 powers to cover the provinces, conducting inspections of all the public and private asylums of England and Wales, except Bethlem. In the 1845 Lunatics Act the Metropolitan Commissioners were replaced by the Board of Commissioners in Lunacy, a permanent, central inspectorate for all asylums and licensed madhouses, public and privately run, although its recommendations were not compulsory. This confirmed a crucial government-based influence which provided advice to county asylums on their initial structure. As a result of the Commissioners' subsequent annual visits and comments on the environment and regime, both therapeutic and domestic, this attempted to ensure in part the satisfactory treatment of patients.

The 1845 Act also, finally, and most crucially to the subsequent spread of the asylum landscape, obliged counties to make provision for their insane poor in institutions set aside for the purpose and was the catalyst for the continuing increase in asylum numbers. In order to fulfil their new obligation the counties which had not already done so subsequently provided pauper lunatic asylums. It was 30 years since the Select Committee of 1815-16 recommended this kind of action, and between the 'permissive' 1808 Act and the 1845 Act only 17 newly built county asylums had been completed and opened by 1846. This, together with the resultant Suggestions and Instructions, first published in 1856, and individual guidance from the Commissioners, largely confirmed prevalent general trends in asylum use and structure based on moral therapy. It confirmed central government interest and regulation in a movement which at local level already had considerable momentum. The Act provided

134 Lunatic Asylums Act, 1842 (5 & 6 Vict., c.87).
135 Lunatics Act, 1845 (8 & 9 Vict., c. 100).
a backbone to ensure that not only did local authorities make provision for their lunatics, but that it followed these therapeutic trends, including the use of asylums and work therapy.

The *Suggestions, etc.* were grounded in the influence of earlier sources, particularly Conolly's *The Construction and Government of Lunatic Asylums* (1847) and Browne's *What Asylums Were, Are and Ought to Be* (1837), together with the examples of earlier asylums as a basis for advice to guide those commencing asylum construction. They codified and consolidated the formula already expressed, for example, in Derby asylum (1844-51, Case Study 3). This provided the framework around which the county magistrates, and from the late 1880s county councils, were then left to formulate the detail from sources such as Browne and Conolly, and influential journals such as *The Builder* and the newly founded *Journal of Mental Science*. It is significant that when the 1845 Act was passed there was no published discussion about alternatives to the asylum system. Dr Sibbald in the *Journal of Mental Science*, expressed the opinion, held by most other commentators, that Britain's mid-century asylum system was still performing exceedingly well. This affirmation of the therapeutic value of the asylum by members of the respected medical profession who dealt directly with asylum patients continued the pressure for asylums to be built in ever-increasing numbers as steadily more patients came forward.

In order to understand the provision and use of the asylum landscape fully, the concept of moral treatment as translated from The Retreat into the public asylum must be addressed, as this was the major foundation on which the provision of the landscape was based. Even though moral treatment had been gaining in therapeutic acceptance since the 1790s it appears that there was continual difficulty in defining it. This was still the case by the time the 1845 Lunatics Act was passed, even though its stipulations about the compulsory provision of pauper asylum accommodation were rooted in theories of moral treatment. The reason for this is based largely in its complexity of application. Two recent definitions when taken together provide a useful interpretation. Digby's definition is broad, but is applied in direct connection with its application at The Retreat: 'moral treatment as it was understood by its practitioners in the eighteenth and nineteenth centuries meant that psychological methods were employed to help in what was seen as a mental disorder'. Scull however, insists that what the treatment consisted of cannot be summarised in a phrase or two, and emphasises that it was certainly not a specific technique. He then proceeds to encapsulate it as 'a general, pragmatic approach which recognized the lunatic's sensibility and acknowledged ... his status as a moral subject'. In other words it tailored an appropriate treatment to the patient's needs within a defined matrix of activities. A major part of this regime was the formation of a close

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140 Scull, *op. cit.* (1993), 98.
Chapter 2

parent/child-type relationship between the keeper and the patient respectively. The matrix of activities included domestic tasks, religious participation, employment and leisure pursuits, in addition to any medical or physical interventions specifically carried out for the purposes of the treatment of lunacy. This tailoring to individual personalities was certainly achievable in the early days at The Retreat, when it housed not more than a few dozen patients who were part of the same committed religious group as their keepers. It was difficult, if not impossible, to translate this into individually tailored regimes within the public asylum system, which, with its economies of scale, led to these institutions becoming huge and impersonal repositories of lunatics.

In 1847 even the Commissioners in Lunacy, a specialist government body, had some difficulty in defining the essence of moral treatment. Their emphasis lay with non-restraint, of which the importance of occupation was explicitly and firmly defined as a major element, for, 'There is nothing more important in the moral treatment of the Insane than the proper use of means which contribute to their employment, both mental and bodily, and tend to withdraw their attention from thoughts and feelings connected with their disordered state'. As representative of central government's attitude this guidance was influential on those bodies of magistrates compelled to set up their own provision following the 1845 Lunatics Act, supporting as it did notions of institutional power to achieve patient productivity and self-discipline.

From these approaches, it would appear that in its practical methods moral treatment in the public asylum was still closely based on The Retreat's method which strongly emulated the patients' standard social and economic activities in an attempt to resocialise them in activities which were common to each. The use of the landscape in a recreational and vocational manner emulated activities which the pauper was intended to recognise and in doing so be prompted to return to acceptable behaviour, and in order to do this a suitable setting was required.

The asylum regime which was consolidated from the passing of the 1845 Act, based on moral therapy principles, developed from the public model of Wakefield (1815-18) and other subsequent asylums which took up moral therapy. Much discussion occurred, principally focused in the Asylum Journal even from its outset in 1853, as to how to achieve and then retain the effectiveness of the humane methods which Tuke had promoted, given that the exemplary methods of The Retreat were accomplished in the intimate setting of a small asylum containing only a few dozen patients. This was occasioned because new asylums were being built to accommodate ever larger numbers of patients, and the older asylums were regularly enlarged. In both cases this asylum enlargement led to the loss of individual attention paid to patients, and the subsequent accusations of 'warehousing', with more
than 2000 patients in one institution in several London asylums, and very poor prospects of cure for any of these cases.

As late as 1880 it was still commonly believed by alienists that 500 was the maximum number of patients which could be reasonably well accommodated and treated in one asylum, even though the majority of medical superintendents would probably have preferred 250 under their supervision. This bore little resemblance to the contemporary size of asylums. By the end of the century, although it was still acknowledged that smaller asylums were more humane and were believed to be more effective, numbers of more than 1000 per site were not uncommon even outside the capital, and by 1900 there were on average 961 patients in each of 99 such asylums in England and Wales. The English county asylums by this time were praised not for their curative rates, but rather for their highly-structured and orderly management, being 'marvels of order and regularity', forming 'a well-constructed piece of mechanism, which, once set in motion, needs but a certain amount of regular attention to keep it working smoothly and successfully.

Social reform

The reform and regularisation of provision for lunatics was paralleled between 1800 and 1850 by legislative and administrative developments in other public institutions of social reform. In particular, prisons and workhouses, which both housed inmates on a long term basis, are closely comparable to asylums. Because of their closely linked public social objectives, expressed in residential and confining institutional estates, the relationship of the asylum with workhouses and prisons in terms of their landscape provision will be examined further in the following chapters. In order to provide the context for this, their development during the first half of the nineteenth century must now briefly be examined.

Following the reforming campaigns of John Howard, a concerted prison building campaign led in the 1780s to a new generation of prison designs, principally based on the novel idea of the segregation of prisoners into individual cells. This idea had, however, been in common use for asylums since the construction of Hooke's Bethlem in the 1670s. The outbreak of war with France intervened and the whole prison building momentum slowed. The 1823 Gaol Act required the classification of prisoners in varying ways, according to their gender, age, and crime, in parallel to the classification mechanism of other institutional residents implemented by the 1808 Lunatics Act. It also stipulated that they were usually required to carry out hard labour, normally through the unproductive use of the newly
invented treadwheel. Its significance was in its regulation of management of the largest prisons and
the prisoners' regime. The architecture of the prison formed a fundamental element of its regime,
particularly in terms of the implementation of patient classification. The 1835 Prisons Act regulated
prison rules still further, enforcing a regime of silence to prevent communication as part of a system
of Entire Separation.\footnote{Prisons Act, 1835 (5 & 6 Will. IV, c.38).} By the late 1830s there were considerably more prisons than asylums, with
prisons situated in over 200 English towns and cities.\footnote{Brodie et al., op. cit. (2002), 84.}

More closely related to the subject of pauper lunacy was the workhouse system, in which many
pauper lunatics were always housed even when the network of asylums had spread to its full extent.
Workhouses were always intended to provide a last resort for the indigent poor, but before the 1830s
they were used alongside financial (or outdoor) relief provided by the parish ratepayers. The reform
of the system resulted in the Poor Law Amendment Act of 1834 (referred to here as the New Poor
Law), intended to alleviate the problems created by the increasing numbers of indigent paupers.\footnote{Poor
Law Amendment Act, 1834 (4 & 5 Will. IV, c.76).}

Those who could work were to have curtailed any financial relief which they received from their
parish. The vulnerable who required financial assistance, the infirm, children and the aged, would be
admitted to workhouses, run for the benefit of a group of parishes rather than as individual parish
poorhouses, as had previously been the case. Dangerous lunatics and idiots were not to be kept in the
workhouses for more than fourteen days, although this was not always adhered to because of the
considerable extra expense to the parish of keeping lunatics in asylums rather than the workhouse. As
Bartlett has shown, pauper lunatics were kept in workhouses in increasing numbers, although lunacy
reformers continued to emphasise that this was a highly inappropriate environment for lunatics to live
in.\footnote{Peter Bartlett, The Poor Law of Lunacy: The administration of pauper lunatics in mid
nineteenth-century England (London: Leicester University Press, 1999).}

The 1834 Act resulted in a major building programme which continued until at least the 1870s
and was even more expansive than that of the county asylums following the 1845 Lunatics Act.
Estimates number workhouses constructed during the main period of expansion, between 1834 and
1870, at around 500.\footnote{Peter Bartlett, The Poor Law of Lunacy: The administration of pauper lunatics in mid
nineteenth-century England (London: Leicester University Press, 1999).}

The workhouse forms the closest institutional model for comparison with the asylum, its similarities
based on the social control of inmates in a residential situation, and differences were expressed partly
in the approach to the landscape in each institutional type. The main difference in function was in the
choice of regime to achieve such control: whereas the workhouse approach was repressive, the
asylum was therapeutic. This difference in approach to the housing of the same pauper class was
expressed in the landscape by the use of ornament. In the repressive workhouse the landscape
remained unornamented, laid out purely for economic purposes, in which the inmates worked as part of the social control programme. The lack of ornamentation formed part of the suite of devices used to make the workhouse regime as unattractive as possible, in order to encourage the indigent able-bodied poor to return to work as soon as possible. This, however, overlooked the use of the institution by those residents who were unable to be rehoused for social reasons, such as the elderly and infirm (including a notable proportion of lunatics) and who were therefore denied any ornament by default of being caught up in a system targeted at the able-bodied. By contrast the asylum which catered for the same social class in a similarly structured institution was ornamented because of its different function, the therapeutic approach. An example of the typical structure and ornamentation of the workhouse landscape is demonstrated at Aylesbury workhouse (1844), which is discussed further in Chapter 4.

These authoritarian medical, punitive and repressive institutions were housed on a similar scale in a network of great architectural edifices. Their fabric reflected civic wealth and power which rivalled the private country houses as statements of status, but the only one of these public institutions which was provided with a landscape of any aesthetic significance was the asylum. The varying nature of the custodial regime of all three institutions, in other words the external power exerted by the authorities over the inmates, was reflected in the landscape provision and use. The amount of liberty allowed to the residents was directly related to the institutional purpose, and in some cases was directly related to the willingness of the inmate to conform. Within these institutional regimes of 'reformation', as Markus labelled them, he identified and succinctly expressed a deep-seated paradox in relation to the architecture: 'Internal power became subject to the same social structures as external since with the power to coerce went the power to turn the subjects of the confining regimes into agents of their own reformation [i.e. cure]. And the institutional buildings were designed to achieve this dual outcome'.

Within the analysis of the design and use of the asylum landscape it will be shown in later chapters that the institutional landscape was designed alongside the building to achieve the desired curative outcome by means partly of external power and partly by internal self-discipline.

The development of these institutions formed part of a growing suite of controls which regulated the fabric of English society and peaked in the mid- to late nineteenth century particularly in response to the rise in population and urban industrial activity. Alongside the direct control of aspects of behaviour and liberty, further measures were enforced to improve social conformity via national public health legislation. This largely covered the provision of urban sewerage systems, clean water and paved streets which since the late eighteenth century had been undertaken on an ad hoc basis by

149 Morrison, op. cit. (1999), 53, 198. Morrison quotes sources for the number of workhouses erected between 1834 and 1870 at between 492 and 548.
local Improvement Acts. The influential Health of Towns Association was formed in 1839 to promote these aims of sanitary reform, fuelled by a growing body of opinion concerned about the state of the many vastly expanding towns. In the same way as the provision of prisons, workhouses and asylums helped to stabilise the social and economic framework, Chadwick identified that, 'the towns were filthy: cleanse them and they would provide far more contented and better workers, thus more goods and more profits'. Following the detailed exposure of various sanitary evils via parliamentary reports, amongst other documents, finally the first piece of national sanitary legislation was passed in 1848, the Public Health Act, setting up a General Board of Health and compelling many local authorities to set up Local Boards of Health to drive public sanitation improvements. For those who had no further use for sanitation the various Burial Acts of 1852-57 continued the public health theme, driven by various serious outbreaks of cholera and the appalling conditions which prevailed in urban churchyards. The Acts permitted parish vestries to set up their own cemeteries beyond churchyards, enabling the disposal of the dead to be carried out more hygienically, as well as with more decorum. This ability was taken up with alacrity by the vestries, who formed local Burial Boards, with the result that 1,500 or more cemeteries, varying from a few acres to several hundred, were created.

The cemeteries were also treated as social amenities and laid out ornamentally, again adapting elements of the landscape park model, to encourage limited recreational use, providing yet another avenue for the expression of civic wealth, power and order. One such example laid out as a garden cemetery is Reading (opened 1843). Here the mortuary chapels replaced garden buildings in the design, and the burial plots were laid out amongst serpentine paths and an axial drive system, with the planting design of conifers and deciduous trees, and the trees themselves, supplied by Suttons

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152 Various voluminous parliamentary reports on the subject appeared including the Report of Select Committee on the Health of Towns (1840); Report on the Sanitary Condition of the Labouring Population, and Report to the Poor Law Commission (1842); Report of Select Committee on Intra-Mural Interments (1843); followed by two Reports of the Royal Commission on the State of Large Towns (1844 and 1845). Public Health Act, 1848 (11 & 12 Vict., c.63).

153 A useful discussion of the Burial Acts between 1852 and 1857 is provided in Chris Brooks (ed.), Mortal Remains: the History and Present State of the Victorian and Edwardian Cemetery (Exeter: Wheaton, 1989), 47-51. The first was the Metropolitan Burial Act, 1852 (15 & 16 Vict., c.85); the arrangements which the 1852 Act had made for London were extended to the rest of England and Wales in the Burial Act, 1853 (16 & 17 Vict., c.134). Various amendments were subsequently passed and the sequence was consolidated in the Burial Act, 1857 (20 & 21 Vict., c.81).

154 Chris Brooks, 'English Historic Cemeteries: A Theme Study' (unpublished report for English Heritage, 1994), 47, estimates that at present probably c.1,500 cemeteries exist with historic character. This may be an underestimate given the enormous number of parishes which created their own cemeteries apart from churchyards in the nineteenth century.
nurserymen, Loudon had believed well before the passing of the Burial Acts that cemeteries should function as far more than just repositories for the dead. Garden cemeteries he regarded as instructive, improving of manners, morals and taste, educational, and soothing places for relatives. Indeed, cemeteries could act as 'a school of instruction' in a wide range of educational subjects, including architecture, sculpture, landscape-gardening, arboriculture, botany, and in those 'important parts of general gardening, neatness, order and high keeping', as well as serving as historical records for local history and biography. Thus the model of the landscape park which was adapted for this new landscape type was applied and modified for other purposes, specifically public health, education and social control.

A further Select Committee inquiry concerned with the 'health and comfort' of the population reported on Public Walks (1833) and found in favour of the provision of public walks and open places - or public parks as they became known. Their provision was intended to support yet again the social and economic fabric by encouraging the urban working classes to forsake invidious activities such as drinking in favour of healthy exercise in which the whole family could be brought together and social discontent avoided. Although there was no legislation forcing the provision of public parks the idea was nevertheless taken up with enthusiasm from the 1840s by urban local authorities such as Birkenhead and Derby, and promoted as a matter of public benefit and civic pride. Leading designers were involved with some of the earliest examples which became very influential. Paxton designed Birkenhead Park (c.1845) and Loudon designed Derby Arboretum (1839). Several thousand public parks of varying size and complexity were probably created in the nineteenth and early twentieth century. Again the model of the landscape park for a new and extensively multiplied landscape type was used as a basis and adapted for other purposes, in this case public health and social control.

This whole suite of activity standardised administrative and practical approaches to both health and social welfare, of which the growth of the public asylum network formed an essential part. It is not intended to compare the asylum landscape in detail with the landscapes of the cemetery and public park movements as they developed for a different audience. Parks and cemeteries were provided for

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155 English Heritage, 'Reading Cemetery,' in Register of Parks and Gardens of special historic interest in England: Berkshire, (London: English Heritage, 2nd edn., draft, 2002); Reading Mercury (1 January 1842), 3; (29 October 1842), 2; Berkshire Chronicle (5 February 1842), 2.
157 The passage relating to the purpose of open space provision in the Report of Select Committee on Public walks (1833), who were 'appointed to consider the best means of securing Open Spaces in the Vicinity of populous Towns, as Public Walks and Places of Exercise calculated to promote the Health and Comfort of the Inhabitants' is quoted in Chadwick, op. cit. (1966), 50.
the use of the conventional, functional family unit rather than for the aberrant, indigent or deviant elements of the population who could not or would not conform socially and economically, and for which prisons and workhouses were intended and to which, because of this, asylums are much more closely related functionally.

Conclusions

The parallel development of landscape design and medical theory and practice have been discussed in order to inform the discussion in subsequent chapters of major issues which influenced the development of the asylum landscape. In particular the two most direct influences on the context of the asylum landscape are the therapeutic requirements for the treatment of the mad, and the design of the country house estate. Significant developments in legislation and social developments in comparable public institutions including workhouses and prisons have also been discussed in order to demonstrate their relationship to the asylum movement.

Such medical, landscape and social issues have been demonstrated to form a network of influences which were linked to varying degrees at the outset of the development of the public asylum landscape. By the early nineteenth century medical theory had reached the point where it was receptive to the promotion of moral treatment; landscape theories relating to the country house estate had settled into the framework of the landscape park; social and legislative trends were moving towards provision by local government at a considerable scale for the socially and medically vulnerable. At this point The Retreat uniquely drew together in one purpose-built institution the two principal themes in relation to the asylum landscape, the therapeutic and landscape design. The following chapter will examine how this network of issues related specifically to both medical and landscape theories was manifested in the early asylum landscape up to 1815, and the extent of its influence as a precursor to the landscapes of the early public asylum system pioneered in the first five decades of the nineteenth century.

158 Stewart Harding, 'A Blind Date Between Illness and Cure,' in Jan Woudstra, Ken Fieldhouse (eds), The Regeneration of Public Parks (London: Spon, 2000), xiii, estimates that at present up to 5,000 public parks exist with historic character. The majority of these are likely to date from the nineteenth and early twentieth centuries.
CHAPTER 3. THE GENESIS OF THE EARLIEST PUBLIC ASYLUM LANDSCAPES, 1670-1815

This chapter covers the development of the purpose-built asylum landscape up to the establishment of the earliest public asylums in the early nineteenth century, together with its relationship with other influential landscape types, in particular the country house estate. Bethlem was the first purpose-built asylum, built in the late seventeenth century as a charitable institution, its landscape drawn in part from the typical contemporary country house estate. Most of the eighteenth century saw little development from Bethlem's model in subsequent charitable asylum landscapes, although in the country house estate much innovation occurred based around the development and consolidation of the informal landscape park and pleasure grounds.

The most significant innovations in asylum landscape design occurred in the 1790s and 1800s, with the combination of ascendant theories of medical treatment (moral therapy) and landscape design (especially the landscape park) at the charitable Retreat and the privately run Brislington House. The adoption of moral therapy led in these two asylums to the expansion of the landscape for therapeutic purposes, developed by adopting elements of the flexible structure of the country house landscape park, in order to provide a venue for recreation and the vocational activities required to fulfil therapeutic demands.

The earliest three public asylums, laid out between 1810 and 1814, did not tend to express such innovative ideas to any major degree within their landscape estates. However, two were innovative to a limited extent: at Nottingham a small pleasure ground buffered the building from the road; and Norwich provided the first asylum cemetery. Simultaneously other social institutions were developing alongside the asylum in a move towards the social control of society's outcast classes. Three principal residential types, asylums, prisons and workhouses, developed in tandem formulaic estates which were distinct to the purpose of each institutional type, the more closely related to the asylum being the workhouse. This chapter provides the historical context of the asylum landscape for the main period under study, 1808-1914.
CHAPTER 3. THE GENESIS OF THE EARLIEST PUBLIC ASYLUM LANDSCAPES, 1670-1815

The issues in this chapter centre on two major questions: how did the earliest asylum landscapes reflect both contemporary landscape design and medical theory? To what extent were these early asylum landscapes used therapeutically? In the previous chapter the context for the development of the English public lunatic asylum was discussed in terms of medical, landscape, social and legal issues, in order to identify significant influences on the development of the public asylum landscape. This chapter takes those issues and relates them directly to the landscape in order to analyse and explain the influences on the design and structure of the earliest purpose-built asylum estates. Three sites in particular are addressed as having been influential, Bethlem (1674-76), and Brislington House (1804-06), but most influential of all, The Retreat (1792-96). At each site various devices were adopted during its development which formed influential precursors to the structure of the public asylums built during the main period of study 1808-1914. In order to answer most appropriately the two questions posed above, this chapter is based around an analysis of the evolution of the design and structure of these three asylum estates, together with their functions and use, in terms of medical and landscape theory.

SEVENTEENTH- AND EIGHTEENTH-CENTURY DEVELOPMENT

Bethlem, Moorfields, the earliest purpose-built English asylum

What model did the earliest purpose-built asylum take? There were no large, secular English institutions to act as a model. The only practical large-scale building example was the established domestic dwelling of the landed classes, whether town house or country house. Robert Hooke's Bethlem (1674-76) at Moorfields, London, took this model to house the lunatic patients, adapting it considerably internally for its institutional and therapeutic function. Externally the Bethlem asylum estate also bore a notable resemblance to the domestic model, and the structure of Bethlem's landscape paralleled to a considerable extent that of the contemporary country house estate. The arrangement of the Moorfields site also incorporated and extended the elements that had evolved by

1 The architect and scientist Robert Hooke (1635-1703) was one of three surveyors appointed by the City of London to oversee the rebuilding of London after the Great Fire (1666). As well as designing various town and country houses, and collaborating with Sir Christopher Wren (1632-1723) on the City churches, Hooke designed several social institutional buildings, including Bridewell Hospital, London (1671-78) and Aske's Hospital, Hoxton (c.1690-93). Aske's Hospital, an almshouse, bore marked external architectural similarities to Bethlem. For an overview of Hooke's architectural career and principal commissions see Howard Colvin, A Biographical Dictionary of British Architects 1600-1840 (New Haven and London: Yale, 3rd edn. 1995), 506-10. A 1720 engraving of Aske's Hospital is reproduced in Christine Stevenson, 'Robert Hooke's Bethlem', Journal of the Society of Architectural Historians, 55, no. 3 (September 1996), 259.
the mid-seventeenth century at the original medieval monastic Bethlem site at Bishopsgate, comprising, essentially, a single asylum building and two airing courts, enclosed within a wall.\(^2\) At Moorfields these components were deliberately laid out in a more formal arrangement, reworked at much larger scale as an axial layout of heroic proportions, modelled on the country house estate adapted for institutional and medical purposes. Bethlem provided the general model for purpose-built asylum estates during the eighteenth century and several during the early nineteenth century. In particular the crucial medical element beyond the asylum building which was replicated was the group of airing courts which continued to be constructed with nearly all new asylums until well into the twentieth century. Because of this and its influence as the first purpose-built asylum in England, the landscape and its ornamental and medical characteristics require discussion (see also Case Study 1).

The visual evidence for the following discussion of the Moorfields estate and its setting is largely based on surviving maps of the City of London and engravings of Hooke's Bethlem, supported and supplemented by the written reports of the Committee of Governors for the period around its construction.\(^3\) White's engraving of the north front, taken from the north side of Lower Moorfields is a detailed starting point from which to interpret the asylum estate and its relationship to Moorfields (Plate 11). It provides a crucial picture of the original asylum frontage just as it was complete, and is also a vital depiction of other elements of the estate and its setting. Morgan's map of London (1682) (Plate 10) provides a more extensive picture of the relationship between the Bethlem estate and the surrounding urban setting of London together with a full depiction of the extent of Moorfields.

Bethlem's place as a great charitable institution has been discussed in Chapter 2, and its estate and the choice of setting beyond the estate were designed to enhance this status. The formal approach was impressive, based upon an axial avenue and walk across the formally laid-out Moorfields public open space to the north. The asylum site occupied a very prominent situation from the public promenades, with a vast forecourt complementing the external ornamentation of the building. The imposing forecourt enclosure formed the largest and most significant space within the estate, framing, and extending along the whole length of, the building facade. The relatively large size of the forecourt and its flanking airing courts may have reflected the Governors' wish, as Andrews asserts, to attract

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\(^3\) In particular the following sequence of maps and engravings is useful to trace the development of the site: Robert White, after Thomas Cartwright, *Hospitium Mente-Captorum Londinense* (1677) (engraving); William Morgan, *London &c. Actually Survey'd ...* (London, 1682); For Robert Sayer, *Bethlem Hospital* (c.1740) (engraving); John Rocque, *The Plan of the Cities of London and Westminster and ... Southwark ...* (London: Pine, 1747).
'the patronage and admiration of the elite' by making the landscape together with the building appear as a statement of their great work and munificence. The alternative view, as Stevenson points out, is that the magnificence within the site was intended not to glorify the Governors, but to display their charitable motive and engender greater charitable contributions.

The elements and their arrangement within this large institution and its estate clearly show that even as a medical institution Bethlem closely reflected current domestic landscape theory, in particular that of the contemporary country house estate as discussed in Chapter 2. This is illustrated in general in comparison with, for example, Chastleton (Plate 7), but a more similar arrangement is illustrated at Stagenhoe (Plate 8), where a forecourt and flanking garden compartments are approached through a park laid out with radiating avenues, and the base court lies to the rear of the house. Bethlem comprised a similarly simple arrangement of elements, partly adapted to the therapeutic function. The house of the domestic estate was transformed into an asylum building of palatial scale within the asylum estate; the estate was walled as any country house estate might be, more to contain patients than to keep outsiders out; the forecourt lacked any therapeutic function, retaining the function drawn from the domestic estate of framing and enhancing the formal approach to the building from the public highway; the formal garden enclosures adjacent to the country house were translated into equally formal enclosed airing courts adjacent to the asylum building. The setting of Bethlem, although of urban character, emulated to a certain extent the rural setting of domestic parkland or agricultural land by the utilisation of the considerable area of Moorfields lying adjacent.

Security

A dominant function of the asylum estate was to ensure that patients remained securely within it, in contrast to that of the domestic country house, in which the privacy of the family was the requirement. The walled asylum site segregated patients from Londoners and prevented the former from escaping. The wall followed a precedent seen at country houses and was ornamented in the publicly visible places, and was ornamented elsewhere, where display was not an issue, to a lesser extent or not at all, following a hierarchy of ornamentation according to the social status of those who were likely to see it. The forecourt wall was the most highly ornamented, providing an appropriate visual foil for the grand building beyond. The secure containment of the patients was, however, ameliorated to some extent by the achievement of prospect from the building into Moorfields. In doing so six *clairvoies* were inserted into the forecourt wall, of the sort used in domestic gardens and forecourts and referred to by Sir Roger Pratt (1620-84) in his notes on the design of forecourts as

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2 Stevenson, *op. cit.* (September 1996), 255.
'transparent windows'. Their intended purpose, it appears, was, conversely, the achievement of aspect of the great institution as 'windows' on it from the outside world. This is shown clearly achieved in White's engraving (1677), with the viewing point from the midst of Lower Moorfields utilising the clairvoies to enhance views of the building and the interior of the forecourt.

The asylum building

The estate was dominated by the exceptionally long, single-pile asylum building (its length uncertain, but probably 440 or more feet (c.135m) and possibly over 500 feet (c.154m)), which occupied the majority of the north boundary. Its structure followed medical theory in terms of aiding the prevention of physical (rather than mental) illness from miasmata, making allowance on its public, north side for the maximum entry of light and air via large windows and galleries without compromising security. The building was surrounded on three sides by formally arranged open spaces, with the two airing courts flanking it, providing access for the patients to fresh air, and a large forecourt in front of it. To the rear lay a narrow space, bounded by the City wall to the south, which provided service access and does not appear to have been ornamented. In its lengthy and highly ornamented external architectural form the building assumed the character of an extensive country house of the period, such as the late seventeenth-century remodelling of Chatsworth, or even of a royal palace such as Wren's south and east facades at Hampton Court (begun 15 years later than Bethlem in 1689). Internally the building in its structure departed radically from the country house, being divided into a series of galleries off which led small, individual cells. In its internal decoration also Bethlem was very different from the country house, being utilitarian in the extreme, as illustrated by Hogarth in his The Rake in Bedlam, engraved as part of the Rake's Progress series of illustrations. A further difference was its axial division into two, with the west half for female patients and the east half for males.

The provision of external spaces reflected elements of the contemporary domestic landscape, although lacking some common functional elements such as productive land and extensive service yards and base court. The forecourt continued the social convention of acting as a formal approach, limited in its use to official visitors, rather than residents and staff. It was dominated by the great

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6 For example the irregularity of construction where the City wall is incorporated into the rear, south wall is illustrated in an etching entitled 'Parts of London-Wall and Bethlem Hospital', in John Thomas Smith, Ancient Topography of London (London, 1815), reproduced in Andrews, et al., op. cit. (1997), 237.
8 The exact length of the building is very uncertain. Stevenson discusses various contemporary sources giving Bethlem's original length, citing the most conservative figure that she can locate as 528 feet (Stevenson, op. cit. (1996), 261, n. 273). However, the building may have been as little as 440 feet long, as, if the two airing court widths totalling 240 feet (source: see note 13 below) are taken from the 680 foot total length of the site as given by Strype (source: see note 14 below), this leaves 440 feet length for the building and parallel forecourt.
9 William Hogarth, The Rake in Bedlam (engraving, 1737).
central gateway through which official visitors entered the site, erected on the axis of the main walk of Lower Moorfields which was laid out seventy years earlier from 1606. Visitors crossed on foot the immense, barren, paved and gravelled forecourt, to which the patients were specifically forbidden access from the first by the Governors. The space between the gateway and the principal building followed the contemporary arrangement for gentry and aristocratic town and country houses to be approached only by pedestrians, via such an enclosed forecourt. There appears to have been a service entrance to the building at the rear, south-west corner, in the narrow space between the building and the City wall, to accommodate the arrival of less prestigious visitors (in the majority), goods and patients. This, however is somewhat conjectural as only Rocque shows a hint of an opening at this point, although he definitely shows the nine-foot wide (c.2.75m) service space which ran down the rear of the building adjacent to the City wall.

Airing courts
The flanking airing courts as specified in 1674, in the Bethlem Court of Governors' Minutes, were to comprise two grass and gravel plots each 120 feet (c.37m) in width. They were likely to be 70 feet (c.21m) deep, the depth of the site as quoted by Strype. The structure, siting and use of the courts at Bethlem were comparable with those of domestic garden compartments surrounding the country house, that is, for residents (i.e. patients or the owner's family) to take exercise and fresh air in a formal, enclosed space conveniently placed close to the principal building, although at Bethlem there was the additional therapeutic function. The medical criteria for patients to use the outdoor exercise spaces are unclear, but were likely to be related to the severity of patients' symptoms and whether this enabled them to be taken outside with minimal staff attention. Those in the grip of 'intense mania' or other disruptive or self-harming behaviour were unlikely to be allowed out to undertake recreational activity outdoors. Patients who were raving or violent were forcibly confined to their beds with devices such as leg locks and manacles, in order to keep to a minimum the number of attendants required to supervise their activities. The therapeutic organisation of the building in terms of dividing patients by gender was reflected in the external space. The east court was dedicated to males, the west to females. There appears to have been no physical reflection of social or therapeutic

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10 Bethlem Royal Hospital Archives, Bridewell and Bethlem Court of Governors Minutes, 23 October 1674, fol. 52.
11 Examples of both town and country houses with forecourts were numerous; contemporary illustrations of several country houses are included in John Cornforth, 'Who used the front door?', Country Life, 194, no. 49 (7 December 2000), 116-121. For a discussion of the town house forecourt in the late seventeenth and early eighteenth centuries see Todd Longstaffe-Gowan, The London Town Garden 1740-1840 (New Haven and London: Yale, 2001), 58-60; examples included Leicester House, Lindsay House and Bedford House.
12 John Rocque, The Plan of the Cities of London and Westminster and ... Southwark ... (London: Pine, 1747).
14 John Strype, A Survey of the Cities of London and Westminster ... Written at First ... by John Stowe, vol. 1 (London: Churchill, 1720), 192, gives the overall length of the site as 680 feet, and the width as 70 feet. The courts extended the whole width of the site, and so were likely to be 70-feet wide.
classification in the landscape, all patients being equally confined to the respective male or female airing courts, and denied access to the forecourt.\textsuperscript{15}

The incorporation of large, formal walled airing courts as exercise spaces was a fundamental spatial feature which Bethlem contributed to the design of eighteenth- and nineteenth-century asylum landscapes. Unlike the forecourt they were appropriated from the first for therapeutic purposes, being 'reserved for the use and benefitt' of the patients and reserved solely for their recreation, in which they were intended to 'walk and take the aire in order to [aid] their recovery'.\textsuperscript{16} This is an early departure from the domestic garden model, for the airing courts, or more particularly their air, were valued for their therapeutic purposes. It is also an early example of the therapeutic purpose being combined with landscape design. Although the two airing courts provided patients with their only outdoor space to exercise and obtain fresh air, they were subordinate to the forecourt in both size and position. Together the two courts covered less than one third of the area of the site, the rest largely being taken up by the building and forecourt.\textsuperscript{17} Unlike the forecourt, it appears that the airing court walls allowed views neither in nor out, also unlike contemporary garden compartments in which views tended to be encouraged, so that although the patients retained privacy while exercising, they could not benefit from the views of Moorfields to the north other than by returning to the building.

White's engraving shows that the airing courts each included a pavilion set into the south wall with windows at a raised level overlooking the court. These are analogous with summerhouses commonly found in contemporary gardens of the gentry and aristocracy, illustrated for example at Stagenhoe and Little Offley (Plates 8 & 9).\textsuperscript{18} These pavilions were probably used by the attendants as shelter while supervising their charges, as the majority of the windows in the main building did not overlook the courts to allow remote surveillance to any great degree. The internal layout of the courts is uncertain, but they certainly acquired an ornamental element. By the late eighteenth century, when much of the forecourt had been turned over to airing courts as the building was extended into the original area of the courts, Bethlem was noted for its 'fine gardens' where the patients 'enjoy fresh air and recreate themselves amongst trees, flowers and plants'.\textsuperscript{19}

\textsuperscript{15} For a discussion of classification within Bethlem see Andrews, et al., \textit{op. cit.} (1997), 218-20.
\textsuperscript{16} Bethlem Court of Governors Minutes, October 1674, quoted in Andrews, et al., \textit{op. cit.} (1997), 236.
\textsuperscript{17} Using figures for the area of the whole site given by Strype, \textit{op. cit.} (1720), 192, the overall length of the site 680 feet, and the width 70 feet, the area of the two courts was only believed to be 240 feet by 70 feet (see notes 13 and 14 above for sources of these latter figures).
\textsuperscript{19} C. Williams (ed. and trans.), \textit{Sophie in London, 1786, Being the Diary of Sophie v. La Roche} (London: Jonathan Cape, 1933), 166-71. The extra airing courts, together with the early eighteenth-century extensions to the building, appear on John Rocque, \textit{The Plan of the Cities of London and Westminster and ... Southwark ...} (London: Pine, 1747), and are illustrated in an engraving for Robert Sayer, \textit{Bethlem Hospital} (c.1740).
Prospect and aspect

Prospect and aspect formed essential and inter-related elements which were translated to varying degrees from the domestic landscape to the Bethlem estate. Prospect beyond domestic town and country house gardens of the landed classes was a standard device of recreational use. In the asylum estate it was used to a much more limited extent to benefit the patients' recovery, it being largely only available from the galleries adjacent to the north front of the building, overlooking Moorfields beyond. Ironically even the 'Vulgar' pauper patients were given the opportunity to enjoy the view, taking in Joseph Addison's 'property in everything he sees' from the asylum building, which in the prevailing opinions of the day could only be enjoyed by the 'Man of Polite Imagination'. Aspect was perceived to be of benefit in enhancing the prestige of the domestic owner via views into selected elements of the country estate, and, at Bethlem, was similarly deliberately enhanced to benefit the status of the Governors. The formal arrangement and ornamentation visible from beyond both types of estate reflected social class structures manifested in the prevailing architectural and landscape styles of the landed classes. Correctly presented prospect and aspect were essential elements to amplify these social as well as medical requirements.

To enhance these to the maximum the asylum turned its back on the miasmata and urban setting of the City which were firmly shut out by the wall behind to the south. Instead the site was more closely related visually and physically to the more rural setting of the fashionable resort of Moorfields laid out over about eight years from 1606, again by the Corporation of London, as described in Chapter 2. The ten acre (4 ha.) 'Lower Moor' was laid out with a cruciform pattern of gravelled walks flanked by avenues, separating panels of lawn enclosed by fences. It was one of the earliest examples of public recreational space, 'a garden of this City and a pleasurable place of sweet ayres for Citizens [sic] to walk in.' This public pleasure ground formed an ornamental setting adjacent to the asylum, which, flanked by developing residential areas, allowed one poet to refer to it as the 'Suburb Wonder'. The Fields and asylum estate each 'borrowed' the other as its setting. In design terms the asylum building can be likened to the grand mansion which the exceptionally extensive ornamental public landscape of Moorfields otherwise lacked in terms of the country house estate model. Medically, however, the patients did not have access to this external space beyond the estate, except in a limited visual sense via the prospect from the building. However, from the building and forecourt, Moorfields' expansive prospect enhanced the perception of the power, influence and control of the Bethlem Governors over the City's surrounding prestigious and formal landscape, in the

20 Spectator, no. 411 (21 June 1712).
22 Brett-James, op. cit. (1935), 454.
manner of the wider designed landscape of a country house estate. In this way Bethlem and Moorfields were visually united in design as well as ownership, although their functions were quite different.

However, the concept behind the visual appropriation of scenery of domestic urban and rural gardens was not emulated by its application to patients' views beyond the site from their outdoor exercise and recreation space, the airing courts, which were restricted by the confining walls. Longstaffe-Gowan, having examined this concept in domestic landscape terms in London, concluded that the device was common in the largest London houses, which frequently did not have gardens, especially those overlooking the fashionable squares. When a house was purchased the right to a 'full command of a view' might be purchased where one existed, implying that there was an assumed proprietorial attachment to the scenery which the property surveyed. In such a case a garden was sometimes deemed to be an unnecessary attribute, when the inhabitants could commonly be satisfied with prospects or vistas from the town house over the surrounding scene. 25 This appears to take the opposite approach to the concept behind the provision of outdoor spaces at Bethlem.

It appears that the use of the landscape by patients other than for exercise in the courts, for example in employment, played a very minor role, if any, in their regime. Although there was some reported employment of patients in the asylum landscape during the eighteenth century it does not appear to have been for therapeutic purposes. Some of the more co-operative convalescent patients were employed in the grounds and indoors at tasks such as cleaning, burning straw or assisting the cook. In the early eighteenth century, for remuneration in money and alcohol, labouring patients undertook tasks such as levelling the yard and screening night soil ashes, but as Andrews et al. have suggested, this was probably more to help with the financial and understaffing situation of the institution, rather than for the therapeutic benefit of the patients. 26 It is possible that this element of ad hoc employment may have also occurred at other charitable asylums during the eighteenth century, but there is no record as yet identified which confirms this.

Various elements of the Bethlem estate at Moorfields and its setting as described above were seminal in the construction of the public asylums of the eighteenth and nineteenth centuries, as will be demonstrated below, when discussing the development of the public asylum estate. These included the early move towards a rural setting by the use of Moorfields, the security of the site, and the layout of the estate incorporating a large institutional building, axially divided by gender, with adjacent

25 Longstaffe-Gowan, op. cit. (2001), 63-64.
airing courts, and formal and service approaches. Other features, such as the provision of the large formal forecourt for purely presentational purposes and the encouragement of the public aspect of the asylum frontage and its proximity to a place of public resort, were deliberately avoided by the nineteenth century.

Eighteenth-century subscription asylums
Bethlem's asylum model influenced the first group of purpose-built asylum estates, the eighteenth-century subscription asylums. In particular this resulted in the provision by each of an institutional building to house patients and the provision of confined external exercise spaces for patients. Contemporary information about their exact layout is poor and lacks detail, the best sources being nineteenth-century maps and plans from which the earliest layouts are sometimes discernible amongst later accretions and modifications. Usually a dedicated asylum building was detached from the associated charitable hospital building, if any, and set adjacent in its own enclosed grounds, for example at Leicester. The generally smaller nature of the institutions usually led to a building considerably smaller than Bethlem and with little relationship to the domestic landed estate, whether urban or rural. The forecourt, if one existed, occupied a smaller proportion of the land available to the asylum, and was much less dominant than that at Bethlem.

Subscription asylums continued to classify patients by gender, this being expressed within the architecture of the building and in the arrangement of the outdoor spaces. The provision made for patients to take exercise was limited to enclosed yards immediately around the building and in this provision reflected the gender divide. Two airing courts were usually provided, attached to, and directly accessible by the patients from, the building. These could be similar in structure to those of Bethlem and confined to prevent escape, additionally being overlooked by the building, with no view out beyond the high walls. At Leicester one court was provided each for male and female patients, attached to the appropriate side of the building. Sometimes outdoor privies were provided as at Leicester, where a bath house court was also provided. Evidence for pavilions, possibly for the use of attendants, similar to those at Bethlem has not been identified, and it is possible that these structures were not provided because of the smaller nature of most eighteenth-century asylum sites.

Casual sightseeing within the asylum which was allowed at Bethlem during the early to mid-eighteenth century was vilified elsewhere. This resulted in the grounds surrounding asylum

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28 RCHME, Report, Leicester Royal Infirmary, NBR 100289 (c.1992).
29 See Andrew Scull, The Most Solitary of Afflictions, Madness and Society in Britain, 1700-1900 (New Haven and London: Yale University Press, 1993), 51-54 for a discussion of the public visiting Bethlem in the eighteenth century. St Luke's, London, forbade casual visiting by the public from its opening in 1751 and this example was followed by subsequent charitable asylums; Bethlem prohibited it in the 1770s.
buildings being provided solely for the function of accommodating patients in a confined area while they exercised. The general public was not allowed access to other charitable asylums unless on business or visiting patients, and so there was no ornamental amenity or recreational function to influence the layout of the grounds.

There is little detailed contemporary evidence as to the arrangement of these spaces, or their furnishings, although it is known that Bethlem provided benches for the patients in 1719. At a provincial example, Leicester, the two yards were allocated one each to male and female patients, and although furnished with privies it is likely that in other respects they were quite barren, the situation in asylums generally, according to Conolly (1847).

The exact use of airing courts at eighteenth-century subscription asylums is unclear as detailed evidence is scant. One of the earliest reference to the use of exercise within the regime at one of the more progressive charitable asylums comes from John Ferriar of the Manchester Lunatic Hospital at the end of the century. The asylum was completed in 1765, and has been said to claim its place in the history of mental health reform principally for its tentative and early approach towards the technique of moral treatment. As part of the curative regime, wrote Ferriar, physical violence was only to be used in extreme circumstances, mechanical restraint was allowed under careful supervision, and the standard medical methods of blood-letting, blistering, purging and drugs were all in use within the asylum building. However, in addition to these standard techniques there was recognition that other factors affected the patients' mental condition, for patients 'whose condition will admit it are allowed to walk with their friends in a large adjoining garden'. Patients and visitors did not use the airing courts for this social purpose, an early indicator that activity beyond confined airing courts could be beneficial.

Comparable eighteenth-century social institutional landscapes

Privately owned madhouses did not tend to conform to the Bethlem plan during the eighteenth century and were not purpose-built. They were largely domestic houses with some modification to receive lunatics, such as the inclusion of an apothecary's shop. It appears that there was in some cases provision for access outdoors. An advertisement in 1778 mentions a house at Hook Norton, Oxon., fitted up for the reception of lunatics as having 'a garden thereto adjoining, a back-yard with a large

30 Bethlem Royal Hospital Archives, Bethlem Sub-Committee minutes, 16 May 1719, fol. 45.
32 Kathleen Jones, Asylums and After: A Revised History of the Mental Health Services: From the Early Eighteenth Century to the 1990s (London and New Jersey: Athlone, 1993), 25.
33 John Ferriar, Medical Histories and Reflections, vol. 2 (London: Cadell and Davies, 1795), 83-112.
34 Ibid., 111.
Little evidence has been located for the purposes of this study about exactly how these spaces were laid out or used, although Parry-Jones discusses in detail the provisions made by various private madhouses in Oxfordshire during the nineteenth century.

During the eighteenth century other estate models began to develop alongside the asylum into widespread groups of purpose-built institutions. These were principally the residential social institutions (including subscription hospitals, prisons and workhouses), both charitably and publicly funded, which were constructed based on a principal residential building, sometimes set in its own limited grounds either for productive or exercise purposes.

The subscription-funded general hospitals, in contrast to the charitable asylums, did not contain outdoor spaces specifically allocated only for the use of their patients, although some hospitals occupied sites set in wider estates, for example, Gloucester Infirmary (1755-61, Plate 19, 1764 engraving of a bird's-eye view of the Infirmary estate including a kitchen garden of considerable size). Those erected particularly at the edges of provincial towns sometimes occupied several acres of open land, and four of the new asylums were sited within a general hospital estate (Manchester, Leicester, Hereford, and Liverpool). Hospitals erected in the urban heart of town and cities, such as those in London, generally occupied cramped sites, hemmed in by buildings and streets with no spare space. Three major general hospitals in London did, however, incorporate some open spaces, as they were based on the sixteenth-, seventeenth- and eighteenth-century ideal of an educational college court such as those found at Oxford, Cambridge and Eton, of a series of wings enclosing a formal open space: St Thomas's (1693-1709) was rebuilt around a series of three contiguous courtyards; Guy's (completed 1725) and St Bartholomew's (1730-68) Hospitals were each built around a large quadrangle; each was set in a closely developed urban area. In addition to architectural and access functions, the spaces served a therapeutic function, allowing the circulation of fresh air to remove the putatively disease-laden miasmata.

Prisons, as similarly custodial institutions to asylums, also needed to provide secure exercise facilities, and the architectural and landscape similarities between prisons and asylums during the late eighteenth century were several. Howard, in his detailed suggestions for the improvements to the structure and management of prisons, advocated that the ideal site for a prison should be airy, perhaps on a hill, but with a nearby river or brook which would not flood the site. His most pressing concern echoed the medical requirement for the siting of hospitals, emphasising the need for the free circulation of air around the yards so that miasmata did not build up and cause illness amongst the

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36 Guy's Hospital was completed in 1725; St Bartholomew's Hospital was rebuilt 1730-68 to designs by James Gibbs.
population. This was achievable, he suggested, by means of siting the prison on rising ground so as to be able to lower the prison walls and avoiding the close proximity of other buildings, away from the middle of urban areas.  

Howard illustrated his ideas in his 'Plan for a County Gaol' (Plate 20) in his influential book, The State of the Prisons ..., which was widely circulated after its publication in 1777 and inspired a number of county gaols during the 1780s. In plan the prison building and exercise spaces formed a similar spatial relationship to those of asylums, the buildings and spaces being placed adjacent to each other. However, instead of equal provision of facilities for male and female residents as at Bethlem, and the expression of this via axial division of the sexes in the building and exercise spaces, in Howard's prison scheme men were allocated a much greater area of the prison buildings and yards, which were not divided axially from the women's accommodation. This anticipated a higher incidence of offending in males than females.

Howard's proposed classification system for prisoners, according to three criteria, was more complex than that which existed for lunatics, and was based on the nature of the misdemeanour, the gender of the miscreant, and their age. This was expressed externally via a more complex sequence of exercise spaces clustered around the prison building. Following his criteria he suggested allocating separate outdoor provision for female and male felons and debtors, with one yard to accommodate each of the four resultant classes, and a fifth for 'Young Criminals'. The two female yards occupied much less space than those for the males, as fewer females were expected to be accommodated. At the centre of the site between the spinally placed chapel and gaoler's house he put the small, rectangular, gaoler's garden, entirely surrounded by building and yard walls.

By the last decade of the eighteenth century the notion of the institutional treatment of lunatics in purpose-built asylums was well established countrywide. Additionally, the move towards moral treatment, as discussed in Chapter 2, was also clearly building momentum. The structures of the landscape park and its progeny, the villa landscape, were also established, as initially codified by Humphry Repton in his Sketches and Hints on Landscape Gardening (1795), and expanded in his Observations ... (1803). All these concepts were linked and developed by the construction of The Retreat, opened in 1796 (see Case Study 9), the key site from which the typical public asylum landscape of the following century developed theoretically and physically. It was the first asylum

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38 Ibid., his suggested 'Plan for a County Gaol' between pp. 48 and 49.
39 See authors such as W. Pargeter, Observations on Maniacal Disorders, ed. S.W. Jackson (Reading: for the author, 1792; reprinted London: Routledge, 1988); John Ferriar, Medical Histories and Reflections, vol. 2 (London: Cadell and Davies, 1795).
estate in which medical theory on the treatment of lunatics was deliberately reflected in the nature and quality of the landscape design. The purpose of this was in an effort to exert therapeutic and social influence over patients in their use of the landscape while providing a greater element of physical liberty. Apart from pioneering a new landscape type adapted from the landscape park and villa garden, The Retreat did not, it appears, influence the development of designed landscapes beyond lunatic asylums.

EARLY THERAPEUTIC LANDSCAPES FOR MORAL THERAPY

Tuke's Description of The Retreat and its significance

In order to understand the relationship between the asylum landscape of The Retreat and nineteenth-century public asylums it is important to discuss its plan and function in terms of medical and landscape theories. Tuke's detailed Description ... forms the basis of this discussion. Its contents, published in 1813, 17 years after The Retreat was first opened, inevitably relate to some aspects which had been modified since the construction of the site, including some alteration of the grounds. However, the book was widely disseminated and its description of the estate structure and regime as it had developed by 1813 was therefore influential, and its detailed description of the structure and regime formed the basis for later public asylums. The discussion of The Retreat below is illustrated by the 1813 plan of the core (Plate 21, engraved and published in Tuke's Description ...), together with an annotated copy of the 1853 Ordnance Survey map at 6": 1 mile scale to illustrate the estate by the mid-nineteenth century (Plate 13). Written and other sources have been drawn upon to demonstrate points not obvious from these plans, and the reader is referred to discussions of the work and publications of the Tukes in Chapter 2 to provide further historic context.

Medical and landscape theories combined

The requirements of two main medical theories were combined and expressed in the landscape of The Retreat. The earlier of the two theories was based upon the need for the therapeutic confinement of patients, manifested in the seventeenth century at Bethlem and in the eighteenth century in the charitable asylums and private madhouses, and expressed theoretically throughout the eighteenth century by medical writers from Monro (1758) to Pargeter (1792) and beyond. The need for greater, but still controlled, personal liberty was reflected in the second of these two theories, the moral therapy theory which The Retreat adapted and developed still further to include exercise and the wider use of open space. In moral therapy psychological methods were employed via physical management, rather than the pharmacopoeia, in order to help alleviate the mental disorder.

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40 Humphry Repton, Sketches and Hints on Landscape Gardening (London: [Boydell and Nicoll], 1794); Observations on the Theory and Practice of Landscape Gardening (London: Taylor, 1803).
In order to implement these two requirements the earliest form of open space used for asylum patients, the airing court, was combined with the most recent landscape design theory applied to its wider landscape to provide a dual-function therapeutic tool. The estate at The Retreat was considerably larger, at 11 acres (4.5 ha.), than other charitable asylums with similarly sized buildings. It was also a good deal more complex. Its elements accommodated various recreational activities within and beyond the airing courts and also permitted space to be used for vocational activities. All these spaces were used by patients under the supervision of attendants and other staff and their use was believed to encourage the self-discipline and restraint which would lead to recovery.

Setting
Following the precedent set by earlier charitable asylums, The Retreat lay in a rural area close to the provincial centre. Practically, proximity to such an important urban centre meant that there was a relatively large population of potential patients and allowed ease of access for patients travelling from further afield regionally. Therapeutically the rural location affected the patients' privacy, improving it by reducing the numbers of passers-by who might observe and disturb the patients, compared with an urban site. This also had the effect of enhancing the image of the asylum as a tranquil healing establishment with the relatives of potential patients.

The choice of a rural site allowed a more extensive site to be acquired than might be available in an urban setting, giving greater opportunities for recreational and employment space. The acquisition of adjacent farmland enabled the vocational therapy becoming associated with the ideas of moral treatment to be easily and conveniently undertaken. Privacy of the users from the passer-by, regarded as a medical requirement, was enhanced principally by planted features rather than by the more expensive walls or fences which were more usually used in the landscape park. The garden for the patients' use was shielded by a 'narrow plantation and shrubbery' and beyond this was a 'neat common hedge'. Tuke's reason for the provision of a hedge, along with other features such as specially adapted secure window frames, was to prevent the estate appearing to be a place of confinement. This exemplifies the introduction of a domestic theme in the scale and character of asylum accommodation, the achievement of which recurs constantly as a goal throughout the asylum building period to 1914.

The reference to the asylum appearing to confine patients raises a paradox within the intention of the asylum. As part of the curative regime it adopted common practice in providing secure accommodation and exercise space in the form of the building and courts. A fundamental and novel element of its curative regime was to ensure that the establishment had a character which was as
domestic in appearance and its management of patients as possible. This was in part indicated by reference to the asylum in domestic terms as the 'House' throughout the Description ..., this including both staff and patients. There was always a difficulty in reconciling the application of methods of confinement with the retention of a domestic appearance for the estate. Tuke believed that although the building could not entirely resemble a 'modern mansion' because of the small size of window panes, the appearance of a 'place of confinement' was reduced by the lack of bars at the windows and the provision of the 'neat, common hedge' along the roadside as the only boundary marker. The asylum security needs, however, remained in tension with the domestic design intent.

Prospect from the asylum estate into the wider landscape beyond, to counter the effect of the security requirements, and which was so much a feature of the domestic landscape park and town garden, was discussed for the first time in medical theory and translated into practice for medical purposes at The Retreat. As discussed above, at Bethlem this device had not been adopted in the design of patient exercise spaces. However, by the end of the eighteenth century its therapeutic advantages provided justification for the appropriation of such views in the asylum, prospect being a device commonly used in the landscape park, as discussed in Chapter 2. Tuke reported in some detail the extensive and varied views across the Plain of York over farmland, its purpose being to improve the patients' condition. The 'borrowed' views not only acted as a 'reward' for the patient's existing condition, but were also intended to modify it beneficially.

**The asylum building**

The asylum building occupied the heart of the estate as did the mansion or villa at the heart of the contemporary landed estate. In doing so it combined several therapeutic functions, including providing the venue for recreational and productive activities, and was intended to convey a domestic character to complement that of the regime within and around it. It stood set back from the edge of the site away from the public road, approached via a curved drive leading to an informal forecourt. This approach did not emulate the type of long ornamental approach of the mid- to late eighteenth-century landscape park, being instead short and direct. The asylum building continued, as at Bethlem, to provide the medical and aesthetic focus of the whole estate. Its Classical architectural style echoed that favoured for country and town houses, but used a simpler, restrained idiom, the entrance front being ornamented with only a simple pedimented doorway. The earliest layout of The Retreat building was simple and originally emulated Bethlem, but on a much smaller scale: a central administration and service block flanked by two wings of equal size divided axially for male and female patients respectively. In size and scale it resembled more closely in its extent a villa than a country house. From 1799, as illustrated in Tuke's Description, the building was extended to reflect...

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42 Samuel Tuke, _Description of The Retreat_ (York: Alexander, 1813), 94-95.
43 Ibid., 94.
more complex medical classification requirements, and by 1813 it housed 51 patients, 20 male and 31 female.\textsuperscript{44} The wings were flanked by two further, almost detached, recessed wings for the 'more violent' patients of each sex, and in front of these lay small service courtyards. This was a very early architectural expression of the medical classification of patients by the severity of their symptoms. The intention was that disruption caused by the difficult patients was distanced from the quieter patients at the heart of the building.\textsuperscript{45} There was also an element of socio-economic classification within these gender and behavioural divisions, by the ability of patients to pay, as discussed in detail by Anne Digby, which does not appear to have influenced to any great degree the structure of the building or landscape.\textsuperscript{46}

**Airing courts**

The airing courts and their size and arrangement continued as a key medical device which defined the asylum landscape, and continued the convention from Bethlem's model that they were the first point of outdoor exercise and recreation both literally and within the progression of the therapeutic medical regime. Here they retained their historic position in relation to the asylum building, sited at the functional and therapeutic core of the institution. In their intimate relationship with the building they disrupted the conventional contemporary landscape park or villa model, for, as discussed in Chapter 2, the country house during the later eighteenth century tended to be placed in informal lawns to emulate pasture sweeping up to the walls, for example at Nuneham Courtenay, following the examples of this and other prominent estates, and the work of designers such as Lancelot Brown. The formal compartments of the courts tended instead, in their structure and relationship to the principal building, to resemble the formal garden compartments which persisted in urban domestic gardens. The patients' privacy within the courts from curious passers-by was ensured by the courts being placed on the furthest side of the building from the road, with the result that no-one outside the estate could see them. This device emulated similar efforts to keep the domestic garden compartments private found in formal gardens of the seventeenth and early eighteenth centuries, such as Chastleton. Here the Best Garden, walled for the private use of the family, was further masked from the village road by being placed behind the stone-walled churchyard, as well as sheltering behind the walled forecourt leading up to the house.

The airing courts still formed the most easily accessible exercise spaces within the patients' lives as well as providing access to fresh air, even though moral therapy ordained that the patients must be provided with more liberty within the limits of behavioural control than had previously been the case in charitable asylums. The two courts initially provided at The Retreat contained and divided male

\textsuperscript{44} Ibid., 96.
\textsuperscript{45} Ibid., 97.
and female patients respectively, reflecting the gender divide in charitable asylums. When c.1799 the building was expanded to include the second pair of wings, the number of courts was doubled to form a line of four, attached to and directly accessible from the individual classes of accommodation. The outer two courts reflected this classification as they were intended for the more refractory patients whose accommodation was in the outer two wings. The increase in the number of courts was apparently a major departure from previous practice, reflecting the dual classification of patients both by gender and medical symptom for therapeutic purposes. This organization of the external space mirrored that of the building. The purpose of the courts did not change with the adoption of moral therapy and their subsequent increase in numbers at later asylums, and they remained entirely secure, retaining the use of high walls to ensure this.

The use of the courts by the residents was always for recreation and exercise and to take fresh air, rather than being vocational, emulating the use of the domestic ornamental garden compartments of the country house estate. Innovatively at The Retreat, the courts were provided with some domestic elements, including small pets, intended as Tuke wrote, to 'awaken the social and benevolent feelings' within the patients. It was also believed to help to induce the all-important self-discipline in the patients' interaction with the animals.47

The achievement of a prospect of the wider landscape for the patients' medical benefit was closely connected to the structure of the courts. Tuke described how, in order to achieve this within the courts at The Retreat, the ground sloped away from the building, so that at the lower perimeter level of the courts the high and physically confining walls gave the impression that they were lower than in reality. This was the functional equivalent of installing the ha-ha found in use in the landscape park around the courts to ensure visual appropriation of the land within and beyond the estate. The use of sloping land was a transitional device, between the provision of high walls which had previously occurred in the charitable asylums, and the ha-ha-type devices later employed, and the confinement of the patients within the courts remained a major consideration. The patients were perceived to benefit, as the view of the countryside around was not 'so much obstructed' as it would have been if the ground were level.48

**Wider landscape**

The most innovative development of the asylum estate was the provision, beyond these standard elements, of a wider landscape, its novel purpose being specifically for the therapeutic use of the patients. The amount and type of the landscape accessible to patients was greatly extended beyond

47 Tuke, *op. cit.* (1813), 96.
the airing courts. It occupied the majority of the estate and included a farm which provided potatoes and supported cows which produced milk for the asylum. A one-acre (0.4 ha.) kitchen garden occupying the land on the north side of the house between the asylum building and the road produced fruit and vegetables for the asylum. The kitchen garden in particular provided scope for both recreation and vocational occupation in the form of fruit and vegetable production, being thought to provide an 'agreeable place for recreation and employment, to many of the patients'. Its ornamental features included gravel walks which divided it, interspersed with shrubs and flowers.

The estate layout was clearly analogous to the elements of a modified version of the villa landscape, using various related components arranged in a similar structure and aesthetic, modified to form a variant for therapeutic purposes. The more extensive use of the landscape had been part of the original resolution to construct the asylum in 1792, as reported by Tuke. In achieving this the desired estate was proposed to contain 'a few acres for keeping cows, and for garden ground for the family [referring to both patients and staff]', its express purpose being to, 'afford scope for the Patients to take exercise, when that may be prudent and suitable'. In this brief sketch of the required estate the resemblance is closer to that of a villa estate model than to the more extensive landscape park model, but still indicates a move towards a more extensive and complex type of estate specifically for the patients' therapeutic use than was commonly provided at charitable asylums. The size of the estate was envisaged as limited at the outset. Of a 20 acre (8 ha.) parcel of land purchased, nearly half was immediately sold on, as being surplus to the establishment's requirements, leaving just over 11 acres (4.5 ha.) for the asylum estate, although the estate was subsequently enlarged several times over the following century.

Tuke's reference to the earliest use of therapeutic employment within the asylum estate is in his reproduction of the second Asylum Report, of 1797. It seems that in the earliest days of The Retreat the employment of patients with the purpose of modifying their condition was undertaken, but that it was limited in its extent, being used only 'occasionally'. Its application was to those tasks which were regarded as medically 'suitable and proper' in relieving 'the languor of idleness, and prevent the indulgence of gloomy sensations'.

In using this flexible model, and thus increasing the complexity of the site, the patients were enabled to undertake a greater variety of activities as part of the moral therapy regime, mainly in terms of recreation and productive vocational therapy. The newly provided spaces were not freely available to the patients, access being allowed under close staff supervision and restricted to those who were

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48 Ibid., 95.
49 Ibid., 27.
50 Ibid., 51.
physically and mentally 'suitable'. Even so, this departed radically from earlier regimes where there had been no need for extensive grounds because the patients were not expected to go beyond their confined airing courts. Patients who were deemed 'suitable' could undertake varied recreational activities beyond the courts. They were accompanied into the garden and fields of the institution, and frequently beyond on excursions into the city or surrounding country. Within the estate a specially provided walk for the patients was ornamented at intervals with trees and shrubs. This, Tuke believed, helped to compensate for the confined nature of the courts, which he regarded as too small.\footnote{Ibid., 94-96.}

**Work therapy and production at The Retreat**

At The Retreat work therapy was introduced for the first time in an asylum and was applied to male and female patients. Within the landscape its use was restricted by gender, although the wider landscape structure beyond the airing courts was not apparently divided to reflect any classification other than by landscape compartment. Only male patients seem to have been allowed to work outdoors, principally on maintaining the grounds. Stables, cow sheds and pigsties were provided in the courtyard adjacent to the male side of the building; a bake house, brew house and drying room were provided within the females' courtyard. These were located in order to relate to the work which it was expected that patients of each sex might undertake. This close relationship between the building and service facilities was somewhat old-fashioned in terms of the country house estate, but was presumably determined by functional ease. It bore a closer resemblance to the arrangement of the formal landscape of the seventeenth century, such as the base court incorporating stables and other service functions adjacent to the house and forecourt at Chastleton (Plate 7), than to the eighteenth-century landscape park such as Nuneham, where such activities were usually removed to some distance from the house and recreational garden areas. Further examples of the arrangement and use of such service facilities adjacent to the house and recreational spaces are evident in various of Chauncy's views of 1700 of Hertfordshire gentry gardens including Little Offley (Plate 9) and Aspenden Hall, where both are shown with an actively populated farmyard adjacent to the house and forecourt.\footnote{Chauncy, *op. cit.* (1700), in Mowl, *op. cit.* (2001), 155, 159.}

To combat indolence, productive activity was encouraged as part of moral treatment, including 'every kind of rational and innocent employment', and in this the landscape played a very important part. Tuke addressed employment as part of the section within Chapter 5 of the *Description* which was devoted to promoting the general comfort of the patients. He disapproved of indolence as weakening the mind and causing boredom and discontent - a typical Quaker belief which came to form a key element of the Victorian work ethos in which work was an agent of social harmony, alongside
religion. The asylum attendants had a particular role to play in this activity, for it was expected that they would assign particular types of amusement and employment to patients according to individual requirements and supervise such activities in most cases.\textsuperscript{53}

In theory the clinical state of the patient was the major factor in allocating types of employment, rather than the social class, although this latter certainly played some part. Those types of employment 'of the most active and exciting kind' were perceived as likely to be best undertaken by the melancholy class, in order to stimulate their mental state, assuming that they could be encouraged to undertake them, whereas for maniacs more sedentary employment was preferable in order not to excite them further.\textsuperscript{54} Gender roles were reinforced as part of the prevalent Quaker social structure and as such played a very significant part in the allocation of therapeutic tasks. Male patients were likely to be given labouring tasks out of doors, as more appropriate to their sex. This resulted in their being allowed considerably more access to the wider landscape than female patients who were encouraged instead to undertake types of employment which were perceived as appropriate to their sex: sewing, knitting or 'domestic affairs', which would largely leave them indoors.\textsuperscript{55}

The great significance attached to the vocational use of the landscape as an element of the therapeutic regime at The Retreat was revealed by the choice of Tuke's subject for the most detailed of the few patient case studies he discussed, chosen to emphasise the therapeutic effects of occupation. In this example he specifically chose a case which related to outdoor work, particularly gardening. It illustrates several aspects of treatment at The Retreat related to employment and occupation. A melancholic and hypochondriac patient had walked 200 miles to the asylum, and on arrival his symptoms had lessened, attributed to the arduous activity of the walk. It was therefore decided that further activity would probably increase the progress of his recovery. As an experienced professional gardener who had made several lucid suggestions about improvements to the grounds, he was encouraged to work with the asylum's own gardener who was jealous of his skills and did little to encourage him. The patient, who was thought not to have been sufficiently motivated, lost the will to work, and took to 'rambling' from the asylum. It was observed that although long, supervised walks were tried, the best effect was evident whenever he could be persuaded to undertake regular, persevering labour in the garden. Tuke concluded that the financial circumstances of the patient meant that he could not afford to pay for an adequate depth of attention from the staff. The patient did not recover his mental faculties before his death, after having spent several years at the asylum.\textsuperscript{56}

\textsuperscript{53} Tuke, \textit{op. cit.} (1813), 181.
\textsuperscript{54} Ibid., 180-81.
\textsuperscript{55} Ibid., 156.
\textsuperscript{56} Ibid., 151-56.
Several issues identified from this case are specifically relevant to the therapeutic use of the asylum landscape, and recur as major themes throughout the period to 1914. Occupation of the body was thought likely to alleviate the symptoms of the mind, distracting the patient from his melancholy thoughts and fatiguing him which would also distract him from his mental problems. More specifically, the regularity of the work undertaken was an important element, so that the more regular the activity the better the therapeutic effect achieved. Within the regular work pattern established, encouraging the patient to concentrate specifically on the task in hand would divert his thoughts even more effectively and encourage him back to a sane frame of mind and a regular pattern of conducting his life. But the nature of insanity meant that often there was difficulty in persuading the patient to undertake any occupation. Unlike indigent paupers confined in a rational state in an institution such as the workhouse, the insane could not necessarily be persuaded, even by threats or coercion, to undertake any kind of occupation. The patient described was clearly not classed as uncontrollable or beyond reason and self-discipline, and so was regarded as capable of undertaking vocational therapy to alleviate his symptoms upon his admittance to the asylum. Again the difficulties of persuading patients to work, even outdoors, were to form a problem which constantly recurred within the public asylum system.

This case study illustrates that Tuke's ideal, most effective moral therapy regime could not be implemented economically for the less wealthy patients, even in the earliest, most idealistic days of The Retreat. The case study indicates that the amount of available staff supervision of the patient was a key element in the outcome of the patient's treatment. Tuke admitted that in order to produce the best results from moral treatment, all social and financial classes of patients required considerable levels of contact and interaction with the staff to direct their thoughts and activities. The gardener patient's social level meant that he could not afford a dedicated member of staff to attend him. Thus economics was a fundamental element in the availability of the appropriate level of care.

As discussed in Chapter 2, the methods adopted at The Retreat were innovative, reflecting as Digby terms it, 'a wider impulse towards psychiatric reform in Europe', albeit largely in isolation from those other pioneers, including Chiarugi in Florence and Pinel in Paris. Ten years after The Retreat opened, its model was extended both physically and in concept in the creation of Brislington House (built 1804-06), the first purpose-built private asylum surrounded by what is believed to be only the second designed asylum landscape of this nature in the country. Here Dr Edward Long Fox developed the landscape of The Retreat into a far more extensive therapeutic tool which was also influential and to which later public asylums were closely related.

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Brislington House, the first extensive asylum landscape

At Brislington House, Fox took up the moral therapy regime, which he expressed partly by developing a still more extensive asylum estate than The Retreat and which was also intended from the outset to be a medical tool. Fox described Brislington House in his initial brochure, one of several detailed publicity brochures produced from 1806 to 1836 which form a very useful basis for the analysis of the estate and its regime, although they may lack in some objectivity by their very nature as self-promotion.\(^5\) Even so they provide a view of the ideal provision as perceived by the proprietors of a prestigious private asylum. Of particular interest is the original layout of the airing courts as illustrated on an engraved plan of c.1806, before major alterations in the 1850s. This is particularly important as it appears to be the earliest annotated and published ground plan of a purpose-built asylum and its airing courts yet located, predating Tuke's *Description* by around seven years. This private asylum was intended largely for a wealthier clientele than The Retreat. Fox's intention was displayed both in the more lavish construction of the building and was also evident in the landscape, which from the outset was more ostentatious in its extent and design. This is demonstrated in a water-colour plan of 1843 at the Somerset Record Office which depicts the layout of the building, courts and cells for the refractory as described by Fox in his earlier publications. It shows the position of Fox's trademark viewing mounts, and notable elements of ornamentation in the form of serpentine paths, hedges, shrubs and seats. The following discussion of Brislington House is illustrated with reference to the c.1806 engraved and annotated plan of the core of the site, showing the relationship of the building and airing courts, and the arrangement of courts; also to the 1843 water-colour plan which shows the internal structural and ornamental arrangement of the courts as well as the layout of the ground floor of the asylum building, together with an early twentieth-century annotated estate plan to illustrate the estate as it remained during much of the nineteenth century (Plates 25, 26 and 27).\(^6\)

Although a development of the medical landscape initiated at The Retreat, Brislington House also incorporated elements of the design of the typical landscape park surrounding the fashionable country house. Its 80 acre (32 ha.) estate, designed to emulate in great part a landscape park and pleasure grounds, was, however, modified most obviously for medical purposes by the provision of a group of airing courts attached to the building, although these formed a much smaller proportion of the whole estate than at The Retreat. Fox made extremely early use of the wider landscape as a purpose-built

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\(^6\) The c.1806 plan is lodged in The Huntington Library, San Marino, CA: Stowe Papers, maps and plans, Box 10, item 4, Anon., *The Ground Plan of the Asylum for Lunatics at Brislington House near Bristol. Erected 1806 by Dr. Fox*, n.d. [c.1806]; the water-colour plan of the courts and asylum building is at Somerset RO, Q/RLu 42/6, ground plan of asylum, airing courts and cells, 1843; the annotated estate plan is in Bristol Local Studies Library: Anon., Brislington House Prospectus, 1902.
therapeutic asylum device, this use and his modifications to the domestic estate type for asylum purposes being influential on various early county asylums, and as such the regime at Brislington House repays further study. It should be remembered that it was not, however, principally provided for the paupers who were to be found in the charitable and, later on, the public asylums, but for a wealthy clientele.

The landscape as laid out at Brislington House on virgin heathland was a hybrid between the old Bethlem medical model (which itself used elements of, and bore a resemblance to, the contemporary country house estate) and the more recently fashionable domestic landscape park as laid out by designers such as Lancelot Brown from the mid-eighteenth century, and developed with the return of the flower garden to the environs of the house in the late eighteenth and early nineteenth centuries as codified by Repton (see Chapter 2). The therapeutic asylum building and airing courts lay at the centre of the rural estate, enclosed by the pleasure grounds, gardens and park with farmland beyond, this wider landscape being comparable with the domestic model. Externally and in its positioning the building also fulfilled the visual role of principal building within the therapeutic estate comparable with the mansion in a domestic estate. The main elements of the estate will now be discussed with reference to their design and therapeutic function.

The asylum building at Brislington House was constructed to a very different plan and scale from its inception than The Retreat (itself apparently drawn from Bethlem's model), and was considerably more complex. In its size Brislington House reflected Bethlem, being 495 feet (c.152m) long. However, its arrangement was quite different, reflecting in its architecture Dr Fox's systems of both social and medical classification, based on moral therapy as well as the economic motive. It was in its arrangement quite unrelated to the country house model. A complex system of classification was expressed architecturally from the outset, based on patients' gender, social class and the financial ability to pay, rather than on clinical symptoms. This was reflected in the central administration block being flanked by a row of detached blocks, three either side providing similar amounts of accommodation for males and females respectively, each block assigned to patients of one of three social classes. This division is clearly visible in an engraving of the front of the building, c.1806 (Plate 23), as well as shown in plan on the c.1806 engraving of the core of the site (Plate 25).

Within each social class patients were classified by clinical symptoms, but this was not particularly strongly reflected in the architecture. For the wealthiest patients a further element of segregation was provided in the form of detached cottages set in their own domestic grounds at intervals within the

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60 Fox, op. cit. (1806), 2.
61 Somerset RO, T/PH/fx2, Brislington House, Somerset, entrance front, engraving c.1806.
Chapter 3

park to provide accommodation separate from others not of equal rank, with accommodation for the patients' own staff.62

Fox continued to follow accepted medical practice by providing secure spaces for the use of patients in the form of airing courts. The airing courts here and at The Retreat retained their conventional position even in these two progressive English asylums, sited at the functional and therapeutic core of each institution. Although moral therapy ordained that the patients must be provided with more liberty within the limits of behavioural control, the airing courts continued to form the most influential exercise spaces within the patients' lives as well as providing access to fresh air. The main structural modification to the Bethlem model expressed in the airing courts at The Retreat and Brislington House, was the increase in numbers to reflect their respective classification systems, mirroring the classification expressed in the architecture of the buildings. The courts remained entirely secure, through the use of high walls, but with landscape design devices employed to ameliorate the confined character.

There was no garden design precedent specifically to guide the provision of spaces for such asylum use. Fox increased the number of courts still more than The Retreat, providing six separate enclosures, three each for male and female patients allocated according to their three social classes, first to third. In this way the implementation of his system of classification in the organisation of the building was reflected in the external space. This was the greatest number of courts provided at a purpose-built asylum at the time, and in the complexity of its classification as expressed in the landscape it was unique in England. Fox followed the convention used at The Retreat by the end of the 1790s, arranging the courts adjacent in line, each directly accessible from the accommodation of the respective class of patient.

In developing his own design for the airing courts, which were a medical facility, Fox ornamented them with informal paths, lawns and plantings in similar character to a contemporary town garden layout. By the 1840s each court was laid out in a different arrangement (illustrated in Plate 26, the

62 The French architect Francois Viel had pioneered a classification system in the 1790s. He planned to remodel the Salpetriere even before Pinel's seminal action of striking off the chains of the lunatics at that Parisian asylum (1793), and also before the social turmoil of the French Revolution. His plans were based on a complex medical system, based on the categories of 'senile, curable agitated cases, incurable ones, idiots, escapees, sowers of discord and the melancholy'. The complex was to be huge, containing 600 small back-to-back pavilions, or loges, together with accommodation classed by medical condition, for 200 epileptics and 150 deformed. Significantly, the loges were to overlook gardens, tree-lined avenues and courts, separated by iron grilles to preserve the classification. For further discussion of Viel's design see Thomas Markus, Buildings and Power (London: Routledge, 1993), 131. At the time there was no institutional or other building in England of anywhere near this size or complexity, nor with the intent of using the exterior of the site significantly in this ornamental way for the benefit of the patients. Fox may have visited or in some other way encountered plans for this establishment during various trips to France in the 1790s, and it may have influenced his own building of a series of detached blocks and ornamented airing courts.
water-colour plan which shows in detail the layouts by 1843, including mounts, paths, shrub plantings and lawns). In doing so he linked his own therapeutic theory with contemporary landscape design to obtain a practical solution. An example of a similar line of such walled enclosures for domestic use was constructed in the 1790s for the nine naval medical officers' residences at the Royal Naval Hospital, Haslar, Gosport (Plate 28, illustrating the line of nine gardens on a plan of the hospital estate, 1831). The courts of Brislington House bear a similarity to these in being rectangular in shape, bounded by brick walls and attached directly to the rear of the terrace of houses (analogous with the individual but adjacent asylum blocks) which on the other, approach side was designed to form a united architectural front overlooking a single forecourt. However, by the early nineteenth century the internal layout of town gardens was becoming less formal in character than the previous century. Fox laid out the confined courts in the current fashion, informally with shrubs and paths, setting a more elaborate example than The Retreat in order to provide an aesthetically pleasing environment for the patients in their therapeutic recreation.

Fox also used prospect for the therapeutic benefit of the patients, so that they could 'view the surrounding country', a technique which had continued in use in gardens, as discussed above and in Chapter 2, since at least the sixteenth century. In accomplishing this an earth mount several feet high was constructed in each airing court, up which the patients could walk to enable them to benefit from views beyond. This device had precedents in the sixteenth- and seventeenth-century enclosed gardens such as Wadham and New Colleges in Oxford. More recently it had been used in terraced town-house gardens, some of which during the eighteenth century had been embellished with purely ornamental 'risings, swellings, mounts and irregularities', as referred to by Joseph Spence in 1751. Such features, surrounded by paths and lawns, are detailed in town maps, and enabled the inhabitants to take advantage of the borrowed prospects, as had the inhabitants of Bethlem from the building. In his use of visual appropriation Fox forged a strong link between the medical theory and the landscape design of contemporary urban layouts without having to alter greatly the domestic urban model to achieve the medical aim.

63 For a discussion of London town gardens see Chapter 4, 'Garden Elements' in Longstaffe-Gowan, op. cit. (2001), 109-38.
64 The early outline of the gardens and their resemblance to town gardens is shown in National Maritime Museum, LAD/10, George Taylor, Plan of His Majesty’s Naval Hospital Haslar (1831), plan 32 in Index to the Dockyards. The early internal layout of this sequence of gardens is unclear and is not detailed in this source. The mid-nineteenth-century internal detail is shown in Ordnance Survey, 25”, Hants. sheet LXXXIII.11, surv. 1860-61, pub. 1873-74.
65 Fox, op. cit. (1806), 2.
66 Somerset RO, Q/RLu 42/6, plan of Brislington House, 1843, shows that the informal garden layout around each mount was different.
Structures and devices from the model provided by the landscape park were used in the wider asylum landscape to ensure the privacy which patients were believed to require for therapeutic purposes. This was particularly necessary in this case as the estate was bounded on one side by the busy London to Bristol road. To achieve this Fox was able to use elements of the wider landscape park little modified from the domestic model. The asylum building was sited towards the centre of the estate, buffered not only by the extent of the park but by boundary shelter belts; the entrance to the drive from the London road was guarded by a lodge. An added level of privacy from even their fellow patients was provided for those wealthy enough to afford to live in the satellite cottages, which themselves lay within landscaped grounds within the wider estate design. Conversely, the secure confinement of the patients within the asylum estate, a long-established medical requirement, was enhanced by use of these same elements of the domestic park design.

For the patients' recreation a wide variety of outdoor activities was available both in the confined airing courts and the pleasure grounds beyond. For passive recreation there were the airing courts and pleasure grounds; for more energetic activities fives and bowls were played. As at The Retreat, pets were kept in the courts for the patients' amusement and rehabilitation, including tame fowls and greyhounds, confirming the use of a regime which attempted a domestic scale of provision and activity.

The wider landscape of Brislington House expanded still further the number, size and complexity of the extra landscape elements which The Retreat had first implemented on a modest scale in its quest for a more liberal medical use of space by patients. The purpose was connected with therapeutic provision in such a manner appropriate to be recognised and appreciated by the wealthier clientele. The asylum building and airing courts were surrounded by the elements of a typical landscape park, laid out for both therapeutic and social purposes with pleasure grounds and gardens, parkland and kitchen garden which wealthy patients and their relations would at once recognise and be able to relate to as a typical domestic setting of their own socio-economic class. The landscape elements were provided for the therapeutic recreational use of the patients, as well as for their vocational use, and to service the economic needs of the asylum building. The home farm complex was located at the periphery of the main parkland, well away from the asylum building and the satellite cottages for the wealthier classes, as would have been the case in a typical domestic landscape park and its residence.

The provision of a new element in the asylum landscape, of pleasure grounds and gardens, reflected contemporary theories of those such as Repton who was critical of the 'baldness and nakedness' in the surroundings of a house where the landscape park appeared to lead up to the very walls as Brown had produced so many times. Repton moved instead towards the idea that the house should be surrounded by 'appropriate appendages', as discussed in Chapter 2. These in his designs took the form of a variety of formal and informal gardens with different themes or characters linking the architectural form of the house to the parkland beyond, one of the most complex being Woburn Abbey (1805).

At Brislington House the satellite buildings and other peripheral structures were built in the fashionable if diverse styles typical of Regency period parks and gardens and tended to be set in individual landscape compartments. The lodge at the park entrance, marking the head of the main drive, was in elegant Classical style. Swiss Cottage, one of the patients' residences, was built later than the main building, in 1819, as Cary's Foot Cottage, in Swiss style, and stood in its own garden to ensure social exclusivity (Plate 24). It was an early example of the Picturesque fashion which was successfully used in much greater profusion at later gardens such as The Swiss Garden at Old Warden, Bedfordshire and Leigh Park, Hampshire in the 1820s. The farm on the northern periphery of the park was built in a similar, but more restrained style within its own garden. The nearby summerhouse, which ornamented The Battery pleasure ground walk through ornamental woodland overlooking the River Avon gorge below, was constructed of rustic wood and thatched in similar fashion to structures at the Old Warden Swiss Garden. An altogether more unusual structure was the alcove in the pleasure grounds close to the main asylum building, set into a mound of earth. This supported a circular viewing platform, on which a stone table was enclosed by a horseshoe-shaped bench ornamented by Sarsen stones, from which patients could overlook the park and distant Bath Hills. All this high ornament, which was exceptional in its lavishness, was provided because Fox aimed at a wealthy clientele of the highest social standing.

69. Evidence given by Fox in House of Commons, Report together with The Minutes of Evidence, and an Appendix of Papers from the appointed to consider of provision being made for the better regulation of Madhouses in England (London, 1815), 298; Tuke, op. cit. (1813), 96.
71. In his Red Book for Woburn Abbey, Bedfordshire (1805), Repton recommended that the 'appendages' to the house should include a variety of different themed garden compartments, including a terrace and parterre near the house, a private garden for family use, a rosary, an American garden, a Chinese garden, a botanic garden, a menagerie and lastly an English garden, or shrubbery walk to connect the whole group. Quoted in Humphry Repton, An Inquiry into the Changes of Taste in Landscape Gardening (London, 1806), in John Claudius Loudon (ed.), The Landscape Gardening and Landscape Architecture of the Late Humphry Repton, Esq., (London: Longman, 1840), 330.
73. These structures all survive (2002) apart from the summerhouse at The Battery which is illustrated in a photograph album at Bristol RO (39624/5) entitled 'Brislington House, near Bristol'.
The therapeutic use of the landscape for productive purposes was part of the ideology of the landscape provision at Brislington from its opening, developing the theory implemented initially at The Retreat. Fox distinguished clearly the greater therapeutic benefits of employment for all social classes, which was preferable he believed to the lesser therapeutic benefits to be gained from unproductive recreational activities. This echoed Pinel's belief in the therapeutic benefits of agricultural activity published in French in 1801 and English in 1806, as Fox was setting up Brislington House.74

Fox cited 'Agriculture and Mechanisms' as activities undertaken by the patients which were of specific therapeutic benefit, and later asserted that many of his patients preferred to work on the farm rather than endure idleness and confinement.75 This may also be an indirect comment on the conditions of close proximity between patients who remained within the asylum building. Fox's greatest problem, he believed, was one connected directly with social class, of finding appropriate therapeutic employment for 'gentlemen', because of the acceptable physical occupations which gentlemen could be expected to undertake without demeaning themselves. Some, however, were induced to undertake manual labour, 'forming walks in the plantations, by a trifling consideration by the hour'. Such incentives to work, including small remuneration, were not frowned upon. Indoors the patients were encouraged in employment too, according to gender-specific activities of the time, activities for men including woodworking, and for women, needlework, reading, music, cards and drawing. Distant walks in the countryside were encouraged for both men and women, accompanied at all times by attendants.76

Occasionally at other contemporary asylum sites the landscape park model was drawn upon in almost unmodified form to achieve the medical function and domestic character, but this was closely linked to the socio-economic status of the patients. At Brislington House, although the landscape design was modified fundamentally at its core to accommodate the asylum function, the wider landscape was based to a great extent on the landscape park. Ticehurst House, Sussex, a contemporary privately run asylum set up in 1792, was able to take this attempt at the provision of a domestic landscape one stage further, in designing for therapeutic purposes a purpose-built landscape park unmodified by the provision of airing courts. This was possible because of the economic circumstances of the

74 Philippe Pinel, *A Treatise on Insanity*, trans. D.D. Davis (Sheffield: Cadell and Davies, 1806), 194. Pinel, however, had been unlucky in his very early quest during the mid 1790s to provide land which his patients could cultivate for therapeutic purposes at the Bicetre asylum in Paris. He blamed the disturbances in France during second and third years of the Republic (1793-95) which prevented him from taking up this scheme and instead he employed the patients on indoor domestic activities.
75 Fox, *op. cit.* (1806), 1-2.
76 Bedfordshire RO, LBP 1, Early Misc papers 1812-30, Anon., *Brislington House, An Asylum for Lunatics, ... An Account of the Establishment*, n.d. [c.1817].
establishment, the landscape of which was laid out c.1816. MacKenzie has demonstrated that the asylum was run principally for the middle and upper classes, as was Brislington House. It was as a direct result of the wealth of its patients and the high fees which were paid that its proprietors, the Newington family, were able to dispense with airing courts, there being no need of them because an attendant was provided to keep each patient under surveillance and prevent escapes.

The structure of the Ticehurst House landscape may, as MacKenzie suggests, have been influenced medically in terms of moral therapy by Tuke's 1813 Description ..., or perhaps by Fox's Brislington House which was more closely related, being a similarly extensive privately run establishment for wealthy patients. The landscape at Ticehurst House was laid out ornamentally with over two miles of footpaths in a circuit walk through boundary plantations for patients to use. This is illustrated in a fine engraved plan of 1828 which formed part of a publicity brochure for the establishment (Plate 29), together with a sequence of engravings of features and ornamental structures within the landscape. Although it also had the usual productive elements of a landscape park, including pasture, a kitchen garden and orchards, MacKenzie did not find evidence for the employment of patients, which lack she attributed to their wealthy social background. Instead the landscape was embellished for their therapeutic recreation and aesthetic enjoyment with a selection of incidental, ornamented garden buildings connected by a circuit walk more typical of a domestic country estate than of a contemporary asylum, and far more numerous than those even at Brislington House. Built in diverse styles they emulated contemporary Regency landscape design fashion, which The Retreat in its more modest financial circumstances did not provide. The use of prospect was prominent, particularly in the views across the dramatic valley to the south of the Ticehurst estate, emulating examples such as Nuneham which overlooked the Thames winding through the valley below Abingdon (Plate 12).

Further model asylums alongside The Retreat, Brislington House and Ticehurst House followed the pattern of recommending the use of the landscape for therapeutic purposes. Amongst many examples of the appalling treatment of asylum patients examined by the 1815 Select Committee, there were to be found exemplars of good practice in the private sector, including Mr Finch's Laverstock House in

79 The plan is included in East Sussex RO, QAL/1/2/E2, Views of Messrs Newington's Private Asylum for the Cure of Insane Persons, Ticehurst Sussex (c.1830).
80 Mackenzie, op. cit. (1992), 43.
81 The wooded pleasure grounds incorporated a Moss House, two-storey Chinese-style Pagoda, Gothic Summer House, other Gothic-style summer-houses, Bowling Green and Hermitage, and three aviaries, linked by the pleasure ground walks the extent of which was said to be 2 miles, 7 furlongs, 28 rods. These are illustrated in engravings together with the estate plan and plans of the asylum building within the brochure at East Sussex RO,
Salisbury and Thomas Bakewell’s Spring Vale in Staffordshire, alongside Brislington House. These private asylums appeared to treat their patients with humanity, their proprietors stating that they took the utmost care to ensure that all those who were capable were encouraged to work and take exercise and recreation whenever possible. Although Laverstock House and Spring Vale were not purpose-built, the proprietors of both of these model private institutions each deliberately chose a country house and associated landscape in order to adapt the houses for institutional use and take advantage of the flexible and adaptable design and structure of the landscape park and pleasure grounds in pursuing the therapeutic function beyond the building in the wider landscape.82

The purpose-built asylum landscape was developed to accommodate medical needs based on a domestic model because of its attempted emulation of a domestic regime in implementing a particular therapeutic regime. The Retreat and Brislington House were the first to express the recently introduced theory of moral treatment within their purpose-built asylum estates. As well as addressing medical needs, the designs of the wider landscapes of both are clearly related to the fashions and theories expressed by landscape designers such as Humphry Repton. At this point the extent of both asylum landscapes is clearly related to the social and economic level of the patients, reflected in the provision of a considerably greater amount of land for the wealthier patients of higher social standing at Brislington House. It was, however, the medical theory which was the driver for the creation of these landscapes and its application within the asylum landscape led to the modification of the landscape in its practical accommodation of such theoretical issues. This was achievable because of the flexibility of the landscape theory underpinning its extent and structure.

THE EARLIEST PUBLIC ASYLUMS (1810-14)

The discussion above of the plan and use of these two pioneering purpose-built asylums, The Retreat and Brislington House, will now be used in part to inform the discussion of the development of the earliest three county asylums erected following the permissive 1808 Lunatics Act. The question to be examined in the next section is, to what extent did these earliest public asylum landscapes reflect medical and landscape theory and combine them for the purpose of a public asylum institution?

The structure of the three earliest public asylum estates, funded by county ratepayers, followed a similar formula, broadly based on the previous charitable asylums. They used to varying extents elements of the new medical theories being promoted as part of the asylum landscape by the Tukes and Fox. They did not take up the model of the extensive therapeutic landscape and its vocational use as pioneered by The Retreat and extended in size and ideology by Brislington House and other

QAL/1/2/E2, Views of Messrs Newington’s Private Asylum for the Cure of Insane Persons, Ticehurst Sussex (1828).

82 The house and pleasure grounds of Spring Vale in 1838 are illustrated in Parry-Jones, op. cit. (1972), pl. 3, together with an account of Laverstock House, 116-19.
contemporary private asylums. Two of the three differed little in their landscape provisions from Bethlem and the standard charitable asylums. The third, Nottingham, provided a type of design hybrid between the confined, charitable model and the innovative Retreat landscape, analogous with a small villa estate.

Nottingham (1810-12, for 60 patients), Bedford (1810-12, for 40 patients), and Norwich (1811-14, for 100 patients) asylums were begun by their respective county magistrates in the three years following the passing of the 1808 Lunatics Act and lay in rural counties not noted for their large populations. It is possible to discuss the initial layout of the core of each site with some certainty, for early ground plans survive for each, which are useful to illustrate the discussion of their structure and influences. Those plans for Nottingham, produced by the architect Richard Ingleman (1777-1838) as working drawings, and for Norfolk, drawn up two years after the asylum opened, are more useful than that for Bedford which was drawn up in 1825, some 13 years after it opened. Nottingham and Norwich (see Case Studies 8 and 7, and Plates 30 and 31, and 32 respectively) are of particular interest as they contained more novel features in their landscapes than Bedford. Nottingham, as the most innovative of the three, has been illustrated with a ground plan to demonstrate as far as possible its plan form when it was opened, using the Ordnance Survey as a basis, amended with information from the early ground plan to show the position of the original airing courts (Plate 30).83

Significant influences

Several types of advice and information were available to those involved with commissioning the structure and design of the earliest public asylums. The main legislative influence was the seminal 1808 Lunatics Act, which stipulated siting and elements of the regime, including the introduction of classification beyond that of gender. It did not, however, provide detailed practical guidance on the therapeutic regime. This was not available in published form until 1813 when Tuke produced his Description of The Retreat. Of other published material available, Fox's publicity pamphlet for Brislington House had been published in 1806 and may have been disseminated to the designers of these three asylums and he personally provided advice to Nottingham on both the layout and regime in 1809.84 Contemporary British medical writers on the theory of the treatment of lunacy did not provide detailed advice on the regime or structure relating to the use of the landscape. Pargeter; Ferriar, Physician to the Manchester Lunatic Hospital; Crichton, physician to the Westminster Hospital; Cox, proprietor of Fishponds private asylum, Bristol; and Haslam, Apothecary to Bethlem, all were silent on the issue in their respective books addressing lunacy and its cure, even though it

83 Nottinghamshire RO, QAL 10, R. Ingleman, Working plans of Sneinton Hospital, Carlton Road, Nottingham, 1810.
84 Fox, op. cit. (1806). Fox's advice on the Nottingham asylum appears in Nottinghamshire RO, SO/HO/1/1 Committee minute book, entry for March and April 1809.
was becoming more widely known from the Tukes' and Fox's examples. The most significant medical publication of this period in English on the subject of moral therapy in relation to the therapeutic use of the asylum landscape was Pinel's *Treatise on Insanity* (1806), possibly partly influenced by *The Retreat* in his advocacy of agricultural activity as vocational therapy. In expressing this very early approach to vocational therapy Pinel raised complex issues not only of the treatment of lunatics but of the segregation of patients into social groups such that not all were allowed to undertake manual labour.

More detailed guidance on the structure of the asylum building and its immediately attached landscape, incorporating the courts, became available from several sources just as the 1808 Act was passed. Fox had published the plan of his asylum and its immediate surrounds including the airing courts c.1806. Following this two Scottish architects, William Stark (1770-1813) and Robert Reid (1774-1856), published designs for the proposed subscription asylums at Glasgow, in 1807 (constructed 1810-11), and Edinburgh, in 1809 (constructed 1809-10), respectively. Stark's was distinguished by being the first work on the construction of asylums by a professional architect. These were two of the earliest asylum designs published, along with Fox's asylum layout of c.1806, and they all demonstrated advanced (but not the same) theories of asylum design, particularly with respect to complex systems of classification within the building and airing courts. Innovatively for an asylum design, Reid's building was based around a courtyard design (although this was reminiscent of the London hospitals of the earlier eighteenth century and the even earlier Oxbridge collegiate institutions). Stark proposed a radial design. Neither of these was adopted by the earliest three English public asylums which retained instead a simple rectangular block reminiscent of Bethlem. Stark and Reid continued to recommend placing airing courts adjacent to the building, but although they promoted moral treatment did not refer to the provision of a wider landscape in its application. Thus these sources did not apparently form a major influence on the first three public asylums. The other available guidance was in the form of the existing institutions, including charitable asylums and privately run madhouses.

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86 Philippe Pinel, *A Treatise on Insanity*, trans. D.D. Davis (Sheffield: Cadell and Davies, 1806), 194. The Retreat is not directly referred to, although several other English asylums are, including Bethlem.

Of the prevailing landscape models and theories there seems to have been little direct influence on
the first public asylum landscapes from either the extant landscape park examples or town gardens,
and certainly little or no attention was paid to the subject in print by landscape designers. The closest
residential institutional models available for adaptation were unsuitable, as they were either of an
essentially punitive or repressive, rather than therapeutic nature, for example prisons and workhouses
respectively. In any case they occupied more confined sites which did not allow for the various
outdoor activities becoming associated with moral therapy, or else did not provide sufficiently secure
or extensive premises, such as subscription hospitals. The most influential designer of domestic
landscape parks and gardens at that time, Humphry Repton (1752-1818) did, however, make
suggestions for a social institutional landscape, a workhouse, in or shortly after 1809,
contemporaneously with the design of the first three public asylums. His ideas, though, were not
available to the general public until 1816, well after the first three public asylums were complete,
when his illustration and description of his suggestions for the institution appeared in his last
published work; Repton's water-colour (Plate 33) and the accompanying published page or so of
description inform the following discussion of his approach to the landscape of this institutional
site.88

Repton provided proposals for a new workhouse at Crayford, Kent. In these he incorporated themes
equally applicable to the asylum which were drawn from his knowledge of the landscape park,
principally recreation, production and visual appropriation, appropriately scaled down in extent, and
addressed at making suitable but humane provision for the social level of the indigent inhabitants. In
the relationship of its component parts to each other, the proposed activities, and its attempt at a
domestic scale and character appropriate to the pauper classes, the design was reminiscent of the
asylum estate and regime accommodated at The Retreat. The workhouse proposal occupied a much
less extensive site than The Retreat, however, but his suggestions did incorporate a notable
ornamental element within the site.

Repton's proposals also invite direct comparison with Nottingham asylum's landscape, the most
extensive of the first three public asylum estates, although in intent the workhouse was very different
from the asylum, as the former was intended to serve a social rather than a medical function. Repton
intended the darker, north side of the workhouse building to confine miscreants, its enclosed space to
deny them the prospect of the surroundings, 'as a sort of punishment for misbehaviour and refractory
conduct, where shut up between four buildings nothing can be seen to enliven the prospect'. Such

88 Crayford Work House proposals were published in Humphry Repton, *Fragments on the Theory and Practice
of Landscape Gardening* (London, 1816), 227-31. For a discussion of the context of this episode in Repton's
career see Stephen Daniels, *Humphry Repton: Landscape Gardening and the Geography of Georgian England*
confinement and isolation from the outside world is analogous with the airing courts to the rear, east side of the Nottingham asylum building, invisible from the main road at some distance to the east.

The projected south side of the workhouse, by contrast, cheered by the sun and illustrated by Repton in a complex water-colour view, was to be the scene of harmonious recreational and productive domestic activity. The principal venue for this activity was a large gravel terrace framing the workhouse building which was given a domestic character in both its scale and Picturesque architectural style and by the use of the extensive creeper which was pictured clothing its walls and roof. In fact it had more of the character of a landed gentleman's cottage orné than of an institution to house the indigent poor. The terrace was the scene of various activities, including passive recreation, the older residents and mothers with babies sitting out to enjoy the sun, and outdoor lessons conducted for schoolchildren. A low fence above the projecting retaining terrace wall allowed what Repton termed 'delightful' borrowed views of the surrounding countryside, the other sides enclosed by high ornamental stone walls. Below to the south of the terrace lay the kitchen garden and a pond. Activity and economic productivity were key themes in this sunken compartment, with male inhabitants shown cultivating the ground and plants, children being drilled by an old soldier, and women filling buckets with pond water. Its subsidiary recreational purpose was indicated by an axial gravel path dividing the cultivated area from the pond, forming part of an ornamental planted circuit walk. The whole south side of the landscape, together with the south front of the building, was visible from the adjacent road, the aspect to passers-by and the prospect for residents being equally important.

In terms of its spatial relationship between building and landscape, the south side of the workhouse proposal bore a resemblance to the relationship which the pleasure ground area on the west, approach side of the Nottingham asylum bore to the asylum building. At Nottingham a spacious turning circle framed the front of the building, dividing it in similar manner from the pleasure grounds leading towards the road in similar fashion to the gravel terrace which divided Repton's workhouse from the sunken kitchen garden, pond and ornamental walk. In this institutional proposal Repton illustrated the ornamental, recreational and productive functions of the workhouse in domestic terms, in this way revealing their similarities to the ideal domestic character for the asylum as expressed at The Retreat and Brislington House where they were believed to be required for the purposes of an effective cure.

Although this was a conjectural scene, Repton was obviously familiar with workhouses from his travels across England in the course of his profession, and was acquainted with their purpose and activities. He combined social institutional function with ornamental landscape design, ensuring that the landscape provision was not socially exclusive. Repton was clearly familiar with the functional,
structural and aesthetic differences between the various public residential institutions which were expressed in a hierarchy of the external provision of space and ornamentation, as he demonstrated in his Red Book for Sheringham, Norfolk (1812). In its text he referred to the social hierarchy of the visual appearance of the workhouse in relation to other residential institutions, principally to the prison, which he expressed as being a disagreeable analogy, and also in relation to the asylum and hospital which he found more acceptable. In order to make the workhouse at Sheringham look less like a prison and more like his vision of a hospital or asylum he recommended removing the high wall and converting the street into a 'neat village green with its benches and a May pole'.

However, unlike the therapeutic and rehabilitative function of the asylum landscape, it appears that Repton did not regard the workhouse landscape as a tool to enable the speedier return of the inmates to the wider community. Instead it appears that he was intending by using landscape design to improve the quality of life for the inhabitants within the workhouse and reduce the economic requirements to run the institution.

**The earliest public asylum landscapes**

Having discussed the most likely influences on the three earliest public asylum landscapes, it can be shown that two of the landscapes, Bedford and Norwich, were largely reactionary in their estate design, and that the third, Nottingham, while not hugely innovative in its approach, nevertheless showed tendencies towards implementing the new theories of treatment embodied at The Retreat and Brislington House. The most widely available of the limited detailed, practical advice for the public asylums to draw upon for the structure of their estates was the Lunatics Act. All three county asylums conformed in their siting with the stipulations of the 1808 Act, being situated in airy locations, at the edges of their respective urban centres, within easy distance of medical assistance, but in this they differed little from the provincial charitable asylums and infirmaries. The arrangement of the core of the sites, the building and courts, was closely related to the Bethlem estate and the subsequent charitable asylums, with some modifications to take into account changes in approaches to the treatment of lunacy. Only one, Nottingham, revealed any influence from contemporary fashions in landscape design and possibly from the example of The Retreat and Brislington House, expressed in the provision of a wider landscape beyond the core of the site for the use of the patients. The magistrates at Nottingham actively sought independent, expert advice, and consulted Dr Fox in 1809 for advice and plans of Brislington House; it appears that Bedford and Norwich did not follow this example.

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89 Humphry Repton, Red Book for Sheringham, Norfolk July 1812, quoted in Daniels, op. cit. (1999), 98, 282.
90 Lunatics (Paupers or Criminals) Act, 1808 (48 Geo. III, c.96).
91 Nottinghamshire RO, SO/HO/1/1, Nottingham asylum, minutes concerning the establishment of the lunatic asylum, March, April, June, 1809.
Chapter 3

The most notable development in the public asylum landscape which appeared at all three sites was the exploration of the principles and methods of the classification of patients by clinical symptoms. The medical movement towards the classification of patients by symptoms as well as by gender was manifested in legislative force. The 1808 Act stipulated that public asylums should classify their patients by symptoms as convalescents and incurables. There was also a practical precedent as The Retreat and Brislington House had classified their patients beyond gender to varying degrees in medical terms. Gender and medical segregation was intended to be complete at all times, both within the building and beyond in the airing courts. As at The Retreat and Brislington House the response was reflected in the architecture of the building and in the layout of the landscape. Both were developed to accommodate this requirement. In the landscape this classification of patients was reflected in the provision of a greater number of airing courts to match the internal architectural divisions, reflecting equal provision of space and divisions for male and female patients.

The building at the core of these three new public asylums was based on the conventional Bethlem plan form of a central service block with two galleried, flanking wings, as illustrated in contemporary engravings (Plates 31, 32). These were, however, arranged in a reversed version of Bethlem, so that the galleries and other day rooms overlooked the airing courts and countryside behind the building, rather than the forecourt.

Arrangements for securing the privacy of patients from the wider community beyond the asylum were not stipulated in the 1808 Act. Privacy was, however, enhanced at Nottingham by the provision of a more extensive landscape beyond those conventional asylum landscapes provided at Bedford and Norwich. Within the asylum landscape the need for privacy from outside intrusion was balanced by the need to accommodate the patients securely. In some of their features the public asylums strongly resembled prisons, as had their charitable predecessors. The most obviously related of the secure external features were the airing courts, which provided secure outdoor recreation spaces to enforce the segregation of patients from the outside world. Security was achieved by means of a system of high airing court walls erected around and between the various classes of patients. At Norwich, in the light of attempts by patients to escape, early wall heights were increased from 10 feet (3m) to 13 feet (4m).

At Nottingham various other features were incorporated which aided privacy and recreation and were related to the villa model. In its extent, five acres (2 ha.), Nottingham was more closely comparable with a villa landscape than that of a landscape park (Plate 30). The building was set some distance back from the road, buffered by several acres of informal landscape and screened from the road by a

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92 Lunatics (Paupers or Criminals) Act, 1808 (48 Geo. III, c.96).
belt of trees planted up as one of the first activities on the site. By the 1840s this space was laid out in the manner of an ornamental pleasure ground, with a central lawn and circuit path through trees and bounded on one side by a serpentine drive which connected the building with the road. As part of the security system a lodge, the earliest at a public asylum, had been erected in 1809 at the entrance from the road as one of the earliest activities on the site, even before the committee could afford to put up the hospital building (see Case Study 8). This not only enhanced the privacy of the estate, controlling the entry of visitors, but paradoxically acted as a further element of patient confinement and surveillance, in case of escapes over the initial landscape security barrier of the airing court walls.

The airing courts in all three public asylums were sited and arranged conventionally, at the rear of the building. Nottingham and Norwich more closely resembled Brislington House and The Retreat than the older charitable asylums in terms of their more complex classification, as expressed in the landscape in the numbers of airing courts they provided. Adjacent to the rear of both of these public asylum buildings lay a row of six airing courts into which patients could move directly from the building. The increase in the number of airing courts reflected the movement to classify patients by symptoms which was gathering momentum, as articulated by authors such as the phrenologist Johann Spurzheim (1776-1832) in 1817. Having recommended the classification of patients by clinical state into three main categories, the refractory, the quiet and harmless, and the convalescent classes, he pressed for the provision of separate facilities for each class. Such classes are analogous with those identified at Norwich, which were referred to on the 1816 plan as lunatic, incurable, and convalescent, respectively. Furious, noisy and dirty patients, who formed part of Spurzheim's curable category, were to be provided with airing courts, as walking in fresh air he believed would undoubtedly contribute to their recovery.

Limited attempts were made to mitigate the impression of incarceration using devices used in the designed landscape. Fox was called in to advise the Nottinghamshire magistrates, and explained that at Brislington House confinement using walls around the courts was certainly required.

93 Norfolk RO, SAH 2, Norwich asylum, Visiting Committee minutes, 30 January 1815.
94 Nottinghamshire RO, SO/HO/1/1, Nottingham asylum, minutes concerning the establishment of the lunatic asylum, August 1809.
95 Nottinghamshire RO, W. Dearden, Plan of the Town of Nottingham from the best authorities (Nottingham, 1844).
96 The airing courts are shown for each site in respectively, Nottinghamshire RO, QAL 10, R. Ingleman, Working plans of Sneinton Hospital, Carlton Road, Nottingham, 1810, plan 1 'The General Plan of the Lunatic Asylum near Nottingham with the Courts and Gardens and surrounding land'; and F.H. Stone, Ground-floor plan of Norfolk Asylum (1816), copy at RCHME, Swindon (whereabouts of original unknown).
97 F.H. Stone, Ground-floor plan of Norfolk Asylum (1816), copy at RCHME, Swindon (whereabouts of original unknown).
He also described the arrangement of the mounds within the courts which he used to temper the effects of confinement by reducing the patients' feeling of restriction using visual appropriation. The courts, or airing grounds, are surrounded by walls 11 to 12 feet high, the ground in the middle of each court, is raised high enough to permit a short person to view the surrounding Country, which is preferable to having no other object than the sky.\(^9\) It is not certain whether such mounds were incorporated within the Nottingham courts.

During the first decades of the nineteenth century, the wider landscape was increasingly regarded as a therapeutic necessity to supplement the airing courts. Professional alienists such as Spurzheim regarded the courts as inadequate spaces for various classes of patients, particularly the harmless, quiet, and melancholic. He recommended extra facilities for their use including, 'open fields, agreeable sceneries, adjoining gardens, large places to engage them in horticulture and agriculture'.\(^1\) This obliquely describes elements of the domestic landscape country house landscape and includes reference to visual appropriation of the surrounding land for the benefit of the patients.

The kitchen garden was an important, economically productive element of the wider landscape at these three earliest asylums. In each it was sited behind the asylum building, beyond the airing courts, occupying approximately an acre (0.4 ha.).\(^1\) This followed the precedent of various eighteenth-century general infirmary sites which had included a kitchen garden, such as Gloucester Infirmary (1755-61, Plate 19, 1764 illustration of the Infirmary estate including a kitchen garden). No records have been located which indicate that the kitchen gardens were cultivated with the aid of patient labour in the earliest days of these public asylums. They were comparable to those found in country house estates, for productive purposes, but not at this stage as a therapeutic tool.

A new estate element appeared at Norwich: a dedicated cemetery, a very early example of an extra-mural cemetery and an element which departed considerably from the domestic landscape model. Details of its early layout are uncertain, but is likely that it adopted a grid pattern, for it was very limited in size. This is the earliest known example of an asylum burial ground, endorsed in its purpose by the Established Church when it was consecrated in 1815 by the Bishop of Norwich.\(^1\) In its provision, the Asylum Committee implicitly acknowledged that many patients would be long-term residents or old and infirm. As a result a considerable numbers of patients were likely to die in the asylum and the local parish provision for burials would be inadequate. In this provision the Norfolk

\(^9\) Nottinghamshire RO, SO/HO/1/1, April 1809.
\(^1\) Spurzheim, *op. cit.* (1817), 218.
\(^1\) Bedfordshire RO, PLB 1/2, Plan of Bedford Asylum estate, c.1825-26; PLB 1/3, Plan of Bedford Asylum estate, c.1826. Nottinghamshire RO, QAL 10, R. Ingleman, Working plans of Sneinton Hospital, Carlton Road, Nottingham, 1810, plan 1 'The General Plan of the Lunatic Asylum near Nottingham with the Courts and Gardens and surrounding land'.
asylum predated the creation of the first inter-denominational cemetery in England not attached to a place of worship, the 3 ha. Rosary, set up nearby in Norwich in 1819.

Conclusions
How did the earliest asylum landscapes reflect both contemporary landscape design and medical theory? To what extent were these early asylum landscapes used therapeutically?

It has been demonstrated that asylum landscapes up to the early nineteenth century were linked firmly with the provisions of earlier medical models, based largely on Bethlem at Moorfields. They were also related to a significant extent at various stages in their development with the design of the formal country house garden and its successor the landscape park, with latterly an additional link to domestic town gardens. Because of their function, their form was ultimately dictated by medical theory and this began the development of a new landscape type taking elements of various domestic models, particularly the country house estate, and adapting them for therapeutic purposes. The earliest purpose-built asylum landscape, Bethlem, was closely allied in the arrangement of its formal, compartmentalised elements and layout to the country house garden. The arrangement was, however, modified for therapeutic purposes, principally in the provision of airing courts instead of garden compartments. This formal and confined model was taken up during the eighteenth century and continued to be adopted by the purpose-built charitable asylums, whose wider landscapes beyond the airing courts were not exploited for exercise. By contrast garden styles changed fundamentally, adopting a less formal structure and design, and by the later eighteenth century the fashionable country house landscape had evolved into an informal and flexible style which was much more extensive than hitherto: the landscape park and pleasure ground.

By the end of the eighteenth century medical theory was changing fundamentally, too, with treatment moving away from the incarceration of patients in inhumane conditions, towards a more rational approach, moral treatment, in which psychological methods were employed via physical management not pharmacological methods. In the uptake of this approach the more extensive use of the landscape in an institutional therapeutic manner was prescribed. At the end of the century the first asylum to combine medical theory of moral treatment and its expression in the institutional landscape was The Retreat. In its design and structure it displayed a number of elements drawn from the country house estate, but in their size and arrangement these resembled more the scaled-down version of the landscape park, the villa, constituting a fundamental move away from the limited extent of asylums based on Bethlem. This was the prototype therapeutic asylum landscape and, in its components and the medical theory on which they were based, clearly demonstrates its purposeful provision and use

102 Norfolk RO, SAH 2, Norwich asylum, Visiting Committee minutes, August 1815.
of the wider landscape for therapeutic purposes. The whole of the estate landscape was designed and used for therapeutic purposes.

Other asylums, at first private establishments, principally Brislington House, took up this therapeutic method in which the landscape was designed to be available to the patients for their benefit, whether with comparative freedom of use, such as the airing courts, or the wider landscape which was only used under strict supervision. Brislington House demonstrates how, very quickly, the therapeutic principles manifested at The Retreat were taken up and developed, particularly in their application to the landscape. It too reflected contemporary landscape design in its pioneering adoption of the elements of a full-scale landscape park model, but modified them for therapeutic purposes into an asylum landscape alongside the early elements retained from the Bethlem model, particularly the airing courts.

The pioneering therapeutic landscapes of The Retreat and Brislington House were not apparently strongly influential in the structure and regimes of the earliest three public asylums, which were built almost simultaneously, 1810-14. Bedford and Norwich hardly changed from the conventional confined, charitable model and thus did not reflect contemporary landscape design trends. Nottingham, however, seems to have been more progressive in its approach, as it began a move towards the adoption of moral therapy expressed in its landscape which was more extensive than the other two. In its use of elements of a wider, informal designed landscape it reflected medical trends, as well as to a limited extent landscape design trends.

It can be concluded that at various stages in its early development phase the asylum landscape did reflect contemporary landscape design trends, this being particularly obvious in the influence of the country house estate, notably in the late seventeenth, and late eighteenth to early nineteenth centuries. During the period up to 1815, the landscape was not extensively used for therapeutic purposes, except for the continued provision and use of confined airing courts for exercise, and in the majority of cases was physically very limited in the extent available for patient use. It was not until the adoption of the moral therapy principle by The Retreat at the end of this period, in the 1790s, that asylum landscapes began in a very limited number of cases to be used more extensively for therapeutic activities and to show the influence of contemporary landscape design. In this elements of the domestic country house estate's landscape park style were adapted for therapeutic purposes, alongside the provision of airing courts, to begin the development of the asylum landscape type which continued throughout the nineteenth century. The earliest public asylums did not apply the theory of moral treatment in their landscapes to any major extent, or develop the landscapes to any great degree, and were not pioneers of this method.
Having discussed the development of the earliest purpose-built asylum landscapes in terms of medical and landscape design influences, the development of the type can now be explored in relation to its widespread application in the public asylum arena. The flexibility of the domestic landscape park and its pleasure grounds to be adapted to accommodate elements dictated by medical requirements will emerge as a crucial element in the development of the public asylum landscape.