

THERAPEUTIC GARDENS: AN OVERVIEW OF THE HISTORY OF HOSPITAL GARDENS IN ENGLAND FROM 1800

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In this paper I intend to give a brief overview of some of the elements that have influenced the design and use of hospital gardens in England over the past 200 years.¹ To establish some of the cultural factors that have influenced the design of hospital landscapes, I have used an interdisciplinary framework formed by combining approaches in the history of medicine and garden history. This paper has two sections. The first is concerned with those gardens associated with psychiatric institutions and the second with those associated with hospitals for physical diseases such as general hospitals, convalescent homes and specialist hospitals. I will then conclude by exploring whether hospital gardens still have a role to play in the twenty-first century. It should be noted that when this paper was presented at the UNESCO conference in 2005 it was accompanied by a large number of visuals. Therefore, the text reproduced here only constitutes part of the original presentation.

Psychiatric Institutions

One of the earliest purpose-built psychiatric institutions with a designed landscape created explicitly for the use of the patients was Brislington House. Built on the edge of Bristol by Dr Edward Long Fox it starting admitting patients c.1804. A private institution aimed predominantly at the middle and upper classes, Brislington House used a new form of therapy known as ‘Moral Management’, ‘Moral Therapy’ or ‘Moral Treatment’. This method of treatment became the accepted practice used within the Victorian asylum. This paper is not the place for a detailed examination of moral therapy, but a brief overview is necessary before the relationship between the landscape and the therapeutic aims of the asylum can be discussed.² Moral therapy as pioneered at the end of the eighteenth century at the York Retreat, York (opened in 1796), can be briefly described as a mild regimen centred around the placement of the patient in a carefully designed environment, and one that tried to minimize the use of physical forms of restraint (for a detailed study of the York Retreat and its use of moral therapy, see Digby, 1985).

This form of treatment was influenced by the ideas of philosophers such as John Locke, who had suggested in 1690 that insanity was caused by the mis-association of ideas (Woolhouse ed., 1997, p.354-360). This concept was important because it moved away from the notion that madness was a physical disease that needed to be treated by physical methods, which was the general approach during the eighteenth century. Once madness was seen as an emotional disorder caused by errors in the

patient's train of thought, it meant there was new hope of finding a cure. Moral therapy, therefore, espoused the removal of the patient from the environment and community that had caused these incorrect associations and their placement within a new environment and community, which could re-educate and, thereby, rectify errors within their thought processes. This way of thinking about insanity continued well into the nineteenth century. For example, the Quakers at the York Retreat were still applying the theory of the association of ideas in the mid-nineteenth century. In 1841, Samuel Tuke wrote that 'the cultivation and extension of the remaining healthy feelings and associations forms one of the most important parts of moral management' (Tuke, 1841, p.xix). Ultimately, this meant that the asylum as a whole formed the method of treatment and it led to many nineteenth-century psychiatrists saying that they 'confidently expected the asylum itself to be therapeutic' (Porter, 1987, p. 222). This is a very brief summary, but it establishes the fact that the landscape, and the location of the asylum within it, was important because every aspect of the patient's environment formed part of the therapeutic regimen.

Brislington House can be used as an illustration of the level of detail involved in the design of an asylum landscape. In this institution, which was admittedly predominantly aimed at an elite private clientele, there were picturesque cottages (these could be used by the richest patients who were allowed to bring their own servants and horses with them, see Figure 1), a primitive stone viewing area and a Cliff-Top Walk. Most of these elements were created in the grounds over the first forty years of the nineteenth century and they reflected Picturesque ideas of landscape gardening advocated by designers such as Humphry Repton, who created a number of gardens in the Bristol area during the Regency period.



Figure 1: Heath Farm, one of the ornamented cottages, or cottage orné, on the Brislington House estate (Photo: Author's own, 2003)

These picturesque elements may also have been considered to have a therapeutic value within the asylum. In essays published in 1790, the Rev. Archibald Alison related the theory of associations, as expounded by Locke, to ideas concerning the effect of the sublime and the beautiful on human states of mind. He wrote that 'when any object, either of sublimity or beauty, is presented to the mind, I believe that every man is conscious of a train of thought being immediately awakened in his imagination, analogous to the character or expression of the original object' (Alison, 1790, p.2). This demonstrates that picturesque objects were thought by some to affect the mind through the association of ideas so that the gardens can be seen to reflect social ideas concerning the status of the patients, medical ideas concerning the effect of landscape on the mind and current trends in garden design.³

By the mid-nineteenth century the romantic landscape with its pastoral scenes had replaced the picturesque landscape at Brislington house, once again reflecting wider changes in aesthetic ideas. In his *Observations on the Principal Hospitals for the Insane in Great Britain, France and Germany*, printed in 1846, Isaac Ray said that:

Many of them are placed on eminences which command an extensive view of the adjacent country, the field of vision embracing hill, and valley, wood and water, in their most agreeable combinations; while fields of grass and tillage, divided by hedges and trees, grazing herds, cottages and country seats, form the nearer features of the landscape reposing in the softened light of an English sun (Showalter, 1987, p.35).

This description could as easily be applied to an English country house, which demonstrates that the later asylum landscape also reflected the artistic taste of the time. It also demonstrates that there was a crossover from aesthetic judgements about what was pleasing to the eye in buildings and landscapes, to moral prescriptions about how certain scenes were more likely to soothe, and even to cure, the minds of mad people than were others. The building of asylums on eminences also meant that patients could obtain far-reaching views of the wider landscape.

A number of design features, that were initially developed at the York Retreat, an asylum generally credited with pioneering moral therapy on the outskirts of York, and the later Brislington House became the blue-print for how the grounds were laid out around the great Victorian asylums. These features included 'Airing Courts' (walled areas which adjoined the house and were divided into sections for patient use based on gender, level of illness and sometimes class), wider pleasure grounds, sports grounds, fields and an estate farm. These elements remained a part of the design of psychiatric institutions until the mid-twentieth century and were generally seen as playing a role in the general asylum regime, which included exercise and work out of doors.

Hospitals for Physical Diseases

Similarly, hospitals for more general physical diseases were also designed with grounds that the patients could use. Using research conducted by Timothy Holmes and John Syer Bristowe in 1863 for the Medical Officer of the Privy Council, it can be ascertained that of the 67 hospitals they visited in England, approximately 46 had some kind of external grounds (Bristowe and Holmes, 1864). This is only a rough figure but it does suggest that some form of external space was common to a great proportion of hospitals by the middle of the nineteenth century.

As Sarah Rutherford has suggested in relation to Victorian asylums, there was a close relationship between the design of their landscape and that of the landscape belonging to a country house estate (Rutherford, 2003). Similarly, it can be argued that general hospitals also contain features that are common among prevailing domestic arrangements. For example, the 1847 garden at Leeds General Infirmary (as illustrated in Anning, 1963) appears to have been "gardenesque" in style. Gardenesque was a term commonly used by the garden designer and writer John Claudius Loudon, and the overall design can be said to be similar to that of some of the gardens included in Loudon's work. For example, Loudon's description of a garden that was about to be laid out 'with winding walks of different breadths, and with clumps and scattered trees, in the manner of modern pleasure-grounds' could just as easily relate to the garden at Leeds (Loudon, 1838). This suggests that like the asylums, the general hospital garden landscapes were also laid out in the style of the day.

Florence Nightingale also advocated the use of hospital gardens in her influential *Notes on Hospitals*. In an appendix, which was first published as an article in *The Builder* in 1858, gardens were described as being specifically designed for use by the patients:

The square within the hospital, and the spaces between the pavilions, should be laid out as garden grounds with well-drained and rolled walks,

and shaded seats for convalescents. It is of great importance to provide places of exercise under shelter, for patients, to be appropriated to that purpose alone. Such recreation and winter-airing grounds may be comparatively large, and yet of cheap construction, if roofed on the Crystal Palace Plan (Nightingale, 1863, p.99).

A design based on the Crystal Palace was in fact carried out at Leeds General Infirmary where the new Infirmary was built with a glass-roofed area, described as a 'winter garden' in an article in *The Builder* in 1868 (26 June 1868). Here the design was influenced by current design trends, as winter gardens were very fashionable following the Great Exhibition. Another example of the implementation of new engineering skills is the use of asphalt to create a roof garden at Bristol General Hospital in 1858 (Hickman, 2006, p.160-3). Medical ideas as well as modern design features were also obviously important. The desire for fresh air as strongly advocated by Nightingale was related to the medical theory of 'miasmata' in which disease was caused by polluted air. This also affected general hospital architecture and popularised the building of hospitals on the pavilion plan (see Taylor, 1997).

One other function of the general hospital garden may have been as a purely rhetorical device. As the hospitals were paid for by local subscription, the gardens might have been intended to both display how much money had already been spent on the institution and to encourage new subscribers. Harriet Richardson suggests that this was the case in relation to the architecture. She has written that, 'as voluntary and paid for by local community the buildings were seen as visible expressions of pride in their foundation as well as an encouragement to potential subscribers' (Richardson, 1998, p.3). It is possible to extend this sentiment to include gardens, such as the small, planted area at the front of the Leeds General Infirmary. However, it is worth noting that many of the gardens were placed at the rear of the building and in those cases they would have little rhetorical effect.

Towards the end of the nineteenth century, gardens associated with general hospitals began to lose their importance. According to the following address by John Syer Bristowe in 1862, gardens were more important in relation to sanatoria and convalescent homes:

[...] As regards the space of ground, which a Hospital should occupy [...] What is space wanted for? Eventually, I presume, for the erection of Hospital-buildings, and for the recreation and exercise of patients [...] as regards airing courts for patients; there is no doubt that these are desirable, but they are far more important for a sanatorium, or a convalescent institution, than for a general Hospital; because, for the most part, in the case of these latter, it generally happens, that when that stage has been reached, at which out-of-door exercise or air is desirable, the patients have to be discharged to make room for more pressing cases of disease (Bristowe, 1862, p.5).

This illustrates the medicalisation of the general hospital and its focus on acute and surgical cases rather than chronic cases or convalescents. His address also represents an accurate prediction of the future. After this time hospital gardens became more important in relation to convalescent homes and specialist hospitals, particularly those that advocated 'open-air' therapies. This literally meant treating the patients by giving them access to as much open air as possible and included sleeping with the windows open or in outdoor huts with open sides. This was particularly popular in the treatment of patients with tuberculosis, orthopaedic children and even played a role in schools aimed at those children considered to be of a sickly disposition.

A number of features were generally found in hospitals practising open-air treatments. These included open-air shelters, some of which would revolve, verandas, and

balconies onto which beds could be wheeled so that bed-ridden patients could also gain benefit from the sunlight and fresh air (Campbell, 2005). The medical profession believed that exposure to air, sun and light killed bacteria, and even developed 'heliotherapy' which used artificial as well as natural light to cure some diseases, particularly those of the skin. The belief in keeping patients outside as much as possible meant that the sanatoria regime also included exercise and work in the open-air. Therefore, there were many similarities with the landscapes of the psychiatric institutions.

The most famous example of a sanatorium garden is that of the Edward VII Sanatorium, near Midhurst, (opened in 1906) which has grounds designed by one of the top garden designers of the twentieth century, Gertrude Jekyll (Hickman, 2006, p.244-260, see Figure 2). There may have been a rhetorical element in the use of Jekyll as the designer. Particularly because the sanatorium was intended to be Britain's state of the art treatment centre for tuberculosis patients and it was heavily supported by King Edward VII.



Figure 2: The King Edward VII Sanatorium, Midhurst, Sussex (Photo: Author's own, 2005)

Similarly, Melville Wills, a member of the prominent Wills family, funded both the building of the Homeopathic Hospital in Bristol (opened in 1925) and the creation and upkeep of the gardens. He employed the same firm of garden designers to design the hospital garden as he had previously used to create his own domestic garden (Hickman, 2006, p.261-273).⁴ The idea that the gardens were very much based on the Wills' vision is emphasised by the fact that the design of the hospital gardens were very similar to the design of their own gardens at Bracken Hill, Bristol (Delaney, p. 67). The Pulham designs for the hospital included a formal rose garden with a pond (the pond being identical to the one at Bracken Hill), terraces and stone walls. The terraces are Italianate in appearance and may reflect the Edwardian interest in Italianate gardens at this time.

The question then remains as to why Melville Wills spent so much money on this hospital and its garden. In all the descriptions of the garden in the Hospital Reports and Committee Minutes (held in Bristol Record Office) there appears to be no reference concerning any therapeutic benefit the garden may have for the patients. Perhaps the key to the value placed on the garden is in this phrase from a pamphlet on the new building from 1925: "The Hospital, therefore, will be one of the most modern, efficiently equipped, and pleasantly situated Institutions to be found in the West of England" (*Bristol Homeopathic Hospital: The New Building*, 1925, p. 5). At this time homeopathy was trying to compete with conventional medicine and a new building with an attractive garden was perhaps part of the attempt of the homeopathic movement to persuade new patients, presumably of the middle classes and upwards, to be admitted there rather than a traditional institution. It was obviously trying to be modern and efficient but as it also used open-air therapies it was competing on some of the same ground as conventional medicine at a time when homeopathy was losing favour. The amount of money spent on the gardens and building by the Wills' suggests that they thought

homeopathy was very important and a state of the art building can be very persuasive of a programme's efficacy. As the building and gardens are dedicated to the sons of Melville Wills, there is also perhaps the personal rhetoric of a couple wanting to memorialise their family by creating this monument.

There are also indications that English doctors were influenced by the fact that open-air therapies had originated in Germany. For example, many of the gardens associated with tuberculosis sanatoria had pine forests in their grounds including the King Edward VII Sanatorium. The location of these open-air hospitals and schools on the top of hills reflected the fact that alpine spas had also pioneered these treatments. Both these factors are in evidence in this 1908 advertisement for Salterley Grange Municipal Sanatorium for Birmingham for Consumptives, which reads: 'the site chosen is admirably suitable, being 800 feet above sea level, and the chalets are placed on a southern slope, protected on the east by a pine wood' (printed in *The Medical Officer: A Journal for Medical Men in the Government and Municipal Services*, 31 October 1908, p.326).

The Future of Hospital Gardens

During the latter part of the twentieth century there seems to have been a decline in the number and size of hospital gardens. Closures of specialist institutions and psychiatric hospitals due to the increased effectiveness of drugs, the cost of maintaining gardens, the need for car parking facilities, changes in medical beliefs and rationalisation within the NHS all played a part in this decline.

However, albeit on a smaller scale, gardens are still being used for therapeutic purposes within hospitals. Northampton General Hospital has a garden specifically for the use of stroke patients; Southmead Hospital in Bristol has a courtyard garden with outdoor seating for their psychiatric patients; and Dorchester Hospital has recently been combining art with gardens for the benefit of their patients (Hickman, 2006). There are also new theories that suggest that gardens have an important part to play in the speed of patient recovery. One of the most prominent researchers in this field is the environmental psychologist, Professor Robert Ulrich. He has suggested that 'well-designed hospital gardens not only provide restorative and pleasant nature views, but can also reduce stress and improve clinical outcomes' (Ulrich, 2002). In one study he found that the surgical patients who had a window view of the outdoors were discharged earlier, took fewer painkillers and received fewer negative evaluations from nurses than the matched patients in similar rooms that faced a brick wall (Ulrich, 1984).

Even with such evidence it seems likely that within a National Health Service that is struggling to finance essentials such as new buildings, medicines and staff, gardens will be viewed in the future as luxuries rather than important therapeutic elements. The locking of courtyards to save on maintenance costs is just one example of how financial restraints may affect hospital gardens in the twenty first century. Even if they are created in the first place, if gardens are not maintained they may end up reflecting the story of decline and neglect at hospitals in the middle of the twentieth century, as at the Winford Orthopaedic Hospital, where insufficient staff were retained to manage the up-keep of the gardens (Hickman, 2006, pp.242-243).

Whether finance or theory will be the main factor in determining the design and creation of hospital gardens in the future remains to be seen. The constraints on space mean that there will not be a return to the large landscapes of nineteenth-century institutions and early-twentieth-century open-air hospitals. However, the fact that in the twenty first century top garden designers such as Dan Pearson are creating new and exciting designs for hospital gardens suggests that, if the money is available, the future

for hospital gardens may be bright and their role within the therapeutic regime of the modern hospital could be as influential as in the past.⁵

¹ This paper represents a basic outline of some of the research contained within Clare Hickman, *Vis Medicatrix Naturae: The Design and Use of Landscapes in England for Therapeutic Purposes Since 1800*, 2 Vols (PhD Thesis: Bristol University, 2006).

² For more on moral treatment, see Porter, R, 1987, and Scull, A, 1993.

³ For more on the relationship between the medical aims of Brislington House and the Picturesque features in the landscape see Hickman, 2005.

⁴ The Pulham family firm, best known for their nineteenth-century fake rock gardens created from 'Pulhamite'.

⁵ The team at Dan Pearson's Studio have recently designed gardens for the Evelina Children's Hospital, London, and a new Maggie's Centre at Charing Cross, London (Hickman, 2006, pp.304-318).

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