An asylum for architects: expertise, exclusion and the construction of psychological environments in England, 1870-1930

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Abstract

The nineteenth century city as a pathological and agentive environment remains entrenched in historical scholarship. This thesis challenges these concepts and develops an original perspective on the history of the environment, showing that urban and 'natural' landscapes at the fin-de-siècle were constructed by people in an attempt to 'create' environments of wellbeing, initiatives that were ultimately driven by power, money and exclusion. It also pioneers a new approach in the history of medicine, revealing the nebulous and sometimes fantastical foundations of ideas about pathological environments that have become the basis of historical scholarship and still remain in contemporary life.

First, this work challenges a scholarly consensus that posits a dichotomy between the mentally distressing urban environment and the healing natural world. It argues that it is necessary to move beyond understanding cities as stressful, 'spectacular' entities, or the countryside or seaside as environments of wellbeing, showing these environments were complementary and intertwined. Using a unique approach towards the analysis of medical literature, this thesis offers a new perspective on mental illness at the turn of the twentieth century. By arguing that the relationship of psychological illness to the urban environment was part of an overarching pathologisation of everyday life, it reveals how suffering from and combating mental illness became a tolerated (and sometimes aspirational) part of people's existence.

Second, this thesis argues that historians have overlooked a fundamental part of the study of 'landscapes of healing'. It approaches this by adapting a methodology from science and technology ('the construction of nature') to analyse environments deemed to improve mental health. It uses this novel perspective to show how, at the turn of the twentieth century, various different 'professionals'—architects, doctors, philanthropists, and others—attempted to construct buildings, institutions and landscapes that would engender mental wellbeing. Through analysis of not just the structures themselves, but the lives of the people who created them and used them, it reveals how such environments were based more on power-based acquisition rather than evidence-based medicine, a finding that should have significant implications both in the field of environmental and medical history, and beyond. It also reveals the systemic exclusion of people on the grounds of a person's class, gender or race: offering pertinent solutions to understanding the schism between 'respectable' and 'unpalatable' mental illness, ideas that persist today.

This thesis takes an interdisciplinary approach, engaging with fields such as sociology, philosophy, science and technology studies and medicine, using methodologies from these subjects in conjunction with empirical historical research in order to fundamentally question the prevailing idea that the environment can have an impact upon a person's mind. It looks at the construction of major elements of British life at the turn of the twentieth century, including the asylum, town planning, holidays, spas, community initiatives, hotels, and more, and shows how mental health was interwoven through all of these. In considering such a broad range of topics, this thesis analyses a wide range of archival sources from major figures and high-profile institutes (such as London County Council) in innovative ways. Using a variety of primary sources such as notes on journal articles, annotations in margins, letters to the council, it identifies silences, abuses of power and inconsistencies in the formation of groundbreaking initiatives concerning mental health and environment. Therefore, while this is a thesis about major 'ideas' that formed parts of English culture, it is fundamentally a thesis about the minutiae of everyday life and the fallibility of human behaviour, revealing that errors, lapses of judgement, personal problems and character flaws are crucial to understanding the past.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Copyright statement

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Introduction

In 1909, an unidentified planner working on a redesign of London's Regent Street was interviewed in the *Daily Mirror.* The article was entitled 'London's Agoraphobia'*.* The interviewee discussed the psychological status of London's inhabitants, arguing that Londoners 'love to be jostled, and abhor broad, spacious thoroughfares'.[1] He argued that the environments of Bond-street, Cheapside, and the Strand 'owe much of their commercial success to their narrowness and consequent warm, sociable atmosphere'.[2] While a 'nerve specialist' consulted by the paper suggested that inhabitants were unlikely to all be suffering from agoraphobia, he nevertheless conceded that there was a psychological element to the effect that London had on its inhabitants. He wrote:

> I was employed in making a medical examination of thousands of emigrants to Canada. Quite a number of London people, though thoroughly healthy in every way, were depressed by the loneliness of their new life, and some went so far as to throw up excellent prospects in Canada and return to the hardships of London life, preferring poverty in a crowd to wealth and comfort in a sparsely-populated country.[3]

Whether or not this anecdote is medically rigorous, it provides a contradictory position to the widely agreed 'pathological' urban environment that exists in both historical scholarship and contemporary thought. Instead of the busy, crowded, narrow, and poverty-stricken metropolis engendering poor mental health, it was suggested to do the opposite. Further, it suggests that mental wellbeing could be physically built into the fabric of the urban environment—not only to improve health, but also to increase commercial revenue. These two ideas frame the two major arguments proposed in

[1] *Daily Mirror*, 27 November 1909, p. 5.

[2] *Daily Mirror*, 27 November 1909, p. 5.

[3] *Daily Mirror*, 27 November 1909, p. 5.

this thesis. First, my work questions the idea of a widely agreed, nineteenth century pathological metropolis. Second, my thesis explores the idea that an environment could be 'constructed' to be psychologically healthy, something that was eventually commodified.

My thesis makes three main contributions to knowledge, summarised briefly here and in more detail with reference to specific historical works below. First, there is an idea—both historical and contemporary—that cities are psychologically pathological: noisy, stressful, overwhelming, and alienating. One of the main contributions this thesis makes is to challenge this prevailing idea. Through consideration of the work of the 'every day' medical professional working at the end of the nineteenth century and beginning of the twentieth, this thesis reveals the lack of consensus about the impact of urban environments upon the mind. From a medical standpoint, there were multiple and contradictory ideas circulating in medical thought as to what caused mental illness or unrest. Rather than the emergence of cities being the aetiology of mental disquiet, this thesis argues that everyday life *itself* during this period became pathologised. Language referring to mental distress, unrest or illness permeated multiple and contradictory human actions. Anything, and everything, could be considered to cause a person mental distress of some sort. Nevertheless, this is not an anti-psychiatry thesis. By revealing the above, this thesis shows that mental illness began to be seen as, while not necessarily accepted, a tolerated part of people's existence. However, it shows that the extent of this depended on a person's class, gender or race.

Second, this thesis pioneers a new approach towards the literature on 'spaces of healing'. It shows the development of the idea that an environment could be 'created' to improve mental health, and reveals how this idea had a major impact upon public institutions, the landscape, and private homes. This thesis looks at the provision of 'nature'—specifically, light, air, green space, and water—as environments of psychological wellbeing. 'Nature' as a moral and mental cure is a well-explored area of historical research; however, this thesis develops a novel approach. It draws upon methodologies from social theory and science and technology studies to question the very 'naturalness' of 'nature'. It reveals how these 'natural' environments were shaped and informed by technological and scientific developments that took place over the second half of the nineteenth century. It shows them becoming portable, sanitised, and commercialised. In turn, it also looks at the construction of 'community' in such environments: revealing that these spaces were intended to ensure human cohesion also. In considering 'mentally healthy' environments, this thesis also considers how the very construction of these environments excluded those deemed 'undesirable', working-class people or those with 'unpalatable' mentally illness. In short, mentally sanitised spaces, for a sanitised populace.

The third major contribution this thesis makes to knowledge is the consideration of 'expertise' in the production of ideas about mental health. Many of the professionals working to construct the aforementioned environments of wellbeing—council members, architects, philanthropists, advertisers—were not medical professionals. Often, their work in attempting to create healthy psychological environments was based on scant medical evidence, something hitherto unexplored in scholarship. Nevertheless, their ideas became part of public consciousness, and still remain today.

This thesis reveals the networks of power in which these professionals worked and promoted their ideas and shows how 'expert' knowledge can be fragile and nebulous. The 'trickling down' of language of psychological wellbeing into public life and everyday discourse was not a coincidence, but a concerted move by various professionals to assert their authority and make their mark upon late-nineteenth and early-twentieth century England and beyond. Thus, while this is a thesis about major 'ideas', about mental illness, about nature, about community, about architecture, it is fundamentally a thesis about the minutiae of everyday life, and the fallibility of human behaviour. It reveals that human errors, lapses of judgement, personal problems and character flaws are fundamental in understanding the past.

Historiographical interventions

This thesis makes interventions into two major areas of historical scholarship: the history of medicine and environmental history. In terms of its general approach, this thesis aligns closely with Mathew Thomson's 2006 work *Psychological Subjects.* Thomson's work argues that, in the mid- to late-twentieth century, 'psychological thought and practice could mediate, not just understanding of the self, but also a wide range of social and economic, political, and ethical issues'.[4] My thesis complements Thomson's position in two ways. First, the majority of the thesis moves the study of mental health, so often confined to the institution, beyond institutional walls, considering the city, the seaside, spas and people's homes. While it does take on the

[4] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford, 2006), p. 1.

asylum as the subject of Chapter 2, it is used as a basis for setting up larger arguments about environments of mental wellbeing and how the state took on such ideas.

My thesis also diverts the study of history of mental health from the high-profile, and somewhat controversial figures that are oft-focused on, such as Sigmund Freud, whose ideas did not necessarily reflect the entirety of the medical community at this time. Second, it reveals that, at the turn of the twentieth century, a 'psychologisation' of everyday life occurred. I coin this term to demonstrate an increasing tendency to describe certain behaviours, objects or environments utilising words relating to mental health—be that wellbeing or psychological distress (see *Terminology* section, below, for more detail). Also, my thesis extends Thomson's timeframe, revealing that while 'psychological thought and practice' may have become part of an established bureaucratic apparatus during the mid- to late-twentieth century, they were not unique to that period. Indeed, it challenges Jill Kirby's argument in her recent book on stress that it was not until the later twentieth century that 'previously "normal" experiences [were] reinterpreted as medical or psychological complaints'.[5] Rather, my thesis places the inception of such ideas in the nineteenth century. More significantly, it situates ideas about the 'psychologisation' of everyday life within the built environment, revealing how these ideas had tangible repercussions on the physical landscape.

[5] Jill Kirby, *Feeling the Strain: a Cultural History of Stress in Twentieth-Century Britain* (Manchester, 2019), p. 3.

The nineteenth century city and mental health is well-trodden ground. My work follows a rich tradition of scholarship that analyses certain psychological qualities in specific environments. In the 1990s and early 2000s groundbreaking historical works were written that constructed the nineteenth-century city as inherently psychopathological. This work particularly concerned the theory of 'degeneration': the idea that the modern, urban environment was the cause of human decline. For example, the pathbreaking work of Daniel Pick, *Faces of Degeneration*, focused on the dissemination of medico-psychological theories of 'degeneration' into public life during the nineteenth century. His work revealed how degeneration shaped contemporary fiction, political language and ideological debate during this time.[6] Work by feminist scholars such as Judith Walkowitz, Erika Rappaport and Deborah Epstein Nord analysed theories and literature concerning consumption to show how the 'dark, powerful and seductive labyrinth' of the metropolis, and women's bodies and minds within it, were pathologised.[7]

The idea that psychological ideas were fundamentally marginalising was explored further in scholarship on the genesis of specific, 'urban' psychological disorders, such as kleptomania or agoraphobia. Historians and literary theorists Elaine Abelson, Elaine Showalter, Anthony Vidler, Lisa Appiganesi and Tammy Whitlock argued that the creation of these psychological disorders during this period was practiced by medical professionals with the intention of maintaining gender- and class-based social distinctions, in order to curb working-class and female

[6] Daniel Pick, *Faces of Degeneration* (Cambridge, 1990), p. 5.

[7] Judith Walkowitz, *City of Dreadful Delight* (London, 1992), p. 17; Deborah Epstein Nord, *Walking the Victorian Streets: Women, Representation, and the City* (London, 1995), p. 24; Erika Rappaport, '"The Halls of Temptation": Gender, Politics and the Construction of the Department Store in Late Victorian London' *Journal of British Studies* 35 (1996), p. 75.

agency.[8] While recognising the importance of this pathbreaking scholarship in highlighting how contingent on gender norms psychological disorders were, my work challenges the framework on which it was constructed, explained below.

A poststructuralist framework of analysis is prevalent in much of this historical work. Drawing on Foucault's theory of governmentality, this scholarship argued that the dissemination of psychology, psychiatry and psychoanalysis into public life was a conscious effort by the state to exercise control over citizens, through the co-option of the subject in institutions and public environments.[9] Hence, psychological disorders 'caused' by the urban environment were posed by the above scholars to be constructed as part of a monolith of marginalisation and social control. Building on a 1993 article by Laura Lee Downs, in which she argued that post-structuralist arguments about constructivism negated people's lived experience, my work strongly challenges the social constructivist narrative of mental health. I argue that mental health disorders are not consciously marginalising 'constructs', but rather, real problems that nonetheless shape and are shaped by the culture of the time.[10]

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[8] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (London, 1987); Anthony Vidler, 'Agoraphobia: Spatial Estrangement in Georg Simmel and Siegfried Kracauer', *New German Critique* 54 (1991), 34; Patricia O'Brien, 'The Kleptomania Diagnosis: Bourgeois Women and Theft in Late Nineteenth-Century France' *Journal of Social History* 17 (1983), p. 70; Elaine S. Ableson, 'The Invention of Kleptomania', *Signs* 15 (1989), pp. 126-128; Tammy Whitlock, 'Gender, Medicine, and Consumer Culture in Victorian England: Creating the Kleptomaniac', *Albion: A Quarterly Journal Concerned with British Studies* 31 (1999), p. 435; Anthony Vidler, *Warped Space: Art, Architecture, and Anxiety in Modern Culture* (Cambridge, 2000); Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to Present* (London, 2008).

[9] Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge, 1999), p. 15; Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London, 1999), pp. 6-7; Nikolas Rose 'Calculable minds and manageable individuals' *History of the Human Sciences* 1 (1988), p. 179.

[10] Laura Lee Downs, 'If "Woman" is Just an Empty Category, Then Why Am I Afraid to Walk Alone at Night? Identity Politics Meets the Postmodern Subject', *Comparative Studies in Society and History* 35 (1993), pp. 414-437.

I challenge the above scholars' conception of mental illness by highlighting an oversight in their work. Most of this scholarship uses 'literary' sources, for example, sensationalist novels, or sociological literature, to provide insight into the discourses that formed pathological urban centres. For example, Vidler focuses primarily on the work of social theorists George Simmel, Walter Benjamin and Siegfried Krakauer to reveal how the late-nineteenth century metropolis existed as 'both a physical site and pathological state'.[11] Rappaport and Walkowitz use a selection of sources including W.T Stead's sensationalist *The Maiden Tribute of Modern Babylon,* Charles Dickens novels, *The Lad*y, *Vogue*, and *Girls Own Paper* to construct the pathological city. While a focus on representation and discourse is useful to determine the overarching cultural themes of a period, it somewhat neglects to provide insight into everyday existence. It is also hard to understand the history of mental health without analysis of medical literature. My thesis considers case notes and journal articles written by practicing medical professionals, to show a much more fluid idea of what was considered detrimental to the mind during this period, transforming overarching themes about the pathological city. It subverts the idea that the medical profession was a malevolent monolith attempting to control subjects. Instead, analysis of medical literature reveals the fractured and insubstantial basis upon which 'expert' knowledge about medicine is formed.

At the same time as nuancing the Foucauldian discourse-analysis framework of this literature, it recognises how important it was in revealing the class- and

[11] Anthony Vidler*, Warped Space* (Cambridge, 2000), pp. 26-27.

gender-based differences in psychological diagnosis and treatment of this time, particularly in environments like the countryside and the seaside. My thesis solidifies the notion that disorders of the mind were gendered and classed. It also contributes to scholarship about race and mental health, by analysing the silences around race in writings about mental wellbeing in this period, in particular the construction of spas for mental wellbeing in Chapter 3. While there is extensive literature that discusses how the bodies and minds of people of colour were pathologised in the nineteenth century, there is less work historically that addresses who the model of mental health care was designed for.[12] As such, my work will provide new avenues of research in this area.

Significantly, this thesis reveals that it is unquestionable that the way mental health disorders *were treated* was contingent upon a person's gender, a person's class, and in some cases a person's race, all of which will be revealed throughout the following chapters. For example, Chapter 1 reveals how stress was sometimes aspirational for the white-collar worker, whereas it was often criticised and considered self-determined in the agricultural or factory worker. Chapter 3 shows how the seaside was a place of rest for the middle-class man, and a space of iniquity for the working-class woman. This is crucial, and reveals that people who did not fit the archetype of the 'respectable' patient, were excluded from certain

[12] The intersection of psychiatry and race is generally discussed in a colonial context, see for example Waltraud Ernst, 'European Madness and Gender in Nineteenth-Century British India', *Social History of Medicine* 9 (1996), pp. 357-82; Roy Porter and David Wright (eds), *The Confinement of the Insane: International Perspectives, 1800-1965* (Cambridge, 2003); Len Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean*, *1838-1914* (Basingstoke, 2014). Also, while there is a well-developed literature in medicine and psychiatry that looks at the fact that people of colour have been excluded from aspects of mental health care, this is not a developed historical field (for example, in Jill Kirby's *Feeling the strain* she notes that 'race remains unexamined, in part due to its absence in much of the source material' (p. 5).

cures and spaces of care. Thus, while this thesis rejects the Foucauldian notion that psychology was in itself a conscious tool of repression or marginalisation, it accepts that class, gender and race were important factors in how treatment was dispensed by doctors.

This thesis also challenges the use of 'modernity' as a framework through which to view nineteenth-century psychological history. James Mansell's 2017 work on noise and 'modernity', Andrew Scull's 2015 work *Madness in Civilisation*, and Amelia Bonea and others' 2019 work on anxiety focus on the 'medical' aspect of the psychology of 'modern' disorders, utilising sources written by doctors and psychiatrists practicing at the time.[13] One focus of such work is the onset of what was referred to at the time as 'neurasthenia'. Neurasthenia, while recognised as ill-defined by historians, generally has been described in historical work as 'nervousness' around 'the pressures of modern life', and is usually technologically focused, with persistent risk factors being described as, for example, 'steam-power, the periodical press, the telegraph, the sciences'.[14] Mansell's work in particular discusses a wealth of medical literature to reveal how fears surrounding 'noise' characterised the pre- and post-First World War world. Mansell's, Bonea and others' and Scull's work utilise a framework of 'modernity' or 'civilisation' to understand such disorders.[15] Constructing such a linear narrative of progression,

[13] Andrew Scull, *Madness and Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton, 2015); James Mansell, *The Age of Noise in Britain: Hearing Modernity* (Illinois, 2017), p. 25; Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis, *Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, 2019), p. 24.

[14] *The Lancet*, 25 Jan 2014, p. 301.

[15] Scull, *Madness in Civilisation,* p. 224; Bonea, Dickson, Shuttleworth and Wallis, *Anxious Times*, p. 220.

to describe nervous disorders as fundamentally changing due to the onset of 'modernity' or 'civilisation', does not take into account the evidence that does not fit with this narrative.

As such, this thesis seeks to build on work in nineteenth-century studies that critiques 'modernity' as a concept. [16] It does so in Chapter 1 by revealing that there were some aspects of mental disorder that did not fit within a framework of changes traditionally held under the umbrella of 'modernity', such as the urban environment, technology, and secularisation. In addition, while Mansell, in Bill Luckin's words, focuses on 'the medical super-elite' (as do Scull, and Vidler, and others), I focus on a wider range of doctors. However, I also recognise that all of these professionals were, as a rule, part of the upper echelons of society and inherently networked.[17] Nevertheless, a shift in focus to the quotidian professional gives us a better understanding of the everyday nature of psychological practice of these times, as opposed to the radical outliers who arguably had somewhat anomalous ideas.

Revealing the networks inherent in the production of knowledge, and the discrepancies in medical thought at this time, means my work largely complements Janet Oppenheim's 1991 book, *Shattered Nerves.* Oppenheim's book was pathbreaking because it contested the post-structuralist narrative of psychiatry as

[16] Claire Walsh, 'The Newness of the Department Store: A View from the Eighteenth Century', in Geoffrey Crossick and Serge Jaumain (eds), *Cathedrals of Consumption: The European Department Store 1850-1939* (Aldgate, 1999), pp. 46-71, p. 46; Ian Tregenza, 'Secularism, Myth, and History' in Christopher Hartney (ed.), *Secularisation: New Historical Perspectives* (Newcastle, 2014), p. 175; Lucy Allen, 'Narratives, Mentalities, Imaginations: A Study of Religion and the Working Class in the Casebooks of the Lancaster Moor Asylum', 1870-1901'. MA Thesis, University of Manchester, 2016, p. 7.

[17] Bill Luckin, 'The Age of Noise in Britain: Hearing Modernity by James G. Mansell (review)', *Technology and Culture* 59 (2018), p. 980.

a means of marginalisation. However, it was somewhat bypassed at the time of its publication, likely due to its contestation of the aforementioned post-structuralist theory concerning the suppression of women through psychiatric practice.[18] She wrote of the lack of consensus between the various professions concerned with the mind during the nineteenth century; a position that aligns with my argument in Chapter 1 of this thesis.

While building on most of her arguments, my work contests the part of Oppenheim's hypothesis in which she argues that this lack of consensus was doctors attempting to distance themselves from asylum medicine, and each other.[19] Rather, I argue that the lack of consensus is more nuanced. Indeed, the professions shared some mutual ideas of why certain disorders manifested, frequently cited each other's work, and there is little evidence of public dismissal of each other's ideas (with the exception of a few figures, detailed in the body of the thesis). This suggests that the lack of consensus was not necessarily due to rivalry. Rather, the multiplicity of ideas, the contradictions and the varying aetiologies seem to be the result of the fact that these professionals were essentially exploring how and why mental illness occurred, testing hypotheses and inviting discussion.

Hence, as opposed to a discourse-based methodology focusing on the dissemination of medical language into cultural life, I focus on identifying the

[18] Janet Oppenheim, *Shattered Nerves: Doctors, Patients and Depression in Victorian England* (Oxford, 1991), p. 10; Peter Mandler, Alex Owen, Seth Koven, and Susan Pedersen, 'Cultural Histories Old and New: Rereading the Work of Janet Oppenheim', *Victorian Studies* 41 (1997), pp. 69-105.

[19] Oppenheim, *Shattered Nerves,* pp. 26-27, 31.

parallels and discontinuities in medical thought in everyday life. Such a methodology aligns with recent work by Jennifer Wallis, in which she recognises the process involved in thinking about mental health: 'Such a process necessarily involved failures and wrong theories. These are as valuable to the history of medicine and psychiatry as its success stories'.[20] Thus, highlighting the fluid nature of medical knowledge during this period not only decentres the nineteenth century city as the focus of mental unrest, but also leads us to question on what basis the prescient contemporary belief that urban environments are mentally injurious was formed. Such an intervention has significant implications for both the historical study of cities, and contemporary policymaking.

An effect of 'humanising' the production of knowledge surrounding mental health is revealing the fragility of 'expertise', in which the period post-World War Two has seen the most focus concerning this topic. A groundbreaking article by Jon Lawrence in 2016, later expanded on in his 2019 book *Me, Me, Me?,* revealed that interviews in sociologists Peter Willmott and Michael Young's eminent 1957 book *Family and Kinship in East London,* used as the basis of hundreds of studies about community, had been manipulated or disregarded in order to discount testimony that they considered 'aberrant' or 'exceptional', in order to prove their thesis.[21] Lawrence's work was not the first to question the content of Willmott and Young's work, but it was the first to shed light upon the methods used in manipulating the evidence. Lawrence's work concluded by showing how Willmott and Young's publication gained prestige

[20] Jennifer Wallis, *Investigating the Body in the Victorian Asylum* (London, 2018), p. 11.

[21] Jon Lawrence, 'Inventing the "Traditional Working Class": A re-analysis of interview notes from Young and Willmott's Family and Kinship in East London', *The Historical Journal* 1 (2016), pp. 1-27; Jon Lawrence, *Me, Me, Me?: Individualism and the Search for Community in Post-War England* Oxford, 2019), p. 57.

through promotion on various radio and television programmes, whereas other, more ambivalent works from less well-connected authors, were disregarded or ignored. My work echoes Lawrence's work in questioning how, and in what ways, certain ideas around mental health become devised, and promoted, and then how such ideas gained credence over others. In order to do so, this thesis reveals the self-created networks of power in which professionals founded and promoted their ideas surrounding improving mental health, sometimes for personal or professional gain. All in all, ideas around mental health during the turn of the century are inextricably bound up with money, prestige and power. By adopting this position regarding psychological ideas, this thesis provides a novel perspective regarding the history of mental health.

Hence, by shedding light on these 'networks', the grumblings within them, the occasional vicious attacks, and the exploitation of power, the picture painted of the professionals discussed in this thesis is not wholly a positive one. While, as stated, it moves away from the idea that those promoting or present in psychological methods of care were agents of suppression, it does reveal some of the institutional problems inherent in the production of knowledge about the mind. First, it is clear from the evidence discussed in Chapters 2, 3, and 4 that there were obvious and inherent prejudices within the aetiology and treatment of various mental health disorders. For example, many of the interventions and so called 'cures' for mental health problems were designed for a specific stratum of society, and often excluded persons contingent upon, for example, their social class, or their ethnicity. As discussed above, the notion that some psychological diagnoses were inherently sexist, racist, and classist is not a new topic. But, revealing how the 'cures' were fundamentally structured in order to

exclude is a new and novel area of exploration, something that sheds light on recent work in inequalities of mental health care.[22]

At the same time as revealing how certain people were excluded from accessing environments and services for mental wellbeing, this thesis highlights how certain disorders became 'exclusive', or 'aspirational', in particular regarding 'overwork' and other employment-based disorders. Chapter 3 in particular charts a development relating to the normalisation of certain 'stress'-related psychological disorders, and how the responsibility of managing this stress was designated into the employee's own hands. Thus, this thesis pioneers an important narrative, in which people with mental health problems were expected to be self-motivated to improve their psychological wellbeing and hence their ability to work. Such an idea aligns somewhat with work on labour and industrial historiography from the 1950s onwards, which argued that a framework was created in which companies would use psychological language to improve productivity of workers.[23] It also chimes with Jill Kirby's recent work in which she proposes that stress became ingrained within the workplace in the mid- to late-twentieth century.[24] However, rather than simply just focusing on how psychological language was *used* in work environments, my thesis

[22] Kristoffer Halvorsrud, James Nazroo, Michaela Otis, Eva Brown, Hajdukova Kamaldeep Bhui, 'Ethnic inequalities in the incidence of diagnosis of severe mental illness in England: a systematic review and new meta-analyses for non-affective and affective psychoses', *Social Psychiatry and Psychiatric Epidemiology* 54 (2019), p. 1311; Tracey Grey, Hari Sewell, Gillian Shapiro and Fahmida Ashrad, 'Mental Health Inequalities Facing UK Minority Ethnic Populations', *Journal of Psychological Issues in Organizational Culture* S1 (2013), e1-e12.

[23] Arthur McIvor, *A History of Work in Britain, 1880–1950* (Basingstoke, 2001), pp. 93-109; Kevin Whitson, 'Scientific Management and Production Management Practice in Britain between the Wars', *Historical Studies in Industrial Relations* 1 (1996), p. 47; Thomson, *Psychological Subjects,* p. 145.

[24] Kirby, *Feeling the Strain,* p. 27.

argues that the ability to stay employed while managing the pressure and strain of work became considered fundamental for psychological wellbeing.

The other main area of scholarship that this thesis provides a new approach towards is environmental history. In the last quarter of the twentieth century and the beginning of the twenty first, a number of scholars critically analysed the planning and construction of urban environments in Britain, America, and Europe.[25] A large proportion of this scholarship focused on 'sanitary reform': developments in the urban fabric to improve physical health. The prevailing argument from scholars writing on urban development was how the implementation of various features of sanitary reform, such as pure water, sewerage systems, animal control, green space, and so on, aligned with forms of social exclusion and control. For example, Charles Rosenberg in his work on cholera in the nineteenth century equated the cleansing of Chicago's water supply with the desired elimination of 'dangerous' conditions in the city.[26] More than fifty years later and following numerous similar scholarly interventions, Catherine McNeur's article on pigs in antebellum New York City argued that the attempt to pass laws that would forbid pig-keeping was ostensibly due to sanitary reasons but masked

[25] Charles S. Rosenberg, *The Cholera Years* (Chicago, 1962), pp. 4-6; Jon A. Peterson, 'The Impact of Sanitary Reform upon American Urban Planning, 1840–1890' *Journal of Social History* 13 (1979), p. 84; C. Latimer, *Parks for the People: Manchester and its Parks* (Manchester, 1987), p. 9; Hazel Conway, *People's Parks: The Design and Development of Victorian Parks in Britain* (Cambridge, 1991), p. 5; Martin Melosi, 'The Place of the City in Environmental History', *Environmental History Review* 17 (1993), p. 17; Richard Sennett, *Flesh and Blood: The Body and the City in Western Civilisation* (London, 1994), pp. 15-16; Michael Hebbert, 'A City in Good Shape: Town Planning and Public Health', *Town Planning Review* 70 (1999), pp.433-434. Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (London, 2003), p. 145; Martin Melosi, *Garbage in the Cities: Refuse Reform and the Environment* (Pittsburgh, 2005), pp. 21-23 Michael Hebbert, 'Re-enclosure of the urban picturesque: Green-space transformations in postmodern urbanism', *Town Planning Review* 79 (2008), p. 31; Catherine McNeur, 'The "Swinish Multitude": Controversies over Hogs in Antebellum New York City', *Journal of Urban History* 37 (2011), pp. 639-660.

[26] Rosenberg, *The Cholera Years*, pp. 4-6.

a virulent anti-immigrant, anti-working class sentiment.[27] Thus, urban designs for physical health, their design, construction, and regulation, have been equated with morality, social cleansing, and the desire to reform certain types of behaviour and people. However, building for mental health in the city is yet to be considered historically, although it is the subject of much contemporary sociology and policy. This thesis makes a major contribution to scholarship by revealing that alongside sanitary reform, the nineteenth century also saw the development of the idea that an urban environment could be constructed in order to improve mental wellbeing.

While there has been little attention in historical work to building for mental health in the city, the construction of mentally healthy environments has seen extensive attention, particularly regarding asylum care. Much in the same vein as the aforementioned scholarship concerning sanitary reform in the city, in the 1970s and 1980s, scholars such as Michel Foucault and Andrew Scull focused on the physical space of the nineteenth-century asylum and how its environment and layout functioned to marginalise and disempower patients within.[28] However, historical archaeological work, conducted in the past few years by scholars such as Katherine Fennelly, Sarah Rutherford, and Gillian Allmond, has explored the architecture of the asylum and argued that the way in which the structure was designed—specifically the

[27] McNeur, 'The "Swinish Multitude"', p. 639.

[28] Michel Foucault, *Madness and Civilisation (*London, 1971), p. 70*;* Michel Foucault, *The Birth of the Clinic* (London, 1973), p. x; Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York, 1977), p. 17; Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth Century England (*London, 1979), pp. 277-279; David Cochrane, '"Humane, economical, and medically wise": the LCC as administrators of Victorian lunacy policy', in W.F. Bynum, Roy Porter and Michael Shepherd, *The Anatomy of Madness*, Vol. 3 (London, 1988), p. 253; these were somewhat critiqued by Joseph Melling and Bill Forsyth (eds) in *Insanity, Institutions and Society 1800-1914* (London, 1999).

use of ‘natural’ resources like green space—attempted to provide conditions of care, freedom and liberty.[29]

Hence, despite the disparity in these two positions, there is a constant idea that the environment of the asylum was designed in such a way as to engender certain behaviours. As such, Chapter 2 of my thesis nuances both positions, revealing through analysis of both how the asylum was designed, constructed, regulated, and used in everyday life, that there is not a single way an environment can function, encompassing both benevolent and reforming aspects. In some cases, I argue, there were often very ambivalent attitudes towards how the environment actually worked once it was built. This is a significant contribution, and should encourage historians to move beyond simply architectural plans and look at human behaviour when analysing a building.

While Chapter 2 focuses on the asylum, the rest of the thesis takes the construction of mentally healthy environments outside institutional walls. Chapters 3 to 5 consider the construction of so-called ‘natural’ environments as spaces of wellbeing and the creation of more abstract environments including ‘community’. Looking at how mental wellbeing became entrenched within these environments broadens the study of mental health history. It reveals how mental health became

[29] Sarah Rutherford, ‘Landscapers for the Mind: English Asylum Designers, 1845-1914’, *Garden History* 33 (2005), p. 62; Katherine Fennelly, ‘Out of sound, out of mind: noise control in early nineteenth century lunatic asylums in England and Ireland’, *World Archaeology* 46 (2014), pp. 418-420; Gillian Allmond, ‘The First Garden City? Environment and utopianism in an Edwardian institution for the insane poor’, *Journal of Historical Geography* 56 (2017), p. 106; Wallis, *Investigating the Body in the Victorian Asylum*, p. 8.

perceived as an integral part of everyday life in all environments. These chapters particular focus on the 'construction' of these environments of mental wellbeing: in particular, the purported 'natural' aspects, such as sunshine, fresh air, animals, and greenery, to name a few. 'Constructed nature' will be discussed in more detail in methodology section, below, but 'construction' is the key word here.

The idea that 'nature' in the nineteenth century was never inherently natural, but instead, a combination of ideals, romanticism, and technological advancements, is a well-explored topic by sociologists, and has recently been taken up by historians such as Tom Crook on swimming baths, Jennifer Williams on hydrotherapy, and Ben Anderson on middle class rambling.[30] I join their assent that spaces of 'nature' in the nineteenth century were inherently 'constructed' and interlinked with technology in particular. I focus in particular how such 'constructed' nature was built in order to improve mental wellbeing, its self-governing nature, and the sense that it was restricted on the basis of class (something Wallis touches on but does not go into in detail), and race. The fact that only certain people can access this 'constructed' nature is another innovative finding, and will help those studying the intersections of mental wellbeing and social marginalisation by identifying the inception of such restrictions.

[30] Tom Crook, '"Schools for the moral training of the people": Public Baths, Liberalism and the Promotion of Cleanliness in Victorian Britain', *European Review of History* 13 (2006), p. 32; ; Ben Anderson, 'A liberal countryside? The Manchester Ramblers' Federation and the "social readjustment" of urban citizens, 1929–1936', *Urban History* 38 (2011), p. 97; Jon Agar, 'Technology, environment and modern Britain: historiography and intersections' in Jon Agar (ed), *Histories of Technology, the Environment and Modern Britain* (London, 2018), p. 6; Jennifer Wallis, 'A machine in the garden: the compressed air bath and the nineteenth-century health resort', in Jon Agar (ed) *Histories of Technology, the Environment and Modern Britain* (London, 2018), p. 76.

Finally, and importantly, this thesis integrates the study of industrial capitalism into the history of mental health in a markedly different way to previous historical scholarship on this topic. Generally, the study of capitalism and mental health discusses the marketisation of pharmaceutical drugs, or 'capitalism fatigue', exhaustion from working too hard.[31] While my thesis focuses on both these points, it adds an additional area of analysis. Chapters 2, 3 and 5 look at how broader treatments for mental wellbeing during this period became commodified. Whether this was wealthy people paying to go on spa treatments, or practitioners being paid for endorsements, it shows the development of a political economy of mental health. The elision of good mental health and socioeconomic status is something that is well-discussed in sociology and psychiatry. This thesis will provide a new historical basis to this work and be a fruitful area of investigation for many scholars of medicine.

Approach, sources and methodology

As evidenced above, this thesis takes a novel approach that intersects both the fields of history of medicine and environmental history. It considers published and archival material about the practice of medicine and the design and construction of the built environment. This includes the archives of medical professionals, architects and town planners. It also tracks the dissemination of such ideas in medical journals, architectural journals, and their traction into the popular press and commercial sector. The evidence used can broadly be divided into four sections: 1. published expertise, 2. notes and correspondence, 3. minutes and records, and 4. popular culture. The

[31] Claire L. Jones, '(Re-)Reading Medical Trade Catalogs: The Uses of Professional Advertising in British Medical Practice, 1870–1914', *Bulletin of the History of Medicine* 86 (2012), p. 365; Anna Katharina Schaffner, *Exhaustion: A History* (New York, 2016), p. 128.

following section uses these categories to outline in more detail the evidence used, and the way it is analysed.

The first body of evidence, 'published expertise', is the printed and published ideas of various professionals in medical or architectural journals. Such material includes *The Lancet, The Journal of Mental Science, Brain, The British Medical Journal, The Builder, The Architectural Review, Architect, RIBA Journal,* amongst others, journals that were either established or gained a very large readership in the time period considered. It also looks at books, and leaflets, about medicine, architecture and town planning. Considering a combination both architectural and medical journals reveals how these two professions spoke to each other—or crucially did not—when they have often been assumed to do so. It also shows how and in what ways ideas about the environment and mental health were formed and established. The thesis takes an innovative approach towards analysing this published work. While often, 'scientific' or 'medical' published work is taken at the article itself, or as part of a wider discourse, this thesis looks at the politics of the journal itself, prefaces, editorial boards, letters to the editor, replies, and citations of articles, to understand how this knowledge was created and contested.

The second body of evidence, 'notes and correspondence', consists of medical and architectural professionals' research, case notes, drawings, and correspondence, mostly contained at the Wellcome Collection in London or at the RIBA Archive in London. This evidence provides the basis on which many of the ideas underpinning the thesis were founded, and reveals the careful research—or again, lack thereof—

which went into the ‘creation’ of these ideas. It also shows, in some cases, the monetary or status gain that went alongside these ideas’ promotion. Analysis of this material is one of the main strengths of this thesis. It takes such material to understand the personal lives of the professionals considered, and uses it as an insight into the production of their knowledge. For example, using a teardrop-stained letter to analyse a doctor and patient relationship, or the notes in the margins of a proof copy of a book to assess a power dynamic between a group of professionals. Analysis of such material is innovative and paints a much richer picture of the production of medical knowledge. It shows the ‘human’ side of medical professionals, who can sometimes be reduced to purveyors of ‘facts’.

Each chapter considers an ‘expert’ as an intermediary through which to explore the subject of the chapter, with the exception of Chapter 1, which looks at multiple ‘experts’. Chapter 2 analyses the work of the asylum architect George Thomas Hine, and the administrative problems he encountered constructing nature within Claybury Asylum. The third chapter focuses on two related pioneers of natural treatments, Hermann Weber and Parkes Weber, and how, through their Royal connections, they were instrumental in popularising ‘water’ treatments. The fourth chapter analyses the networks in which ‘community’ as a cure became established, focusing in particular on the Reverend Henry Hawkins and his suspicious influence over the medical establishment. Chapter 5 looks at the architect John Nash to explore his anxiety-ridden plans for a mentally healthy Regent Street. The purpose of using this combination of ‘experts’ in the thesis is to reveal just how influential these self-created networks were, and how the production of ‘expert’ knowledge is fundamentally flawed. Such a line of argument aligns prominently with Bruno Latour’s *Laboratory Life,* in which he revealed

that there is no objective, scientific truth, but rather science and 'facts' are shaped by human behaviour.[32] The use of such a methodology has important potential in both the history of mental health as a whole, but also for contemporary society, as many of the ideas that were formed on such shaky foundations are still prominent today.

The final two bodies of evidence, 'Minutes and Records', and 'Popular Culture', reveal how these 'ideas' about environmental wellbeing travelled outside of the 'professional' realm. The former consists of material gathered from London County Council's (LCC) Asylums Committee and Parks and Open Spaces Committee. The purpose of using such material is to gain insight into the workings of local government and show the bureaucracy inherent in innovation. Minor changes, such as the addition of a fire escape, inherently change how an environment is constructed, and it is fundamental that these roadblocks are considered rather than just relying on the plans alone. Also, analysis of buildings and structures often stops when the design is completed. However, analysis of the LCC's minutes provides important insight into how these environments were actually 'used': by the patients of the asylum, the visitors to the park, and so on. Again, this provides a richer history of the environment, and should be a method of analysis helpful to all scholars of architecture.

'Popular Culture' considers newspapers, advertisements, and photographs to reveal how ideas around mental health were transmitted to the masses and became commercialised. Newspapers form a large part of the evidence used in my thesis. I

[32] Bruno Latour, *Laboratory Life: The Construction of Scientific Facts* (Surrey, 1979), p. 16.

have utilised the press to illustrate how ideas about the environment and mental health were not esoteric theories simply confined to the 'professional' sphere; rather, that they disseminated into popular culture and to a widespread audience. I have looked at a range of newspapers across the political spectrum, including *The Daily Telegraph, The Mirror, The Daily Express,* and *The Times,* whose combined readership was over one million at the beginning of the twentieth century.[33] Advertisements from newspapers are also used to illustrate the commercialisation of such ideas. Exploring these sources has enabled me to understand how the concept of environment and mental health became an established part of both professional and popular society, and how these boundaries were sometimes transgressed. While it is not possible to always know if consumers believed these ideas or bought the products associated with them, the ubiquity of such topics in popular culture marks a paradigm change nonetheless.

Considering the breadth of source material dealt with, this thesis often treats an extensive amount of evidence with brevity. This is a strength of this thesis, because such a method of analysis reveals the fractured nature of the production of knowledge concerning the environment and mental health. It shows how the main ideas explored in the thesis genuinely can be found within disparate and unrelated bodies of evidence, showing that it is not just coincidence, but a marked societal change. As Mathew Thomson argues, the consideration of sometimes disjointed pieces of evidence

[33] Matthew Taunton, 'Print culture', The British Library: Discovering Literature: Romantics & Victorians, 2014 https://www.bl.uk/romantics-and-victorians/articles/print-culture [accessed 08/08/2020].

accounts for a 'messier but also a richer history of the path to psychological modernity'.[34]

The methodology of this thesis is interdisciplinary, using theories and methods from philosophy, sociology, and science and technology studies. First, the term 'everyday life' is utilised frequently, regarding, for example, how certain environments are used on a day-to-day basis, a framework created by the scholar Michel de Certeau. In his book *The Practice of Everyday Life*, de Certeau argued that physical structures are built to certain rigorous architectural standards and are supposed to impart certain behaviours. However, the person existing within the environment constructs the physical shape of it themselves.[35] De Certeau's work therefore contrasts with Foucault's thesis concerning the panoptical and reforming effects of certain environments, the theory on which much of the aforementioned historical scholarship concerning asylums has been founded. Rather, de Certeau's work attributes agency to people within spaces. My work broadly follows his methodological framework, by revealing how environments are shaped by the people who inhabit them, and also the 'human' actions of those who create so-called 'healing' environments.

Considering the use of the 'everyday' or the 'ordinary', my work somewhat aligns with medical historiography that utilises Roy Porter's approach of 'the patients

[34] Thomson, *Psychological Subjects,* p. 3.

[35] Michel de Certeau, *The Practice of Everyday Life* (London, 1984), p. 110.

view', that is, attempting to write a history of medicine 'from below'.[36] The use of 'ordinary' has been criticised in scholarship, for example by Claire Langhamer, who critiqued the fluidity of the term.[37] However, this thesis follows Kirby's definition, who proposes her definition 'not expert'.[38] Similarly to Kirby, I do not follow Selina Todd's assertion that 'ordinary' is a synonym for 'working class'; while this thesis does highlight class-based discrepancies in the treatment of mental illness, the 'everyday' people included in my thesis are from every strata of society.[39] To look at 'everyday' people, I use source material that focuses on the patient's perspective as opposed to the doctor's. In some cases, I have attempted to utilise this methodology through looking at letters that patients wrote to practitioners and suicide notes, for example. However, it is important to note that there is a flaw in such evidence. This is because it usually comes from the archives of doctors, so is constructed within a medical gaze. This is not considered a problem, though, because a central point of this thesis is to reveal how society became seen through a psychological gaze.

This thesis also offers a new approach informed by social theory—pioneered by social geographers such as Erik Swyngedouw—that questions the very naturalness of 'nature'. I argue that that 'natural' elements utilised in psychological care were informed by technological developments unique to the nineteenth century.[40] As such

[36] Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14 (1985), p. 175.

[37] Claire Langhamer, '"Who the Hell Are Ordinary People?" Ordinariness as a Category of Historical Analysis', *Transactions of the Royal Historical Society* 28 (2018), p. 175.

[38] Kirby, *Feeling the Strain,* p. 19.

[39] Selina Todd, 'Class, Experience and Britain's Twentieth Century', *Social History* 39 (2014), p. 501.

[40] David Matless, *Landscape and Englishness* (London, 1998); Erik Swyngedouw, 'Metabolic Urbanization: The Making of Cyborg Cities', in Ariane Louise Harrison (ed.), *Architectural Theories of the Environment: Posthuman Territory* (Oxford, 2013), p. 168.

it echoes the methodology of a collection published by the Science and Technology Studies scholar Jon Agar and historian Jennifer Wallis, who argue that technology and the environment are essential constituents of one another in the 'modern' age, and that the nineteenth century saw a 'harmonious relationship between modern machinery and the "natural" landscape'.[41] My thesis contests the use of modern as a signifier, but it shows how technological developments, for example, electricity, became seen as an 'improved', and 'sanitised' form of nature. Crucially, my work is novel as it reveals how such 'constructed' nature was limited to those who had the means to afford it, aligning with political economy methodologies.

The thesis considers the time period 1880 to around 1920: while ideas concerning the environment and mental health existed prior to this, it was during this period that such ideas became confined within professional networks, influenced by technological developments unique to this period, and commercialised, commodified, and disseminated to the masses. It generally takes the First World War as a cut-off simply for reasons of brevity, but not exclusively. For example, Chapter 3 extends into 1930. The reason for this slightly extended timeframe is partly due to the rich nature of the archival material consulted (with case reports spanning decades), but also to show that there was not a definitive 'cut off' after the First World War, instead, ideas about everyday life and mental health extended well into the twentieth century (and beyond).

[41] Jane M. Adams, *Healing with Water: English Spas and the Water Cure, 1840-1960* (Manchester, 2017), p. 2; Agar, 'Technology, environment and modern Britain', p. 6; Wallis, 'A machine in the garden', p. 76.

The geography of my research is generally contained within England and Scotland. It focuses on London in particular, though I do also consider the major industrial centre of England at the time: Manchester. London being the metropolis, it had a large number of planning projects, with the money to explore innovative ideas. It was also where many of the doctors and architects I am concerned with trained, lived and practised. It was possible to trace the trajectory of some ideas: from the asylum in London, to the 'community', to the streets of London. So, focusing on London was deliberate, because it allowed for this tracing. Nevertheless, the ideas I study have a reach beyond Britain. They reach to France, Germany, Italy, and also North Africa, revealing that such ideas were influential beyond national boundaries, suggesting a more widespread consideration for the environment and mental health. This was certainly not a one-way relationship: there was exchange between Britain and other places, suggesting a transnational conception of what good mental health looked like.

Regarding terminology, historians have tended to refer to doctors concerned with the mind in this period as 'alienists', a term which entered professional parlance after circa 1860. However, the labels attributed to professionals concerned with mental health were as nebulous as the concepts they discussed. As such, I have named the professionals as they self-defined, and as such use a range of terms, such as neurologists, asylum superintendents, or medical psychologists, or physicians. This is the same for many of the 'labels' of psychological disorders discussed, for example, neurasthenia, which has been highlighted throughout the years by historians as a disorder with a particularly elusive definition. In order to overcome this problem, I have attempted to, again, describe the disorders as the professionals discussing them

defined them. Nineteenth-century mental health being a well-explored field, some of the evidence presented has been discussed in other scholarship in detail—for example, 'masturbatory insanity'.[42] In these cases, I have treated my evidence with brevity and sign-posted to the wider literature.

Thesis Structure

This thesis is divided in five chapters. 'Chapter 1: Stress and the city?' fundamentally questions the longstanding historical and contemporary idea that urban environments are pathological. The crux of this chapter is to show the diversity and lack of consensus on what was considered mentally damaging at this time, and argues that focusing on one 'factor', such as the city, dampens the rich tapestry of psychological illness during this period. By opening the study of mental illness up to include all possible, and often quotidian, factors, this chapter showed that mental unrest was becoming a normalised part of life for a diverse range of people.

Chapter 2, 'Surveilled nature in the late nineteenth-century asylum' constructs the asylum as a space of contradiction. It reveals that the nineteenth-century asylum utilised 'nature' in order to provide its patients ostensibly with an environment of healing autonomy, but in fact, it was one carefully governed and restricted. It considers the outward facing utopia that the asylum superintendents constructed in the medical and popular press, including photographs from the asylum, compared with the somewhat fractious letters between the architect constructing Claybury Asylum and the commissioners in lunacy, and the disorder within and outside the walls (for example, high numbers of escaped patients). By looking at these sources, used in

[42] Lesley Hall, '"It was affecting the medical profession": The history of masturbatory insanity revisited', *Paedagogica Historica* 39 (2003), p. 692.

combination for the first time, it shows the number of voices present in the construction of a building, significantly changing how we view the institution during the nineteenth century.

The third chapter of this thesis, ‘A nature of convenience: water as a cure for psychological disorders’ integrates two major themes present in this work: the fallibility of expertise and power dynamics in the construction of nature for mental wellbeing. First, it constructs a hierarchy of ‘nature’, showing that environments of wellbeing were stratified by the sort of people who inhabited them. The second half of the chapter looks at a pair of influential figures in the popularisation of the water cure: Hermann Weber and his son Frederick Parkes Weber. Through study of their enormous collection of annotated journal articles, their books, correspondence, endorsed advertisements for water, and more, it revealed how the water cure became a ‘respectable’ form of treatment. It shows, through analysing so-called ‘scientific literature’ about hydrotherapy, how integrating the fairly archaic methods of treatment with innovative scientific methods gave it the legitimacy to be commodified. Looking at how ‘quackery’ became accepted scientific practice—essentially through money, connections, and advertising—shows the importance of understanding how society’s trends shape medical practice, and vice versa.

Chapter 4, ‘Constructing “community”: the Mental After Care Association’ discusses the rise of the idea that an environment of ‘community’ could improve someone’s psychological health. It aligns the construction of community alongside that of garden cities, showing how ‘community’ became an accepted form of psychological care, something that became fundamental in the mid-twentieth century discourse of

town planning. The final chapter, ‘An asylum for architects: urban design and mental health’ adapts a question raised by the town planning historian Michael Hebbert: how can a building *actually* improve health?[43] Looking predominantly at the *Builder*, the *Architectural Review,* architectural plans and the Town Planning Conference of 1910, this chapter shows that the idea that a building can improve psychological health is primarily an architectural, not a medical, one, and one that contributed to systemic exclusions from mental healthcare.

In essence, this thesis argues that mental health is a defining part of human life, and that life is shaped by human behaviour. By taking a person-centred view, these five chapters here have the potential to fundamentally change how we understand the nineteenth and twentieth centuries beyond the study of mental health and the environment.

[43] Hebbert, ‘A City in Good Shape’, p. 433.

Chapter 1: Stress and the city? The pathologisation of everyday life

The nineteenth century city, and life within it, has been historically constructed as pathological. A 2014 article in *The Lancet* by medical historian Mark Jackson traced back the inception of feelings of 'stress', 'nerves' and 'strain' to the onset of industrial and technological capitalism.[1] Jackson's article is part of a body of scholarship that positions certain late-nineteenth and early-twentieth century psychological disorders as reflective of changes to the built environment and social life that occurred as part of industrialisation and so-called 'modernity'.[2] One example is James Mansell's work *The Age of Noise in Britain,* in which he charts the emergence of mechanised urban noises in England during the 1910s and onwards as breeding 'anxiety'.[3] Another is Amelia Bonea and others' work *Anxious Times*, which explicates the relationship of industrial capitalism and mental illness.[4] As such, there is a historical trend of associating industrialised cities with mental unrest.

[1] *The Lancet,* 'The Stress of Life: A Modern Complaint?', 25 January 2014, p. 300.

[2] Daniel Pick, *Faces of Degeneration* (Cambridge, 1990), p. 5; Judith Walkowitz, *City of Dreadful Delight* (London, 1992), p. 85; Deborah Epstein Nord, *Walking the Victorian Streets: Women, Representation, and the City* (London, 1995), p. 24; Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge, 1999), p. 15; Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London, 1999), pp. 6-7; Elaine Ableson, 'The Invention of Kleptomania', *Signs* 15 (1989), p. 125; Tammy Whitlock, 'Gender, Medicine, and Consumer Culture in Victorian England: Creating the Kleptomaniac', *Albion: A Quarterly Journal Concerned with British Studies* 31 (1999), p. 418; Leif Jerram, *Germany's Other Modernity* (Manchester, 2007); Andrew Scull, *Madness and Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton, 2015).

[3] James Mansell, *The Age of Noise in Britain: Hearing Modernity* (Illinois, 2017), p. 25.

[4] Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis, *Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, 2019), p. 24, p. 53.

This chapter focuses on more quotidian, but no less influential, medical theories about the mind at the end of the nineteenth century, and beginning of the twentieth, to problematise the notion of a widely agreed 'pathological' urban environment. I argue that when medical professionals discussed the urban environment it was part of a wider pathologisation of everyday life during this period. As doctors concerned with the mind strove to 'define' mental illness, factors of psychological unrest began to be attributed to parts of day-to-day existence that transcended urban and non-urban life. This chapter is foundational to the rest of the thesis and represents a paradigm shift in the history of nineteenth century mental health. It destabilises the ill-defined base on which many popular and long-lasting initiatives concerning the environment and mental health were founded. Further, it shows how mental ill-health was 'democratised' during this period, with the normalisation of the idea that psychological imbalance could affect almost anyone, albeit in ways fundamentally shaped by class and gender.

I focus particularly on *The Lancet* from the years 1880-1914, because it was the most high-profile and well-disseminated journal of this period. I also use a selection of articles from the *British Medical Journal (BMJ)*, The *Journal of Mental Science* (*JMS*) and *Brain*, to show the range and fullness of opinion during this time. In part, I have focused on the words of a range of leading—though not always particularly well-known—practitioners of a wide range of mental health interventions during this period, including neurologists, psychologists, asylum superintendents, and physicians from England and Scotland. The majority of the figures studied in this chapter were linked to the running and facilitation of major asylums in Britain at this time—including Claybury Asylum, the focus of Chapter 2—an environment that

facilitated cutting-edge research based on the observations of patients. The focus on these individuals is significant, as they were part of an inter-related network that developed 'research-based' methodologies concerning theories of the mind, expressed within an ever-evolving 'scientific' language, a language that becomes very significant in the following chapters. Additionally, many of these figures were very forthright, opinionated characters, which seems to have had an effect on their prominence in the medical press. Questioning who is listened to, and why, helps also, in the words of Bruno Latour, to deconstruct the 'mystique' of expert, scientific, knowledge. [5]

Structurally, the chapter has been grouped thematically, and through such themes, the fluidity of medical knowledge is revealed. The chapter is structured in two parts: the first part, 'The pathologisation of everyday life', reveals the various concerns that medical professionals had about the mind, and the parallels and discontinuities between the theories. The second section explores these discontinuities through assessment of the archetypal 'modern' urban disorder: agoraphobia.

The pathologisation of everyday life: decentering the city

It is clear that in the nineteenth century, many medical professionals understood the industrialised 'city' or 'town' as pathological. Mass urban development in the nineteenth century led to overcrowding, pollution and the exhaustion of sanitary facilities, which was understood as the cause of numerous physical health problems. As will be evidenced below, physical and psychological health were

[5] Bruno Latour, *Laboratory Life: The Construction of Scientific Facts* (Surrey, 1979), p. 18.

intertwined during this period, and hence the sanitary condition of cities was deemed to also be the cause of the rising number of psychological problems in urban areas at this time. For example, the 'anti-hygienic conditions' of people's homes in the city were attributed to a perceived increased predilection for disorders including hysteria, hypochondria, nervousness, hydrophobia or epilepsy, amongst others.[6] Thus, medical professionals linked the body weakened by physical conditions with increasing susceptibility to mental unrest.

The Lancet's frequent reports on cities called for mass sanitary reform for both physical and psychological problems. This drove urban reform, such as the provision of 'isolation' hospitals for those with infectious diseases like smallpox, regulation of institutions such as abattoirs, attempts to reduce noxious gases, improvement of 'insanitary' dwellings, construction of sewerage and drain mechanisms, and the creation of public parks.[7] In 1883, a report was published in *The Lancet* celebrating the successes of changes made to sanitation systems: 'It is true that at no time since sanitary science has had a history have matters stood so satisfactorily with us as they do at present'.[8] The report praised the great progress made by doctors in curing physical and infectious diseases such as smallpox and tuberculosis. However, despite these advances in medicine and physical wellbeing, the editor noticed that psychological problems still remained: 'there can be no doubt

[6] Quotation from *The Lancet,* 24 September 1887, p. 631; see also, *The Lancet,* 10 February 1883, p. 223; *The Lancet*, 14 May 1882, p. 1067; *The Lancet,* 28 September 1889, p. 663.

[7] Discussed in detail in, for example, Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (Manchester, 2003), p. 145; Tom Crook, '"Schools for the moral training of the people": Public Baths, Liberalism and the Promotion of Cleanliness in Victorian Britain', *European Review of History* 13 (2006), p. 32; and recently by Matthew Newsom Kerr, *Contagion, Isolation, and Biopolitics in Victorian London* (Palgrave e-book, 2018).

[8] *The Lancet,* 6 January 1883, p. 22.

that we have many apparently functional disorders of mind as well as of body to deal with'.[9]

Despite numerous reforms to urban sanitation occurring over the middle- to late-nineteenth century and physical health on the whole reported as improving, increasing mental health crises were reported in *The Lancet* during the final twenty years of the nineteenth century: a 'rapid increase in insanity', an 'abnormal' growth, and an 'exceptional and serious increase'.[10] Some doctors noted that the increase could have been due to an ageing population instead of a 'true' growth in the numbers of the insane, because people were more likely to go to an asylum as they aged. However, that there were thousands of people in asylums was incontestable. Good sanitation was considered to be a preventative factor for insanity, yet it was still growing, which led to speculation as to what the causes could be.

After one reported 'crisis' in 1883, a doctor distanced the proliferation of mental illness from the urban environment, arguing that those with mental illness could not be cured by improving their environment.[11] Twenty years later, in 1903, the numbers of the insane were still increasing. One physician commented that '[I]n spite of the progress in sanitation–the science of preventive medicine–which concerns the great tripod of life–-food, air, and water…nervous diseases have absolutely increased'.[12] Therefore, during this period of circa 20 years, medical

[9] *The Lancet,* 6 January 1883, pp. 22-23.

[10] *The Lancet,* 6 January 1883, pp. 22-23; 3 February 1894, p. 295; 28 July 1894, p. 221; 19 September 1896, p. 834; (dissenters wrote their views into the letters page on 11 August 1894, p. 335; 1 May 1897, p. 1238).

[11] *The Lancet,* 10 February 1883, p. 223.

[12] *The Lancet,* 8 August 1903, p. 369.

professionals began to hypothesize other reasons to explain why psychological unrest was proliferating despite the improvements in sanitary conditions.

Significantly, there is very little medical evidence that the physical shape of the city (for example, tall buildings inducing feelings of alienation) was considered to cause mental unrest, aside from the aforementioned psychological problems attributed to poor sanitation. However, 'modern life' or 'civilisation' began to be considered a significant risk factor in the aetiology of mental disorder. In 1880 the Scottish asylum superintendent, neurologist and sometime president of the British Medical Association (BMA), Dr James Crichton-Brown gave his medical address on psychology at the BMA's annual meeting, in which he discussed the growth in nervous disorders in England. He stated that the rise must be due to 'the conditions of modern life'. In 1887 the *Fiftieth Annual Report of the Commissioners in Lunacy* was published, which attempted again to address the continuing rapid increase in psychological problems.[13] In this report, it was decided that 'complex civilisation' was blamed for the increase in patients at asylums.[14] The attribution of 'civilisation' to the increase in nervous disorders was often utilised throughout the 1880s, 1890s and 1900s.[15] However, when 'civilisation' is investigated, it complicates how we understand nineteenth-century mental health further.

[13] *The Lancet,* 19 September 1896, p. 834.

[14] *The Lancet*, 19 September 1896, p. 834.

[15] *The Lancet,* 3 January 1880, pp. 8-9; 10 January 1880, p. 50; 30 November 1895, p. 1399; 6 August 1898, p. 363; 19 August 1899, p. 529; 31 March 1900, p. 951

Questioning civilisation

Much historical work has focused on the proliferation of 'modern' psychological disorders without critiquing what 'civilisation' actually was. It was never clearly defined in the medical profession. Sometimes the word was used to refer to measurable and concrete changes that occurred as a result of industrialisation, for example, traffic noise, air pollution and technological advancements.[16] It also referred to more abstract changes, such as a more 'complicated', or 'stimulating', 'exciting' or 'alienating' way of life. [17] It was a blanket term for 'progress', from 'primitive societies, to one more "complex"', including the development of arts, science, religion, and so-called 'liberty'. Such attributes of civilisation were usually deemed to be the cause of psychological problems experienced by the middle class.

In cases referring to women or the working classes (or both), 'civilisation' referred to changes in consumption patterns, such as access to a more varied diet, stimulants, shopping, and alcohol.[18] There lies the difference in the construction of mental illness during this period: for middle- and upper-class men, mental ill-health was often an accident of the pressures of 'civilisation'. For the working classes and women, a deterministic, self-perpetuated exploitation of 'civilisation'. This was explicitly stated by the psychiatrist J.F. Goodheart. In a short book adapted from *Lancet* articles at the request of readers, he argued that middle-class men were far more sensitive to the 'stress of living', and that 'the working man is generally far

[16] *The Lancet,* 21 August 1880, p. 295.

[17] *The Lancet,* 8 August 1903, p. 367.

[18] *The Lancet,* 8 August 1903, p. 367; *The Lancet,* 25 October 1902, p. 1119.

less sensitive'.[19] These ideas were echoed by Crichton-Browne, but also the medical superintendent of Claybury Asylum (explored in Chapter 2), Dr Robert Jones.[20] These ideas suggested that the lower classes were responsible somehow for their condition despite being perceived as less attuned to the societal changes. Thus, depending on the aetiology of the disorder and the individual with it, the definition of 'civilisation' was flexible. This suggests, therefore, that 'civilisation' per se was not the considered 'problem', but rather, a handy signifier to explain, or blame.

The vague and classed nature of 'civilisation' can be evidenced through discussion of the disorder most commonly linked to it: neurasthenia. Neurasthenia is most famously known as the work of the American physician Dr. George M. Beard, from his *A Practical Treatise on Nervous Exhaustion (Neurasthenia)* published in 1880.[21] Neurasthenia, he discussed, was a condition entirely predicated on 'modern civilisation with its accompaniments'.[22] Beard's work has been used as a starting point for many histories of mental disorder in Britain in the nineteenth century. However, neurasthenia was considered particularly 'American', and was not defined using Beard's terms in Britain during this time.[23] It was stated in the preface to the 1890 London edition of the treatise that Beard received

[19] J.F. Goodhart, *On Common Neuroses: The Neurotic Element in Disease and its Rational Treatment: Three Lectures Delivered Before the Harverian Society of London* (London, 1891), p. 10, p. 52.

[20] *The Lancet,* 31 March 1900, p. 951

[21] George M. Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia) its symptoms, nature, sequences, treatment* (London, 1890), p. 31.

[22] Beard, *A Practical Treatise,* p. 17, 54, 58, 92.

[23] *The Lancet,* 21 August 1880, p. 295.

widespread criticism in England.[24] The author of the preface noted that neurasthenic symptoms are 'largely of a subjective character, and to one who does not suffer them, appear trifling and unreal; many of them do not appeal directly to the senses of the scientific observer'.[25] There are scant reviews of his book to be found and his work seems to have been overemphasised in historiography.

One of the few mentions in the *BMJ* on his work, on sea-sickness, dismissed him as a practitioner and as a person, noting grammar mistakes in his writing, his lack of decorum, and casting doubt on his medical credentials.[26] In 1881, Beard gathered a number of high-profile British medical professionals at a London hotel and performed a spectacularly failed experiment in hypnotism, in which the 'subject' was exposed to be an 'imposter' (an actor). This event offset a plethora of letters from the attendees to both the *BMJ* and *The Times* newspaper, all of which were scathingly critical of Beard and his work.[27] Crichton-Browne was one of the professionals present, and described the experiment in the *BMJ* as: 'stupid and ridiculous' and 'a performance, which would have been contemptible at a village fair, but which was outrageous when brought forward in the guise of science'.[28] Others followed suit, despite Beard's defence of his work in *The Times* after the article was published.[29] Beard's lack of good favour with the British medical

[24] Beard, *A Practical Treatise,* p. 17.

[25] Beard, *A Practical Treatise,* p. 2.

[26] *The British Medical Journal,* 7 August 1880, p. 238.

[27] *The Times,* 10 August 1881, p. 4; *The British Medical Journal,* 27 August 1881, pp. 378-379; *The British Medical Journal,* 13 August 1881, pp. 305-306.

[28] *The British Medical Journal,* 27 August 1881, pp. 378-379; *The British Medical Journal,* 13 August 1881, pp. 305-306.

[29] *The Times,* 12 August 1881, p. 3

profession and his subsequent lack of traction in the established medical press suggests that his work was not widely accepted.[30]

In Beard's (seemingly hastily written) obituary in *The Lancet* the author wrote that his work was 'not generally regarded as worthy [sic] the time of and attention of busy practitioners'.[31] This does not mean that neurasthenia was not accepted in Britain; however, it meant that the British aetiology of neurasthenia was of its own creation. Crichton-Brown was one of the critics who claimed that neurasthenia in Britain had not reached the crisis which it had in America, where it was 'so common that it must be regarded as a distinct disease'. He noted that while nervousness was certainly increasing, the British mind and physique were 'happily', far different from the American.[32] This is significant, as it points to a somewhat nationalist formulation of mental ill-health, the idea that ethnicity, race, and nationality, were somewhat important in how a person obtained a mental illness. It also highlights just how important a person's professional relationships were in the uptake of their ideas.

Crichton-Browne wrote that neurasthenia in Britain was caused by a combination of various factors, including narcotics, stress, competition, and physical diseases.[33] Similar ideas, though not the same, were explained by Robert Jones, who attributed neurasthenia to tension from lack of physical exercise, 'pent

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[30] Bonea et al. briefly allude to the lack of 'traction' of Beard's work in *Anxious Times*. However, despite this, they do not analyse why his work was not taken up. Instead, they focus more on the creation of a national 'neurasthenia' as part of public health reforms, rather than on an individual level pp. 7-9.

[31] *The Lancet,* 17 February 1883, p. 291

[32] *The Lancet,* 21 August 1880, p. 295.

[33] *The Lancet*, 21 August 1880, p. 295.

up mental energies', poor quality of food and drink, lack of exercise, noise, long years of worry, poor hygiene, overcrowding, and 'want of pure air and radiant life', among others, some of which can tenuously be linked to 'civilisation', others less so.[34] One spirited roundtable amongst various Scottish and English doctors concerning suicide from neurasthenia in 1898 broadened the aetiology further, and attributed the cause to the following factors: tobacco, cocaine, meat-eating, tea, perversion, spite, ill-temper, access to firearms, and the poor quality of the environment. Thus, there were a varying number of factors, again, not all of which can be attributed to 'civilisation'.[35] Hence, rather than a disease of 'civilisation' per se, neurasthenia seemed to be a convenient way for medical professionals to understand psychological malaise of which there was no clear aetiology. Neurasthenia's varying causes did not go unnoticed. The Cambridge Physician T. Clifford Albutt commented in 1910: 'To make neurasthenia everything is indeed to make it nothing'; however, despite this, neurasthenia continued to be described in a variable manner into the interwar period, infusing into medical discourse pertaining to war.[36]

The varying definitions of neurasthenia has been addressed by historians, for example, in Jill Kirby's work on stress, and Oppenheim's *Shattered Nerves*. [37] However, these analyses do not question the notion of 'civilisation', nor the inconsistencies within the attributes of 'civilised' societies, which reveals even more opacity in the aetiology. Take, for example, 'noise', consistently referred to as a

[34] *The Lancet,* 8 August 1903, p. 368.

[35] *The Lancet,* 6 August 1898, p. 363.

[36] Quoted in Oppenheim, *Shattered Nerves,* p. 109; *The Lancet*, 17 January 1914, p. 196.

[37] Oppenheim, *Shattered Nerves,* p. 109; Jill Kirby, *Felling the Strain,* p. 9. s

potential risk-factor in neurasthenia, described by one contributor to the *Lancet* as 'one of the greatest curses of town life at the present time'.[38] There were a series of articles in *The Lancet* between 1900 to 1905 discussing 'Street Noises'.[39] One derided the noise of the city, the 'bane of modern existence' and described it as a 'potent factors in rendering the town-dweller, and especially the brain-worker, neurasthenic'.[40] Examples were town clocks and traffic, which had only been made possible with technological advancements. In one case *The Lancet* successfully campaigned for a clock in Birmingham to be 'cut off' during the night, as it was reportedly disturbing the nerves of patients at the local hospital with its 'peculiar and ear-splitting stridency'.[41] One other 'nuisance' of urban living described by *The Lancet* was the sound of the newsmonger 'yelling': the subject of a handful of articles. It was noted that for 'humanitarian' causes something must be done, so as not to fall into the same situation as America, in 'which the pandemonium of sounds…tends to destroy much of the pleasure of life'.[42] The *Lancet* appealed to the London County Council to help to cease the vendors' yelling, as it was not 'conducive to brain work', and disturbing to 'men of commerce'.[43] Hence, according to such a selection, 'noise' as a risk-factor seems contingent upon technological advancements and urban life, fitting neatly into the definition of 'civilisation'.

[38] *The Lancet,* 30 September 1905, p. 979.

[39] *The Lancet,* 30 September 1905, p. 979; 7 October 1905, p. 1048; 7 November 1903, p. 1313; 6 February 1904, p. 380; 24 August 1901, p. 540.

[40] *The Lancet,* 30 September 1905, p. 979-980.

[41] *The Lancet,* 30 September 1905, p. 979-980.

[42] *The Lancet,* 30 September 1905, p. 979-980.

[43] *The Lancet,* 25 August 1900, p. 597

However, ‘noise’ did not always necessarily refer to noises associated with improvements in technology or industrialisation. For example, an 1883 article on ‘London Noises’ described ‘the barking of dogs, the crowing of cocks, the cackling of ducks, the screeching of parrots’; noises perhaps more typically associated with an ‘nature’, albeit an ‘unsanitised’ aspect of it.[44] The article also maligned noisy neighbours, stating that disturbance from nearby residents should be punishable by law.[45] Significantly, there was no clear consensus. A series of articles considered rebuilding of the Manchester Royal Infirmary at the end of the nineteenth century, and the effect the noise would have on the patients and staff. Some criticised the noise pollution that would occur, others were more ambivalent, and one Manchester correspondent hypothesized ‘are the noise and racket of Piccadilly excellent tonics for weak nerves?’, suggesting that noise could potentially be a cure.[46]

It seems that the medical aetiology of noise to mental disturbance was personal and somewhat tendentious. One person quoted in *The Lancet* in an article regarding noise disturbance went as far as to say, ‘If I had my way I would suppress all noise’. This position was echoed by the editors of *Lancet,* who called again for the London County Council to impose noise restrictions on ‘unnecessary’ noises, such as the piano, or the much maligned ‘German Band’.[47] What this evidence suggests is that ‘noise’ as a potential risk-factor—or indeed, cure—in mental illness was not necessarily related to industrial changes to the environment, but a general

[44] *The Lancet,* 9 June 1883, p. 1013.

[45] *The Lancet,* 9 June 1883, p. 1013.

[46] *The Lancet,* 2 May 1891, p. 1013; 3 December 1898, p. 1508; 19 July 1902, p. 184

[47] *The Lancet,* 26 August 1899, p. 581.

sensitivity to surrounding factors in a person's individual mental state. In addition, it shows the increasing encroachment of psychological factors into the everyday.

What is clear throughout the medical writing on 'noise' is that it was stratified on the basis of class. In consideration of the 'noises' that supposedly damaged the nerves of 'working men', 'brain-workers', and 'men of commerce', the disturbances described were often noises associated with the working classes: organ grinders, newspaper vendors, and animals, which could point to social prejudice in the diagnosis of disorder. It was directly noted by Robert Jones, who argued that insanity was not prevalent amongst 'primitive' men, as opposed to 'high civilized man', who was more sensitive to stimuli.[48] Again, this is evidence that suggests 'more evolved' persons, generally described as middle-class professional, white men, were not to be blamed for their mental condition, that they were simply more sensitive 'to disturbing sensations of all sorts' due to their higher evolved position.

Similarly, Goodheart noted that, 'as we go upwards in the scale of creation, so the nervous system becomes more highly strung'.[49] Hence, the higher class a person was, the more susceptible they were to psychological malaise engendered by noise. So, the aforementioned call to 'suppress all noise' could be an expression of class-based prejudice. Such a theory corresponds with the social historian of New York Catherine McNeur, who discussed the middle-class desire to expel 'squealing' pigs belonging to the working class from the streets of New York 'reveal

[48] Goodhart, *On Common Neuroses*, pp.10-11; *The Lancet,* 8 August 1903, p. 367.

[49] Goodhart, *On Common Neuroses*, pp. 10-11.

a city rife with class-based tensions'.[50] The desire for quieter streets may not necessarily be to improve the minds of the workers, but a reflection of classism within the medical profession, aligned with a desire to 'civilise' the streets.

When deconstructing the urban, civilised notion of psychological disorders, it must also be stated that medical professionals could praise the benefits of certain aspects of 'modern' life. The Scottish neurologist William Ireland noted 'If we move about more we obtain more frequent amusement and change of air; if letters or telegrams too often claim our attention and disturb our repose, they often banish uncertainly or anxiety'.[51] He wrote that due to improvements in science and technology, diets were improved, people lived under better sanitary conditions, and 'drunkenness had become less prevalent'. People were protected by better laws and bureaucracy had generally made life easier for all. Life was, on the whole, getting better, he wrote, and that it was up to doctors to ensure the 'healthy adjustment of the mind of man to his ever-varying and progressively complicated environment'. He argued that future generations would be able to cope with 'the stress and struggle of life with fresh strength and better weapons'.[52] 'Modernity', or so it was defined by Ireland, was not so much the harbinger of mental doom, but could be the cure for it, suggesting again how 'civilisation' was a fluid concept in medical vocabulary.[53]

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[50] Catherine McNeur, 'The "Swinish Multitude": Controversies over Hogs in Antebellum New York City', *Journal of Urban History* 37 (2011), pp. 639-640.

[51] *The Lancet,* 28 September 1907, p. 892

[52] *The Lancet,* 28 September 1907, p. 892

[53] The contradiction between 'modernity' as both a cure and a cause of mental illness is somewhat explored by Amelia Bonea et al, who argue that medical men derided 'modern' technology, but we enthusiastic supporters of the new technologies in relation to the possible transformations of medical practice, Amelia Bonea and others, *Anxious Times*, p. 18.

To illustrate pertinently both the decentring of the city and the differences in how mental illness was defined based on class, it is useful to consider the reporting of mental illness in a 'rural' area. In 1907 an article by the new President of the Medico-Psychological Association Dr P.W. Macdonald, replacing Robert Jones, noted the rise in mental illness in villages and rural areas, with a focus on Dorset. Since the 1870s, he stated, the declining population and the agricultural boom had seemingly led to a remarkable increase in mental illness, particularly mania and melancholia. Industry was partly to blame, as much of the previous work carried out in 'peasant life' was now done by machines. However, he also attributed the rising incidents of mental illnesses in rural areas to lack of social life, unhealthy environment, and 'passionate indulgence in various directions'.[54] Social mobility was also a proposed cause: 'many persons who would have remained healthy at mechanical trades, when put to continuous sedentary occupations involving brain-work, break down because they are not fitted for them'. [55] Again, this decentres the city as the pathological state, and provides further evidence suggesting that the lower classes were considered somewhat responsible for exacerbating their mental condition.

A few months before the publication of Macdonald's article, the asylum superintendent R.R. Urquhart wrote that there was no difference in hereditary psychological illness between the rural and urban, despite the image being that 'the stress of life in towns is often unfavourably compared with the idyllic conditions of

[54] *The Lancet,* 3 August 1907, p. 310.

[55] J. Mitchell Clarke, 'Hysteria and Neurasthenia: II.—Papers on Miscellaneous Facts concerning, and Symptoms of, Hysteria', *Brain 17* (1894), p. 148.

the country'.[56] He instead discussed various other factors that were detrimental to a rural person's mental health, including seasonal change, with the end of May a particularly positive time in people's lives, whereas June was particularly bad (no explanation was given to explain why, with Urquhart claiming it was 'inexplicable').[57] Correspondingly, areas that were positioned as anathema the town, such as the seaside, also began to be constructed as pathological. As we will see in Chapter 3, in the 1880s, 1890s and 1900s there was a remarkable development of negative psychological characteristics associated with the seaside, which had originally been positioned by medical professionals as an environment of health. What the above evidence suggests is that 'modern life', urban environments and technological changes were indeed deemed to have negative effects on the psychological state. However, alongside this, there was the development of the idea that rural areas, that noises specifically associated with nature, that the seasons, were deemed to have detrimental effects also. Such evidence points towards a pathologisation of everyday life, rather than simply urban living.

Work

'Work' became pathologised at the turn of the century in a similarly opaque way as 'civilisation'. In the 1880s, 1890s and 1900s, there were intermittent articles published in *The Lancet* concerning the nervous disorders emerging due to 'monotonous' work-patterns. [58] 'City workers' or 'brain workers' were described as

[56] *The Lancet,* 9 March 1907, p. 649

[57] *The Lancet,* 9 March 1907, p. 650.

[58] *The Lancet,* 15 September 1883, p. 469; 13 January 1883, p. 71; 29 February 1896, p. 564; 7 March 1903, p. 673; 28 September 1907, p. 893.

'exhausted', engaged in 'monotonous work'.[59] One Scottish physician, William Gardiner, used the example of the post office in 1907, stating 'monotonous work demanding severe and unremitting attention is most trying for the nerves and assists in causing mental derangement'.[60] Similarly, it was considered in *The Lancet* that the 'monotonous' work of telegraph operators would cause severe 'wear and tear' to the nerves.[61] This is fairly straightforward, relating the repetition of work and boredom to a general sense of malaise. However, in 1903, an article titled 'Run Down' took the description of monotony outside of the *practice* of work, towards the *experience* of work:

> The typical case of a man who is "run down" is that of the business man who, with the regularity of a timepiece, goes from his breakfast table to his office chair, from his office chair to the luncheon room, from luncheon to the office chair, and from the office home again in the evening.[62]

Hence, monotonous work extended to monotonous lifestyles: commuting on the train, engaging in work without a break, and even the 'monotony of a sandwich in the office'.[63] 'Monotony', could, therefore, be considered specifically related to work, but also a blanket term for the general practice of day-to-day existence, explored in greater detail in each of the forthcoming chapters.

However, it was not just the monotony and boredom of work that was reportedly detrimental to the mind, but, conversely, the fast pace of the working day, leading to a lack of attention to detail. 'There is something radically wrong in our

[59] *The Lancet,* 15 September 1883, p. 469.

[60] *The Lancet,* 28 September 1907, p. 893.

[61] *The Lancet,* 29 February 1896, p. 564.

[62] *The Lancet,* 7 March 1903, p. 673.

[63] *The Lancet,* 7 March 1903, p. 673.

modern mode of working', wrote one author in *The Lancet* in 1883. 'The period is one of brain-wearing impetuosity, of hurry, worry and waste'.[64] Restlessness and anxiety were reportedly induced by such working habits, particularly in terms of new methods of quick communication at work.[65] Men of 'commerce' were criticised in *The Lancet* for engaging in the damaging mental habit of 'hurrying', which was considered to cause 'a thousand and one troubles of body and mind'.[66] Discontent and lack of joy was reported to emerge from the 'hurry and scurry to "catch the tube"' after work, with workers rushing 'to get through their tasks'.[67] Attempting to rush through monotonous work was, therefore, pathologised also.

Jones suggested in *The Lancet* that people were engaging in such behaviours so as to '"enjoy themselves" in some banal and senseless amusement'.[68] There was a sense that in 'civilised' times, while respectable and self-improving leisure was encouraged as a cure for nervous disorders (see Chapter 4), that distracting pursuits were instigators of mental unrest. For example, rushing through 'respectable' work to consume poor-quality literature was one such endeavour. According to one physician, people's ancestors had fewer books but paid more attention to them. On the other hand, in the late-nineteenth century, the ephemeral literature was consumed fast, and deemed detrimental: 'A superficial attention to an ill-digested course of reading dulls and benumbs the intellect. I have had not one but several youths whose insanity was directly traceable to the injurious

[64] *The Lancet,* 10 February 1883, p. 244.

[65] *The Lancet,* 28 September 1907, p. 892.

[66] *The Lancet,* 10 February 1883, p. 244.

[67] *The Lancet,* 8 August 1903, p. 370.

[68] *The Lancet,* 8 August 1903, p. 370.

tone of the literature which they indulged in.'[69] Hence, hurrying through work to enjoy oneself and partake in 'ephemeral' leisure was deemed as potentially threatening to one's mental state. This is significant, because it shows how very mundane aspects of everyday life were linked to mental unrest.

Thus, a monotonous job (and life) was deemed pathological, hurrying through work and seeking enjoyment was also pathological, yet so was *too much* investment in work. Another article by Jones articles stated that 'ambition further forces the overworked brain'.[70] William Ireland wrote of the increased competition amongst working men, instigated from a young age: 'The overtaxing at the schools, the increased amount of irksome study men have to go through in order to gain entry into the professions…are all additional causes of irritation and depression'. Ireland noted that this competition from a young age had made the populace focused on one thing only: work. [71] Jones had a similar attitude, writing

> One only has to look at the living maelstrom which pours into airless and sunless London offices, workshops and factories every day from the suburbs to see the strained, eager, earnest, and inwardly preoccupied people who are compelled to sacrifice their health and overstrung nerves in the cause of "civilisation".[72]

Such competition and strain in the workplace were reported to be the cause of numerous mental breakdowns in various case studies. For example, one patient reportedly developed neurasthenia due to the fear of 'being superseded by a junior

[69] *The Lancet,* 8 August 1903, p. 369.

[70] *The Lancet,* 8 August 1903, p. 369.

[71] *The Lancet,* 28 September 1907, p. 892.

[72] *The Lancet,* 8 August 1903, p. 368.

after years of hard work' another did through the fear of 'looking a fool' in working situations—an early iteration of 'imposter syndrome', perhaps.[73]

Analysing exactly how work was defined on a micro level rather than using it as a blanket term, shows how varied and nebulous the boundaries of both mental unrest and work as a pathological state really were during this period. As evidenced above, there were numerous ways in which work could contribute to mental ill-health: by working too much, working too little, the job being too high-pressured, or too dull. As with 'civilisation' or technology, once analysed the nature of such aetiological factors begin to look much more indistinct, and support arguments pointing to the pathologisation of everyday life.

The body

Aside from the environment of the patient, and their work life, mental illness during the late-nineteenth century also had a broadly somatic characterisation. The medical historian Jennifer Wallis noted in her history of the body in the late-nineteenth century asylum the increasing attribution of mental illness to corporeal factors. She recognises the growing use of post-mortem to find physical injuries that would have caused mental unrest, interlinking both the body and mind.[74] Outside of the asylum the focus was much the same. This can be understood through consideration of the neurologist and asylum superintendent Albert Wilson, who practised medicine during the 1870s. The origin of all causes of insanity, wrote Wilson, is the impact of an 'unwholesome' body upon the mind. He noted that 'bodily

[73] J. Mitchell Clarke, 'Hysteria and Neurasthenia: II' p. 156; John Hughlings Jackson and John Milne Bramwell, 'On Imperative Ideas' *Brain* (1895), p. 323.

[74] Jennifer Wallis, *Investigating the Body in the Victorian Asylum* (London, 2018), p. 11.

symptoms [are] present in nearly all forms of insanity'.[75] According to Wilson, the types of insanity prevalent at the time can be split into four categories: consumption (of rich food and alcohol), sex (particularly masturbation), hereditary factors (if a relative had a psychological illness), and bodily trauma (for example, blood loss or a cranial injury).[76] There is a voluminous literature on heredity and degeneration concerning the nineteenth century, and reference to this topic occurs within much literature on mental health during this time.[77] However, there were numerous other bodily risk-factors in the inception of mental disease, as will be evidenced below.

For instance, sexual acts, particularly masturbation, was closely linked to the onset of various mental conditions at the end of the nineteenth century. In 2002 Lesley Hall, historian of sexuality and gender, wrote a historical review in which she assessed the extensive literature considering 'masturbatory insanity' (including her own work). Hall concluded that there was much conflicting information regarding the medical perception of 'masturbatory insanity', writing that 'non-medical texts by moralists, quacks, and eccentrics (though ultimately deriving from medical treatises) had probably more enduring effect on the public mind'.[78] Indeed, the medical professionals assessing the subject had a much more nuanced attitude towards masturbation. In concluding, Hall's article asked the question as to why 'masturbatory insanity' and disorders related to and expressed through

[75] MS.5021, Wilson, Albert: Notes on Insanity Dr Clouston's Lecture, 13 May 1878, The Wellcome Collection, unpaginated.

[76] Various examples from MS.5021 Notes on Insanity, 8 May 1878, unpaginated; see also Thomas Bewley, *Madness to Mental Illness: A History of the Royal College of Psychiatrists,* (London, 2008), pp. 38-39.

[77] Pick, *Faces of Degeneration,* p. 5, Porter; *Madness: A Brief History* (Oxford, 2003), pp. 147-148; Scull, *Madness in Civilisation,* p. 224.

[78] Lesley Hall, '"It was affecting the medical profession": The history of masturbatory insanity revisited', *Paedagogica Historica* 39 (2003), p. 692.

masturbation rose and declined over the nineteenth century, when it was never proved or disproved. While not considering masturbation as such, as it has been discussed in much detail in Hall's work and elsewhere, this chapter in part answers this question. It hypothesizes that risk-factors in mental illness, such as masturbation, became pathologised as part of a wider pathologisation of everyday actions.

For example, as Wilson outlined, a person's diet was supposed to have an impact upon their mental health. Analysing papers that discuss mental health and food reveal that there was a very broad range of foods or drinks that would cause the onset of psychological distress. For example, the consumption of tea, alcohol and coffee were quite generally agreed upon as contributing to certain pathological behaviours, such as irritability, sleeplessness, anxiety, and depression, although some professionals prescribed coffee as a remedy for mental unrest.[79] Consumption of alcohol in particular was linked to various degenerative mental health conditions. There was also a link made between a 'flesh-free diet' (not eating meat) and a general sense of happiness and clear-headedness, although this was made by Josiah Oldfield, one of the first proponents of vegetarianism.[80] However, it was noted that in moderation, such behaviours, including eating meat, and drinking tea and alcohol could improve mental health.[81]

[79] Thomas Luke and Norman Hay Forbes, *Natural Therapy: A Manual of Physiotherapeutics and Climatology*, pp. 244; MMS/1/4/1/2 The Manchester Medical Society Ordinary & Special Meetings Minutes 1880, Feb 8th.

[80] Josiah Oldfield, 'Diet and health' *Public Health* 4 (1891-1892), p. 192; *The Lancet,* 26 July 1902, p. 2.

[81] Luke and Forbes, *Natural Therapy*, pp. 239, 240.

Similarly, there were numerous foods that were described as triggering a nervous breakdown or mental ill-health in any person: for example, sandwiches, cheese, apples, strawberries, and chocolate, to name a few, were considered to be other potential risk-factors in individual cases.[82] There was potentially a class element to this but it is not entirely clear. As food historian Derek Oddy writes, fruit and dairy products were eaten predominately by the middle classes, or working-class people living in rural areas.[83] However, bread was eaten almost universally, so sandwiches being linked to mental health is unusual. The asylum superintendent G.H. Savage wrote, 'what is one man's food is another man's poison': arguing that any food could induce an attack of mental ill-health in a certain person.[84] Hence, it was not necessarily the food *itself* that could have an adverse impact, but 'excess' as a concept, a notion that could again be related to class, and 'respectable', temperate behaviour. As will be revealed in Chapter 3, a 'balanced' diet, and the growth of 'organic' food, was proposed as a cure for various nervous conditions.

Somatic causes of mental illness, were, in converse to 'work' and 'civilisation', generally attributed to women and the working classes. As evidenced above, while hard work and stress were an almost 'aspirational' aspect of mental illness for middle-class men, women and the working classes (and both) were often considered responsible for their own ill-mental health, especially regarding excessive consumption. As Robert Jones said, 'The rich drink for artistic and

[82] John Hughlings Jackson and John Milne Bramwell, 'On Imperative Ideas' *Brain* (1895), p. 324, 325, 337; E. Birth, 'Reviews and Notices of Books, *Brain* (1890), p. 577; Frederick Walter Mott, 'The Inborn Factors of Nervous and Mental Disease', *Brain* (1911), p. 101; *British Medical Journal,* 2 May 1903, p. 1017; *The Lancet*, 17 January 1885, p. 131; *British Medical Journal*, 13 January 1900, p. 1018.

[83] Derek Oddy, *From Plain Fare to Fusion Food: British Diet from the 1890s to the 1990s* (Woodbridge, 2003), p. 57, 68.

[84] John Hughlings Jackson and John Milne Bramwell, 'On Imperative Ideas' *Brain* (1895), p. 323.

aesthetic reasons—a good meal is made a better meal. The poor drink in order to get a good meal.'[85] Perhaps the implication is that they had to be intoxicated to find their substandard food edible. Or it could be surmised that Jones is attributing somewhat cultured qualities to the 'rich' and their drinking habits, by aligning their consumption of alcohol with a cultured act. Conversely, the negative relationship between working-class mental health and alcohol consumption was a singular focus by many medical professionals during this time, explored in literature regarding the temperance movement.[86] Similarly, the correlation between bad diet and poor mental health was frequently made evident in articles about the working classes, with 'poorer parents' being held responsible for the poor mental health of their children by feeding them children 'unwholesome and badly cooked food' such as 'bad fried fish, stewed tea, pickles'.[87] Instigating poor mental health through their behaviour, alongside physical health and social life, seemingly became yet another point to berate the working classes for.

The history of the treatment of women's mental health problems is a richly explored field, so will be treated with brevity here.[88] However, it is significant to note that in a nineteenth-century review of various European theories about hysteria and neurasthenia, an article in *Brain* came to a conclusion that women seemed to suffer

[85] *The Lancet,* 6 August 1904, p. 368.

[86] Henry Yeomans, *Alcohol and Moral Regulation: Public Attitudes, Spirited Measures, and Victorian Hangovers* (Bristol, 2014), p. 50.

[87] MMS/1/7/2/10 William Coates 'An Address on The Duty of the Medical Profession in the Prevention of National Deterioration: Presential Address Delivered Before the Manchester Medical Society, 1909, p. 1.

[88] See, for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (London, 1987); Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Houndmills, 2004); Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to Present* (London, 2008).

less from neurasthenia because they usually went to the gynaecologist in relation to nervous troubles.[89] This may explain the gynaecological aetiology of many nervous disorders affecting women: if disorders are diagnosed at the gynaecologist, then of course they will be associated with female reproductive anatomy. As such, perhaps the gender-based aetiology of some disorders in women was more about the *medium* of diagnosis as opposed to an overarching malevolent force for marginalisation.

Kleptomania can be used as a useful example to explore this point. Despite kleptomania being understood as fundamentally contained in and contingent upon the urban environment, women's bodies were considered as the origin of this psychological disorder rather than the environment being to blame.[90] When comparing the presence of kleptomania in men (emerging infrequently) to kleptomania in women, the psychiatrist Pierre Janet reported in *The Lancet* that a man stealing 'finds in such action a momentary stimulus which raises his emotional tone and relieves for a time his painful sense of incompleteness and inadequacy to the environment'.[91] Janet compared this patient to a woman, who stole after her body was suffering from physical symptoms of depression, such as constipation, furred tongue and anorexia.[92] Hence, in his opinion, men stole due to the isolation of their environment, and women stole due to bodily determinism. Further, diagnoses of kleptomania in women usually had a sexual undertone, with some

[89] J. Mitchell Clarke, 'Hysteria and Neurasthenia, p. 148

[90] Ableson, 'The Invention of Kleptomania', p. 125; Whitlock, 'Gender, Medicine and Consumer Culture', p. 418.

[91] *The Lancet,* 2 September 1911, p. 698.

[92] *The Lancet,* 2 September 1911, p. 699.

professionals arguing that stealing was the manifestation of repressed sexual desire. Women were depicted as being in a 'courtship or romance', with the department store, experiencing 'sexual desire' and 'orgasmic' feelings from stealing.[93] Others argued that the menopause was the instigator of kleptomania.[94] Thus, women's bodies were considered the problem; a notion that can be seen frequently in the aetiology of their mental disorders, again strengthening the theory that women's disorders were self-determined and self-perpetuated.

Women's anatomy and its relationship to madness is a contentious and political topic, so attention to this subject can be expected. But there are more quotidian aspects of somatic mental illness during this period that can be explored. The idea that mental disorders were often considered a problem of sight and perception has had little attention in historiography. However, it was a frequent aetiological factor in diagnosing mental illness. Part of an article on 'dreamy mental states' in *The Lancet* mentioned that mental disorders may 'be a problem with vision', a fear and dread of the environment due to errors in the visual apparatus.[95] In 1903 it was argued that nervous disorders could be caused by errors in the visual apparatus, particularly myopia, so things seemed closer than they were and hence patients became overwhelmed. A pair of glasses was suggested as a remedy.[96] In 1903, an ophthalmological surgeon named C. Ernest Pronger suggested that glasses could be a cure for neurasthenia and its related symptoms.[97] Some of the medical community

[93] Paul Lerner, 'Consuming Pathologies: Kleptomania, Magazinitis, and the Problem of Female Consumption in Weimar Germany', *Werkstatt Geschichte* 42 (2006), p. 46.

[94] *The Lancet,* 31 October 1903, p. 1212.

[95] *The Lancet,* 26 February 1898, p. 569.

[96] *The Lancet,* 5 December 1903, p. 569.

[97] *The Lancet,* 10 June 1905, p. 1573.

were sceptical of this, with one doctor remarking that 'Pronger was going to cure everything with spectacles'. However, Pronger contested this and argued that numerous other (published) researchers were coming to the same conclusion as him.[98] By 1914, doctors still persisted with the idea that nervous exhaustion was caused by the 'constant strain induced by slight refractive error', with the 'glasses' as a cure argument remaining.[99] This 30 years plus of evidence regarding mental illness and sight suggests that the somatic factor plays a large role in both the diagnosis and cure of mental illness, one that has been overlooked.

To draw all of these disparate and contradictory factors together is challenging. But, in 1894 *Brain* published an article discussing the ideas of various high-profile neurologists and asylum superintendents on mental illness, including Dr Hughlings-Jackson, Dr Hack Tuke, Dr George Savage, Dr Charles Mercier, and Dr Milne Bramwell on fears of certain foods, environments, people, germs, and situations. While the various professionals debated what such ideas were—whether a manifestation of degeneration, trauma resulting in cerebral or mental change, a crossing of a metaphorical boundary, shock, relationship troubles, or overwork, to name a few—the conclusion was generally that these ideas were not necessarily abnormal. Rather, such conditions were described as 'a momentary emotion, an impression—which a normal man could equally well experience, but which he quickly represses', but that such ideas are formed by a slight tipping over the edge by some other factor. They were described as 'awkward' if 'they occur in ordinary life'. Such ideas were described as 'normal', if they remained low intensity. The

[98] *The Lancet,* 10 June 1905, p. 1573.

[99] *The Lancet,* 12 December 1914, p. 1357.

cure, they argued, was to change the patients' perception of the grandiosity of the event, and to emphasise the normalcy of such disorders. The equating of mental illness to normality is significant, as it shows a seismic change in how psychological disorder was understood: as an expected, and every day, part of life.

The above section has shown the multitude of factors that were considered by mental health physicians to cause mental illness. To sum up, a quotation from *Brain,* which succinctly described the potential causes of nervous disorders:

> The causes are overwork at school in ill-ventilated class-room, and in preparation for examinations; overwork in occupations arising from the long hours of work necessitated by competition encroaching on the time necessary for rest and recuperation…overstrain on the emotional side, anxiety, cares, fears, disappointed hopes, speculation, religious, social, and political struggles…muscular overstrain, sexual excesses and aberrations, especially masturbation, abuse of alcohol, tea, coffee and tobacco; severe accidents, especially railway accidents, effects of fevers, influenza and diseases of the blood.[100]

The 'nervous condition', which could either be inherited or formed from the above factors, or both, and was therefore indiscriminating. Even for such a broad range of aetiological factors, the evidence above shows that mental illness was understood to be onset by a number of contradictory factors. What this suggests is that there was both a normalisation of mental illness, and a pathologisation of day-to-day living, two intertwined factors that point to a significant shift in how mental illness was understood. This concept will be explored in the next section through analysis of one disorder, agoraphobia.

[100] J. Mitchell Clarke, 'Hysteria and Neurasthenia: II, p. 150.

Agoraphobia: the city, eyestrain, tea, or 'all bosh'?

Agoraphobia has been positioned as the archetypal 'modern', urban disorder by historians, geographers and literary theorists, awarded significance as representative of how the populace was feeling at the turn of the twentieth century.[101] The physically changing shape of the nineteenth-century city, particularly the tall buildings, crowded streets, the loss of the 'community' of the village, and the 'alienation' and 'spectacle' of cities, have all been proposed as the instigator of 'agoraphobia'. The sociologist Thomas Lenz argued that agoraphobia was a reaction 'to the radical modernization of society' linked intrinsically to consumption and the changes to the urban environment this engendered.[102] The cultural historian Paul Carter described the nineteenth-century individual as being 'terrorized by public space', their 'environmental unconscious' directly affected by temporally modern configurations of the environment.[103] Anthony Vidler suggested that agoraphobia emerged from ruthless, alienating and 'anti-human' nineteenth-century urban planning.[104] Such work unquestioningly attributes the development of the urban environment and 'modernity' to the creation and symptoms of the disorder, and claims it was widespread in nineteenth-century society.

However, the evidence base for the majority of this work is sociological theory written during the time, which does paint a rather different image to that of

[101] Anthony Vidler, 'Agoraphobia: Spatial Estrangement in Georg Simmel and Siegfried Kracauer', *New German Critique* 54 (1991), pp. 33-34; Paul Carter, *Repressed Spaces: The Poetics of Agoraphobia* (London, 2002), p. 120, p. 185, p. 182; David Trotter, 'The Invention of Agoraphobia', *Victorian Literature and Culture*, 32 (2004), pp. 463-474.

[102] Thomas Lenz and Rachel MagShamhráin, 'Inventing Diseases: Kleptomania, Agoraphobia and Resistance to Modernity', *Society* 49 (2012), p. 279.

[103] Carter, *Repressed Spaces*, p. 120, pp. 182-185.

[104] Vidler, 'Agoraphobia', pp. 33-34.

medical professionals.[105] While the literary theorist David Trotter considers some medical evidence, he does so in combination with novels of the time, drawing the conclusion that agoraphobia seeped into the cultural domain rapidly and with authority. While this may be the case, the writings of medical professionals suggest that there was no 'true' definition of agoraphobia during this period. Agoraphobia is hence useful to explore the idea that mental illness in the nineteenth century was not considered a result of a changing urban environment, but a multitude of other factors related to how the individual lived and perceived the world.

The disorder 'Agoraphobia' was named in the last quarter of the nineteenth century. It literally translates to 'dread' or 'fear' of 'the marketplace'.[106] The German psychiatrist Carl Friedrich Otto Westphal provided the first detailed theorisation of the disorder in 1871, when he wrote *Die Agoraphobie*, a medical case history that described patients' fears about walking across open, public squares and crossing roads. Westphal argued that, because of their distress, his subjects were reticent to venture into the outside world in its entirety.[107] Despite the historical attention to 'agoraphobia', between the 1870s and the beginnings of the twentieth century there are fewer than 20 articles on the subject published in *The Lancet*. In some of which the disorder is simply mentioned in passing. The *BMJ* and *Brain* have only a handful among them, and the *Journal of Mental Science* seems to have none. This suggests that perhaps the academic focus on this disorder has been somewhat overstated.

[105] Vidler, 'Agoraphobia, pp. 33-34; Carter, *Repressed Spaces*, p. 120; Trotter, 'The Invention of Agoraphobia', p. 463.

[106] Carter, *Repressed Spaces,* p. 185.

[107] Terry J. Knapp (ed.), *Westphal's 'Die Agoraphobie' with Commentary: The Beginnings of Agoraphobia* (Lanham, 1988), p. 74.

Two of these articles make brief allusion to the urban environment. For example, an article in 1900 in the *Lancet* considered some agoraphobic cases in Edinburgh, making the connection between 'crowded' environments, such as shops, with the condition.[108] The only clear connection to 'modern' urban environments was made in 1906, by the physician for mental disease from Charing Cross Hospital, Dr Charles Mercier. Of one sufferer, he wrote:

> In going to and from his office, he would sneak through all the alleys, courts, lanes and narrow streets he could make use of. When he came upon a wide street, he was seized with panic.[109]

Wide streets in particular were considered a feature of 'modern' architectural design, something discussed in Chapter 5. However, this is just one link to modern urban design, and seems to be based more on the individual's fear of open spaces, as opposed to a general feeling held by many people. This suggests that perhaps the focus in scholarship on the physical shape of the urban environment as a pathological space is mainly a cultural construction.

Reiterating this, the urban environment was situated in some cases as a *cure* for the disorder. Mercier felt that instinctually, man would be helped by tall structures in the urban environment. He wrote, likening ancient man to present day:

> Near to trees, they were in safety; far from trees, they were in continual danger, and therefore in continual uneasiness…This is the state of mind which, as it seems to me, is reproduced in similar circumstances in agoraphobia. The craving of the subject of this malady is to be near, not trees necessarily, but near to some tall vertical structure. Away from such a structure, he has just the feeling of dread, of impending danger, of imminent disaster, or something dreadful about to happen.[110]

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[108] *The Lancet,* 4 August 1900, p. 336; 19 November 1893, p. 1323.

[109] *The Lancet,* 13 October 1906, p. 991.

[110] *The Lancet,* 13 October 1906, p. 990.

This ‘tall vertical structure’ could be understood to be a tall building, something that only grew in number in the nineteenth century, as building technologies became more complex and robust. In addition, Mercier wrote again that getting on a bus or taking a cab could help dispel feeling of panic, again, actions that would only really be possible in the contemporary world.[111] Another physician echoed Mercier’s words, stating that the cure for agoraphobia was to be ‘spirited and courageous; he must force himself to the street’.[112] Again, this neatly encapsulates the opposite what many scholars have written about the psychological effects of the modern urban environment. The nineteenth century urban environment was therefore not a cause of the disorder, in these cases, but proposed as a *solution*—a necessary instrument of the recovery process.

As with other mental illnesses during this period, physical weakness or bodily symptoms were pervasive risk-factors in the aetiology of agoraphobia. A letter to the editor in *The Lancet* from the doctor Henry Sutherland attributed the disorder usually to ‘sexual and alcoholic excess’ or insomnia: while men of a robust character could endure this, ‘their weaker brethren’ would suffer from agoraphobia.[113] In 1898, one doctor wrote that tea-drinking in excess would lead to an attack, and increase the ‘fear of death or that something dreadful is going to happen’.[114] Otherwise these anxieties were related to digestive problems or the result of ingesting excessive

[111] *The Lancet,* 13 October 1903, p. 991.

[112] *The Lancet,* 17 January 1885, p. 131.

[113] *The Lancet*, 26 November 1898, p. 1432.

[114] *The Lancet*, 26 November 1898, p. 1432.

amounts of certain foods, such as cheese.[115] In addition, myopia was perhaps the most commonly occurring feature of agoraphobia. One case report detailed a chronic masturbator whose habit saw the decline of his eyes, which then led to agoraphobia.[116] The effect of light on the eyes was noted a couple of times as inducing an attack also.[117] This was reiterated in the *BMJ,* which described the condition as 'ocular vertigo'.[118] The application of such a range of somatic factors to the disorder suggests that in a sense it transcended class, and gender. As such, it can be used as an example to diversify medical knowledge in this period, focusing on an individual level as opposed to a structural one.

Another risk factor was overwork. One article from 1898 considered the writer's own student life in Edinburgh as the onset of the disorder. He wrote that he was 'leading a strictly temperate and celibate life, working at high pressure and drawing largely upon my reserve forces'.[119] Quoting an article from 10 years prior to elucidate his experience, he stated:

> "These feelings and attacks may sometimes be avoided or lessened in severity by moral determination; deep concentration of thought will enable him to cross an open space, or certain places which otherwise induce these attacks of dread; companionship relieves the feeling of loneliness and fear…The presence of a cart, even a stick or umbrella in the hand, gives a sense of confidence…Cheerful and lively conversation with a congenial companion will always ward off the attacks". For the rest, the avoidance of mental strain and of all excesses, a careful dietary [sic], aids to digestion and tonics will contribute to a cure.[120]

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[115] John Hughlings Jackson and John Milne Bramwell, 'On Imperative Ideas' *Brain* (1895), p. 324, 325, 337; E. Birth, 'Reviews and Notices of Books, *Brain* (1890), p. 577; *The Lancet,* 17 January 1885, p. 131; *British Medical Journal*, 13 January 1900, p. 1018.

[116] *The Lancet,* 26 November 1887, p. 1050.

[117] *The Lancet,* 2 May 1885, p. 828; 9 November 1893, p. 1323.

[118] *British Medical Journal,* 30 November 1889, p. 1246.

[119] *The Lancet,* 19 November 1898, p. 1322.

[120] *The Lancet*, 19 November 1898, p. 1323.

While overwork is the identifying risk-factor, once analysed in more detail this source reveals a plethora of information about the individual suffering. His trigger seems to have been overwork, though other factors were loneliness, diet, and other 'excesses'. When analysed on an individual level like so, the cultural factors inherent in historical studies of agoraphobia dissipate into the background.

If we remove agoraphobia from the confines of 'modern' society, in which it supposedly was inextricable from, it still works as a disorder. There was a connection made between the church, religion, and agoraphobia. One article in 1893 discussed a physician's own suffering from agoraphobia. Part of the article focused on the authors' inability to sit in a church, hear about tempests, and listen to organ music.[121] Such evidence aligns with the theory proposed above, described in more detail by Lucy Allen, that rather than society undergoing secularisation, that the church was also a part of psychological disorder at this time.[122] However, it could just be that the church was a common and crowded place in which people congregated; in one *BMJ* article it was mentioned alongside the circus as a potential agoraphobia risk factor.[123] One letter published in the *BMJ* dismissed a report of church-related agoraphobia as a condition; however, as the report in question was proposed by Dr George Beard, there may have been some underlying prejudice towards this rejection.

[121] *The Lancet,* 19 November 1893, p. 1323.

[122] Lucy Allen, 'Narratives, Mentalities, Imaginations: A Study of Religion and the Working Class in the Casebooks of the Lancaster Moor Asylum, 1870-1901'. MA Thesis, University of Manchester, 2016, p. 7.

[123] *British Medical Journal,* 30 November 1889, p. 1246.

Even who the disorder affected was spurious. One article on agoraphobia remarked that 'professional men suffer the most', and when it emerged in women ('infrequently') it was due to their weakness of body.[124] One report described 'A robust man, in the prime of life, average intellectual development', while another focused on 'Studious, or sedentary men of middle age who suffer from mental depression or "nervousness"'.[125] One author remarked 'I have known merchant princes, commercial travellers, middle-aged spinsters, and even young married women caught in its toils'.[126] Thus, there was really no 'type' to which agoraphobia stuck to, again revealing the illusory boundaries of the disorder. In addition, it could also suggest that mental ill health was in fact, indiscriminate, and hence defies the categories that the mental health professionals attempted to create.

A letter to the editor in *The Lancet* 1891 called for a redefinition of the term, from fearing a 'densely crowded spot', to be called 'eremophobia'; 'fear of a deserted place'. However, there was no response to this letter. Finally, there was even some debate as to whether agoraphobia was even a condition at all. One paper cited an article that considered agoraphobia to be 'all bosh'.[127] The general silence and lack of consensus on agoraphobia is telling most strikingly because it became so culturally significant, shaping not just, for example, literary representations of the city, but the physical structure of the landscape: in institutional care, in spa treatments, and even in the architectural design of cities.

[124] *The Lancet,* 19 November 1898, p. 1323.

[125] *The Lancet,* 17 January 1885, p. 131.

[126] *The Lancet,* 19 November 1898, p. 1323.

[127] *The Lancet,* 19 November 1898, p. 1322.

How ephemeral ideas about the mental ill effects of the city became concrete reality will be revealed in the following chapters.

Conclusion

During the late-nineteenth and early-twentieth centuries, medical professionals became concerned with the rising numbers of those presenting with symptoms of mental unrest, and focused their attention on trying to cure it. Historians have focused on the growth of mental disorders in this period as contingent on industrialised, modern, cities. This chapter has sought to decentre the city from analysis of mental ill health during this period. While not totally rejecting the concept of urban-induced disorders—indeed, many professionals did argue that the city was detrimental to mental health—it has sought to reveal the numerous, and somewhat conflicting, other factors that were considered to contribute to psychological unrest. In doing so, this chapter has made the argument that many aspects of life during the end of the nineteenth century became deemed pathological, foregrounding a psychologisation of everyday life, revealing how mental ill health became a common, and normalised, part of life.

This chapter has identified a cacophony of voices that made up the medical establishment of this period and highlighted the lack of consensus among them. It has shown that when looking at an individual level at medical sources, the picture is much murkier. This has significant implications for the study of mental illness during this period. Considering mental illness through a lens of the pathologisation of everyday life provides important insight into social life during this period. Heartbreak, meat-eating, political theory: all proposed potential causes of mental

illness provide relevant insight into the dominant cultural norms of this period, and the consequences of these being transgressed. Second, revealing the fluidity and fragility of medical knowledge is crucial in debunking the 'divine' position of medical knowledge, and reveals the important of the networks of power in which knowledge is created. This broadens the study of the history of medicine and allows us to question the prescient contemporary belief held about cities as inherently mentally unhealthy places.

This chapter has also revealed the deeply classed nature of psychological disorders during this period. Focusing on the self-perpetuated and deterministic nature of women's and working-class disorders in contrast to the aspirational notion of higher-class male disorders will help understand how class- and gender-differences within the aetiology of mental illnesses became so entrenched. Finally, this chapter has highlighted how markedly different sociological views of the city were to medical ones. Important thinkers such as Valéry, Bloch, Nordau, Kracauer, Le Bon and Simmel, refer to the modern city as a 'dreamworld', 'monstrous' or a 'nightmare', with subjects living an 'unconscious', 'inhumane', and 'disassociated' existence.[128] Analysing why scholars ended up having such different views of the same environment would be a pertinent area of future exploration.

[128] Benjamin, Valéry, Bloch, Kracauer, and Simmel quoted in in Neil Leach, *Rethinking Architecture: A Reader in Cultural Theory* (London, 1997), p. 24, p. 29, p. 38, p. 45, p. 57, p. 65; Le Bon and Nordau quoted in Sally Ledger and Roger Luckhurst (eds) *The Fin de Siècle: A Reader in Cultural History c. 1880-1900* (Oxford, 2000), p. 13, p. 56.

Chapter 2: Constructed nature in the nineteenth century asylum

Nineteenth century asylum design was shaped by the idea that the structure of the institution and its surroundings could function as a method of care. The idea that the physical form of the asylum was perceived to be transformative has been explored in a number of disciplines, including history, sociology, philosophy, and archaeology.[1] These approaches (detailed below) have fostered a dichotomy in how the asylum is perceived, constructing it as inherently reforming or conversely as a space of freedom or subversion. Through analysis of the design, construction, lived experience and public perception of Claybury Asylum in London, this chapter will complicate this dichotomy, showing that the tensions between the people involved in the construction of the institution reveal that the asylum functioned in multiple ways. This reinforces again one of the primary arguments of this thesis: the fallibility and heterogeneity of expertise. I will particularly focus on the belief amongst medical professionals, state bodies and architects in the ability of carefully constructed 'natural' environments to cure mental illness, instigating the second main thread of this thesis, critiquing the inherent 'naturalness' of nature.

[1] Michel Foucault, *Madness and Civilisation (*London, 1971), p. 70*;* Michel Foucault, *The Birth of the Clinic* (London, 1973), p. x; Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York, 1977), p. 17; Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth Century England (*London, 1979), pp. 277-279; David Cochrane, '"Humane, economical, and medically wise": the LCC as administrators of Victorian lunacy policy', in W.F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness*, Vol. 3 (London, 1988), p. 253; Joseph Melling, 'Accommodating Madness' in Joseph Melling and Bill Forsyth (eds) *Insanity, Institutions and Society 1800-1914* (London, 1999). Sarah Rutherford, 'Landscapers for the Mind: English Asylum Designers, 1845-1914', *Garden History* 33 (2005), p. 62; Katherine Fennelly, 'Out of sound, out of mind: noise control in early nineteenth century lunatic asylums in England and Ireland', *World Archaeology* 46 (2014), pp. 418-420; Gillian Allmond, 'The First Garden City? Environment and utopianism in an Edwardian institution for the insane poor', *Journal of Historical Geography* 56 (2017) p. 106; Jennifer Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices* (London, 2017), p. 8.

Claybury Asylum was a public asylum (funded by the state, and overseen by London Country Council) that opened in Essex in 1893. Claybury has features that were typical of asylum provision during the late-nineteenth century, but also encompassed an innovative somatic and evidence-based, style of psychological treatment. Therefore, it can provide insight into how the asylum was reformed over the late-nineteenth and early-twentieth century. Claybury Asylum is representative of a period of time that saw the movement away from 'moralised' methods of care for the mentally ill. In addition, Claybury Asylum was designed by the architect George Thomas Hine, who would later become the Architect for the Commissioners of Lunacy and influence asylum design nationally and internationally. Focusing on Hine's body of work allows us to understand what was the 'gold standard' for asylum design at the time, highlight what was innovative, and recognise what became representative of the profession. Focusing on one figure also allows the opportunity to delve into the minutiae of his experience building the asylum, one fraught with personal tension and restricted by state bureaucracy.

This chapter uses two major bodies of evidence: the Minutes of the London County Council's (LCC) Asylum's Committee's subcommittee for Claybury Asylum and photographs taken at Claybury Asylum. This material offers a more nuanced insight into the construction and lived experience of the asylum than previous work on asylum environments that focuses on architectural drawings alone—as the sociologist Bruno Latour writes about how we analyse the built environment:

> Everyone knows – and especially architects of course – that a building is not a static object but a moving project, and even once it has been built, it ages, it is

> transformed by users, modified by all of what happens inside and outside, and…transformed beyond recognition.[2]

This chapter applies Latour's theory to Claybury Asylum in combination with the above evidence and argues that while the design of the asylum embodies certain idealistic notions of reform, the actual building and lived experience of the asylum could be in opposition to the theory behind its construction. The archival evidence is contextualised within wider discussion and debates around asylum care and reform by using evidence from the architectural trade journal *The Builder,* and the medical journals *The Lancet* and the *Journal of Mental Science*.[3] The local and national press, particularly the *South Eastern Gazette* and the *Daily Mirror* have also been consulted in order to understand how Claybury's image was transmitted to the masses.

Structurally, this chapter first reveals the tension between the utopic ideologies of the asylum architects and the restrictions from the Commissioners in Lunacy in the building of Claybury Asylum, demonstrating that behind the outward impression of providing methods of care that utilised the properties of the environment, there was a determined requirement for patient control and surveillance. As such, it calls for a necessary investigation into a building's use when studying it.[4] Second, this chapter will analyse how environmental methods of care were performed in the everyday experience of the asylum, arguing that the nature utilised was not 'natural' but

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[2] Bruno Latour and Albena Yaneva, 'Give Me a Gun and I Will Make All Buildings Move: An ANT's View of Architecture' in Ariane Louise Harrison (ed.), *Architectural Theories of the Environment: Posthuman Territory* (Oxford, 2013), p. 107.

[3] Brittany Pladek, '"A Variety of Tastes": *The Lancet* in the Early-Nineteenth-Century Periodical Press", *Bulletin of the History of Medicine*, 85 (2011), pp. 561-562; Michael Brown, '"Bats, Rats and Barristers': The Lancet, libel and the radical stylistics of early nineteenth-century English medicine," *Social History* 39 (2014), p. 185.

[4] Latour and Yaneva, 'Give Me a Gun and I Will Make All Buildings Move', p. 107.

'constructed'. There lies the identification of a paradigm shift in the way 'natural' environments were conceived and understood in the nineteenth century to this day.

The design and construction of Claybury Asylum

The mid-nineteenth century saw both an increase of the state-recorded number of the perceived insane and a corresponding growth in the number of asylums. There has been a wealth of historiography published on this subject since the 1970s. Foucault's conception of the asylum is perhaps one of the most well-known. He argued that the asylum environment functioned as a 'panoptic utopia', where medical categorisation, the physical structure, and routine of the asylum acted as a form of social control.[5] In 1979, Andrew Scull attributed this increase in both perceived insanity and institutions as attempts to contain and control 'the awkward and socially destructive'.[6] Throughout the 1980s and 1990s, works began to focus on the 'patient's view', and critiqued the concept of abstract power relations in the asylum. They instead depicted governance in institutional care as decidedly tangible, with the purpose of absorbing 'individuals who could not function effectively within the new market environment'.[7] Nevertheless, all positions depicted the asylum as ultimately repressive.

These arguments have more recently been challenged by historians (even Scull himself) who have provided a convincing counter-argument to steer the history

[5] Foucault, *Madness and Civilisation*, p. 70*;* Foucault, *Birth of the Clinic*, p. x; Foucault, *Discipline and Punish*, p. 17; Wallis, *Investigating the Body in the Victorian Asylum*, p. 226.

[6] Scull, *Museums of Madness,* pp. 277-279.

[7] Cochrane, '"Humane, economical, and medically wise", p. 253; Melling and Forsyth, *Insanity, Institutions and Society*, p. 3.

of the asylum away from the perception of it as a space of social and economic engineering.[8] The provision of attributes such as fresh air, abundant natural light, and wide-open green spaces in asylum design has been used as evidence to argue that the design of the asylum attempted to engender discourses of health, individuality, freedom and liberty, rather than surveillance and control.[9] These arguments position the asylum structure as a 'moral geography'/'moralised natural space', which endows the location with the 'ability to generate health and/or virtue'.[10] The basis of these historical arguments is that these methods of care were rooted in the Quaker William Hack Tuke's system of 'moral treatment', which was pioneered at the end of the eighteenth century at the York Retreat. It consisted of non-restraint of patients, occupational tasks such as working in the grounds, and a domestic appearance for asylum architecture.[11] Moral treatment was intended to enable patients to practice self-discipline through work, and to restrain themselves mentally, rather than be physically restrained, with the eventual aim to re-enter wider society.[12] Hack Tuke's ethos and its influence in asylum design throughout the nineteenth century has been used historically to refute the idea that nineteenth century asylums were dark, repressive, 'museums of madness' for the subordination of the mentally ill.[13]

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[8] Louise Hide, *Gender and Class in English Asylums, 1890–1914* (Basingstoke, 2014), p. 55; Andrew Scull, *Madness and Civilisation: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (London, 2016), p. 223.

[9] An early article on this subject is by Lindsay Prior, 'The architecture of the hospital: a study of spatial organization and medical knowledge' *British Journal of Sociology* 39 (1988), p. 97. However, most work has been done recently, by, for example Rutherford, 'Landscapers for the Mind, p. 62; Fennelly, 'Out of sound, out of mind', pp. 418-420; Allmond, 'The First Garden City?, p. 106; Allmond, 'The First Garden City?, p. 106, also Gillian Allmond, 'Light and Darkness in an Edwardian Institution for the Insane Poor—Illuminating the Material Practices of the Asylum age', *International Journal of Historical Archaeology* 20 (2016), pp. 5-6.

[10] Allmond, 'The First Garden City?', p. 106.

[11] Scull, *Madness and Civilisation*, pp. 203-204; Hide 'From Asylum to Mental Hospital', p. 55.

[12] Andrew Scull, *Madness and Civilisation*, p. 205.

[13] Allmond, 'The First Garden City?', p. 106.

Analysis of the architectural design of Claybury Asylum initially seems to corroborate historical work that argues that the ethos of Hack Tuke's method of care was embodied within the asylum structure. In 1885, after a continued increase in the number of people diagnosed as insane in London, the Committee of Middlesex Justices, the principal governing body for London prior to the formation of London County Council in 1889, set up a subcommittee to provide a fifth public asylum in order to alleviate overcrowding in the other four London asylums (Banstead, Cane Hill, Colney Hatch and Hanwell).[14] The subcommittee placed advertisements for eligible sites in the local press and the suitability of these sites seemed to be based on the environment. It was stated in the advertisements that '[O]ffers of land….should contain particulars of the land itself'.[15] Of those rejected, reasons were environmental: such as 'proximity to sewage farms'.[16] In 1886 the subcommittee decided upon Claybury Hall Estate in Woodford, Essex for the location for the asylum as the estate commanded 'fine views of the surrounding country'.[17] The continued reference to the environment of the asylum reinforces the idea that a pleasant location was of primary importance to the asylum committee.

The requirement to secure a green, light and attractive environment for patients was echoed in the architectural press. In 1889, *The Builder* discussed Hine's design and wrote that the environment of the asylum was 'perfectly secluded, and comprises in its own grounds all the beauties of an English rural district', and 'charmingly wooded,

[14] LCC/MIN/00915, 5 May 1885, Meeting of the Sub Committee.

[15] LCC/MIN/00915, 5 May 1885, Meeting of the Sub Committee.

[16] LCC/MIN/00915, 3 August 1885, 14 January 1886, Meeting of the Sub Committee.

[17] LCC/MIN/00915, 3 April 1886, Meeting of the Sub Committee.

affording shaded walks for the patients'.[18] The author concluded the description by writing: 'No better site could be found for such a building'.[19] The focus that the asylum committee had on providing a pleasant environment for the patients could indeed be used to argue that asylum architecture was a physical embodiment of moral treatment, where green space was provided for patients to work and walk in. However, a reliance on moral treatment does not recognise the natural environment as being thought of as intrinsically mentally healing nor does it take into account the developments in asylum care during this period. Medical professionals at this time were acknowledging methods of care that involved the environment beyond its physical health benefits and occupational purpose, referred to from here as 'environmental therapeutics'.[20] Further, when comparing the work of the asylum subcommittee alongside articles on asylum design competitions in the architectural press, there emerged a development of a vocabulary in the architectural profession of 'mental health' as opposed to 'moral health' in asylum design.

In 1890, an article was written in *The Builder* that argued that well-built, healthy dwellings would have a direct effect on the mental health of inhabitants.[21] While there was little medical evidence to support this claim, it is evident that this idea became accepted when analysing asylum design competitions from the late nineteenth

[18] *The Builder*, 23 November 1880, p. 368.

[19] *The Builder*, 23 November 1880, p. 368.

[20] Chapter 2, see also Wallis, *Investigating the Body in the Victorian Asylum*, p. 7. 'Environmental therapeutics' is a contemporary term that describes techniques in medicine that use the properties of the environment to improve mental health. There is no such term for these methods during this period, though the superintendent of Claybury Asylum in 1898 referred to patient activities in the grounds as outdoor 'mental therapeutics', which is similar.

[21] *The Builder,* 3 January 1890, p. 2.

century. Asylum design competitions were a popular method of choosing architects for state buildings during the nineteenth century and details of competitions were published in *The Builder*.[22] Winning asylums selected during the late-nineteenth century focused on providing specifically mentally healing rather than moralising properties in the design. [23]

A typical set of instructions for an asylum competition stated that 'day-rooms are to face south and have plenty of light'. This competition went into more extensive detail than usual concerning why designs were rejected or praised by the competition committee and directly related light and fresh air to alleviating melancholia in the patients. It was specifically noted multiple times that that any sense of 'gloom' or 'monotony' in the floor plans had resulted in rejection of the design, as it would 'depress the patients'. One runner-up, aptly named 'Sunshine all Day', predominantly focused on providing the best possible provision of light to the patients, and the winner of the competition featured large windows and excellent views, aspects of the designs that were intended to help to cure patients.[24] The emphasis on natural light as a mentally healing element in these competitions suggests that the properties of the environment utilised in asylum design were understood to have a benefit beyond the moral. However, the mechanisms of regulation for asylums reveals that the utopic views of the architectural profession did not always align with the requirements of the state.

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[22] Roger H. Harper, *Victorian Architectural Competitions: An Index to British and Irish Architectural Competitions in The Builder 1843-1900* (London, 1983), p. xiv.

[23] *The Builder*, 16 August 1879, p. 907.

[24] *The Builder,* 16 August 1879, p. 907.

Reforming the asylum dichotomy

The subcommittee for Claybury Asylum placed an advert for an asylum design competition in *The Builder* in July 1886. In May 1887, the prolific asylum architect George Thomas Hine won the competition, with what would eventually become the following design (see Figure 2.1):

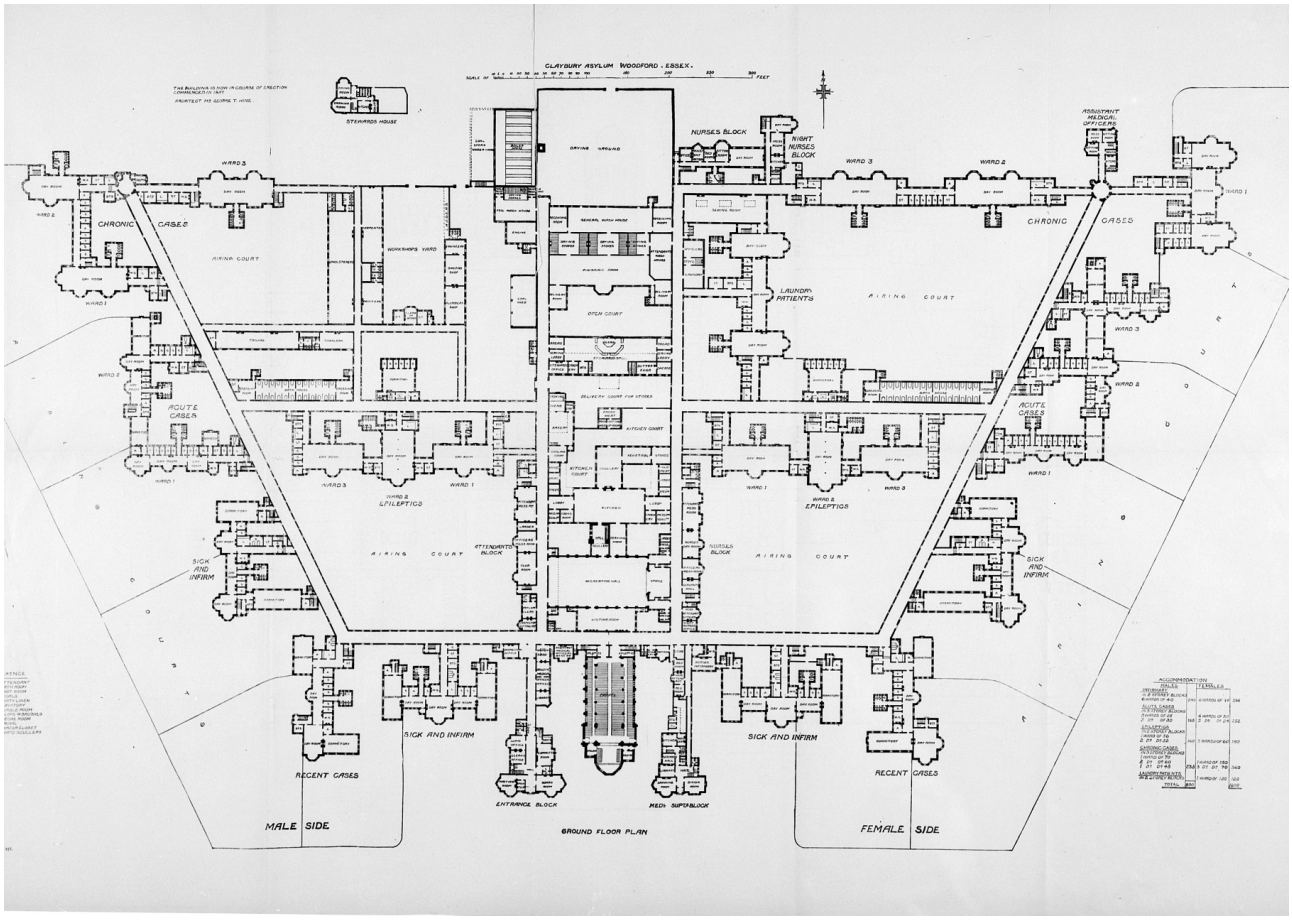

Figure 2.1: George Thomas Hine's design for the ground floor of Claybury Asylum

Source: The Wellcome Collection, ref. b13484680 (see link below for full resolution image)

https://wellcomecollection.org/works/qvmezq33 [accessed 12/08/2020]

Considering Hine's drawings alone, it is understandable that one could draw the conclusion that Claybury Asylum was built with the principles of environmental

therapeutics in mind. For example, corridors facing south for unrestrained light, large airing courts for walking around, close proximity to trees, rooms lighted entirely by windows. After Hine's design was accepted by the subcommittee he began to work closely with the Commissioners in Lunacy, a state appointed body that oversaw asylums and patient safety, and their consulting architect, C. H. Howell. Initially, it seems that the views of Howell chime with Hine's design and ethos, and there is a focus in his letters on provision of natural light for patients.

For example, Howell wrote that the positioning of the wards for epileptic patients was as such that 'a large proportion…would feel a loss of views', and suggested that the design must be modified to ensure unrestrained visual access for the patients.[25] Howell also suggested that a height of only two stories should be considered for the institution, as this would give 'less obstruction of the sun and views'.[26] In regards to windows, he wrote that 'I question the policy of lighting any room entirely from windows under a verandah such a room would be badly lighted for 8 months of the year', reinforcing the primacy of the need for natural light for asylum care.[27] While the provision of natural light was thought to have some 'hygienic' benefits, for example, killing germs, natural light extended beyond this in Claybury, in being considered to increase cheerfulness in the patient. This suggests that its use in the asylum was psychological. The continued reference to the need for light and fresh air is significant inasmuch as it reifies the idea that constructing a mentally healthy environment was a

[25] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval (secretary to the Commissioners in Lunacy), p. 25.

[26] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval, p. 27.

[27] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval, p. 25.

primary determiner of asylum design in this period, beyond the utopic ideals of architectural journals and designs but in the actual construction of a state building.

However, further analysis of the correspondence between Howell, the Commissioners in Lunacy, and the asylum subcommittee, shows how the requirement to ensure the surveillance of the patient often outweighed the environmentally therapeutic aspects of the design. The Commissioners in Lunacy worked with Howell detailing the problems with Hine's initial drawings and argued ultimately that the design was not fit for purpose, due to the type of patient that would be residing in the institution: likely from the East End of London and potentially 'unwieldy and difficult to manage'.[28] For example, the outside stairs on the building, designed for 'cross-ventilation' purposes, or unlimited access to fresh air, were 'dangerous' in the sense that 'every patient should be regarded as a possible suicide. It would be safer therefore if these staircases were kept within the walls'.[29] Howell also wrote that there ought to be more space for the patients, arguing that 'The kitchen, however is rather small for 2000 lunatics. If sane people only were to be employed it would be large enough but as the work will be carried out principally by the patients a little more space would be an advantage'.[30] Same too for the urinals, which were also 'too close and cramped for lunatics'.[31] This evidence reveals the Commissioners' concern with the safety of patients but also the general assumption that the patients' ability to 'restrain themselves' in the style of moral methods of care is lacking. This is further reiterated

[28] LCC/MIN/00916, 26 July 1887, letter signed R.W. Partridge (clerk of the subcommittee) to C.S. Perceval, pp. 43-44.

[29] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval, p. 25.

[30] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval, p. 34.

[31] LCC/MIN/00916, 25 June 1887, letter signed C.H. Howell and C.S. Perceval, p. 25.

in the Commissioners' frequent references to surveillance of the patients (and staff). For example, changes to the design were requested in order to ensure an attendant was never alone with a patient.[32] Therefore, the requirements of the Commissioners in Lunacy were multiple and fluctuating, and the focus on endowing the asylum with 'natural' properties by the architect seems to have overshadowed the realities of the patient experience, whether this was to keep people safe, or to monitor behaviour.

Hine, the Commissioners and Howell went back and forth regarding the design, with Hine initially attempting to change the Commissioners' minds, until it was noted to Hine that the Commissioners were unwilling to 'further modify their views'.[33] Hine then created a new design implementing the Commissioners' requests, which was accepted.[34] It can be surmised from this exchange that although the architect had a significant role in asylum construction, the utopic views of the asylum architects were often antithetical to the requirements of the Commissioners in Lunacy, and the Commissioners' word was final. This suggests that in Claybury Asylum, the state had ultimate influence over the final product, which is likely similar in other state-run asylums (and maybe beyond) during this period.

The resulting asylum structure shows that while the asylum was designed with the concept of patient freedom and environmental therapeutics in mind, the final form was a more complex amalgamation that considered patient safety, surveillance, and

[32] LCC/MIN/00916, 26 July 1887, letter signed R.W. Partridge to C.S. Perceval, p. 30.

[33] LCC/MIN/00916, 26 July 1887, letter signed R.W. Partridge to C.S. Perceval, p. 47.

[34] LCC/MIN/00916, 14 February 1888, p. 103.

economic resource. This combined with the attitude that the Commissioners in Lunacy had towards the patients—that they were unable to restrain themselves, and could be a danger to themselves and others—significantly complicates historical arguments that focus on 'moral treatment' as the basis for asylum design and construction during the late-nineteenth century. This argument should therefore be in mind for anyone doing future studies of institutions, whether asylums, or other public buildings.

Environmental therapeutics and the dangers of nature

Despite the private tensions between George Hine, the subcommittee, and the Commissioners in Lunacy, the public view of the asylum in both the medical, architectural and national press focused on the benefits that environmental therapeutics had on the patient. In an article on the first working year of Claybury in the *Journal of Mental Science* the Medical Superintendent Dr Robert Jones deferred to the architect to celebrate the good functioning of the asylum: 'To him [George Hine] I am indebted for plans and views of the asylum buildings', revealing a show of solidarity between the asylum authorities (in reality, Hine's relationship with the asylum authorities was somewhat fractious).[35]

The Asylum Annual Reports, presented by the asylum subcommittees to the London County Council's Asylum Committee from the period 1893 throughout the twentieth century, show the promotion of the belief that the environmental activities offered by the Medical Superintendent at the asylum were helping to treat patients. The 1890s saw the Medical Superintendent tirelessly campaigning for the patients to

[35] Robert Jones, 'The London County Council Asylum at Claybury, and a Sketch of its first working year' *British Journal of Psychiatry* 43 (1897), 47-58; LCC/MIN/00921, 10 October 1893, Hine sent a disgruntled letter claiming he had been misrepresented in an annual report; Hine often had to be called to a meeting to defend his designs, and there was a general discord between him, the contractor, and the subcommittee.

be able to walk within the grounds, writing that it was a necessary part of medical treatment (that also happened to be cheap):

> It is most necessary that patients take daily systemised walks through the grounds beyond the airing courts…Apart from motives of health and cheerfulness, I would urge this as a matter of economy, for less clothing would be destroyed, fewer windows broken, and there would be more contentment and quietude in the ward.[36]

Following this, he wrote that under the outdoors' influence the patients 'are more tractable indoors, and thereby encouraged to more healthy processes of thought'.[37] The Superintendent was keen to highlight the noticeable effects of the environmental provision for patients. In 1898 he wrote: 'There is a gradual reduction each year in the numbers of our admissions, owing to the accumulation of chronic cases, which even in this comparatively new asylum is beginning to make itself felt'.[38] This evidence reveals that publicly, the asylum was promoting the benefits of environmental therapeutics as a viable method of treatment.

However, the front-facing view of the asylum differed from the everyday reality. As architectural historian Carla Yanni writes in regard to asylum design versus use, very often the 'gap between rhetoric and achievement yawns'—the purpose of the

[36] 'The Sixth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, and Hanwell Asylums, Presented to the Council on May 21st 1895 (London, 1895), p. 54.

[37] H12/CH/A/3/3 The Ninth Annual Report of the Asylums Committee and the Sub Committees of Banstead, Cane Hill, Claybury, Colney Hatch, Hanwell, The Heath (Bexley) and Horton Asylums, Presented to the Council on May 17th, 1898. (London, 1898) Medical Superintendents Report To the Sub-Committee of Claybury Asylum, March 31st 1898, pp. 56-57.

[38] H12/CH/A/3/3 The Ninth Annual Report of the Asylums Committee and the Sub Committees of Banstead, Cane Hill, Claybury, Colney Hatch, Hanwell, The Heath (Bexley) and Horton Asylums, Presented to the Council on May 17th, 1898. (London, 1898), Medical Superintendents Report To the Sub-Committee of Claybury Asylum, March 31st 1898, p. 55.

asylum differed from how it worked in practice.[39] It must be taken into account that the annual reports mentioned above were public-facing reports. The reality of environmental therapeutics was revealed in the private minutes of the Claybury Asylum subcommittee throughout the final decade of the nineteenth century and beyond. One example of this is gender disparity. For example, one entry in the asylum minutes noted that the woods had to be pathed, essentially 'tamed', in order for the women to be granted access to walk through them, suggesting women's access to these areas was restricted due to their gender.[40] Further, 'much annoyance' resulted from men and boys disturbing the female patients by sitting on the boundary fence. Until the fence was 'spiked' and the police involved, women's access to this space was limited.[41] This evidence does slightly complicate recent historical work that tries to disprove Elaine Showalter's 1987 argument that women received unequal treatment to men in the nineteenth century asylum, and shows that the benefits of environmental therapeutics were not as far reaching as was projected publicly.[42]

In addition, it was noted frequently in the asylum minutes that patients were escaping during outdoor mental therapeutics.[43] There were around 2400 patients at

[39] Carla Yanni, *The Architecture of Madness* (London, 2007), p. 7.

[40] LCC/MIN/00922, 10 September 1896, p. 32.

[41] LCC/MIN/00922, 10 September 1896, p. 32.

[42] Thomas Knowles and Serena Trowbridge 'Introduction' in Thomas Knowles and Serena Trowbridge (eds), *Insanity and the Lunatic Asylum in the Nineteenth Century* (London, 2014), p. 4.

[43] H12/CH/A/3/3 The Ninth Annual Report of the Asylums Committee and the Sub Committees of Banstead, Cane Hill, Claybury, Colney Hatch, Hanwell, The Heath (Bexley) and Horton Asylums, Presented to the Council on May 17th 1898 (London, 1898); Medical Superintendents Report To the Sub-Committee of Claybury Asylum, March 31st 1898, p. 56; LCC/MIN/00919, 15 March 1894, pp. 85-86; 29 March 1894; LCC/MIN/00920, 17 January 1895, p. 70; 28 March 1895, p. 149; 11 April 1895, p. 164; 29 May 1895, p. 209; 20 June 1895, p. 236; 11 Aug 1895, p. 285; LCC/MIN/00921, 12 August 1897, p. 4; LCC/MIN/00922, 10 September 1896, p. 31; 24 September 1896, p. 45; 22 October 1896, p. 65; 5 November 1896, p. 80; 3 December 1896, pp. 108-110; 14 January 1897.

Claybury by the end of the nineteenth century, and about 3 to 4 attendees per ward.[44] According to the drawing of Claybury (Figure 2.1) there were between 30 to 150 patients in each ward. The number of escapes increased over the 1890s, with patients often escaping through the woods that they were encouraged to walk through. In 1904 ten patients escaped in one week.[45] The nature of asylum escapes is worth analysing in more detail. For example, when a patient escaped from the billiard room, the Medical Superintendent requested that more window guards be put in.[46] In one instance a patient escaped through an open window. The attendant was cautioned, and asked to be more careful when fastening the window.[47] The results of these escapes reveal there was a concerted effort to prevent such escapes reoccurring.

However, when patients escaped from regular walking parties in the grounds or through the airing courts (which happened frequently), it was unremarked upon, apart from to attribute 'no blame' to the attendants on duty.[48] No action was proposed to ensure patients did not escape when walking in the grounds. The reaction to the escapees provides an interesting insight into how little recognition was given by the subcommittee to the escaped patients, with simply the name of the patient listed next to 'escaped' (one patient escaping in 1897 was recorded as 'name unknown'; either a

[44] The Ninth Annual Report of the Asylums Committee and Sub-Committees of Bansted, Cane Hill, Claybury, Colney Hatch, Hanwell, The Heath (Bexley) and Horton Asylums, Presented to the Council on May 17th 1898 (London, 1898) stated there were 2494 patients in Claybury Asylum in 1898, LCC/MIN/00916, 2 June 1887, letter signed C.H. Howell and C.S. Perceval stated there should be 3 to 4 attendants per ward.

[45] The Fifteenth Annual Report of the Asylums Committee and the Sub Committees, Presented to the Council on May 17th 1904 (London, 1904), p. 60.

[46] LCC/MIN/00922, 3 December 1896, pp. 109-110.

[47] LCC/MIN/00920, 11 April 1895, p. 164.

[48] For example, LCC/MIN/00920, 28 March 1895, p. 149; 29 May 1895, p. 209; 20 June 1895, p. 236; 11 Aug 1895, p. 285.

failure in administration or a lack of care on the part of the authorities).[49] If the patient returned or was captured it was noted in the minutes, but if they did not return within 14 days they were taken off the asylum records and refused re-entry.[50] The fact that it was possible for a patient's name to not be recorded, that patients escaped at such high rates, and then were disallowed from accessing asylum care is significant as it complicates the historical narrative that the freedom of the patients to walk in the grounds points to a benevolent and caring medical practice. Rather, perhaps it reveals the incompetence or lackadaisical attitude that staff had towards patient care, and everyday human activity subverting the intention of the building's purpose.

The number of patients escaping from Claybury was proportionally high in comparison with other asylums, but it was frequently unremarked upon outside of the internal minutes. When analysing the external Asylum Reports that were published in *The Lancet* at least twice yearly, in 1904 the fact that 10 patients had escaped in a week was omitted. This does not seem to be an editorial decision, as there is evidence in other *Lancet* annual reports that different asylums did note the number that escaped.[51] Rather than patients escaping, the Asylum Reports about Claybury Asylum focused on the numbers admitted, the rising number due to, in the words of the Medical Superintendent, 'the stresses of life which become each year more exacting'.[52] The description of the wards as 'well lighted and cheerful' and 'clean and bright' seem to override the necessity to say whether patients had escaped or not.[53]

[49] LCC/MIN/00922, 14 January 1897.

[50] LCC/MIN/00921, 12 August 1897.

[51] *The Lancet,* 9 March 1901, p. 718 (London County Asylum at Horton); *The Lancet,* 16 December 1899, p. 1691 (Banstead Asylum).

[52] *The Lancet,* 17 December 1904, p. 1740.

[53] *The Lancet,* 12 March 1904, p. 746.

Further, the escapes from Claybury were not reported in the local or national press, whereas asylum escapes in general (national and international) were quite frequently reported on, though often these had sensational or salacious details.[54] One exception is an article in the *Daily Mirror* that draws attention to the high number of escapes from Epsom Asylum. Thirty one of 4840 patients escaped in 1909, including 22 who escaped while exercising in the airing courts and two whilst walking outside of the asylum.[55] However, quoting the Commissioners in Lunacy, *The Mirror* concluded that the benefit of the walking facilities outweighed the risk of escape:

> It is essential, say the Commissioners, that all patients suitable for it should have frequent opportunities of the change of scene and reassociation with the outside world afforded by these walks, which have a material influence on the recovery of such patients as do recover… There could be no justification, they say, for such a retrograde step as making asylums once more like prisons.[56]

This article illustrates that there was a belief outside of 'expert' professions that access to 'natural' spaces would have a positive impact upon mental health—one that overshadowed the chance of patients escaping. It reveals that the Commissioners in Lunacy projected the idea publicly that the risks of environmental therapeutics outweighed the need for prison-like surveillance. The focus in the asylum reports and press of environmental therapeutics as a tangible method of care suggests that this was a concerted effort by the Commissioners to show that it was a successful endeavour.

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[54] *The Daily Mirror*, 20 August 1913, p. 3; *The South Eastern Gazette*, 1 June 1912, p. 5; *The Daily Mirror*, 18 August 1913, p. 5; *The South Eastern Gazette*, 23 November 1907, p. 6; *The Daily Mirror*, 13 June 1908; *The Daily Mirror*, 25 May 1908, p. 4; *The Daily Mirror*, 29 November 1905, p. 4; *The Daily Mirror*, 20 August 1913; *The South Eastern Gazette*, 6 April 1912, p. 5.

[55] *The Daily Mirror*, 6 April 1909, p. 5.

[56] *The Daily Mirror*, 6 April 1909, p. 5.

This attempt may have been a response to a growing panic about the increasing numbers of the insane in London, referred to in the *Daily Express* as 'London's Army of Lunatics'.[57] Also, perhaps it was to dispel the image of the asylum as a space of neglect and horror, as was exposed by the press in the early nineteenth century.[58] Alternatively, this focus could have been the work of the psychological profession to 'establish the legitimacy of their nascent profession'.[59] Regardless of the reason behind it, the Commissioners, Claybury subcommittee and medical superintendent seemed to want to present a unified celebration of the benefits of the environment on mental health, and show what they were doing to develop and advance the style of treatment for the insane. This is significant, because it points towards a desire to promote innovative ideas without necessary consideration for the humans having them.

This section has revealed how the purpose of a building can be opposed to how it functions. It has argued that in the practice of architecture there was a belief in the notion that the environment of the asylum could help facilitate care beyond 'moral treatment'. However, it has also shown that this architectural ethos was complicated by the requirements of the state for patient surveillance and safety. It has also revealed that despite the Commissioners in Lunacy's desire for patient surveillance, many patients escaped from the asylum—an occurrence that was frequently unremarked upon or perhaps considered a routine aspect of asylum life. Literature on asylum escapes is scant and focuses often on how authorities attempted to stop escapes;

[57] *Daily Express,* 1 November 1905, p. 5.

[58] Scull, *Madness in Civilisation,* pp. 191-192.

[59] *Daily Express,* 1 November 1905, p. 5; Yanni, *Architecture of Madness*, p.15.

similar work on prison escapes is more extensive and focuses on how the escapes were part of wider acts of resistance to disrupt the prison environment and regulations.[60] However, positioning escapes as a necessary by-product of innovative treatment methods has not been considered historically, and complicates historical arguments that refute the idea that the methods of care in the asylum could function at the expense of the patients. Instead, a methodology that takes into account the perception of the asylum versus the lived experience must be considered, and a more thorough investigation into what was driving reform. This is necessary in order to move away from what historian of medicine Jennifer Wallis refers to in her 2017 book the 'ahistorical "use/abuse' model", and instead provide a richer and more nuanced picture of the asylum. As such, I argue for a necessary consideration of human behaviour within institutions in order to understand them.[61]

Constructed nature in Claybury Asylum

As evidenced above, Claybury Asylum was part of a wider movement in which the asylum underwent numerous reforms. It inhabits a moment between an older, 'moral' treatment and a clinical and pathological model that came to define the twentieth century alongside psychoanalysis and pharmaceutical medicine. The balancing of these two models of care is encapsulated by the creation of what I call 'constructed'

[60] John Walton, 'The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816–1870' in Andrew Scull (ed.)*, Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Pennsylvania, 1981), p. 177; Suzanne M. Spencer-Wood and Sherene Baugher, 'Introduction and Historical Context for the Archaeology of Institutions of Reform. Part I: Asylums', *International Journal of Historical Archaeology* 5 (2001), p. 14; Steven Cherry, *Mental Health Care in Modern England* (London, 2003), p. 35; Alyson Brown, 'The Amazing Mutiny at the Dartmoor Convict Prison', *British Journal of Criminology* 47 (2007), p. 276; Elizabeth Malcolm, 'Australian Asylum Architecture through German Eyes: Kew, Melbourne, 1867', *Health and History* 1 (2009), pp. 54-55.

[61] Wallis, *Investigating the Body in the Victorian Asylum*, p. 4.

natures in the asylum, which reveals more about the relationship between the authorities providing environmental therapeutics but also keeping the asylum surveilled. The methodology behind the idea of 'constructed' natures has its basis in work by sociologists and geographers such as Bruno Latour and Erik Swyngedouw, who argue that the boundary between nature and non-nature is 'part social, part natural—yet deeply historical and thus produced'.[62] Using this methodology to analyse Claybury Asylum provides an insight into how the asylum was reformed over the turn of the century. It also reveals how asylum authorities were not simply using unadulterated 'nature' in the asylum interior, rather, they were creating a type of technologically infused nature. This is an idea that aligns with historiography concerning the intersection between nature and science in the late-nineteenth century. As Douglas Sackman observed, 'Victorians' shaped nature into forms that were 'valuable to themselves or others'.[63]

Archaeologist Gillian Allmond's work on Scottish asylums uses the founder of the Garden City movement Ebenezer Howard's treatise to illustrate how the properties of the 'natural' environment were used to impart 'moral' treatment in the late-nineteenth century.[64] Allmond argues that asylum developers were 'likely' to have been exposed to Howard's utopia and prior work, and hence created environments that were abundant in fresh, pure and smoke-free air, as a means to generate physical

[62] Erik Swyngedouw, 'Metabolic Urbanization: The Making of Cyborg Cities', in Ariane Louise Harrison (ed.), *Architectural Theories of the Environment: Posthuman Territory* (Oxford, 2013), p. 168.

[63] Douglas Sackman, 'Putting Gender on the Table: Food and the Family Life of Nature' in Virginia J. Scharff (ed.) *Seeing Nature Through Gender* (Kansas, 2003), p. 171; Jon Agar and Jacob Ward, *Histories of Technology, the Environment, and Modern Britain* (London, 2018).

[64] Allmond, 'The First Garden City?', p. 106.

health and virtue in patients.[65] However, she neglects to consider a significant element of Howard's work. Howard is not talking about nature *per se*, rather a specific type of 'manipulated' nature. While Howard espoused the benefits of 'fresh air, sunlight, breathing room and playing room', these alone did not suffice in order to cure the (psychological and physical) health problems that emerged from urban environments.[66] He emphasised that the 'free gifts of nature' needed to be combined with 'the resources of modern science that Art might supplement Nature and life become an abiding joy and delight'.[67] The asylum design of the *fin-de-siècle* aligned with this, developing nature in the asylum with the technological advancements of the nineteenth century.

Allmond has argued that focusing on electric light in the nineteenth century asylum overshadows the intense preoccupation with natural methods of care in asylum design at this time.[68] However, if we consider electricity and 'natural' light as complementary actors rather than in opposition to one another, we can provide insight into how the asylum authorities at Claybury saw electricity as an extension of natural resources, which embodied similar characteristics to natural light, but also with the benefits of acting as a tool of surveillance. This argument aligns with the work of the historian Chris Otter, who argues that electricity was not necessarily the frightening, transformative and panoptical element that it has been made out to be in other

[65] Allmond, 'The First Garden City?', p. 104, p. 106, p. 109.

[66] Ebenezer Howard, *Garden Cities of To-morrow* (Powys, 1989 [1898]), p. 91.

[67] Howard, *Garden Cities of To-morrow*, p. 91.

[68] Allmond, 'Light and Darkness', pp. 5-6.

historical work, such as by Simon Gunn and Iwan Rhys Morus.[69] Otter wrote that 'electric light did not radically transform the way people saw', rather, in reality, electricity mimicked natural light.[70] Otter's work aligns with electricity scientists' beliefs at the time, including those of German physicist Heinrich Rudolf Hertz (the 'first to conclusively prove the existence of electromagnetic waves'). Hertz wrote that all light 'is in its essence an electrical phenomenon' and, by implication 'the domain of electricity extends over the whole of nature'.[71] The idea that electricity was not transformative, rather a sanitised and refined natural light, can be seen in the proposal for electric lighting in Claybury Asylum.

In 1889 Hine proposed that electric lighting be installed in the asylum.[72] Hine and a Medical Superintendent from another asylum, Dr Shaw, visited various asylums across the country to find the ideal asylum to emulate. The electric lighting in Borough Asylum at Mapperley Hill was described as being 'in a great state of perfection'.[73] Hine and Shaw described the electric lighting in the asylum as resulting in 'brightness…without any stuffiness of atmosphere', aligning with ideas from *The Builder* that suggested that stifling 'gloom' and monotony would depress patients.[74] The day-to-day realities and practicalities of using electricity in the asylum were revealed in an article in the *Journal of Mental Science* in 1897, written by the medical

[69] Simon Gunn, 'City of Mirrors: The Arcades Project and Urban History', *Journal of Victorian Culture* 7 (2002), p. 271; Iwan Rhys Morus, 'No Mere Dream: Material Culture and Electrical Imagination in Late Victorian Britain', *Centaurus* 57 (2015), pp. 173-175.

[70] Chris Otter, *The Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (Chicago, 2008), pp. 181-183.

[71] Patricia Ramsay, 'Heinrich Hertz, the father of frequency', *Neurodiagnostic Journal* 53 (2013) p. 3, Hertz quoted in Otter, *Victorian Eye,* p. 211.

[72] LCC/MIN/00917, 8 January 1891.

[73] LCC/MIN/00917, 19 March 1891, p. 16.

[74] LCC/MIN/00917, 19 March 1891, p. 19; *The Builder,* 16 August 1879, p. 907.

superintendent Robert Jones. Initially intended to be a short report on electricity at Claybury it expanded to a 'review of the progress of electric lighting in asylums generally'.[75] The article discussed electricity at a range of asylums, with Claybury as an example for which other asylums could follow.[76] In the article electricity was described as having 'superior advantage of brilliancy and softness of light.[77] The health benefits of electric light, the cheerfulness inspired by it, was considered the same as the health benefits of natural light, but improved to be more effective.

However, the quotidian benefits of electric light were considered as important as the healing properties it was seen to possess. Three additional reasons that Hine and Shaw proposed for choosing electricity were 'Great cleanliness' and 'Improvement in sanitation inasmuch as the atmosphere of the Ward is kept very pure', as well as 'the advantage of the night as regards freedom from heat and danger'.[78] This was reflected in Jones' report, which stated that electricity helped by inspiring 'greater cleanliness, improvement in sanitation, saving in decorating walls and ceilings were sufficient to decide in its favour'. [79] The surveillance of patients with the new technology was also considered a decided benefit. The article describes how patients rooms are lighted during the day and the light dims at '8.15pm (by which time the patients are generally in bed), reduced in pressure so as to give a comparatively dim or night light, which, while it is sufficient to enable the attendants to see what is going on in the

[75] Robert Jones, 'Electric Lighting in Asylums, with some General Suggestions, including Details of the Installation at the London County Council's Asylum, Claybury', *The British Journal of Psychiatry* 43 (1897), p. 753.

[76] Jones, 'Electric Lighting in Asylums', p. 754.

[77] Jones, 'Electric Lighting in Asylums', p. 758.

[78] LCC/MIN/00917, 19 March 1891, p. 17.

[79] Jones, 'Electric Lighting in Asylums', p. 758.

dormitories, is yet not so bright as to interfere with the patients rest'.[80] Electricity, therefore, not only functioned as an extension of natural light and as a therapeutic, but also as a form of patient surveillance.

The surveilling aspects of electric light can be compared with the provision of an electric system of clocks and bells in the asylum. Katherine Fennelly's work on soundscapes in the York Retreat argues that the asylum fostered a 'quiet tenor' of 'middle-class domesticity' through muffling distressing sounds such as the scraping noise of the locks on the patients' doors.[81] However, the same theory cannot be applied to Claybury Asylum, suggesting this feature had either been disregarded or was not a priority within this asylum. Little thought seems to have been given to fostering a space of quietude for the patients at Claybury Asylum; the installation of bells and tell-tale clocks during the construction of the asylum points again to a system of order and surveillance. In 1892, the Medical Superintendent was consulted on the installation of a system of bells in the asylum, and wrote that 'In addition to the ordinary domestic bells…there shall be a bell in each ward…There will also be bells at each of the four outer entrances'.[82] This number of bells and their frequent punctuation of silence does not point to a hushed and tranquil atmosphere. Electric clocks were also used in the asylum from 1892.[83] The tell-tale clock acted as surveillance for patients and staff, as the asylum attendant would have to turn a key in a device which would then mark a record within the body of the clock, upon which the vigilance of the attendant could be observed. Although by the early twentieth century the tell-tale clock

[80] Jones, 'Electric Lighting in Asylums', p. 766.

[81] Fennelly, 'Out of sound, out of mind', pp. 418-420.

[82] LCC/MIN/00917, 2 February 1893, p. 218.

[83] LCC/MIN/00917, 2 March 1893, p. 249.

was dismissed in the *Journal of Mental Science* as 'as an interesting and ingenious toy' rather than being vital to patient supervision, the universal use of such methods in asylums at the turn of the century suggests that they were understood at that time to be an effective method of surveillance.[84]

Therefore, in the case of Claybury, while the environmentally therapeutic benefits of electricity were considered to be important, and a deciding factor as to whether it should be installed in the asylum, technological advancements functioned more generally as a move toward a more bureaucratic and ordered style of treatment. The evidence above suggests that historians must be careful when discussing asylum care in general, as there was evidently no universal standard of care during this period. Indeed, while parallels can be found, each asylum should be considered separately and individual impact on the asylum fabric must be considered. Further insight into 'constructed' natures in the asylum, and their means of surveillance' can be provided through looking at another nineteenth-century technological advancement: photography.

Constructed nature inside the asylum

In the nineteenth century, the interior of the asylum was considered to be as important to the regulation and care of patients as the physical structure of the building. The design of asylum interiors has been investigated in detail in previous historiography. This has been done most prominently by Jane Hamlett, who argues that including domestic, middle-class style furnishings emphasises the asylum authorities' intention

[84] John Keay, 'The Care of the Insane in Asylums during the Night, *British Journal of Psychiatry* 47 (1901), p. 727.

to instil certain types of moral behaviour in patients.[85] It is clear that much consideration was given to creating a domestic environment for the patients when reviewing the minutes of Claybury Asylum as well as the photographs analysed below. The idea that asylum rooms were designed in a quasi-domestic style is mentioned explicitly in the design notes for Claybury Asylum, with rooms for paying male patients in the old Claybury Hall providing 'comparative quiet and comfort; perhaps even a touch of "home"'.[86] However, analysis of historical work on material culture has revealed that objects can function at multiple levels and embody manifold meanings.[87] Through further analysis of specific objects in Claybury Asylum and beyond it is possible to add an additional layer of analysis to the historiography on the interior of the asylum, and reveal the belief that asylum authorities held in the power of carefully constructed natures to act as a cure.

The photographs in question are three photographs taken in Claybury Asylum and two additional photographs from Bexley Asylum, London and Prestwich Asylum, Lancashire. As I mentioned above, it is necessary to consider asylums separately to understand how they functioned on a deeper level. However, it is useful also to compare to see if trends existed. As Jane Hamlett wrote in her analysis of students' rooms at Royal Holloway, photography can be a problematic source for the historian. Hamlett suggests analysing the photograph in the rigorous manner of a text: to find the source, position the photograph within the genre, and situate the photographs

[85] Jane Hamlett, *At Home in the Institution: Material Life in Asylums, Lodging Houses and Schools in Victorian and Edwardian England* (London, 2015), p. 20.

[86] Robert Jones, 'The London County Council Asylum at Claybury, and a Sketch of its first working year' *British Journal of Psychiatry* 43 (1897), p. 48.

[87] Frank Trentmann, 'Materiality in the Future of History: Things, Practices, and Politics', *Journal of British Studie*s 48 (2009), p. 289.

alongside other records.[88] Regarding the first two points, there is no definitive proof of who took the photographs, although they have been attributed to the studio 'London & County Photographic Co' (of which there is scant information). There is no indication of the date they were taken, nor evidence of what they were used for. One publication writes that the photographs were taken around 1910, which seems unlikely as there is little evidence of patient existence in them. Also, the furnishings in these photographs align with photographs taken in similar institutions in the last quarter of the nineteenth century.[89] Andrew Scull states that one of the photographs was taken in 1893, which seems inaccurate, as in the Annual Report of 1894 it was noted that there were no decorations and plants in the wards at Claybury Asylum yet. From this information it can be assumed that the photographs were probably taken after 1894.[90]

An almost identical photograph to Figure 2.2, below, was taken by architectural photographic company Bedford Lemere & Co, in 1895.[91] The photographs of Claybury are very similar to other photographs from Bedford Lemere & Co, which were records of architectural style and decoration, commissioned by architects, magazines, house agents and interior decorators.[92] There are no patients in the photographs, but there are nurses present, and similar to other photographs by Bedford Lemere & Co, the

[88] Jane Hamlett, '"Nicely Feminine, Yet Learned": Student Rooms at Royal Holloway and the Oxford and Cambridge Colleges in Late Nineteenth-Century Britain', *Women's History Review* 15 (2006), p. 139.

[89] Eric H. Pryor, *A Pictoral Review of Claybury Hospital* (London, 1996); Nicholas Cooper, *The Opulent Eye: Late Victorian and Edwardian Taste in Interior Design* (London, 1976), p. 6.

[90] Scull, *Madness in Civilization*, p. 261; The Fifth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, and Hanwell Asylums, Presented to the Council on June 12th 1894 (London, 1894), p. 53.

[91] http://viewfinder.englishheritage.org.uk/search/reference.aspx?uid=215443&index=0&form=advanced&county=GREATER+LONDON&district=REDBRIDGE&who=Bedford+Lemere accessed 07/12/2017

[92] Cooper, *The Opulent Eye*, p. 2.

subjects are ‘consciously posed’.[93] However, the photographs are less elegantly composed than Bedford Lemere & Co and the lack of attribution strongly suggests that they were not taken by them. However, they follow similar stylistic conventions, so it can be assumed that the photographs were commissioned by the asylum. Some similar photographs from around the same time were made into postcards, to be used either as a source of civic pride or potentially for patients to send to relatives or friends from inside the asylum. From this evidence it can be deduced that the photographs in question were taken in order to show the architectural style and interior design in a favourable light, rather than to depict the reality of everyday life in the asylum.

From the photographic evidence alone it would be possible to suggest that the rooms in the asylum were photographed with a domestic style in mind. However, when analysed in combination with institutional records a different conclusion can be formed, reinforcing my argument that that the asylum embodied multiple meanings. I argue that it was a setting that utilised the supposed healing properties of the natural environment while also acting as a space of safety and surveillance. This ethos is captured well in Figure 2.2, below, a photograph of a dormitory. The walls are plain and unadorned, the ceiling is vaulted to provide protection from fire. The furnishings corroborate the Medical Superintendent Robert Jones’ report on the furnishings of the asylum, describing design considerations that were done, in some part, to alleviate the risk of patient suicide: ‘The heads have no rods or bars, but are in one piece of sheet iron, thus affording no hold and suggesting no convenient place for tying a sheet

[93] Cooper, *The Opulent Eye,* p. 2.

or other article to'.[94] Large windows to let in abundant light have small windowpanes. In 1894 the removal of large sheets of glass was deemed necessary by the asylum authorities for safety reasons, and presumably so it would be harder for patients to escape.[95]

Figure 2.2: A dormitory in Claybury Asylum

Source: The Wellcome Collection, reference number 43460i.

https://wellcomecollection.org/works/xwuuf2ne [accessed 15/08/2020]

[94] Jones, 'The London County Council Asylum at Claybury', p. 54

[95] The Fifth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, and Hanwell Asylums, Presented to the Council on June 12th 1894 (London, 1894), p. 50.

However, the style is not completely utilitarian: some consideration has been given to decoration, most tellingly in the number of plants. There are four plants on the farthest windowsill, six at the end of the beds, and one more on a table at the left-hand side. It is hard to identify, but one is a potted fern, the connotations of which will emerge later.

Figure 2.3: A nurses day-room, Claybury Asylum

Source: The Wellcome Collection, reference number 43462i

https://wellcomecollection.org/works/zt5yhaqg [accessed 15/08/2020]

Figure 2.3 is a Photograph of a Day Room with three nurses: this image has at least 28 plants in, on tables, windowsills and hanging from the ceiling. The room is decorated in a more conventional domestic style, and includes patterns of plants on the tablecloths, wallpaper and plantstands. However, at closer inspection, aspects of

surveillance remain. Three heavy doors are on the left side of the room, providing efficient access to inhabitants if needed, a clock (presumably tell-tale) is above one door, and the windows have small panes of glass, likely for the same reasons as above. This photograph is indicative of the tension that existed in the modern asylum: providing a domestic setting, safety and surveillance, as well as enabling access to nature.

Figure 2.4: Dining room, Claybury Asylum

Source: The Wellcome Collection, reference number 43463i

https://wellcomecollection.org/works/hhvc6ka9 [accessed 15/08/2020]

Figure 2.4 is photograph of a dining room, with four nurses standing within it. There are at three plants in each table that can be seen, and a few plants hanging from the ceiling. Apart from the plants and furnishings, this room is fairly plain, with

unadorned ceilings, unpatterned tablecloths, though it does have a few paintings on the wall. There is a bird cage with some superficial damage to the left-hand side, suggesting it is in use or second hand, which may have contained a bird (although it is not possible to see in the image, the asylum committee agreed to spend £10 on procuring canaries for the wards in 1893).[96]

What do these photographs offer aside from reinforcing an already established argument that there was a fashion for plants in nineteenth-century interiors? Certainly, other spaces which were not spaces of 'healing' contained numerous plants and birds in cages.[97] First, while the changing fashion in nineteenth-century interiors was reflected inside the asylum space—particularly in the removal of 'Victorian Clutter' – the indoor plants remained inside the asylum environment. Second, when considering photographs of offices, manor houses, showrooms, tea shops, hotels, libraries, and so on from 1890-1910, the number of plants in these spaces dwindled dramatically, whereas in Claybury and other asylums plants remained in large numbers.[98] Third, plants as simply a decorative item does not correlate with the amount of money spent on procuring them. The sum at Claybury Asylum was comparatively large, certainly compared with other decor.[99] Moving beyond Claybury, comparing the style of interior decoration of a room at Prestwich, Lancashire, opened in 1851 (Figure 2.5), and Bexley Asylum in London (Figure 2.6), photographed around 1910, reveals the more opulent style of decoration: heavy curtains, classical busts, decorative pillars

[96] LCC/MIN/00918, 23 October 1893, p. 225.

[97] Cooper, *The Opulent Eye*, pp. 53-250.

[98] Cooper, *The Opulent Eye*, p. 2.

[99] £3,000 was authorised by LCC in 1891 to spend on plants. In comparison, no more than £300 was authorised to be spent on clocks. The number equated to 1.5 plants per person. LCC/MIN/00917, 19 March 1891, pp. 162-163.

becoming infinitely more practicable, but the plants remain (and in the case of Bexley seem to grow in number).

Figure 2.5: Infirmary ward for female patients, Prestwich Asylum

Source: The Wellcome Collection.

https://wellcomecollection.org/works/cmq642sz [accessed 15/08/2020]

Figure 2.6: Ward in Hospital villa, Heath Asylum, Bexley

Source: The Wellcome Collection

https://wellcomecollection.org/works/b3q8amnn [accessed 15/08/2020]

The sheer number of plants—56 that can be seen in the photographs of Claybury alone—suggests that this was not simply a question of aesthetics, but that the plants had a use value beyond the visual. This belief is corroborated by the annual reports from Claybury Asylum, which specifically mention the mental benefits plants endow in the asylum interior. In 1894, the Commissioners in Lunacy wrote 'There will also be room for introducing liberally plants, birds…largely used in the best asylums, and

which are beneficial to the insane'.[100] The Medical Superintendent's report in the same annual report writes that he wishes the wards were brighter, and that there are currently no 'birds or plants about', something that should be remedied for the benefit of the mental health of the patients.[101] Again, pets in the asylum are discussed by Jane Hamlett as part of the domestic apparatus, and an 'essential part of treatment'.[102] However, while reinforcing the domesticity of the institution, perhaps they were also there to be a touch of nature in the interior. The combination of birds and plants in the same sentence suggests that they have an association with one another, that association being the outside world. Patients already benefited from access to nature from frequent excursions to the airing courts and beyond, so the abundance of plants suggests that they may have been included to provide asylum patients with constant access to nature in a safe and regulated environment.

The type of plants in the pictures is difficult to distinguish as the photographs are not that clear. However, it is possible to see that there are pot palms, ferns, aspidistra, castor oil plants, and rubber plants. The symbolic meaning behind certain plants became popular in the mid-nineteenth century with the advent of floriography, though most of the above plants do not warrant a mention in the popular floriography books at the time. There is one exception, the fern, which was so popular during this period that a pseudo-psychological condition was named after an obsession of the

[100] The Fifth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, and Hanwell Asylums, Presented to the Council on June 12th 1894 (London, 1894), p. 50.

[101] The Fifth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, and Hanwell Asylums, Presented to the Council on June 12th 1894 (London, 1894), p. 53.

[102] Hamlett, *At Home in the Institution*, p. 36.

plant.[103] 'Fern Fever', or *Pteridomania*, was coined in the mid-nineteenth century and is a word that encapsulates the nineteenth-century obsession with ferns in domestic settings: in textiles, clothing, sculpture, domestic furnishings, and even kept as pets.[104]

However, ferns had a medical use beyond decoration. Dr Nathanial Ward, a doctor who was the first to cultivate ferns in glass cases 'advocated the use of glass sanatoria to house patients in a pure atmosphere, just like plants in a case'.[105] In the mid-1850s Ward raised money to construct fern cases in London's St Thomas' hospital, and the London Hospital in the East End, and in doing so argued 'that their presence will be both gladdening and beneficial to the patients', hence revealing a developing value of greenery in hospitals.[106] The collection and display of plants more generally, specifically the discipline of botany, took on a more scientific guise in the middle of the nineteenth century, as 'academic botanists, writers, and proto professionals in England worked to reshape popular and fashionable plant study into "botanical science"'.[107] It was a success, and towards the end of the nineteenth century botany and cultivation of plants moved away from a domestic hobby to a more scientific pursuit.[108] A similar development took place in the caging of birds. Domesticated birds were featured in many domestic interiors in England, but towards the middle of the nineteenth century they also became representative of the desire

[103] Kate Greenaway, *The Language of Flowers*, (London, 1884), p.17; Henry Philips, *Floral Emblems* (London, 1825), p. 316.

[104] Sarah Whittingham, *Fern Fever: The Story of Pteridomania* (London, 2012), p. 11.

[105] Whittingham, *Fern Fever,* pp. 16-17, p. 223.

[106] Whittingham, *Fern Fever,* p. 225.

[107] Ann Shtier, 'Gender and "Modern" Botany in Victorian England', *Osiris* 12 (1997), p. 29.

[108] Shtier, 'Gender and "Modern" Botany, p. 30.

within nineteenth-century natural history to categorise and keep 'nature close at hand' —symbolic of the marriage between art and science in the will to tame nature.[109]

It has proved not possible to know whether patients had any interactions with the plants at Claybury, that is, whether they looked after them. Hamlett manages to gain an understanding of how objects in photographs were used by analysing the letters and diaries of students at the institution. However, it is not possible in this case to find the patient experience in Claybury Asylum beyond the case notes, which do not on the whole mention such details. There is evidence that patients cared for plants in one Australian asylum in 1886, where plants were donated by members of the community to alleviate the 'boredom of institutional life', but generally there is little further historiography on the use of plants inside the Victorian asylum (though a recent PhD by Linnea Kuglitsch discusses gardening in greenhouses in American asylums as sources of therapy).[110] The historian Barry Edginton's article on the York Retreat argues that the plants and flowers that decorated the institution was to ensure the asylums 'cheerfulness' and reiterates the idea that they were used to mimic the home.[111] However, as hypothesized above, focusing on plants in the asylum as simply domestic furnishings neglects the evidence in favour of nature being seen as beneficial to metal health. Plants in Claybury Asylum can, therefore, embody multiple meanings. They were certainly a domestic decoration, used alongside pictures to brighten the

[109] Karen Sayer, '"Let nature be your teacher": Tegetmeier's Distinctive Ornithological Studies', *Victorian Literature and Culture* 35 (2007), p. 589; Barbara T. Gates, "Introduction: Why Victorian Natural History?", *Victorian Literature and Culture* 35 (2007), p. 544.

[110] Dolly MacKinnon, 'Divine Service, Music, Sport, and Recreation as Medicinal in Australian Asylums 1860s-1945', *Health and History* 11 (2009), p. 135; Linnea Kuglitsch, 'Beyond the Medicine Bottle: Materializing Madness at the Morally Managed Asylum. PhD thesis, University of Manchester, 2019.

[111] Barry Edginton, 'The York Retreat', *Victorian Review* 39 (2013), pp. 10-11.

wards. However, they are also an example of ‘constructed’ nature in the asylum. The sheer number of plants and a move towards a professionalising scientific uptake in botany and natural history, suggests that in part the asylum authorities were using ‘constructed’ nature to impart a sense of wellbeing and create a sanitoria for the mind.

Conclusion

This chapter has argued that it is necessary to move beyond ‘moral treatment’ alone as a lens through which to view late-nineteenth century asylum design. In doing so, it has also revealed the tension inherent in the asylum between the state, architects, and medical professionals: to provide environmental therapeutics, but also a create a space of surveillance. Therefore, this chapter has argued the case for the continued relevance of Foucault’s theories of governmentality in the asylum—that the asylum upheld ideas about how the mentally ill functioned through restrictions on patients’ access and movement through the environment, and that healing aspects of the asylum structure had a dual function as spaces of surveillance. In light of this, the historical idea that asylums are either inherently reforming or freeing should be dismantled and instead, there should be a focus on the dialogue between these multiple aspects of the asylum environment and what they mean for how institutional care functioned. Bearing in mind that there was no unified approach to asylum treatment, further study of different LCC administrated asylums is necessary. Broadening the scope beyond public asylums towards private asylums would provide further insight into the multiple ideologies inherent in asylum structures.

This chapter has also revealed that asylum authorities produced ‘constructed’ nature in the asylum interior. The concept that technology and the environment have

been entangled in Britain is an emerging concept in science and technology studies, and this chapter has attempted to historicise this.[112] The implications for historical research are wide-ranging and go beyond the asylum, and could reach hospitals, prisons, and other institutions that attempted to contain, reform, cure and care for those in need. More investigation into who or what was driving this: the state, architects, medical professionals, and if the spaces are publicly run or private, or a combination of both, would provide an additional layer of analysis into how institutions reformed at the turn of the century in England. Further, in terms of the photographical evidence, the agency of the camera as its own technological intervention into the asylum is relevant; investigating in more detail the use of photography in the asylum may provide further insight into how institutions wished to present themselves publicly.

More contemporaneously, the construction of nature remained in the asylum throughout the twentieth century. A selection of photographs at Claybury from the 1930s show beds placed outside, presumably so patients could access the fresh air. Similarly, a photograph taken in 1970 shows a neglected and austere asylum – a large white room, no photographs, with chairs placed next to each other facing back against the walls, and a couple of bowed tables with ashtrays on them (see Figure 2.7).

[112] Jon Agar and Jacob Ward, *Histories of Technology, the Environment, and Modern Britain* (London, 2018).

Figure 2.7: Photograph of Central Room Looking North, Claybury Asylum, 1972

Source: The London Metropolitan Archives, reference number SC/PHL/02/0583-99

However, there are five plants placed on the fireplace with a picture of a country scene behind them. The continued presence of these objects in Claybury Asylum suggests that constructed nature is a leitmotif in institutional care throughout the twentieth century.

Chapter 3: A nature of convenience: water as a cure for psychological disorders

That a change of environment or 'natural' treatments were considered to be healing the end of the nineteenth century has been explored by historians predominantly in two areas: in the growth of leisure pursuits and in relation to physical health.[1] However, 'natural' environments as healing for the mind has been somewhat overlooked in historical scholarship. Yet, as has been revealed, during the nineteenth century some professionals became concerned with the impact that 'civilisation' had upon the mind, as part of a wider pathologisation of everyday life. Patients began to be diagnosed with disorders such as 'neurasthenia', 'anxiety', 'stress', and 'overwork'.[2] As a result, an idea was solidified by some medical practitioners that 'nature' could act as an environment of psychological respite for nervous disorders exacerbated by 'civilisation'. One outcome was a proliferation of 'natural cures', methods of care such as climatology and hydrotherapy. These treatments involved sending patients to

[1]John K. Walton, 'The Demand for Working-Class Seaside Holidays in Victorian England, *The Economic History Review* 34 (1981), p. 249; David Prynn, 'The Clarion Clubs, Rambling and the Holiday Associations in Britain since the 1890s', *Journal Of Contemporary History* 11 (1976), p. 65; Helen Walker, 'The Popularization of the Outdoor Movement, 1900-1940' *British Journal Of Sports History* 2 (1985), p. 140; Andrea Inglis, Beside the Seaside: Victorian Resorts in the Nineteenth Century (Melbourne, 1999), p. 39; Melanie Tebbutt, 'Rambling and Manly Identity In Derbyshire's Dark Peak, 1880s-1920s', *The Historical Journal* 49 (2006), p. 1125; Tom Crook, '"Schools for the moral training of the people": Public Baths, Liberalism and the Promotion of Cleanliness in Victorian Britain', *European Review of History* 13 (2006), p. 32; Ben Anderson, 'The construction of an alpine landscape: building, representing and affecting the Eastern Alps, c. 1885–1914', *Journal of Cultural Geography* 29 (2012), p. 155; Nicola Bishop, 'Ruralism, Masculinity, and National Identity: The Rambling Clerk in Fiction, 1900-1940', *Journal Of British Studies* 54 (2015), p. 654; Patrick Joyce, *Rule of Freedom* (Manchester, 2007); Virginia Berridge and Martin Gorksy (eds), *Environment, Health and History* (Hampshire, 2012), pp. 1-4; Tania Anne Woloshyn, *Soaking up the rays: Light therapy and visual culture in Britain, c. 1890*–1940 (Manchester, 2017); Jane M. Adams, *Healing with Water: English Spas and the Water Cure, 1840-1960* (Manchester, 2017), p. 45.

[2] George M. Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia) its symptoms, nature, sequences, treatment* (London, 1890), p. 12.

different climates and the external and internal use of water being reconfigured as ostensibly evidence-based, 'scientific', and increasingly psychological treatments.

Through looking at the practice of hydrotherapy and climatology in the late-nineteenth and early-twentieth centuries, this chapter will argue that the hydropathists and climatologists actively participated in constructing natures as psychological cures. This notion had a significant cultural impact on how the English landscape was perceived, contributing to a more defined sense of certain 'natures' as inherently healing and urban spaces as intrinsically unhealthy.[3] Analysing published and archival work of the physician, balneologist and climatologist Hermann Weber and his son Frederick Parkes Weber, endorsed by photographs from the work of their contemporaries, this chapter will first focus on the creation of healthy psychological environments for good mental health. Second, it will analyse a number of water-based treatments in psychological practice and beyond, in particular the manipulation of water within the home and the consumption of bottled water. Following the previous chapter, which revealed the use of 'constructed' nature in institutional settings, this chapter demonstrates the growth of convenient, patient-led 'constructed' natural treatments. It also argues that these treatments were self-governed and exclusive, making the psychological health of the patient determined by their agency, but also by their social class.

[3] George MacKerron, and Susana Mourato, 'Happiness Is Greater in Natural Environments', *Global Environmental Change* 23 (2013), p. 992; Ian Alcock, Mathew P. White, Benedict W. Wheeler, Lora E. Fleming, and Michael H. Depledge, 'Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas', *Environmental Science & Technology* 48 (2014), p. 1247; Natasha Gilbert, 'Green Space: A Natural High', *Nature* 531 (2016), p. S56.

This chapter makes a significant contribution to historical scholarship by arguing that the so-called psychological benefits of spas and water treatment were not simply peripheral to leisure patterns or physical health: rather, they were part of an environmental psychology that had very tangible repercussions on the way the landscape was viewed and the practice of everyday life. The philosopher Ivan Illich stated 'medical interference' into the world in the twentieth century saw the 'medicalisation of life'.[4] In line with Chapter 1, I purport that interventions into the landscape for psychological health was part of a broader 'psychologisation' of everyday life. In addition, offering a new approach informed by social theory, this chapter argues that 'natural' elements utilised in psychological care were formed by technological developments unique to the nineteenth century.[5]

As a result, this chapter will build upon recent contributions to historiography by Jane Adams in her recent publication *Healing with Water,* and the Science and Technology Studies scholar Jon Agar and historian Jennifer Wallis, who argue that the nineteenth century saw a 'harmonious relationship between modern machinery and the 'natural' landscape'.[6] Section one on the seaside will also complement a recent chapter in Amelia Bonea and others' book about the physical health problems

[4] Thomas Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, 1990), p. 184; Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York, 1976).

[5] David Matless, *Landscape and Englishness* (London, 1998); Erik Swyngedouw, 'Metabolic Urbanization: The Making of Cyborg Cities', in Ariane Louise Harrison (ed.), *Architectural Theories of the Environment: Posthuman Territory* (Oxford, 2013), p. 168.

[6] Adams, *Healing with Water*, p. 2; Jon Agar, 'Technology, environment and modern Britain: historiography and intersections' in Jon Agar (ed.), *Histories of Technology, the Environment and Modern Britain* (London, 2018), p. 6; Jennifer Wallis, 'A machine in the garden: the compressed air bath and the nineteenth-century health resort', in Jon Agar (ed.) *Histories of Technology, the Environment and Modern Britain* (London, 2018), p. 76.

abound in seaside towns, recasting their focus towards mental health.[7] It is necessary to note that the popularisation of the 'scientific' water cures that I discuss happened in parallel with English subjects undertaking pilgrimages to Lourdes in France to consume and bathe in holy water there, which is the premise of Ruth Harris' *Lourdes: Body and Spirit in the Secular Age*. This chapter does not use a 'modernisation as secularisation' narrative to frame the 'scientific' iteration of water treatment, rather, that they were both complementary responses to, as Harris states, a perceived 'crisis of industrialisation'.[8]

The problems with the seaside

In the latter half of the nineteenth century, one proposed solution by medical professionals treating patients with nervous disorders was a seaside holiday. The premise was that if the patient was suffering psychologically due to their environment—either because of unhealthy physical surroundings (smog, noise, pollution), or the conditions of life (overwork, struggle, mental strain, 'hurry, worry and waste')—they could be cured by being promptly removed 'from injurious surroundings' and moved to more pleasant ones.[9] The seaside as a proposed cure for nervous disorders was a holistic one created in converse to the urban environment. It supposedly worked by providing patients with a rest from their anxious existence, a

[7] Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis, *Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, 2019), p. 101.

[8] Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London, 1999), p. 301

[9] *The Lancet,* 3 September 1881, p. 437; *The Lancet,* 24 March 1883, p. 497; *The Lancet,* 10 August 1889, p. 273; *The Lancet,* 21 May 1898, p. 414.

'change' from smog-filled urban streets to the fresh, 'sedative' air of the sea, or the submersion in a more 'natural' form of existence.[10] The application of positive psychological characteristics to holidays has been seen to reinforce the historical argument that by the mid-nineteenth century, seaside resorts had become sites of middle-class medical tourism as opposed to sites of leisure alone.[11] However, the reality of the seaside as a site of psychological respite was much more contentious and had many detractors.

Although the popular perception remained that seaside resorts were the place to be for 'jaded City men', inspiring 'infectious' cheerfulness amongst those visiting, at the end of the nineteenth century debate amongst medical professionals arose about the psychological efficacy of visiting seaside resorts.[12] From as early as 1880 onwards there was frequent attention in the medical press to the sanitation of the seaside and the subsequent spread of infectious diseases.[13] One doctor of public health commented that the conditions of the seaside had degraded, writing that the dirty conditions of the seaside meant it was ineffective at providing a psychologically beneficial existence. Five years later another wrote that health conditions at the seaside were more insanitary than within the town.[14] Additionally, chemical analysis

[10] *The Lancet,* 15 September 1883, p. 469; 1 July 1905, p. 57; 28 November 1903, p. 1492; *The British Medical Journal,* 2 May 1903, p. 1020.

[11] John K. Walton, 'Coastal resorts and cultural exchange in Europe, 1780–1870', in Peter Borsay and Jan Hein Furnee (eds), *Leisure cultures in urban Europe, c.1700–1870* (Manchester, 2016), p. 260.

[12] *The Daily Telegraph,* 25 December 1905, p. 3; 11 June 1914, p. 11.

[13] *The Lancet*, 29 October 1881, p. 758; 14 March 1885, p. 296; 18 January 1890, p. 143*;* 24 September 1898, p. 826; 24 November 1900, p. 1502; *The Daily Telegraph,* 25 September 1902, p. 6; *The Lancet* 27 June 1908, p. 1855; *The British Medical Journal,* 9 October 1909, p. 1091.

[14] *The Lancet*, 28 November 1903, p. 1492; 27 June 1908, p. 1855.

of the sea in seaside towns identified the number of bacteria present in the water and hence identified a very clear sanitation problem. With epidemics following and death rates in seaside towns increasing, an surgeon wrote that the result was trips to the seaside *caused* rather than cured nervous unrest, and that until a guarantee of hygiene could be provided many 'will contemplate a visit to the seaside with great anxiety'.[15] As opposed to the perception of the seaside as a separate, healing environment, with the spread of infectious diseases and the increase in pollution the seaside began to be viewed as peripheral to the city, suffering from the same problems that proliferated within urban areas.

Part of this construction of the seaside as a 'suburb' of the city was due to the mass influx of working-class people. During the 1870s, with a growth in working class spending power and free time, more working-class people began to go on seaside holidays.[16] In addition, wealthy philanthropic institutions began to send the city-dwelling poor on seaside holidays in order to improve their quality of life and combat symptoms of overwork and anxiety, providing funded trips for 'London boys', 'the insane', 'necessitous women' and 'London's factory girls.[17] For example, one fundraising advert for a five-day trip for London's factory girls was sold with aim of reducing anxiety and reinvigorating the women for their remaining days of work.[18] As John Walton, one of the leading historians of seaside holidays, has noted, the mass influx of working-class people to holiday resorts saw a decline of the 'better-class'

[15] *The Lancet*, 14 March 1885, p. 496.

[16] Walton, 'The Demand for Working-Class Seaside Holidays', p. 249.

[17] *The Lancet,* 4 June 1910, p. 1574; 27 March 1897, p. 899; 28 July 1906, p. 245; 22 July 1911, p. 273.

[18] *The Lancet,* 22 July 1911, p. 273.

visitor at the seaside, who 'began to retreat to quieter and more select holiday and residential haunts'. Also, there was legal action undertaken against asylums prohibiting the sending of their patients to the sea, with a public petition presented at court attempting 'to shut out the insane from the cheerful and invigorating influences of a residence by the sea side'.[19] Therefore, a shift in medical opinion occurred: as seaside resorts began to be considered psychologically effective for the working classes, their potential to provide care for the middle classes declined.

The growth in the presence and visibility of working-class people at seaside resorts led to articles in the medical press that disregarded the health-benefits of the seaside holiday.[20] The same attitude was displayed in the national press and popular literature with the working class described as polluting the olfactory and auditory senses. Walton wrote that in the 1870s and 1880s, commentators in Blackpool were beginning 'to write in terms of elegiac lament of the decline in standards over the past 25 or 30 years to the present state of noise, disorder and vulgarity'. He quotes an 1875 piece of writing by Ben Brierley, a writer who penned his work in the Lancashire dialect: 'th' bacca reach smells stronger, an' th' women are leauder abeaut th' meauth. We know what class their return tickets are ...'.[21] Walton also uses a quote from the 1870s from *The Times* to describe working-class seaside-goers in Blackpool as inspiring 'terror and aversion' in middle-class holiday goers.[22]

[19] Walton, 'The Demand for Working Class Seaside Holidays', p. 248.

[20] *The Lancet,* 29 June 1889, p. 1310; 31 March 1888, p. 638; *The British Medical Journal*, 9 October 1909, p. 1091; *The Lancet,* 8 Aug 1914, pp. 431-432; 9 Jan 1915, p. 87.

[21] John K. Walton, 'The Social Development of Blackpool 1788-1914'. PhD Thesis, University of Lancaster, 1974, p. 431, p. 312.

[22] Quoted in Walton, 'The Social Development of Blackpool 1788-1914', p. 432.

However, much criticism, particularly regarding mental health, was more implicit. The word 'overcrowding' seems to be a euphemism for the emerging presence of working-class people at seaside resorts. A 1904 issue of the journal *Public Health* describes overcrowding at the seaside as an 'evil' and relates it to the 'deterioration of the human race', leading to 'foul air' or, cryptically, 'something worse'.[23] Another piece in *The Lancet,* discussing the psychological benefits of the seaside, stated that 'It is of little use to live at the seaside with shut windows and in air used up by overcrowding and fouled by dust and by pestilential sewers and filthy dustbins'.[24] The description of working-class people in pathological terms—as noisy, polluting, spreading disease—suggests that the growing negative medical perception of seaside resorts was due as much to the presence of 'undesirable' characters as to the hygiene and pollution. The 'contamination' by the lower classes had somehow negated the psychological health-giving properties the seaside supposedly possessed.

The lack of rigorous 'scientific' research on the efficacy of seaside resorts also emerged. An article in the *British Medical Journal (BMJ)* pleaded 'for a more scientific study of holidays. Many are worse than useless'.[25] In the 1890s articles emerged claiming sea air was too stimulating for nervous patients, and a study of the treatment of patients with nervous disorders in the *BMJ* in 1909 stated that the seaside's effects were antithetical to their proposed benefits: 'Although they look sunburnt and otherwise well, they often present nervous symptoms which show that the change has

[23] Edward Carnell, 'Overcrowding at Health Resorts', *Public Health* 17 (1904-1905), p. 470.

[24] *The Lancet*, 28 Nov 1903, p. 1492.

[25] PP/FPW/B.139/4:Box 72 Health resorts and utopia. Health resorts, state and social life, and periodical medical examination – cutting from BMJ, p. 57.

done more harm than good'.[26] Since the 1880s suicide rates had been growing in seaside resorts, with Brighton and Hastings being dubbed London's 'seaside suburbs'.[27] In response, one doctor suggested that the presence of sea itself was a suicide risk as the air made melancholic patients melancholier.[28] The rise in suicide could also be due to the high numbers of psychiatric institutions being built at the seaside during this period, but nevertheless, the connection was forged between the seaside and mental ill-health.

At the same time as this dissent was proliferating, some physicians began to extol the virtues of more 'pure' sea environments. For example, one urged patients to take voyages on the open ocean for the alleviation of nervous troubles as opposed to a resort, because the air was 'pure' and the atmosphere more 'stimulating'.[29] Another wrote that the open ocean was a 'true normal physiological medium for living creatures', designating it as a separate, untouched environment, in line with the original nature of man.[30] Floating sanatoria in the middle of the ocean were discussed as a potential solution to the 'overcrowded' resorts.[31] These initiatives are all part of a broader movement within the medical profession: hydrotherapy, balneology and climatology. As part of this movement, physicians actively participated in the creation

[26] *The Lancet,* 22 July 1894, p. 205; 29 June 1880, p. 1310*; British Medical Journal*, 30 October 1909, p. 1300; PP/FPW/B.139/4:Box 72 Health resorts and utopia. Health resorts, state and social life, and periodical medical examination – cutting from *British Medical Journal*, p. 57.

[27] *The Lancet,* 20 March 1886, p. 559.

[28] PP/FPW/B.158 HW and FPW: Hydrotherapy and Balneotherapy. Includes also cuttings etc on Climatotherapy, Cutting from Allbutt's and Rollerstone's System of Medicine, 1905, vol. 1, Climate in the Treatment of Disease by Sir Hermann Weber and Michael G Foster; PP/FPW/B.291/1; *The Lancet,* 20 March 1886, p. 559.

[29] *The Lancet*, 28 November 1903, p. 1492.

[30] *The Lancet*, 1 July 1905, p. 57.

[31] *The Lancet*, 17 October 1908, p. 1187; 31 October 1908, p. 1327.

of a psychological nature that was not just cleaner, sanitised, and informed by scientific methods, but exclusive.

A 'thoroughly wholesome natural life': psychological climatology

Climatology was the practice of removing a patient from the environment that was making them ill, and placing them within a space where they could rest and enjoy a 'thoroughly wholesome natural life', usually by the sea, mountains, or alpine forests.[32] Climatology often went hand-in-hand with 'hydrotherapy', which was the treatment of diseases with water, through bathing, being sprayed with water, injected with it, wrapped in wet towels, or drinking it. Hydrotherapy is a shifting term and was also referred to as hydrology, and had various subdivisions, such as balneology, treatment with mineral water, and thalassotherapy, treatment with seawater. While climatology and hydrotherapy had existed since at least the mid-eighteenth century for patients suffering from physical health problems, it was never wholly accepted within the medical profession, nor was it considered a psychological method of care.

However, a 'scientific' branch of climatology emerged at the beginning of the twentieth century. I use 'scientific' to mean that was described in language pertaining to chemistry, was endorsed by medical professionals and was considered an evidence-based treatment for psychological disorders. This iteration of climatology and hydrotherapy emerged due to the work of a number of medical professionals in

[32] Thomas Davey Luke and Norman Hay Forbes, *Natural therapy: a manual of physiotherapeutics and climatology* (London, 1913), p. 279.

England, Germany and France, who devoted themselves to the 'scientific' study of climatology and hydrotherapy as evidence-based methods of treatment. They distinctly sought to distance the treatment from 'quackery' and legitimise it as a method of care.[33] 'Quackery' was, during the late-nineteenth century, under intense scrutiny by the medical establishment. Although there was, according to historian of medical mismanagement Alannah Tomkins, no consensus on exactly what quackery was, it can generally be grouped as medicine practiced without legitimate credentials.[34] It can also be understood as work that discredited the work of legitimate doctors. The historian of pharmaceutical drugs Thomas Richards states that during this period the *BMJ* refused to publish any form of article that may be associated with 'quackery'.[35] So, the legitimisation of climatology and hydrotherapy is surprising in this context.

The leading purveyors of climatology at the turn of the century in England were the British Balneological and Climatological Society, which was founded in 1895. The Society undertook 'scientific' experiments to prove the efficacy of such modes of treatment, including animal testing. However, as is a common theme in this thesis, it was never made clear exactly how climatology and hydrotherapy worked upon the mind. Partly it was attributed to the various chemical 'ingredients' in tropical springs invigorating or calming the mind, the stimulating or sedative effects of various environments, and the 'physical action upon the body' of the climate ensuring a good mind-body relationship. It was also ascribed to the holistic nature of climatology, which

[33] Weber and Parkes Weber, *Climatotherapy and Balneotherapy*, p. 300.

[34] Alannah Tomkins, *Medical misadventure in an age of professionalisation, 1780–1890* (Manchester, 2017), p. 3.

[35] Richards, *Commodity Culture of Victorian England*, p. 178.

combined treatments with rest, exercise and a good diet, away from the pressures of city living.[36] An article on health resorts in *The Lancet* illuminates the nebulous nature of psychoclimatological language:

> A climate that tends to heighten the activity of the nervous system may be called stimulating, or exciting, while a contrary tendency is called sedative or depressing. The term bracing, which is so often used, would seem to imply that the climate thus designated is both tonic and stimulating. These vague and quasi-popular expressions must be employed because there are literally no others available.[37]

In 1913, one of England's leading balneologists, and the onetime president of the British Balenological and Climatological Society, Dr Robert Fortescue Fox, wrote that water treatment should truly be categorised as a 'science', arguing that 'it is based on geology, chemistry, electricity and pharmacology; and upon the physiological and pathological laws governing the reaction of the living body to many kinds of stimuli—hydric, thermal, chemical, electrical, and manual'.[38] Being a balneologist, Fortescue Fox would likely be an obvious proponent of the cure, but the work of the Society became further reaching in the broader medical community, which seemed to correspond with it being described in medical, scientific terms.

Details of the Society's meetings and minutes appeared in established medical journals such as *The Lancet* and the *BMJ,* and in 1909 the Society became consolidated within the Royal Society of Medicine.[39] Climatology and the water cure's professional success in France has been explained by medical historian Georg Weisz

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[36] Adams, *Healing with Water*, p. 23.

[37] *The Lancet,* 3 July 1897, p. 40.

[38] Robert Fortescue Fox, *The principles and practice of medical hydrology being the science of treatment by waters and baths* (London, 1913), p. 251.

[39] Adams, *Healing with Water*, p. 45.

as due to the forceful actions of 'a small but influential group of elite physicians' who ran a 'successful campaign to introduce hydrology into the curriculum', thus creating a number of students producing 'convincing hydrological science'.[40] This seems a persuasive explanation for England too, particularly when combined with the prestige of the climatologists and balneologists, who were a close-knit, wealthy and influential group, who communicated frequently with one another, shared ideas and treated each other's patients.[41] Therefore, despite its dubious credentials and potentially nepotistic emergence into the medical sphere, climatology and hydrotherapy had become an established form of treatment by the beginning of the twentieth century. By 1913 the Franco-British Travel Congress had highlighted climatology as one of the dominant reasons for foreign travel.[42] Hence, climatology and hydrotherapy provide an insight into a real part of late-nineteenth and early-twentieth everyday life—one which developed a distinctly psychological character.

One of the most well-known proponents of climatology was the doctor Hermann Weber (henceforth Weber), who worked alongside his son, Frederick Parkes Weber (henceforth Parkes Weber). Weber was a well-admired, celebrated and respected German physician who practised in England from the mid-nineteenth century until his death in 1918. In his glowing obituary in the *BMJ* it was written that he possessed an 'extraordinary charm of manner; no one could be in his company for even a few

[40] George Weisz, Spas, 'Mineral Waters, and Hydrological Science in Twentieth-Century France, *Isis 92* (2001), p. 451.

[41] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), some page numbers, sporadic, letters between Parkes Weber, Charles W. Buckley, Norman Hay Forbes; PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1 numerous annotated cuttings of papers by balneologists.

[42] *Daily Express*, 22 September 1913, p. 2.

minutes without coming under the spell'.[43] He was the personal physician to Queen Victoria and five prime Ministers during his long life, his 95 years attributed to 'spending daily two or three hours in the open air, walking as a rule thirty, or frequently forty or fifty miles a week, enjoying, as he characteristically added, the beauties of nature'.[44] His son, Parkes Weber, enjoyed similar success and longevity, and was the doctor to a large number of prestigious and illustrious patients himself, dying aged 99.[45]

Weber and Parkes Weber were purveyors of natural cures and published two guides to spas in England, the European continent, and north Africa. The books are the product of decades of meticulous research, amassed through observation while travelling and hundreds of pages worth of cuttings from medical journals.[46] Read by both the medical profession and the general public, their book *Climatotherapy and Balneotherapy: the Climates and Mineral Water Health Resorts (spas) of Europe and North Africa* was considered 'the most complete account of the therapeutics of climate, waters, and baths that has yet been published' and went into a third edition in 1907.[47] Excerpts were printed in the *BMJ* and *The Lancet*, and their methods were also promoted by national newspapers, with the *Daily Mirror and Daily Express* publishing years apart prominent articles on Weber's advice for a long, cheerful and happy life.

[43] *British Medical Journal*, 23 November 1918, p. 590.

[44] *British Medical Journal*, 23 November 1918, p. 590.

[45] *British Medical Journal,* 9 May 1953, p. 1044.

[46] PP/FPW/B.139/1: Box 71 Health Resorts 1896 Vol 1; PP/FPW/B.158 HW and FPW: Hydrotherapy and Balneotherapy. Includes also cuttings on Climatotherapy.

[47] 'Climatotherapy and Balneotherapy: the Climates and Mineral Water Health Resorts (Spas) of Europe and North Africa', *Nature* 76 (1907), pp. 145–146; *British Medical Journal*, 21 July 1911, p. 158.

These included climatological methods such as taking a cold bath and breathing 'pure air'.[48] The success enjoyed by the Webers continued well into the twentieth century, which speaks to the acceptance by the medical profession of their treatment methods. In comparison with other prominent figures promoting psychological treatments with dubious potency, for example, Franz Mesmer, whose methods were wholly rejected by his death, the Webers' influence was powerful and long-lasting. For example, forms of 'spa treatment' are still used today for psychological disorders.[49]

In the Webers' book, psychological health forms a significant proportion of the text. A chapter dedicated to 'Diseases of the Nervous System' proposes different spa treatments delineated by different types of mental illness, including hysteria, mental overwork, depression, worry, epilepsy, breakdown and general 'nervous troubles'. [50] The book is peppered with references to nervous disorders in all other chapters too. The majority of the spas that are discussed for treatment of nervous disorders are European. For example, one of the environments that the Webers recommended for patients with neurasthenia, hysteria, and 'morbid conditions' was 'European High Altitude Resorts', which were 'pure' and 'still', which enacted a calming effect. The sun's rays were described as powerful, which 'had doubtless an important influence on the mental conditions of invalids', and the conditions were perfect for exercise,

[48] *Daily Mirror*, 5 December 1903, p. 5; *Daily Express*, 15 November 1907, p. 4.

[49] Roger H. Charlier and Marie-Claire P. Chaineux, 'The Healing Sea: A Sustainable Coastal Ocean Resource: Thalassotherapy', *Journal of Coastal Research* 25 (2009), p. 838; in 2007 an article was published in the *British Medical Journal* celebrating Parkes Weber's success, with the headline: 'We shall never see his like again', *British Medical Journal,* 15 February 2007, p. 334.

[50] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* pp. 724-741, p. 37, pp. 63-64, pp. 73-75, p. 80-91, p. 95, p. 160, p. 191.

which was considered to favour mental recovery.[51] In addition, exposure to various forms of nature, for example, flowers, was described to improve mental health.[52] 'Bracing' or 'stimulating' sea climates were deemed suitable for recovering 'melancholic' convalescents. In opposition, those with nervous excitability were encouraged to remain in land at 'sedative' mountainous climates, for example in Hyères in France.[53]

The Webers justified the use of these environments for curing psychological disorders through using scientific vocabulary. Before aesthetic descriptions of the spas and their features, they described the longitude and latitude points, sea level readings, percentages of minerals in the water, wind velocity, levels of radioactivity, atmospheric pressure, and levels of bacteria in the air, and how these would specifically relate to improving functioning of the mind by calming or invigorating patients.[54] This correlates with the Webers' research notes, in which there is clear attention to evidence-based proposed cures for psychological disorders by hydrotherapy or climatology, constructed within a new, scientific vocabulary.[55]

[51] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* pp. 55-60.

[52] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 80, pp. 81-82, p. 108.

[53] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* pp. 81-82, p. 108, p. 218.

[54] Weber and Parkes Weber, *Climatotherapy and balneotherapy*, p. 20, p. 39, pp. 40-42.

[55] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series) some paginated, some loose: *BMJ* cutting 7 June 1899; *BMJ* cutting 16 March 1895; p. 574; p. 805; annotated *Lancet* cutting 1 April 1899; notes on clinical lecture on Neurasthenia; PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1: *BMJ* cutting 8 December 1894; p. 106, p. 22; annotated *BMJ* cutting 16 June 1900; p. 39; p. 40; p. 41; p. 82; p. 142; p. 147; p. 169; p. 184; p. 195; PP/FPW/B.273 Race, climate environment, occupation and bodily build in relation to life assurance: p. 11; p. 43; Offprints from C. L. Greene's Medical Examination for Life Assurance, first edition 1901, p. 150; PP/FPW/B.158 HW and FPW: Hydrotherapy and Balneotherapy: annotated Cutting from Allbutt's and Rollerstone's System of Medicine, 1905, vol. 1, Climate in the Treatment of Disease by Sir Hermann Weber and Michael G Foster, p. 377.

As well as popularising climatology through their published work, the Webers had extensive and close contact with patients with psychological disorders. It is worth reflecting upon the Webers' relationships with their patients. For example, there is a letter to Parkes Weber dated 1895 in which a 'neurasthenic' woman describes how nervous she is. In the letter her handwriting deteriorates, and the ink is smudged seemingly by teardrops as she writes 'I hope you will not be angry with me'.[56] This alludes to an unhealthy practitioner/patient relationship. The fact that the Webers treated patients for decades with often little improvement, and also the fact that they seemingly profited from climatological methods (see below), may suggest a duplicitous and exploitative mode of medical practice. Regardless of their medical ethics, though, it is possible to see that their practice reflected their published recommendations.

Considering patient case notes, the Webers sent patients with 'nervous' problems frequently to spas in Europe and beyond. One patient, Sir F, who Weber and Parkes Weber treated from c. 1906-1931, suffered from eczema. However, his mental health is alluded to over the years, with indications of hereditary 'nervous troubles', attacks of fainting in the city, and being frequently described as 'overworked'.[57] Parkes Weber prescribed various breaks to Sir F, including one to Helouan in Egypt, Switzerland, and Carlsbad, in order to rest and be exposed to

[56] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Letter brought by a neurasthenic middle-aged woman, 20 September 1895.

[57] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Medical notes from Sir F.

sunshine.[58] One patient, a 'Delicate' woman who was 'weak, tired, and sleepless', was recommended a course of water treatment in Carlsbad too, and a man with 'crying attacks' and 'depression' sent to Aix-les-Bains.[59] One patient with hypochondriasis, anorexia and potentially bulimia, was sent to spas all over the world over the decades that Parkes Weber treated her. These included Brides-les-Bains, Aix-les-Bains, Freudenstadt, Carlsbad, and Nauheim.[60] While in the case notes Weber and Parkes Weber give little information on why they are sending their patients there, the number of cuttings they include in their notes and the book on the efficacy of these resorts for diseases of the mind suggests they relied on empirical research to endorse their methods, suggesting that there was a concerted effort to back up the idea that a change of environment and 'natural' treatments could heal the mind.[61]

The Webers were not alone in their 'modern' psychoclimatological treatment methods. Other, albeit sometimes less popular, books were written on climatology and related topics to treat psychological disorders. One was recommended as essential to students studying psychiatric medicine by *The Lancet*.[62] Luke and Hay Forbes, the authors of one book named *Natural Therapy*, which was one of the few illustrated

[58] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Medical notes from Sir F.

[59] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Medical notes from Mrs R.J. and Mr R.P.

[60] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Medical notes from Mrs R.B.

[61] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, p. 106, p. 22, p. 39, p. 40, p. 41.

[62] For example, Stewart Paton, *Psychiatry: A Text-book for Students and Physicians*, reviewed in *The Lancet* 24 March 1906, p. 835.

books in English on climatology and hydrotherapy, described what they called 'modern cure establishments' as so:

> PROBABLY at no time in the history of mankind is 'a cure,' annual or, at any rate, periodic, more necessary than at the present day. Certainly at no period has the struggle for existence, the striving for place and position, been so keen, or the pressure so great, as in modern life, more particularly modern city life… There is no special name for this disorder, unless we call it acute neurasthenia; we usually say those suffering from it 'need a change,' 'are below par,' or 'have been overdoing it'.[63]

Similarly, one the most commonly described afflictions that patients suffered from in the Webers' book is 'overwork', or 'brain-fag', accompanied by a mental breakdown.[64] So, climatological methods were positioned as a cure for the pressures of everyday living, as well as established psychological diagnoses.

'Overwork' and 'mental exhaustion' as disorders occur frequently in the Webers' case notes. This generally seems to refer to stress and depression; however, a page of notes in Parkes Weber's archive indicates a relationship between 'mental exhaustion' and 'narcotic sickness' from taking opium and morphine.[65] The potential relationship of exhaustion to drug or alcohol abuse could be one reason why Luke and Forbes' book argued that that for patients suffering from the 'pressures of modern city life', that '*drugs are useless'* [their emphasis].[66] However, they also argue that pharmaceutical methods were mostly temporary, and would soon seldom be seen on the medical wards for those with psychological disorders, who required a more long-

[63] Luke and Forbes, *Natural therapy,* p. 278

[64] Weber and Parkes Weber, *Climatotherapy and balneotherapy*, p. 55, p. 63, p. 67, p. 69, pp. 74-75, p. 93, p. 99, pp. 107-109, p. 133, p. 141, p. 164, p. 186, p. 271, p. 276, p. 281, p. 355, p. 374, p. 380, p. 413, p. 421, p. 552, p. 616, p. 726-727.

[65] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), notes on Narcotic Sickness, 10 March 1889, p. 583.

[66] Luke and Forbes, *Natural therapy,* p. xv, p. 280.

term treatment.[67] As such, a 'change of environment' was deemed 'essential', that a 'month or so spent in a judiciously chosen health-resort, under medical care and advice, may save life-long invalidism'.[68] Hence, after being infused with 'scientific' language, and related to the pressures of everyday living, by the beginning of the twentieth century climatology had become a widespread method of psychological practice. Medical professionals beyond the climatological sphere began recommending spa treatments for affluent patients suffering from mental exhaustion and overwork well into the twentieth century.[69]

One well-known example of a spa recommended for the treatment of nervous disorders by Weber and Parkes Weber was the French resort of Evian-les-Bains in Geneva. While Evian-les-Bains had been a popular holiday resort in the mid-nineteenth century, as the century progressed it developed into a place where patients could go to recover from nervous diseases or *maladies imaginaires*. What was initially a small spring had by the end of the nineteenth century undergone extensive scientific and engineering intervention. Engineers at the spa developed a bath house that enabled 1200 patients to bathe each day, where one could experience a range of hydrotherapeutic treatments, all of which exploited the properties of the soft, healing water found at the resort.[70] Patients could also ingest the water, but they had to be supervised lest they drank too much or the water was too cold. As a result, structures

[67] Luke and Forbes, *Natural therapy,* p. 280.

[68] Luke and Forbes, *Natural therapy,* p. 280, p. 6, p. 291.

[69] *The Lancet,* 3 July 1897, p. 40; 19 September 1914, p. 752; 19 December 1931, p. 1373, 28 July 1932, p. 178.

[70] Weber and Parkes Weber, *Climatotherapy and Balneotherapy*, p. 602; *British Medical Journal*, 8 December 1906, p. 1648.

were built to accommodate the drinkers: 'There is the usual drinking hall, and patients in process of depuration swallow their tumblers of water as they stroll about the terrace'.[71] The water used in these treatments, however, was not the water that originated there; after various sanitation problems it had been cleansed to ensure the best possible treatment for the patients. An article written in 1906 in the *BMJ* detailed the 'Japanese system of internal and external cleansing' of the water.[72] These modern, technological resorts were not truly 'natural', in the sense that they were untouched landscapes. Rather, Evian-les-Bains is one of many resorts that had been intervened into with technology in order to exploit the best possible resources and serve a large number of people.

Hence, the 'natural' environments that climatologists were prescribing for their patients at the end of the nineteenth century were not natural, rather, they were 'scientific' interventions into natural spaces. Luke and Forbes' book goes into more detail about the environmental attributes necessary for spa treatment. They describe it as such:

> There are practically three types of hydropathic establishment : (i) The most hopeless and objectionable kind, which is simply a poor kind of boarding-house; (2) The pure pleasure resort, which, however well managed, is more suitable for the completely healthy and joyous, than for those who are really ill; (3) The best type of hydro, which offers all the advantages of a modern hotel, and, while by no means a hospital, is so managed, arranged, and constructed that the nervous, gouty, rheumatic, or convalescent person can lead a pleasant, wholesome life there, without fear of noisy crowds or amusements.[73]

[71] *British Medical Journal*, 8 December 1906, p. 1648.

[72] *British Medical Journal*, 8 December 1906, p. 1648.

[73] Luke and Forbes, *Natural therapy,* p. 281.

The third type of resort—the most desirable—was then described in more detail. Luke and Forbes' description focused on how it should be equipped with 'all modern hydrotherapeutic arrangements and electrical apparatus', the rooms should be 'large, airy and well ventilated…and be lit by electricity', and that 'The building should be of modern construction'.[74] The construction of such buildings ensured the patient was always supervised, there could be no 'contamination', and all needs were provided for.[75] The construction of these spaces within 'natural' environments and the manipulation and cleansing of the water suggests that 'nature' as a cure for psychological disorders was not considered adequate. It also displays a tangible move away from 'traditional' medical tourism. Instead, for the environment to be psychologically curative, it had to be a specifically constructed medical iteration of this space, including modern technologies and accoutrements.

The above evidence could be used to argue that Weber's book and the general practice of climatology adopted a paternalistic method of care. By and large, many of the patients recommended for this sort of treatment were middle-class men. Hence climatology could be understood as reflective of attitudes towards masculinity and mental health during the late-nineteenth century, where men were perceived to see their masculinity and agency decline through succumbing to any kind of nervous disorder.[76] However, middle-class women were also present at these spas. One

[74] Luke and Forbes, *Natural therapy,* p. 282.

[75] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 69.

[76] Jennifer Wallis, *Investigating the Body in the Victorian Asylum Doctors, Patients, and Practices* (London, 2017), p. 15, p. 61; Pamela K. Gilbert, *Mapping the Victorian Social Body* (Albany, 2004), p. 110.

argument to be considered is that these types of respite missions were aspirational. Take this description of spa-goers:

> The person concerned may be male or female, a votary of pleasure, or one who shuns amusement, whose mind is never at rest, and who is constantly engaged in the pursuit of wealth. We may think of a man who has a large and usually prosperous business, with various branches and departments, numerous clerks, managers, sub-managers, and artisans in his employ.[77]

A busy, successful, presumably affluent, patient, who just needs to learn to relax, was different from working-class patients being confined to a public asylum during this period.[78] Further, the treatment is clearly directed towards the time-rich—most of the recommended spas were on the continent or further afield. For 'overwork' Weber and Parkes Weber prescribed 'three weeks of a course of baths or mineral water treatment…After care at a spa is necessary for an adequate recovery'.[79] This time exceeded the holiday that most employed people would have. Additionally, going to these spas was a fashionable practice, with some patients going as far as to make up illnesses in order to attend.[80] Thus, these healthy, 'constructed' environments for psychological health had an additional element: they were restrictive on the basis of class and financially prohibitive for many.

Weber and Parkes Weber do make a concerted effort to mention lower classes of patient, but the treatment methods for those who were poorer were markedly different. Weber suggests for 'poor' men and women, a spa or seaside visit in England

[77] Luke and Forbes, *Natural Therapy,* pp. 278-279.

[78] The Ninth Annual Report of the Asylums Committee and Sub-Committees of Banstead, Cane Hill, Claybury, Colney Hatch, Hanwell, The Heath (Bexley) and Horton Asylums, Presented to the Council on May 17th 1898 (London, 1898), p. 35.

[79] Weber and Parkes Weber, *Climatotherapy and Balneotherapy*, p. 726-727.

[80] *British Medical Journal*, 8 December 1906, p. 1648.

would suffice, or a stay at a public, charity- or government-funded sanatorium.[81] The same is true for ethnicity: for Jews, Weber recommended an all-Jewish philanthropic spa named Daneswood Sanatorium in Woburn Sands, near what is now Milton Keynes. While Daneswood Sanatorium was formed on the basis that for patients to recover they must feel comfortable in their surroundings, with Yiddish speaking doctors, the nature of the recommendation is still divisive.

Significantly, regarding North Africa, while Weber and Parkes Weber are effusive about the climate and its effectiveness in treating psychological problems, with 'plenty of sunshine', 'great archaeological interest', 'beautiful walks' on hills 'covered with flowers', and 'cool and refreshing' air, they did not acknowledge people of colour. [82] This is true aside from one resort that 'cannot be recommended to very delicate or fastidious invalids', which was also 'frequented by Arabs'.[83] While they do not make the connection explicitly, it could be interpreted as a warning of sorts. As the historian David Livingstone wrote regarding texts discussing the body and mind during the Enlightenment and nineteenth century: 'the "body" in question, as it were, was rarely the non-Western racial body…and the "mind" never the black servant's mind'.[84] It is doubtful that these thermal spas and climate resorts were frequented by individuals from colonised races. As Mark Harrison writes, the creation of healthy environments for the 'tender frame' of the white man excluded and problematised 'native' bodies, and contributed to the development of scientific racism and the

[81] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 131.

[82] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 105-108.

[83] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 110.

[84] David Livingstone, 'Race, Space and Moral Climatology: Notes Towards a Genealogy', *Journal of Historical Geography* 28 (2002), p. 162.

elevation of the white man above others.[85] Hence, the healthy psychological environments constructed by Weber and Parkes Weber were not simply economically restrictive; rather, they potentially contributed to the development of an exclusionary racial and class-based discourse in the treatment of mental health.

This would chime with Parkes Weber's additional works. In 1919, after Hermann Weber had died, Parkes Weber, alongside other philosophers and medical professionals at the time, attempted to theorise a 'medical utopia'. He explicitly envisioned this space for the 'well-to-do' classes.[86] Parkes Weber wrote of creating a place for the 'long-term convalescents' with mental illness, in which

> There would be literary, artistic and scientific "circles," and doubtless cultivated ladies would be found willing to hold salons, at which the members of such circles would be specially welcomed. The transaction of the local societies would often rival those of the learned academics of large cities…Many of the learned professions, especially law and medicine, might well spend ample holidays at such places before it becomes too late for them. I feel convinced that many lawyers, physicians and surgeons die indirectly from overwork.[87]

He wrote that within these utopias (upper-class) women and men would have 'equal rights', and there would exist 'compulsory psychotherapy', suggesting for a utopic society mental wellness was a desire.[88] Parkes Weber was clearly influenced by the fashionable concept of utopia, which was prevalent in the interwar years, a concept

[85] Mark Harrison, "The Tender Frame of Man": Disease, Climate, and Racial Difference in India and the West Indies, 1760–1860', *Bulletin of the History of Medicine* 70 (1996), p. 68, pp. 76-77.

[86] PP/FPW/B.139/4:Box 72 Health resorts and utopia: Health resorts, state and social life, and periodical medical examination, Offprint from *BMJ* 30 December 1919, F Parkes Weber, Health Resorts for the Diagnosis and Treatment of Chronic and Functional Diseases.

[87] PP/FPW/B.139/4:Box 72 Health resorts and utopia: Health resorts, state and social life, and periodical medical examination, Offprint from *BMJ* 30 December 1919, F Parkes Weber, Health Resorts for the Diagnosis and Treatment of Chronic and Functional Diseases.

[88] PP/FPW/B.139/4:Box 72 Health resorts and utopia: Health resorts, state and social life, and periodical medical examination, 1920, note on mixed bathing in Health resorts, Offprints from article by WJ Walter Carr, 'A Medical Utopia", Trans. med. soc. land. 1922-23, vol. 46, pp. 234-259.

intertwined with the development of eugenicist beliefs. However, Parkes Weber's envision of a medical utopia also seems to be a natural development of his and his father's promotion of exclusive medical resorts for psychological health.[89] Consideration of the exclusive and potentially eugenicist nature of these treatments helps to understand the more wide-ranging significance of these constructed psychological environments in terms of the development of systemic exclusions from healthcare on the grounds of race and class. How this developed further can be understood through considering constructed water in the interior.

Constructed water in the interior

While climatology focused on removing the patient from their environment, hydrotherapy was a method of bringing the environment to the patient. While hydrotherapy had existed in various forms since the early modern period, prior to the late-nineteenth century it was not accepted by the medical profession as a serious form of treatment, as evidenced in Jane Adams' study of various medical publications of the time.[90] In November 1842, the *Lancet* published two 'polemical attacks' that undermined the efficacy of water treatment, 'objecting to its claim to be a cure-all' and attacking 'hydropathists for their greed in profiteering from gullible invalids'.[91] The idea that hydrotherapy was practised by unscrupulous quacks and was ineffective was not an idea exclusive to the medical profession. An engraving published as part of a book named *The Water Cure Illustrated* in 1869, a collection of numerous satirical images

[89] Wolfgang Voight, 'The Garden City as Eugenic Utopia', *Planning Perspectives* 4 (1989), p. 295.

[90] Adams, *Healing with Water*, pp. 34-35.

[91] Adams, *Healing with Water*, pp. 34-35.

by the publishers of souvenir books, engravings and postcards Newman and Co. held at the Wellcome Collection, made the water cure seem trivial and archaic. In Figure 3.1 a mostly nude man is seated on a stool in a cupboard, with a watering can next to him, being sprayed with various needles of water. The caption to the image states: 'As if there were not cruelties enough, they have actually invented a rain bath'.[92] This evidence suggests that hydropathy was derided beyond the medical establishment during this period.

Figure 3.1: Engraving from *The Water Cure Illustrated,* 1869

Source: The Wellcome Collection, reference number 572644i

https://wellcomecollection.org/works/ezcpt9js [accessed 15/08/2020]

[92] Engraving from *The Water Cure Illustrated*, Wellcome Images no. 572644i.

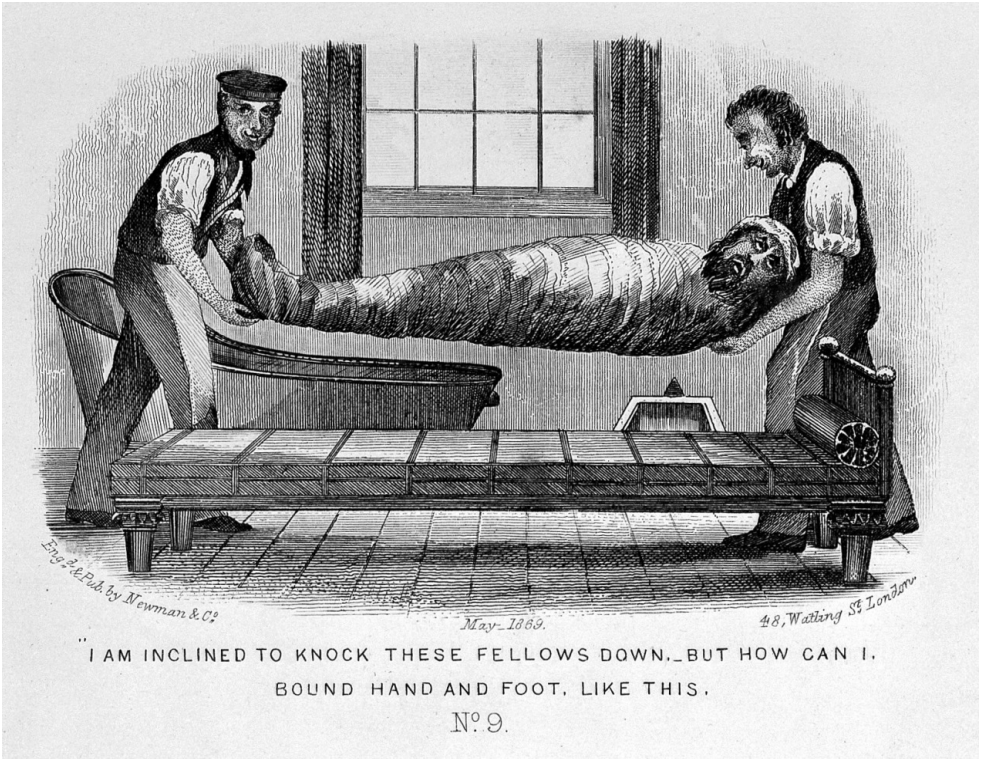

Figure 3.2: Engraving from *The Water Cure Illustrated*, 1869

Source: The Wellcome Collection, reference number 572643i

https://wellcomecollection.org/works/d5hw4spq [accessed 15/08/2020]

Another image from *The Water Cure Illustrated* (Figure 3.2) shows two men, one smiling at the viewer, holding a dishevelled and distressed-looking man wrapped in wet towels, with the caption 'I am inclined to knock these fellows down…but how can I, bound hand and foot, like this'.[93] The removal of the patient's agency and dignity in these two images depicts water treatment as both exploitative and emasculating. However, by the early twentieth century, hydrotherapy had been endorsed by more general medical community in terms of treating psychological disorders, with *The*

[93] Engraving from *The Water Cure Illustrated*, Wellcome Images no. 572643i.

Lancet reversing its position and recommending it as a form of mental therapy.[94] This about–face aligns with climatology's acceptance into orthodox psychological medicine, with a similar integration of technological advancements and reframing within a professional discourse.

In the same vein as climatology, hydrotherapy in its different guises became seen by Weber, Parkes Weber and other physicians as particularly effective in the treatment of nervous disorders, particularly ones that 'are much more frequently met with in private than in asylum cases', for example 'morbid impulses', 'paranoia', 'agoraphobia', 'hypochondriacal delusions' and 'mental depression', 'brain-fag', 'overwork' and neurasthenia.[95] Late-nineteenth century hydrotherapy saw new technological and engineering developments integrated into the practice. One example of this is the treatment of nervous disorders by 'hydro-electrotherapy', which was the (seemingly very dangerous) passing of electric currents through baths, in combination with sodium chloride, sodium salicylate, or other drugs dissolved in the water.[96]

The use of electricity—particularly electric light—in the treatment of mental health disorders in institutions was discussed in the previous chapter, as a means of improving the therapeutic effects of natural light. Hydro-electrotherapy was considered

[94] *The Lancet,* 14 February 1903, p. 457; *The Lancet,* 30 October 1909, p. 1301; *The Lancet,* July 8 1991, p. 73.

[95] The Lancet, 14 February 1903, p. 457; The Lancet, 30 October 1909, p. 1301; The Lancet, July 8 1991, p. 73.*The Lancet.* 21 May 1904, pp. 1441-1442; Weber and Parkes Weber, *Climatotherapy and Balneotherapy,* pp. 303-304.

[96] Luke and Forbes, *Natural therapy,* p. 209.

to work in a similar way. It supposedly improved and multiplied the curative effects of hydrology, and was understood to stimulate the mind and rouse the patient from melancholic or anxious temperaments: 'He will feel refreshed and invigorated in a short time, and experience a pleasing sensation of *bien être* and exhilaration. Appetite is increased, and there is considerable increase of sexual desire'.[97] The application of these methods of treatment for psychological health, reconfigured within a new technological framework, likely increased the perceived medical efficacy of 'water treatment' for nervous disorders. The manipulation of water with other engineering advancements ensured it was no longer considered a primitive method of care used by untrained medical professionals. Rather, through practitioners aligning themselves with medical professionals, engineers and scientists, hydropathy was consolidated within a more acceptable medical domain.

Correspondingly, the nineteenth century also saw extensive 'labour devoted to the scientific study of the subject' of hydrotherapy.[98] Medical professionals adopted a new technical language to discuss the methods used. 'Internal hydrotherapy' simply meant drinking water, and 'external hydropathy' was putting water on the body. It was depicted within the medical literature as much more complex than it sounded. This can be seen through Weber, Parkes Weber, Luke and Forbes' descriptions of 'Douche Treatment', a treatment considered particularly effective in disorders of the mind. Essentially consisting of the patient being sprayed with water, douche treatment was described as 'a single or multiple column of water directed against some portion of the

[97] Luke and Forbes, *Natural therapy,* p. 212.

[98] Weber and Parkes Weber, *Climatotherapy and Balneotherapy*, p. 300.

body'.[99] One of the most common applicators was the 'rain douche': 'The water is projected through a watering "rose," or perforated disc of varying size, falling upon the patient in a number of fine streams'—as evidenced by the image below, resembling a hose or showerhead.[100]

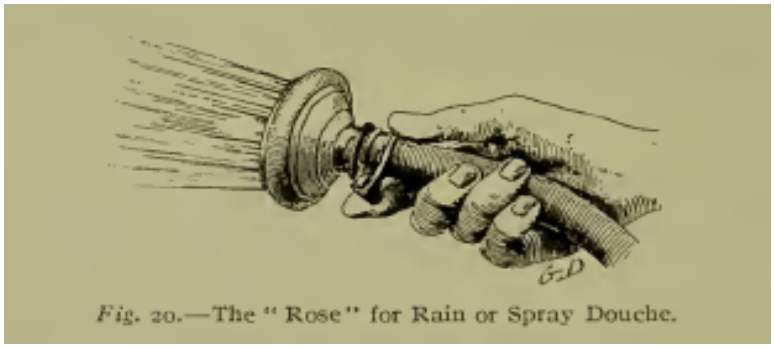

Figure 3.3: The 'Rose' for the rain or spray douche

Source: Luke and Forbes, *Natural therapy* (London, 1913), p. 52.

One type of douche treatment, the 'Aix Douche' utilised the watering 'Rose', and worked by:

> the methodical application by two skilled attendants of massage simultaneously with the douche…After treatment patients should rest for some time; in many cases they are carried by porters on chairs…The daily application of the general douche-massage ordinarily lasts about ten minutes…The total number of applications which constitute a single course in most cases is about eighteen or twenty.[101]

This essentially simple treatment reconfigured within a professional language and conducted by 'skilled attendants' can be seen as indicative of the changing face of water treatment in this period, a simple method submerged within a technical facade.

[99] Luke and Forbes, *Natural therapy,* p. 50.

[100] Luke and Forbes, *Natural therapy,* p. 52.

[101] Weber and Parkes Weber, *Climatotherapy and Balneotherapy,* p. 544.

Another potential reason for the clinical recognition of water treatment as a psychological cure was the treatment becoming synonymous with the professional male. Photographs included in Luke and Forbes' book *Natural Therapy* (see Figures 3.4 and 3.5, below), detail how hydrotherapy should be conducted. In the first image, depicting the Aix Douche, despite the men being partly undressed (presumably so they would not get wet, or to show their healthy bodies), the image has an air of respectability. Additionally, the inclusion in the image of machine in the corner, an imported German or American 'connection apparatus', suggests an element of technological expertise was needed to administer the treatment. This is far from the primitive methods displayed in the pages of *The Water Cure Illustrated,* above.[102]

In the second image, a clothed, moustached man sits upon a chair while an electric current is passed through the water to the skin. The treatment is administered by a doctor in a white coat (presumably—many of the photographs in the book were loaned to the authors by doctors who administered water treatment). He is administering hydro-electrotherapy through what is described as a 'Special Commutator', which was a type of generator.[103] The comparison of the image of the four-cell bath, below, with the two images from *The Water Cure Illustrated,* above, is indicative of the changing attitude towards hydrotherapy in this period. The positioning of the doctor in the white coat, the man dressed in a waistcoat, tie and trousers, alongside a 'modern' motor generator imparts a sense of professionalism. This was a far sight from women in antiquity who 'bathed their sick children in waters frequented

[102] Luke and Forbes, *Natural therapy,* p. 50.

[103] Luke and Forbes, *Natural therapy,* p. viii; p. 209.

by the electric eel'.[104] This is significant, because it seems that in order to make an archaic treatment accepted, it had to be innovated within a masculine domain.

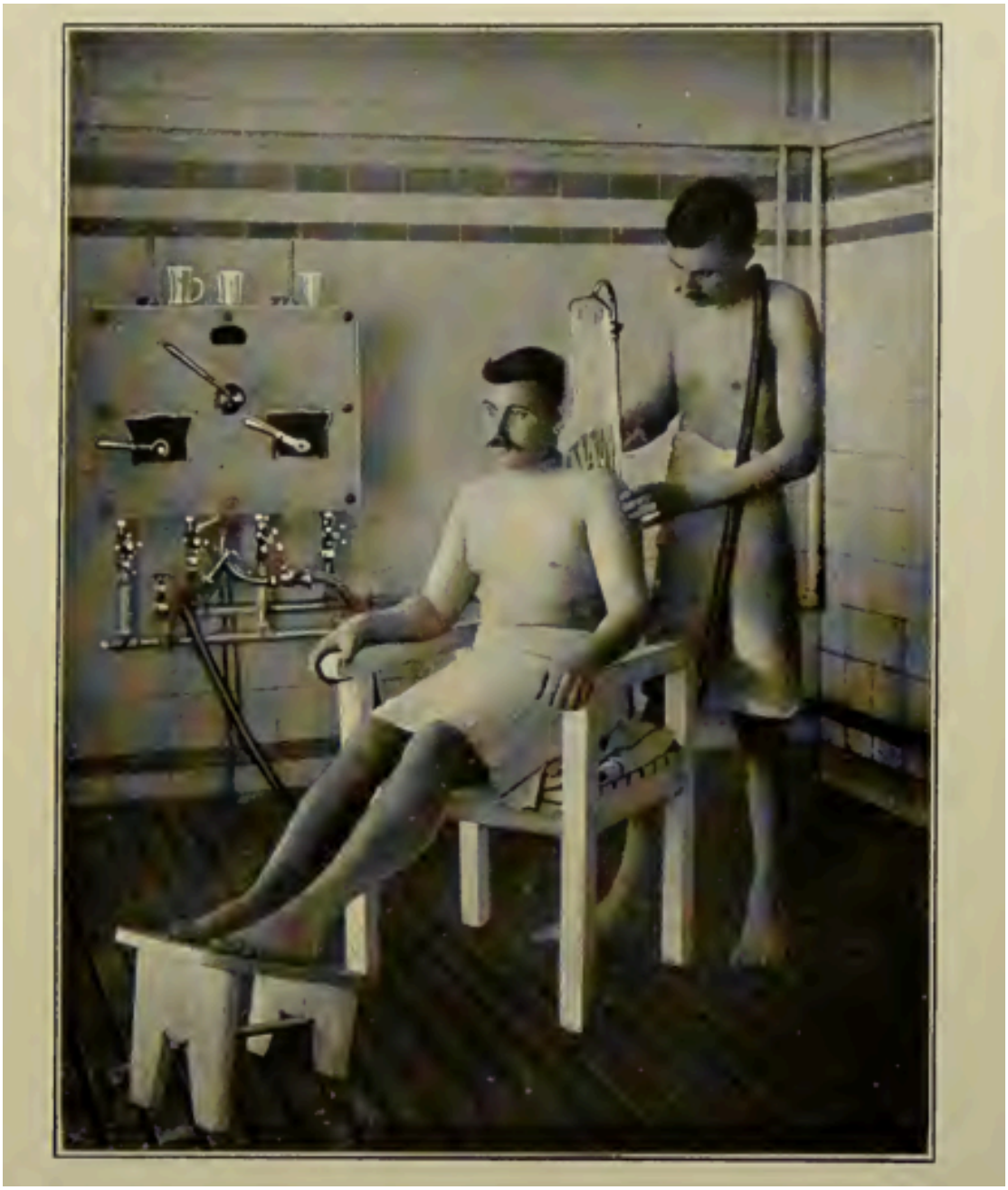

Figure 3.4: Hydroelectrotherapy 1

Source: Luke and Forbes' *Natural therapy* (London, 1913), plate XIII (unpaginated)

[104] Luke and Forbes, *Natural therapy,* p. viii; p. 159.

Figure 3.5: Hydroelectrotherapy 2

Source: Luke and Forbes' *Natural therapy* (London, 1913), plate XXVIII (unpaginated)

While psycho-hydrotherapeutic treatments were initially administered by a physician, and hence had paternalistic elements similar to climatology, they differ

significantly in one way—in the sense that it was a private form of treatment, conducted upon one individual. While it was often recommended in combination with climatology, hydropathy did not have to be administered within the institution, nor abroad at a health resort.[105] Rather, it could be a shorter, convenient treatment, suited to the professional who required some respite from the pressures of modern life. Because of its association with the busy professional, as with climatology, hydropathy began to be perceived as an aspirational practice. During the final quarter of the nineteenth century, hydrotherapy for psychological disorders began to be done within the home.[106] The movement of hydrotherapy into the home saw the publication of domestic hydrotherapeutic manuals, which saw the patient become the practitioner of the treatment.[107] One of the most popular books discussing domestic hydropathy was by the doctor John Smedley, whose *Practical Hydropathy,* a treatise on how to conduct hydropathy in the home, went through fifteen editions and sold ninety-five thousand copies.[108] Although not the first book on domestic hydropathy, which had existed for physical illnesses from the mid-1800s and was particularly popular amongst women, Smedley's book has distinctly psychological elements.

Smedley describes a case study of overwork as a man with is mind, 'running on a thousand subjects' and being 'weary and excited', and discusses how this feeling is experienced by many middle-class professionals. He wrote:

[105] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 386.

[106] Hilary Marland and Jane Adams, 'Hydropathy at Home: The Water Cure and Domestic Healing in Mid-Nineteenth-Century Britain', *Bulletin of the History of Medicine* 83 (2009), p. 515.

[107] Marland and Adams, 'Hydropathy at Home', p. 515.

[108] Marland and Adams, 'Hydropathy at Home', p. 515.

> I know that it will be said by many, "I have no choice, I have an office in the counting-house, or in the shop, and must go through the work required, or resign my situation; and what can I do?" Alas! That this should be the case from the avarice of employers requiring such overwork from those employed, because others in the same line of business require it, and therefore having an idea that they must do the same[109]

Similar to his contemporaries, Smedley is critical of the modern mode of existence. However, while he recognises work is the problem, he does not suggest that the employer should try to reduce the stress placed upon the employee. Instead, he puts the onus on the work to 'employ a very simple plan of bathing', either at work or within their own home.[110] He then provides some straightforward instructions for the overworked employee to conduct home-based hydrotherapy, which included wrapping oneself in a towel warmed to 70 degrees Fahrenheit, lying in bed with the feet in cold water, and lying in the bath with feet out.[111] As such, this points towards a wider societal movement in which a person's mental health was their responsibility.

More broadly, adverts for domestic hydropathic appliances began to be included in the advertising press, for example, the image of Muller's 'Delightful Shower-Bath, below, which stressed it was 'Light, Simple, Portable, Effective':[112]

[109] John Smedley, *Practical Hydrotherapy: (not the cold water system): including plans of baths and remarks on diet, clothing, and habits of life* (London, 1872), p. 81.

[110] Smedley, *Practical Hydrotherapy*, p. 83-84.

[111] Smedley, *Practical Hydrotherapy*, p. 83-84.

[112] *Penny Illustrated Paper,* 8 April 1911, p. 479.

Figure 3.6: Advertisement for the Müller Hand Shower-Bath

Source: *The Penny Illustrated Paper*, 8 April 1911, p. 479

While domestic hydrotherapeutic treatment made the methods more accessible to less affluent people, it reinforced the problems caused by working environments while placing the impetus in the hands of the worker. As Richards wrote in his study of nineteenth-century pharmaceutical drugs, 'the disease is not to be blamed on circumstance, or more precisely, on the capitalist system…that experts know best; and that the body's needs can best be met by consuming various kinds of therapeutic commodities'.[113] There existed a paradox: the mental-health fulfilling effects of 'natural' treatments, which were placed in opposition to the stress and strain of working in the urban environment, actively upheld such ways of living.

[113] Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, 1990), p. 187; 'The mindfulness business', *The Economist*, 16 November 2013, https://www.economist.com/business/2013/11/16/the-mindfulness-business (accessed 30/5/18).

Portable hydropathic methods and the patient becoming the practitioner in hydropathy is significant, as it reveals how hydropathy normalised work-related stress, and how the responsibility of managing this stress was designated into the employee's own hands. There is a relationship to home-based hydropathy with Tom Crook's work on bathing and liberalism, which argued that undertaking an ordered regime of hygienic habits was indicative of a rigorous moral life as productive liberal subjects.[114] The designation of care to the patient had intrinsically moral values. Luke and Forbes write that:

> The Cold douche is a tonic procedure of the highest value; it is both alterative and restorative. Under its influence the individual begins to live a more vigorous life, physically, mentally, and we may say even morally.[115]

The water cure was considered to only work if the patient truly devoted themselves to their cure: the patient needed to actively participate, be motivated, and engaged in order for the treatment to be a success—with an aim presumably being motiving them to be proactive, moral, and galvanised subjects.[116]

Reports on deaths due to hydro-electrotherapy began to appear in the medical literature of the first decade of the twentieth century and its popularity began to wane.[117] However, the development of water technologies such as the Aix Douche had a much more pervasive impact on everyday life. The 'rain' douche pictured above is similar in appearance to a modern showerhead. Hilary Marland and Jane Adams in their article on home-based hydropathy argue that the decline of hydropathy in the

[114] Tom Crook, 'Schools for the moral training of the people', p. 30.

[115] Luke and Forbes, *Natural therapy,* p. 53.

[116] Marland and Adams, 'Hydropathy at Home', p. 507

[117] Stainbrook, 'The Use Of Electricity In Psychiatric Treatment', p. 174-175.

home is potentially due to the prevalence of water as a practical element in people's houses.[118] However, perhaps hydropathy was one of the reasons for the integration of water appliances into people's homes. Comparing adverts for showers and baths from the turn of the twentieth century provides some compelling evidence for this hypothesis.

In the 1880s the few advertisements for home-based water technology, for example, showers, provided mostly technical and financial information, such as what materials were used and how much the product cost.[119] However, by the turn of the century, advertisements for water appliances began to be endorsed by medical professionals. For example, an advert for an 1890 London-based bath manufacturer 'Dr. Melchers' Shower Yoke Co. Ltd.', a shower which fastened around the shoulders and covered the body, proclaimed it was able to 'put new energy into you to an almost incredible degree'.[120] A 1910 advert for 'Foots' Bath Cabinet', a type of Turkish Bath, purports to 'quickly quiets the nervous and rests the tired'.[121] Although it is difficult to prove whether customers purchased these appliances based on their psychological characteristics advertised, the attention to improving psychological health suggests that mental wellbeing was becoming an aspirational concern. Whether or not

[118] Marland and Adams, 'Hydropathy at Home', p. 526.

[119] Doulton's Magazine Advert, 1890s, *The Advertising Archives,* http://www.advertisingarchives.co.uk/?service=asset&action=show_preview&asset=20487 (accessed 01/06/2018); Morrison's Patent Wash Down Triton Closet, 1890s, *The Advertising Archives,* http://www.advertisingarchives.co.uk/?service=asset&action=show_preview&asset=20485 (accessed 01/06/2018).

[120] Dr Melcher's Shower Yoke Advert, 1900s, *The Advertising Archives,* http://www.advertisingarchives.co.uk/?service=asset&action=show_preview&asset=32487(accessed 01/06/18).

[121] https://c7.alamy.com/comp/HH4GRG/foots-patent-cabinet-bath-used-in-the-private-of-your-home-benefits-HH4GRG.jpg (accessed 01/06/18)

hydropathy saw the integration of water into people's homes, it may have contributed towards the development of psychology in advertising methods. This is evidenced further in the commodification of bottled water.

The commodification of balneology

Towards the end of the nineteenth century, bottled mineral water began to be exported and sold to patients and consumers in England. It is important to note that this is not the first time that water treatment was commercialised. Evian-les-Bains had been celebrated for its drinking water since the eighteenth century, and a bottling factory opened in 1826 as a souvenir centre, as people visiting the mineral resorts on holiday would often take water home with them as a token of their stay. Similarly, supposed 'holy' water from Lourdes, which many people travelled to in parallel with the development of 'scientific' water treatment, was sold in large quantities at home and abroad for a steep price—a practice that continued until the 1920s at least.[122] Therefore, the commercialisation of water had existed for decades.

However, it was not until post-1878, with the endorsement of Evian by the French Academy of Medicine, that mineral waters began to be prescribed more readily to patients suffering from nervous disorders. In turn, this was also when they began to be endorsed by the medical establishment as being psychologically effective. Weber

[122] Medicinal water from Lourdes, France, Wellcome Collection, https://wellcomecollection.org/works/rqtwpm8d (access 31/05/18); Ruth Harris, *Lourdes: Body And Spirit in the Secular Age* (Penguin, 1999), p. 191.

and Parkes Weber argued that mineral water consumption worked on the mind in the same way that hydrology worked, by either stimulating or sedating the patient's nerves, depending on the type of problem they had.[123] As with their climatology, the Webers initially focused on endorsing 'foreign' waters as the key to good psychological health, particularly the water from Evian-les-Bains, as water from home was 'of doubtful purity'. This would have no doubt set financial limitations for many.[124]

Despite the clear social and financial restrictions on access to certain health resorts and the commercialisation of balneotherapeutic measures, there is little evidence to be found that shows direct collusion between the medical establishment and the advertising industry.[125] However, correspondence from Parkes Weber's archive shows solicitation by spa owners asking him to endorse their spas and the effectiveness of their mineral water. For example, one letter from Las Vegas Hot Springs Resort in 1898 sought the attention of Parkes Weber to visit their spa.[126] A copy of a letter that Parkes Weber wrote to a landowner in Newlyn, near Penzance, Cornwall, shows one instance of the medical profession had direct involvement with the promotion of the spa industry. The person initially wrote to Parkes Weber to ask if the spring had any value. Initially the letter reads as a chemical analysis. He said that it contained 'Chalybeate', which he refers to as effective in the treatment of neurasthenia, hypochondriasis and depression.[127] So, Parkes Weber explained that

[123] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 303, 366.

[124] Weber and Parkes Weber, *Climatotherapy and balneotherapy,* p. 303, 366.

[125] Adams, *The Water Cure,* p. 68.

[126] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, p. 82.

[127] PP/FPW/B.158 HW and FPW: Hydrotherapy and Balneotherapy. Includes also cuttings etc on Climatotherapy, p. 377; PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, p. 199.

that spring did indeed have therapeutic properties. However, he wrote that there was little use for a spring to have healing properties alone:

> I admit, it is easy to pick out a medicinal spring here or there in England or on the continent and to say "here is a chalybeate spring containing sulphate of iron which has a certain therapeutic reputation"; - but it is the reputation (i.e. the therapeutic effect) of the spring in question that really attracts the medical attention and obtains the patients. What would the reputation of Harrogate be if it depended merely on the "chloride of the iron well"? Look at the various continental springs and see if you do not find some of the following factors likewise present at the health resorts, viz., other medical or thermal springs - facilities for hydrotherapy, massage, etc., able medical supervision, pleasant situation and beautiful surrounding scenery.[128]

While providing more evidence for the idea that healing 'nature' had to be intervened into, Parkes Weber also asserts that the 'brand' of Harrogate and the resorts abroad play a much more important role than the chemical qualities of the water itself.

Parkes Weber recommended in his letter that the spring at Newlyn would only become a success if a course of advertising undertaken or some method of financial backing involved:

> In conclusion, I think it likely that the Newlyn water may be of some therapeutic use for selected cases amongst residents and visitors, but that it obtains a wide-spread and lasting therapeutic reputation this will be obtained by advertising only. In other words the water certainly has medical value, but not sufficient to…make it at all likely that the erection of a local health resort or special establishment (i.e. on account of the presence of the chalybeate spring) or the exportation and advertisement of the water will be a financial success.[129]

The language used in Parkes Weber's letter has a corporate tone: he argues that without a course of advertising the health resort or exportation of the water would not be a financial success. It is an indication that the practice of water treatment was

[128] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, p. 199.

[129] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, p. 199.

actively commercialised, and that the success of a health resort was not just dependent on the health benefits of the water itself but also the financial backing and advertising used to promote the benefits of the water. Additionally, the advertising for mineral water often had direct endorsements by the medical profession. While in fact, Parkes Weber became privately rather sceptical about the benefits of drinking exported mineral water for psychological health, arguing within his notes that that the 'imagination has much to do with the wonderful curative effects which are observed in persons who resort to mineral springs'.[130] However, he offered his public and endorsement of bottled water for advertising purposes, suggesting that in some cases money, or his public profile, outweighed the medical benefits of the water.[131]

One of the most popular forms of mineral water exportation was the production of mineral water salts, which was mineral water from abroad distilled to a solid form to be diluted in 'local' water or milk. As with domestic balneology, mineral water salts allowed the patient or consumer to undertake treatment at their own convenience. One advert for a product called Kutnow's Powder stated that it 'enables sufferers….to obtain all the benefits of a course of mineral spring treatment at their own homes'.[132] This 'practical' branding is similar to the marketing of the brand 'Tabloid Mineral Salts'. Tabloid enabled the physician 'to prescribe a course of mineral water treatment without sending his patient abroad, and they give the patient the advantages of continental

[130] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, annotation from article by D W Jaworski, a paper called 'Mineralwasser und Heilwasser', p. 41.

[131] PP/FPW/B.139/1:Box 71 Health Resorts 1896 Vol 1, Advert for Sparkling Puralis, p. 164; Weber and Parkes Weber, *Climatotherapy and Balneotherapy*, p. 303.

[132] *The Daily Telegraph,* 20 July 1898, p. 7.

waters administered under the supervision of his regular medical adviser'.[133] So, mineral water salts brought the supposed 'healing' elements of the spa environment to the patient, without the financial commitment. While initially a physician had to prescribe the mineral water powder or salts to the patient, they soon were able to be ordered or bought from a shop. The notion that the healing properties of an environment could be distilled into an easily portable form points to an increased desire for convenient, everyday treatments. By 1919, according to an advert for 'Alkia Saltrates' written by the journalist and MP Horatio Bottomley, "Now that all German spas are taboo, may I congratulate you on your Alkia Saltrates, which to my mind (and body) beat Carlsbad into a cocked hat'.[134] As with domestic hydropathy, mineral water and mineral water salt's influence extended beyond the medical sphere.

Imported salts began to be advertised to the greater public with psychological benefits. One example is the brand Kutnow's Powder, which was advertised in one instance in *The Daily Telegraph* in 1898. It was proposed to improve the 'Dullness of Brain and Weariness of Body'. It stated, 'If your mind seems dull and heavy and your body weak and weary, and all energy and life seems to have departed from you, it may be due to your having been worrying too much, or working too hard'.[135] The advert suggested a course of Kutnow's powder. Another advert for Kruschen Salts mineral water salts sold by a manufacturer in Deansgate, Manchester, wrote that 'your system needs invigorating', and that 'the mind was depressed under general lassitude'. The

[133] Advertisment for Tabloid mineral water salts, Burroughs Wellcome and Co. c. 1900-1910, ref. vvn9pnb5.

[134] *The Daily Telegraph*, 18 June 1919, p. 6.

[135] *The Daily Telegraph,* 20 July 1898, p. 7.

doctor quoted in the advert suggested a teaspoon of Kruschen Salts from 'celebrated mineral springs', a brand which became very popular subsequently in the US.[136] The relationship between detoxifying the body and invigorating the mind supports Jennifer Wallis' argument discussed in Chapter 1, that towards the end of the nineteenth century psychiatry in asylums 'increasingly aligned itself with a somaticist viewpoint', again illustrating that bodily dysfunction began to enter the psychiatric aetiology.[137] However, the attention to improving the mind being used in advertisements also reveals that psychological health was entering the mainstream of society: showing that alongside physical health, psychological health was beginning to be considered as a necessary or desirable component of life.

The trajectory from water consumed as part of a spa trip for invalids, to being consumed by the bottle or powdered form in the home by the everyday person is indicative of wider trends in the consumption of psycho-pharmaceutical drugs. 'Tabloid' Mineral Water Salts were part of the wider 'Tabloid' brand, a subsidiary of the Burroughs, Wellcome & Co. Ltd, a pharmaceutical manufacturer set up in 1880 by Silas Burroughs and Henry Wellcome. It soon became the largest British pharmaceutical company.[138] Burroughs, Wellcome & Co. Ltd specialised in producing small, convenient psychological medicines for the affluent consumer, which could be administered by the patient and taken with mineral water. Parkes Weber's patients with nervous disorders would be prescribed tonics and pills alongside the water,

[136] *The Daily Telegraph,* 18 May 1911, p. 6; *Cosmopolitan (New York),* May 1931, p. 182.

[137] Wallis, *Investigating the Body,* p. 4.

[138] Roy Church and E. M. Tansey, *Burroughs Wellcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880–1940* (Lancaster, 2007).

including strychnine pills and potassium bromide, a stimulant and sedative, respectively.[139]

An advert with the headline 'Mental Depression' for a tonic for melancholic depression was included next to an advert for Appolinaris Mineral Water, a 'refreshing tonic and restorative'.[140] While they may not have been linked, the fact that such topics were displayed on the same page suggests either some forethought on the editorial team, or, perhaps just emphasises how popular these products were. The increased production of prescription drugs and the subsequent boom in the categorisation, recording and advertising of these products suggests an increasing commodification of the medical profession. In her extensive study of Burroughs and Wellcome's trade catalogues, Claire Jones argues that the growth of drug advertising companies was the work of pharmaceutical companies attempting to 'expand their market share in a period of global economic growth'.[141] The intervention by manufactured pharmaceuticals into the doctors' offices, also points to the beginning of the now controversial relationship between manufacturers of treatments and the medical profession. However, it also represents the distillation of nature into a convenient, portable and disposable form: convenient nature for the new age. Perhaps this was one of the catalysts for the beginning of long decline of institutionalisation.

[139] PP/FPW/A.1/11 F Parkes Weber, Medical Notes and Cuttings, 9 December 1894—5 April 1900 (2nd series), Medical notes from Mrs R.B, 4 March 1907.

[140] *The Daily Telegraph*, 11 November 1904, p. 5; *Daily Telegraph,* 12 April 1906, p. 7.

[141] Claire L. Jones, '(Re-)Reading Medical Trade Catalogs: The Uses of Professional Advertising in British Medical Practice, 1870–1914', *Bulletin of the History of Medicine* 86 (2012), p. 365.

Nevertheless, it is certainly indicative of the increasing psychologisation of everyday life.

Work on material culture recognises that objects evolve in line with people's 'physical, but also relational, psychological, and moral needs'.[142] There was a growing need during the nineteenth century to provide some sort of a solution to the perceived psychological stress and strain of 'civilisation'. As a result, bottled water, though having existed for centuries, became reframed within a discourse of aspirational psychological wellbeing as well as physical health. As advertising historian Thomas Richards wrote on the concept of spectacle and advertising in the mid- to late-nineteenth century, London was 'a city flooded with remedies, where the threat of incurable disease hung over everyone and cure-alls promised the only relief possible'.[143] This belief was reiterated by one critic of water treatment from 1910, who wrote: 'One day we shall realise that we have discovered the universal remedy by the infallible sign that we are all constantly ill and perpetually being cured'.[144] The advertisement of mineral waters and mineral water salts may have offered a better mental existence, but was also psychological in the sense that it attempted to convince the consumer that there was a problem where one may not have existed.

[142] Giorgio Riello, 'Things that Shape History: Material Culture and Historical Narratives', in Karen Harvey (ed.), *History and Material Culture* (London, 2009), p. 22.

[143] Thomas Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, 1990), p. 173.

[144] *The Lancet,* 24 December 1910, p. 1997.

Conclusion

The purpose of this chapter was to illustrate how a 'constructed' environmental cure for psychological disorders became integrated into the practice of everyday life. Through an analysis of one aspect of the 'natural' environment—water—as a potential cure for certain types of urban environment-induced nervous disorders, it has identified several processes that typified late-nineteenth and early twentieth-century English society. First, it has shown that the tendency to construct the natural environment and modern technology as diametrically opposed is somewhat reductive. It showed that in the late-nineteenth century modern, scientific technologies were combined with 'natural' environments in order to improve and refine them. The purpose of this action, whether conscious or unconscious, had the result of making certain untouched environments restrictive on the basis of class and race, which has implications for further studies of colonised environments and political economies of health. If previous academic work on colonialism and health has looked at scientific racism regarding the construction of colonised bodies and institutionalisation, then the implications of psychological treatments on the colonised mind is a potential area for further research. This chapter can act as a framework for this area of research.

Second, this chapter has revealed the domestication of medical treatment in the form of balneology in the home. It showed how the treatment moved from the spa abroad into the house of the patient, with the patient becoming the practitioner. The idea that patients could treat themselves in regard to overwork reveals both a normalisation of work stress and psychological health as becoming an aspirational aspect of modern life. In a similar vein, this chapter has shown how rapidly water

treatment became commercialised, situating it not as an inherently primitive outlier from ‘modern’ medicine, but rather integrated within orthodox medicine and as aligning with the mass-marketing of pharmaceutical drugs. As part of this, it looked at the advertising of ‘portable’ nature, showing the infiltration of psychology into everyday life during this period, through water advertisements. While the ‘medicalisation’ of everyday life has been addressed in previous scholarship, this chapter has begun to consider to ‘psychologisation’ of everyday life, a concept which can be applied well into the twentieth century.

Chapter 4: The Mental After Care Association and constructing 'community'

The construction of 'community' for wellbeing has mostly been addressed regarding mid twentieth-century planning initiatives, for example, the attempt to build community spaces in post-World War Two estates.[1] However, the idea that mental illness could be prevented and alleviated by a form of situated 'community', defined by Ferdinand Tönnies in 1887 as 'a social form characterised by emotional cohesion, locality and kinship', emerged in the late-nineteenth century.[2] This notion was typified by the foundation of the Mental After Care Association (MACA), a charity set up in 1879 that provided discharged asylum patients with homes, support, and employment opportunities. The nineteenth-century emergence of 'community' as a space of psychological wellbeing and prevention has received little attention historically and when addressed has been subject to criticism. Scholars draw a comparison with the perceived neglect and cost-cutting measures associated with Care in the Community initiatives from the 1960s and 1970s; as such, their analysis seeks to provide a historical explanation for institutional failures.[3]

[1] Mark Clapson, *Invincible Green Suburbs, Brave New Towns: Social Change and Urban Dispersal in Post-War England* (Manchester, 1998); Andrew Homer, 'Creating new communities: the role of the neighbourhood unit in post-war British planning', *Contemporary British History* 14 (2000), p. 63; James Greenhalgh, 'Consuming communities: the neighbourhood unit and the role of retail spaces on British housing estates, 1944–1958', *Urban History* 43 (2016), p. 158; Guy Ortolano, 'Community' in *Thatcher's Progress: From Social Democracy to Market Liberalism through an English New Town* (Cambridge, 2019), p. 147.

[2] Greenhalgh, 'Consuming communities', p. 158.

[3] Scull, *Decarceration*, pp. 125-129; Stephen Soanes, '"The Place was a Home from Home': Identity and Belonging in the English Cottage Home for Convalescing Psychiatric Patients, 1910-1939, in Jane Hamlett, Lesley Hoskin and Rebecca Preston, *Residential Institutions in Britain, 1725–1970* (London, 2013), p. 121.

However, the link between the construction of MACA's provision and the pervasive endurance of 'community' as a solution for psychological problems in twentieth-century planning and everyday life has not been explored. Positioning 'community' as a situated cure for mental unrest reveals a persistent intervention by the state, in conjunction with the medical profession, in attempting to construct healthy psychological environments. This idea has persisted in town planning, social welfare and medical provision to this date.[4] In exploring this, this chapter provides a significant intervention into the history of the environment at the turn of the twentieth century. This chapter positions MACA's work as part of a significant and widespread moment in the creation of healthy psychological environments.[5]

As such, this chapter also is a step change in the history of mental health. It positions the construction of community within the innovative methods employed at the end of the nineteenth century that a person's environment could impact their wellbeing. It also develops further the idea that psychological features were applied to the features of everyday life. However, like previous chapters have shown, this chapter also reveals the restrictions of these environments, illustrating how the access to 'community' provided was based on normative notions of 'respectability' and social class. Finally, this chapter is a significant shift in historicising how a 'medical' idea becomes popularised. It shows the nepotism inherent in the popularisation of 'Community Care'. As such, it calls for a necessary analysis of the 'human' aspect of

[4] George Monbiot, 'The town that's found a potent cure for illness – community', *The Guardian,* 21 February 2018, https://www.theguardian.com/commentisfree/2018/feb/21/town-cure-illness-community-frome-somerset-isolation [accessed 21/12/18]; Haroon Siddique, 'Community healthcare in line for £3.5bn annual funding boost' *The Guardian,* 21 November 2018, https://www.theguardian.com/society/2018/nov/21/community-healthcare-in-line-for-35bn-annual-funding-boost [accessed 21/12/18]

[5] Helen Meller, *Towns, Plans and Society in Modern Britain* (Cambridge, 1997), p. 67.

state-wide medical initiatives, showing how a person's power and connections are just as important, if not more so, than the efficacy of the ideas themselves.

Structurally, this chapter first situates MACA within scholarship, defines 'community' as it will be used in this chapter, and explains the source material covered. Second, it addresses how MACA legitimised itself as a medical method of care, through a targeted campaign and potentially nefarious methods of promotion. Third, it addresses how MACA built its community provision, and finally, it shows how the boundaries of its care were demarcated on notions of respectability.

'Community' and the Mental After Care Association

Despite the significant number of patients it treated—with a growth trajectory similar to that of the National Society for the Prevention of Cruelty to Children, which has received extensive attention—the history of MACA is mostly peripheral to that of asylum history.[6] This is mostly due to the focus on MACA as a precursor to deinstitutionalisation. In 1977, Andrew Scull stated in his *Decarceration,* written amidst extensive public attention to Community care's perceived failures, that MACA was 'trivial' in the history of twentieth-century Care in the Community initiatives. Despite calling it trivial, Scull used the 'failure' of MACA to predict the problems with the twentieth-century implementation. He argued that MACA was rejected by medical professionals and the public alike, who were sceptical and 'ignorant and fearful',

[6] George K. Behlmer, *Child Abuse and Moral Reform in England 1870-1908* (Stanford, 1982); Christine Anne Sherrington, 'The NSPCC in Transition 1884-1983: a study of organisational survival'. PhD Thesis, London School of Economics, 1984; Monica Flegal *Conceptualizing Cruelty to Children in Nineteenth-Century England* (Surrey, 2009); Kathleen Jones, *Asylums and After: A Revised History of Mental Health Services from the early 18th century to the 1990s* (London, 1993).

respectively.[7] While the most extensive work on MACA yet, by Stephen Soanes, critiques Scull's view that MACA was 'trivial' his work nevertheless draws some parallels. Soanes refers to the 'community' of MACA as a 'stage-managed illusion' and the 'pre-history of the "revolving door" patient of late twentieth-century community care'.[8]

This chapter complicates both Scull's and Soanes' arguments, revealing a medical consensus for the benefits of aftercare, the extensive support MACA gave to patients, as well as the significant numbers of the public who supported the work of MACA. Additionally, this chapter reveals that MACA functioned as a large-scale legitimate intervention into the late-nineteenth and early-twentieth century medical and philanthropic landscape and should be considered a significant part of both these histories. In doing so, it builds on Eloise Moss, Charlotte Wildman, Ruth Lamont and Luke Kelly's recent article on 'Rethinking Child Welfare', which complicates the perception of the 'uncaring and emotionally distant institution' in the nineteenth and twentieth centuries.[9] Like Moss and others' work, this chapter recognises MACA as a key turning point in the attitude of charities towards their beneficiaries at this point. It reveals the innovative methods of care and devotion involved in increasing tolerance of the mentally ill, but also its limitations and problems.

[7] Scull*, Decarceration*, p. 125.

[8] Soanes, '"The Place was a Home from Home", p. 121, Stephen Soanes, 'Rest and restitution: convalescence and the public mental hospital in England, 1919-39'. PhD Thesis, University of Warwick, 2011, p. 266.

[9] Eloise Moss, Charlotte Wildman, Ruth Lamont and Luke Kelly, 'Rethinking Child Welfare and Emigration Institutions, 1870–1914', *Cultural and Social History* 14 (2017), pp. 647-668.

More significantly, this chapter broadens the context of MACA, shifting it solely from being an extension of the asylum and a precursor to 'Care in the Community'. Instead, this chapter aligns the situated 'community' that MACA provided with the intellectual focus on 'community' in the nineteenth century as a utopic answer to urban-induced social and physical problems.[10] In particular, it extends Stanley Buders' 1990 work *Visionaries and Planners* that uses Ebenezer Howard, Patrick Geddes and Benjamin Ward Richardson to reveal the inception of the concept that you could 'build' a 'community'. Crucially, however, my chapter extends 'community' from having social benefits to psychological benefits. Broadly, this chapter's definition of 'community' builds on historians of town planning such as James Greenhalgh in using Tönnies' definition of *Gemeinschaft*, quoted above. More specifically, however, I follow Buder's definition of 'community' drawn from the aforementioned nineteenth century works as: 'Individuals grouping themselves in a social manner', to offset 'Loneliness of the crowd' in a 'wide range of…civic institutions necessary for full human development'.[11] These concepts are explored in more detail in the body of the chapter. Like Buder, this chapter recognises how 'community' was built physically, but also analyses how it was constructed beyond the built environment. In doing so, this chapter reveals that opposed to being an ephemeral ideology, that 'community' developed into an accepted method for dealing with—and preventing—mental illness.

This chapter makes a significant contribution to scholarship through the archival material consulted. It uses material from MACA's archive pertaining to the day-to-day running of the organisation, including annual reports, minutes, and case reports. It

[10] Stanley Buder, *Visionaries and Planners: The Garden City Movement and the Modern Community* (Oxford, 1990), pp. 65-75.

[11] Buder, *Visionaries and Planners*, pp. 65-75.

situates this material within a wider context of medical aftercare and psychological notions of 'community' through looking at medical journals, popular press, and ephemera. The purpose of such a combination is to prove that MACA's provision was not just the isolated work of a charitable organisation but signified much more than that—an idea that came to shape perceptions of the landscape, medical practice and state provision for people with mental illness. In addition, through consulting material pertaining to both inside and outside the hostels provided by MACA, this chapter diverts an argument made by Soanes, that while MACA looked like a 'matriarchal middle-class household', it fundamentally acted as an institution.[12] Instead, I situate MACA as a part of a wider movement that designated certain environments and situations as mentally healing, one that was separate from the institution and domestic space (though still retained aspects of it).

In addition, this chapter utilises case reports and letters from MACA beneficiaries. While Soanes uses some of these files to show dissenting voices to MACA's provision, I argue that in fact the dissenters were a minority. I use the files to reveal both the patients internalising the language of psychological 'community' and the designation of individual care to their own hands.[13] The periodisation of this chapter is longer than the rest of the timeframe considered in this thesis. It runs from 1871, when the first article on aftercare was written, and ends with the Mental Treatment Act of 1930, which saw aftercare and outpatient treatment made statutory.

[12] Soanes, '"The Place was a Home from Home", p. 118.; Louise Hide, 'From Asylum to Mental Hospital: Gender, Space, and the Patient Experience in London County Council Asylums, 1890-1910', in Jane Hamlett, Lesley Hoskins, and Rebecca Preston (eds), *Residential institutions in Britain, 1725-1970: inmates and environments* (London, 2013), p. 52; Jane Hamlett, 'Introduction' in Jane Hamlett, Lesley Hoskins and Rebecca Preston (eds), *Residential Institutions in Britain, 1725-1970* (London, 2013), p. 7.

[13] Soanes, 'Rest and restitution', p. 286.

Partly, this is because the case reports accessible are from the first quarter of the twentieth century, and I felt it was important to see how MACA worked in practice, hence the extension to the timeframe. I situate the case reports amongst the earlier theory about the organisation, and it is very important to note that the aims and objectives of the organisation remained very consistent over this period. Also, the 1930s is when providing 'community' as a psychological cure became a legitimate state-supported endeavour in town planning, reifying 'community' as part of wellbeing outside of the medical sphere.[14] The timeframe itself is significant, as it shows that ideas about psychologically beneficial environments do not go away, but emerge in similar forms throughout the twentieth century.

The emergence of MACA: power, medical legitimacy, and respectability

MACA was founded in 1879 by the Reverend Henry Hawkins, chaplain of a public asylum called Colney Hatch in the London borough of Barnet. MACA was originally set up for 'poor' and 'friendless' women being discharged from the asylum to ensure they did not relapse, and as an alternative to the workhouse. Beneficiaries were given opportunities to make 'friends', stay in people's houses, offered advice on work, and given money and clothes. MACA was a small organisation at first, treating just forty patients at its inception from a handful of asylums. However, it quickly grew to treating thousands from a large percentage of English asylums and some international institutions. The rapid development of MACA as a charity can be understood as part of the wider development of charities in England in the latter quarter of the nineteenth

[14] Olivia Havercroft, 'Suburban Neurosis and Demolition Melancholia'. MA Thesis, University of Manchester, 2016.

century. In 1870, as Sarah Roddy, Julie-Marie Strange and Bertrand Taithe have argued, there commenced a sustained growth of a 'recognisably modern charity market' as a response to 'a perceived evil of modern industrial society'.[15] The formation of MACA reflects this charitable landscape, consolidating the work of high-profile philanthropists, doctors and religious figures in reaction to the pathologically constructed urban environment. Such organisations purported to help the broad category of 'the poor' and were often headed by 'male founder figures with forceful personalities', although day-to-day work was often undertaken by women.[16]

The reverend Henry Hawkins can certainly be considered one of these 'forceful personalities'. As mentioned above, Hawkins was chaplain of the asylum at Colney Hatch, and was devoted to asylum provision and reform. He was committed to improving conditions for asylum patients and did this initially through forming the organisation 'Guild of Friends of the Insane', which encouraged people from outside of the asylum to visit those inside in order to facilitate their recovery.[17] Hawkins also published various leaflets concerning the wellbeing of asylum patients and attendants, too, with a focus on encouraging sociability and 'community' as a means of support for both workers and the mentally ill.[18] Significantly, what seems to have been initially a personal vocation for Hawkins was soon to become part of an extended system of care.

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[15] Sarah Roddy, Julie-Marie Strange, and Bertrand Taithe, *The Charity Market and Humanitarianism in Britain, 1870-1912* (Bloomsbury, 2018), p. 3; Jennifer Lloyd, *Women and the shaping of British Methodism* (Manchester, 2009), p. 134.

[16] Roddy, Strange, and Taithe, *Charity Market and Humanitarianism in Britain*, p. 11.

[17] 'Obituary: The Rev. Henry Hawkins', *Journal of Mental Science* 51 (1905), p. 237.

[18] Henry Hawkins, An Address to Asylum Attendants "Off Duty", "Invalided", *Journal of Mental Science* 33 (1888), p. 599.

When MACA was initially founded in 1879, it set up a governing body, called 'The Council', to help oversee its operations. The Council was comprised of doctors, philanthropists and ordained figures. All of these people formed a dense web of influence, becoming a force able to legitimise MACA's work in the political, religious and medical spheres. Hawkins gained the assistance of numerous Archbishops and Bishops throughout England to consult on the board of MACA throughout the 1880s and 1890s. One high-profile figure whose assistance Hawkins managed to procure was Cardinal Henry Edward Manning. Manning was a cardinal of the Roman Catholic Church, and a highly regarded proponent of social reform. The assistance of Manning and other high-profile ordained figures verified the work of MACA through religious discourse, through producing sermons and prayers regarding MACA's work which were delivered throughout England and Scotland. In fact, there was more than one stipulation for these members to 'promote the objects of the association by prayer'.[19] Hawkins' connections in the religious sphere also provided MACA with direct access to high profile political figures, such as Prime Minister William Gladstone, with whom Cardinal Manning had a close (albeit somewhat tempestuous) working relationship.[20] Such evidence speaks to a solid connection between philanthropy, religion, politics, and the medical profession: suggesting that MACA's credibility was not based simply on its medical effectiveness alone.

[19] SAMAC/C4/4, Propaganda Committee, request to Bishops of London to read papers about the association; SAMAC/H/1/1/1 Prayer for the Afflicted in Mind; Request for Prayer regarding 'Guild of Friends'; Special form of Intercession'.

[20] Manning, Henry Edward (1808–1892). *Oxford Dictionary of National Biography*, from: http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-17970 [accessed 18/12/2018].

Soon after Manning became Vice President, the wife of William Gladstone, Catherine Gladstone, joined the council. While the connection with Manning may have influenced this appointment, she was also experienced in convalescent provision, previously setting up a number of convalescent homes after the cholera epidemic of 1866.[21] Also, the seventh Earl of Shaftsbury, Anthony Ashley Cooper, wrote in 1881 to express his wish to be involved in the organisation. The aims of MACA aligned with his view that the urban environment was fundamental in the inception of mental illness, an idea he professed during his involvement in the Lunacy legislation of 1845.[22] The fact that he wrote himself is significant, as he was the instigator of many philanthropic endeavours and as such would have been a desirable candidate to many charities during this period. The reason for highlighting the involvement of these figures is to call attention to mental illness, and the cure thereof, becoming something that philanthropists wanted to support and raise awareness of. This is significant, as it shows that the desire for mental wellbeing was permeating through society as an aspirational and fashionable endeavour.

Gladstone's and Shaftesbury's appointments facilitated the support of many aristocratic philanthropists. Gladstone was described as an 'unembarrassable fundraiser' and she held numerous fashionable parties to raise money for MACA.[23] Reflecting on these parties, Hawkins stated that 'pecuniary proceeds, if any, were

[21] Gladstone, Catherine (1812–1900). *Oxford Dictionary of National Biography*, from: http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-100013 [accessed 18/12/2018].

[22] Peter Bartlett, 'The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth Century England'. PhD Thesis, University College London, 1993, p. 220.

[23] Gladstone, Catherine (1812–1900). *Oxford Dictionary of National Biography*, from: http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-100013 [accessed 18/12/2018].

inconsiderable', but, 'it was one amongst other methods by which the name and objects of the association became better well known'.[24] The number of subscriptions and donations doubled after Gladstone's appointment and continued to grow exponentially throughout the 1890s. It is important to note that by the first quarter of the twentieth century, MACA's promotion efforts became more targeted through the formation of a 'Propaganda Committee'. By the late 1920s they sought the services of the Lord Mayor of London Charles Wakefield, who eventually propositioned Lloyds Bank, the BBC, the London Stock Exchange, the Baltic Exchange and others to raise funds and promote MACA's work.[25] The self-promotional nature of the Council in the nineteenth century, the swift growth to an influential organisation, and the extensive powerful connections throughout the London aristocratic and business elite, reveals that the provision of aftercare was not just the work of a small philanthropic fringe organisation, but an influential and mainstream body.

As well as state and press support, the work of MACA was consistently *medically* verified over the 1880s and 1890s. The Council appointed numerous prominent medical professionals, including high-profile asylum superintendents Dr Hack Tuke, Dr George Savage, Dr J.M. Moody, and Dr Henry Rayner. The work of these figures is crucial in understanding how MACA gained medical verification. At the end of the nineteenth century Savage and Hack Tuke were the editors of the *Journal of Mental Science (JMS),* now the *British Journal of Psychiatry*. In this journal, MACA

[24] Henry Hawkins, 'Reminiscences of "After-care" Association, 1879-1898', *JMS* (1898), p. 303.

[25] SAMAC/C4/4, Propaganda Committee, 31 March 1931, 14 Jan 1927, 19 Jan 1927.

found a forum to publish numerous articles, by Hack Tuke and Savage themselves, as well as Rayner, espousing the benefits and validity of mental after care.[26]

However, upon further analysis, this medical verification seems dubious. Articles were also written by Henry Hawkins, despite the fact he was not a medical professional. This is unusual for the *JMS* at the time—most articles from that period were written by medical professionals.[27] Hawkins' presence in the journal perhaps confirms the forcefulness of his personality, or the dedication of the editors to promoting MACA. Both are plausible. In a letter written to MACA in the 1880s, Hack Tuke dedicated himself to making *JMS* 'the medium of any communication or appeal on the subject', revealing that there was a targeted effort by the editors of the journal to promote the organisation.[28] The consensus in *JMS* was that after care was a valid and medically substantiated notion that should be extended and funded. There is no evidence of articles being accepted that discount this view. The growth in subscriptions in MACA from doctors and asylum superintendents at the end of the nineteenth century confirms the dissemination of this message.[29] However, it is not possible to know if the professionals actually believed in MACA, or saw it as a medium to being accepted in profitable medical circles.

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[26] C Hubert Bond, 'After-care in Cases of Mental Disorder, and the Desirability of its More Extended Scope', *JMS* (1913), p. 275; 'After Care of Convalescents', *JMS* (1880), p. 601; 'After Care of the Insane', *JMS* (1890), p. 596; 'Dr Hack Tuke and the "After Care" Association', *JMS* (1895), pp. 556-557; Henry Rayner, 'Mental After-Care', *JMS* (1924), p. 359.

[27] Henry Hawkins, An Address to Asylum Attendants "Off Duty", "Invalided", *JMS* 33 (1888), p. 599; Henry Hawkins, 'A Plea for Convalescent Homes in connection with Asylums for the Insane Poor' *JMS* (1871), p. 108; Hawkins, 'Aftercare', *JMS* (1879), p. 360.

[28] C Hubert Bond, 'After-care in Cases of Mental Disorder, and the Desirability of its More Extended Scope', *JMS* 1913, p. 275; 'Dr Hack Tuke and the After Care Association', *JMS* (1895), p. 556.

[29] MACA's annual reports detail the names of people subscribing and the amounts they donated. In 1887, there were about 88 subscribers, mostly women. By 1897, there were approximately 650 subscribers and donators. See SAMAC/B/1/1, Published reports, 'Report of the council', p. 19 and SAMAC/B/1/10, Published reports, 'Report of the Council', p. 10.

Alongside his promotion of MACA in *JMS*, in 1892, Hack Tuke wrote his *Dictionary of Psychological Medicine* with Savage. The *Dictionary* was a manual that would 'become the standard text on psychiatry' by the turn of the twentieth century.[30] In his *Dictionary* Tuke used the words of Hawkins to describe the successes of MACA and promote the benefits of such methods. A typewritten copy that has been annotated with corrections is present in MACA's archives, suggesting that the members of MACA had some involvement in how their practice was presented in published medical literature.[31] In addition, the articles in other journals, particularly *The Lancet* and the *British Medical Journal* (*BMJ)* are wholly positive in their coverage of MACA.[32] These published affirmations of MACA could reflect the general medical acceptance of aftercare. However, it could also reflect the influence of the medical professionals involved and their control over the medium in which articles on the subject would be published. This evidence suggests that MACA became legitimised perhaps through its medical credentials, but almost certainly through the status, money and connections of the individuals involved.

When MACA first began, beneficiaries were able to access MACA's services in multiple ways. Patients, or their family members, could write themselves asking for assistance once they were discharged from the asylum 'recovered'.[33] In addition, the Parish council or workhouse could write and ask for MACA's assistance in assisting

[30] Tuke, Daniel Hack (1827–1895). *Oxford Dictionary of National Biography*. http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-27804 [accessed 18/12/2018].

[31] SA/MAC/A.1./1, Dictionary of Psychological Medicine, p. 2.

[32] *BMJ*, 10 March 1917, p. 340; 5 March 1921, p. 353; 29 March 1919, p. 390, 4 March 1922, p. 364; 28 March 1925, p. 623; 29 March 1924, p. 591; 4 April 1931, p. 593; *The Lancet* 25 December 1880, p. 1013; 17 May 1884, pp. 915-916; 15 May 1886, p. 952; 14 June 1890, p. 131611 June 1892, p. 1314; 4 May 1895, p. 1132.

[33] SAMAC/G/3/40, Loose correspondence.

discharged patients in their wards.[34] After 1914, MACA formed a more direct partnership with the asylums. The London County Council's Asylums Committee started to fund patients for MACA who were not yet discharged recovered. The asylum would write to MACA and ask for their assistance in boarding patients 'on trial'.[35] The asylum would pay fares and costs if the patient relapsed. If they did not relapse, MACA would pay the fees, 14/- a week for men, and 12/5 a week for women. There is no indication why women's costs were lower than men's. Perhaps because there were fewer men on MACA's records the cost of housing them was higher, as many of the houses were for women only. Or, maybe it was harder to find men to head male households. Nevertheless, what this closer relationship with the asylums reveals is that by the early-twentieth century MACA was considered a permissible form of convalescent care by the asylum authorities by way of the London County Council, showing how the charity had been legitimised by the medical profession and the state. This reveals that the notion that 'community care' or 'friends' could improve mental health was founded through a targeted campaign by powerful actors. This is important, because it shows the unstable foundations on which a long-lasting 'medical' idea can be built upon. However, it does not necessarily mean that it was entirely malevolent.

From the inception of Hawkins' idea, who MACA would assist or reject for assistance was seemingly delineated on the basis of 'respectability'. Respectability is an often-used term in nineteenth-century social history, and traditionally refers to working-class people who fit a middle-class definition of good behaviour. Social historian Mike Huggins defined it as a 'relatively sober, hard working, law abiding and

[34] SAMAC/G/3/40, Loose correspondence, Letter dated 4 May 1917.

[35] SAMAC/G/3/40, Loose correspondence, Letter dated 8 December 1916, letter dated 12 December 1916.

pious' person, which aligns with the way MACA used the word.[36] The word 'respectable' was consistently used to describe beneficiaries, in advertisements for MACA's work, when MACA was seeking employment for them, and in annual reports. It was also used frequently in MACA's case reports, which were detailed records of MACA's work with the beneficiaries. Each report had the person's name, age, and some details of their case on the front. Often, the word 'respectable' would be used on the front page of the case report when the person was first being described.

On first analysis, sobriety seems to be one key element of why patients were rejected for MACA's care. For example, one woman's husband, aged 66, wrote to MACA asking for their help in her case. They rejected the case, as the husband 'smelled of drink' and the home 'was very untidy & dirty'.[37] It was noted that the case should 'be left to poor law'.[38] A 'poor' 33-year-old man with six children, who had had a breakdown due to a fall on his head was 'Thought probably an alcoholic' so was rejected for care.[39] While this could be reflective of Cardinal Manning and Hawkins' involvement in the temperance movement—MACA's ethos was aligned with the movement, encouraging abstinence from alcohol—they did not reject all alcoholics. In one case, a patient whose parents were 'habitual drunkards', a 'tendency…descended to the woman' was taken on because 'There is something very nice about the woman'.[40] The acceptance of this case reveals that sobriety was not a required attribute, suggesting there were additional stipulations of who should be offered

[36] Mike Huggins, 'More Sinful Pleasures? Leisure, Respectability and the Male Middle Classes in Victorian England', *Journal of Social History* 33 (2000), p. 586.

[37] SAMAC/G/3/13, Individual Patient File, 7 July 1914.

[38] SAMAC/G/3/13, Individual Patient File, 7 July 1914.

[39] SAMAC/G/3/9, Individual Patient File, 1914.

[40] SAMAC/G/3/34, Individual Patient File, 1917.

support. The description of the two rejected patients as ‘poor’, ‘dirty’ and the lack of a label of ‘respectable’ on the front of their case report can be understood as one reason.

This position is further strengthened when analysing language considering middle-class beneficiaries. MACA seemed to utilise the word ‘superior’, or 'very superior’ to refer to those who were educated and middle-class. In one case, MACA took on the work of an educated and ‘superior’ woman who had committed a crime ‘obtaining money by false pretences and there were 6 previous convictions against her for similar offences’. MACA attributed this to ‘an unfortunate love affair 8 years ago’, but after being sent to a boarding house she stole furs and money from the house matron. Despite the fact she had a criminal conviction, her perceived ‘superiority’ allowed her benefit of the doubt; revealing that for educated patients of a certain social standing, the boundaries of acceptance to treatment were much wider.

In addition, the personality of the patient and their attitude towards work often seemed to influence MACA’s decision. Many testimonials from patients published in the Annual Reports mention how ‘grateful’ they were for MACA’s assistance. However, for those who were not as forthcoming, the support was reneged. For example, a young woman who was visited by MACA in 1910 for a consultation, was described as having ‘a sulky and defiant expression’ and ‘she said she hated service, disliked needlework, did not care for cooking and loathed laundry work’.[41] This young woman was not taken on by MACA. The person typing her notes wrote that ‘only harm could come of her being again started in life’, suggesting that help was reserved for the

[41] SAMAC/G/3/25, Individual Patient File, 1910.

appreciative and 'grateful'.[42] In addition, a 'sarcastic' man was declined help, suggesting again that there were certain behavioural stipulations required to gain support from MACA.[43]

The evidence above suggests two requirements necessary for acceptance to MACAs programme. First, it could point to MACA's support being reserved for the 'deserving' mentally ill. This would certainly align with the idea of the 'deserving poor' in scholarship about nineteenth-century philanthropy, which reveals how charitable aid was reserved for those who could be defined as hardworking and 'respectable'.[44] This is a convincing argument in line with some of the evidence presented. However, it could also suggest that MACA take a somewhat inconsistent and partial approach to who they treated—a notion which comes through more strongly when considering the transient nature of MACA houses, discussed in the section below. The 'light-touch' approach that MACA had towards their patients has been used by Soanes to construct an 'illusion' of care, and likely participated in informing his idea that MACA did not provide adequate care for its patients. However, this seems dependent on the patient—MACA seemed to encourage independence amongst some patients, while providing closer support for others, a concept explained in more detail below.

It is necessary to note that despite evidence of class-based prejudice, the work of MACA is not outwardly ideologically eugenicist. Scholars have often made the assumption that many late-nineteenth and early-twentieth century mental health

[42] SAMAC/G/3/25, Individual Patient File, 1910.

[43] SAMAC/G/3/12, Individual Patient File, 18 June 1914.

[44] Martin Hewitt, 'Why the Notion of Victorian Britain Does Make Sense', *Victorian Studies* 48 (2006), p. 430; Roddy, Strange, and Taithe, *The Charity Market*, p. 70.

initiatives were intertwined with eugenics. The historian of twentieth-century psychology Mathew Thomson has, however, attempted to nuance this conception. He argued that the conception that eugenicist ideologies shaped mental health provision is too simplistic. Rather, Thomson argues that social interventions for mental illness were constructed through a variety of different medical agendas.[45] The work of MACA supports his thesis, which can be evidenced through analysis of their reactions towards a partnership with the Central Association for Mental Welfare (CAMW), who were directly associated with the Eugenics Society.[46]

In 1923 CAMW approached MACA and asked if they could provide support for their beneficiaries, but MACA did not want to partner with CAMW. The association was explicitly not in favour of the work that CAMW undertook, as they saw a specific difference between those who were mentally recovered and those treated by CAMW, who they considered 'defective'.[47] There also seem to be personal reasons that informed MACA's rejection of the partnership. A member of MACA, Dr Turnbull, 'said that his experience was that CAMW workers caused a great deal of trouble…They were very officious and not at all popular'. In the same meeting another member, Dr Worth, argued that CAMW workers were 'busybodies who go round looking for mentally deficient patients'.[48] There is no further discussion on this point and the partnership seems to have been rejected, therefore this somewhat refutes Scull's

[45] Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain, 1870-1959* (Oxford, 1998).

[46] SAMAC/C/4/1, Special Meetings, 13 October 1923.

[47] SAMAC/C/4/1, Special Meetings, 13 October 1923.

[48] SAMAC/C/4/1, Special Meetings, 28 May 1924.

argument that medical professionals in the first half of the twentieth were uniformly eugenicist and hence unlikely to consider methods of community reform.

However, it is obvious that MACA viewed *their* beneficiaries in a different way to how they viewed so-called 'mentally deficient' patients. The description of the patients MACA stipulated it would care for in its publicity material suggests that they would treat women whose mental illness was the result of overwork, as opposed to a genetic predisposition:

> For the widow who has broken down physically and mentally in the struggle to get daily bread, for the overdriven housewife harassed into mental derangement, for the overwrought teacher, for the needlewoman whose mind has given way under stress of ceaseless toil, for the overworked domestic drudge.[49]

Therefore, there is an obvious favour as to the type of patients that MACA presumed they would take on: the hard-working member of society. The reality of this was somewhat less prescribed—in some cases MACA took on patients who did not fit with the above description—but it certainly reveals the idea that MACA had behind its care and reflects the ethos of the 'deserving', 'respectable', mentally ill.

This section has made two major interventions into the history of mental health. Building on the work done in Chapter 3, it has shown that an idea's popularity is often based on the social standing of its advocates. This has significant implications: considering who ideas about mental health actually benefit could be a focal point of a number of further studies considering interventions into care. Also, considering when the notion of a 'conflict of interest' developed in scientific practice would be relevant also. This position is strengthened further when you consider who was actually allowed

[49] *The Lancet*, 17 May 1884, p. 915.

to access care and who MACA benefited. Building on the work done in Chapter 3, it points to a sense of 'gatekeeping' in the provision of mental health care, which was reserved for those who either had money, or were considered 'deserving'. How these influenced how MACA was purported to actually work is detailed below.

'A change of scene': the first stage of aftercare

In order to facilitate recovery for those who had been in an asylum, and prevent mental illness in others who had not, a carefully constructed transitional space away from the asylum but not too far removed was proposed, to fill 'the horrible chasm that lies between the asylum doors and the patient's return to freedom'.[50] The environment and support that MACA provided was constructed to provide surveillance once the patient left the 'every-careful watchfulness' of the attendant and provide safety before the 'sudden freedom and all the bewildering excitement and bustle of every-day life'.[51] The attributes provided by MACA in their after care programme have been split into two categories for the purpose of this chapter: the first being change of scene and the second participation in social or civic life, the former being a transient and 'situated' environment, and the latter more long-term and abstract. The first stage, 'a change of scene', was the first stage of convalescence in the 'community', revealing the transition of psychological wellbeing that was built into the fabric of the home and beyond. After this, the patient would enter the second stage, 'participation in civic life', which is where aspects of 'community' that mirror those utilised in the green space movement and beyond were constructed, albeit on a smaller scale.

[50] SAMAC/H/2/2 Press Cuttings, *The Hospital*, Feb 1899.

[51] SAMAC/H/1/1/1, Leaflet appealing for funds, c. 1885.

The idea that patients discharged from the asylum required a 'change of scene' emerged in part due to the perceived problems with asylum care at the end of the nineteenth century. Publicly, Hawkins was effusive about the asylum-care system in England. However, one neglected part of the history of aftercare is the considered problems with the asylum at this time. In one *JMS* article from 1869 Hawkins described Colney Hatch as 'worthy of a royal palace', its environment described to 'imperceptibly soothe and tranquilise the afflicted mind, and contribute, more even than direct remedies'.[52] However, six years later Colney Hatch was subject to an exposé in the *Lancet*, in 1876, three years before MACA was founded officially. In the article, the asylum was described as a 'colossal mistake', its environment as 'gloomy', 'oppressive' and 'cheerless'. [53] The article stated that 'it cannot by any stretch of charity be described as a hospital for mental disease'.[54] The effects of *The Lancet's* criticism was addressed regarding asylums in Chapter 2 with the consolidation of the asylums committees into the London Country Council and the changes forthwith. However, the development of MACA can be understood as part of the same trajectory: one that attempted to provide a carefully constructed environment suited for psychological recovery that extended beyond the asylum walls.[55]

The ideology of MACA was founded in part on the perceived loss of the patient's individuality while in the asylum. Hawkins believed that while effective in treating mental health problems, the asylum treated patients as a homogenous mass, without

[52] Henry Hawkins 'Glimpses of Asylum Life', *Journal of Mental Science* (1869), p. 320.

[53] *Lancet*, 1 January 1876, pp. 29-30.

[54] *Lancet*, 1 January 1876, pp. 29-30.

[55] *Lancet*, 1 January 1876, p. 30. As discussed in Chapter 2, 'nature' alone was not considered sufficient for recovery. Instead, a 'scientific' and 'medical' nature was proposed.

taking into consideration their individual needs. He was not alone in this belief. The doctor Henry Rayner, a member of MACA's council, argued that this loss of individuality would hinder complete recovery of patients as the 'curability of insanity is in an almost direct ratio to the care bestowed on it', stating his view that there was a need for a more direct, individual level of care in order to recuperate.[56] *The Lancet* stated in its annual asylum report in 1876 that a lack of scientific rigour and focus on 'moral treatment' as a catch-all in asylums had led to patients being treated not as individuals, but as a collective, subject to uniform treatment with no consideration of patients' individual needs.[57] This 'lack of individuality' was stated explicitly in a report by the medical superintendent from the Royal Edinburgh asylum who stated the large size and patient intake of the asylums made it difficult for patients to act as individuals.[58] While asylum architecture was being developed to rectify this in the institution, a post-asylum solution was deemed necessary in the medical establishment.

However, MACA did not publicly develop their provision in response to the problems with the asylum. Their promotional material primarily positioned the asylum as a safe haven of sorts, and referred to the outside of the asylum as dangerous, usually as a 'battle'. For example, MACA would write letters to potential donors and state that funds and assistance were needed in order for patients to fight the 'battle of life' outside.[59] The perception of life post-asylum as a 'battle' continued and was in later years internalised by patients who requested assistance from MACA. A patient

[56] *The Lancet,* 30 December 1882, p. 1109.

[57] *The Lancet*, 1 January 1876, p. 30.

[58] *The Lancet,* 31 December 1887, p. 1341.

[59] SAMAC/H/1/1/1 Scrapbooks: letter appealing for members refers to 'battle' of life, 1887.

from Cane Hill asylum sent a letter that was 120 pages long, requesting MACA's assistance in gaining discharge from the asylum. He claimed he was 'perfectly sane and fit and well', and that staying in an asylum was 'a shocking waste of time, when I am confident I have sufficient intelligence, energy and initiative to fight the battle of life outside'.[60] The perception that one needed to be 'fit' to enter life post asylum continued into the first quarter of the twentieth century, with one patient writing 'I am doing all I can to get out…which I am so longing to do, I could not feel better than I do now I feel so bright and happy…I will do all I can this time to keep out…I feel so well and fit'.[61] The reference to outside life as a battle, something the patient needed to take control of, is significant in terms of the wider arguments of this thesis. This is because it reveals the perception of early-twentieth century life as a pathological state, and points to a wider trend in designating the patient responsibility to fight against their mental illness.

The creation of MACA's aftercare was outwardly positioned in opposition to the everyday, working-class environment. In 1871, Hawkins described the homes of most 'friendless' convalescents and the effect on recovery as such:

> The squalor and wretchedness of the locality—the disorderly habits, or worse, of the household—the miserable accommodation—the insufficiency and bad quality of the food, or the half grudging spirit with which the incomer is received, may prejudicially interfere with the progress of convalescence.[62]

In the above quotation, Hawkins recognised the unsuitability for the patients' own homes for mental convalescence. Hawkins' focus on the environment of the houses

[60] SAMAC/G/3/41 Loose Correspondence, letter dated 1915 from patient at Cane Hill asylum.

[61] Individual Patient File, SAMAC/G/3/34, 9 May 1917

[62] Henry Hawkins, 'A Plea for Convalescent Homes in connection with Asylums for the Insane Poor' *Journal of Mental Science* 17 (1871), p. 108.

is reminiscent of much writing on working-class nineteenth-century urban slums during this period, in that it not only paints the picture of an urban environment as pathological psychologically but as having deleterious social effects too. As such, there is a particularly class-based prejudice: in terms of the physical hygiene of the space but also the quality of the community.[63] This aligns MACAs work with other social reformers and intellectuals at the time who argued that the urban environment had provoked a lack of individuality, destroyed social relationships and engendered loneliness. Therefore, the notion of the psychopathological urban environment as a problem to 'solve' through the construction of an alternative environment was not new for MACA. The solution was usually a 'natural' form, as discussed in previous chapters: gardens, parks, fresh air, light, and spas, to name a few.

Just as the environment of the asylum was carefully constructed for patients' wellbeing, Hawkins believed the 'space' in which life was lived after the asylum should function in the same way. In an 1871 article describing how aftercare should look, Hawkins discussed the supposed psychological benefits of the environments he proposed. Instead of patients returning to their so-called 'squalid' and 'wretched' localities in towns and cities, Hawkins proposed 'a half-way house between the asylum and the world'.[64] This 'half-way' house was envisaged in small towns or villages bordering the countryside or seaside, where patients would stay for a short duration before returning to 'civic life'. MACA originally intended to be self-sufficient as an

[63] Margaret Willies, *The Gardens of the British Working Class* (Yale, 2014); S Martin Gaskell, 'Gardens for the Working Class: Victorian Practical Pleasure', *Victorian Studies* 23 (1980), pp. 479-501; David Ward, The Progressives and the Urban Question: British and American Responses to the Inner City Slums 1880-1920, *Transactions of the Institute of British Geographers* 9 (1984), pp. 299-314.

[64] Hawkins, 'A Plea for Convalescent Homes' p. 110.

organisation, and open their own homes for the reception of ex-asylum patients, but this idea was disregarded in the 1890s. There is little indication as to why this idea never came to fruition, but presumably it was due to lack of funds. MACA requested £2000 in the national press but the money for this purpose never seems to have been raised or was diverted elsewhere.[65] In 1898, Hawkins wrote a short note in reference to the proposal for a MACA-owned home being discontinued, stating rather cryptically: 'An *imperium in imperio* [a state within a state] is not often of long duration'. While this statement is imprecise, it could suggest three things.

First, it could suggest that MACA believed that it would increase the longevity of the organisation financially by running its operations externally, as opposed to running a house independently. Second, it could show that if MACA believed the construction of 'community' needed to be in part inhabited by 'real' people—a bridge between the 'real' world and the institution, as Hawkins intended. Third, it could allude to the views of a particular 'forceful personality' who had strongly petitioned for a home whose desires were not heeded. This could refer to Lord Shaftesbury, who had 'remarked' in one meeting that 'that he considered a MACA-run home a necessity, and did not see how such a resort could be dispensed with'; the Secretary replied that there were already 263 homes that MACA were working with.[66] It was noted by Henry Hawkins that was the last meeting Shaftesbury presided over. However, Shaftesbury died shortly after, so his absence could simply be a coincidence on grounds of ill health. Regardless of the meaning of the statement, the decision not to build a MACA-led house for aftercare reveals the desire for an essence of 'reality' in their provision,

[65] SA/MAC/B.1/8, The After-care association for Poor Persons Discharged Recovered from Asylums for the Insane, Report of the Council 1895, London, 1895, p. 5.

[66] SA/MAC/A.1./1, Dictionary of Psychological Medicine, p. 2.

and a significant move away from an 'institution'. Rather, this decision reveals the encroachment of psychological provision into the homes of the masses.

In 1871, Hawkins proposed that these houses would be run by 'benevolent persons', preferably 'A lady of religious principles, sound common sense, cheerful disposition, with capacity for maintaining order, and of inspiring hope'.[67] This quotation summarises MACAs provision: both being able to provide shelter but also additional social support. Regarding whom would be employed, Hawkins proposed that the houses could be a place where 'young women might receive instruction and training qualifying them to become nurses of a higher grade than those ordinarily found in asylum wards'.[68] This ended up being partly accurate in practice. Many of the women who were employed by MACA to run the houses, referred to by MACA as 'cottage matrons', were ex-asylum nurses, or 'very old attendants who had recently left the Asylum'.[69] MACA employed these women by writing to asylums asking for women to help board-out patients. In some cases houses were passed down matrilineally. In the case of one 'cottage matron' who died, her patients were sent to her daughter.[70] This reiterates the fluid nature of what the homes represented: both medical but also family-orientated. The beneficiaries of MACA would have access to a limited number of people—often the house matron, the house matron's husband if there was one, and occasionally children. The small number of individuals who formed MACA's beneficiaries' social circle reiterates Buder's view that 'community' in the nineteenth century consisted of a small number of 'Individuals grouping themselves in a social

[67] Hawkins, 'A Plea for Convalescent Homes', p. 112.

[68] Hawkins, 'A Plea for Convalescent Homes', p. 111.

[69] SAMAC/C/2/1/1, Minutes, 15 June 1913, 9 October 1913.

[70] SAMAC/C/2/1/2, Minutes, 31 January 1918.

manner', to offset 'Loneliness of the crowd', specifically the urban crowd in which the 'friendless' beneficiaries would find themselves in.

Predominately, however, most of the houses were found through advertising in the local press, although in general there is very little detail available on the people who ran the homes. However, there was a vetting procedure. Potential boarding-house facilitators would reply to adverts, and the Secretary of the Association would visit the homes to see if they were 'suitable' and collect references from the person's vicar and doctor. This procedure suggests the houses had to embody three attributes: MACA's stipulations, religious fortitude and medical guidelines. Once the homes were selected, the association would undertake regular inspections to ensure the houses were fit for purpose. There is not much evidence regarding why some homes were kept on and some were disregarded either at the outset or after a later inspection—the minutes mostly note that the homes were 'not satisfactory'.[71] One home was closed after a complaint from a doctor, suggesting that the medical guidelines for the houses (discussed in more detail below) were followed in practice.[72] In two reported cases, patients complained directly to MACA about their houses. However, both of the houses stayed open despite these complaints, in one case MACA decided to send more patients to see if they complained too before taking any further action.[73] The privileging of medical stipulations over the desire of the patients suggests a theory-led medical approach rather than solely a patient-centred approach in the design of the care.

[71] SAMAC/C/2/1/1, Minutes, 12 Nov 1910, 30 December 1913, 14 February 1914; SAMAC/C/2/1/2, Minutes, 31 January 1918, 27 September 1914, 29 November 1914, 6 June 1916.

[72] SAMAC/C/2/1/2, Minutes, 16 March 1920.

[73] SAMAC/C/2/1/2, Minutes, 27 September 1914, 16 March 1920.

As Soanes has discussed, MACA's houses were intended to mimic 'matriarchal middle-class family households'. His contention is that it was an 'illusion' of domesticity, and instead, the home functioned as an institution on a smaller-scale.[74] However, I contend this was never an illusion. Rather, from the outset MACA constructed an outwardly medicalised space and significantly separate from the asylum—truly a stepping stone into everyday life. Hawkins originally proposed that the houses should be produced like so:

> The domestic management of the house should be marked by homeliness and frugality. While all the arrangements should be comfortable and liberal, there should be an absence of those luxuries and embellishments, which, whatever good purpose they may serve in asylum wards, yet render them utterly unlike the rooms in which even the orderly respectable patients live when at home.[75]

The reference to 'luxuries and embellishments', written immediately after Hawkins' asylum had been extensively criticised for its gloom and lack of provision, is significant, as it positions the home of the working-class urban dweller as wholly lacking. Hawkins is therefore recognising the importance of the patient's need to acclimatise back into everyday life, and significantly, get used to surroundings more appropriate for a 'poor' patient.

There is evidence of Hawkins' views the developing as the years went by. He wrote in 1879:

> The transition from a spacious asylum ward, with its comforts and even refinements, to some close murky room in Whitechapel or Bethnal Green, would be the reverse of salutary; and the loaded atmosphere of a crowded court would not conduce towards sustaining the convalescence, which fresh country air had been largely instrumental in effecting.[76]

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[74] Soanes, '"The Place was a Home from Home", p. 112.

[75] Hawkins, 'A Plea for Convalescent Homes', p. 113.

[76] Hawkins, After Care', *JMS* (1879), p. 360.

He followed up with: ‘Such a home might be an ordinary roomy, comfortable house, with garden ground’.[77] Two interrelated points emerge from this: first, that despite the considered problems with the asylum, the urban environment was considered a wholly worse environment for convalescence—perhaps due to the fact that asylums were usually in the countryside. More significantly, the houses were constructed not simply for transition back to everyday life, but also integrating back into urban, working-class life: from the so-called comfortable, refined asylum with extensive grounds in the countryside, to an ordinary house with a garden on the outskirts of town, then finally, back into the city.

A physical space for transition back into urban life is exactly how the homes functioned. The majority of the boarding houses were situated at the seaside or in the countryside, usually in ‘various parts of the south of England’, such as Hastings, Warplesdon, and Englefield Green, though there were some boarded near Derby and Darlington, for example.[78] It is not easy to find the addresses of the homes, although some are mentioned here and there in the case notes. Some can still be found today using Google Maps. While due to data protection addresses cannot be posted here, the houses are generally large, situated within green space or near the sea or a river, and often with numerous windows. The beneficiary—either having been discharged from the asylum or suffered a breakdown—was sent to the boarding house for approximately two weeks, though sometimes longer. Most of the case reports mention the stay as a bridge to the patient’s regular life; for example, one beneficiary was

[77] Hawkins, ‘After Care’, p. 364.

[78] SAMAC/B/1/13, The After-care association for Poor Persons Discharged Recovered from Asylums for the Insane, Report of the Council 1887-1888 (London, 1888), p. 6; SAMAC/G/2/1; Case Agenda Books September 1909-Jun 1912 details the general location of many of the homes.

boarded-out in the Yorkshire Moors, and then returned to service in York.[79] The successes in annual reports detail the space as a transition, stating that the patient returned 'well and strong' after a stay at a convalescent home, or was 'enabled' to enter back into their jobs in the towns and cities.

The constructed 'change of scene' extended beyond the boundaries of the home. As well as their houses, MACA would fund frequent trips to the seaside, which were often funded or part-funded for discharged patients. In addition, MACA would open bank accounts for patients to set up a holiday fund.[80] The reasoning behind MACA's facilitation of exposure to nature was the same as within the asylum: that fresh air would enliven the patient, 'a change of thought' away from anxieties, and availability of 'pure water', which was considered a 'great friend of health'.[81] The problems reported in Chapter 3 concerning the deleterious effects of working-class seaside resorts were seemingly not evident when discussing provision for these beneficiaries, presumably due to their social status. Other 'natural' treatments were offered to one 'superior' woman; she was sent for fresh-air treatment abroad when her she was close to relapsing and could no longer work.[82] This suggests that there was a hierarchy of access to nature within MACA's provision. Alternatively, it also suggests

[79] SAMAC/B/1/6 The After-care association for Poor Convalescents on Leaving Asylums for the Insane Annual report, 1892-1893 (London, 1893) p. 9.

[80] SA/MAC/B.1/1, The After-care association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane, Report of the Council 1887-1888 (London, 1888); SAMAC/B/1/20, The After-care association for Poor Persons Discharged Recovered from Asylums for the Insane, Report of the Council 1907 (London, 1907).

[81] SA/MAC/B.1/1, The After-care association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane, Report of the Council 1887-1888 (London, 1888).

[82] SAMAC/G/3/31, Individual Patient File, 2 November 1918.

that there was a 'social' element to the 'nature' provided as well—some of the holidays patients were sent on were to visit family members.[83]

As shown, the 'change of scene' provided by MACA was seemingly prescribed when the patient was in the early stages of convalescence and perceived as too fragile to enter back into the city or to employment. However, when a patient was well enough to go back into the urban environment, more localised forms of 'nature' were encouraged. One example of this is that patients were instructed to take control of creating 'nature' within spaces in their boarding houses and future homes. This alludes to an argument made in Chapter 3 that suggested that by the end of the nineteenth century and beginning of the twentieth, there was some impetus upon the patient to take matters of recovery into their own hands, as well as the designation of features of mental wellbeing to everyday objects.

One example of this is an instruction leaflet written by MACA, which was given to patients discharged from asylums. The leaflet provided a number of 'nature' focused instructions to improve mental health, such as accessing green space and natural light. Beneficiaries were encouraged in the leaflet to make their 'home, or your lodgings, or single room, as bright as you can—much may be done at little cost'; according to Hawkins, a well-lighted home equalled a happier life, due to the absence of 'gloom', a word that emerges time and time again in nineteenth-century writing about the environment and mental health.[84] Beneficiaries were instructed to keep

[83] SAMAC/G/3/11, Individual Patient File, 30 July 1914; SAMAC/G/3/20, Individual Patient File, 19 March 1915; SAMAC/G/3/32, Individual Patient File, 20 August 1917.

[84] SAMAC/H/1/1/1 , Scrapbooks, "Made Whole": A Parting Address to Convalescents on Leaving an Asylum, Rev. H. Hawkins.

flowers in their rooms and practice window gardening, for 'Pleasant surroundings help raise the spirits; cheerful objects around gladden the eye and enliven the mind. They help to turn one's thoughts from cares and anxieties'.[85] They were also encouraged to not 'keep on plodding and toiling, day after day', but to vary their thoughts by appreciating nature, growing plants, and listening to bird song.[86] Hawkins also suggested keeping a pet bird.[87] This evidence is in parallel to other constructed 'natural' cures used in the asylum, as detailed in Chapter 2. This exemplifies and idea that the beneficiary did not have to be within an institution or within a green space or the ocean to benefit from the mental-health boosting properties of the natural world, but it suggests a form of portable nature that could be used at the patient's convenience.

As well as the homes representing a bridge between the asylum and the urban, MACA also intended to provide a medically safe place for patients, which aligns with MACA's statement that despite being discharged recovered, patients were not considered recovered in a true sense. The homes for MACAs beneficiaries were required to follow strict guidelines. In a talk written by Robert Jones, the superintendent of Claybury Asylum, he described the prerequisites for patient care at a family home or during aftercare. He stated that 'risks are usually greater in a private house, from stairs, open windows, knives, razors, &c. Windows must be blocked, possible weapons removed, locks taken off, superfluous furniture disregarded, pegs &c,

[85] SAMAC/H/1/1/1 "Made Whole": A Parting Address to Convalescents on Leaving an Asylum, Rev. H. Hawkins.

[86] SAMAC/H/1/1/1 , Scrapbooks, "Made Whole": A Parting Address to Convalescents on Leaving an Asylum, Rev. H. Hawkins.

[87] Henry Hawkins: Founder of Together, http://www.together-uk.org/download/20806/ [accessed 18/12/18] - this is mentioned in a promotional PDF from the charity about Hawkins. Unfortunately, when queried, the charity was unable to provide further details.

removed, and all medicines, drugs, and poisons placed securely under lock and key.'[88] For suicidal patients 'He should be followed even to the lavatory, he should have his food specially cut up for him, no strings should be permitted to the clothing, and someone should sit up and be on guard all night'. [89] As mentioned above, many of MACA's homeowners were ex-asylum nurses or attendants; hence the home also functioned in part as a carefully constructed area of medical supervision.

However, despite the presence of medical supervision, MACA's homes were truly transient places and did not function with the same surveillance as the asylum. For example, in one case, a young woman was threatening to run away from the home she had been boarded in, and the person running the home contacted MACA to let them know. MACA stated, however, that 'the girl was a free agent and we could not keep her in the home if she did not wish to stay'.[90] Indeed, patients frequently ran away from their boarding houses, but MACA would welcome them back unless the patient required more treatment and supervision than they could provide. In this case, usually the beneficiary would be sent back to the asylum.[91] In one case, a letter from one of MACA's 'Working Associates' (a paid member of the charity) stated that she did not know where one of the women MACA treated was, but she did not seem too concerned: 'I do not know what has become of J…Mrs C where J was staying thinks she has most likely gone back to the asylum. She has a great many friends in London so I do not think we need to be anxious about her'.[92] The tone in the letter was casual,

[88] *The Lancet,* 26 December 1903, p. 1778.

[89] *The Lancet,* 26 December 1903, p. 1778.

[90] SA/MAC/G/3/5, Individual Patient Files.

[91] Individual Patient Files: SA/MAC/G/3/4; SA/MAC/G/3/5; SAMAC/G/3/7; SAMAC/G/3/21; patient who MACA refused: SAMAC/G/3/10.

[92] SAMAC/G/3/40, Loose Correspondence regarding patient files.

which suggests that MACA supported patients but did not restrict their movement.[93] This could suggest that MACA's approach, as mentioned above, could be considered 'light-touch'; however, this also suggests that the beneficiary should be allowed to be independent and forge relationships with their kin.

The case of a 22-year-old woman highlights a more careful side to MACA's provision. On the front page of her case report it is stated that the beneficiary 'tried to take her life by turning on the gas in the bedroom where she was found in the morning, also poured a kettle of boiling water onto a little dog & killed it'. She was offered care for two years, despite her near-constant rebellions and violent conduct. The young woman ran away multiple times and stole from the homes that she was boarded in. However, MACA found her four different situations, obtained a recommendation from a doctor for her employment in one situation, and sent her money when she requested. When the woman reported that 'her master had taken liberties with her', the association's resident Doctor assisted her with leaving the situation and no patients were sent to that house in the future. After she had run away for the final time, MACA wrote to her saying they would 'probably not help her again', but that they would 'let her know'.[94] A vulnerable young woman whose eventual re-admittance to the asylum on MACA's guidance could be perceived as evidence of MACA's careful supervision of homes, their care for patients, and their knowledge of their own limitations.

The above evidence has revealed the 'construction' of the first stage of aftercare. It has showed that it was deemed medically necessary for patients leaving

[93] SAMAC/G/3/40, Loose Correspondence regarding patient files.

[94] SAMAC/G/3/7, Individual Patient File, 17 August 1915.

the asylum to have a transitional space that represented the bridge back into urban, often working-class, life. The first stage of aftercare was considered temporary and embodied many of the features that contemporary environmental reformers encouraged, such as green space, light and fresh air, but constructed within a medical framework. However, the spaces were truly different from the asylum, being transitional and consciously fluidly bordered (unlike the asylum, which if people escaped they were not let back in). Importantly, it was encouraged for patients to take control of their own recovery, revealing the considered agency of the beneficiaries. While Soanes has focused on the transitional status of MACA's houses to suggest that their care was illusory and simply an extension to the asylum, I contend that the evidence discussed here reveals instead the innovative and experimental methods of the association. After patients had completed this first stage of aftercare they would often return to the urban environment and hence enter the second stage of aftercare—the entrance back into everyday life.

'Re-entering civic life': the construction of 'community'

After the patient had undertaken the first stage of aftercare, they would transition back into urban life. In the pursuit of psychological recovery, Hawkins noted the need for a community, specifically a happy one: 'One of the leading features of such a community should be cheerfulness'.[95] The pursuit of 'Cheerfulness' as a remedy for psychological ills was prevalent in asylum design during the end of the nineteenth century and was achieved in numerous different ways: through recreation, 'natural' light, soft

[95] Hawkins, 'A Plea for Convalescent Homes', pp. 112-113.

furnishings, fresh air, and food.[96] Hawkins' requirement for cheerfulness was therefore a seemingly verified psychological endeavour; however, the focus on cheerfulness through 'community' here as opposed to cheerfulness as evoked through any other means is significant.

MACA attempted initially to provide this 'community' themselves. In the 1880s, members of the association were encouraged to frequently visit convalescents to bring some 'happiness into their saddened lives'. In addition to this, MACA secretaries frequently took the beneficiaries out to lunch, and many kept in touch with the patients through letters and Christmas cards.[97] Similarly, MACA encouraged nurses leaving the asylum to visit patients even when they were no longer employed, explicitly in order for them to become accustomed to socialising in the outside world and potentially broaden their social sphere.[98] The aims of the organisation stayed relatively the same right into the 1920s. In 1921 *BMJ* reported a description of MACA's tasks: that it functioned in part by 'friendly visits, sympathy, and advice (if desired), and by keeping in touch with them as long as they need help in any way.'[99] Hence MACA's 'community' was constructed in the form of sociability.

MACA's 'community' became situated, also, as they attempted to provide not just sociability but an environment where social contact was enabled. As described, after discharge from the asylum, MACA would find patients a suitable home to board

[96] See Chapter 2; see also *The Lancet,* 3 June 1876, p. 810; 8 April 1876, p. 530; 1 July 1876, p. 18; 31 December 1887, p. 1341; 18 September 1897, p. 739; 27 October 1900, p. 1231; Richard Greene, 'The Hygiene of Asylums for the Insane', *Public Health* 2 (1889), pp. 270-273.

[97] SA/MAC/G3/4; SAMAC/G/3/18; In an annual report from 1903 it was stated that over 4000 letters had been received from patients that year.

[98] SAMAC/H/1/1/1, Scrapbooks, Leaflet to nurse leaving an asylum c. 1885.

[99] *BMJ*, 5 March 1921, p. 353.

in. Soanes has proposed that this environment was offered by MACA to mimic domestic life. However, the 'familial' surroundings provided by MACA in these homes seem more to be about reducing isolation of the patient rather than an aspiration to a domestic ideal; a focus on sociability as opposed to providing a model to follow. This aligns with constructions of the urban environment in the nineteenth and early twentieth centuries as evoking loneliness in its inhabitants and the need for localised social contact to rectify this.[100] In an annual report from 1889, Hawkins described the function of the homes:

> Very often friendless women who went to a home made friendships which in after life would stay them in good stead. Many who went into the homes without a friend in the world returned to their daily occupations poetising a friend who would be willing to help and assist them all through their after life…The home life of sociability broke the monotony of asylum existence and enabled the patients to feel their way and so to become once again used to home ways.[101]

Positioning the home as a place before 'after life' suggests that it was publicly and visibly intended to be a temporary space. However, the intention was to create a long-lasting support network for the beneficiaries of MACA, as a means to sustain psychological health. Essentially, a healthy social environment was considered to enable mental wellbeing.

In the same vein, the indication that sociability broke the 'monotony' of asylum existence extended to a more general psychological idea that encouraged a 'lack of monotony' in people's daily lives. As Chapter 1 showed, 'monotony' was considered to be one instigator of mental ill-health. Countering monotony was done through the

[100] Tom Lee, 'Loneliness', The History of Emotions Blog, https://emotionsblog.history.qmul.ac.uk/2018/06/loneliness/ [accessed 28/12/18].

[101] SAMAC/B/1/2, The After-care association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane, Report of the Council 1888-1889, London, 1889.

exercise of everyday tasks that also functioned as a form of social improvement. This objective that MACA provided was envisioned in different ways, and seems to have emerged from the idea that a 'change' in environment and stimulation could function as a cure for psychological problems. Usually the prescription of a 'change' was prescribed for overwork or stress from employment. For example, an article from *The Lancet* on how to cease a mental breakdown from overwork was to keep intellectually stimulated, for example, to read a book, or to climb a mountain, as opposed to 'rest' alone. Significantly, the article stated, 'It is not so much rest that the majority of weary and seemingly "exhausted" persons require, as a new excitement'.[102] The language of 'change' and 'stimulation' that had emerged in medical literature prior was used in a MACA leaflet for beneficiaries a few years later in 1885. To prevent 'sad thoughts', MACA prescribed listening to music, or reading a book: 'Many sad thoughts will be prevented, many anxieties and cares dispelled, or postponed by pleasant reading'.[103] The 'change of scene' provided by MACA was therefore not necessarily focused on just a physical change of scene, but a mental one—focused on a carefully regimented 'lack of monotony'. This is notable, because it suggests again a self-management of mental health, but also that every day activities were being positioned as psychological cures.

Significantly, there was what was considered a 'right' and a 'wrong' sort of 'community' for a patient. If MACA did not approve of the company that a patient was keeping, often they would withdraw their services. For example, one young woman was dissuaded from seeing her friends at the refuge home until the point where she

[102] *The Lancet*, 26 June 1880, pp. 991.

[103] SAMAC/H/1/1/1, Scrapbooks, "Made Whole": A Parting Address to Convalescents on Leaving an Asylum, Rev. H. Hawkins.

threatened to commit suicide if she could not see them. Later, MACA wrote to her father to say 'we had tried to help the girl but she had behaved very badly in our home and would not be advised or helped by anyone'.[104] In addition, one young woman who was described a 'real white slave', a term that is not expanded on but seems that she was working as a prostitute, great lengths were taken to stop her communicating with the friends she used to associate with.[105] The 'right' sort of community extended to the tasks that the beneficiaries were encouraged to do. In order to broaden their social circle and to reduce the risk of melancholy, MACA suggested that patients volunteer and 'help others in their troubles', perhaps 'by lending a willing or helping hand to a neighbour in distress', keep 'on good terms, as far as possible, with friends and neighbours', 'avoid misunderstandings', and 'steer clear of many unpleasantnesses', reinforcing the earlier point that psychological wellbeing depended somewhat on the *social* environment.[106] This evidence suggests that there was a right sort of 'community' that was preferred by MACA—one populated by people of the right 'respectability'. This parallels with certain social stipulations present in 'community' planning: a convivial community, typified with social co-operation and hard-working subjects.[107] So, rather than community itself as the cure, it was only an 'imagined community' of respectable people that would help a person recover.[108]

[104] SAMAC/G/3/5, Individual Patient File, 18 June 1914.

[105] SAMAC/G/3/26, Individual Patient File, 26 June 1915, 29 June 1915.

[106] SAMAC/H/1/1/1, Scrapbooks, "Made Whole": A Parting Address to Convalescents on Leaving an Asylum, Rev. H. Hawkins.

[107] Ebenezer Howard, *Garden Cities of To-Morrow* (Powys, 1898), p. 11, p. 30, pp. 40-41.

[108] The term 'imagined community' was first popularized by Benedict Anderson, *Imagined Communities* (New York, 2006 [1986]).

MACA's provision of 'community' extended beyond the boundaries of the houses, to exploiting their many high-profile connections to support patients. For example, in one case recorded, a 32-year-old woman sought MACA's help 'to obtain custody of children & an allowance from husband'.[109] MACA reported that she was still married but her husband was living with another woman, and 'that it was owing to his treatment that Mrs. S. had been obliged to go into an Asylum'.[110] MACA called the attention of the Society for the Prevention of Cruelty to Children to the case and supported the woman through the magistrate process. According to the case files, the woman wrote to MACA in September 1914 to state 'that her case had been heard by the Cheshunt Police Court and that she had been awarded 15/- a week and full custody of her children. She seemed very grateful for our assistance'.[111] So, in some cases, MACA acted as a form of social support akin to social services.

In their drive for patients to re-enter civic life, MACA intended to provide employment opportunities for its beneficiaries. However, as with the 'right' sort of community, it had to be the 'right' sort of work:

> The friends of many convalescents are themselves so poor, dwellers in neighbourhoods so squalid, that often the only place which they would be able to procure for a discharged patient would be that of a drudge of all work, of which the slang term "slavey" [sic] is hardly an exaggeration.[112]

MACA intended to provide employment opportunities for its beneficiaries that were productive, 'respectable', and part of a co-operative state, including domestic service, war-work, labourers, and shop work. While patients were encouraged to work, they

[109] SAMAC/G/3/14, 2 July 1914, 23 July 1914, 4 August 1914.

[110] SAMAC/G/3/14, Individual Patient File, 4 Aug 1914.

[111] SAMAC/G/3/14, Individual Patient File, 15 Sept 1914.

[112] Hawkins, 'Aftercare', JMS, 1879, p. 360.

were instructed to not work too hard, as employment 'should not be allowed to exceed healthful limits, or to become tedious or wearisome', a notion reflecting the increasing diagnoses of overwork and stress amongst those with mental health problems.[113] MACA encouraged beneficiaries them to take jobs that they could be trained in, broadening their skills. However, this also legitimised overwork as a psychological condition that could be solved by more fulfilling and productive work, as well as pathologising monotony also. This is significant, because it demarcates certain types of work as being the instigator of ill health, and again places the responsibility in the patient to avoid this sort of work, rather than seeking to change the work itself. However, this did not always work in practice. One patient trained to be a plumber, attempted to train himself using books from the library, but in the end found the work too difficult and eventually relapsed due to stress.[114] This is an example of MACA's ideology being inconsistent in practice, reflective of many utopic 'community' focused endeavours of the time.

As well as providing civic services such as employment opportunities, social support, and legal advice as part of their construction of 'community', MACA attempted to create an attitude of tolerance towards the recovered mentally ill within the public sphere. In a cutting from the association's press-cutting files that looks as if it is from *The Lancet*, likely from the 1880s, MACA was described as such:

> When the patient is an inmate of an asylum his liberty is taken from him, and when he is discharged recovered from it his troubles are by no means over, for too often he finds that his old companions look askance at him, and that his former employer knows him not. This want of sympathy, and this absence of work, the latter bringing it not infrequently want of proper food, coming at a time

[113] Hawkins, 'A Plea for Convalescent Homes', p. 113.

[114] SAMAC/G/3/19, Individual Patient File, 5 Feb 1915.

> when the balance of mind is still unstable, must be particularly hard to bear. It is the praiseworthy object of the after care association to mitigate these evils.[115]

This highlights that MACA recognised the intolerance present in English society towards people with mental illness, and their objects as an association sought to combat this. One way they did this was to be transparent about the patient's mental illness in all job advertisements posted. A common phrase used was 'has had a mental illness, now perfectly well and strong', or similar. Such transparency combined with the high numbers who replied to the adverts suggests that at least among some members of society, there was a growing sense of tolerance for mental illness, or at least an acceptance that this was a new normality.[116]

One of the most extensive case reports of a patient treated over a couple of decades, was that of 'K', a 25-year-old woman from Devon County Asylum. She was described as 'well-educated', with a 'slight mental illness'.[117] For the first year or so, K was found various different positions, at the British Medical Research Committee and the British Museum. However, K is then described as having an alternate personality, who the case report refers to as being named 'Miss Dignity'. The case reports state that K was increasingly troubled by 'Miss Dignity'. During this period, the medical aetiology of the 'alternating personality' had just recently been theorised, and patients who had a 'multiple personality' were considered hysterics: with two personality parts,

[115] SAMAC/H/2/2, loose press cuttings. Marked 18??, probably from *The Lancet*.

[116] Individual Patient Files: SA/MAC/G3/5; SAMAC/G/3/7; SAMAC/G/3/18; SAMAC/G/3/20; SAMAC/G/3/21; SAMAC/G/3/31; SAMAC/G/3/32; SAMAC/G/3/33.

[117] SAMAC/G/3/31, Individual Patient File.

a ‘good’/’normal’ personality versus ‘another’ personality that could be ‘delinquent’, ‘cruel’ or ‘violent’.[118] Such language would have likely stigmatised.

MACA was admonished by numerous doctors who refused to treat K, but they persisted in their care. A few years after MACA took on K, they had helped her find secure employment. Attention to this case provides us with an understanding of how MACA gave support to patients who were likely to be stigmatised by the medical establishment—and society—as well as providing opportunities to re-enter everyday life.[119] This suggests a disconnect between the scholarly critique of aftercare as being neglectful of less palatable forms of mental illness and the actual actions of MACA.[120] It must be taken into account that K was a middle-class woman, which may have had an impact on MACA’s fulfilment of care; however, it still reveals innovative work in attempting to integrate more severe forms of mental illness into public life.

The medical press reveals a growing desire amongst the medical profession to increase public tolerance towards those with mental health problems. An article published in *The Lancet* in 1895 stated that although the general public believed many were sent to asylums too readily, it was ‘very unwilling to offer employment to those who have recovered from an attack of mental disorder’, because there was a fear the mentally ill may ‘break out at any moment’, and could not be trusted in society.[121] *The*

[118] *The Lancet,* 15 September 1900, p. 799; 14 November 1903, p. 1385; 21 Dec 1912, p. 1730; Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, 1995), p. 171; Edward Brown, ‘Pierre Janet and Félida Artificielle: Multiple personality in a nineteenth-century guise’, *The History of the Behavioural Sciences* 39 (2003), pp. 279-288.

[119] SAMAC/G/3/31, Individual Patient File.

[120] *BMJ*, 17 September 1966, p. 656.

[121] *The Lancet,* 4 May 1895, pp. 1132.

Lancet then stated that there was, therefore, a pressing need to fund organisations such as MACA to refute this conception, which saw numerous articles on the topic published in both the popular and medical press. A magazine for nurses named *The Hospital* stated that MACA was 'a necessary and useful society…It must also be remembered that the patients are already cured, and only require judicious sympathy and care'. Another article focused on the need for 'kindness, forbearance, a bright home, and a kind word' in the treatment of the mentally ill.[122] Particularly in press aimed at women, the plight of the recently discharged was highlighted. In a magazine named *A Threefold Cord: A Magazine for Thoughtful Women,* MACA's work was described as helping those back into the everyday world: 'though not suitable cases for an asylum, are yet not able to battle with the anxieties of a struggle with daily life as at present constituted'.[123] This, alongside other articles, reveals the encroachment of ideas that people with mental illnesses should be treated with sympathy and care, and a space made for them in public to recover.

MACA's status was cemented in the press as a form of civic duty. One article concerning MACA claimed it was doing 'national work', while simultaneously reinforcing negative connotations of mentally ill people and their relationship to criminality. In an article from 1902 in the Sunday newspaper *The Referee,* called 'The national newspaper for all thinking men and women', an article used the crimes of Jack the Ripper and other patients who had been in asylums to praise the work MACA did:

[122] SAMAC/H/1/1/1, Scrapbooks, Cutting from newspaper, no date, c. 1885-1890; SAMAC/H/2/2 Loose press cuttings, *The Hospital*, Feb 1899.

[123] SAMAC/H/1/1/1, Scrapbooks, cutting from 'A Threefold Cord. A Magazine for Thoughtful Women' April, 1892.

> The question of the premature discharge of lunatics is a very serious one. I have been hammering away at it during the whole period of the Referee's existence. To this premature discharge are due many of the daily tragedies which startle the newspaper reader. A certain number of homicidal maniacs are let loose upon society every week, are allowed to return to their families, and remain with them until a fresh outburst of insanity once more compels their removal. Frequently this outburst—or rather, this recurrence—of mania means a murder—sometimes a massacre. The homicidal maniac who
>
> **SHOCKED the world as Jack the Ripper**
>
> Had been once—I am not sure that it was not twice—in a lunatic asylum.[124]

The article seems to imply that if such a charity had existed in the past, then Jack the Ripper would have not committed his crimes. The article then goes on to say: 'The Association established to provide "After Care" for these unfortunates is doing a national work, and should receive national support'.[125] While this article reveals that there was still a relationship between the discharged mentally ill and perceptions of crime and danger, the point remains that there was beginning to enter public discourse that a period of mental convalescence after leaving the asylum was necessary, if not for the patient but for society in general.

Interestingly, even when MACA took on a patient who later committed a crime, the reports were uncritical to the organisation. One patient, who was taken on by MACA in early 1910, was arrested in August of the same year for attempting to rob a man on the Metropolitan Line with a revolver. On the back of his case file, MACA pasted a newspaper cutting that detailed the court case. The article describes the man, focusing upon his features, which are described in deterministic language reminiscent of Cesar Lombroso's *l'uomo delinquente*, stating:

[124] SAMAC/H/2/2 Loose press cuttings, *Referee* article, 1902.

[125] SAMAC/H/2/2 Loose press cuttings, *Referee* article, 1902.

> His lower jaw was thrust forward in an aggressive manner, showing an extraordinary length between the throat and the point of the chin…Simpson's features present several remarkable points. He has a high, narrow forehead, deeply furrowed between the eyebrows, a prominent nose, wide, firm set mouth, high cheekbones, hollow, sallow, swarthy cheeks, law jaws, and peculiar ears set closely to his head[126]

There is a sensational tone to the article, which uses testimony from the victim claiming that during the crime 'I was transported from the everyday dull experiences of the average Londoner to those I had only imagined as existent in the pages of romantic novels'. Such words certainly reflect MACA's encouragement towards a non-monotonous existence! Nevertheless, there is no mention in the article that MACA were involved with the defendant. Instead, the article focuses on the need to provide an emergency cord on the Metropolitan Line to call the driver if such a problem emerged again.[127] This suggests there was an expectation that the urban environment could be perilous and a desire to develop it to avoid potential danger. But also, the fact the article does not mention MACA or that the patient had been in an asylum suggests either that there is a growing tolerance for those with mental illnesses, or perhaps the powerful position of MACA's council members quashed negative reports in the press. The latter point is worth investigating.

There is evidence to suggest that MACA did have an influence on the media's perception of the mentally ill. Much of the press coverage of MACA is overwhelmingly positive. In one case where there was some 'antagonism between the Hostels movement and the asylums', based on a newspaper article in the *Graphic* written in criticism of aftercare homes by a 'Miss White', Rayner attempted to 'remove any

[126] SAMAC/G/3/28, Individual Patient File, newspaper cutting pasted on back; Cesare Lombroso, *L'uomo delinquente* (Turin, 1897).

[127] SAMAC/G/3/28, Individual Patient File, newspaper cutting pasted on back.

antagonism', and 'dispel' the idea of poor care through approaching the press and the asylums committee, revealing that MACA had at least some experience in quelling negative reports.[128] In later years, the Propaganda Committee undertook extensive work to promote the aims of the organisation, frequently broadcasting on the BBC its objectives, and campaigning in 'The Times + Chief Daily + Weekly Papers' to spread its message.[129] The positive evidence in the press, therefore, does not prove that MACA was a wholly well-regarded endeavour, but rather, the early machinations of 'public relations'. However, on the whole, the work of MACA seems to have been somewhat successful in increasing tolerance towards people with mental illness. An article published in 1914 concerning MACA revealed that of the 1200 patients that MACA had sent on holiday, only one complaint had been received from the public.[130] By 1931 the *BMJ* proposed that the work the organisation had done over the preceding 50 years was directly responsible for people 'generally…now regarding the whole subject of mental illness with a new sympathy and understanding'.[131] This evidence suggests that MACA was certainly not, as Scull proposed, a 'trivial' organisation.

This section has aligned with Buder's argument mentioned above that 'community' in the nineteenth and early-twentieth centuries was partially constructed through a 'wide range of…civic institutions necessary for full human development'. MACA was able to construct its 'community' not just through providing local social relations—although this was certainly an important part of its provision—but also through employment opportunities and social support akin to the welfare state. The

[128] SAMAC/C/2/1/2, Minute Books, 10 June 1919, Letter from Henry Rayner.

[129] SAMAC/C/4/4, Propaganda Committee Minutes, 14 January 1927.

[130] *BMJ*, 12 April 1914, p. 567.

[131] *BMJ*, 4 April 1931, p. 593.

work of MACA did not only provide the aforementioned opportunities but strove to provide a sense of belonging for patients with mental health issues in the urban environment. As such, it should be considered as a fundamental part of twentieth-century mental healthcare.

Conclusion

This chapter has revealed the inception of the idea that to sustain psychological health, a 'community' is necessary. It has aligned with the main argument of the thesis that revealed the designation of psychological features to the built environment and anticipates a focus on 'community' for psychological health in planning initiatives in the twentieth century.[132] This chapter has also shown how a 'community' was created by MACA, how this environment worked in practice, and how this environment was inaccessible to some. It has revealed how the creation of this environment was fundamental in developing ideas of tolerance surrounding people who are mentally unwell.

In 1930, the Mental Treatment Act was passed. It was (and is) generally celebrated within the medical profession, and considered by one doctor 'the greatest advance since the days, one hundred years ago, when Pinel in Paris and Tuke in York removed the chains from their insane patients' and by another as bearing 'the same relation as Magna Charta [sic] bore to the liberties of the people'.[133] The act is most well-known for replacing the term 'asylum' with 'mental hospital', but it also made aftercare and outpatient treatment statutory, a change that MACA can be seen as

[132] Greenhalgh, 'Consuming communities', p. 158.

[133] Hubert Bond, 'The Mental Treatment Act, 1930', *Public Health* 1932, p. 230

fundamental in creating. However, the successes of MACA have often been overshadowed by the perceived failures with the 1960s iteration of Care in the Community. Viewing it as separate to this endeavour, and instead as part of innovative developments to improve psychological health of both ex-asylum patients through environmental methods of care, and expose mental health problems as a part of everyday life at the turn of the century, is a position which opens up many avenues for further research in historical approaches towards mental health.

While arguing the above, this chapter seeks to question the longevity of 'community' as a solution to social, psychological and environmental problems, an idea that has been sustained since the end of the nineteenth century. The medical ideas behind the building of community for psychological health were discredited by numerous medical professionals in the 1960s, a notion that has not yet been recognised by contemporary town planners who base many endeavours on such ideas.[134] The idea that 'community' can function as a 'situated' psychological cure has been sustained at least in the popular press and planning literature, with £2bn earmarked to environments that facilitate 'community' in the UK in 2023.[135] While this chapter has argued for a radical reconsideration of MACA's methods as a 'failure', it also suggests that a recognition of the limitations of 'community' as a cure for psychological problems is vital. This concept should begin to alter historiography of

[134] S. P. W Chave, 'Mental Health in Harlow New Town', *Journal of Psychosomatic Research* 10 (1966), pp. 38-44; E. H. Hare, 'Mental Health in New Towns: What Next?', *Journal of Psychosomatic Research* 10 (1966), p. 54.

[135] Haroon Siddique, 'Community healthcare in line for £3.5bn annual funding boost' *The Guardian,* 21 November 2018, https://www.theguardian.com/society/2018/nov/21/community-healthcare-in-line-for-35bn-annual-funding-boost [accessed 21/12/18].

both the environment and mental health, and contemporary scholarship in town planning.

Chapter 5: An asylum for architects: urban design and mental health

The idea that cities in England at the turn of the twentieth century were designed to engender physical health and inspire social reform has been explored extensively in urban history concerning the green space movement and sanitary provision, for example, the construction of parks as physically and socially reforming environments.[1] However, the idea that some features of the urban environment were constructed to facilitate psychological wellbeing is relatively unconsidered. Yet, there existed an influential body within the architectural community who popularised the belief that it was necessary to construct environments in cities that could improve a person's emotional state. In part, this was done to alleviate the 'stress' and 'strain' of 'modern' working life, an ideology that was based upon scant evidence-based medicine. In addition, how these environments were actually constructed and used reveals a disconnect between the utopic ideas of architects and lived experience within these spaces.

[1] Charles S. Rosenberg, *The Cholera Years* (Chicago, 1962) p. 4; Jon A. Peterson, 'The Impact of Sanitary Reform upon American Urban Planning, 1840–1890' *Journal of Social History* 13 (1979), p. 84; C. Latimer, *Parks for the People: Manchester and its Parks* (Manchester, 1987), p. 9; Hazel Conway, *People's Parks: The Design and Development of Victorian Parks in Britain* (Cambridge, 1991), p. 5; Martin Melosi, 'The Place of the City in Environmental History', *Environmental History Review* 17 (1993), p. 17; Richard Sennett, *Flesh and Blood: The Body and the City in Western Civilisation* (London, 1994), pp. 15-16; Michael Hebbert, 'A City in Good Shape: Town Planning and Public Health', *Town Planning Review* 70 (1999), pp. 433-434. Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (Manchester, 2003); Martin Melosi, *Garbage in the Cities: Refuse Reform and the Environment* (Pittsburgh, 2005), pp. 21-23; Leif Jerram, *Germany's other modernity: Munich and the making of metropolis, 1895–1930* (Manchester, 2007), p. 23; Michael Hebbert, 'Re-enclosure of the urban picturesque: Green-space transformations in postmodern urbanism', *Town Planning Review* 79 (2008), pp. 31-59; Catherine McNeur, 'The "Swinish Multitude": Controversies over Hogs in Antebellum New York City', *Journal of Urban History* 37 (2011) 639–660.

Through analysis of articles from architectural journals and presented papers by a small but influential body of prolific and successful British architects, this chapter considers defining aspects of nineteenth-century architectural theory concerning wellbeing in urban environments. This includes provision of colour, non-monotonous environments, light and air, 'nature', amongst others. Then, it reveals the dissemination into public life and reality of these premises through two case studies concerning London's Regent Street and the London County Council Parks, Commons, and Open Spaces Committee. This chapter will fundamentally question both the historical idea and the prevailing contemporary belief that architectural form can affect wellbeing. It calls for a more nuanced understanding of the translation of architectural planning to everyday life and not taking the design for a building of environment at face-value. In doing so, this chapter has the potential to transform historical studies of architecture and urban planning.

This chapter begins around 1880, when members of the architectural community began discussing how certain types of buildings and city living could impact a person's emotional state, and how to solve this. It reveals how discussion of architectural form during this period became submerged in language that aligned architectural form with emotions, sensory affect, mental states, and psychological illness, what I refer to as 'psychological language'. It then charts the reiteration of these ideas over the next thirty years. The period discussed ends with psycho-architectural concepts being consolidated into the 1910 Town Planning Conference, a meeting held by the Royal Institute of British Architects of more than 1000 architects from around the world, in which they speculated about the future of the discipline. The architectural historian William Whyte has described this conference as the 'major movement in the

development of modern urban design', and as such the chapter ends at this point: what has been academically understood as setting the framework for contemporary town planning. [2]

The first part of this chapter, 'Architectural Pathology', analyses articles from leading architectural journals including *The Builder*, the *Architectural Review*, and the *RIBA Journal* from the 1880s to the 1900s in particular (the mid-1880s saw a widespread commercial depression which may account for fewer articles on the topic). Papers from the journals are supported with work from a few widely distributed architectural books, and selected papers from the 1910 conference to show how the idea to construct environments of wellbeing developed over time. For the first time, it shows that the idea that the city can affect your mental state is primarily an architectural one.

The second section of this chapter, 'An Asylum for Architects', addresses the construction of such environments in relation what has been argued to be *the* most significant architectural project in the late-nineteenth and early-twentieth centuries, the redesign of London's Regent Street. It discusses correspondence, newspaper articles, petitions, and advertising pertaining to the redesign, revealing that despite the discourse surrounding the redesign being constructed within 'psychological language', what resulted was not what was intended. Rather, instead of constructions being built that inspired mental wellbeing, psycho-architectural aspects were often not included in the final result, or rejected prior to being built. This is a significant intervention into

[2] William H Whyte, 'The 1910 Royal Institute of British Architects' Conference: a focus for international town planning?', *Urban History* 39 (2012), p. 149.

the history of the environment, and has the potential to transform studies of architectural planning.

In analysis of this evidence, and addressing how the city was purportedly designed to improve citizens' wellbeing, the first part of this chapter builds upon pathbreaking work in historical studies of nineteenth-century urban planning. This includes Martin Melosi's influential work on sanitary reform in nineteenth century America, which positioned sanitary reform as intrinsically politically motivated, Patrick Joyce's *The Rule of Freedom,* which depicts the public street as designed fundamentally to alter behaviour of citizens, and Leif Jerram's *Germany's Other Modernity,* which argued that town planning intended to make inhabitants 'successful tenants of the modern world'.[3] This scholarship amongst others draws upon Foucauldian notions of governmentality to reveal parallels between urban reform and social affect. This chapter extends these bodies of scholarship by revealing the prominence of mental health directives within these frameworks. However, it also answers a problematic raised by town planning historian Michael Hebbert in 1999, who recognised that the healthy cities movement was often unable to explain how the buildings could genuinely improve health. The first section of this chapter reframes this question within *mental* health, and reveals that there was little evidence-based information in said architectural journals on how buildings could *actually* inspire feelings of wellbeing.[4]

[3] Melosi, 'The Place of the City in Environmental History' p. 17; Sennett, *Flesh and Blood*, pp. 15-16; Patrick Joyce, *The Rule of Freedom*; Melosi, *Garbage in the Cities*, pp. 21-23; Jerram, *Germany's other modernity*, p. 2, p. 23.

[4] Hebbert, 'A City in Good Shape' p. 433.

This chapter makes a significant divergence from the historiography considered. In the vein of Chris Otter, it questions the usefulness of post-structuralist frameworks in assessing how life was actually lived in the city.[5] Instead of focusing on the architectural plans or the theory alone of how environments of wellbeing were intended to be constructed, the chapter reveals how the minutiae of individual human experiences altered both the creation and experience of these environments. The third section of this chapter, 'Breathing Space', considers the everyday experience of what has been considered to be the archetypal environment designed for wellbeing—the park. Through analysis of the minutes of the London County Council's Parks and Open Spaces Committee, it reveals that despite the public attention to the psychological benefits of such environments, the way the park functioned and was used was converse to its intended purpose. As such it builds on recent work in this field by Abigail Gilmore, Patrick Doyle and Carol O'Reilly who have argued that the nineteenth-century park functioned in multiple, and sometimes contradictory, ways.[6]

In its analysis of the park, this chapter also provides a psychological angle to Peter Marcuse's influential chapter 'The Layered City', and recent work by Catherine McNeur concerning working-class New York. [7] It argues that certain environments in cities were experienced differently on the basis of class, gender, or race. The

[5] Chris Otter, *The Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (Chicago, 2008).

[6] Carole O'Reilly, 'From 'the people' to 'the citizen': the emergence of the Edwardian municipal park in Manchester, 1902–1912', *Urban History* 40 (2013), p. 136; Abigail Gilmore and Patrick Doyle, 'Histories of public parks in Manchester and Salford and their role in cultural policies for everyday participation' in Lisanne Gibson and Eleonora Belfiore (eds), *Histories of Cultural Participation, Values and Governance* (London, 2019).

[7] Peter Marcuse, 'The Layered City' in Peter Madsen and Richard Plunz (eds), *The Urban Lifeworld: Formation Perception Representation* (London, 2002) pp. 94-95*;* McNeur, 'The "Swinish Multitude": , pp. 639–660.

significance of this argument is that it nuances and deepens our understanding of environmental history: making it clear that no two people experience an environment in the same way, and that often these experiences are tempered by social factors. Finally, I show how environments designed to impart mental wellbeing are not constructed with all social groups in mind: addressing this should also have implications for contemporary planning discourse.

The dissolution of the medico-architectural profession

The urban environment as a problem to 'solve' began as a collaboration between the architectural and medical profession. Medical men and architects had worked together consistently on sanitary matters throughout the nineteenth century, completing many projects that were intended to improve psychological as well as physical wellbeing: for example, the 1863 implementation of and 1880 review of the Alkali Acts, which attempted to divert noxious gases and smoke from residential areas and the implantation of fresh air vents in houses, positioned in *The Builder* as beneficial to the mind as well as the body.[8] The deleterious psychological effects of urban sanitary problems were discussed consistently in medical and architectural journals in the 1880s, 1890s and 1900s, a concept that has been partly considered in work concerning nineteenth-century sanitary reform.[9] The same can be said for the green

[8] *The Builder,* 26 July 1880, p. 785. 24 January 1880, p. 113, 4 September 1880, p. 283; 13 July 1900, p. 103.

[9] *The Builder,* 3 January 1890, p. 1; 'New Buildings on Old Sites', *Public Health and Architecture*, December 1904, p. 159; MMS/1/7/2/10 William Coates 'An Address on The Duty of the Medical Profession in the Prevention of National Deterioration: Presidential Address Delivered Before the Manchester Medical Society, 1909; Gareth Stedman Jones, *Outcast London: A Study in the Relationship between Classes in Victorian Society* (Oxford, 1971); Alan Mayne, *The Imagined Slum: Newspaper Representation in Three Cities, 1870-1914* (Leicester, 1993), p. 12; Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800–1854* (Cambridge

space movement of the turn of the twentieth century, which emerged as a collaboration between doctors and architects to create physically healthy, mentally well, and morally upright citizens. Tangible improvements in sanitation and mass provision of green space in cities led to a widely uncontested belief emerging that it was possible to shape citizens' conduct, their bodies, and their minds, through providing healthy environments. Numerous successfully completed projects in this vein were celebrated in the pages of both medical and architectural journals.[10]

However, there did exist some disquiet between the two professions. In October 1880, an article was published in *The Builder* regarding the relationship between medical professionals and architects. The author wrote:

> There appears to be some sort of concerted action on the part of a certain section of the medical profession of late to weaken the influence of architects and engineers …It appears to me that architects and engineers are allowing the doctors to lay their eggs like the cuckoo's, and with the usual results….they should be kept as far as possible to their legitimate spheres.[11]

While this article references sanitary provision as opposed to psychological provision in particular, it concluded by the author stating: 'Do not let the architectural profession be weakened or cut up at the bidding of doctors'.[12] A few years later, the physician

1998); Bill Luckin, Revisiting the idea of degeneration in urban Britain, 1830–1900, *Urban History* 33 (2006), p. 240.

[10] *The Builder,* 8 August 1885, p. 117; *The Lancet,* 3 October 1885, p. 638, *The Lancet,* 10 May 1890, p. 1036; C. A. Cameron, 'Results of sanitary work in Dublin', *Public Health* 4 (1891-1892), p. 113; *The Lancet,* 29 April 1893, pp. 1017-1018; *The Builder,* 8 February 1902, p. 136.; The intersection between sanitary reform and architecture is discussed more extensively in the following articles: Felix Driver, 'Moral Geographies: Social Science and the Urban Environment in Mid-Nineteenth Century England', *Transactions of the Institute of British Geographers* 13 (1988), p. 282; Gordon E. Cherry, The Town Planning Movement and the Late Victorian City, *Transactions of the Institute of British Geographers* 4 (1979), pp. 308-309.

[11] *The Builder,* 2 October 1880, p. 423.

[12] *The Builder,* 2 October 1880, p. 423.

and public health advocate Benjamin Ward Richardson criticised the architectural and engineering profession by stating they were 'assuming their position as doctors of health'.[13] Ward Richardson was, at the time, a powerful and influential reformer, most well-known for his 1876 work 'Hygeia' where he described the ideal sanitary city. He criticised the architects in his journal *The Asclepiad,* a well-disseminated periodical that was written entirely by him (a fact noted by *The Builder).*[14] *The Builder* commented on this article, firstly by criticising Richardson's 'dramatic' tone, and then writing how it is '*astonishing*' (their emphasis) that the medical profession in general had not recognised the importance of the architectural profession in 'bringing the current standard of preventative medicine and public hygiene to the level it is', and as such ensuring the 'pre-eminence of England'.[15] This is not the first evidence of doctors criticising architects and vice versa, nor indeed the last.[16] However, while collaborations on sanitary reform continued relatively successfully, there seemed to develop a more fundamental untangling of the two professions regarding constructing features of wellbeing.

The architectural profession as a whole seemed to be attempting to achieve two interlinked objectives during this period: the search for a more high-minded 'eternal' purpose, and the legitimisation of the profession. Regarding the first, the architectural historian Roger Dixon has suggested that the development of the

[13] Benjamin Ward Richardson, *The Asclepiad, a book of original research and observation in the science, art, and literature of medicine, preventive and curative* (London, 1885), p. 312.

[14] *The Builder,* 9 January 1886, p. 107.

[15] *The Builder,* 9 January 1886, p. 107.

[16] One early example is a letter from 1857 in which the author criticizes architects for poisoning inhabitants due to not understanding the properties of water and lead: *The Lancet,* 31 October 1857, p. 458; In 1895, architects were again criticised for spending too much time on aesthetics, and little on practicalities, *The Lancet,* 20 July 1895, p. 170.

profession in this manner was an attempt to categorise architecture as an 'art'.[17] This certainly corresponds with articles written concerning the state of architecture at the turn of the century, many of which have an overarching focus on creating 'beauty' in cities. However, evidence discussed below suggests that while architects were certainly discussing 'beauty', it was not utilised simply for aesthetic purposes. Instead, their aim was to create an architecture that could make a person feel something in the everyday malaise and homogeneity of the urban. This was sometimes joy, calmness, contentment—or, in terms of prisons or law courts, terror.[18] There is evidence that architects were searching for a style that could be used to shape the emotions of the populace not only for the present, but for the future too. The quest for a legacy was not a passing idea but a continued one, reiterated by the renowned architect John Belcher in 1911, in which he highlighted the intense negative psychological effects of the aesthetics of the urban environment. He called on town councils, the press, and the public, to urgently allow architects to create the solution in concrete form.[19] This is significant, because it points to a promotion of these ideas within the general populace, and centres the architectural profession as the one to carry it out.

Regarding the legitimisation of the profession, there is evidence that some architects wished to move away from collaborations with doctors, engineers, and planners, and what they deemed quotidian or so-called 'speculative' projects, which were large-scale, cheap, and rapid developments. There seems to have been a concerted movement within the architectural profession to establish itself as an

[17] Roger Dixon, *Victorian Architecture* (New York, 1978), p. 11.

[18] *The Builder,* 3 February 1894, p. 89.

[19] John Belcher, quoted in Harry Inigo Triggs, *Town Planning, Past, Present and Possible* (London, 1911), pp. 8-9.

independent and powerful entity, directly involved in the construction of public life: education, health, punishment, and reform. A letter in an 1882 issue of *The Builder* stated:

> Let us out of our holes and corners and see what the world is about, for if we seek to concoct rules for the regulation of society in our back parlours, we shall find one day society is gone ahead and left us high and dry, and, to our great disgust and astonishment, that the world has actually learned to do without us.[20]

It is not possible to know if this letter was at all impactful, however, it is during this period that the importance of building for psychological health gained impetus. It was a relatively small body of architects who promoted such concepts, but the ideas were not fringe eccentricities, nor was the reach of the ideas limited. The architects involved in the creation and dissemination of the ideas concerning building for wellbeing were some of the most high-profile and prolific English and Scottish architects of late nineteenth and early twentieth centuries. These included Aston Webb, his partner E. Ingress Bell, Norman Shaw, Halsey Ricardo, John Belcher, Leonard Stokes, Mervyn Macartney and Reginald Blomfield. These architects led the design of major government projects and were frequent winners of competitions. Most of whom held positions as presidents of the Royal Institute of British Architects at some point. Posthumously they were also noted for their persuasiveness, desire for social reform, and leadership qualities, reinstating the idea explicated in the previous chapter, that influential ideas are posited often by influential people.[21]

[20] *The Builder*, 8 April 1882, p. 434.

[21] M.S. Briggs and Richard Fellows, 'Blomfield, Sir Reginald Theodore (1856–1942)', Oxford Dictionary of National Biography, 2009; Ian Dungavell, 'Webb, Sir Aston (1849–1930)', Oxford Dictionary of National Biography, 2004; Andrew Saint, 'Shaw, Richard Norman (1831–1912)', Oxford Dictionary of National Biography, 2004.

These architects were found frequently in *The Builder* discussing psycho-architectural ideals. The first page of the issue was occasionally devoted to such articles. However, there was usually much brevity in the coverage due to the mass of material covered in the journal. It was not until the mid-1890s, when the *Architectural Review* was founded—quickly becoming one of the most well-respected architectural journals—that these ideas were explicated in more detail. The journal was edited by Shaw, Ricardo, Belcher, Macartney, and Blomfield, amongst others, featuring articles from all of these editors, as well as contributions from Webb and Bell over the years 1896 to 1910. These names emerged again during the Town Planning Conference of 1910, being preceded over, and papers presumably selected by, Webb, Bloomfield, Stokes, and Aston Webb's son, Philip Webb. The conference had various foci, one of which was discussing design features of mentally healthy cities. This part of the conference has been overlooked in past scholarship, which is curious because it foregrounds 100 years of such ideas in architecture.

The fact that there was little public contestation in the field as to the efficacy of these ideas, when there existed significant interpersonal conflicts within the profession, is significant. Potentially this may be due to the forcefulness of personality of the architects involved. Blomfield in particular has been described as 'hot-headed and high-minded' and a 'big and powerful man'.[22] The lack of refute may also be due to the fact that, despite the high circulation and dissemination of these journals, the number of architects actually involved in these discussions was comparatively small. As the architectural historian William Whyte has stated, while engineers, doctors, etc

[22] William Whyte, 'The 1910 Royal Institute of British Architects' Conference', p. 160; Briggs and Fellows, 'Blomfield, Sir Reginald Theodore'.

were invited to the Town Planning Conference, they were not on the whole presenting their ideas.[23] He wrote that the conference was 'less about hygiene, housing of the poor, administration, traffic, ground values and the likes' but about 'emphasising the centrality of British architects—and influencing the British government' in shaping the future of Britain's urban landscapes.[24] Nevertheless, the ideas discussed in the conference had a large reach, as will be evidenced below.

'Architectural pathology' and the quest for wellbeing in architecture

Thus, in the 1880s, the architectural profession set their attention towards the psychopathological city. In 1880, *The Builder* argued that 'modern life' had not only changed the mode of day-to-day existence, but influenced the architecture of the early- to mid-nineteenth century.[25] A few months later, Ingress Bell wrote in an article named 'Unrest in Architecture' that 'It may be thought that in this respect our architecture naturally, and perhaps inevitably, reflects the temper of our age,—its fever and fret, its strange mental excitement and all-pervading disquiet'.[26] The idea that the shape of the city affected the mental state of people adversely was attributed by one author to the impact the city had on the minds of the architects. The architect who seemingly coined the term 'architectural pathology' stated that the 'restless, nervous excitement' engendered through city life directly impacted the architectural designs of the

[23] William Whyte, 'The 1910 Royal Institute of British Architects' Conference', p. 158.

[24] William Whyte, 'The 1910 Royal Institute of British Architects' Conference', pp. 157-158, quotation from p. 158.

[25] *The Builder*, 17 January 1880, p. 59.

[26] *The Builder,* 8 May 1880, p. 536

creator.[27] The author was adamant that the stresses and strains of urban life had directly impacted the architecture of the nineteenth century, stating:

> contrast the physical surroundings of the architect monk of the thirteenth century with those of the architect citizen of the nineteenth. How can they expect the same quiet dignity and repose to show itself in the buildings of the latter, designed not in the calm atmosphere of the monastery, but in the turmoil of city life?[28]

The notion that the architect required 'Peace of mind' to design buildings imparting 'restful charm' suggests a circular paradox: the city's buildings were psychopathological because architect's lives in the city were psychologically unhealthy. As evidenced in Chapter 1, medical professionals had specific examples (albeit very varied) of what caused mental distress in people during this period. However, architects were vaguer in their conception of what architectural pathology actually *did*, alluding to it inspiring a general sense of malaise, depression, or stress often without going into the particulars of how it did this. The following paragraphs analyse the intricacies of architectural pathology and the infusion of medical language pertaining to mental health, yet reveal the fundamental lack of evidence-based medicine in constructing it.

'Architectural pathology' was related in many ways to the effect that industrial pollution had on the senses. 'Ours is not a cheerful city', wrote one architect about the effects of pollution on inhabitants of London in 1894. 'A murky atmosphere may accomplish a great deal in the depression of human spirits'.[29] Similarly, in 1897 one

[27] *Architectural Review* 1 (1897), p. 54

[28] *Architectural Review* 1 (1897), p. 54

[29] *The Builder*, 10 March 1894, p. 195.

author remarked: 'What can be more depressing or ugly than one of our large manufacturing towns to-day in Yorkshire or Lancashire? The buildings are built of stone or brick which was once a cheerful colour, but which is now covered in sooty grime which belches forth from thousands of long chimneys'.[30] The author directly made the connection between mental ill-health and these dark, crowded, smoky environments, albeit somewhat glibly, stating: 'What wonder that in glancing through the local newspaper one reads of nothing but suicide and murder.'[31] Other types of pollution were deemed pathological, also.[32] In 1901 an article concerning the 'Abuse of Electric Light' argued that the design of the lights in Oxford Circus was considered by the *Architectural Review* to be 'overwhelming', 'disturbing' and 'very distressing'.[33] There are parallels here with medical literature concerning the deleterious sensory effects of the city, which was reported in some cases to exacerbate pre-existing psychological conditions (see Chapter 1). However, architects held the aesthetic effect of pollution in much higher regard, making a direct connection between mental distress and the way the polluted city looked on its own. Again, in doing this, architects were positioning themselves as separate to the medical profession.

However, it was not simply the effect that the polluted environment had on the buildings that was deemed architecturally pathological, but also structural and material features related to mass industrial and commercial growth of urban areas. In 1894, in an article concerning the emotional impact of the industrial environment, the author

[30] 'Colour in Architecture', *Architectural Review* I (1897), p. 298.

[31] 'Colour in Architecture', *Architectural Review* I (1897), p. 298.

[32] *The Builder,* 11 January 1890, p. 30

[33] A.E. Street, 'Architecture in "The Victorian Era"', *Architectural Review* IX (1901), pp. 61-62.

bemoaned the ‘deformity of chimneys’ in participating in this pathology.[34] Ingress Bell remarked in 1897 that the sight alone of the ‘ubiquitous smoke fiend’, the chimney, caused anxiety through its unsightly placement on otherwise attractive buildings.[35] Red brick was perhaps the most maligned feature of post-industrial environments. Another article by Bell argued that the excess of red brick in industrial centres, had inevitably ‘wearied and jaded’ the inhabitant of cities.[36] Similarly, a series of articles in 1883 made the connection with the materials of a building and the emotional affect these had on the pedestrian: with one criticising the ‘hideous’ bricks as affecting the ‘inner consciousness’ of the inhabitant negatively.[37] Animosity towards bricks developed into the twentieth century. An article published in 1900 in the *Architectural Review* described red brick as ‘the enemy’, a ‘solid battalion’ encroaching throughout and beyond cities—with an escape to ‘pastures new’ deemed absolutely necessary for mental wellbeing.[38] While much of this evidence could be inferred as an aesthetic judgement—especially since brick was the omnipresent material of the much-derided mid-century Victorian Gothic—the context of the articles cited concerned the feeling of psychological disorder in the modern city or emotions in architectural form. The fact that architects were constructing a perception of an architectural material as a sentient being, able to affect the emotions negatively, is significant. This is because it suggests that the solution could be built also, presumably by them. It also emphasises that deriding something in an emotional context was becoming part of the lexicon.

[34] *The Builder,* 10 February 1894, p. 110.

[35] Ingress Bell ‘Skylines’ in *Architectural Review* II (1897), pp. 220-223.

[36] *The Builder,* 1 May 1880, p. 536

[37] *The Builder,* 7 January 1883, p. 3; 27 January 1883, p.101.

[38] A G Hyde, ‘The Tall House’, *Architectural Review* VII (1900), p. 130.

In addition to materials used in their construction, the height of 'modern' buildings was deemed also to affect the inhabitant detrimentally. There were a series of articles written in *The Builder* across the 1890s concerning 'Emotions in Architecture', detailing the specific emotions buildings should or should not inspire, and how this might be achieved. One article which described the height of tall buildings as affecting the pedestrian adversely, dwarfing the inhabitant, creating gloom and a feeling of inescapable vastness.[39] In 1901, one architect swiftly reflected upon the 'Victorian era', claiming 'It was an age of unrest'. This was partly due, in his opinion, to the construction of skyscrapers 'disturbing' the 'nerves of men brought up amongst the tradition of Europe'.[40] The notion that a building could disturb was explained as being due to its somewhat unnatural status: an architect writing on building emotions stated 'there is no sheer plane in Nature that equals the front of a large building' reinforcing the much-explored nature/city binary present in much nineteenth-century literature.[41] In part, this plays into the idea of a 'constructed nature', as sheer planes do exist in nature (for example, cliff faces), but perhaps not the 'palatable' idea of nature discussed by the architect.[42] Another reason skyscrapers were deemed detrimental to the psyche was because they blocked out the much-desired attribute of natural light.[43] Similarly, an article in the *Architectural Review* in 1902 contested the

[39] *The Builder,* 3 February 1894, p. 86.

[40] Street, 'Architecture in "The Victorian Era"', p. 61.

[41] *The Builder,* 3 February 1894, p. 86.

[42] Interesting, there was a debate taking place in the 1880s in *The Builder,* in which certain architects derided certain natures as ugly, and others argued that no form of 'nature' could be ugly; *The Builder,* 20 November 1880, p. 629; 27 November 1880, p. 658; 4 December 1880, p. 678.

[43] A G Hyde, 'The Tall House', *Architectural Review* VII (1900), p. 130.

building of an American-style office block on the Strand, arguing that due to its height it would create ‘a street of gloominess and depression’.[44]

Skyscrapers were thus constructed by the architectural profession as pathological—although ironically also deemed somewhat necessary to avoid the ‘swarm’ of the crowd below. A solution was posited: to not make them too tall, and ‘in harmony’ with their surroundings, so they would not disturb those walking below them. Twenty years later the London Building Act of 1920 did indeed restrict the height of skyscrapers and was endorsed by *The Lancet*—however, this was predominately for hygiene and safety reasons.[45] There is scant evidence to be found in the medical press that skyscrapers affect people adversely mentally. It is curious that architects would disparage a type of building that would potentially be economically prosperous for them, which suggests more than a facade of concern for psychological wellbeing of citizens. However, the skyscraper emerged in America, so it could be part of an attempt to disavow an ‘alien’ architecture at a time of attempted nation building. The notion of skyscrapers as psychopathological is significant, because it is a common trope, used in much twentieth-century literature.[46] Revealing that the psychological effects have little medical basis seeks to question this trope.

Quite possibly the most significant aspect of pathological architecture was the designation of the word ‘monotony’ to environments. The term is used rather differently

[44] *Architectural Review* XI (1902), p. 58.

[45] *The Lancet,* 17 April 1920, p. 883.

[46] See, for example, Harry Harrison, *Make Room! Make Room!* (New York, 1966); Robert Silverberg, *The World Inside* (New York, 1971); J. G. Ballard, *High Rise* (New York, 1977).

to how it was used medically (see Chapter 1). Monotony was used to describe rows and rows of houses or buildings in public streets with little stylistic deviation, which was deemed 'depressing', 'deadly' and 'dull'.[47] Monotony in style and colour was also purported to be 'deadly'. It was directly related to the poor mood of inhabitants, with one author stating 'What is the cause of this low vitality? Is man going irrevocably downhill? Is the deadly monotony and hideousness of our streets…inevitable and permanent?' Partly, this emotional affect was related to architectural style, 'Whence arises that deadly uniformity, that depressing, all-pervading grayness—but that is too flattering a term—that all pervading dinginess that fills our life'.[48] So, 'monotony' had a markedly different definition in architecture to the medical definition: to highlight uniform architectural style. As such, it provides a convincing argument that the architectural profession was trying to define 'monotony' on their own terms, while also utilising language used in medical circles.

Monotonous architecture was described as inspiring poor mood, but also the feeling of being 'hemmed in', like an 'inmate' in 'prison walls', with no space of egress.[49] The equation of monotonous design to a prison was built on the assumption that the inhabitant felt surrounded on all sides by tall buildings, with no line of site present.[50] Avoiding monotony through design was a motif repeated consistently

[47] *The Builder,* 3 February 1877, p. 113; 27 February 1886, p. 432; 22 March 1890, p. 212; *Architectural Review* I 1897, p. 298; Harry Inigo Triggs, *Town Planning, Past, Present and Possible* (London, 1911), p. 5, pp. 8-9.

[48] *The Builder,* 22 March 1890, p. 213.

[49] *The Builder,* 20 November 1880, p. 623; 3 February 1894, p. 89; *Architectural Review* VII (1900), p. 123.

[50] 'On the Laying out of Cities', by J Waring, Vice President of RIBA, Papers Read at the Royal Institute of British Architects, Session 1871-1872 (London, 1872), p. 144

throughout the late 1880s and 1890s in the pages of *The Builder* and the *Architectural Review.*[51] One example of monotonous architecture utilised frequently was Rue de Rivoli in Paris (Figure 5.1): unbroken rows of tall buildings and a severe lack of green space, which contributed to reduction of light and repetition which was considered to weary the eye. There was no evidence of any consultation of the citizens of Paris in the designation of Rue de Rivoli as the archetypal monotonous environment, nor testimony that people were mentally affected by the street: the architects' opinion of the street as mentally unhealthy was purportedly evidence enough. This theory can be applied more generally for architectural theory of wellbeing. Although it seemingly was a 'human-centred' endeavour, it didn't really consider how people actually felt, just the architect's *assumptions* about how they must feel.

Figure 5.1: Rue de Rivoli, Paris, France

Source: Triggs, *Town Planning*, unpaginated.

[51] *The Builder,* 21 July 1877, p. 731; 17 January 1880, p. 59; 26 July 1880, p. 784; 7 February 1880, p. 175; 31 Jan 1880, p. 144; 29 May 1890, p. 676; 1 May 1880, p. 538; 20 November 1880, p. 624; 3 January 1885, p. 9; 23 May 1885, p. 741.

As mentioned above, to avoid 'monotony' was a well-discussed endeavour amongst doctors dealing with nervous complaints. How to avoid 'monotony' in the medical sense, discussed in Chapters 1 and 4, was primarily focused on a 'change of scene', which consisted of physically changing environments to something considered healthier. In the architectural case, this quest for the avoidance of monotony became constructed as 'a change of scene' in the built environment itself, which does suggest some consultation of medical ideology. This was perhaps inspired by the architectural involvement in the construction of asylums, where the quest for a non-monotonous method of treatment was very apparent (discussed in Chapter 2). Taking, for example, Rue de Rivoli and its monotonous straightness. To counter this, a 'gentle curvature' was proposed, which would offer 'fresh pictures to the eye at every step'. This change of scene in the environment was argued to produce 'the happiest effects'.[52] Again, there is evidence that the words and ideas of medical professionals were used. However, in the case of architectural theory regarding the city, these ideas were taken much further, and were much more tenuously linked to mental wellbeing.

It must be noted, however, that while architects did make a connection between serious mental illness and the built environment, they were not set on 'curing' already existing mental conditions. Rather than attempting to actually solve mental *illness*, the architectural profession's conception of healing architecture was to impart a sense of general wellbeing for everyone, particularly those suffering from the 'struggle of

[52] 'On the Laying out of Cities', by J. Waring, Vice President of RIBA, Papers Read at the Royal Institute of British Architects, Session 1871-1872 (London, 1872), p. 144; *The Builder*, 1907, p. 187; Harry Inigo Triggs, *Town Planning, Past, Present and Possible* (London, 1911), p. 217; Louis Bonnier, 'Notice sur les architectures obligatoires dans la ville de Paris', in *Town Planning Conference, London 10th to 15th October 1910: Transactions* (London, 1910) , p. 214.

existence' in the modern city. As with other cures, the main beneficiary of this 'healing' architecture was evidently the stressed and overworked so-called 'brain' worker (for example, clerks).[53] However, there is evidence of architects attempting to create a more wide-reaching remit. An article on psychological health in cities stated that the frequent 'migratory' habits of the upper classes away from cities—considered by the author a 'necessity' for urban dwellers, discussed in more detail in Chapter 3—were unable to be mimicked by workmen.[54] The recognition that there was a need for a 'solution' both democratic and long-lasting to ameliorate the intertwined physical and mental effects of the urban environment was a fairly ambitious proposal. At the time where doctors were prescribing a physical 'change of scene' for the psychological distress caused by the urban environment, architects planned to create that 'change' within urban centres.

One architectural feature intended to impart psychological wellbeing was a 'varied skyline'. There was a general push in the early part of the 1800s for a move away from superfluous 'ornaments' in design, and towards a diversity of architectural types, shapes and sizes of buildings, partly due to ornament falling out of fashion, but also as a solution to the monotony of architectural pathology.[55] A 'varied skyline' essentially consisted different styles of building—though in a harmonious style—leading to 'heads and peaks rising out of the broken sea of buildings of which the town is composed'.[56] In doing so, the pedestrian:

[53] *The Builder,* 26 July 1880, p. 785.

[54] *The Builder,* 26 July 1880, p. 785.

[55] *The Builder,* 3 February 1877, p. 113.

[56] *The Builder,* 20 November 1880, p. 623.

> should be afforded glimpses of the composition of the town, and down avenues and vistas get occasional views of ornate and remarkable buildings—of monuments and statues, and even of parks and trees as he moves along.[57]

The idea that the skyline should be varied so one could glimpse the layout of the town is significant, as it was considered to reduce the feeling of being imposed or surrounded on all sides.[58] It would also allow for escape from the crowd: equating with an 1877 article which argued that it was necessary for towns to have 'numerous ways of speedy egress', to avoid 'sudden panic'.[59] Hence, a varied skyline meant the citizen would feel somewhat in control of their environment. The varied skyline as a psychological idea remained; in the Town Planning Conference it was suggested that there should be a reform to building laws to ensure varied architectural form and prohibit monotony in towns.[60] As such, this idea had vast influence, and should be considered an important part of architectural history.

In addition, there was another reason for the provision of varied skylines in non-monotonous design: namely, providing the citizen with access to light and air. In varying the size and shape of buildings, the architect would be able to provide the inhabitant with 'sheets of perfectly pure light and blue sky'.[61] There is some evidence of the provision of light and air being to purify the air of germs, which was a well-established scientific notion by the beginning of the twentieth century. However, there was also a focus was on creating an interplay of light and shade, or 'chiaroscuro', on

[57] *The Builder,* 20 November 1880, p. 623.

[58] *The Builder,* 3 February, 1894, p. 86; *Architectural Review* VII (1900), p. 123.

[59] Waring, 'On the Laying out of Cities', p. 144

[60] W.E. Riley, 'City Development', in *Town Planning Conference, London 10th to 15th October 1910: Transactions* (London, 1910), pp. 296-298.

[61] *The Builder,* 20 November 1880, p. 623.

the building itself.[62] The provision of chiaroscuro was not simply for aesthetic reasons but emotional too. It was argued variously that it was intended to impart feelings of contentment, to calm the frenzied eye, to ensure the passenger did not feel confined by their environment, and to alleviate feelings of depression imparted by polluted environments or those with high buildings—or the British weather, which was noted frequently as inspiring gloom in the citizen.[63] The material of the buildings was considered significant also to achieve the best possible provision of light and air: for example, the reflection of light from terracotta provided a bright 'hopefulness', and Portland Stone, 'the material of the future', offered elegant calmness, that weathered well in the British rain. So, there was a nationalistic conception of what architectural wellness would be.

'Breathing space' was discussed in the same vein as light and air in the creation of areas of psychological wellbeing. While 'breathing space' was a well-established medical endeavour regarding parks, in the architectural tradition it consisted mostly of the provision of small tree-lined islands, resting spaces and areas of green space within streets (see, for example, Figure 5.2).

[62] E. Henard, 'Les Villes de L'avenir', in *Town Planning Conference,* pp. 346-347.

[63] *The Builder,* 1 May 1880, pp. 536-537; 27 January 1883, p. 101; 23 January 1886, p. 157; 27 February 1886, p. 334; 10 March 1894, p. 195; 3 February 1894, p. 86; 2 February 1895, p. 79.

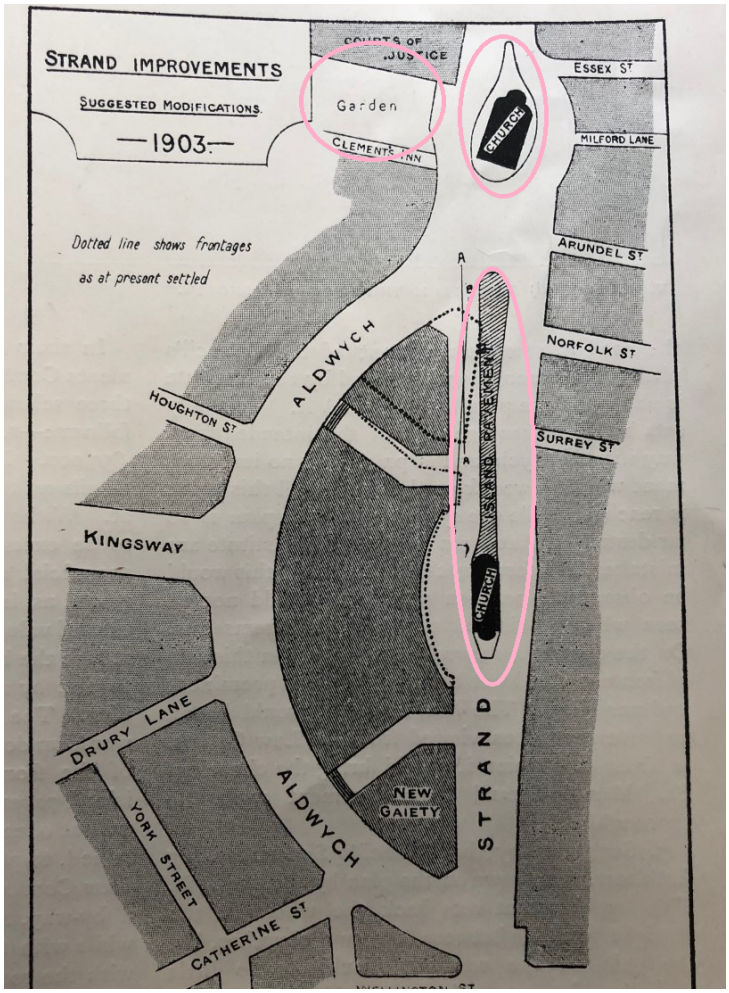

Figure 5.2: Proposed improvements to the Strand, London, England

Source: *Architectural Review* 14, p. 133

As with light and air, the construction of areas of breathing space was considered 'hygienic' in the sense that the trees were intended to purify the air.[64] However, there were also tangible psychological benefits attributed to such ideas. For example, 'islands' alongside or in the middle of streets provided a space for the pedestrian to rest from the overwhelming crowd of urban centres; singular trees were also intended to be used as a break in monotonous buildings.[65] Trees also may have

[64] *The Builder,* 10 March 1894, p. 196.

[65] *Architectural Review* 14 (1903), p. 133.

been used to absorb the noise of streets; however, the most clear reason why trees should be planted was that the foliage would 'keep the brain sane' through evoking memories of 'nature'.[66] An author of a retrospective of trees in London stated that trees were planted 'as a means whereby the town dweller may be reminded of the fragrance of country air', arguing that the supposed healing properties of the idyllic countryside could offset the stressful problems encountered in modern, urban environments.[67] However, the medical profession had little regard for these aspects of building. An article in the *Lancet* in 1903 concerning 'architectural gardening' in Trafalgar Square professed that it offered 'no relief to buildings'.[68] Nevertheless, it became a persistent and popular idea within architectural circles. Despite the lack of medical verification, the notion that small areas of green space were psychologically beneficial remained within architectural design.

Another well-explored aspect of building for psychological wellbeing was the provision of colour. An article in the *Furniture Gazette,* reprinted in *The Builder* in 1880 described the supposed calming effects of painting rooms certain colours on the 'sensorium' and 'emotions'.[69] A few years later this idea was cited from having emerged 'on good authority' from 'medical men' who painted patients' rooms a certain colour to improve their mental health.[70] This idea was applied generally to the

[66] A. Augustin Rev, 'Du développement et de l'extension des villes', *Town Planning Conference,* p. 282.

[67] S. D. Adshead, 'The Decoration and Furnishing of the City No. 16, Trees', *The Town Planning Review* 5 (1915), pp. 300-306.

[68] *The Lancet*, 13 June 1903, p. 1698.

[69] *The Builder,* 29 May 1880, p. 676.

[70] *The Builder,* 10 March 1894, p. 195.

construction of urban architecture. An article on 'Colour in London Architecture' in 1894 wrote of the effect of colour on the inhabitant of London, stating:

> In this age of hard work, close reading, and sedentary occupations, the contemplation of scenery, light, and colour is the recreation of the eye, and the walk along the street is the main opportunity for it…We must all have felt the gentle cheerfulness that comes on beholding good harmonious colouring[71]

Three years later it was written: 'Now Architecture can impress the mind with many different emotions…What does colour express? For me it expresses joy, and what is more needful than this in our large towns I do not know'.[72] Red and yellow were particularly favoured due to their invigorating 'pulse quickening' effects: the use of which was reported to massively reduce the 'gloom in London street architecture'.[73] To create a colourful city was important not just for the current inhabitants, but 'to bequeath to generations to come a brighter and more cheerful city'.[74] There was a suggestion that while the individual could be treated medically, the whole of society for generations could be improved by this architectural cure.

The intention of such architecture was to improve the general wellbeing of the inhabitant, but also inspire community cohesion. An article published in 1897 in the *Architectural Review* described one town that was built with the above discussed attributes in mind. He described it as a beautiful town in the north of England, with a broad river following through the centre of town, containing colourful buildings, tree lined streets and squares. While being aesthetically pleasing to the eye, the author

[71] *The Builder,* 10 March 1894, p. 195.

[72] *Architectural Review* I, 1897, p. 298.

[73] *The Builder,* 10 March 1894, p. 195.

[74] *The Builder,* 10 March 1894, p. 196-197.

also noted the behaviour of the people in the town, 'One of the most remarkable things that struck me was the gaiety of the people and their dress. They were not like black beetles, crawling along with drooping heads'.[75] This description was similar to one evoked by another author in 1890, who described a scene at Moorgate Station, of pedestrians 'All dressed exactly alike…these black, cut-away coats, these black boots, these cylindrical tubes of trowsers [sic], these black top hats…Gloom and the total absence of individuality are the characteristics of our system'.[76] The author equated not just happiness with new architectural characteristics, but also the community feel amongst the inhabitants, who he described as stopping to talk about the architectural features around them. This suggested that the scene not only engendered feelings of mental well-being but also of social cohesion. However, just as the author is describing the sound of bells tolling, he writes '*then, it suddenly stopped and I awoke*'.[77] The author noted that such a construction was yet to happen, a suggestion that this reticence was due to the lack of knowledge on parts of the building profession to implement such ideals.

Building for psychological wellbeing was not simply a few disconnected statements from well-known architects, but a conversation that became an established movement. At the 1910 town planning conference, MPs, planners, engineers, and philanthropists present at the discussion of the papers concerning psychological environments broadly seemed to agree with the notions put forward, with the exception of one engineer, John A. Brodie from Liverpool, who thought the ideas would not

[75] *Architectural Review* I (1897), p. 302.

[76] *The Builder,* 22 March 1890, p. 213.

[77] *Architectural Review* I (1897), p. 302, their emphasis.

translate effectively to the practicalities of town planning. However, he stated at the beginning of his talk that he was 'taken aback' by their decision to use him as chair and he had not consented to take part in that day's proceedings, which may explain his attitude. Brodie was also the archetypal 'speculative builder', being at the forefront of the pre-fab housing movement, and would therefore be expected to disagree.[78]

A discussion panel on the conference concerning 'Cities of the Future' contained a highly-commended paper by the French architect Eugène Hènard, whose designs for the cities of the future contained almost all attributes discussed above. For example, provision to light, air, natural treatments built into the fabric of the landscape, water from the sea, tree lined streets, parks, terracotta, a varied skyline, and more: specifically for the inhabitant 'surmené par le travail intensif de la ville'.[79] The aforementioned call for the creation of democratic solution to urban stresses for all had evidently been realised in this design. Hènard's work subsequently became the inspiration of Le Corbusier's designs and numerous influential projects for environmental health. This is just one example of how the creation of a language that framed architectural features in terms of their relationship to psychological health was not esoteric, but had tangible implications to the twentieth century architectural landscape.

The findings in this section have the potential to transform studies of town planning and architecture in this period, as well as the history of medicine. It has

[78] 'Cities of the Present: Discussion', in *Town Planning Conference*, p. 237.

[79] E. Henard, 'Les Villes de L'avenir', in *Town Planning Conference,*, p. 353

carefully picked apart what architectural pathology actually is, and shown its true disconnect from the medical profession. Hopefully, it will affect how people discuss ideas about the pathological city. The next section takes on the question, to what extent were these plans successful, and did they affect people's mental wellbeing? The impact of this upon one of the major redevelopments of the turn of the century, Regent Street, is outlined below.

An asylum for architects: the psychology of Regent Street

In 2002, Erika Rappaport did a detailed study of the rebuilding of Regent Street during 1880 to 1927, revealing the vitriolic conflict between the architects and the shopkeepers, who disagreed fundamentally on the purpose of the redesign. She argued that the architects desired grand constructions reflective of Britain's imperial power, and the shopkeepers preferred a more commerce-focused design. Through analysis of newspaper articles and letters concerning the rebuilding, Rappaport's article traces the fluctuation of public opinion regarding the street: recognising the public favour declining on the side of the architects and growing on the side of the shopkeepers, which she attributed to the increasing 'economic, political and cultural power of London's commercial classes'.[80] By 1913, she argued, the street was designed primarily to reflect the commercial purposes of the street, a notion that would have been unthinkable just ten years prior.

[80] Erika Rappaport, 'Art, Commerce, or Empire? The Rebuilding of Regent Street, 1880–1927', *History Workshop Journal* 53 (2002), p. 105.

However, one aspect that remained consistent throughout the reconstruction, not addressed by Rappaport, was the consideration of psychological factors in the rebuilding. Language related to psychological wellbeing was used to frame almost every aspect of the redesign, and was deployed to argue both for or against proposals. While has been much historical scholarship written on how the shopping street was constructed in popular culture as pathological, there has been less attention to *wellbeing* being discussed in relation to consumption.[81] Documents from the rebuilding of Regent Street in the years 1890 to 1909, including letters between London County Council (LCC) and the committee, press coverage, and physical building documents, suggest that the consideration of wellbeing was disseminated into public life, revealing an understanding of the notion of psychological architecture by the press, and perhaps the public, albeit in a visibly surface-level way.

The street's first rebuilding was completed in 1820 by the architect John Nash in the neoclassical style, but had over the following decades fallen into disrepair. In 1889, Regent's Street was described in the *Metropolitan* magazine as 'one of the ugliest streets in Europe'.[82] While this could potentially be explained by the style of Nash's designs falling out of fashion, the street was also polluted and under-maintained. The deterioration was not simply physical, but was considered to have

[81] Kevin Hetherington, *Capitalism's Eye* (Oxford, 2007), pp. 25-26, 28; Erika Rappaport, *Shopping for Pleasure* (Princeton, 2001) p. 122; Judith Walkowitz, 'Going Public: Shopping, Street Harassment, and Streetwalking in Late Victorian London', *Representations* 62 (1998), pp. 12-14; Patricia O'Brien, 'The Kleptomania Diagnosis: Bourgeois Women and Theft in Late Nineteenth-Century France' *Journal of Social History* 17 (1983), p. 70; Tammy Whitlock, 'Gender, Medicine, and Consumer Culture in Victorian England: Creating the Kleptomaniac', *Albion: A Quarterly Journal Concerned with British Studies* 31 (1999), p. 435; Elaine S. Ableson, 'The Invention of Kleptomania', *Signs* 15 (1989), 126-128.

[82] CRES 35/2345 Regent Street Reconstruction, cutting from *The Metropolitan*, 16 July 1889.

impacted the psychological atmosphere of the street. In 1881 the *Architect* declared that the smells of the street 'pollute the senses' of the shoppers, suggesting that due to this sensory contamination and the subsequent reticence of the public to visit the street, consumers were less likely to spend their money there.[83] The article also described the shop fronts as 'melancholy', utilising psychological language to impart the idea that the street required a rebrand.[84] A later article, from 1909, reflected on how the street had declined during the late nineteenth century. It stated that the street had been inherently cramped and there was no room for the shopper to rest, equating the physical closeness of the shops to the stifling effect they had on the subject walking through. It was deemed a matter of 'public interest' by the press that the street be redesigned, hence the Treasury appointed Sir Aston Webb to head the newly devised Regent Street rebuilding committee, along with the architects John Taylor, the assistant surveyor to London, and John Belcher, who was soon to be the President of Royal Institute of British Architects (RIBA). The three appointed the renowned architect John Norman Shaw to design the street, whose design shall be considered in the following paragraphs.

Prior to Shaw's design, the national press was campaigning to preserve certain attributes of Regent Street that apparently ensured psychological comfort. One of Shaw's tasks was to redesign 'The Quadrant' — the intersection between Piccadilly and Regent Street (see Fig. 5.3).

[83] CRES 35/2345 Regent Street Reconstruction, cutting from *The Architect*, 22 October 1881.

[84] CRES 35/2345 Regent Street Reconstruction, cutting from *The Architect*, 22 October 1881.

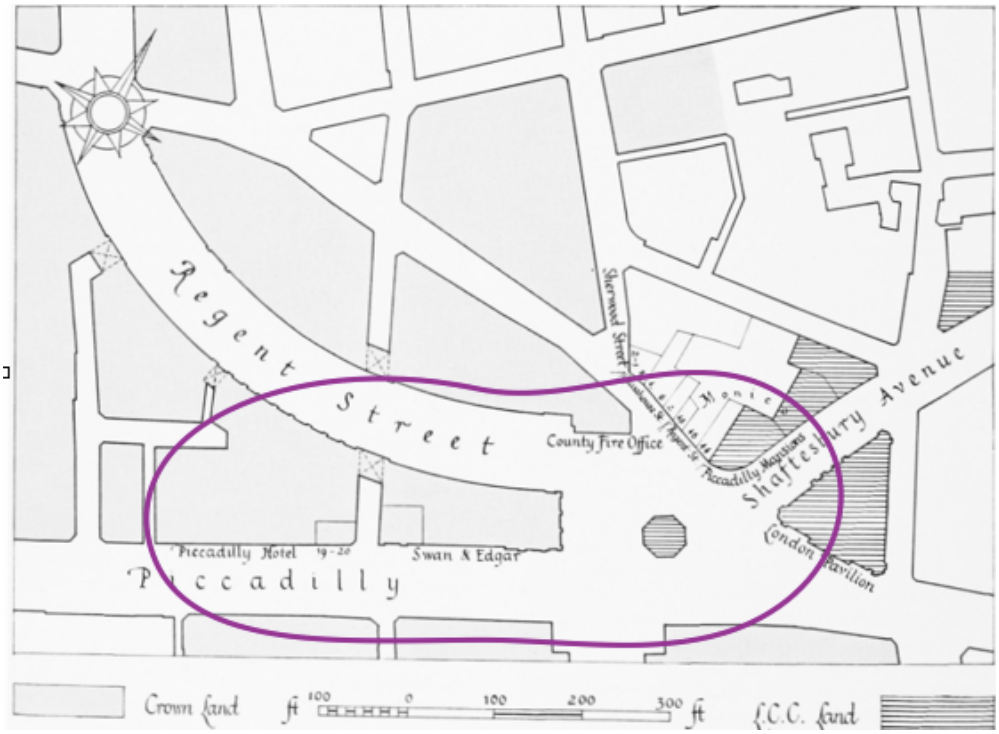

Figure 5.3: Regent Street quadrant, my annotation showing area redesigned by Shaw

Source: FHW Sheppard (ed), 'The rebuilding of Piccadilly Circus and the Regent Street Quadrant' *Survey of London: Volumes 31 and 32, St James Westminster, Part 2* (London, 1963) http://www.british-history.ac.uk/survey-london/vols31-2/pt2/pp85-100 [accessed 24/04/19]

In the *Times* in 1889, the architect William Woodward discussed a paper given at the Royal Institute of British Architects. He wrote that the open spaces at Piccadilly should not be filled, as it would rid the inhabitants of London of 'a little breathing space'.[85] One article discussed Shaw's plans not to change Piccadilly Circus' crescent, as it provided an air of 'restful comfort' due to the wide open space and tree-furnished surroundings.[86] A 1904 paper given at the Royal Academy was reproduced in *The Times,* and publicised the effect of inharmonious architecture, depicting the

[85] CRES 35/2345 Regent Street Reconstruction, *The Times*, 20 Aug 1889, unpaginated.

[86] CRES 35/2345 Regent Street Reconstruction, *The Builder,* 1 October 1910, p.372.

buildings as socially offensive. It stated 'Violent interruptions, startling contrasts of demeanour, disregard of the conventions of society, efforts to shout down and overpower his company, would put a man outside the pale in the civilised world'. The speaker claimed that the public must condemn any kind of inharmonious, 'imposing' architecture for the redesign of Regent Street.[87] Publicly making the connection between the psychological element of building as well as calling upon the citizens of London to oppose psychopathological architecture is significant, as it reveals a more expansive investment in the idea that the shape of the environment was significant for everyday wellbeing, and part of public need.

Including structural factors related to wellbeing in the rebuilding of Regent Street can be related to Shaw's investment in the idea that a person's environment could impact their mind. He wrote in a letter to a client in 1904 regarding his design for a church in Ilkley, Yorkshire 'I don't see how one can live in the world and not be a little affected by one's environment. One ought to be a great deal affected.'[88] Although initially reluctant to undertake spa treatments, Shaw became a proponent of 'a change of scene' after a spate in 1881 in Aix-les-Bains, where he went to recover from an unspecified malaise reportedly due to 'overwork'.[89] According to his biographer, after his illness Shaw became more concerned with the practical elements of building, that is, how the construction should function and be lived in, as opposed to the stylistic elements.[90] The consideration of environment as functionally curative became part of

[87] *The Times,* 21 December 1904, p. 5.

[88] Andrew Saint, 'Norman Shaw's Letters: A Selection', *Architectural History* 18 (1975), p. 67.

[89] Saint, 'Norman Shaw's Letters, p. 67; Andrew Saint, *Richard Norman Shaw* (London, 1976), p. 193.

[90] Saint, *Richard Norman Shaw*, pp. 192-195.

his oeuvre; he was the architect of the fashionable Bedford Park, the prototype of the garden suburb, described at the time as a joyful and happy place to live.[91] Shortly before undertaking his design, Shaw had commented on pathological environments in the *Architectural Review*, claiming that the streets surrounding Holborn in London were 'so very hideous and vulgar that to have to pass through them is pain'.[92] While this recognition could have been Shaw's characteristic loquaciousness, his adherence to the idea that the environment could impact ones mood was evident in his design of Regent Street.

It was around 1906 that particulars of the design began to emerge in the press, which described it in psychological language. In 1907 *The Builder* commented that the design would not be undertaken in the same way Rue de Rivoli was treated, in order to ensure the design was non-monotonous.[93] In an interview in *The Daily Telegraph* in 1906, Shaw described the design. The article stated that Regent Street's 'present dreary stucco will give place to a more elegant Portland stone': Portland stone being one of the appropriate materials for the wellbeing of 'advanced civilisations'.[94] His designs were envisaged complete with a 'ragged' skyline, the benefits which discussed above—which would enable 'the sky-line to be changed from a hard and cold appearance': reiterating the notion that the physical structure of the buildings could change the mood of a street. This led to him describing the design as potentially

[91] Albeit rather satirically, in the 'Ballad of Bedford Park', *St James Gazette*, 17 December 1881.

[92] *Architectural Review* VII (1900), p. 123.

[93] *The Builder,* 1907, p. 187.

[94] *The Daily Telegraph*, 16 April 1906, p. 13.

being ‘a permanent joy to millions’.[95] The *Builder* in 1910 celebrated the fact that Shaw was leaving the ‘old' crescent as is, stating that it ‘for long past delighted so many, doubtless often unaware of the sense of comfort caused by its pleasant correctness’.[96] Thus, the press certainly framed the construction in psychological language and the design itself contained many elements discussed in the section above to be positive for wellbeing. This solidifies the notion that psychological concern had become considered an integral and much-publicised part of design, perhaps because this sort of language had, by the early twentieth century, been absorbed into general parlance.

The dissemination of psychological language as a commercial endeavour relates to the promotion and advertising of one of Shaw’s major developments on Regent Street—The Piccadilly Hotel. The Piccadilly Hotel was designed by Shaw with the intention of being a resting space for consumers. One of the main features of the design was the provision of Turkish Baths. It was described in the *Daily Telegraph* in 1904:

> It has a sub-basement, which will be largely devoted to a perfect installation of Turkish baths…and a very conspicuous feature in regard to the restaurant and public rooms will be an open colonnade above the second storey, which will be unique in London hotel architecture, while a broad balcony will afford a delightful hot weather resort for luncheons and dinners in the open air.[97]

The Piccadilly Hotel was designed in part like a health resort, with natural treatments and a resting space to be bathed in sunlight. Where this ‘delightful hot weather’ would

[95] CRES 35/3606 Regent’s Quadrant Rebuilding 1904-1905, Arthur Green (architect to Office of Woods and Forests) Reporting Transmitting Sketch Design for proposed rebuilding, 4 February 1904; CRES 35/3607 Regent’s Quadrant Rebuilding 1905-1906, Daily Telegraph, 16 April 1906, Interview with Norman Shaw.

[96] *The Builder,* 1 October 1910, p. 372.

[97] *The Daily Telegraph*, 4 April 1907, p. 8.

come from was not elaborated on by the article. The hotel began to be a real focus of the planners and the press in the early twentieth century. Shaw designed the Hotel so as not to create an 'oppressive' facade, and the design was completed in 1905.[98] Figure 5.4 below shows the open-air terrace, bedecked with numerous plants.

Figure 5.4: Piccadilly Hotel

Source: *The Builder,* 20 June 1908, unpaginated.

There is little material remaining concerning the Piccadilly Hotel's construction, perhaps since the hotel was financially destitute a few years after it was built. This may have been in part because of the design: the shopkeepers did not want to use

[98] *The Daily Telegraph*, 16 April 1906, p. 13.

the colonnades underneath for their businesses.[99] However, there exists an advertising leaflet from 1908 regarding the hotel, which was reproduced numerous times in the press.

The leaflet begins by discussing the location of the hotel: the intersection between Regent Street and Piccadilly. The leaflet called Shaw's new redesign 'the British metropolis of the future', and the hotel designed to be sufficient for 'the requirements of the age for which it caters'. It focused particularly on providing the latest accoutrements for wellbeing such as Turkish Baths and 'pure' water (see Chapter 3), access to modern methods of communication, such as the telephone, yet complete silence from the outside world: an aspect mentioned numerous times.[100] Rooms were described as being positioned away from the 'constant echoes of London life', and 'the complete shutting out of the sound of the busy street'.[101] One of the main focuses of the leaflet was the provision of 'pure' nature amongst the bustle of the city. The leaflet described the terrace, with its 'unrivalled' winter garden and provision for light and sunshine throughout the year, meaning 'gloom' was 'widely dispensed with'.[102] The leaflet also encouraged the visitor to visit the 'masses of foliage' in Regent's Park, and to cast an eye over 'to the breezy heights of Hampstead' which was just nearby, which was described in a tourists guide to London as a place to

[99] FHW Sheppard (ed), 'The rebuilding of Piccadilly Circus and the Regent Street Quadrant' Survey of London: Volumes 31 and 32, St James Westminster, Part 2 (London, 1963) http://www.british-history.ac.uk/survey-london/vols31-2/pt2/pp85-100 [accessed 24/04/19].

[100] 'A Twentieth Century Palace. The Piccadilly Hotel with some notes on the History, Landmarks and Worthies of Piccadilly and Regent Street' (London, 1908), p. 42, 48, 64.

[101] 'A Twentieth Century Palace', pp. 56-58.

[102] 'A Twentieth Century Palace', p. 45.

'rest'.[103] The utilisation of language of wellbeing, rest, and relaxation away from the crowds of Regent Street in the advertising material for the hotel suggests that this was considered a drawing point for visitors. This reflects the notion expounded on in Chapter 3, that psychological wellbeing was an aspirational consideration.

However, after protests regarding the Piccadilly Hotel and public opinion generally beginning to sway in favour of the shopkeepers, the newspaper began to utilise psychological language to *criticise* Shaw's design. The London newspaper *The Standard* (now the *Evening Standard)* stated that the plans for buildings on Piccadilly Circus will

> provide for stone buildings of the most massive type, **heavy, cold, inelegant but utilitarian buildings**, which will give Piccadilly **the sombre air of a line of warehouses**… Is Regent-street, from the Quadrant to Langham-place, to be turned into a **sombre avenue of grey stone**? Massive stone buildings in a severe classical style are, no doubt, most suitable for banks and business offices….but Regent-street, and more particularly Piccadilly-circus, **ask for lighter, more elegant, more joyous treatment.** Let anyone try to imagine what the Quadrant will be like when it is all Piccadilly hotels…when the **rows of columns bulge out on both sides of the not too spacious road**, when the **threatening cornice looms darkly over both foot-ways**. How dignified it will be, but **how cold, how gloomy**[104]

Another article from the *Telegraph* stated that the rebuilding would spoil Regent Street, arguing that 'Towering new buildings' make streets 'dismal and dull'.[105]

[103] 'A Twentieth Century Palace', p. 64; Scribner's magazine guide; twelve short excursions about London, and information concerning the principal hotels, restaurants, shops and theatres(New York, 1910), p. 11.

[104] CRES 35/2345 Regent Street Reconstruction, *The Standard*, 25 February 1911, my emphasis in bold.

[105] CRES 35/3606 Regent's Quadrant Rebuilding 1904-1905, *Daily Telegraph*, 22 May 1905.

Regarding the Piccadilly Hotel, the terrace was described as largely polluted in the *Gourmet's Guide to London*. The author stated that a meal consisted of 'blowing of smuts off each plate as soon as it is put on the cloth, and a great portion of the conversation of the table talk centres round the black smudges to be wiped off the diners' noses'.[106] While the articles do not in fact state that the buildings would cause psychological distress, the use of psychological facets to criticise is significant, as it suggests that the press's consideration of these concepts was simply surface-level, weighted depending on the apparent agenda of the time. It also shows that the way humans view and use buildings have a significant impact on how they actually function—despite the Piccadilly Hotel being designed as a space of respite and relaxation, it was apparently tainted by the polluted atmosphere.

Interestingly, the shopkeepers themselves utilised psychological language to mock Shaw's design. On 25 April 1907, there was a shopkeepers protest reported in the *Daily Telegraph:* with 125 shoppers protesting that plans for the light- and air-providing Regent Street colonnades were out of 'harmony with the requirements and conditions of modern trade', arguing that 'columns deprive traders of window space'. One shopkeeper, Mr Carrington Smith, argued that the designs 'might have sufficed for a government office…or it might possible have done it for the New Old Bailey—(laughter)—…but it was totally unsuitable for the requirements of the retail shopkeeper. (Hear, hear.)' In response to Mr Carrington Smith, Mr J.F. Lake said 'he should be sorry to think that the present building, if it could not be used for Government offices, might have to be turned into a lunatic asylum. (Laughter, a voice: "For

[106] Nathanial Newnham-Davis, *The Gourmet's Guide to London* (New York, 1914), pp. 249-250.

Architects," and renewed laughter.)' While it is evident this is a joke, the reference of the design as an asylum, or a prison, reveals some kind of awareness of the trend to discuss the psychology of architecture and the idea that certain buildings fulfilled certain roles. Alternatively, it also may suggest that the ubiquity of building of psychological health was so present during this period that to refer to a building as an asylum was commonplace—there certainly were numerous asylums being built during this period.

Despite the contestation, there were reports in the press that suggested that Regent Street was designed with medical principles in mind. It is worth returning to the quotation discussed in the Introduction to this thesis, which interviewed a planner and doctor. The doctor stated:

> was employed in making a medical examination of thousands of emigrants to Canada. Quite a number of London, people, though thoroughly healthy in every way, were depressed by the loneliness of their new life, and some went so far as to throw up excellent prospects in Canada and return to the hardships of London life, preferring poverty in a crowd to wealth and comfort in a sparsely-populated country.[107]

Whether or not this anecdote is factual, it suggests that not only was the urban environment considered to have drastically altered the psychological makeup of Londoners, but that elements of psychological design were ordered to increase revenue in commercial centres, a notion that aligns with arguments made in previous chapters concerning the exploitation of mental health for commercial purposes.[108] There is also some evidence concerning shopkeepers utilising psycho-architectural features to draw in customers, which due to space constraints cannot be discussed

[107] *Daily Mirror*, 27 November 1909, p. 5.

[108] See, for example, pp. 156-163 in this thesis.

fully.[109] Nevertheless, the focus on providing buildings that in part were intended to influence psychological wellbeing was not purely for benevolent means: it expanded to attempting to ensure economic success.

Shaw's redesign of Regent Street never came to fruition. Shaw was considered to be 'obsessive' about his design for the street and the redesign became something of an anxiety for him, particularly due to the limitations placed on his design by the shopkeepers.[110] After various protests against his designs and the tide of public opinion turning toward the shopkeeper's wishes, he had to alter his original design. In 1911 he wrote that the altered design 'troubles me'. A year later Shaw resigned, writing to the Officer of Woods and Forests Mr George Levenson Gower stating he was 'worn out', and could not continue with his work, as it had become 'mutilated', caused him 'anxiety' and 'grave doubts'.[111] After summarising Shaw's distress concerning the resignation and lamenting the street that could have been, his biographer Andrew Saint wrote 'Eight months later he was dead', alluding that his death was at least expedited due to the loss of confidence he experienced with the rejection of the redesign.[112]

The history of Regent Street has been shaped by architectural historians as the spurious end to a greater purpose, with one writing: 'the defeat of Shaw's proposals is

[109] *Architectural Review* 14 (1903), pp. 80-86.

[110] Saint, *Richard Norman Shaw,* p. 371.

[111] Saint, *Richard Norman Shaw,* p.390

[112] Saint, *Richard Norman Shaw,* p. 390

one of the greatest of all the many lost opportunities in the architectural history of London in the present century'.[113] Whether or not Shaw's demise was due to the stress of the shopkeepers' continuous protests, this section has shown how consideration of psychological language to describe architecture became something of a recurring motif throughout the redesign of Regent Street. Such factors were attributed to various contradictory factors: commercial success and lack of commercial viability, advertising for a resting space versus protests against such concepts, and so on. It shows how the popular press began to use such language to appeal to readers concerning both pejorative and positive aspects of the design, suggesting such language was becoming ubiquitous. It also predicts a continued focus on the psychological wellbeing of inhabitants of cities that would continue well into the twentieth century. What wellbeing referred to, and dependent on what conditions, was an evolving concept, becoming more aligned with commercial success than overarching aesthetic pleasantry.

Who gets to access 'breathing space?'

As discussed in section one, the provision of green space, trees, flowers, and so on, in the late-nineteenth and early-twentieth centuries was founded partly on the basis that being exposed to 'nature' could improve psychological wellbeing. In 1882, the Metropolitan Public Gardens Association was founded, and in the 1890s consolidated into the London County Council's Parks, Commons, and Open Spaces Committee, in

[113] 'The rebuilding of Piccadilly Circus and the Regent Street Quadrant', in *Survey of London: Volumes 31 and 32, Street James Westminster, Part 2*, ed. F H W Sheppard (London, 1963), pp. 85-100. *British History Online* http://www.british-history.ac.uk/survey-london/vols31-2/pt2/pp85-100 [accessed 11 April 2019].

order to provide and regulate the public, green spaces in London. The provision of green space was praised in 1885 by *The Builder,* who stated that

> If there is one movement, more than another, that has made its mark upon latter-day London, it is the most excellent practical philanthropy which has resulted in obtaining and laying out open spaces for the comfort and health of the five million inhabitants of the metropolis…Though the movement has been carried out in the most quiet and unostentatious manner, it has become patent even to those persons who usually go about with their eyes shut, but who can scarcely fail to notice that London at this day possesses far more air, light, flowers, and trees than was the case half a dozen years ago.[114]

Building 'breathing space' continued into the twentieth century. It was noted in 1910 that there had been four hundred garden squares and crescents planted since the late nineteenth century: 'all accessible to the eye and ear—the happiest, healthiest, luckiest, pieces of town planning ever done by any body of men in any city'.[115] It had become perceived as a necessary attribute of the city.

The areas of 'breathing space' constructed at the turn of the century were environments where so-called 'moral, mental and physical' health intertwined, and often the combined benefits cannot be easily extricated from one another. In an article from *The Lancet* concerning parks, the author posited these environments as particularly mentally healthy for the young working classes: 'These are the little Londoners who find it so hard to get out of London and look upon the face of nature and who are growing up stunted in *mind, body, and soul'*.[116] The architectural perception of 'breathing space', as evidenced above, was slightly different, with the psychological benefits less related to physical health and more to do with the provision

[114] *The Builder,* 8 August 1885, p. 177.

[115] 'Inaugural Meeting at the Guildhall', in *Town Planning Conference*, p. 64.

[116] *The Lancet,* 29 October 1894, p. 1249, my emphasis.

of nature relaxing the mind of the stressed inhabitant of cities. An 1886 article from *The Builder* described the effect of a park on a 'jaded needlewoman', 'to refresh herself with the sight of flowers, and may be, the songs of birds—sad reminiscences of the country life from which she was too early torn'.[117] Later, Regent's Park would be described as 'bringing with it a whiff of the breezy weald of Surrey into the heart of London for weary eyes to rest on'.[118] A paper given at the Town Planning Conference likened parks to the quiet of a retreat, away from the 'ceaseless stream of traffic and glare of lights' of the city: considered necessary in ceasing 'nervous breakdowns' caused by the urban experience.[119]

The idea that 'breathing space' could improve mental wellbeing was also present in the national press. For example, an article in the *Daily Express* from 31 March 1902 described the ideal 'happy' day, which consisted of visiting London's many parks, including Kew Gardens, Hampstead Heath, or Regent's Park. Victoria Park was described in a similar manner in 1896:

> The ample open spaces, the well-furnished parks and gardens, with their supply of seats, are crowded with their thousands of happy men, women, and children, in search of health, happiness, and the higher education of sweetness and light which close fellowship with Nature at her best cannot fail.[120]

Press coverage on the necessity of such spaces reveals the dissemination of concepts of environmental determinism to the general public. Periodicals that discussed flowers and trees, for example, the *Gardener's Chronicle,* began to make a connection

[117] *The Builder,* 27 March 1886, p. 463.

[118] *Architectural Review,* 1897, p. 239.

[119] Thomas H. Mawson, 'Public Parks and Gardens: Their Design and Equipment' in *Town Planning Conference*, p. 434.

[120] 'London in May. Victoria Park, Saturday afternoon', *The Gardener's Chronicle* XIX (1896), p. 671.

between spending time with flowers and trees and the psychological benefits of such an endeavour. As the 1880s progressed gardening magazines professed that spending time in the presence of flowers and trees would inspire thoughts of 'glowing happiness'.[121] One article focused on the happiness instigated through collecting flowers 'because it is in itself delightful and mentally invigorating'.[122] One species of Geranium cultivated in the 1880s was even named 'Happy Thought'. Therefore, there was a connection between both the association of happiness with the presence of flowers, or perhaps everyday objects were starting to be associated with emotions and mental health.

However, on the whole, the psychological benefits of breathing space were mostly surface level. The following example highlights an oft-emerging situation. A letter in 1893 from RIBA member Robert Williams to the LCC requested permission to build an open space for the 'poor' in Whitechapel, who subsequently invited Williams to design it.[123] This open space, annotated below on a map created by Charles Booth in 1898 (and still accessible today, see Figure 5.5), was situated at Thrawl Street in Whitechapel, which was described a few years prior to the development as an typical psychopathological environment: 'rubbish', 'ugly', 'composite' houses, a 'dirty and dismal' street, with 'children who swarm', and '[W]retched and anxious looking men and women'.[124] However, despite the construction of an open space (and the providing

[121] *The Gardeners' Chronicle* VI *(1889),* p. 23.

[122] *The Gardeners' Chronicle* XIV (1880), p. 103.

[123] LCC/MIN/08816 Presented Papers: Parks and Open Spaces Committee, 1893, Letter and tracing from Robert Williams, 2 December 1893, regarding an open space off Thrawl St.

[124] *East End Observer*, 29 December 1877, p. 3.

of sea side holidays and country visits in 1898), Thrawl Street was still associated with mental illness into the early twentieth century.[125]

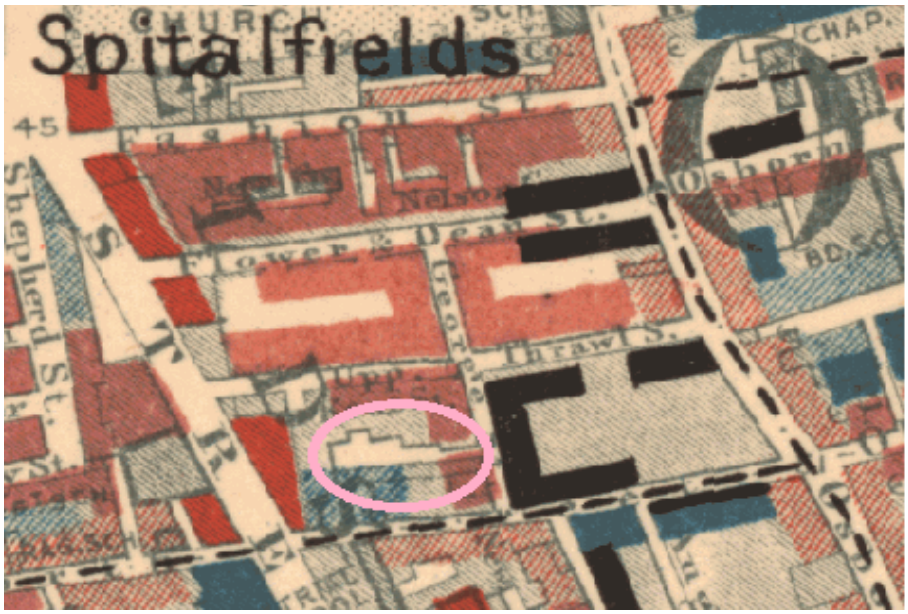

Figure 5.5: Charles Booth's map of London, 1898-1899, my annotation showing the area of development

Source: https://booth.lse.ac.uk/map/14/-0.1174/51.5064/100/0 [accessed 16/01/2019]

The American author Jack London published the book *The People of the Abyss* in 1902, concerning the East End of London, in which he photographed Thrawl Street (Figure 5.6) and described the inhabitants of East London, being 'barred' from the parks that were placed to find refuge.[126] A review in the *Daily Express* stated that this led to 'hopelessness that finds refuge in suicide'.[127] There was clearly a disconnect between what the architects of the 'breathing space' intended versus how they were actually used and regulated. The construction of such environments can be seen as

[125] *East End Observer,* 19 June 1866.

[126] Quoted in *Daily Express,* 14 November 1903, p. 4.

[127] Quoted in *Daily Express,* 14 November 1903, p. 4.

an example of how architectural planning had difficultly translating to everyday experience.

Figure 5.6: Thrawl Street, showing a typical 'monotonous' facade

Source: Jack London, *People of the Abyss* (London, 1902)

Similar problems of design versus use emerged regarding park spaces in general. While there were numerous associations made in the medical press, the architectural press and the popular press as parks as spaces of psychological wellbeing—specifically engendering happiness—the ways that the parks were used by some works against this idea. Historically, parks have been positioned as spaces of transgression, and the evidence discussed here aligns somewhat with this work. For example, there are frequent examples of minor acts of disobedience that actively worked to destruct the 'nature' that the park authorities had constructed. The LCC Parks and Open Spaces Committee and the Metropolitan Gardens Committee

provides a wealth of evidence to show how the parks were actually used by the everyday visitor.

While much of the committee's notes are solely concerned with quotidian details, for example, a request for the word 'please' to be added to 'keep off the grass' underwent debate, and complaints about people throwing dogs in the ponds, there are numerous examples of young boys damaging the features in the park.[128] For example, in 1891, it was reported that on Sundays groups of boys would throw stones in Victoria Park—the scene of the 'thousands of happy men, women, and children' described above—to try and destroy the plants and flowers.[129] Numerous minor acts of vandalism occurred during the 1890s, with many reports of damage to trees and flowers occurring, reports of people fined for picking flowers and setting dry grass on fire, and a few acts of cruelty towards birds.[130] These acts of damage could simply be minor acts of dissent that occur in all public spaces. Nevertheless, it is interesting to note that some attributes provided by the council that had been specifically related to mental wellbeing were actively being destroyed.

In addition, although the spaces were in part designed to engender mental wellbeing, there are examples of parks barring entry to people with mental illnesses. For example, one motion was carried to oppose any asylum encroaching upon the

[128] CLC/011/MS11097/011 Metropolitan Public Gardens Association Minutes, Oct 5th 1892.

[129] LCC/MIN/08759 London County Council Parks, Commons, and Open Spaces Committee, 1890-1892, 10 July 1891.

[130] LCC/MIN/08760 London County Council Parks, Commons, and Open Spaces Committee, 1892-1895, Occurrences reported; 3 March 93; 28 April 1893; 11 Nov 92; 17 Feb 93; 7 July 93.

space of Tooting Common. The Metropolitan Asylums Board proposed the erection of an asylum on Tooting Lodge estate, which faced the common. The LCC replied and rejected the proposal, stating that 'It is suggested that if the patients are to be allowed as ever practicable to use the common the popularity of the important space is likely to be diminished and it must be pointed out for the protection of the numbers of children who use the common'—thereby creating an unwelcome association between mentally ill people and danger. Further, if the asylum absolutely had to go ahead, the parks committee stated the following restrictions:

> (B) That the Buildings shall be…in structure and appearance somewhat ornamental and of red brick with tiled roof to harmonise with the surrounding neighbourhood. (C) That the belt of trees shall not be cut down (D) That the use of the Common by the inmates shall be *restricted as much as possible if it is not practicable to altogether prohibit it*'[131]

The asylum hence had to be indistinguishable from the surrounding area, hidden essentially, and the people within the asylum were not allowed to go into the green space. Another incident at Tooting Common bolsters this issue. It was written in the occurrences book of the committee (when there had been a crime or disorderly conduct committed) that there had been a 'mad man found walking around'.[132] While this might suggest there was a particularly stringent attendant in Tooting Common, it also suggests that the architects' and planners' ideas for parks as a space for mental wellbeing suitable only for those who were already mentally well. This points to a notable schism between palatable and unpalatable mental illnesses: the notion that wellbeing was encouraging, but mental illness was not.

[131] LCC/MIN/08817 presented papers parks and open spaces committee Jan-March 1894, papers presented 2 Feb 1894, my emphasis.

[132] LCC/MIN/08760 London County Council Parks, Commons, and Open Spaces Committee, 1892-1895, 28 April 93.

One more pointed example of parks being used conversely to their intended purpose were the frequent suicides in London's parks. Throughout the 1880s and 1890s, the London County Council Parks and Open Spaces Committee reported at least one suicide per week. Most of these suicides occurred in Hampstead Heath, where the people took their own lives usually by drowning in the ponds, though there were quite a few occurrences of suicide by ingesting poison.[133] After a spike in the early months of 1893, there was a constable appointed to monitor the parks all day. After another increase in November 1893, another officer was appointed to attend to the ponds during the constable's dinner break. By December, a report was being conducted to 'prepare a return of dead bodies found in the Hampstead and Highgate ponds during the last 2 years'.[134] The report did not propose any changes, but simply noted the number of dead bodies that had been found. However, there were further reports on the high number of suicides in watered areas of London's parks, and in one case in Highgate, a solution proposed: 'the footpath runs close to the said pond and that the pond is very deep at places, and unprotected, would suggest that the London County Council that a railing be placed around that portion of the pond'. Despite this, there is little evidence to suggest that the park authorities did much concerning the suicides.

Suicide in the nineteenth century, particularly in urban areas, has been extensively discussed in European and British history. Olive Anderson's book on

[133] LCC/MIN/08760 London County Council Parks, Commons, and Open Spaces Committee, 1892-1895, Reports of suicides or attempted suicides from: 28 April 93; 24 November 1892; 3 February 1893; 3 March 1893; 28 April 1893; 9 June 1893; 12 May 1893; 21 July 1893,13 October 1893; 12 August 1893, 12 September 1893; 16 September 1893; 24 November 1893; 21 December 1893; 2 February 1894; 19 July 1894; 30 November 1894; 2 November 1894; 5 April 1895.

[134] LCC/MIN/08760, 21 December 1893.

suicide in Victorian and Edwardian Britain relies on a Durkheimian structuralist model. She discusses the direct links made between sanitary reformers during the nineteenth century and the proliferation of suicide. Anderson writes that '[for sanitarians] the idea that suicide was linked with urban living and the conditions of modern society was to them quite as plausible and familiar as the idea that it was linked to insanity'.[135] Anderson discusses the various implementations that were put in place by the reformers in an attempt to reduce suicide. 'The sanitarians' strategy for the reduction of suicide was…the fostering of healthy minds in healthy bodies, through encouraging outdoor exercise…and secondly, the creation of an environment from which all tempting facilities for suicide had as far as possible been removed'. She also argues that measures were put in place to try to reduce suicide in urban areas, including in parks, with the amateur volunteers, for example, the Life Saving Society were trained in helping 'would-be suicides'.[136] Anderson writes that 'Victorian and Edwardian attempts to create an environment in which suicide was simply more difficult certainly achieved something', however, the main crux of her argument is that there were more opportunities for suicide in the nineteenth century.

While Anderson's argument is convincing, it does not quite take into account individual motivations for suicides. Christian Goeschel has recently addressed this problem in his book on *Suicide in Nazi Germany*, through considering a German context. At a later time than considered here, Goeschel's book provides a framework to consider suicide outside of national boundaries. While he recognises the

[135] Olive Anderson, *Suicide in Victorian and Edwardian Britain* (Oxford, 1987), p. 345.

[136] Anderson, *Suicide*, p. 355.

Durkheimian context that blamed 'social factors for suicidal acts', he argues that this 'largely disregards individual motivations for self-destruction, neglecting the freedom of action of the individual'.[137] Thus, while Anderson makes the link between parks making it easier for those to commit suicide, coroners reports that were undertaken concerning those taking their own lives in both parks, gardens, and elsewhere from the period considered, make little connection made between the environment within which the suicides were undertaken. Instead, the coroner's reports from 1895 reveal that these suicides are an inevitability of overwork, financial, and personal problems.[138] The suicide notes that remain are reflections of severe distress—the attribution of environmental factors to these is somewhat reductive. Instead, perhaps there exist multiple notions of the environment of breathing space. First, the environment as a space for recreation, community cohesion, and wellbeing, and less palatable attributes of the environment, such as spaces of disorder, destruction, isolation and despair.

This section has revealed how psychologically healthy environments such as the park often operated conversely to their intention: purportedly being good for wellbeing, and promoted as such in the press, but with aspects being misused, ran in a discriminatory manner, and in some ways unable, or unwilling, to control disruption. This builds on recent historical narratives that position nineteenth-century parks not as spaces of social control but as layered spaces of cohesion—considering how parks

[137] Christian Goeschel, *Suicide in Nazi Germany* (Oxford, 2009), p. 2

[138] CLA/041/IQ/03/077 Coroner's Inquests 1895 Jan-June, numbers 38, 54, 57, 58, 73, 74, 86, 87.

and areas of 'breathing space' can be both spaces of wellbeing and spaces of distress creates a more nuanced perception of parks as environments of diverse social life.

Conclusion

This chapter has demonstrated how architectures of wellbeing emerged, how such ideas were formed and disseminated, and the fundamental problems with such ideologies. It has shown that there developed an idea amongst architects that architectural form specifically could both improve and degrade wellbeing. This is a seismic change to the literature concerning pathological environments, which has tended to focus more on the physical health problems caused by urban environments. The 1910 Town Planning Conference reveals how these ideas were not isolated, but clearly present across various countries in Europe, which suggests there was a transnational element to such ideas. As such, this chapter opens up a wealth of potential studies within Britain, within Europe, and in the world. This chapter has also shown the fundamental lack of medical evidence in the construction of urban environments purportedly designed for wellbeing. Given the current focus on such initiatives, questioning this concept has far reaching contemporary implications.[139]

This chapter also takes the building for psychological health narrative outside of the institution and into everyday life, revealing there was present an ideology that psychological wellbeing was something that could affect all people, not simply those with mental illnesses. Further, the consideration towards building architecture that would offset the problems engendered by stressful working conditions has significant

[139] For example, the University of Sheffield was awarded £1.3m in 2018 to improve parks and green space in Sheffield, in order to 'improve the health and wellbeing of the city's residents'; http://iwun.uk/ [accessed 24/04/19].

implications for design and social history: considering if attention towards psychological wellbeing was built into, for example, smaller towns, rural areas, domestic spaces, shops or even workplaces could shape how we understand the human condition. Further, detrimental psychological ideas around certain environments such as skyscrapers and suburbia emerged at different times throughout the twentieth century. Considering psychological wellbeing in architecture not simply as sporadic moments but as a continued and pervasive concept throughout the twentieth century has significant implications for how we understand the history of architecture.

Conclusion

This thesis challenged two major ideas that are foundational to the academic study of the environment and mental health. First, it complicated three decades of academic scholarship that positioned the nineteenth-century city and natural world as dichotomous: mentally distressing and healing respectively.[1] Instead, through rigorous analysis of medical sources, it showed that these environments shared many of the same features, and that the application of 'psychological' characteristics to such places was part of a wider 'psychologisation' of everyday life during this period. In doing so, it showed how having a mental illness, and curing it, became a tolerated part of life and something people became expected to self-manage. Second, this thesis argued that 'environments of wellbeing' and 'natural cures' for psychological disorders were constructed by professionals as an attempt to assert themselves as authorities during this period, and to make money. The acquisition of power and material gain in the construction of such cures was also reflected in who they were designed for: the model being white, upper- or middle-class men. As such, this thesis made significant interventions into multiple areas of scholarship: history of medicine, environmental history, and the history of expertise, the implications of which are detailed below.

[1] Daniel Pick, *Faces of Degeneration* (Cambridge, 1990), p. 5; Judith Walkowitz, *City of Dreadful Delight* (London, 1992), p. 17, p. 85; Deborah Epstein Nord, *Walking the Victorian Streets: Women, Representation, and the City* (London, 1995), p. 24; Anthony Vidler, 'Agoraphobia: Spatial Estrangement in Georg Simmel and Siegfried Kracauer', *New German Critique* 54 (1991), p. 34; Tammy Whitlock, 'Gender, Medicine, and Consumer Culture in Victorian England: Creating the Kleptomaniac', *Albion: A Quarterly Journal Concerned with British Studies* 31 (1999), p. 413; Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London, 1999), pp. 6-7, p. 435; Anthony Vidler, *Warped Space: Art, Architecture, and Anxiety in Modern Culture* (Cambridge, 2000); Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (Manchester, 2003), p. 145; Hans Pols, 'Anomie in the Metropolis: The City in American Sociology and Psychiatry', *Osiris* 18 (2003), p. 194; Martin Melosi, *Garbage in the Cities: Refuse Reform and the Environment* (Pittsburgh, 2005), pp. 21-23; Leif Jerram, *Germany's Other Modernity* (Manchester, 2007); James Mansell, *The Age of Noise in Britain: Hearing Modernity* (Illinois, 2017), p. 25.

A major theme of this thesis was the 'psychologisation' of everyday life, an idea that aligns closely with Mathew Thomson's widely-cited 2006 work *Psychological Subjects,* in which he argued that psychological thought infiltrated into everyday social, political, and economic life.[2] I adapted Thomson's framework to analyse understandings of the environment during this period. By situating his analysis in the material world, my thesis showed that multiple professions—psychiatry, philanthropy, architecture, town planning, to name a few—began using language pertaining to psychological wellbeing or distress in order to describe the landscapes of the late-nineteenth and early-twentieth centuries. As such, this thesis has provided a unique perspective on the history of medicine and the history of the environment. Considering how numerous aspects of everyday life became infused with mental wellbeing or distress has raised questions that could form the basis of numerous avenues of further investigation: did these 'ideas' translate into people's everyday lives, or were they just 'ideas'? In what other areas did the commercialisation of psychological wellbeing encroach, and who benefits?

While the construction of certain environments as physically healing spaces was discussed widely in historical work between the 1960s and the early 2000s by scholars such as Martin Melosi, Patrick Joyce, and Richard Sennett, this has been in recent years overshadowed by the focus amongst urban historians on 'voices' and 'layers' of the city (explored in more detail later).[3] Certain environments, including the

[2] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford, 2006), p. 1.

[3] Martin Melosi, 'The Place of the City in Environmental History', *Environmental History Review* 17 (1993), p. 17; Richard Sennett, *Flesh and Blood: The Body and the City in Western Civilisation* (London, 1994), pp. 15-16; Michael Hebbert, 'A City in Good Shape: Town Planning and Public Health', *Town Planning Review* 70 (1999), pp. 433-434; Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (Manchester, 2003), p. 145; for perspectives on voices and layers of

city, being constructed as mentally healing has been an under-explored area of study. However, it is crucial to understanding planning interventions by the state in the twentieth century. This thesis should therefore revitalise the field of 'healthy cities' and as such invigorate the discipline of urban history. For example, Chapter 5 showed that many plans for mentally healthy environments did not come to fruition. Looking more broadly across cities, perhaps countries, to see if these were simply architectural ideas and designs, or if they were indeed carried out, and how people reacted to them and used them, would be a worthwhile endeavour for historians.

While Thomson's work was contained within the mid- to late-twentieth century, my thesis extended the timeframe to include the late-nineteenth century. By situating my analysis in this period, my work critiqued a rich body of scholarship that discussed mental health at the turn of the twentieth century.[4] While there was clearly an obsession with the mind at the end of the century, much scholarship constructs this focus as a somewhat malevolent force, one that sought to repress, marginalise and animalise women, people of colour, and gay people. While this is certainly true in terms of the cultural legacy of diseases, my thesis paints a much murkier picture of how medical professionals actually theorised mental illness, one which significantly changes the field of mental health history. For example, Chapter 1 challenged the widely agreed idea of the modern, pathological, 'modern' urban environment, and

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the city, see initially Peter Marcuse, 'The Layered City' in Peter Madsen and Richard Plunz (eds), *The Urban Lifeworld: Formation Perception Representation* (London, 2002) pp. 94-95; more recently Tom Hulme, *After the Shock City: Urban Culture and the Making of Modern Citizenship* (Woodbridge, 2019).

[4] Pick, *Faces of Degeneration,* p. 5; Walkowitz, *City of Dreadful Delight* p. 85; Epstein Nord, *Walking the Victorian Streets*, p. 24; Vidler, 'Agoraphobia', p. 34; Rose, *Governing the Soul,* pp. 6-7; Vidler*, Warped Space*; Joyce, *The Rule of Freedom,* p. 145; Pols, 'Anomie in the Metropolis', p. 194; Melosi, *Garbage in the Cities*, pp. 21-23; Jerram, *Germany's Other Modernity*, p. 1; Mansell, *The Age of Noise in Britain*, p. 25.

showed that there is a huge body of hitherto unexplored causes of mental illness (and thus material) that has been discounted in the study of it.[5] Aetiological factors included diverse and somewhat anomalous things such as sandwiches, short sightedness, cheap books, roosters crowing, or heartbreak. The crux of this chapter was to show the diversity and lack of consensus on what was considered mentally damaging at this time. It argued that focusing on one 'factor', such as 'modernity', dampens the rich tapestry of psychological illness during this period. Instead, I argue for a much messier and complex theorisation of mental illness, one that attempts to transcend barriers of identity.

In making this argument, my work criticises both long-standing and recent work that uses modernity and the urban as a framework through which to understand mental illness during this period.[6] Most recently, a 2019 work by Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis argued that 'diseases of modern life' were a direct reflection of 'unprecedented change' that occurred during the turn of the twentieth century.[7] Critiquing this standpoint, and applying the framework of the everyday to show how anything could be imbued with psychological characteristics, not just things considered 'modern', has the potential to transform studies of medical history. Rather than constructing great epochs of change, studying the more mundane aspects of psychological illness will provide a much broader source base and richer picture of what it meant to be mentally ill during the end of the nineteenth century.

[5] Virginia Berridge, *Demons: Our Changing Attitudes to Alcohol, Tobacco & Drugs* (Oxford, 2013); Peter McCandless, "'Curses of Civilisation': Insanity and Drunkenness in Victorian Britain," *British Journal of Addiction* 79 (1984), p. 53; Roy Porter, "The Drinking Man's Disease: The 'Pre-history' of Alcoholism in Georgian Britain," *British Journal of Addiction* 80 (1985), pp. 385–396.

[6] Vidler*, Warped Space*; Scull, *Madness and Civilization*; Mansell, *The Age of Noise in Britain*, p. 25.

[7] Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis*, Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, 2019), p. 24.

More broadly, it should reignite debates about the use of 'modernity' as a historical term, and hopefully work towards discounting it. Rather than viewing ideas and people through a binary lens of 'modern' and 'unmodern', it calls for a less linear understanding of historical process.

In forming this criticism, my work highlighted a continued problem in medical histories of the nineteenth century: the misguided elision of contemporary technological advancements and mental health problems with those from the nineteenth century. The association between the mental ill effects of the internet versus the telegraph is one brought up in Bonea and others' work. They argue that we must look to the nineteenth century in order to understand, and respond to, our own so-called 'information overload'.[8] But doing this suggests a false equivalence between people in the nineteenth century and people today, and masks the particular cultural context of the time, which is crucial in understanding the past. It also suggests that anxieties about these technologies were *actually* the instigator of mental ill health.

Showing the breadth of the perceived causes of mental distress, aligned with the notion that these technologies were often actually used as a *cure* for psychological problems, gives us a much richer understanding of how doctors actually understood mental illness as opposed to the cultural construction of mental ill-health.[9] Again, this has significant implications for the study of history of medicine. Understanding the people constructing the diseases and their patients as individuals with agency, as

[8] Bonea, Dickson, Shuttleworth and Wallis, *Anxious Times*, p. 220.

[9] Bonea, Dickson, Shuttleworth and Wallis, *Anxious Times*, does address how doctors used the telephone and telegraph in order to provide health care over the phone. Nevertheless, their overarching notion of a stressful, fast-paced, technologically saturated environment in the late-nineteenth century remains as an overarching theme of the book.

opposed to subjects uncritically affected by a cultural context, helps partially answer Roy Porter's much investigated call for patients' voices in histories of medicine.[10] While it is still hard to excavate the patient's voice when looking at 'expert' literature, it is easier to hear whispers of it if we focus on the breadth of medical literature rather than simply cultural constructions of it.

To make this argument, my thesis' methodology provided a strong case against the reliance in histories of medicine on non-medical literature and novels. Literature is an invaluable source in understanding how mental illness propelled into cultural consciousness and can be used to gain a 'popular' understanding of a condition. But using a novel published in the nineteenth century is not necessary to understanding the medical aetiology of mental illness during this period. Yet this is something that is still equated with medical writing in recent histories of mental health during this period.[11] This thesis sought to show the importance of considering medical literature. Chapter 1 showed that despite the proliferation of literature and sociology that addressed urban anxiety, in the medical press this rise was not attributed solely, even predominately, to the urban environment or 'modern life'. Chapter 5 identified that the idea that the physical shape of the urban environment itself could cause mental harm was most predominant in the architectural press, not the medical. These findings are pathbreaking, as understanding the city and 'modern life' as mentally pathological states has been widely assumed in the aforementioned decades of scholarship. Nuancing this assumption will help us to interrogate why this idea has been so pervasive in historical study. My thesis also strongly states that to understand the

[10] Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14 (1985), p. 175.

[11] Bonea, Dickson, Shuttleworth and Wallis, *Anxious Times*, p. 219.

cultural contexts and construction of mental illness, it is necessary to consult medical literature. It also calls for a different methodological standpoint: showing the entirety of the nebulous and often contradictory ideas about the mind, which may in turn provide nebulous and contradictory arguments. I argue that this is a necessary part of historical process. As Mathew Thomson says, this provides a 'messier but also a richer history of the path to psychological modernity'.[12]

Cultural historian of technology Alexander Longworth-Dunbar argued that we 'tend to consider the Internet as a purely virtual elsewhere, detached from the material "real world" of everyday life'. He made a similar argument in his history of the telegraph in the nineteenth century, which divorced it from its perceived ill effects. Instead, he constructs it as an instrument with a variety of critics and enthusiasts that quickly became a tolerated part of existence.[13] My thesis builds upon Longworth-Dunbar's work using a theory first pioneered by Bruno Latour, arguing that the boundary between technology and society is indistinct and socially produced.[14] Instead, I argued that humans adapted reasonably quickly to technological change, and that it was not an overarching, spectacular element, but rather a somewhat normal part of life. This was evidenced through my argument in Chapter 1, which showed that medical professionals often praised the benefits of technological advancements in healing mental health problems. It developed this point in Chapter 3, which showed how

[12] Thomson, *Psychological Subjects,* p. 3.

[13] Alexander Longworth-Dunbar, 'Materialising the Virtual: a Critical History of Contemporary Popular Conceptions of the Internet'. PhD Thesis, University of Manchester, 2020; Alexander Longworth-Dunbar, 'Increasing a Hundred-Fold the Distresses of Humanity': A History of Negative Representations of the Telegraph, 1837-1914. MA Thesis, University of Manchester, 2018.

[14] Bruno Latour, 'Technology is society made durable', *The Sociological Review* 38 (1990), p. 103.

various water technologies were brought within the home, something only achieved through advancements in engineering. Building on the argument of Chris Otter, viewing innovation in this way allows us to draw a much fuller understanding of technologies and their use during this period. As such, my thesis should provide a framework to help show the interaction between humans and technology, how they benefited from it, and the nuances of technological advancement, rather than simply positioning it as something that people were frightened of.[15]

Regarding environmental history, this thesis chimes with a 2019 article by Andrew Seaton, in which he argued that historians who work on the environment are unlikely to call themselves 'environmental' historians, preferring instead to label themselves as urban or rural historians. He argued that if historians were willing to accept this label, then the field would be strengthened, encouraging 'new directions in the stories we write about modern Britain'.[16] By using another Latour-inspired framework that encourages the elision of the urban and the rural, technology and nature, this thesis has answered Seaton's call for a full 'environmental' history as such. It showed that the environment extends beyond designated signifiers such as 'the countryside' and 'the city', and argued that the urban and the rural are composite parts of a whole. [17] This is significant for scholars of this topic, because it synthesises two very distinct areas of study, and should help instigate collaboration between the two disciplines.

[15] Chris Otter, *The Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (Chicago, 2008), pp. 181-183.

[16] Andrew Seaton, 'Environmental History and New Directions in Modern British Historiography', *Twentieth Century British History* 30 (2019), pp. 447-456.

[17] Erik Swyngedouw, 'Metabolic Urbanization: The Making of Cyborg Cities', in Ariane Louise Harrison (ed.), *Architectural Theories of the Environment: Posthuman Territory* (Oxford, 2013), p. 168.

The majority of the chapters in the thesis looked at a diverse number of built and non-built environments, including asylums, the seaside, springs, hotels and homeplaces, and showed that experts involved in the (physical and theoretical) construction of them used 'psychological language', including words such as anxiety, stress, monotony, cheer, and gloom, to describe them. In doing so, this thesis should help to bring 'landscapes of healing', a common phrase in archaeological work, more prominently into the historical sphere. As such, it will build upon the work of historical archaeologists Gillian Allmond and Katherine Fennelly, who bridge the gap between architectural history and archaeology by revealing the careful consideration of mental wellbeing in the construction of the asylum.[18] Notably, however, my work takes psychological language outside of the institution. It showed that consideration for good mental health became infused into the spaces of the everyday. Considering 'monotony' and 'gloom' in more detail, which are words utilised in almost every chapter of this thesis to describe life, buildings, and emotions, could be the basis of further study.

Considering 'psychological environments' more broadly shows just how far mental health seeped into multiple areas of public and private life during this time. How certain environments were considered beneficial to mental health could be applied to all manner of institutions created in the period studied. For example, while swimming pools have been the subject of historical attention in terms of physical health, considering them through the lens of psychological health and self-management

[18] Gillian Allmond, 'Light and Darkness in an Edwardian Institution for the Insane Poor—Illuminating the Material Practices of the Asylum age', *International Journal of Historical Archaeology* 20 (2016), pp. 5-6; Katherine Fennelly, 'Out of sound, out of mind: noise control in early nineteenth century lunatic asylums in England and Ireland', *World Archaeology* 46 (2014), pp. 418-420.

would help to understand the relationship between exercise and good mental health that has endured into the twentieth century. As such, this thesis builds upon work by scholars such as Tom Crook and Ben Anderson, who explicate the relationship between hygienic habits, exercise, moral turpitude and productivity.[19] Exploring the relationship between self-management of mental health and its relationship to work, shows that self-management and self-discipline was not confined to training the body, but applied to the mind too. This finding should change how we view arguments about the morality of work, but also opens up new avenues in the study of occupational health and workplaces.

In addition, the application of psychological characteristics to domestic situations has implications for multiple areas of study. For example, in Chapter 2, I considered how ordinary 'domestic' items that were placed in the asylum, such as house plants, became imbued with psychological qualities by the asylum authorities. Similarly, in Chapter 3, I looked at how water as a psychological cure was brought into the home, and Chapter 4, I looked at how domestic environments were described in language pertaining to mental wellbeing. Considering how mental health became ingrained in the domestic apparatus shows just how extensive, and pervasive, mental wellbeing as an aspiration was. Building on the work of Jane Hamlett, who considered how domestic items in the home were part of a rigorous system of discipline and control, my thesis captures how the aspiration for good mental health was part of this

[19] Tom Crook, '"Schools for the moral training of the people": Public Baths, Liberalism and the Promotion of Cleanliness in Victorian Britain', *European Review of History* 13 (2006), p. 32; Ben Anderson, 'A liberal countryside? The Manchester Ramblers' Federation and the 'social readjustment' of urban citizens, 1929–1936', *Urban History* 38 (2011), p. 97.

system.[20] Looking in more detail at how domestic spaces became infiltrated by these ideas will potentially transform how we understand the late nineteenth- and early-twentieth century home. Considering if applying characteristics of mental wellbeing to consumer objects was just a marketing idea, or if people really desired their homes to be a space of wellbeing, is a compelling area of further study. In addition, the study of 'healthy domesticity' has in recent years developed the field of domesticity history to include the purchase of objects to improve physical health. Considering mental health as well will bolster this discipline with another potential area of analysis.[21]

In line with the quest for metal wellbeing becoming part of everyday living, one of the major arguments of my thesis is that mental health became considered valuable and exclusive. For example, Chapters 3 and 4 showed how what were considered the deleterious psychological qualities of overwork became something you could solve with taking part in the various 'natural cures' or exercises of wellbeing that became popular towards the end of the nineteenth century. But, as more working-class people started to take part in these activities, more 'remote' and hence expensive natural cures began to proliferate. The creation of 'exclusivity' in mental wellbeing—essentially, those who could afford it being granted access to better mental health—is something that should significantly change our understanding of class in the late-nineteenth and early-twentieth centuries. The attribution of certain mentally damaging characteristics to areas where working-class people congregated, and psychologically

[20] Jane Hamlett, *At Home in the Institution : Material Life in Asylums, Lodging Houses and Schools in Victorian and Edwardian England* (London, 2015), p. 20.

[21] James G. Hanley, *Healthy Boundaries: Property, Law, and Public Health in England and Wales, 1815-1872* (Rochester, 2016), p. 111.

beneficial ones to places where middle-class people went, might well be an area of exploration for leisure or planning historians.

Scholarship on mental health in the nineteenth century has, quite rightly, focused on the marginalising effects of psychological disorders, for example, the repression of women as hysterical, and pathologisation of certain ethnicities as criminal. But how these exclusions manifest in access to care has been less well explored. Delving into the archetype of who care was for—primarily wealthy white men –showed for whom care was *not* designed. For example, the Mental After Care Association discussed in Chapter 4 only allowed the 'respectable' mentally ill to access care and support. The spas in North Africa discussed in Chapter 3 have little or veiled mention of people from North Africa visiting. Similarly, there is evidence showing that while parks were partly designed to have good mental health benefits, mentally ill people were excluded or hidden from some parks on grounds of disturbing the 'peace' these spaces granted. What these pieces of evidence, and identifying the 'silences' in who medical treatment was designed for, can tell us about who 'deserved' care is a prescient area of further investigation. Considering not just who was pathologised, but who was excluded from access to psychological treatment should also historicise currently studied systemic exclusions from mental health care.

A further finding of this thesis was the interlinked notion that mental health began to be described in terms dependent on value, and encouraged to be 'self-managed'. Chapter 3 showed how the relief of stress and anxiety became synonymous with going to spas, and for those who could not afford the 'real thing', bringing the spas into your own home through various implements and bottled water.

Chapter 5 explored the application of psychological wellbeing to hotels, and Chapter 4 suggested a regime reading books to improve mental health. Mental wellbeing thus became something that a person could purchase and because of this, people were expected to manage their own mental wellbeing. The commodification of mental wellbeing is one of the groundbreaking areas of this thesis. While the relationship between pharmaceutical drugs and capitalism has been well-explored, with Claire Jones' analysis of the Wellcome collections drug records attesting that they did all they could to 'expand their market share', more broadly this notion has not been explored in terms of mental health.[22] As such, this thesis has important implications for the study of the marketisation of mental health outside of the pharmaceutical industry. One area that was touched upon in Chapter 5 is the 'psychologisation' of shopping streets. The thesis's findings on how purveyors enticed consumers with mental wellbeing should enliven debates about consumerism and the construction of areas for shopping, including, for example, shopping malls.

As mentioned previously, one of the more dominant trends in recent urban history is to try to excavate the 'voices' in built environments. This trend builds upon pathbreaking scholarship by, for example, Frank Mort and Matt Houlbrook, which addresses 'who can "speak" and who has "spoken" in, about, or on behalf of the city'.[23] Such an area has provided important insights into the study of women's and LGBTQ history, but I have found this framework useful in identifying who was 'silent' in the

[22] Claire L. Jones, '(Re-)Reading Medical Trade Catalogs: The Uses of Professional Advertising in British Medical Practice, 1870–1914', *Bulletin of the History of Medicine* 86 (2012), p. 365.

[23] Urban History Group Conference 2019, Call for Papers, https://www2.le.ac.uk/departments/urbanhistory/uhg/past-conferences/2019/2019-conference [accessed 31/05/2019].

medicalised environment (see Chapters 3 and 5).[24] In addition, my thesis used a methodological basis in post-structuralism to 'hear' the voices of those who used the environments, aiming to find how they were actually experienced and negating the 'silences'. For example, Chapters 2 and 5 were particularly inspired by Michel de Certeau's work on the agency of human actions within the built environment. Utilising this framework should help people write more 'human-centred' histories of health and the environment.

The study of buildings, the environment, and of medicine, tend to focus on the big 'ideas'. Usually using a Foucauldian methodological framework, they often posit these ideas as part of a wider network of repression and marginalisation, but in doing so construct a somewhat malignant, overwhelming, and often homogenous force. By utilising the theory of de Certeau, this thesis has made a genuine intervention into both the history of the environment and the history of medicine, by analysing the way that ideas disseminate into reality. For example, while community care (particularly its 1960s iteration) has been much maligned by historians as a money-saving, marginalising endeavour, Chapter 4 showed that the 'construction of community' was an innovative and benevolent, albeit often misguided, endeavour. Chapters 2 and 5

[24] See Frank Mort, 'Cityscapes: Consumption, Masculinities and the Mapping of London since 1950', *Urban Studies* 35 (1998), p. 890; Matt Houlbrook, 'For Whose Convenience? Gay Guides, Cognitive Maps and the Construction of Homosexual London, 1917-1967', in Simon Gunn and Robert J. Morris (eds.), *Identities in Space: Contested Territories in the Western City since 1850* (Aldershot, 2001), p. 165; Matt Cook 'A New City of Friends': London and Homosexuality in the 1890s', *History Workshop Journal* 56 (2003), pp. 33-58; Rebecca Jennings, 'The Gateways club and the Emergence of a Post-Second World War Lesbian Subculture', *Social History* 31 (2006), p. 206; more recently see Barry Hazley, Valerie Wright, Lynn Abrams and Ade Kearns, 'People and their homes rather than housing in the usual sense'? Locating the tenant's voice in Homes in High Flats', *Women's History Review* 28 (2019), p. 728; Lynn Abrams, Barry Hazley, Valerie Wright, Ade Kearns, 'Aspiration, Agency, and the Production of New Selves in a Scottish New Town, c.1947–c.2016', *Twentieth Century British History* 29 (2018), p. 576; Hulme, *After the Shock City*.

showed that how an environment was designed versus how it was used often stood in direct opposition to one another. So, this thesis has demonstrated the necessity of analysing an idea's *use* in history, as opposed to relying on the ideas alone, excavating a much deeper historical process.

A major part of studying human agency in history is the study of who speaks. Four of my five chapters focused on the notion of 'expertise'. Jon Lawrence was a particular inspiration in his 2016 article on Willmott and Young, showing that an idea's reach is often only as strong as its originator's connections, and how evidence is manipulated for a person's agenda.[25] As shown through the people who have the starring roles in Chapters 2 to 5, the architect George Hine, the physicians Frederick Parkes Weber and Hermann Weber, the reverend Henry Hawkins, and the architect John Nash, focal points of this thesis are human behaviour, human error and human fallibility. Chapter 3 revealed how the water cure became a 'respectable' form of treatment. It showed how the Webers integrated the fairly archaic methods of treatment with innovative scientific methods, and endorsed the products of spa-purveyors, thus giving it the legitimacy to be commodified. Looking at how 'quackery' became accepted scientific practice—essentially through money, connections, and advertising—showed the importance of understanding how money shapes medical practice, and vice versa, something hitherto unexplored. Further, studying individuals in order to understand 'wider historical processes and concepts' is a developing area of historical scholarship, pioneered by scholars such as Lewis Ryder and Matt

[25] Jon Lawrence, 'Inventing the "Traditional Working Class": A re-analysis of interview notes from Young and Willmott's Family and Kinship in East London', *The Historical Journal* 1 (2016), pp. 1-27.

Houlbrook.[26] My work builds upon promoting this method of analysis, as well as hopefully setting up a framework to challenge the promotion of such 'experts'.

Just as my methodology was varied and interdisciplinary, so was my source base, which I explained in more detail in each of the chapters. While archival material forms the basis of most chapters, it is used alongside a wealth of material from medical, planning, and architectural journals. By looking at the full picture of a journal's publication—not just the articles, but the letters to the editor, the fluctuations in the editorial board, annotations in margins, and drafts of articles, this thesis revealed the fragility of 'expert' knowledge and how few people are often involved in the popularisation of a widespread idea. There is an abundance of such material, all available online. Thus, not only do journal articles provide an excellent source base for future historians, it provides an easily accessible and searchable resource. While this can be a limitation in terms of the sheer amount of material, it is an excellent means of contextualising archival material, because it forces brevity. Also, in Chapter 5, I showed that an archive can be reinvestigated through a different lens, to draw different conclusions. Academic scholarship is often focused on discovering the new; this chapter revealed the value of revisiting already consulted material with new questions and theoretical perspectives.

At the heart of this PhD is a hypothesis that not only provides insight into the past, but has important implications for our present. Overall, it questions whether an environment can actually impact mental health, or if, in the words of the physician

[26] Matt Houlbrook, *Prince of Tricksters: The Incredible True Story of Netley Lucas, Gentleman Crook* (London, 2016); Lewis Ryder, 'Museums, Culture and the Hildich Chinese Collection" the Contest for Authority in Early Twentieth-Century Britain'. PhD Thesis, University of Manchester, 2020.

whose work was the inspiration of this thesis, humans simply 'project their inner disharmony upon their environment'.[27] Medical professionals consistently explain that the idea that the environment can affect mental health is nuanced and complex. But this complexity is not reflected in scholarship about urban design, and planners are unable to demonstrate causative relationships between architectural design and mental health.[28] Additionally, through showing who the archetype for psychological cures was, and thus the fundamental class, gender, and race inequalities in the construction of psychological treatments, it may provide historical insight into the inequity of access to treatments for mental wellbeing that still remains today.[29]

Millions of pounds were allocated by the UK government in 2019 to provide 'environmental' wellbeing initiatives, while mental health services are cut and reports of workplace stress are increasing.[30] Further, misinformation is spread within the pages of popular lifestyle magazines that make unsubstantiated medical claims to sell products. For example, that expensive 'magnetised water' (endorsed by the Webers 100 years ago) can help 'prevent degenerative diseases', or that camping in the countryside can help alleviate depression and anxiety (with affiliate links to tents

[27] S. P. W Chave, 'Mental Health in Harlow New Town', *Journal of Psychosomatic Research* 10 (1966), pp. 38-44.

[28] Olivier Gruebner, Michael A. Rapp, Mazda Adli, Ulrike Kluge, Sandro Galea, and Andreas Heinz, 'Cities and mental health', *Deutsches Arzteblatt International* 114 (2017), p. 121; Dinesh Bhugra, Antonio Ventriglio, Joao Castaldelli-Maia and Layla McCay (eds), *Urban Mental Health* (Oxford, 2019).

[29] Kristoffer Halvorsrud, James Nazroo, Michaela Otis, Eva Brown, Hajdukova Kamaldeep Bhui, 'Ethnic inequalities in the incidence of diagnosis of severe mental illness in England: a systematic review and new meta-analyses for non-affective and affective psychoses', *Social Psychiatry and Psychiatric Epidemiology*. 54 (2019), p. 1311.

[30] For example, the University of Sheffield was awarded £1.3m in 2018 to improve parks and green space in Sheffield, in order to 'improve the health and wellbeing of the city's residents'; http://iwun.uk/ [accessed 24/04/2019]; UK government, *Health and Safety at Work: Summary Statistics for Great Britain 2019* (October 2019).

included).[31] This thesis shows that we can use history to question the unstable foundations of prevailing ideas and misinformation about psychological health and the environment, in order to help provide better mental healthcare for all.

[31] Jon Sever, 'Present tents: camping should be about mindfulness, not the fear of getting your equipment mixed up', *Balance: Live Well,* 10 August 2019; https://balance.media/7-brilliant-places-to-cuddle-animals-when-you-arent-a-pet-owner/ [accessed 19/03/2020), their emphasis; 'Magnetised Water', Wellbeing Magazine https://wellbeingmagazine.com/east-sussex/magnetised-water/ (accessed 18/04/2020).

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