

The Landscape and Gardens of a Nineteenth Century Devon Lunatic Asylum

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The landscapes and gardens surrounding mainly nineteenth century lunatic asylums are of considerable historical interest. Designed specifically at the time of their construction, they were integral components in the treatment of insanity. Asylums in Devon ranged from small, private establishments to much larger, charitably run institutions and pauper provision. Our research began following the sight of a large building viewed from the window of a bus. It turned out to be the old Exeter City Pauper Asylum. From this beginning, our early research grew exponentially to include a review of the five main asylums in Devon, each with its own fascinating history.¹

This article reviews some of the changes in the treatment of the insane that brought about a substantial focus on the external environment of the asylums. A study of one asylum is used to illustrate the value of the landscape in treatment through the nineteenth century and up to the present day.

Historical Background

Until the late eighteenth century, the care of lunatics was generally brutal and inhumane. Asylums were privately run and, although some licensed establishments accepted pauper patients, most were kept within the family or corralled in workhouses. The use of chains, manacles, whipping, spinning chairs and leg irons were the order of the day. Sarah Rutherford states that it was the 'madness' of King George III that brought about an interest amongst the public and Parliament in the treatment of lunatics.² In 1808, Parliament passed the Lunacy Act ordering better care of lunatics and giving counties the right to build pauper asylums. As the Age of Enlightenment heralded the idea of human reason having the power to transform and improve the world, so it was thought that greater personal freedoms would benefit the insane; they were sick, not animals to be subjected to physical restraint and coercion. So, towards the end of the eighteenth century, a regime known as 'Moral Therapy' emerged. Rather than medication and restraint, employment and exercise were considered to be superior ways of bringing about the betterment of the insane, resulting in the prominence of the gardens and landscapes, crucial to the idea that patients could be 'cured'.

William Tuke, a York based businessman and devout Quaker, set up the York Retreat in 1796. It was a strict household, but kindness, compassion and paternalistic benevolence were crucial elements of the treatment. Medication and physical restraint were minimized and patients could wander freely within the confines of the establishment. A garden and farm provided opportunities for fresh air whilst the physical exertion of work and exercise would tire patients, making them less disruptive. This, it was considered, would enable their minds to be freed from irrational thoughts, the belief being that patients would be cured and ready for re-integration back into society.³

This pioneering approach was soon adopted by other private asylum providers and the first purpose-built asylums began to emerge. Their appearance was of a country house estate rather than a place of confinement and their domestic settings reflected that which the wealthy, private patients would have experienced in their everyday lives. The designed gardens and pleasure grounds included ornamental airing courts opening directly off the interior. These provided areas for fresh air and exercise, whilst within the grounds elaborate summerhouses, bowling greens and space for archery appeared; even aviaries, and also mounds so that patients could view the landscape beyond, securely. Whilst sightseers were paying to see the antics of the inmates at Bethlem (or Bedlam as it was known), such voyeurism in the new establishments, built for peace and quiet within the countryside, were strictly forbidden.

This moral treatment became the foundation for the Victorian Asylum movement. Rutherford provides a detailed account of how the buildings were conceived. For example, she cites W A F Browne, Superintendent of Montrose Royal Lunatic Asylum, from his book *What Asylums Were, Are and Ought to Be* (1837), who wrote that they should be airy and sunny with opening windows without shutters and bars and views of the gardens and landscape beyond. A place of easy labour designed to suit each individual where one would meet:

... the gardener, the common agriculturist, the mower, the weeder ... The flowers are tended, and trained, and watered by one, the humbler task of preparing the vegetables for table committed to another.⁴

Patients were to be happily engaged in their chosen occupations, with the gardens and grounds seen as an important part of the therapy in curing the insane.

With the advent of the County Pauper Asylums as decreed by the 1845 Lunacy Act, a boom in construction followed; the determination being that not one asylum could ever be compared to a prison or a workhouse. They were places to provide cheerful environments to lift patients' moods. Lodges, ornamental gates, drives, farms, trees, avenues, flower borders, shrubberies, ha-has, views, garden buildings, orchards and kitchen gardens abounded. Although under strict surveillance to avoid anti-social or aggressive behaviour, sports facilities such as cricket and football pitches provided recreation. Work on farms and in gardens, mainly for men, would occupy the mind, improve bodily strength and promote healthy natural functions.

The Wonford House Story

The earliest mental hospital in Devon, and one of the earliest in the country, was St Thomas Hospital for Lunatics. It was originally proposed in 1795 with a bequest from a Mr Pitfield of £200 to build a lunatic ward for middle class and professional patients, who could not be funded by the rates. This, combined with a further £2,000 found by Bishop Buller, was used to buy Lower Bowhill House on Dunsford Road in St Thomas, Exeter, not to be confused with Bowhill House, an important medieval building a short distance away. It was opened on 1 July 1801. With more funds raised, a newly designed and purpose-built facility, adjoining the original house, was opened on 23 March 1803.

Built to accommodate seventy patients it recorded 62 in May 1865 and, according to White's *Directory* of 1850, it was 'an extensive building, standing on rising ground, in a salubrious situation.... the gardens and airing grounds are extensive'.⁵ There were three walled courts and three gardens, extending to several acres, as well as indoor galleries. The building and its facilities were admired in 1814 by the reformer Edward Wakefield MP, a Quaker philanthropist much involved with improving the treatment of the insane.⁶

Whilst originally opened for the self-funding middle classes, pauper inmates were gradually included. Although ostensibly a private, charitable institution it was a registered hospital and subject to inspections by the Metropolitan Commissioners in Lunacy. These inspections became cemented in the 1845 Lunacy Act, section 42 and may well have had an influence on the management of the hospital. For as good as its treatment regime may have been and its grounds well laid out, it became increasingly evident to the Commissioners that larger grounds were needed. In 1847 the decision was taken to move to more extensive grounds and build a bigger hospital and St. Thomas hospital officially closed in 1869. The buildings at Lower Bowhill House were demolished. The 1890 Ordnance Survey (OS) map shows no buildings left – just an area covered with trees called Asylum Gardens. In 1902 the first of a series of schools was erected on the site culminating in Bowhill Primary, the playground and games pitches overlaying the old asylum land.

A twenty-acre site at Wonford was chosen for the new building, having the necessary access to water, good views across the surrounding landscape and space for gardens. The aerial photograph (figure 1), taken in 1933, gives a good indication of the size of the site chosen. The architect was W F Cross, who died in February 1868 before completion, as did his successor, a Mr G M Cumming. The Town Surveyor completed the build. Although the initial builders were Moass and Son, there were changes to the building firms as well, leading to some of the anomalies discussed later when it came to landscaping the grounds. The foundation stone was laid in 1866 by Dr Blackall, President of the St. Thomas hospital, with an announcement that the new asylum would be called Wonford House Hospital for the Insane.⁷

Designed to house 120 patients, the three-storey building opened on 7 July 1869 with 87 patients. Its leading Charitable

Principle was to admit, at reduced rates, patients from the middle and professional classes. It remained largely untouched by the demands facing pauper asylums, seemingly able to maintain a positive therapeutic approach and its high standards of environment and facilities. In 1914 it recorded the number of patients as 117 and by 1948, at the inception of the NHS, it had 145 patients, all private.⁸

At the opening, the *Western Times* wrote an extensive piece full of praise for the establishment. It commented favourably on the elevated position overlooking the valley of the Exe, the quality of the scenery, and the building itself. The terraces could be reached 'by a flight of steps opposite each of the entrances to the building'.

The grounds would be managed by Mr William Mayne, 'who has for the last three years dwelt in the pretty lodge by the gate' and 'The acres of ground which surround the building are to be laid out tastefully and maintained carefully' by a Mr James Enstone. Born in 1828 in Slough, he was gardener to Sir John Duckworth, 2nd Baronet, presumably lent to the charity to work on its gardens. In December 1868, he won first prize from Sir John for his efforts. The newspaper was equally enthusiastic about the interior with its 'rooms for the gayer inmates – a billiard room for the gentlemen and a music salon for the ladies'; all the bedrooms, sitting rooms of various sizes were built to suit the various conditions and financial means of the patients. It stated that there were about 250 rooms and praised the charitable allowance provided for those who could not afford the full fee. But it warned that the cost of laying out the grounds would be 'not a trifle'.⁹

Financial constraints proved to be exactly the case. In 1869 the Asylum Committee discussed the landscaping and the task was delegated to Mr John Daw. Daw was a Registrar of the Tiverton County Court and a keen gardener. His report to the Committee was beautifully hand-written on startling blue-mauve paper, his observations meticulous, full of suggestions to overcome his mounting concerns about the layout and costs for the landscaping. An engraving, dated 1870 (figure 2), shows the site as it would have looked during the early years with evidence of some of the planting recommended by Daw. (see below)



Figure 2. Wonford House, Exeter, frontispiece to Report of the Committee of Management (Exeter, 1872)

Using the architect's plans, he began his survey berating the 'improperly placed' Lodge house, which led to a lack of symmetry of the driveway to the hospital. He demonstrated at the same time his knowledge of landscaping along with his lack of enthusiasm for the efforts of the designer Mr Enstone.



Figure 1. Wonford House Hospital, Exeter, May 1933 (www.britainfromabove.org.uk/image/EPW041166)

The plans for which the committee gave the first prize shews the avenue to be in a straight line from the lodge to the main entrance to the building. This was not correct at the time the plan was made but it is a common custom not to show deformities in plans and thus people who are unacquainted with landscape gardening are led astray.¹⁰

The error, he wrote, was due to the lodge being built first and the hospital being built further back than originally planned, more to the west and on higher ground; hence the steps up to the hospital were too steep. Conscious of the paucity of funds available, Daw considered that extending the steps by one or two and decreasing the size of the central round bed would suffice to overcome the problems.

Of most of the trees, planted before the build began, Daw wrote, 'I see none prospering except the Deodars'. He recommended the avenue be planted with these. (These are still in place and on the DGT Tree Register). The Committee wanted a screen of ornamental shrubs behind the avenue, but again, cost worried Daw. He suggested 'common laurel rather than Portugal l, the latter being about four times as expensive as the former and much more difficult to procure'. Luckily, he had been 'offered' some of a good size that could be used 'as they are doubtless more handsome.' He deplored the condition of the borders and suggested they be deeply trenched, the stones, grit and clay removed and, 'the vegetable mould at bottom must be brought to the top. This is *absolutely necessary*.' He suggested that larger trees should be confined to the avenue borders and the curved borders should be planted with 'dwarf ornamental trees such as *Thujopsis borealis* or *Lobysis*' [see figure 3] the work to begin immediately, the cost estimated at under £50.¹¹



Figure 3. Wonford House showing Mr Daw's planting.
Courtesy of Exeter Memories

He then focused on the terrace which 'is a great mistake.' A level terrace was impossible and, 'could not have been made less objectionably than it is'. Nor was it to be for ornament only, as there was a need for a cart entrance and for manure for the garden to be delivered from the rear of the building. He added with regard to the steepness of the steps on the Eastern wing (see figure 3) 'whether the inclination of the steps was formed by the architect or the landscape gardener is for them to settle'; maybe this was Mr. Enstone, to whom Daw was referring, who had won first prize for his efforts in the gardens prior to the opening of the hospital. Wishing

the terrace wasn't there, but acknowledging it was too costly to change, Daw despaired as it 'precludes the hope of either flowers, shrubs or even grass prospering'. Instead he suggested planting cotoneaster.¹²

His thorough report continued in this vein, except in the airing grounds. Here Daw met the conflict of the wishes of the landscaper with the requirements of the medical professional! Dr Lyle, the Medical Superintendent, concerned for the best interests of his patients, wanted iron sheds for patients to sit under and a croquet ground in the female airing court, thus thwarting Daw's hopes of some garden landscaping.

The ground by the laundry quadrangle was unsuitable for an orchard and would need digging and manuring if the trees were to grow; the earth on the boundary walls was unsuitable for 'the growth of hollies.' There were insufficient holly plants for a double row. Here he referred to Mr Veitch who had 'planted a similar holly hedge at the entrance to his place in Wonford Lane as is here suggested.' The use of hedging was commonplace for asylums as a means of ensuring that the establishment did not suggest a place of confinement. Despite having had no time to consider the kitchen and other gardens, Daw insisted the areas should be attended to immediately; ploughed, 'tormented and harrowed' and seeded. An iron fence should be placed around the grass 'to prevent the sheep hurting the shrubs'.¹³ On the OS map of 1887 it seems that the orchard was planted in the laundry quadrangle together with another in the kitchen garden on

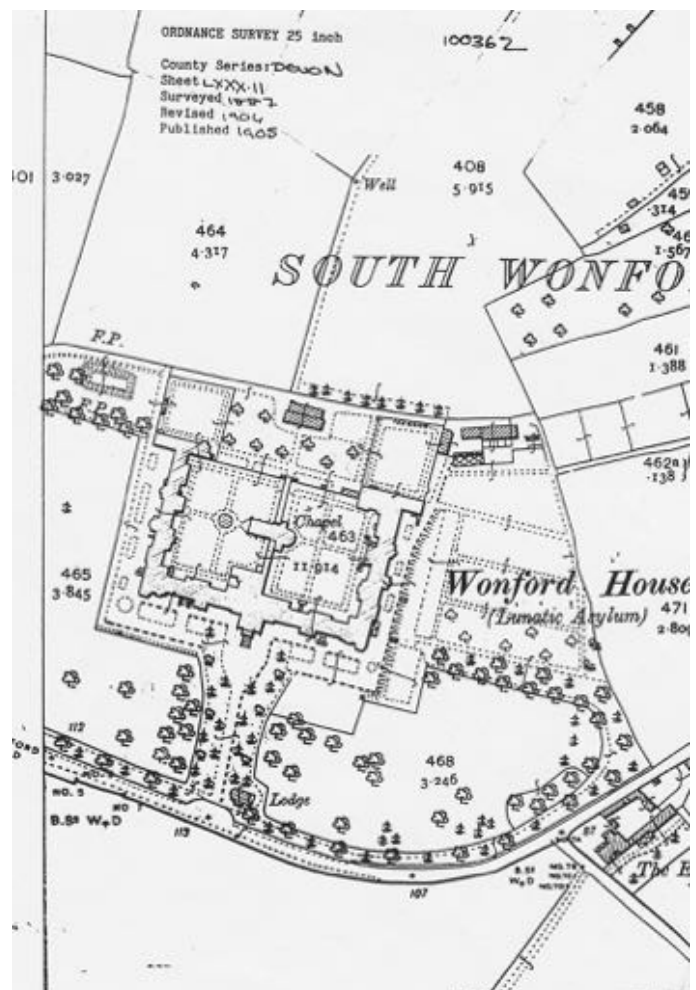


Figure 4. Ordnance Survey Map of Wonford House (1905)

the eastern flank of the hospital. The buildings are shown as glass houses on a 1904 revision of the 1887 map as well as on a 1933 up-date (figure 4). The aerial photograph (figure 1) contemporary with the latter map shows substantial planting in the kitchen garden but the orchard has disappeared from the laundry quadrangle.

Despite these problems, Daw clearly succeeded in creating a desired landscape and received hearty congratulations from the committee for his efforts. During the period 1869–70, the garden expenses rose from £59 11s 11d to £256 4s 10d. In 1871, £134 10s 8d was spent, £56 10s 6d of it on grass seed, and in 1872 and 1873 a further £260 7s 2d. was expended.¹⁴

Eighty-five patients were recorded in the 1873 Annual Report, John Daw was elected President and the activities at the asylum noted.

The committee has much pleasure in promoting frequent social gatherings amongst the patients. Intellectual and recreative entertainments have been freely provided and the grounds surrounding the Building being mainly devoted to the use of patients many open air games have been added. The several modes of recreation have not only given pleasure but contributed to the health of the patients.¹⁵

An oil on board painting in the Research and Development Department of Wonford House today, entitled *Tea on the Lawn in front of Wonford House Hospital* (figure 5), shows people wearing clothing typical of the 1870s, their tea party taking place at the western end of the hospital and indicating the planting around the hospital as suggested by Daw. The fronds of a young tree in the foreground is close by the position of what is now a large, handsome open and spreading tree, a *Koelreuteria paniculata*. Its yellow blossom is made up of large panicles in a series of slender racemes with numerous short stalked flowers of four petals and downy



Figure 6. *Koelreuteria*. Photograph: Helen Whitmore

appointed to the new High Court direct from England and in 1879 became Chief Justice of Madras. As a lawyer from Exeter, Daw would have known him and possibly the tree was chosen to commemorate Justice Turner's generosity to the hospital.

By 1874 garden and lawn expenses were reduced to £69 11s 2d and a summerhouse had been erected in the gentlemen's airing court. The number of patients had increased to 149 in 1875 and a year later, when the chapel was completed, the garden and lawn expenses were further reduced to £15 11s 8d.¹⁶ As Wonford House was a private asylum it is unlikely that patients would act as labourers as happened in pauper asylums. More probably, the landscaping was complete.

Figures 2 and 3 show the development of the landscaping. Figure 2, attached to the Report of the Committee of Management in 1871, shows the terrace to which Daw took such exception, along with the steep staircases winding down to steps set in the steep embankment. *Exeter Memories* provides another engraving of a similar scene but shows the peculiarity of the terrace in more detail. A further engraving attached to the report for the year 1872 shows more conspicuous planting in the lawned area at the eastern end of the building facing south.

Two other pictures, mounted in similar frames, flank *Tea on the Lawn at Wonford House* in the hospital today. One shows the lodge house little changed from its appearance today except for the addition of a small flat roofed square extension on its northern face. The other water colour (figure 7) shows the south and eastern faces of the hospital and is of interest in that it shows the removal of the winding staircases. In their place has been added either a glass veranda or a conservatory with flower beds outside. It also shows a piece of lawn marked out by posts and with ground markings, perhaps a sports area, and what are likely to be the *Thujopsis Borealis*



Figure 5. *Tea on the Lawn in front of Wonford House Hospital* Courtesy of Research and Development Department, Wonford House

stamens; its leaves are slightly serrated, pinnate and attached to pink stems. This native of China, introduced into England in 1763, would be available in the Exeter nurseries around the time of Daw's suggestions for landscaping. Also known as the Pride of India, it could have been planted in honour of a Mr Justice Turner, a benefactor of the asylum, who resided in Allahabad in India. He was the first barrister judge



Figure 7. Water colour of south and east faces of hospital showing removal of winding staircases
Courtesy of Research and Development Department, Wonford House

as recommended by Daw although the Lobbii have gone. Both conifers are however clearly shown on a picture from the *Exeter Memories* web-site and labelled as ‘before the first world war.’ (figure 3)

In 1876, the report of the Committee stated:

... the grounds are without confining walls and the general appearance of the House and Grounds about twenty acres in extent is that of a nobleman’s residence. The one aim of all entrusted with the responsibility of erecting this mansion was, that it should partake of the character of a home and not of an asylum.

The following year a chapel was erected between the two airing courts at the rear of the building to add to the amenities available to patients.

The Grounds Today

Wonford House is the only Devon establishment that remains as a place of care and treatment for those suffering from mental illness. The original main entrance gates were removed when the NHS took over in 1948 (see back cover). The off-set drive of concern to Daw has been somewhat obscured by the left hand parking bay as seen on an *Express and Echo* picture taken in 2014 (figure 8). The Deodars



Figure 8. Photograph showing off-set drive
(courtesy of *Express and Echo*)

remain although the *Thuja plicata* *Borealis* have disappeared to provide a road around the hospital. A glassed veranda forms part of the southern frontage opposite a car parking area. There are good specimen trees on the lawned area to the front including a copper beech and a number of conifers. The land to the rear of Wonford House, that made up the rest of the grounds, became the site of the Royal Devon and Exeter Hospital and the male airing court, containing the entrance to the chapel, is now a place for parking and a site for overflow porta-cabins. The kitchen garden and glasshouse area beyond the eastern end has been built upon, although the views to the hills, which could be seen from the windows of the hospital, despite much modern development, can still be seen even from the hospital roadway.

Gardens as a Treatment for Those with Mental Illness Today

As the treatment of patients with mental illness became more pharmaceutically driven during the first half of the twentieth century, the perceived need for grand landscapes reduced and the introduction of the NHS inevitably brought in a more utilitarian approach. Research suggests that horticulture for those with mental illness today has come full circle. Opportunities across the country abound for contact and working with plants, together with the soothing nature that a garden environment can provide. Organisations nationally include Ecotherapy, part of the mental health charity MIND, and Thrive, another national charity, who are using gardening to change lives.

Devon Mental Health Services is no exception. At Wonford, patients have created a delightful garden in one of the original airing courts and opportunities are provided for patients to re-build their self-confidence (figures 9 and 10). ‘New Leaf’ is a superb facility that provides ‘therapy, training and supported employment to people living with mental health issues’. Among its activities are Hillcrest Growers, a commercial plant nursery, and Hillcrest Branch, which provides a wide range of vocational training in horticulture and grounds maintenance. The head of ‘New Leaf’ believes passionately in the benefits that horticulture can bring these patients. Ironically it is based in the sanatorium of what was Devon County Lunatic Asylum, now Devington Park.

Conclusion – ‘A fine estate’

It is true that the majority of asylums built in the 1800s were grand buildings with equally grand surroundings. The historical background to the development of treatments for those with mental illness had, at its roots in the late eighteenth and early nineteenth centuries, a genuine desire to make life better for the individuals. There was a real sense that gardens and landscapes were crucial to the success of the treatments. Linking back to Tuke’s beliefs in York and the



Figures 9 and 10. Patient gardens in old airing court. Photographs Helen Whitmore

general feeling that fresh air and elevated views were good not only for the soul but also for the mind, the Wonford House building, its gardens and surrounding landscape was utilised for what originally was considered exceptional care and cure for those suffering mental illness. Although it did take in paupers, the main purpose of Wonford House was for the benefit of those members of the professional and middle classes without the means to pay for their care. Its funding and upkeep as a charitable institution was borne by the great and the good, the philanthropists of the day in Devon.

It is an extraordinary, vast building that has gone through much change; its kitchen gardens built upon, its airing courts mainly turned into car parks and spaces for temporary buildings, and most of its acres covered by the Royal Devon and Exeter Hospital. Yet one cannot help imagining that if the original trustees were to visit again today they would be pleased to know that their vision continues to exist for the care of those suffering mental illness.

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References

1. St. Thomas Hospital, later becoming Wonford House Hospital for the Insane; Plympton House Asylum; Devon County Pauper Asylum; Exeter City Pauper Asylum; Plymouth (Moorhaven) Asylum.
2. Sarah Rutherford, *The Victorian Asylum*, (Oxford, Shire Publications, 2008), p. 15.
3. Science Museum, *Brought to Life: Exploring the History of Medicine*. Mental Institutions, p. 3; <http://sciencemuseum.org.uk/broughttolife/themes/mentalhealthandillness/mental institutions> 24.03.2014.
4. Rutherford, p. 5.
5. William White, *History Gazetteer and Directory of Devon*, (Sheffield, William White, 1850), p. 105.
6. Leonard Smith, *Lunatic hospitals in Georgian England 1750–1830* (Oxford, Routledge, 2007), p. 169.
7. Devon Heritage Centre (DHC) AD/exe 362.2, *Bowhill/Wonford House Report*, 1867–8.
8. E D Ervine, *Exeter Hospital, 1948-1974*, (Exeter: Devon Area Health Authority), p. 7.
9. *Western Times*, 06.07.1869, p. 4.
10. DHC AD/EXE 362.2, Mr. Daw's Report to the Committee of the Wonford Asylum – undated p. 1.
11. *Ibid.*, p. 5.
12. *Ibid.*, pp. 7-8.
13. *Ibid.*, pp. 11-12.
14. Wonford House Hospital Reports 1868–1873.
15. *Ibid.*
16. Wonford House Hospital Reports 1874–76.