The Well-Ordered Body:
The Quest for Sanity through Nineteenth-Century Asylum Architecture*  

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Abstract. Nineteenth-century somatic theories of madness required specific types of treatment that focused on the body of the afflicted. This treatment stressed the primacy of caring for the body as a route to curing the mind. Treatment through environment would facilitate a transfer of the salubrious nature of a well-ordered place of treatment to the body and the mind of the lunatic. Therefore, the design of this environment became important as a method of treatment. The architect was to construct a facility ensuring the ordering, in detail, of placement, movement, and perception of the incarcerated. Also, this facility would act as a technology to facilitate the limits and types of bodily activities that would define a person as mad or sane. This article focuses on the architectural discourse of building for sanity.

Résumé. Au XIXe siècle, les théories somatiques de la folie impliquaient des types spécifiques de traitement qui étaient centrés sur le corps du patient. Ce traitement soulignait l'importance de s'occuper du corps afin de guérir l'esprit. Cette thérapie qui insistait sur l'environnement du malade prétendait faciliter le transfert de la salubrité d'un lieu de traitement bien ordonné au corps et à l'esprit de l'aliéné. C'est pourquoi la structure architecturale de ces lieux devint importante en tant que méthode de traitement. L'architecte devait produire un environnement où aurait lieu la thérapie par la mise en ordre minutieuse de la place, des mouvements et de la perception du malade incarcéré. Ce dispositif thérapeutique devait fonctionner également comme une technologie permettant de mieux cerner les limites et types des activités physiques qui définiraient une personne comme aliénée ou comme saine d'esprit. Cet article va donc être centré sur le discours architectural régissant la construction d'établissements pour la santé mentale.

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Recent studies in the history of insanity focus on the importance of architecture and organizational design in asylum construction in the nineteenth century. The architectural literature, on the other hand, avoids both asylum architecture and the impact of design on the incarcerated. In spatial geography there is some research that demonstrates the relation between space and time in the organization of human relations. This is of value in understanding the social relationships that develop within the asylum’s grounds. But as yet the only direct reference that concentrates on architectural design sees the asylum as one of many health institutions. In this article I will link the then-current ideas of sanity with the design and organization of the institutions built to treat insanity.

Asylum design, together with various regimes of order, attempted to instill discipline in the lives of patients. As a result, asylum design took on the character of a prison which in turn had the effect of treating the ill as criminal. Yet, there is something special about asylum design. Its potential cannot be seen in its use (function) but in the builders’ vision of sanity (its conceptual development). The design discourse is grounded in its potential not its function. The physician, then, was not the only one to influence the environment of healing. The organization or milieu “depended equally on the skills of the architects; it was their task to prepare the physical space of confinement, where in turn physicians could create the proper therapeutic atmosphere.” Rothman supports this by saying that the superintendent’s “skills were to be those of the architect and administrator, not the laboratory technician.”

There is no doubt that the design of space within the asylum as well as its landscape were important components in the treatment of insanity. Perhaps the best evidence of the need for more research into this topic is the work of Nancy Tomes on Thomas Kirkbride, Elaine Showalter on the treatment of women, S. E. D. Shortt on Canadian asylums, and Anne Digby on the York Retreat. These works illustrate a broad approach to the study of asylums.

This article, as a contribution to this research, discusses the construction of a “purpose-built” space for insanity. It deals with the development of a specific architectural discourse, the treatment of insanity, and how this discourse is reflected in asylum design. I am interested in the stage upon which clinical surveillance is played: how the building and design of these purpose-built institutions were determined.

Architectural space became governed by the need to assign particular places to particular individuals (and, conversely, individuals to particular spaces). The individual was no longer placed in a fixed social place but in a rank which stressed relations of positions. Bodily activities were temporally ordered. The timetable, for a long time used in monastic communities to preclude illness,
was more widely introduced to establish rhythms, impose particular occupations and regulate the cycles of repetition in schools, workshops, prisons and hospitals. These different ways of seeing bodies served to establish a true political economy of the corporeal in which time, detail and gesture were broken down into component parts, analyzed and reconstituted to exact from coordinated and disciplined bodies more than the sum of their separate contributions.13

If the purpose of the asylum was to create sanity through a reflection of nature, then which body is the text for its construction, the sane or the insane body? Those nineteenth-century architects/builders14 in designing an appropriate asylum did not use the body of the insane in construction but rather reflected sanity in their buildings. The sanity of social life situated nature in the domesticated, natural environment. Enlightenment ideas of civilization and personal cultivation spoke to these architects while architecture was making a claim on the patient. Richard Sennett illustrates the supposed relation among these:

Cultivation... promised that the natural materials spread through the human species could be put to more radical use.... Enlightenment writers imagined the formation of a cultured person to involve a reciprocal process of personal judgement and social participation. The more a person surveys the world in an open, uninhibited spirit, the more he or she becomes involved in it as an... actor.15

The asylum was to represent a passage to sanity—a sanity drawn from the salubrity and ordering of nature. Also, the asylum signified natural order (the landscape) and social order (the bourgeois community). Since nature and society are imitated, what is produced are their signs and their realm, "a tree, perhaps, or a shrub, or merely the image of a tree, or a photograph of one." For example, the visual representation of every asylum included the surrounding environs of trees, hills, and streams. The image of the asylum was to be associated with a panoramic landscape that signified the qualities of sanity. This was not the case for bridewells, gaols, prisons, or workhouses: they had other signifiers.

Design, in the minds of asylum builders, was not to be used as treatment manipulated by doctors; it was treatment in itself:16 "we were interested to notice the excellent fixed pictures in the part occupied by the more refractory patients, and were informed that the brilliant colours were used so as to produce brain waves."17

In the 1854 Asylum Journal, John Thurnam reviews the "Report on the Establishment, Construction, and Organization of the Best Asylums for the Insane in France and Elsewhere" with an eye to English asylum construction.
According to the general principles of the medico-moral treatment of the insane established by experience they [the insane] require in the first place, separation total... from their families and friends; they require all the advantages of a country life; liberty, tranquility, fresh air, agricultural and horticultural employments, with all their moral and hygienic influences, so salutary to all, and of the first curative value, indeed absolutely necessary in mental disorders. The insane do not require isolation from mankind, but [from] social life.18

The architect was to construct a facility that ensured the detailed ordering of placement, movement, and perception for all those within its space. The building assessed the limits and types of bodily activities that would define a person as mad or sane. Asylum architecture, in its quest to create sanity, became a disciplinary technology: a space for a clinical gaze.19 Each patient was to have a place and each place was to have its patients.

Classification of the type of insanity, social class, gender, and behavior became the focus of a design discourse since one of the major criticisms of both small, private asylums as well as Bethlehem and St. Luke's was that their designs inhibited clinical observation.20

Those who are violent, require to be separated from the more tranquil, and to be prevented, by some means, from offensive conduct, towards their fellow sufferers. Hence, the patients are arranged according to classes, as much as may be, according to the degree in which they approach rational or orderly conduct.21

To echo Samuel Tuke's words psychiatry needed a "space for its intervention":22 architecture provided that space.

Before the end of the eighteenth century, lunatic asylums were not purpose-built; they were established in and made use of existing buildings. Bridewells, houses of correction, gaols, prisons, and workhouses that covered England from the seventeenth century are well-documented as institutions for the confinement/treatment of madness. Records show the continuous use of these institutions to house part of the overwhelming population of the mad throughout the nineteenth century.23 The type of confinement, however, was changing and new institutions, particular to the current ideas of treatment, were built. The building, then, becomes an architectural artefact signifying the specific discourse on the treatment of insanity.

There are roughly three overlapping periods in English asylum design.24 First is the development of "moral treatment" associated with the building of the Retreat in York (1796) whose influence lasted throughout the nineteenth century.25 Second is the custodial period: the County Asylums Act (1808) recommended the setting up of county asylums. However, by 1828 only nine asylums were built, and by 1841 there were 12 asylums that resembled, to some degree, prisons (e.g., Wakefield, 1818, and Cornwall, 1820).26 The 1808 act became manda-
tory in 1845. Third is the period 1845 to 1914 when the principles of the Retreat were to be integrated into the design of each asylum. "By the time the Commissioners in Lunacy made their final, 68th report in 1914... there were 97 county and borough asylums in England and Wales containing 101,538 pauper lunatics."[27]

After 1845, the design of each asylum was vetted before the Commissioners in Lunacy (CIL) and their resident architect.[28] By the latter half of the nineteenth century many architects specialized in asylum design, and asylum superintendents contributed to these new designs by linking medical knowledge to design.[29] The Builder[30] regularly published ideas and debates about the nature of insanity and the best possible ways to alleviate the problems of treating insanity through design in building and landscape.

G. T. Hine[31] states that asylums had three basic designs: corridor, pavilion, and conglomerate.[32] Asylum classification is not in all cases self-evident.[33] Burdett, Hine, and Taylor agree on corridor and pavilion types but disagree on "the more complex developments of the 1890s and 1900s [that] were to blur any attempts at easy classification."[34] Corridor asylums (Colney Hatch, 1851) are massive buildings in which the different wings and wards are connected by long corridors. Pavilion asylums (Menston, 1888) are separate buildings arranged in proximity to each other, connected by a single-storey walkway. Conglomerate asylums (Wakefield, 1818) are early asylums built between 1808 and 1845 that grew into various styles as the need for space increased. Most of these are two-storey structures in a variety of Victorian revival styles. Because of the pressure to be self-sufficient, asylum infrastructure replicated not families and homes but communities and villages. In many ways the style of late nineteenth-century asylums and additions to older asylums was set by the CIL in an attempt to conform to evidence that supported healthful environments.[35]

**BETWEEN BODY AND MIND**

Nineteenth-century somatic theories of madness required specific types of treatment that focused on the body of the afflicted.[36] Treatment stressed the primacy of caring for the body as a route to curing the mind. Treatment through environment was thought to facilitate a transfer of the salubrious nature of a well-ordered place of treatment, the asylum, to the mind via the body of the lunatic. Sanity would be achieved through a well-ordered asylum that would create well-ordered bodies. "Although there is no doubt that [this] new disciplinary regime aims to control the mind, ... it does this by operating upon the body."[37] Foucault, in his use of the panopticon, portrays how architecture... attempts to create "docile bodies".[38] "the control of space
through enclosure and the organization of individuals in space are ways that this occurs."

There are perhaps two points to register here, and the first is that Foucault deploys the term "panopticism" to capture not only the role of institutional plans and architectures, but also the nature of many other "disciplinary techniques"... through which human subjects were converted into responsible "docile bodies" whose labours would serve to "strengthen social forces." And the second point is that, even when he deals directly with institutional spaces, he describes buildings and programs which bore little physical resemblance to the "Panopticon"... 

In fact, there were a number of panoptic-type asylums (for example, Cornwall and Wakefield) in the early nineteenth century. This form, however, was abandoned by 1845.

Since there were few known medical treatments for insanity during this period, asylum superintendancy looked to the order, routine, and discipline of asylum life for treatment. The principle of treatment was to order the everyday life of the patient. Routine, discipline, and classification were important aspects of the internal design of the building but so too was contact with the landscape that was also designed to facilitate order and routine and, perhaps, a diversion. "Treatment throughout the 19th century made relatively little progress, although much was done to improve the general lot of the patients. Attention was given to diet, hygiene, accommodation, pastimes and amusements." 

By providing a calm, natural environment the asylum would soothe insanity within the person, creating through design an environment close to the harmony of domesticated nature and bourgeois family life. Although the asylum is cast as an oppressive institution of order, discipline, and routine, "oppressive institutions can be healthy." 

BETWEEN BODY AND DESIGN

The focus of asylum treatment was not internal to the building, as it is in the modern hospital, but outward to the healing calm of nature. This includes the great window space, verandas, large day rooms, gardens, sports facilities (bowls, tennis, and cricket), and a farm. Even the perspective from the buildings was part of the design. English asylums have a southerly aspect that allows for a flowing view of the grounds and countryside around. The design ensures that there is little interference from other buildings.

To illustrate my point about the care taken to ensure that design would support healing I will use the example of a window or what the window signifies. If we assume that contact with nature is a necessary part of our everyday sanity, then a window is important; if not then
there would be no function for windows save internal lighting. If windows are only for internal lighting then placement would depend on external and not internal reference points. For example, the placement of a window in a wall would depend on its ability to give the room a maximum amount of light. Of course, this is not the case; windows simplify our attachment to the outside. Sennett describes this attachment:

What one saw from one’s open window was an exemplary scene, a scene [not only] full of life but of life given shape; the viewer had aided the landscape to be more of itself. Those who preferred such engaging views became true sons and daughters of Nature: worldly creatures, purposeful, graceful, and modest animals. . . . [There was] a distinct sense of exposure—exposure to a natural world that goes on and on, no matter how sad or complicated or unfulfilled its inhabitants are inside themselves.

A view that would assist in healing was in the mind of the asylum designers. Although, for security reasons, asylum windows opened six inches at top and bottom and were constructed of small panes with lead cross-sections, there were no bars. Windows were four feet from the floor, the perspective was southerly and the view was an uninterrupted scene of landscaped fields and gardens. The ha-ha (a ditch with a wall at one side), as a feature of the asylum’s grounds, created an uninterrupted panorama making asylum walls redundant. Even when walls were built around airing courts, the asylum’s elevation was such as to allow an uninterrupted view from the day rooms. Also, corridors were not enclosed by two rows of rooms as were asylums in the United States and Canada, but were lined on one side by rows of windows facing the asylum’s grounds.

The perception that the environment is normal and natural ( sane), and that placement of the abnormal (insane) within this environment would make them sane, assumes that sensation is normal for both the sane and insane. If sensation is the means to acquire sanity and sanity is the placement within a sane environment then sensation cannot be abnormal. Therefore, within the architectural discourse, the insane had the ability to become sane; what had to be provided was the environment. The site, more correctly an attachment to site, was more important than the design.

The exterior of the “new Building” now completed and partially occupied, is not pre-possessing, but the lightness, cheerfulness and agreeable temperature found within, the sense of adequate space, and the appearance of comfort, added to an extensive view of the surrounding country, commanding a distant view of the town of Wakefield, with its beautiful church and spire, and finely undulating distant back ground of the Yorkshire and Lancashire hills—are objects unquestionably of greater importance than a building of a more agreeable
aspect, but in which the particulars essential to the well being of the inmates, are of secondary consideration.  

The definition of what constituted a rational and healthful environment (cheerful and agreeable aspect, salubrity of site, and feelings of space, temperature, and comfort) was motivated by medical superintendents, architects, and Commissioners. These specifications of site were not gleaned from clinical observation but from a non-clinical perception of a natural, healthful environment.

The use of a particular design, more akin to a spa than a prison, demonstrates the architect's desire to connect nature with the body through design. This movement is evident in the development of "moral treatment."

BETWEEN MIND AND NATURE

Moral treatment as used in the eighteenth and nineteenth centuries is mild, humane treatment without restraint; "a concentration on the rational and emotional rather than the organic causes of insanity." The use of this method within the asylum—"moral management"—incorporates social organization, routine, and design into the treatment of the insane. Moral treatment at the Retreat focused on: (1) the realization of the humanity of the insane or their incompleteness as rational individuals, (2) the need for non-medical or the psychological aspects of treatment, (3) the treatment of the insane as children and the asylum organization as a family, and (4) the use of nature as a means of calming insanity. "The curative power of pure, romantic nature itself... was called into service. Nature was to heal insanity like all the other problems caused by chaotic social progress."

Moral treatment embodied humanitarian values in an attempt to transform the unreasonable to reasonability. Implicit in this method of treatment is the notion of a moral or psychological cause of insanity that could be remedied through kindness and proper atmosphere.

Daniel Hack Tuke (1892), great-grandson of the founder of the Retreat, outlined how the principles of humane care were built into the Retreat. First, by rejecting the earlier methods of inhumane treatment, moral treatment was based on kindness, "[moral principles] were carved upon the very foundation stone of the building"; "a place in which the unhappy might obtain a refuge—a quiet haven in which the shattered bark might find the means of reparation or of safety." "The second objective was to provide an atmosphere congenial to the habits and principles of those for whom the institution was intended—Quakers."

The Retreat embodied the Quaker creed of spirituality, of a close community, and of duty to live a simple life. Lastly, the Retreat was built
with acres for keeping cows, a vegetable and flower garden, exercise
grounds for recreation, workrooms, and a view of the surrounding
countryside, i.e., a family home. "Moral treatment . . . attempted to cre-
ate a controlled environment directing the inmate towards habits and
values which would conform to those of [a particular] outside world." 57

The unique design of the Retreat was instrumental in reflecting these
new attitudes and principles in architectural form. The Retreat's philos-
ophy of treatment must be seen as the focal point for the design of asy-
lums after 1845. Indeed, Samuel Tuke's testimony and book, Description
of the Retreat, became the basis for the rules laid down by the 1815 Re-
port of the Committee on Madhouses. "'Moral management' required
a distinctive architectural plan which not only materially supported
and enabled the new social relations, but evoked their 'proper atmos-
phere.'" 58

This moral management supported a "moral architecture": a sober,
orderly environment that did not excite and placed the patient in touch
with social as well as natural supports. Design was to assist in patient
self-control, discipline in proper habits, removal from excitement, and
proper classification to afford treatment. If, as Esquirol says, the asylum
is a therapeutic instrument, then "moral architecture" is "moral man-
agement." 59

The influence of the Retreat's design held such influence over nine-
teenth-century asylum design that its principles can be found in a
speech given by the premier asylum architect, George Hine, to a meet-
ing of the Royal Institute of British Architecture in 1901.

Asylums are built for people who cannot take care of themselves, and who have
to be watched, nursed, and provided with employment and recreation under
conditions inapplicable to sane people; and to provide for all these, while the
subjects are under enforced detention, a very special knowledge is required to
make their lives bearable, and, as far as possible, comfortable. 60

The connection between body and mind, between body and design,
and between mind and nature is the drafting table upon which the nine-
teenth-century lunatic asylum was drawn. For design, the body of the
insane is a silenced, docile body. To the architect and the physician the
organic wholeness of the body signified sanity; a body, in theory a
mind, was to be exposed to a wholeness outside itself. The asylum's
unity of space, with its occupants, exposed the insane to a constructed
wholeness of mind, body, place, and nature. This was an asylum that
signified sanity: the end of an architectural quest. Unfortunately, the
fulfillment of this promise was not realized as the voice of insanity
changed the definition of its signifier: the asylum.
NOTES

* This article was presented at the meetings of the Canadian Society for the History of Medicine in June 1993 and the European Society for the History of Psychiatry in August 1993.


4 Taylor, Hospital and Asylum Architecture.


7 Donnelly, Managing the Mind, p. 48.


14 Architecture became a profession in 1834 and attempted to control the design and building of public buildings. The Commissioners in Lunacy (CIL) as well as the Royal Institute of British Architecture (RIBA) attempted to ensure that asylums would be designed by accredited architects. However, there were many skilled builders without formal training in architecture, county surveyors for example, who were commissioned to build asylums on the models of those built by architects. Against the wishes of the CIL and at great savings to the City of York, the York City Asylum at Naburn was designed by the county surveyor.


16 Again I stress the separation of intent and function. It was the intent of the architect and superintendent to use the environment as a therapy. Whether it was therapeutic or not is a separate question.


24 Periodization is difficult; however, there is a definitive association of the asylum with the prison, spa, and hospital at different periods. Eighteenth-century private asylums as well as asylums such as St. Luke’s and Bethlehem were not purpose-built. Their design was not influenced by the malady of their inhabitants, but rather by architectural style or previous use of the asylum.


26 In the Wakefield Pauper Lunatic Asylum or the first West Riding Asylum all rooms were designed to give the governor and matron easy access and oversight of patients. Patients were separated by state of mind and under constant supervision. A variety of scenes and changes of places within the asylum were to be compatible with security arrangements. Also, the design was very plain without costly diversions.


28 Taylor, *Hospital and Asylum Architecture*, p. 221-22, shows the connection between specific asylum architects, Hine and Howell, and the CIL.

29 Asylum design became the speciality of a specific group of architects. Since these were public buildings there were competitions to choose the best design for a particular asylum with prizes given for the best presentations. “George T. Hine entered 15 competitions for asylums in 16 years, at the rate of almost one per year—many of the buildings were large and complex in their planning—yet he managed to come first in five of them, second in a further four, and went on to judge four more in the later years of his career” (R. H. Harper, *Victorian Architectural Competitions* [London: Mansell Publishing, 1983], p. xxii). After tracing all the asylum competitions listed in Harper’s book it is interesting that architects who designed nineteenth-century asylums were not those who designed nineteenth-century prisons; see R. Evans, *The Fabrication of Virtue* (Cambridge: Cambridge University Press, 1982).

30 The *Builder* was “the first and most influential of the weekly journals devoted to the building world in the nineteenth century” (Harper, *Victorian Architectural Competitions*, p. xvii).


32 Burdett classifies asylums into four types: (1) irregular/conglomerate; (2) corridor; (3) pavilion; and (4) corridor-pavilion. See Taylor, *Hospital and Asylum Architecture*, p. 51-52.


35 One might argue that the volumes of material on ventilation in the asylum is evidence of this.

36 “An interesting summary of the treatments used at Wakefield was submitted by Corselli in 1847 to the Lunacy Commission. These include opium and its preparations, cannabis, tobacco, salines . . . , sulphate of zinc, nitrate of silver for epilepsy, as well as the usual leeches, purgatives, enemata, cupping, blistering, wine, brandy, and restraints . . .” (A. L. Ashworth, *Stanley Royd Hospital, Wakefield, One Hundred and Fifty Years: A History* [Wakefield: Hospital Pamphlet, 1975], p. 33). I think it is reasonable to state that many of the medical treatments were actually experiments and that only after asylums were built could physicians maintain a population of like maladies upon which to test their medications. See L. S. Jacyna, “Somatic Theories of Mind and the Interests of Medicine in Britain: 1850-1879,” *Medical History*, 26 (1982): 233-258.
40 Philo, "Enough to Drive . . .?" p. 264.
41 Michel Foucault says the date in France was 1840 (Foucault, Discipline, p. 293).
42 Ashworth, Stanley Royd Hospital, p. 33.
43 See the works of Andrew Scull.
44 This statement appears to be contradictory but is not. To follow Foucault, the asylum must be placed in a particular context. The context for the patient may be one in which the supposed oppression of the asylum may, in fact, be more liberating than living in so called "freedom" at that particular point in time. See C. G. Prado, Descartes and Foucault (Ottawa: University of Ottawa Press, 1992), p. 140-50, for Foucault's concept of power. In other words, I assume agency instead of determinism. I also adopt an anti-essentialist view: institutions by themselves are neither oppressive nor healthy, their definitions are constructed by historians, patients, and physicians. Therefore, things, institutions, have no absolute reality and no discoverable nature.
45 The placement of windows in the post-1845 period is different from their placement in the earlier period which resembles prisons.
46 Sennett, Conscience of the Eye, p. 77-78.
48 The Commissioners in Lunacy recommended many times that the York Retreat incorporate more decoration (pictures) to divert the minds of the insane. The Society of Friends had problems with this directive since their idea of peace and calm conflicted with the ideas of the society in which they lived. In other words there was no objective definition of healthful. (See A. R. Urquhart, "On Decoration and Furnishings of Asylums," Journal of Mental Science, 28 [1882]).
50 Digby, Madness, Morality, p. 53.
52 The Report of F. Needham, Director of the Yorkshire Lunatic Asylum, 1 June 1861, states: "Much has been done during the past 12 months to render the establishment more cheerful and homelike. The whole of the bed-rooms, where previously the walls were whitewashed or coloured, have been painted or papered; and ventilation on an approved system has been extended. Several of the galleries have been newly painted, their walls decorated with additional pictures, and their ceilings relieved by hanging plants and bird cages." On 1 June 1862 he writes: "Many of the galleries and rooms have been improved by additional furniture, and an increase in the number of objects of interest, such as birds, gold-fish, plants, pictures and statuettes." Again on 8 March 1873 he writes: "We are glad to observe that attention continues to be given to the important object of [keeping] the interior of the Hospital cheerful and comfortable in aspects which [are] calculated to produce a beneficial affect upon the inmates."
58 Donnelly, Managing the Mind, p. 55.
59 Donnelly, Managing the Mind, p. 48.