

**Gloucestershire County Second Lunatic Asylum/ Coney Hill
Hospital, 1883 - 1994**

By a former patient

PREFACE

I would like to thank the nurses and doctors at Coney Hill Hospital who took care of me during my illness. I have fond memories of some of the patients who also helped, especially Frank. I remember at night when I couldn't sleep a group of patients would sit around the nurse discussing our hopes and fears.

The evidence that I consulted for this study was found in both Gloucester and Cheltenham libraries as well as Gloucestershire Record Office. I am grateful for the assistance I received, without experiencing any difficulties in obtaining records. Mr J. Jurica of Victoria County History supervised this history in 1997. Re-written, 2022.

By Christopher Greener, a patient on Randwick Ward in 1993

CONTENTS

INTRODUCTION	1
PROGRESS 1883-1906	5
REVOLUTION 1956-59	17
CONCLUSION	29
BIBLIOGRAPHY	31

INTRODUCTION

It is hoped this history of Coney Hill Hospital- before 1945 known as Gloucestershire County Second Asylum- will reveal insights not only about the people who administered the institution, and their intentions, but will also give a voice to the patients themselves. The people associated with this institution are better understood within the context of both their contemporary society, and local economy. So, each chapter will begin with an overview of both country and county.

The first chapter will seek to describe the asylum's foundation, 1883-1906. It will do this by explaining why it was built; consider the design of the building chosen; and detail the treatment provided for patients under its first medical superintendent. As a provision for a new hospital is normally regarded positively, this chapter is entitled: ' Progress '.

Then, the second chapter reflects upon a later time when drug therapy was introduced at the hospital, during 1956-9. The psychiatric profession described this innovation as having a revolutionary impact upon the treatment of patients and made the provision of such institutions less necessary. Hence, the chapter that deals with the introduction of drugs is entitled: ' Revolution '.

This history uses the language of the institution as described in its official records. Accordingly, the earlier part of the history will use the word 'asylum', while the later chapter 'hospital'; likewise, in the earlier years of the institution's history patients were referred to as 'lunatics'. Being aware of these changes shows clearly how progress, more respectful treatment of people, was achieved thanks to reformers. These positive developments were also influenced by advances in medical science and a prosperous local economy.

Each Victorian lunatic asylum was similar in appearance: red brick, long corridors, three or more storey buildings, with high ceiling interiors. In the 1980s a decade dominated politically by the Conservative party these institutions were deemed no longer necessary, and therefore a policy of closure began. Originally asylums were a local provision. Local poor law unions collected insurance from subscribers to pay for them in times of need. After the Second World War asylums, as well as general hospitals, were taken into the National Health Service and paid for out of tax revenue. After the closure of most of the 'asylums' a re-modelled psychiatric unit was returned to local control. This unit is smaller, more home-like, and attached to the town or area it serves.

The county asylums of Gloucestershire served four different working populations: urban, country, forest, and hill. The Cotswold Hills provided valuable grazing land for sheep: a small number of villages and towns, became wealthy by the wool trade. The Severn Vale consists of rich agriculture land with several market towns. The city of Gloucester was both an administrative and an industrial centre. The city has a cathedral, once a Benedictine abbey, as well as a former 'leper' hospital. The other large town of note in the county is Cheltenham, made prominent by the visit in 1788 of George III, who came to take the spa treatment, believed to have curative properties. Lastly, there is the Forest of Dean, the most industrialised part of the county during the nineteenth century.

The records of admissions to the hospital noted the trades or profession of the patients prior to admission. Hospital records are not open to researchers in their entirety. Patients are referred to in asylum reports by their initials only. This is also true on census returns. By contrast inmates of prisons and workhouses were referred to by name. Occupants of asylums lost their names.

The annual reports of Coney Hill Hospital are deposited at Gloucestershire Record Office. Each year the report consisted of three separate sections: the

visiting justices, the commissioners in lunacy, and the medical superintendent. The details of the reports change over time for administrative reasons. Until the end of the Second World War reports included detailed statistics. The medical superintendent's report provides us with information about the treatments available as well as problems within the institution. In the medical report the superintendent justifies his actions to his employers.

At times, these reports do seem more appropriate as a description of a holiday camp as there is an endless description of leisure events. The reports must be qualified by other evidence. As an example, while it sounds as though both cricket and football matches refer to patient involvement, later evidence suggests that they were the preserve of staff activity, for example, the county's police force football team played at Coney Hill. Patients were unlikely to be fit enough for such activity.

As for the design of the institution, the minutes of the building committee was available as well as details concerning the competition that was held to select a design. The winning design is fully illustrated in a contemporary book on architecture (Burdett:1891). The discussions of the building committee and the selected design will both serve to highlight key decisions taken, which provides us with insights into the intentions of those founding the institution.

For the second chapter, 'Revolution,' the patient's magazine *Coney Clarion* provides us with the voice of patients during the changes of that time, which were experienced as revolutionary. Coney Hill Hospital was one of the first places in Britain and North America to introduce wide - ranging reforms. The editor-in-chief of *Coney Clarion* was a doctor but most of the work was left to patients. According to the annual medical report of 1958 - 59 its editor was a long serving patient of ten years (Glos. R.O., HO 22/8/19). This magazine provides us with a partial reflection of how patients interpreted changes in their treatment for those too unwell would be unlikely to

contribute. *Coney Clarion* was first published in November 1956 and Gloucester library holds copies of all those published up to 1992. The earliest editions from 1956 to 1961 are bound copies. It was not unique: Bethlem Asylum, in London, produced a magazine entitled *Under the Dome* for patients and staff between 1892 and 1930.

Each chapter will be composed of various sources, while the annual report will continue throughout as a backdrop.

PROGRESS 1883 - 1906

Country

Queen Victoria died 22 January 1901; Edward VII ascended to the throne. In politics Joseph Chamberlain dominated the late nineteenth century. He served in the cabinets of the Liberal Prime Minister, Gladstone and in the Conservative cabinets of Lord Salisbury and Balfour. Chamberlain left the Liberals because he believed that Ireland should remain part of the United Kingdom. Towards the end of his career in 1903 he launched a campaign to introduce tariffs to protect the English economy from imports. He failed to convert the Conservative party to this cause by 1906 and then lost his health.

In 1899 Elgar's *Enigma Variations* were first performed in London. This work received international acclaim for the composer from Worcester. Elgar's first paid work as a musician was for Powick Asylum, Worcester. The *variations* featured fourteen themes each based on a different person's characteristic behaviour. More locally, in 1876, Gloucestershire's and England's batsman W. G. Grace scored 318 not out at Cheltenham.

In 1877 the Lancet Commission investigated details of various complaints concerning the care of people admitted to asylums. This led to the **Lunacy Act of 1890**. Local authorities became responsible for public asylums and appointed visiting committees. The act ordered commissioners in lunacy, consisting of a barrister and a medical practitioner, to visit each asylum once a year. Previously, it had been intermittent. Legal details described for managers of an institution how patients were to be admitted. A patient who remained free after escape for fourteen days could not be re - admitted unless new procedures were undertaken. Each asylum was to keep a medical restraint book for inspection which detailed the use of the strait waistcoat.

County, Economy

At the end of the nineteenth century rural Gloucestershire was affected by the Great Depression: cheap grain imports from North America under-priced the county's farmers; moreover, several wet seasons made the situation even more difficult. During 1871 to 1901 the number of labourers on arable farmland decreased from 20,586 to 13,319; the female part of this work force declined sharply from 2,007 to only 182 (Victoria County History of Glos., [VCH], vol.2, 1907: 339-63). As a result, rural populations declined and headed for towns where poor relief was available. On the Cotswold Hills, just east of Cheltenham, one parish named Bradley hundred consisted of nineteen small settlements, of these sixteen declined between 1881 - 1901. The mean average village size in 1881 was 292 inhabitants; twenty years later it had declined by a quarter to 229 (Ibid, 176). Tenant and farm owners would have suffered too and many no doubt lost their land.

Cheltenham and Gloucester avoided the worst of this economic slump. The former attracted wealthy residents, whilst the latter continued its industrial development which had started in the 1850s. The city's docks and the Gloucester - Sharpness canal were key centres of economic activity (VCH, vol., 4, 1988: 178-9). In 1874 improvement work had been carried out on the Sharpness dock which allowed larger ships to enter (Ibid, vol.2: 172). A timber trade along the canal prospered with a successful wagon company and matchmaking firm in Gloucester. In turn, these industrial developments led to a growth in service employment (Ibid. vol.:171 – 83).

Second Asylum

Gloucestershire County Second Asylum was as its name suggested the second asylum established by the county authorities. The first asylum, established in 1834, was at Wotton on the outskirts of Gloucester. It was modelled on one of the first institutions to attempt to cure patients rather than simply confine them: Tuke's York asylum, 'the Retreat'. The Wotton Asylum (later Horton Road Hospital) had hoped that fees paid by private

patients would subsidise the cost of accommodating paupers. Even when the asylum first opened there were doubts about whether it contained sufficient space (Hyett, 1929:156-9). The costs of the asylum were shared between the county authorities, the city council, and private subscribers (VCH, vol.4: 273-5).

Because of this shortage of space and changes in local government administration, the arrangements among these three parties collapsed. Patients had been sent to asylums elsewhere at a greater cost to the county than if accommodated at Wotton. The private subscribers withdrew and established in 1860 a private asylum at Barnwood, two miles east of the city. In 1878 the county authorities decided to build another asylum. The site chosen for the new asylum was also at Barnwood near Coney Hill, just south of the private asylum. The county authorities purchased 120 acres of land. One of the reasons for buying land at this location was that the visiting justices could visit both the county asylum and the private one in a single morning (Glos. R. O., HO 23/1/1 minute book 1876 – 1904: 3-4). Originally, it was hoped the water for the new institution would be supplied by sinking wells into nearby gravel beds. At times, this supply proved insufficient, and water had to be pumped from the nearby River Twyver.

A competition took place to select a design for the new asylum. The first prize was £150. Gloucester Shire Hall placed on view a total of twenty - eight designs. After the competition, designs and their accompanying literature were sent back to the respective architects but six of them were deposited at Gloucester library. The building committee set down detailed specifications for designs to meet. The building was to face south on a slight slope looking downwards. This had two advantages: it would give the building the most natural light and offer a fine view of the Cotswold Hills, not far distant (Ibid: 17-24).

Design of Experience won the competition; whilst the runner up was *Sunshine all Day*. The winning architects, John Giles & Gough, had designed

previous asylums as the choice of their title indicated. The design selected for Gloucestershire County Second Asylum was based on a block system arranged in arrow formation (Burdett, 1891: 13). Each block was situated apart from the other and connected by a long covered single corridor. If there was an infection, a common occurrence and danger in those days, the corridors could be closed to isolate the disease. Each block had a pavilion design which was new for that time. This design centred on a day room. The traditional hospital centred on a wide corridor with bed - ridden patients situated at either side. In an asylum this was not appropriate as patients were more mobile. Single, lockable padded rooms were also planned.

The rejected plans highlighted some of the problems that an asylum building needed to consider. One design entitled *Glory of Glevum* ensured that there was: ' a most complete provision for a separation of classes, not the curable from the incurable, but the violent from the calm, the noisy from the quiet, the clean from the filthy' (Gloucester City Library, Gloucestershire Collection JF 7.4: 10). The solution was to allow for day rooms to have smaller rooms within them so that quieter patients could find a more secluded place to rest. Through design *Tentanda est Via* the problem of cleanliness was addressed. In doing so it showed the rigour of late Victorian thought in its industrial and mechanical language: ' the bath house enables a ward of 50 patients to complete their bathing in four relays in one hour '(Ibid. JF 7.5: 3).

At the centre of the winning plan, *Design of Experience*, was the administration block then on either side five blocks allocated to each sex: two chronic, two epileptic, and an infirmary block. Each of these blocks had slightly different layouts. The medical superintendent at the time of the asylum's building was a member of the building committee. He made several suggestions for the architects to consider in their detailed planning: first, that the epileptic ward should have extra wide doors as someone having an epileptic fit could easily hurt themselves on a narrow door; and second that the chronic blocks should each have a smaller room within their day room (Glos. R. O., Ho 23/1/1:18). This collaboration between medical official and

architect was clearly a progressive as well as pragmatic measure. Although Burdett writing in 1891 on asylum architecture argued that ' it is doubtful whether a single asylum in England has its inmates distributed as the architect intended, they should be ' (Burdett: 23).

As it turned out the Second Asylum was never constructed as intended. The minutes of the asylum record the decision to build the initial block and allow for extension in the future and to give precedence to female patients (Glos. R. O., HO 23/1/1:35). They were to be spared the conditions at Wotton asylum. The minutes of the asylum record that the Commissioners in Lunacy called for a provision of a chapel as it was not in the plan; and that the government loan for the asylum's construction was to be paid back over thirty years (Glos. R. O., HO 23/1/1: 5). Religious services took place in the dining hall. The Commissioners criticised the asylum's piecemeal construction as they suspected it would not be completed. Out of ten blocks only four were completed. The intention was to close Wotton Asylum when the Second Asylum was finished.

The first phase of building the Second Asylum at Barnwood took place between 1880 and 1884. Because of overcrowding at Wotton Asylum temporary cottages were erected on the site in 1881 to house forty patients (Ibid., HO 22/8/5). The administration block was built first, and the asylum officially opened 14 June 1883. The male infirmary block was finished in 1884. Although intended for males it first accommodated 400 female patients. The workshop and laundry blocks situated at the rear of the administration blocks were completed at the same time. The next block to open was the infirmary block situated on the female side. A new system known as Dowson's Gas provided the lights for the asylum. According to the plans the ground floor of the infirmary had a dormitory for 10 beds and eight single rooms with a day room. The two upper floors of each infirmary had 28 beds, 3 single rooms and a slightly larger day room. The plan's provision for bed numbers was, thereafter, consistently ignored.

Frederick Hirst Craddock was the first medical superintendent of the Second County Asylum, a post he combined with that of superintendent of the Wotton Asylum. He was 31 years old. He was a Leicestershire man who became a member of the Royal College of Surgeons in 1877 after graduating in London. In the same year, he became a member of the Licentiate of the Society of Apothecaries which entailed that he had received practical experience as well as academic. Before his appointment in 1882 he had been deputy superintendent at Worcestershire County Asylum (Hollingsbee: 1994).

In Craddock's annual medical reports, he often does not indicate clearly which of the two asylums he is referring to when describing incidents. Although he made it clear in 1883 that he hoped the completion of the building would allow for the Wotton Asylum to accommodate 'imbeciles, idiots, and chronic elements, and devote our best energies to the treatment of recent and acute cases at the second asylum' (Glos. R. O., HO 22/8/5: 18). Respectively this split became categorised as those who suffered from mental deficiency and those from mental illness. Dr Craddock likened the buildings at Wotton Asylum to a 'rabbit warren' because they seemed to have been built without any coherent plan (Burdett: 61). Those with a better chance of recovery were sent to the new asylum. To aid the new superintendent in 1883, the Post Office established a link for 'telephonic communication' (Glos. R. O., HO 22/8/5: 25).

The Commissioners in Lunacy reported in 1883 that since the change of medical superintendent the method of restraint known as wet packing had ended. During the previous year, several patients had received this treatment (Ibid: 15). This method was a form of restraint where a patient was wrapped tightly in wet sheets for several hours and this had the effect of calming him or her. Other methods of treatment used were drugs such as bromide and croton oil. The latter was used as a way of putting a patient to sleep quickly. Bromide was both addictive and caused a patient a degree of

dizziness. One treatment not available was psychoanalysis because it was too time consuming.

Craddock often complained about the medical condition of patients admitted from workhouses (Ibid. HO 22/8/8, rep. for 1897: 18). His view was confirmed by the fact that on sending recovered patients back to the workhouse, these always returned in need of help (Ibid:15). He was also critical of prisoners being admitted to the asylum. The American psychiatric profession did not see a contradiction in holding criminals alongside mentally ill patients. Craddock felt that this association would worsen the public's understanding of mental illness (Ibid. HO 22/8/8, rep. for 1893: 13). Prisoners also imposed a security risk within the asylum. Apart from private patients, who were resident until 1890, uniforms were worn.

Doctor Craddock was not afraid to tell his employers exactly what he thought about the asylum and the wider world. In his own way the Medical Superintendent was certainly trying to explain his failure to live up to his terms of employment, which was to cure people. It seems from his reports that Victorian authorities believed they could cure madness. In 1892 Craddock explained both his failings and fears: he argued that the condition was hereditary and called for eugenic measures such as an 'artificial barrier' to stop the 'tide of madness'; one of his fears was that when a lunatic had recovered and then released, he or she could start a family (Glos. R. O., HO 22/8/8). In 1894 he argued that insanity was a problem of a society without ethics and again urged scientific methods of control but added ominously that in tribal societies madness was rare (Ibid: 14-15). By 1898 he told his employers that it was necessary to 'prevent the genesis rather than heal the malady' (Ibid: 16). In 1903 he expressed his concern for humanity. The following year he argued that male patients should be castrated, while his main concern was the asylum's running costs. In 1905 he detailed, in several pages, what and how children should be taught (Ibid. HO 22/8/9). In 1906 he died prematurely.

Three of the statistical tables at the back of each year's report record: causes of madness, where patients were admitted from, and their occupation. The tables retain the same names and number headings, but categories alter slightly with time under Craddock's authority.

In more detail, at the end of each year's annual reports the causes underlying patient admissions are divided into moral and physical categories. Moral causes reflect the values of Victorian society more than those of the medical profession. In 1884, the opening of the infirmary block, among the moral causes listed were: one male admitted for overstudy; three males and one female for religious excitement; and two females through disappointment in love. For physical causes, the largest categories were: 32 admissions of both sexes with previous episodes, and 14 owing to old age; overwork accounted for one male and one female; and one female, seduction. The economic depression is not listed as a cause of madness. Nevertheless, a detailed record had begun (Ibid. HO 22/8/5, Table XIII).

The table that identifies where patients were admitted from mirrors the peak in the agricultural depression of the 1890s. For the years 1885, 1895, and 1905, the total numbers admitted were: 208, 315, and 264. Of these, the numbers from Gloucester were 38, 16, and 43; discounting private patients and patients from elsewhere, admissions from the rural county were 158, 273, and 214 (Glos. R. O., HO 22/8/5, 8 & 9, Table XVI). This does not prove a link between the occurrence of mental illness and economic conditions. However, a depression could not help a community in dealing with problems other than immediate ones and thus care for others was low on the list of priorities.

The table that describes former occupations of patients also highlights the agricultural community. In the 1878 report, detailing only Wotton Asylum, the occupations were grouped into three broad categories. One of these described an agricultural class which had 30 patients admitted out of 85. In 1884 the categories are more specific: general labourers accounted for 24

males and 6 female admissions; 8 farm labourers and one of their daughters was also admitted. Either there was no one to look after the daughter or she was ill too. The former is more probable. The largest category for working women was domestic servants which accounted for 25 admissions out of 154. Most women were listed as former housewives (Ibid., HO 22/8/5, Table XII).

The daily routine for patients revolved around a set pattern, except for Sundays and seasonal variations (Hollingsbee). Patients were allowed to receive visitors on Wednesdays and on Saturdays. After a roll call, breakfast was at 8.50 a.m.; each male was entitled to a pint of coffee, whilst the females had a pint of tea. Male patients, who were able to work, went either to the farm or to the workshops; similarly, females went either to the kitchen or the laundry. Between 11.0 a.m. and 12.45 p.m. patients went into either the male or the female airing court. Dinner was served at 1 p.m., and whilst one sex ate, the other worked in the kitchen either serving or washing. The main meal consisted of a meat dish with potatoes and bread apart from fish on Wednesdays, and on Saturdays soup with bread. The patients who worked then resumed their morning activity. Those who did not work went into the airing courts, weather permitting. Tea was at 4.30 p.m. for females, males twenty minutes later, and consisted of tea or coffee with bread and butter. All patients entered the airing courts between 6 p.m. and 7.45 p.m., and finally gas lights were turned out at 8 p.m. The work undertaken by patients was self - supporting except for excess farm produce which was often sold at market.

Leisure activities and the possibility of discharge rewarded diligent workers. There was also a series of lesser incentives to encourage patients to work: beer was allowed as follows ' male outdoor workers have 1/2 pint for lunch, 1/2 pint for dinner, and 1/2 at 4 p.m.; indoor workers 1/2 pint at lunch and dinner' (Glos. R. O., HO 22/8/8, Dietary Table, 1895). In other words, each time a few hours of work were completed, the reward was a drink of beer. From 1886 the county's second asylum held a weekly dance. Picnics were

held in nearby Cranham Woods on the Cotswold Hills and in the Forest of Dean; the picnics of 1904 were attended by 387 patients of the ' best conducted and most industrious ' (Ibid. HO 22/8/9: 25). There was also ' the annual gala and athletic sports on July 26, at which 843 patients were present, and entered heartily (Ibid.). Work and leisure were key treatments in the years 1884 - 1906. If a patient were to survive in the community, then work was the only way of surviving as there was no welfare state.

The strait waistcoat represents the most frightening and vivid aspect of asylum life. According to the medical restraint book the waistcoat was only to be used when ' necessary for purposes of surgical or medical treatment, or to prevent the lunatic from injuring himself or others' (Ibid. HO 22/66/10). During the years 1890 - 96, the strait waistcoat was used sparingly in both county asylums. It was used to stop patients removing recent bandages, or in one instance to stop a female patient committing suicide. The worst example was Annie who was restrained over a five-month period for 14 hours each day ' to prevent her pulling the dressings from an inflamed arm '(Ibid.). Then the medical staff had no other way of acting in the patient's interest.

In 1895 the first suicide in eleven years occurred. A female patient aged 29 from Barton Street workhouse: ' had delusions relating to love and marriage, and several times by name mentioned a man who was coming to marry her; they had not been told that she was suicidal, and she didn't seem it. She was fine at 11 p. m. but when checked by the night nurse at midnight, ' she was found dead having forcibly pushed a corner of a sheet down her throat '. In the same year, a man aged 52 ' died 18 days after admission from workhouse, where a few days before removal, he had tried to swallow hot cinders, and to force a hot poker down his throat, followed by money ' (Glos. R. O., HO 22/8/8:13).

A regular hazard of living in an asylum life was having an accident. At Wotton Asylum there were two examples of the more serious kind in 1883: a female ' troublesome patient, was pushed down by an irritable epileptic, and

sustained a fracture of the neck of the femur: she made a good recovery ' ; and a male who ' two or three days after admission, was struck by an epileptic, one rib was fractured, but soon healed' (Ibid. HO 22/8/5: 20).

Escapes were a yearly occurrence but rarely more than two in number. In 1902 one male made his escape through a small toilet window on the ground floor and ' left behind a theatrical notice to the effect that he would never be taken alive '. On that same day he was captured. Another escapee that year made his break from the airing court. He remained free for thirteen days but was captured when he foolishly resurfaced only one day before the statutory period ended. Perhaps out of admiration he was still discharged (Ibid. HO 22/8/9:18).

In 1896 Gloucester suffered a smallpox outbreak that resulted in the city being quarantined. All patients at both asylums were vaccinated. In the same year there were several cases of typhoid fever at the two asylums, two fatal. At Wotton Asylum there were four smallpox cases whilst there was only one at the Second Asylum. The Commissioners in Lunacy reported that the origin of the disease had been traced to drinking water from the River Twyver, which the Second Asylum had drawn from on several occasions and were 'very glad to hear' that on the completion of water works an increased supply of water from the city would be available (Ibid. HO 22/8/8).

A special effort was made by the staff to make each Christmas a festive affair. Pupils from Cheltenham Ladies College sent a Xmas card to every female patient. Decorations were donated by locals. Christmas trees were covered with presents ' both useful and ornamental ' for each patient (Glos. R. O., HO 22/8/9). In 1892, Sanger's Circus ' admitted ' patients at reduced prices. All Saints' Amateur Minstrels entertained patients. Other hired entertainment's included conjurers and marionettes. In 1896, Gloucester theatre ' admitted ' 150 patients at half price (Ibid., HO 22/8/5 & 8).

In 1901 the county's administrative population was 320,958. The Second Asylum had 401 patients, 205 male and 196 females; Wotton Asylum had

683, 300 male and 383 female (Census, 1901, H. M. S. O.). The only patient blocks built during Craddock's time were the infirmary blocks. Unlike other blocks these were designed more for those elderly or physically ill. Many of the patients admitted came from workhouse hospitals. The workhouse institution was under pressure in a time of depression to accommodate those out of work.

REVOLUTION 1956 – 9

Second Asylum/ Coney Hill Hospital 1906-1956

Two female epileptic blocks were built in 1909. The blocks were situated either side of the main corridor. One was to serve as a dormitory and the larger one as a day room. The dormitory on the ground floor had 50 beds. In the day block there were six single rooms. Commissioners in Lunacy had requested the building of the two male epileptic blocks (Glos. R. O., HO 22/8/11, rep. for 1913). These plans were postponed indefinitely by the onset of the First World War.

Between 1906 and 1956 patients benefited in several ways from technological innovations. The Second Asylum was renamed Coney Hill Hospital in 1948, when all the country's public asylums came under the National Health Service. Additionally, the hospital had acquired additional services not originally planned for: a visiting dentist, a small laboratory, and a hairdresser. The former helped by preventing painful tooth decay. The increased number of asylum laboratories nation-wide helped reduce infectious diseases by identifying how they were spread and by giving vaccinations. A haircut was one way to help make individuals feel more positive about themselves. Other innovations extended the opportunities available in leisure time. In 1928 the hospital purchased portable wireless sets which proved an asset. The radio could not only broadcast music but also programmes about news and sport. In 1930 a pianola was purchased. A year later the hospital was fully connected to receive electricity. In 1934 an HMV radiogram was paid for out of canteen funds. Radios enabled patients to hear the coronation of George VI as it happened. By 1950 the entertainment hall was equipped with a cinema. A year later an anonymous

donation was used to purchase two television sets. Changes in transport extended the opportunity for travel. In 1933 a charabanc, a long open vehicle, took four trips to the seaside as well as to the nearby picnic site. Perhaps owing to Britain's changeable weather an enclosed coach was used in 1953 for trips around both the Cotswolds and Forest of Dean (Ibid. HO 22/8/16, 17, & 20). On a sadder note, within the hospital a minor change was that consumption of alcohol was only allowed on Christmas Day for the Second Asylum's brewery had been dismantled during the First World War owing to a shortage of staff (Glos. R. O., HO 22/8/11, rep. for 1916).

Country

Elizabeth II ascended to the throne in 1952. Eden, the Conservative Prime Minister, resigned at the beginning of 1957 partly because of ill health but more likely because of his mishandling of the Suez Canal affair. Fellow party member Harold Macmillan replaced him and was soon informing the country with words in effect saying, ' we never had it so good '. Elvis Presley had his first U.K. hit in 1956 with *Heartbreak Hotel*. In February, the Regal Cinema in Cheltenham screened *Rebel without a Cause* starring James Dean. Also in 1956, Gloucestershire's and England's batsman Tom Graveney scored 200 runs against Glamorgan at Newport.

In 1954 a Royal Commission was appointed to study the laws relating to mental health. The Commission consisted of eleven members, chaired by Lord Percy of Newcastle. Its leading medical authority was Dr Thomas Percy Rees. It reported to parliament in 1957 and in **1959 the Mental Health Act** was passed. In reaching their conclusions the Commission used both accounts of witnesses and written evidence. They received the views of 68 organisations and some 250 individuals. Four people who were either patients or had personal experience gave their views in private. One of the Commission's main recommendations was to end the practice of certification in psychiatric hospitals. New treatments meant that many

patients could quickly recover. On return to society some of these people, who had been certified, were being discriminated against and thus unable to find employment. To stop this, entry to a psychiatric hospital should be voluntary like other general hospitals. The Commission reported that in a few hospitals in -patient treatment was already provided on a completely informal basis without powers of detention. Another recommendation suggested that patients should be classified only according to their mental condition or other medical consideration. Neither sex nor class was to be a factor in determining which ward an admission was placed.

County, Economy

The census for 1961 revealed that Gloucestershire County had for the first time more than a million people. In 1951 the population according to the adjusted boundaries of that year was 935,704; whilst in 1961, 1,001,706. Coney Hill Hospital in 1951 had 830 patients: 242 male and 588 female; in 1961, 786, 269 male and 517 female. Horton Road Hospital, formally Wotton Aylum, had 721 patients in 1951 and 518 in 1961.

The economic needs of the Second World War resulted in the area between Gloucester and Cheltenham developing into an industrial area, specialising in fighter planes. The three largest companies were Smith's Industries, Dowty's and A. W. Martyn. Each of these employers had a work force of over a thousand. In addition, Government Communication Headquarters moved from London to Cheltenham in 1951 and created numerous white - collar jobs. Therefore, it was not surprising that there were unfilled vacancies in jobs such as engineering, transport, and distribution. In the local newspaper regular job adverts ran the length of the page for Dowty's alone with eight types of position from the skilled down to assembly operators. These better paid jobs meant that the lesser paid service sector struggled to find employees. Gloucester underwent a small building boom: in 1955 a new cattle market, in 1956 a fire station and in 1961 an ambulance station (VCH

Glos., vol. 4: 205). The *Citizen* newspaper for Gloucester reported on 15 January 1957 that the county had more jobs than workers.

In February 1956 an agriculture conference, attended by academics from Bristol University, took place in Cheltenham (*Gloucestershire Echo*, 8 February 1956). The conference agreed that wheat and cereal crops were best for the Cotswolds. Providing these were planted on a rotation system they would provide a high yield. They argued that the profitability of the Cotswolds centred on grain production.

Coney Hill Hospital

On 31 May 1956, Robin H. Turton, the Minister of Health, opened two new units at Coney Hill Hospital that provided 148 additional beds. He told reporters that there had been 'startling advances' in mental health care. He guessed that the people of Gloucestershire did not know of this change because 'the outside of the hospital had not changed at all ... Inside it had been completely revolutionised'. He appealed for the community to make 'friends' with the hospital (*Citizen*, 1 June 1956).

Less than two years later, on 3 March 1958, Coney Hill Hospital took the front page and all of page six of the *Citizen* under the headline, Blaze Drama. A fire had destroyed the entertainment hall and the staff restaurant. Gloucester's residents may have wondered if this event was related to the changes at the hospital. According to the paper the fire confirmed the success of the revolutionary open-door policy. The county's fire chief was full of praise for the hospital's patients. They had been evacuated at 4.30 a.m. without having time to change. Their behaviour was faultless: they waited quietly for instruction and handed out coffee. Old wiring caused the fire. If the patients had still been under lock and key, the novelty of being evacuated into the open may have led some to take advantage of the situation. No patient attempted to escape.

Two years earlier Bertram Maurice Mandelbrote was appointed medical superintendent of both Coney Hill and Horton Road Hospitals in 1956. He

was 31 years old. He replaced Dr Logan who retired after 25 years. Mandelbrote had trained first at Cape Town, in South Africa, then at the McGill University, in Montreal, Canada, where he had both taught and undertaken research. This university is the oldest in Quebec province having received its charter from King George III. It has a tradition and reputation for research into health problems. Mandelbrote had two works published in 1954 and 1955 in specialist journals. He left Gloucester in 1959 to take charge at Littlemore Hospital, Oxford. He obtained an M. A. at Oxford University in 1961 (Medical Directory:1975).

For a short while Mandelbrote assisted Dr Rees, who served on the Royal Commission, at Warlingham Park Hospital in Surrey (*Citizen*, 5 February 1957). Rees was keen to introduce the ideas that Mandelbrote had researched at McGill University. One of the central ideas was that inactivity and monotony had a bigger effect on decaying the mind than had previously been considered. An environment closer to normal would do more to stimulate the mind and aid a patient's recovery. The new units opened at Coney Hill fitted this idea by being smaller and more home-like. Mandelbrote argued that mental health patients should not be considered as a class apart (*Citizen*, 21 January 1957).

On Mandelbrote's departure from Coney Hill Hospital in 1959 a farewell meeting took place and the events of his three years in charge were assessed. A fellow doctor recalled how the radical changes were collectively labelled by staff as the New Look. These changes sought to reduce barriers between patients, community, and family. The changed emphasis in treatment encouraged a patient to turn from isolation and dependence to self - help. Mandelbrote's associate then described how the hospital had been turned into a place of pilgrimage (*Coney Clarion*, 19 September 1959).

Mandelbrote's farewell speech recalled an incident that took place at the start of his work at Coney Hill and Horton Road Hospitals. One of his innovations was a food conference that was to be held regularly at each

ward having a patient representative. At the first conference, one of the patient delegates had a reputation for being troublesome. The conference was endlessly interrupted. Mandelbrote wondered then if he was doing the right thing and even if that patient's presence may have been an attempt at 'deliberate sabotage' by his ward's staff (*Coney Clarion*, 19 September 1959).

The first of many visitors to the 'New Look' hospital came on 4 February 1957. Dr Rees headed the party which included six American psychiatrists. Dr Robert Hunt, Assistant Commissioner of New York State's Department of Mental Hygiene, commented that 'news of the progress here reached us and aroused much interest and experimentation' (*Citizen*, 5 February 1957). They visited four other hospitals where the new methods of treatment were in use. These included Warlingham Park Hospital and institutions in Oxford and Nottingham. During Mandelbrote's time at Coney Hill Hospital, these visits were a regular feature. In return he was invited to lecture in America and Canada and did so for five weeks; one institution he visited had 14,000 patients with its own fire brigade (*Coney Clarion*, 27 June 1959). On one occasion American visitors to Coney Hill Hospital watched with interest a cricket match between hospital staff and patients (*Coney Clarion*, 11 July 1959). The American psychiatric hospitals could not reform as quickly as the British because their patients contained many prisoners which meant doors were kept locked.

The New Look hospital received visitors from the national press. In 1955 a journalist from the *Daily Express* criticised the treatment and conditions that patients received at the hospital. He returned in February 28, 1957 and was surprised by how quickly improvements had been made (*Coney Clarion*, 9 March 1957). In November 1959, a letter complimenting changes at the hospital was published in the *Sunday Times*. During Mental Health Week in July 1960, the B. B. C. paid a visit (*Citizen*, 12 July 1960). In that week, many members of the public also visited Horton Road as guests at their annual sport's day (*Citizen*, 19 July 1960).

Changes in Coney Hill Hospital could not have happened without the introduction of new drugs. The sedative chlorpromazine, known more commonly as largactil, was introduced to the hospital in 1955 (Glos. R. O., Ho 22/8/19). It slowed people down without putting them to sleep. Since the institution's foundation, the only other innovations in treatment had been electric shock therapy and leucotomy, a brain operation that involved removing part of the frontal lobe. This latter practice has now been discredited. Owing to largactil, these treatments reduced in number. The electric shock machine was purchased in 1943 (Glos. R. O. HO 22/8/17). It was used on people who suffered from depression. In 1951, 1,222 outpatients received the treatment (Glos. R. O. HO 22/8/20). According to patients in the 1962 novel *One Flew Over the Cuckoo's Nest* it combined the sleeping pill, the electric chair, and the torture rack.

Mandelbrote's first annual report, for the year 1956-7, recorded the changes that attracted so much interest. At the beginning of that period there were severe problems of overcrowding. He stated that the admission rate had been ' the highest in the history of the hospital '. The new units, opened in May 1956, eased the situation so that for the first time since the Second World War each ward divided clearly along behavioural categories. He reports that by way of an experiment part of the new building, the Logan Wing, housed a mixed ward. It accommodated 20 male patients and 24 females who were considered as having problems of a neurotic type. This term described those whose problems were not hereditary but were deemed to arise from difficulties such as bereavement or nervous breakdown. Both patients and staff affectionately called the ward ' the Villa' because it resembled a relaxed holiday retreat; there was only one nurse of each sex. The 12ft.railings that surrounded the hospital's airing courts were removed and used as a fence on the hospital farm. Hospital staff converted the courts into a croquet lawn and a putting green. Mandelbrote records that the last locked ward at Coney Hill Hospital opened in November 1956.

Horton Road Hospital still had one locked male ward. Despite all these changes, Mandelbrote reported ' few problems ' (Glos. R. O., HO 22/8/19).

The hospital wards were only locked at night, in the summer at 7.30 p. m. and in the winter at 5.30 p. m. Those patients not back were said to be taking French leave. Mandelbrote was still responsible for those absent. Patients were admitted on a voluntary basis and no longer certified (*Coney Clarion*, 21 September 1957). The renaming of one of the wards as *Cotswold Ward* started a process whereby twelve Cotswold parishes each agreed in 1961 to have a ward named after them (Glos. R. O., HO 22/8/19). This replaced simple numbering of wards.

A league of friends was formed to encourage ties between community and hospital (Glos. R. O. HO 23/15/1). The Bishop of Gloucester, D. W. Askwith was its first chair. Much of the voluntary support came from local branches of the British Legion, many patients having experienced the war, and the Women's Institute. Thanks to the ' friends' the hospital was able to hold a Sport's Day on 11 July 1957. Because of staff shortages there had not been such a day since the beginning of the Second World War. The hospital ' friends ' also converted the sewing room into a library in 1960 and helped to run it (Glos. R. O HO 22/8/19). They adopted wards and arranged various activities. These included play reading sessions, gardening clubs and art lessons. One of the plays read was J. B. Priestley's *When We Are Married*. The burning down of the entertainment hall in 1958 identified the need for a chapel, for services had been held there. Revd. C. de Vine of Cheltenham launched an appeal in his parish magazine. Some large donations were received. The chapel was built in 1965.

Whilst Mandelbrote's views are well documented in the annual reports, the hospital magazine published the views of both staff and patients. In line with Mandelbrote's ideas, patients were encouraged to criticise any aspect of the hospital. *Coney Clarion* records some interesting reflections on the changes

in treatment. Its first editorial thanked ' the superintendent for ordering its production '(Coney Clarion, 17 November 1956).

A member of staff described how Matron's Office was central to the everyday running of the hospital (*Coney Clarion*, 13 July 1957). She was responsible for the patients' pocket money and their possessions. Each day the ward sisters would exchange their views on their respective patients with the matron. Those who were given favourable reports would be allowed opportunities to go on trips and be considered for future discharge. In many ways the matron was the hospital's mother figure, and for some of the patients she was an adopted relative. In one of the first copies of *Coney Clarion* an article argued that an annual report on a patient's condition should be sent to close relatives to encourage them to take an interest (*Coney Clarion*, 15 December 1956).

Each magazine had an article on the history of Horton Road and Coney Hill Hospitals. The author was Mr P. W. Grant, the hospital group secretary, who was the most active reformer besides Mandelbrote. He uses abstracts from earlier annual reports to give a chronological history. One abstract detail shows how the authorities decided to end the use of straw bedding in 1834 (*Coney Clarion*, 23 August 1958). Whether this approach, by informing patients that 'they never had it so good, was an appropriate way to shake patients out of their isolation is questionable.

Occupational therapy replaced work on the farm and in the laundry. A female patient explained that this new form of treatment had the purpose of stopping one brooding by occupying time (*Coney Clarion*, 29 December 1956). It was stressed that even activities such as card games constituted occupational therapy. One popular out - door game was Jokari. It was played by two people with paddles and ball; the ball was attached by rubber cable to a central pole. Tournaments were held. In 1958 there was an inter-ward quiz. In 1957 a new male occupational therapy building opened to encourage and instruct everyone in the craft of their choice (*Coney Clarion*, 7

September 1957). One male ward took advantage of this opportunity by making rabbit hutches (*Coney Clarion* 25 July 1959). Many jobs on the farm and in the laundry had been mechanised; an example of this was the purchase in 1942 of a second Fordson tractor (Glos. R. O., HO 22/8/17).

The mixed ward at the Villa was a success, and by 1959 four of the wards at Coney Hill Hospital contained both male and female patients (Glos. R. O., HO 22/8/19). A male patient reported the dramatic difference made by the experiment: new arrivals [were] not now greeted with [the] depressing sight of strings of men exercising in enclosed court outside passage (*Coney Clarion*, 7 September 1957). A nurse on the male ward described how both the mixed ward and the open-door policy transformed routine (*Coney Clarion* 23 August 1958). Probably because of the mixed ward, the male patients had become more concerned with their appearance. Previously when the door was locked, most patients would lay on bed for some of the day, others would stare into space, some would read, while another play chess with a nurse. After the changes patients were found in the various clubs or simply just outside kicking a ball.

The spring of 1957 was greeted with some surprising events. From the windows could be seen some of the long - term patients going for a walk with a nurse. It was a reason for much happiness ... even Captain who hasn't been seen outside the ward for years enjoyed himself (*Coney Clarion* 23 March 1957). Some of the patients were entertained at Taynton Women's Institute. Among them a male patient who was 80 years old in 1957, admitted in 1899. In his own words, ' they seemed a bit scared of us ... A couple of people were very anxious to know how I got so sunburnt shut up in a hospital, I said, "we are not shut up, we can roam about where we like," and that broke the ice ' (*Coney Clarion*, 19 October 1957).

Other changes and some continued policies were notable. Patients still wore uniforms. When they appeared in newspaper pictures their back was to the camera to keep their identity anonymous. Working as a newspaper reporter

for *Coney Clarion* was a clever way of guaranteeing discharge just as it used to be working on the farm. Numerous reporters left in these three years. The most startling difference for patients who left the hospital was that they were likely to find work. One article in *Coney Clarion* discusses whether on leaving the hospital a person should take the same kind of work as he or she had before or something less stressful.

CONCLUSION

All that remains of Coney Hill Hospital is the clock tower. It is surrounded on four sides by a housing estate. This reflects the population growth of the twentieth century as the city of Gloucester was once two uninhabited miles west. Increase in provision for mental patients in late Victorian times can be partially explained by that growth.

Clearly from opinions expressed both by patients and staff in *Coney Clarion* changes were experienced at the time as revolutionary. Development of drugs did much to alleviate the worst aspects of mental illness. The layout and purpose of Victorian asylums became out - dated. They maintained in the public mind the stigma attached to mental illness of a past time.

It seems more than a coincidence that the two most significant periods of Coney Hill Hospital's history reflect similar extremes in the local economy. There is at least a partial link between the occurrences of mental ill-health and the economy. Further it is feasible to argue that the reforms described during the 1950s were helped by the prosperous local economy. Patients who left the hospital could not only find employment, but their relatives were also in a more accommodating mood to offer support.

The hospital's founding motto, Bear Ye One Another's Burdens, displayed on the clock tower, was a continued theme in its history. The intended meaning was originally inspired by the county's willingness to build the place for the care of the sick. In 1957 it was interpreted as a kind of therapy. A patient came to the realisation that he or she had an obligation to think of other people, and thereby reject his or her isolated and depressed mood (*Coney Clarion*, 6 April 1957).

I do not personally know any former patient who celebrated the closure of Coney Hill Hospital. When I first arrived at the hospital as an ill, young man, I was frightened by what seemed the immense presence of an institution: its building, its place in folk lore. Now, I remember it fondly as a place where I was helped by both the staff and patients. At the time there was much stigma against mental illness and the hospital for us became a place of sanctuary. Overall, the history of this institution suggests progress.

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