



SPEAKING WITH SHADOWS

Transcript of Series 2, Episode 4: The Patients of Chiswick House Asylum

Josie: This is Speaking with Shadows and I'm Josie Long, on the trail of forgotten stories from across English Heritage's spellbinding sites. Today, I'm exploring a house and garden with a complex and detailed history.

But the story you'll hear is of a time relatively late in its evolution. Because the beautiful Chiswick House was used as an asylum, as they called it, for nearly 40 years across the Victorian and Edwardian eras.

[clip] The Tukes lived amongst the patients, which I think is quite an amazing thing. They all had their own rooms and a lot of them had en suite bathrooms, because it was a fancy place. They would have nice dinners all together. They would have evening ballroom dances and stuff.

Josie: Now, thanks to fiction and film, our idea of 19th-century psychiatry is that it was cruel, experimental and dehumanising. But in this episode, we'll hear about the humane family of psychiatrists who were more interested in building relationships with their patients and giving them stimulating residential care.

But who were the people who needed, used and relied upon this care, and what insight does it give us into mental health, not much more than a century ago? I'm Josie Long. Let's head to Chiswick House to seek out the voices of London's elegant asylum.

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Well, it's under the Heathrow flight path, and it is next to a very busy road. But apart from those two things, the approach to this grand house – it makes you feel like you're stepping back in time. You walk along a tree-lined avenue and then pow! Two sphinx-like statues on grand columns framing the building in front of you. It's a bright, white building with high windows, domed up the front. I'm here with Jeremy Ashbee again. Jeremy, what do you think? Could you help me perhaps be a little bit more eloquent in describing the building?

Jeremy Ashbee: Josie, you need no help at all from me because you actually hit all the points about it. So it is a building in the classical style. This building, Chiswick House, is built in 1730 by a very interesting, influential nobleman: Richard Boyle, 3rd Earl of Burlington and Cork. And this is a period when people of fashion and style and taste are sent off – mostly I'm talking about men here – they're sent off in their gap year, in their youth, to go around Europe ...

Josie: The Grand Tour!

Jeremy: Exactly, on the Grand Tour, to acquire some expensive habits that will keep them in a bad state for the rest of their lives. And he goes off in his youth down to Italy. When he comes back, he is absolutely determined that he will recreate some of the glories of Italy and particularly the glories of



ancient Rome by cherry picking all the fave bits of architecture that he's seen, and seen in books and seen in manuscripts, and he puts them together in this building that he designed. It's an architectural gem. What we've got here is something that's changed an awful lot over time. So when Lord Burlington built this, for example, it wasn't actually the main house, posh though it is. The main house, it doesn't exist any more, but it was on the other side of the hedge just to one side of it – a building probably about double the size of this, and this was ...

Josie: So hang on, what was this?

Jeremy: This was this sort of rather elegant and sophisticated, you know sometimes we've even called it a Wendy House, out the back. It's a playhouse that he can use for entertaining, and he's got his library inside it and he's got his drawing room and otherwise he can sit in there with his invited guests. And you know, think how clever he is and how lucky and well connected. But it's probably not so much for living in.

Josie: We're standing looking at this gigantic Wendy House. Alongside this to our right there would have been a much larger bigger house.

Jeremy: Yes, and all through his time here. That's right. Now one of his successors has to get rid of that house. It's very old. It's not actually in the same architectural style. It was all a bit messy.

Josie: It's too big to manage.

Jeremy: Too big to manage. So get rid of that but the classical villa wasn't big enough to become a house. So then they have to double that in size by putting two wings, one on either side of it, that were three storeys high, and they are built in 1788 about 50 years after Lord Burlington had finished. And they stay right through into the middle of the 20th century. And now they've gone.

Josie: Can you tell me a bit about the gardens here, Jeremy?

Jeremy: So the villa and all the other buildings are in the middle of this glorious parkland, which is quite unexpected I think in suburban south-west London. Historians of gardens are really interested in Chiswick just as much as historians of architecture are interested in the building, because Lord Burlington and his collaborator, William Kent, in the 1730s do something quite new here. Gardens prior to that time – gardens of very rich people – had been very rigidly geometrical, you know, straight hedges, quite complicated and fussy. And what they create is something that's a bit more relaxed and informal. Put the trees in a bit of a more ragged line; where you've got water, don't have it running as a straight canal, but make the edges of it wander around a bit in the sort of serpentine way. And in short, what they have created is now known as the English landscape garden, which is something that's been exported to very many parts of the world.

Josie: It's still obviously a lovely place to live. But why are we here today, Jeremy?

Jeremy: Well, we're here today to talk about a development that takes place at the end of the 19th century and the beginning of the 20th century. And the history of Chiswick after Lord Burlington, it's



actually got quite a lot of continuities as well as change in it. After he died it's still in an aristocratic family, to the Devonshires, and they use it as a country house, but towards the end of the 19th century the Dukes of Devonshire aren't living here in person. They start to let it out to tenants, initially to other aristocrats, until we get into the 1890s. And there they let it out to a very interesting family, the Tuke family, and it's what they did at Chiswick that we're going to talk about today. And I think to talk about that more, shall we go inside the house? And there we can explain a little bit more.

Josie: Yes. I'd love to.

We've walked through part of the house and then turned down some very narrow, very small corridors that are bright, polished white with columns and statues. But why have you chosen to take us to this bit, Jeremy?

Jeremy: Well, I wanted you to see it because I think it's rather beautiful!

Josie: It is, it really is!

Jeremy: But it's also a great survivor because this actually was built by Lord Burlington even before he built the house and it's survived all the way through the 18th, 19th and through the 20th centuries. Because certainly, it would have been part of the complex in the 1890s, 1900s, 1910s and 1920s, when Chiswick was occupied by the Tukes, this very interesting family.

Josie: Tell me a bit more about them. Why were they so interesting? What did they do?

Jeremy: Yes, the Tukes come from a very interesting family with a background in mental health, quite progressive kind of mental health, and the connection with Chiswick dates to 1892. And at that time, the property was still owned by the 8th Duke of Devonshire, but the Tukes were running another asylum just down the road, called the Manor House. This was scheduled for demolition. So they had a bit of a problem. They needed to find somewhere else to go and to have their practice and to bring the inmates and they managed to take on a lease of Chiswick. So they move down here for the best part of 30 years.

Josie: I really would not expect that at all looking at this building.

Jeremy: It is a bit of a contrast, isn't it? That we've been talking about a country house for the most, you know, well-connected of society, you know, people of great wealth, of great influence. And then suddenly what you're talking about – mental health – that's a completely different world, isn't it? But they did coexist here and in fact, coexisted very well to the extent that by the time the asylum at Chiswick House had finished, in the obituary of one of the Tuke brothers it was said that the name Tuke of Chiswick is now known across the world for particularly sensitive and humane treatment of the mentally ill.

Josie: So what kind of people came here for treatment?



Jeremy: Well, I think you need to see a broader context here and that there were a whole range of different ways of treating people with mental illness. And what you got I'm afraid to say largely depended on how much money you could spend on it. So for your average person who doesn't have money to spend, a mentally ill person, the only thing that could happen for them was that they would be committed to an institution. If you're very, very wealthy, you can actually get one-to-one treatment in your own home, you know, if you can pay for it. And Chiswick is sort of somewhere in the middle of that. This is a private asylum. So the people who are being committed to be looked after here at Chiswick, they and their families are having to pay for it and probably paying quite a lot. And for that, you got all the facilities that the house and its outbuildings could offer: a large staff; you might bring your own servants and other people like that with you; and medical care from people like the Tukes, who really did seem to be actually at the forefront of their profession. And think very, very hard about what was best for you.

Josie: Where did people live? Did they live in this part of the building? Did they live in one of the parts that doesn't exist any more?

Jeremy: A bit of both to be honest. The 1901 census talks quite a lot – I think there are 34 inmates in there and 48 staff. There's also the household of the Tuke family themselves. One of them lives in one of the lodges at the gates and another one actually lives in the main house in one of the wings that's been removed. And some of the patients would certainly have lived in the enlarged house, the villa at the centre. Others of them may well have been lodged in the very room, very building where we are. And there was a quite large building over a little bit further away that's gone now, but its site is partly marked by the Chiswick House cafe and that's known as the Grosvenor Wing, and quite a lot of the inmates of the Chiswick House Asylum would have been living there as well.

One of the hallmarks of the Tukes' regime is that they are very much not separated from wider society – that the grounds were available to local people to come in and use as well as for the inmates. But also, the inmates were encouraged to go out. So the inmates were encouraged to spend some time in their own houses, with their own family and to have recreational pursuits. One of the things most famous about the Tukes is that they are sportsmen of quite some standing – fanatical and actually quite talented cricketers. And the cricket pitch that's still part of the grounds, it was laid out by the Tukes for themselves and the inmates of the house to be using. There are tennis courts and still there are tennis courts here, and they used to have outings to go rowing, to go sculling on the river Thames. They used to have outings to the local theatres and others. And this was all deemed to be a very, very good thing for their treatment.

Josie: Thanks, Jeremy. It sounds like the grounds and the environment of Chiswick House played a really important role in the lives of the patients and the medical family that lived alongside them here. We're going to take a walk around the grounds next. First, though, Dr Sarah Cheney is an asylums historian and research fellow at Queen Mary University of London. She told me a little bit more about asylums and the treatment of their patients in the Tukes' day.

Sarah Cheney: I think we have this perception of asylums as these cold torturous places. A lot of the impressions and assumptions we have about asylums are based on the 20th century. Many of the institutions set up in the 19th century grew and grew and grew, getting to their largest after the



Second World War. So they were overcrowded, they were very understaffed. They didn't have the facilities that they were supposed to have when they were founded, but when they were founded in the 19th century, those who created these asylums wanted them to be a space for people to get away from their lives. They were supposed to have domestic furnishings and beautiful grounds. Every county had their own public county asylum. And those were seen really as a kind of sign of the philanthropy of the area that they treated the residents well.

There are certainly differences between the public and private asylums. And one of the big things there was the size. The public asylums tended to be huge. They would have often over 1,000 patients. Whereas private institutions will be much smaller. Private asylums had a higher staff to patient ratio. They were able to provide better care for the patients. They were able to provide support for them to go into the grounds and things like that. And then also in the county, public asylums there was a big focus on work as well. Inhabitants of the institutions would be providing a large amount of the work in the institution itself.

As the 19th century drew on, psychiatry was really developing through that period. If you go back to the beginning of the 19th century, many of the institutions, a number of them were run by lay practitioners, they didn't have to have a medical background but as the 19th century progressed, asylums increasingly became run by medical doctors who then specialised in psychiatry or medical psychology as they tend to call it. And most of them felt that mental illness was curable. The way they did this tended to revolve around the moral treatment that had been brought in in the earlier 19th century: pleasant atmosphere, occupation, the domestic furnishings and the grounds of the institutions. So there was a lot of emphasis on humane treatments of people with mental illness during the later 19th century.

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Josie: Thanks Sarah. It's back to the gardens at Chiswick now, because as Jeremy mentioned earlier, they played an essential role in asylum life. The residents were not hidden away here. They were often high-society operators who were used to buzzing social lives and the Tukes were all about integration. For that reason the grounds that Chiswick were often open to the public and a big part of the local community.

I'm about to meet someone who can explain why the gardens here are also still supporting community mental health and wellness today. Harvinder Kaur Bahra is the Community Participation Manager at Chiswick House and Gardens Trust.

Hi Harvinder, it's really nice to meet you. Tell me a bit about where we are. We're in such a beautiful garden right now. What goes on here and what's your work here?

Harvinder Kaur Bahra: We currently are sitting in our really beautiful walled kitchen garden which is over 300 years old I think. And my role very much is to be working with local community organisations and supporting them with accessing this amazing space.



Josie: So making sure that people who perhaps wouldn't necessarily consider this space as for them and belonging to them actually are reminded that yes, it does belong to them, and they are part of the community.

Harvinder: We know that this space is well visited. We know that people love coming to Chiswick House and Garden, but we're very aware that, you know, that we've got a really rich, diverse community. And there are many community groups and how those don't feel like they belong in their space like this. They don't have the confidence to access spaces like this.

Josie: Tell me a bit about some of the groups that you work with and how that works.

Harvinder: So I'm talking a lot to community organisations that work with audiences that might need support in accessing these spaces. So again, working with quite isolated, vulnerable audiences – audiences that may be dealing with lots of barriers around confidence, maybe health and well-being; around welfare and access to these opportunities; dealing with people that just may not even know about this space, so audiences with special educational needs, and diaspora communities.

Josie: That feels really apt when you think about the fact that you used to be a space that was so recuperative and that was designed to aid people's mental health and well-being. Is that something that you think about when you're doing your work as well?

Harvinder: A big overarching theme of all our work is about improving physical and mental health and well-being. So, a lot of the groups that we're working with may be dealing with mental health issues. They may be dealing with issues of depression, isolation, bereavement. We know being in spaces like this inspires well-being. We know that improves people's sense of feeling and just feeling better that day, if they get out of their house. So whether we're actually planting or we're digging or we're just sitting in those spaces and we're talking – all of that has an impact on our mental health.

Josie: Oh that's brilliant. It's so wonderful to see it in a city in such a big and broad way.

Harvinder: And I think that's such a good point to make because I know the volunteers will often come with not necessarily any horticultural skills, but they want to be in this space and they want to help out. And that's something that's very much nurtured and encouraged by our gardening team, is that you don't have to bring those skills.

Josie: It's great to know that the gardens are still playing their part in community well-being, thanks to Harvinder and the team.

For me, there's still a very large piece missing from the story of Chiswick's time as an asylum. Who were the patients who stayed here? What was their experience? And why were they here? Fortunately, the Tukes' handwritten casebooks still survive at the Wellcome Collection in London, but it takes a little bit of expertise to decipher them and discover the stories they can tell. Luckily Rosie May has taken the time to seek out these stories and I'm heading back inside to meet her.



Rosie, thanks for coming to talk to me about this, and I'm excited to ask you about your research into the patients at the asylum. But first then, let's talk a tiny bit about the Tukes. We know that they were in the Manor House Asylum. That was scheduled for demolition, so they moved over to Chiswick House. What else do we know about who they were and in particular, what their methods were in running the place?

Rosie May: Sure. Yeah, their dad was quite a well-known psychologist, psychiatrist, Thomas Harrington Tuke, who ran the Manor House Asylum. And the kids obviously wanted to follow in his footsteps. There were three boys, two of them trained as doctors. And the other one was obviously didn't quite make the grade and he just became the accountant for the asylum. They were really keen on talking therapies, which at the time was it was sort of an area that was growing. Typically most of the sort of cures for madness were either drugs or restraint or just, you know, there wasn't a cure. It was just about symptom management as we call it now, but just keeping people out of sight and out of mind. So they were trying to get people to – they were very interested in the causes of people's psychoses. And so they would actually spend a lot of time talking to their patients.

Josie: I know that you've researched a lot into the patients at Chiswick. Tell me about that.

Rosie: It was a private asylum. So they were rich patients. It wasn't a paupers' lunatic asylum. You had to pay quite a lot of money to go and stay there. I guess it's probably the equivalent of something like The Priory today, you know. And in fact, it was such a nice place to stay they actually had people who just lodged there. That weren't they weren't actually patients, they were just go and live in a lunatic asylum, which is just a great fact.

Josie: That's so interesting. Because obviously it's like, the crossover between a place to convalesce and a spa.

Rosie: Yes. It was a well-known asylum, it was a desirable place to go. It was a place where you'd go and send your relatives without too much shame. I think when we think about a lunatic asylum – and I'm saying lunatic asylum just because that's what it would have been called at the time, it's not ideal language for now – I think you'd imagine, you know, a big brick building with like railings around it and tiny windows and no one going out. Whereas this was the polar opposite of that. It was all very open. The patients would walk around the grounds all the time. They would have loads of garden parties on the site. All of the locals of Chiswick would come in and visit for the day, you know, they would chat to the patients over the walls. It was very open. It wasn't a thing where people were hidden away. People would be out and about in the grounds all the time.

Josie: That feels quite modern. It really does. There's some really good quotes from the transcriptions of the casebooks that we're looking at here, where it talks about one of the patients called Sir G. And even the fact that the patient is a Sir, you know. Okay, we know what the clientele is. It says: 'Sir G amuses himself about the place looking after golf greens, the management of which he is very jealous.'

Rosie: Oh my God. Yeah, there were so many that, like, took the gardens to be their own thing. There's a guy, he was really into his botany, and I think he just went out in the garden and really



obsessed over the plants in the garden and actually wrote to the doctors asking to go to Kew because there weren't any oleanders in the grounds and he really wanted one.

Josie: How long did people tend to stay?

Rosie: I'm not sure there's like an average time. Certainly some people were there for their whole lives and they lived and died there, but a lot of people were in just for short periods for, you know, acute cases of psychosis or nervous breakdown or whatever, and then would leave.

Josie: Actually but then they were treating a broader range of conditions because some of them were conditions which now have been recognised as medical conditions.

Rosie: The casebooks are very interesting because they very rarely formally diagnose people. They just write huge reams of lists of descriptions and behaviours, and descriptions of the state of their tongue and their hairline and absolutely everything else. But don't ever say this is clearly a case of whatever and this is our treatment programme. They just monitor.

Josie: Why is that?

Rosie: The job wasn't really to diagnose. Their job was to either cure or symptom manage. So a lot of the people there were clearly there because they were having the side effects of having syphilis. But they wouldn't have been named as that because that was very shaming.

Josie: So there was still lots of taboo at the time, even in this kind of environment.

Rosie: Yeah, absolutely. Because it's everything from alcoholism to shell-shock to a nervous breakdown brought on by a romance, to the side-effects of syphilis, to head injuries, to learning difficulties. I mean, it's a huge range that they're dealing with.

Josie: I'm really interested that they were like throwing as much as they could against the wall in terms of like, let's look at their hair. Let's look at their tongue. Let's write everything down. Just in case we find patterns and stuff.

Rosie: Yeah, it is, because I think the thing that's really interesting is that all the cases had to be maintained by law. It's the middle of that Victorian sort of bureaucratic growth, you know, where they wanted records of absolutely everything and everything had to be overseen by commissioners.

Josie: What was it like for you to call them up and open them?

Rosie: It was dreamy. It was like my nerdy historian's fantasy of like, locking myself away in an archive, with these fusty old Victorian casebooks. They were huge. But yeah, the handwriting was classic doctor's handwriting. It was completely and utterly illegible. So there are probably some absolutely wonderful, amazing people stories lodged in these casebooks that are impossible to decipher.



Josie: Well, it's so interesting to me to think that its sort of function as a rehab, as a recuperation space, as a place where people should actually be getting medical treatment, but it doesn't exist yet. And there's a place that's like looking after people who would maybe be living in sheltered accommodation and stuff. So it's all these different things at once.

Rosie: Yeah. And also the Tukes lived amongst the patients, which I think is quite an amazing thing. They all had their own rooms and a lot of them had en suite bathrooms because it was a fancy place. They would have nice dinners all together. They would have dances, had a lot of like evening ballroom dances and stuff.

Josie: There's a lot of trust there, I think, as well, which is sort of refreshing to think about.

Rosie: Yeah, I think so. I think the relationship between the doctors and patients is, I'd say it fundamentally seems to be quite respectful, though you do see in a lot of the notes, the doctors are getting clearly exasperated with the patients because a lot of them have been there a long time. They're not showing improvements. There's quite a lot of patients that are also quite angry at the doctors.

Josie: Oh, yeah. There's one here. There's a letter of apology because it says 'Dear Mr Tuke, I'm exceedingly sorry that I should have struck you such a cowardly blow and used insulting language towards you before attendance.'

Rosie: So the day that he wrote the letter to apologise for the cowardly blow that he struck, he also wrote to 'my dear WG' (and we don't know who that is), saying, 'It is absolutely imperative that you and Rocky should do something on my behalf. I have been very off-colour now for some six weeks and my holiday did me no good.' (They had holidays from the asylum as well.) 'What I have suffered during the last 12 years amounts to false imprisonment. And that of the very worst order, social [something, probably isolation] of such long-standing can only be based on charges of a criminal nature of which I am quite innocent, but know that they have been deliberately cooked up.'

Josie: You can see what a complicated state of mind that person's in. It's such a window onto that person's life.

Rosie: It is. And the other thing that's really interesting is that letter never got posted. That letter was found in the casebooks.

Josie: Let's talk about the fact that in your research, it sort of showed a difference in the way that men and women might be treated or appraised by the doctors.

Rosie: Absolutely. Yeah. I think it's, you know, it's very much of the time. They describe the physical symptoms of both male and female patients on admission. But absolutely, if a woman was in a state of distress or dishevelment, it was seen to be a great signifier of her complete mental collapse. So there's one woman who comes in and she looks like she hasn't cleaned her clothes despite coming from a well-to-do family. She's got a hairpiece that is scruffy and they write about it in like the most detailed terms with almost a certain sense of horror – bearing in mind these are doctors and they've seen



patients coming in in all sorts of states. They are absolutely horrified that this woman has come in in such a dishevelled state, despite being a fancy lady from a fancy family. Whereas men are not described like that. Not at all. Men are just literally described by their height and their stature and their weight.

Josie: There's this Mrs P. She defaced the letter from her husband saying that he was a liar and he was seeing prostitutes; sent a threatening postcard to Dr Tuke to discuss tactics of war and peace, saying he'd better comply with this request 'or it will be the worse for him and his professional brother who dared to certify me as a lunatic'.

Rosie: I have a lot of love for Mrs P. Because I think a lot of the narrative around asylums is that a lot of women were locked up when they became inconvenient to their husbands or, you know, if they were being too bolshy or too assertive in their marriage or if they'd had an affair or if their husbands were having an affair and they wanted to get rid of the woman. I don't think that is particularly borne out in a lot of the cases, but I think with Mrs P it possibly was. And I like the fact that she is quite clearly standing up for herself.

Josie: And you get a really strong sense of that person's character and that person's sort of strength I guess.

Rosie: Yeah. She was suffering no fools, that one.

Josie: I've noticed that you've chosen not to give the full names of the people you've researched. Why is that?

Rosie: It's a slightly contentious issue about the naming of people from asylum records. It's absolutely possible to do it because these records are over 100 years old. I chose not to because these are real people and they also have real living relatives. It wasn't that long ago, and I think it's really important to actually afford these people some dignity. They are, a lot of them, in very distressed states.

Josie: Thanks, for talking to me. It's really interesting, and it's just like, it's so vivid. Like, that's what's so amazing is you get such a deep snapshot into each person's life in such a small amount of record.

Rosie: I just think it's really magic that you see a little bit, but I would like to know the rest of it.

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Josie: Even if the science was experimental and there was still a level of objectification in the way patients, women especially, were treated at Chiswick House, it does seem that patients there were treated with compassion.

The private asylum story adds nuance to our ideas of late Victorian asylums, but I want to know more about how treatment at Chiswick measures up to the experience of the wider population in the Victorian period. There's one London institution that always gets a mention in the story of English asylums, and that's Bethlem Hospital in south London, or Bedlam as it's infamously known. Today it still exists in Beckenham, where its Museum of the Mind shares some of the insights generated by



centuries of archives. So that's where I'm off to next, to understand more about the history and the evolution of psychiatry and our social attitudes to mental illness. I'm joined by David Luck, the archivist there.

Hi, David, it's nice to meet you. I want to ask about how Bethlem evolved from a sort of early day, historic asylum.

David Luck: So the hospital is established as the Priory of St Mary of Bethlehem in 1247. St Mary of Bethlehem is a crusader church and the priory is founded as a base for that church in London. It very quickly moves from priory to a hospital, which doesn't mean a hospital in the sense we know it. It means a hospital as in a place of hospitality.

Now, round about 1400, we start getting mention of people who were so-called lunatics being kept there. Bethlem at this point is kind of like a precinct. It's not a single building, it's many different buildings, and these buildings have lots of different purposes. And it's only really the mid-1400s that it seems to be solely for the care of people with mental health issues.

Josie: That's so much longer than I thought. That's centuries more than I thought.

David: Yeah, it's the oldest psychiatric hospital in Europe, we think. So it moves into control of the city of London in the 1550s. Its official title becomes Bethlem Hospital, but it starts becoming known to the populace of London as Bedlam, and that's sort of where we get a lot of our images of Bedlam from, in particular the famous Hogarth sketch of the Rake's Progress, where the rake is confined to within something that looks a little bit like Hell to our modern eyes. It's not entirely accurate. Hogarth is exaggerating for effect. But there are historical accuracies within that. And in 1930, the hospital moves to where we are now, which is Monks Orchard out in Beckenham.

Josie: It's hard to look back at things from a few hundred years ago and not be quite horrified.

David: One of the conceptions of madness, at this point, is that people who suffer from it, who suffer with mental health issues, do not feel the cold or pain, which yes, it's absolutely mind-blowing to us today. Visitors who would have been able to come into Bethlem were charged as well. And that money would have gone straight back into maintaining the hospital. So yes, there is something really barbaric, I think, is not too big a word for us, but there was a purpose to it. The hospital was a charity, and was a charity from the moment it comes into the city's hands. The city appoints the board of governors who look after the running of the hospital, but they do not fund it. The funding has to come from somewhere else. And in this case, up until around about 1770, when visitors are banned, that funding comes from donations from passers-by, or from people visiting.

Josie: And then, how did things change and reform over the 19th century?

David: I think what you see, if you take in the history of mental health and mental health treatment, is not an upward progression. You see false starts. You see troughs. You see times when people move away from worthy ideals. What is definitely changing in the early 1800s is this idea that you can simply chain people up – ideas come in about non-restraint, about treating people with respect. What



Bethlem propagates is an idea that the people who are inside Bethlem have lost that that makes them a person. If you lose your mind, you are no longer a human being. And I think what comes through from other places of treatment is an idea that you are still a human being worthy of respect, and I think that's probably the big change that happens.

Josie: In the late 19th century you do have people like in Chiswick House who are focusing on occupational therapy and sort of modern, more wellness-based treatments as well.

David: Yeah, and Bethlem is doing something similar. When William Charles Hood comes in, in the 1850s, what he tries to do is environmental therapy. So he creates a nicer environment for patients, a relaxing one. So he encourages activities that we have photographs from later, obviously, that show patients playing bowls out in the garden or badminton or croquet. We have sewing start to happen. He encourages pets. And one of the doctors went everywhere with a parrot on his shoulder, which is truly quite the thing. There are hospital cats, you know, it's to encourage a sort of calm environment.

Josie: And those are things that like today people would obviously recognise as being beneficial for kind of happiness and well-being. And then how did that go on to evolve nearer the end of the 19th century and the beginning of the 20th century?

David: Well, what happens across the 1800s is this development of a public network of mental health care, the asylum network, county asylum network. And that that's actually a long hard slog down the road. By the late 1800s you essentially have a point where for the very poorest, the public sector provides and that sector is regulated as well as the private sector by the same people. The inspectorate are called the Commissioners of Lunacy. Everywhere has to have a licence, and they're going around and they're looking at all the hospitals. I actually have the report of Chiswick, if you would like to see it.

Josie: Yeah, I would love to.

David: Probably from the early 1900s.

Josie: 'There on the books of this house, which we visited today from the 1st of October 1904, the names of 16 patients of each sex, all of whom we've seen with the exception of one gentleman who is absent on leave and two ladies who at our visit were out for the day. We can report in generally favourable terms on the personal condition and dress of the patients. One gentleman was in seclusion. The general health of patients was satisfactory. One gentleman manifested considerable mental improvement.'

David: While there is regulation, it's a very narrow regulation. We're looking at a slow move where people start appreciating the people in these hospitals as people. Giving them more rein to be themselves. Sort of having a sense of a sort of bottom-up community that leads in the 20th century into therapeutic communities, where patients have a much bigger say in how they are treated in their schedule and that sort of thing.

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Josie: It's been so interesting to explore the development of attitudes, treatments and social care for mentally ill people across the centuries. As David says, throughout time, ideas that today seem enlightened have circulated alongside mindsets that we now see as barbaric. But most importantly, it's not been a linear path to developing present-day attitudes to the mental health and approaches to treatment. And I'm sure in the future we'll look back at this time and say exactly the same thing.

It's been really interesting to find out for example that the Tukes were using occupational and talking therapies at Chiswick which are still familiar to us now, and it's been really interesting to think about how then, probably as now, your status in society, your wealth, your position might have affected your access to treatment and the kind of treatment you received if and when you did.

Seeing the diversity of care on offer to people of different classes and backgrounds, it's a reminder that there's still so much to be talked about and hopefully changed for the better in the provision of mental health services today. It's easy to think about things from a current perspective as if we have all the answers when in actual fact the mind is still so full of mystery for us. The best treatments we have are the best treatments we currently have, not the best treatments in an ideal world. So I really hope that a continued, curious and humanitarian, patient-focused exploration will provide ideas for better care in the future.

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On the next episode of Speaking with Shadows:

[clip] My father always said, you know, 'I am freedom fighter', and we always used to laugh at him. But you know, in reality he was a freedom fighter, you know, he went, he volunteered and he fought for the freedom of Poland.

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