Poverty and Illness in the 'Old Countries': archaeological approaches to historical medical institutions in the British Isles.

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SUMMARY: Since the 1990s, archaeological approaches to institutions designed for public health, benefit, and welfare have been developed. Key publications have raised the profile of 'institutional' archaeology in North America and Australia, while archaeology-based, and built-environment focused, research in the British Isles has gained momentum. These buildings continue to be grouped under the category of 'institutional' architecture, alongside prisons and institutions for confinement, but in light of recent scholarship, homogenisation of institutional buildings is no longer so useful. Focusing on the British Isles, this paper outlines archaeological methodologies that set British and Irish approaches within their unique context, highlighting the distinctiveness of different building types. Focusing on two institutional building types, the asylum and the hospital, the significant difference between these building types and those frequently considered analogous becomes apparent.

INTRODUCTION

Institutions for the sick have been the subject of much academic scholarship of late, due to a number of factors including the archiving and digitisation of nineteenth century-records, the mass closure and repurposing of buildings, and policy changes with regard to public welfare and mental healthcare. Twentieth-century reforms in patient treatment, hospital arrangement and architecture raise questions about the intentions and effects of eighteenth- and nineteenth-century reforms concerning accommodation for the mentally and physically ill in hospitals, asylums, workhouses and other associated buildings. Furthermore, the dereliction, demolition, or repurposing of institutional buildings with difficult or marginal histories has attracted research on the sensory and emotional experience of patients, inmates, and staff, whose spaces of hospitalisation, confinement, incarceration, or labour, are now undergoing significant transformation. Recent media attention on a commercial archaeology project concerned with disinterring human remains at the early-modern hospital site of St. Mary's of Bethlehem in London has drawn

archaeology and institutions into the public consciousness (Crossrail 2015; Knight 2015), making this article on the subject timely.

Institutional archaeology has forged a distinctive strand of historical archaeological research in the last two decades. However, the bracketing of public 'institutions' for human confinement together as a few specific building types has resulted in a number of generalisations about these buildings that often undermine the complexities of the institutional forms. This paper is based on discussion generated following three different conference sessions in the UK on the subject of institutions and archaeology, since 2011 (SHA 2013; TAG 2011, 2014). Debate and conversation at these sessions drew out the tension between established archaeological approaches to institutional archaeology in former colonies, and current archaeological work on public institutions in the British Isles. A feature that emerged from these discussions was the heterogeneity of institutional sites and archaeological approaches to them, particularly in the British Isles. Drawing on current research on the material culture and spatial organisation of historical institutions for the physically and mentally ill, this paper aims to showcase distinct methodologies and research frameworks that set British and Irish approaches to institutions for mental and physical healthcare within their unique context, and within historical archaeology more broadly. In this paper, we also seek to highlight the fundamental differences between buildings for health and welfare, and those for incarceration, differences which have been made apparent through our multidisciplinary approach to the former institutions.

CURRENT ARCHAEOLOGICAL APPROACHES TO INSTITUTIONAL STUDIES

Over the last two decades, several landmark publications have helped to draw attention to the growing interest amongst historical archaeologists in institutional confinement, hereafter informally referred to as 'institutional archaeology'. The 2001 special issues of *International Journal of Historical Archaeology* on the subject were particularly significant for the breadth of institution type covered, taking in approaches to prisons, asylums, almshouses, and homes for 'fallen women' (notable examples include Casella 2001; DeCunzo 2001; Piddock 2001). The geographic focus of the issue, however, was primarily 'new world' – North America and Australia in particular. This focus has been largely – though not exclusively – reflected in subsequent publications (for examples, see Beisaw and Gibb 2009; Casella 2007; Davis *et al* 2013; Piddock 2007), and evidences a more established scholarly approach to institutions in these former colonies. This established body of work

has since been drawn on in European-based studies of historical institutions; material approaches to identifying resistance in the material remains of the recent past has been of particular interest in the exploration of institutions and establishments associated with power and control (for examples on the application of archaeological approaches to power and control, see various chapters in Mytum and Carr 2012). Indeed, approaches to modern conflict (see contributions to Myers and Moshenska 2011, for example) have approached institutional buildings and sites from an archaeological perspective, albeit from the perspective of confinement, control, and conflict, rather than focusing on dwelling. The role of these buildings as living spaces and treatment centres over long periods of time (such as the hospitals and asylums considered in this paper) is somewhat understudied in archaeology, though recent publications from the field of social history have addressed the material worlds of institutions in a broad sense (see Hamlett and Hoskins 2012; Hamlett 2014).

From a British and Irish perspective, established scholarship in North America and Australia showcases tantalisingly methodologies for studying former institutions, notably archaeological excavation. In consequence of their construction – many institutional buildings in America and Australia were initially timber-frame – these building types survive as more traditional archaeological remains. As such, the methodology for their study is straightforward: survey and excavate. Historical institutional buildings in Britain and Ireland are more often than not still standing and, unlike their North American counterparts, frequently still operational to some degree. In order to compensate for lack of a traditional 'archaeological site' to excavate, British and Irish archaeologists have drawn on multiple methodologies to study the material world of historical institutions, including but not limited to ethnography, documentary research, digital imaging, close artefact study, and architectural analysis, as well as archaeological excavation where possible. Several projects engaging with the remains of inmates and patients (such as Beaumont *et al* 2013; Geber 2012; Walker *et al* 2014), from an oestoarchaeological perspective, have made valuable contributions to how daily life – diet, conditions, disease, treatment practices, and post-mortem – in workhouses and hospitals can be understood. Beyond human remains, however, engagement with these institutions has been primarily architecturally-based. Negotiating the 'stratigraphy' of permissions entailed in gaining access to sites, historical material or individuals, and untangling multiple (and sometimes contradictory) narratives

about institutional sites, are distinctive features of institutional archaeology on our side of the Atlantic.

MEDICAL INSTITUTIONS IN BRITAIN AND IRELAND: AN OVERVIEW

The development and vast variety of health and welfare site types in Britain and Ireland has repercussions for the application of archaeological methods of analysis. Early institutions include monastic infirmaries, charitable hospitals, private madhouses, and houses of industry, amongst others (English Heritage 2011). While some of these health and welfare institutions adopted domestic architectural styles, many early institutions occupied converted buildings. Although some institutions can be traced to surviving buildings, historical conversion offers a significant challenge to archaeologists. In most cases, early institutions have been demolished, sometimes to make way for new buildings, inhibiting or preventing potential for below ground archaeological investigation. Similarly, more prestigious sites such as monasteries or early purpose built hospitals and asylums are protected under legislation preserving their significance as heritage assets (Historic England 2015a). Whether in a ruinous state, converted for alternative use, or still a functioning institution, these sites are thus protected from destructive investigation.

A large number of surviving health and welfare sites date from the nineteenth century, established during or in the wake of movements towards civic 'improvement' (Tarlow 2007) in the late-Georgian and early-Victorian periods, movements whose material legacy also included the creation of large urban vistas, and the establishment of prisons which sought the reform of the inmate, as well as their punishment. In 1948, the majority of public institutions in Britain were transferred to the National Health Service (NHS), and many have undergone modernisation since. Some indeed remain in use. However, since the early 1990s, the NHS has sold much of its estate as expanding towns have increased the value of former institutional sites, and buildings are increasingly considered dated and unfit for purpose. Once sold, sites are often converted to residential use or demolished to make way for residential or commercial development. All of these factors complicate archaeological investigations of these sites, preventing destructive archaeological techniques and often restricting access, unless in the case of imminent demolition in which case a commercial building survey will be undertaken.

In the late 1990s, The Royal Commission of Historic Monuments in England (RCHME) completed a survey of health and welfare sites (Morrison 1999; Richardson 1998). Whilst highlighting the vulnerable nature of these sites, the survey created a broad typology encompassing a variety of institutional buildings. For health and welfare buildings, volumes focusing on workhouses and hospitals provide a valuable foundation for institutional studies (such as Morrison 1999; for older studies, see Taylor 1991; Thompson and Goldin 1975). Historic England continues to place emphasis on the significance of health and welfare buildings in its *Listing Selection Guide: Health and Welfare Buildings,* which stresses the importance of the built form as a source of material evidence. Both the RCHME volumes (Morrison 1999; Richarchson 1998) and Historic England focus on the evolution of institutional building types, overlooking buildings continuing in their original form or constructed to outdated designs. This progressive history of building types is common in architectural histories of this site type, affecting the treatment of these buildings from a heritage perspective. Many former asylum complexes, such as the West Riding District Asylum site, for example, are survived only by their earliest building. While it may not be perceived as practical to preserve such buildings, they are especially important in understanding the development of the health and welfare system in Britain and Ireland.

Outside academia and community projects, archaeology in Britain and Ireland is largely driven by commercial development. Work undertaken by Oxford Archaeology exemplifies the crucial role of archaeological units in creating a final record of unexceptional health and welfare buildings prior to demolition or severe alteration. Projects at St. Chad's and Surbiton Hospital offer an insight into the body of work developing through commercial archaeology (Oxford Archaeology 2011; 2013) (Fig. 1). However, these projects are often client led, which limits the extent of interpretation and the scope for placing each site within a detailed framework of significance. There is potential, however, for research to be built upon their work. The interpretations expressed in grey literature are only a starting point for investigation and that those actively working within the field of institutional archaeology can draw on this literature to offer more informed narratives (Pers Comms Deirdre Ford 2014). In Britain and Ireland at least, buildings are often the most valuable material resource, beyond the historical record itself.

AN INSTITUTION SPECIFIC APPROACH

Acknowledging that buildings are often the primary source of material culture, buildings archaeologists are uniquely placed to study institutional buildings. Previous approaches to

institutional buildings predominantly draw on typological and spatial analysis (for example Lucas 1999). As previously mentioned, RCHME's publications sought to create a national model through chronological overviews and typologies, which emphasise development and innovation, but obscure continuity and the role of less prestigious designs. Approaches to spatial analysis such as those employed by architectural historian and buildings theoretician Thomas Markus in *Buildings and Power* (1993) (discussed below) analyse the institutional form to derive information about institutional organisation and power structures. Although illuminating movement patterns and control mechanisms, such approaches neglect the impact of architectural fittings which vary according to institution, such as locks, window fittings, and other features which affect the sonic environment (Fennelly 2014).

Interpretations of architectural design have prompted a series of comparisons between institutional form and function, which draw out parallels between buildings and institutional types. Interpretations largely based on form fail to engage with regional and cultural variation, institutional remit and difference, political and social concerns, and ultimately varying human experience. Although institutional typologies and spatial analysis in this context offer a basic research foundation, they both by their very nature promote progress and developments, and a snapshot of a moment in time, whilst overlooking the significance of continuations or deviations. As such, reliance on architectural histories to inform archaeological interpretation is not usually possible, and material engagement requires the employment of other methods.

As previously discussed, buildings archaeologists in Britain and Ireland frequently work around the confines of the built structure. Placing institutional buildings within the context of the health and welfare system immediately reveals the stark differences even within this category of institutional types. Archaeological research focused solely on health and welfare institutions in the British Isles in the modern period have been few within the academy, though heritage legislation and frequent redevelopment of asylum, workhouse and hospital buildings has seen considerable commercial engagement with them in the last twenty years. To date, only one monograph has been published which deals with the subject of asylums and archaeology in Britain: Susan Piddock's *A Space of their Own* (2007), though primarily concerned with asylums in Australia, does address several examples of Victorian asylums in England. Recently completed and ongoing projects in the academy promise more published research on this topic in the next decade. Postgraduate research is active, and has included studies of religion, management, autism, human remains and burial practices, and several

studies on individual institutions (see thesis collections of UCD [Fennelly 2008], and the University of York [Newman 2007] for examples of our own MA theses, which in turn informed doctoral study [Fennelly 2012; Newman 2010). Beyond archaeology, the built environment of health and welfare buildings is addressed by architectural historians and historians of medicine (for examples, see Topp *et al* 2007; Yanni 2007) .

Source material for the study of historic institutions is not centralised, making it cross comparison between large numbers of different institutions difficult. Materials range in nature from the built environment and material culture, to documentary sources. Access and health and safety concerns often limit fieldwork on institutional sites. Many health and welfare sites are still in operation, so security clearance is sometimes necessary to access the buildings, while photographic survey can be restricted if patients are in the building. In cases where former institutions have been converted for use into private apartments or office blocks, seeking permission from building managers or companies requires targeted knowledge of the site, and a willingness to engage the public in the research. In rare cases, discretion about the building's former use is sometimes necessary when communicating with occupiers. As such, historical archaeologists must rely on a range of sources including architectural plans – both historic and recent – aerial photographs, archival documentary research, oral testimony (where possible), and occasionally on the generosity of members of the public.

Former staff members, former patients, archivists, and support staff can be invaluable in gathering survey data, due to their intimate knowledge of the site and grasp (sometimes literally) on portable material culture. Entitled to or capable of levels of access not normally afforded members of the public, former staff members can be instrumental in mediating between the research archaeologist and the red tape, figurative or literal, surrounding access to buildings. Archaeological approaches to standing hospital buildings in the British Isles, therefore, require broad skills beyond material culture research. Soft skills like interpersonal relations and oral testimony collection technique, not to mention ethical considerations and approaches, which are not as central to data collection on sites where excavation is possible, become central to the assemblage of research materials.

Documentary sources for institutions are generally in the public domain. Local and national archives in Great Britain and Northern Ireland house documentary records for patient admissions, manager's reports, visitors meeting minutes, and sometimes architectural plans.

Annual reports are also available online through the Parliamentary Papers website. The National Archives of the United Kingdom also holds treasurer's reports and official correspondence that local archives lack. In the Republic of Ireland, the records are not always so accessible. While many former asylums and hospitals are still or were recently active as facilities, their records are frequently housed on site. A small amount of material is available through the Irish National Archives, but material is inconsistent for different institutions. However, Ireland surpasses the UK in the centrality, easy availability, and accessibility of architectural plans, through the Irish Architectural Archive (IAA). Unlike British counterparts, many Irish hospitals and asylums built in the nineteenth century were designed by a handful of architects, whose records are housed at the IAA. Invaluable for historical archaeologists studying this topic, the IAA allows for on-site consultation and photography of multiple different institutional plans, compensating for the inconsistent availability of hospital and asylum records elsewhere. The challenge of narrating and interpreting surviving institutional forms in the British and Irish archaeological record has resulted in the development of specific methodologies devised to illuminate the function and meaning of these spaces within the wider theme of health and welfare.

Challenging histories: Poverty and the Workhouse

Workhouses present a challenge to researchers due to the closure of most of these buildings in the early-twentieth century, and subsequent demolition or repurposing, sometimes for healthcare. As such, the spatial organisation of these buildings has usually been tampered with, while the documentary record attests to frequent overcrowding and consistent heavy use of the facilities over time, making many plans redundant. Despite this, workhouses were a distinctive institutional building type of Georgian and Victorian drives towards social 'improvement' (Tarlow 2007), urban and rural redevelopment.

Throughout the eighteenth and nineteenth centuries, various Poor Law Acts outlined provisions for the poor seeking relief throughout the UK. In England after the passing of the Poor Law Amendment Act of 1834, many Poor Law Unions constructed workhouse buildings, originally designed to deter the poor from seeking relief from the state (Crowther 1983, Driver 1993). As the nineteenth century developed many workhouse provisions evolved to provide relief specific to the needs of the region. Many workhouse buildings survive although some areas have a much better survival rate than others. Many buildings remain in the ownership of the NHS or are now private housing developments. Research undertaken on workhouses in West Yorkshire reveals the strength of detailed buildings

analysis and contextual approaches for this institutional type. At Wharfedale for example, one of the last Poor Law workhouses to be built in West Yorkshire, changes in health and welfare facilities were contingent on local economic, social and political contexts (Newman 2014).

Like several areas in West Yorkshire, Wharfedale remained part of a Gilbert Union, established to combine the rates of neighbouring parishes and provide one workhouse, and retained Old Poor Law practises long after the passing of the Poor Law Amendment Act in 1834 (Walker 1974, 70). The development of industry in the town created employment, so the existing system was probably adequate to address relatively low levels of poverty. Towards the end of the nineteenth century, population increase and the dissolution for the Gilbert Union led to the creation of a New Poor Law workhouse. By the 1870s, workhouse designs often met the specific need of individual pauper classes, and medical advances promoted the separation of the sick into a more therapeutic environment, characterised typically by increased ventilation (Taylor 1991, 55). At Wharfedale, the sick featured prominently in the workhouse plan.

At Wharfedale, medical advances were incorporated into the initial workhouse plan (dating from 1871-1873) suggesting that providing care for the sick was a priority for the guardians. By adopting a gothic style, the plan and style reflect contemporary architectural ideals creating a sense of civic grandeur, wealth and order. Decorative corbel stonework around the entrance and eves matches the primary building. Style creates a modern image of improvement and progress similar to urban infirmaries being constructed in Yorkshire at this time (Fig. 2). Separation of pauper classes from the outset demonstrates, in comparison to other areas, the willingness of the guardians to finance a more expensive workhouse plan from the start. The primary façade features two entrances providing separate access for male and female patients, suggesting high levels of segregation once inside the building. The New Poor Law considered segregation a necessary part of the punitive aspect of the workhouse that made accepting poor relief more socially unacceptable than finding work. The infirmary not only featured multiple entry points, but *The Builder* described the building as ‘well lighted and ventilated with windows on both sides’ (The Builder 14/6/1873, 461).

In 1907 a new infirmary was constructed, which marks the beginning of the second phase of construction at the site. The expansion of the workhouse’s role in relieving the sick with a new infirmary suggests a shifting emphasis. Paupers most in need of physical care were

becoming a priority to the Guardians. Adopting a similar style to the rest of the site, the new infirmary consisted of three separate two-storey buildings. Entrances to each block were located beneath a balcony, with a French window supported by stone brackets. Bay windows were used are the ground floor to provide additional light to larger rooms. Attention to detail suggests the Guardians' sought progressive, modern and more enlightened attitudes towards health, characterised by display. The number of additions and alterations indicate ever-changing demands placed on the infirmary buildings.

The male wards were in the north range and the female wards in the south, and the central block provided staff accommodation and other facilities. By 1930, central heating and electric light provided a level of comfort not commonly found in rural workhouse infirmaries. The growing population and the aspiring development of Wharfedale led to the provision of adequate facilities for its sick. Each block had an entrance hall from which a corridor provided access to the various areas of the building. The central block also featured the dining-room and kitchen for nurses and a personal sitting-room for the head nurse (Platt 1930). Wharfedale Union employed a number of nurses; two permanently resided in the workhouse to care for the sick. As at other Unions, qualified nurses were clearly valued by the Guardians as they did not rely on untrained staff or inmates. There was also an operating room, reportedly featuring relatively modern equipment (Platt 1930). There is no mention of an operating theatre in any other rural workhouse infirmary, which highlights once again the progressive attitude of the Guardians towards the sick. The investment in modern facilities may suggest that the infirmary was a facility not just for workhouse inmates but for the general public as well. It was not uncommon for poorer members of society residing outside the workhouse to use New Poor Law infirmary facilities towards the end of the nineteenth- and the early-twentieth centuries. If the general poor were using this facility, it would explain why the sick were not recorded in the census records: they were not residents.

The role of the Poor Law in Wharfedale was clearly developing beyond the original intentions of the Act of 1834. When derelict institutional buildings such as Wharfedale are carefully analysed, the study of the built form in isolation can advance our understanding of institutional space and human experience. However, when examined in a contextual framework, Wharfedale demonstrates that the collaboration of physical building surveys and material sources can shed light on individual institutional practises that reflect the local economic, social and political environment. Set within a wider institutional landscape,

archaeologists can draw on interpretations of sites such as Wharfedale to complicate traditional grand narratives, and offer a nuanced history of health and welfare in Britain.

Challenging Histories: mental health care and the asylum

Lunatic asylums, as institutions for housing the mentally ill in a secure environment, bear many architectural resemblances to prisons and workhouses. However, the spatial arrangement of the buildings and their interior arrangements set them apart from other contemporaneous institutions; institutional sounds, for example, were a significant feature of concern for asylum reformers in the nineteenth century. The omission of bolts from doors, floor coverings in hallways, and the separate provision for patients considered 'noisy' testify to a conscientious management structure which has more in common with hospitals for physical medicine (Fennelly 2014), rather than with the institutions for incarceration and punishment with which they have been frequently treated in the historiography and popular media.

The 1808 *County Asylums* Act (George 3, c.96) legislated for the provision of an asylum for the poor in every county of England and Wales, a provision made compulsory after the Lunacy Acts of 1845. The particulars of the 1808 Act were that each county could apply for a subsidy to support asylum construction, and in 1819, one of the first public county asylums for the lunatic poor was opened in the market town of Wakefield, in the West Riding of Yorkshire. At this time, Wakefield was already host to both a male and female prison, and as such was already established as an institutional town. The asylum was designed by Yorkshire architects Watson and Pritchett, who based their designs on specifications laid out by Samuel Tuke, the proprietor of the York Retreat and influential author on lunatic asylum reform and mental health treatment (1813). Tuke's specifications were very particular about creating a 'domestic' asylum, not to be confused in architecture and management with a prison'. It is Tuke's specifications, and the architect's innovations in response, which make the Wakefield asylum distinctive from its predecessors.

The architecture of the West Riding District Asylum incorporated features intended to encourage a change of place and scene, so that a patient would not suffer by being confined to their own room. Patients were to be treated as arbiters of their own recovery, and socialisation, exercise, and participation in the life of the asylum was seen as essential to this treatment practice. In his *Practical Hints* (1819) to the architects of the West Riding Asylum, Tuke acknowledges that 'cheerfulness' in asylum design has in the past been sacrificed in

favour of security, such as the placement of windows high on walls to prevent patients breaking windows or causing harm (1819, pp. 18-20). The architects took up Tuke's concern regarding light and windows, and the Wakefield windows were designed with reinforced sashes, rather than bars, and adjustable. The windows were secure so that no patient could harm themselves, without being obviously reinforced so that patients would only see a sash window with several panes, rather than a barred window. The wooden window frames and sashes were replaced with cast iron inside and out. The upper three panes of glass on tall outside windows (excepting bed-rooms) were not glazed; instead they were backed by a movable glazed wooden sash, which could be moved to allow air into the rooms. In the bed-rooms, the upper panes of glass turned on a pivot to allow air into the room (Tuke 1819, p.31). The aesthetic result of these windows was the elimination of iron bars and shutters which had in the past leant asylums a prison-like appearance (Fig. 3).

The architecture and management of the Wakefield asylum had a strong influence on asylums constructed after 1819, notably on both the architecture and management of the Middlesex asylum at Hanwell. Through Hanwell, the Wakefield model also influenced Hanwell-based reformers such as John Conolly, author of *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (1847), one of many influential treatises on lunatic asylum construction published throughout the nineteenth century. The material environment of the reformed asylum, typified by the West Riding Asylum, evidences a fundamental difference between nineteenth-century lunatic asylums, and the prisons and workhouses with which they are frequently studied. The architectural characteristics of asylums make them far more comparable with hospitals and sanatoriums than with institutions of confinement. Thus, there may be more valuable avenues of study in comparing and considering asylums and hospitals together, than in characterising asylums as part of a 'great confinement' culture (Foucault 2006).

Archaeological research on Wakefield Asylum was carried out between 2010 and 2012, and required the application of multiple methods. The building, now an apartment complex (Fig. 4), had been reduced to the confines of the early-nineteenth century asylum during redevelopment, and had lost most of its original interior features. The only space to survive intact was the basement, only the eastern wing of which was accessible through private arrangement. As such, a formal standing building survey was impossible, as the interior layout and building fabric had been altered beyond recognition. The building façade remained, however, so that external photography was possible, but due to landscaping and

car park development on all sides of the building, an external survey was not useful in determining the character of the original 1819 building, or even the late-20th century psychiatric hospital which the former asylum had been used for. An alternative approach was sought through extensive archival research, which revealed that a substantial number of plans, photographs, and account books for the asylum had survived.

Drawing on geographical characterisation methods such as analysing view-sheds and nodal points, the original plans of the asylum were critically examined as documentary sources, material objects, and landscapes in themselves. This multi-disciplinary methodology was ideal for studying these buildings for which access is an issue. Historic plans and minute books present maps and material indicators of the use of space and the understanding of the buildings by inhabitants. Where excavation and standing building survey is not possible or appropriate, therefore, an archaeological approach to the documentary record can provide insights into historical buildings where the original fabric has been lost or replaced.

Challenging Histories: Disability and public health in the private institution

The institutional history of disability has, unlike the study of asylums and workhouse, is relatively thin on the ground. Historic England's recent project entitled 'A History of Disability: From 1050 to the present day' has highlighted the physical remains of disability history (Historic England 2015b), presenting an opportunity to begin to study disability in the past from a material perspective. Historic England's web pages for the Disability History Project are translated into sign language to reach audiences for whom these histories directly relate. Rather than focusing on the architectural merit or innovation of a building, this project brings the central issue of health and welfare to the fore, and narrates it to wider audiences (Pers Comm. Rosie Sherringdon 2014), such as disability support groups. Historic England's Disability History Project created an additional forum for dissemination for English Heritage's work with collections relating to Brooke House, an eighteenth-century madhouse in London. Brooke House provided a unique opportunity to gather and interpret material objects associated with disability history within an institutional setting in London.

Founded in 1758, Brooke House was a private madhouse connected to the Monro family of doctors for the mad, noted for the establishment of madhouses in London and for their connection with the Hanoverian Royal Family, specifically King George III (Porter 2004, 130). Traditionally, the built form of the eighteenth-century madhouse is a challenging space to interpret, in comparison to the designed asylum institutions of the late eighteenth and

nineteenth centuries. This is due to differences in architecture and the frequent reuse of existing buildings, but also differences in philosophical foundation and increasing adoption of ideas on the reform of asylums in public institutions built from the 1810s. Prior to uniform institutional planning, such health and welfare facilities usually occupied converted buildings, which have since been demolished or converted once again. Bombed beyond repair during World War Two, Brooke House underwent an architectural survey and archaeological excavation by the Survey of London in 1954 (Shepherd 1998), prior to its demolition. The results were published by the Survey of London in 1954, but little note was made of building phase of the madhouse (Eden *et al* 1960). Although the building was demolished, elements of the built fabric were retained and form part of English Heritage's Architectural Study Collection. The 77 objects surviving from Brooke House's interiors, such as wallpapers, decorative ceiling fragments and structural elements including a decorative bracket, staircase and doorways, allow archaeologists to restore and interpret the interior space and the environment occupied by both staff and patients (Newman 2015).

Many of the objects retained from Brooke House allude to decorative schemes. For example, a number of brightly coloured delft tiles and wallpapers recovered from the site suggest that efforts were made to maintain the building to a high standard of domesticity. Recovering wallpaper from an institutional site is not common because wallpaper is a frequently replaced commodity, which does not often survive. The wallpaper itself raises particular questions surrounding the levels of decoration in the madhouse, how often it was decorated and the amount of attention given to the choice of décor (Fig. 5). By the second half of the nineteenth century, even if an institution did employ wallpapers as a form of decoration it is likely they were sanitary papers, which were designed to promote health and wellbeing (Hoskins 1994, 154-156). Sanitary papers do not feature in the Brooke House collection. Instead these wallpapers are of a relatively high quality, were fashionable and were not inexpensive choices. Objects such as these wallpapers challenge established, mostly negative perceptions of the madhouse. Whether wallpapers were employed to decorate bedrooms or communal spaces, they created unique spaces reflecting individual thought, choice, experience and echoed moral management strategies, i.e. that domestic-looking environments could elicit a genteel response from inhabitants.

Alternative approaches to the exploration of buildings connected with treating mental health in a non-standard institutional environment have been developed by Dr Suzanne Lilley. Lilley's research undertaken for The Rowntree Society in 2014 illustrates the potential

of oral testimony for interpreting institutions for health and welfare. The project, supported by the Heritage Lottery Fund and hosted by the Rowntree Society, aimed to preserve the legacy of Rowntree, an industrial confectionary manufacturer in York (The Rowntree Society 2014). The society connected with over 1000 participants, recorded 50 hours of new oral testimony, and undertook a series of community events. The project highlighted the importance of Rowntree to York residents, and how residents have attached significance to the city and specific buildings. This discovery led to the development of an interactive memory map, which enables the public to access personal Rowntree stories within the cityscape.

The narrative of a site named Dunolie emerged during the recording of oral testimonies. Located in Scarborough in North Yorkshire, Dunolie was publically promoted by Rowntree as a convalescence and health care complex for Rowntree workers in the twentieth century. Although located outside of York, Dunolie is an integral part of the Rowntree institutional narrative. Prior to the project, perceptions of Dunolie emerged from pamphlets and photographic records. These records convey images of a deliberately designed space fashioning the sense of an old romantic hotel rather than a hospital. At Dunolie, Rowntree created an image of opulence, care, and a relaxing place for Rowntree workers to convalesce (Pers Comms Suzanne Lilley 2014).

Unlike documentary sources which reveal Dunolie as a relaxing convalescence home, oral testimony suggest that the building had a very specific purpose and use. For former Rowntree employees, Dunolie is associated with a range of recuperative needs often relating to mental health. Examples include a variety of eating disorders such as obesity, bulimia, and anorexia. Despite the public image of the Rowntree workers as guests relaxing in a hotel environment, once inside the institution, workers were considered patients there to receive medicalised care. Often influenced by their illnesses, workers revealed what was significant about Dunolie for them through their oral testimonies. 50% of workers suffering stress remembered intimate details of bedrooms while 30% of workers with eating disorders remember the dining room and being watched by matron. Oral testimonies from Dunolie expose rules and regulations as they were understood by patients, but not recorded or formalised in documents. The substantial number of oral testimonies taken during the Rowntree project has enabled researchers to recognise consistencies that have enabled them to confidently retell the stories from Dunolie (Pers Comms Suzanne Lilley 2014).

This project illustrates the place of oral testimony in determining what is significant to people experiencing health care and welfare. For instance, project participants from Dunolie remember the food, but no one can clearly remember the sleeping arrangements, or why they were selected to go to Dunolie. Although all participants could remember the matron, they could not recall other staff, and were unsure where the matron resided in the building. This case study also reveals the often interesting inaccuracies of oral testimony. For instance, Rowntree employees did not recall having to pay to stay at Dunolie, but documentary records indicate that payment was taken directly from their pay. The reputation of Rowntree as a philanthropic employer endures in employees' memories, over function or operational details. This project and its discoveries at Dunolie highlight the juxtaposition between public connections and academic connections to health and welfare institutions, which ultimately questions traditional research agendas of this institutional type. In this case, themes emerging through academic publications are not reflected in those of the project participants, thus illustrating the value of projects such as Rowntree, which concern both industry and institutions.

DISCUSSION

Archaeological analysis of public institutions can inform on people and communities who are sometimes considered peripheral to the historical understanding of these places. As archaeologists, we are in a good position to inform on the material, everyday lives of inhabitants and actors for whom the documentary record alone can be limited in materials, such as lower social classes. Methods available to us include oral testimony collection, documentary source analysis and comparison, and more traditional methods of material culture study and excavation (where possible), as well as standing building survey. Indeed, the increasing availability of 3D scanning technology and virtual modelling, as well as a broader base of expertise in the use of these techniques, mean that architectural analysis may in future be informed by digital engagements. As the cost of using this equipment drops, we may find that our architectural analysis becomes increasingly documentary, and less reliant on access to broken or dilapidated buildings. Such methods are still largely the reserve of large grant holders or commercial units, and less accessible to the everyday researcher, but that may change over time.

Maps and plans are the core documentary evidence currently available for primary research. Original building plans are illustrative of the ideas behind the architectural designs, and layout is indicative of how the buildings were *meant* to be run, if not how they were. Piddock employed architectural plans in her research on asylum buildings in Australia (2007), focusing her research questions on where building plans deviated from models of how asylums should be built, according to thinkers like Conolly (1847). Architectural plans can also be studied comparatively (and critically, given the fallibility of plans as a faithful rendering of use) with contemporary building plans and plans drawn up through standing building survey. Markus (1993) employed *gamma maps* (Hillier and Hanson 1984) to examine building use and movement through space. His maps illustrated how the interior spatial structure of an asylum was negotiated through hierarchies of access. Critical consultation of sources like minute books, oral testimony (where possible), and observations based on standing building survey can be employed collaboratively in order to study the building as an object with which users engaged, and an archaeological site, if just on paper. This means of studying historic buildings is time-consuming, however, and requires certain specialist knowledge, including a critical approach to space and place not appropriate in a commercial context.

The fragmentation of archaeology in the British Isles into both an academic discipline and a professional sector has hindered much collaboration, particularly in the last twenty years, between those who engage with these buildings the most (commercial units) and researchers for whom these buildings are a sometimes untouchable object of study. This paper has outlined some potentially valuable collaboration in the British Isles due to the privileged position that commercial archaeologists hold with regard to accessing buildings which researchers cannot. Commercial archaeologists may also benefit from engagement with academic archaeologists studying these buildings. The redevelopment of historic buildings has visible impact on the landscape and streetscape, and implications for historical setting and local communities. As such, consultation which academics, particularly those involved in public engagement as part of their research, would be useful. Furthermore, scholarly approaches to materials and histories of sensitive places and people – such as institutions for mental and physical care or management – raise ethical questions as to the scholarly motivations and intended audience for these avenues of research, ethical questions that academic researchers are bound to address. As such, mutual engagement

with wider communities – both the living communities historically associated, or researchers and academics who research this field – is not only useful, but important.

Institutions for mental and physical healthcare are problematic in that there are multiple stakeholders in historical research, each representing a sometimes fiercely competing agenda. When researching institutions for mental health in particular, it is necessary to consider individuals and interest groups for whom the mental health treatment system is all too real: current and ex-service users, current and ex-staff members, social workers, policy authors, funding bodies, and government think tanks. The results of a well-meaning revision of mental health history may impact people personally, and the destruction of an ostensibly anachronistic institutional building can have real impact on the daily lives and routines of communities which live nearby, who exercise or walk their dogs in the grounds, or who run small-scale community museums or local history groups. Conspicuously less vocal with mental health institutions than with their sister institutions for physical medicine, there are also interest groups concerned with the community impact of research on healthcare institutions. A hospital's closure may impact a community in a very real and material way, so that the archaeological and historical study of the buildings themselves may dictate the terms of that institutions' survival or place within the long-standing communities which build up around them. As archaeologists engaging with many hospitals which have only recently closed as a result of the advent of community care, we are obliged to engage with these interest groups in order to carry out our research. Indeed, community engagement at the data-collection stage of research can allow for incorporation of unexpected or previously understudied aspects of research, inspired by community interest. Engaging with historical communities allows for a collaborative research process, an archaeology *for* the community, as well as *of* them (Sabloff 2008, p.17). Rather than a necessary obligation, therefore, engaging these groups may be valuable active collaborations, as well as a means of securing information and oral testimony.

Former communities of staff members across Britain and Ireland are responsible for founding museums on former asylum and hospital sites. These museums are dedicated to mental health, as at Wakefield, or other aspects of community history such as the Military Museum in the former asylum church at St. Dympna's Psychiatric Hospital in Carlow. Regardless of their focus, they form a vital material link with a former or still operating institution that was at one time a major employer, and a major public service. As such, it may be necessary to consider these stakeholders before these institutions are engaged with,

and also to consider the different levels of engagement with a former hospital - staff, patient, or visitor. The question of audience is flagged up here because the location of many British and Irish hospitals, former asylums, and former workhouses within towns and communities which are historically associated with them, mean that community engagement is almost always necessary. In light of the potential of these buildings to inform on the communities that rally around them and their history today, it is interesting to note that the potential of these buildings' historical records to yield detailed information regarding all but the most senior members of staff can sometimes be very low. While excavation can offer artefacts and material remains which attest to everyday life, where these buildings are still standing they are often 'swept clean', so to speak. Therefore, what exactly can these structures tell us about the people who interacted with them, if anything at all? And crucially, how do we access these narratives? The case studies outlined here have offered several alternatives to the explicit material engagement facilitated by archaeology, and have also indicated multiple research methodologies beyond historical research. Oral testimony, for example, is vital in informing on the life experiences of people who engaged with buildings for healthcare. Similarly, financial accounts and annual reports are often telling of events and activities within institutions, as much as by what they do not say as what they do. The buildings themselves, however, remain the most prolific source of information on how institutions were used.

The consensus from the 2014 Theoretical Archaeology Group conference session which inspired this article was that commercial and academic archaeologists have much to gain from collaboration and mutual engagement. Where commercial archaeology is constrained by time pressures and commercial agendas, academic archaeologists can offer an interpretive framework within which much work already undertaken as part of standing building surveys, excavation and desk based assessment, can be situated. Similarly, academic archaeologists may benefit immensely from the considerable access privileges enjoyed by commercial archaeologists to sensitive sites undergoing development, and in delegation of on-site analysis to specialists in standing building survey.

The methodological avenues available to archaeologists engaging with historical institutions for mental and physical healthcare are multiple and variant according to geographical area. As such, it is often difficult to compare research on these institutions from different countries, and indeed it can be difficult to ascertain exactly how wildly differing methods,

approaches, and conclusions on these institutions can be considered under the same disciplinary umbrella. This article has offered an overview of some of the work being undertaken by archaeologists in the British Isles on health and welfare institutions in the historic period, and showcases non-invasive multi-disciplinary methods, as well as more traditional approaches to standing buildings.

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Bibliography

Beaumont, J., Geber, J., Powers, N., Wilson, A., Lee-Thorp, J., and Montgomery, J. (2013). 'Victims and survivors: stable isotopes used to identify migrants from the Great Irish Famine to 19th century London.' *American J. of Physical Anthro*. 150 (1): 87-98.

Beisaw, A. and Gibb, J. (eds). (2009). *The archaeology of institutional life.* Tuscaloosa, University of Alabama Press.

Casella, E.C. (2001). 'To watch or restrain: female convict prisons in 19th nineteenth-century Tasmania. *Inter. J. of Hist. Archaeo*. 5 (1): 45-72.

Casella, E.C. (2007). The archaeology of institutional confinement. Gainesville, University of Florida Press.

Conolly, J. (1847). *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*. London, John Churchill.

Crossrail. (2015). Crossrail Archaeology. [Online] Available from: http://www.crossrail.co.uk/sustainability/archaeology/#

[accessed 24th November 2015]

Crowther, M.A. (1983). *The Workhouse System 1834 – 1929: the history of an English Social Institution.* London, Routledge.

Davis, P., Cook, P., and Murray, T. (2013). *An Archaeology of Institutional Confinement: the Hyde Park Barracks, 1848-1866.* Sydney, Sydney University Press.

De Cunzo, L. A. (2001). 'On Reforming the 'Fallen' and Beyond: Transforming Continuity at the Magdalen Society of Philadelphia, 1845-1916.' *Inter. J. of Hist. Archaeo*. 5(1): 19-43.

Driver, F. (1993) *Power and Pauperism: the workhouse system, 1834-1884*. Cambridge, Cambridge University Press.

Eden, W.A., Draper, M., Grimes, W.F., and Williams, A. (1960). Survey of London: Volume 28, Brooke House, Hackney. [Online] Available from: http://www.british-history.ac.uk/survey-london/vol28/frontispiece [accessed 21 December 2015].

English Heritage. (2011). *Listing Selection Guide: Health and Welfare Buildings*. Swindon, English Heritage.

Fennelly, K. (2007). 'Religion and the Asylum: the archaeology of pastoral care in pauper district lunatic asylums in Ireland.' Unpublished MA Thesis, University College Dublin.

Fennelly, K. (2012). 'The palace of a prince: the archaeology of lunatic asylum architecture, reform and management in England and Ireland, c. 1815-c.1855.' PhD Thesis, University of Manchester.

Fennelly, K. (2014). 'Out of Sound, out of mind: noise control in early nineteenth-century lunatic asylums in England and Ireland.' *World Archeo*. 46 (3): 416-430.

Forde, D. (2011). Oxford Archaeology: Surbiton Hospital, Kingston upon Thames, London. Unpublished Historic Buildings Recording.

Forde, D. (2013). Oxford Archaeology: St Chad's, St George's Hospital, Stafford. Unpublished Historic Buildings Recording.

Foucault, M. (2006). *Madness and Civilisation: a history of insanity in the Age of Reason*. London, Routledge.

Geber, J. (2012). 'Burying the Famine dead: Kilkenny Union Workhouse.' In Crowley, J. and Smyth, W.J. (eds), *Atlas of the Great Irish Famine 1845-52*, Cork, University College Cork: 341-348.

Hamlett, J. and Hoskins, L. (2012). ' "A Bright and Cheerful Aspect": Wall decoration and the treatment of mental illness in the nineteenth and early twentieth centuries.' *Wallpaper Hist. Rev.* 11: 42-45.

Hamlett, J. (2014). *At Home in the Institution: Material Life in Asylums, Lodging Houses and Schools in Victorian and Edwardian England.* London, Palgrave Macmillan.

Hillier, B. and Hanson, J. (1984). *The Social Logic of Space.* Cambridge, Cambridge University Press.

Historic England. (2015a). Listed Buildings. [Online] Available from:
https://historicengland.org.uk/advice/hpg/has/listed-buildings/
[accessed 24th November 2015]

Historic England. (2015b). A History of Disability: from 1050 to the present day. [Online] Available from:
https://historicengland.org.uk/research/inclusive-heritage/disability-history/
[accessed 24th November 2015]

Hoskins, L. (1994). *The Papered Wall: The History and Techniques of Wallpapers.* London, Thames and Hudson.

Knight, S. (2015). "Bedlam's Big Dig." [Online] Available from: www.newyorker.com/tech/elements/london-crossrail-bedlam-big-dig.htm [accessed 14 December 2015].

Lucas, G. (1999) 'The archaeology of the workhouse: the changing uses of the workhouse buildings at St. Mary's, Southampton'. In S. Tarlow and S. West (eds) *Familiar Past: Archaeologies of the later historical Britain,* London, Routledge: 125-139.

Markus, T. (1993). *Buildings and Power.* London, Routledge.

Morrison, K. (1999). The Workhouse: a study of poor-law buildings in England. Swindon, RCHME.

Myers, A. and Moshenksa, G. (eds). (2011). *Archaeologies of Internment*. New York, Springer.

Mytum, H. and Carr, J. (eds). (2013). *Prisoners of war: archaeology, memory and heritage of 19th- and 20th-century mass internment.* New York, Springer.

Newman, C. (2007). 'An archaeological study of the Madeley Union workhouse.' Unpublished MA Thesis, University of York.

Newman, C. (2010). 'The place of the pauper: a historical archaeology of West Yorkshire workhouses 1834-1930.' Unpublished PhD Thesis, University of York.

Newman, C. (2014). 'To Punish or Protect: The New Poor Law and the English Workhouse'. Int. *J. of Hist. Archeo*. 18(1): 122-145.

Newman, C. (2015). 'A Mansion for the Mad: An archaeology of Brooke House, Hackney'. *Post Med. Archaeo.* 49 (1): 156-174.

Piddock, S. (2001). '"An irregular and inconvenient pile of buildings." The Destitute Asylum of Adelaide, South Australia and the English Workhouse.' *Int. J. of Hist. Archeo*. 5(1): 73-95.

Piddock, S. (2007). *A Space of their Own: the archaeology of nineteenth century lunatic asylums in Britain, South Australia and Tasmania*. New York, Springer.

Platt, P.O. (1930). Survey of the County Poor Law Institution. County Council of West Yorkshire.

Porter, R. (2004). *Madmen: a social history of madhouses, mad-doctors and lunatics.* Stroud, Tempus Publishing Limited.

Richardson, H. (1998). *English Hospitals 1600-1948.* Swindon, RCHME.

The Builder, A New Workhouse for Wharfedale Union, 14/6/1873, p. 461.

The Rowntree Society. (2014). 'York Remembers Rowntree' oral history project. [Online] Available from:

http://www.rowntreesociety.org.uk/memories-project/

[accessed 24th November 2015].

Sabloff, J. (2008). *Archaeology Matters: Action Archaeology in the Modern World*. Walnut Creek, Left Coast Press.

Shepherd, J. (ed). (1998). Post-war archaeology in the City of London, 1946-68: a guide to records of excavations by Professor W.F. Grimes held by the Museum of London. *The Archaeological Gazetteer Series*, Volume 3. London, Museum of London.

Tarlow, S. (2007). *The Archaeology of Improvement*. Cambridge, Cambridge University Press.

Taylor, J. (1991). *Hospital and asylum architecture in England, 1840-1914: building for health care*. London, Mansell.

Thompson, J. D., and Grace Goldin. (1975). *The Hospital: a social and architectural history.* New Haven, Yale University Press.

Topp, L. E., Moran, J. E. and Andrews, J. (eds.) (2007). *Madness, architecture and the built environment: psychiatric spaces in historical context.* London, Routledge.

Tuke, S. (1813). *Description of the Retreat, an institution near York for Insane Persons of the Society of Friends.* York, W. Alexander.

Tuke, S. (1819). Practical Hints on the Construction and Economy of Pauper Lunatic Asylums. In Watson, C. & Pritchett, J. *Plans, Elevations and Sections and Description of the Pauper Lunatic Asylum lately erected at Wakefield*. 2nd ed. York, W. Alexander.

Walker, D., Powers, N., Fowler, L. (2014). 'Resurrection: Who is it good for? The price of achievement at the London Hospital.' *Post-Medieval Archaeology* 48 (2): 388-397.

Walker, H. (1974). *The Little Town of Otley.* Otley, Olicana Books Ltd.

Yanni, C. (2007). *The Architecture of Madness : Insane Asylums in the United States*. Minneapolis, University of Minnesota Press.

List of Figures