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'A bright and cheerful aspect': wall decoration and the treatment of mental illness in the nineteenth and early twentieth centuries

Readers of the WHR know that, in the nineteenth century, wallpaper was considered a threat to health.¹ Repetitive patterns on a sick-room wall could distract an invalid and hinder recovery.² There was, famously, the fear of arsenical colours. There was the possibility that lice and fleas lurked under the layers. And the usual distemper-printed papers were not washable although dirt was considered as the 'germ seeds of disease'.³ Such concerns led to the introduction and successful marketing of a variety of 'hygienic', non-arsenical, impermeable, or washable wall coverings.⁴ But it is less well known that, for a time, wallpaper was also considered to be positively *good* for the health—specifically mental health—and was employed in the attempt to cure and care for the mentally ill, distressed and disabled.

This article draws on research undertaken for the ESRC-funded project *At home in the institution? Asylum, school and lodging house interiors in London and SE England, 1845-1914* at Royal Holloway, University of London, and briefly considers the role of wallpaper in the therapeutic regimes of five nineteenth- and early-twentieth-century mental institutions.⁵

Over the course of the late eighteenth and early nineteenth centuries attitudes towards the mentally ill and disabled underwent a significant change. Governments, funders, doctors, and the professional and lay public moved from viewing sufferers as animal-like and irrational to understanding them as pitiable victims of a terrible affliction and as human beings whose rationality could potentially be retrieved. Instead of chains, nakedness and straw bedding,⁶ the new orthodoxy increasingly called for the provision of a decent, comfortable, institutional environment. New therapies attempted to induce rational, normal, social conduct through techniques of behavioural modelling, encouragement, rewards and deprivations. This was known as moral (that is

non-physical) treatment or management, although it was often accompanied by medical and physical interventions as well.⁷

Ticehurst, in Sussex, was an exclusive private asylum catering for the very wealthy. It provided accommodation and services of a high standard and by the 1830s seems to have been using moral methods of treatment.⁸ Not that all patients were happy to be there. Two of them published highly critical accounts, although neither of them complained about the accommodation.⁹ These writers have left us with some useful descriptions of the interior. One of them noted approvingly that both his private sitting-room and his bedroom were papered—a requirement of upper-class domestic decoration at the time.¹⁰ Wallpaper was still being used at Ticehurst in the early twentieth century; a photograph album (probably intended as a prospectus) shows that the corridors and drawing rooms of the houses and villas scattered in the extensive pleasure grounds were hung with stylish patterns according to the conventions of the time.¹¹

And at Holloway Sanatorium, too, wall decorations were similarly used. The Sanatorium, which opened at Virginia Water in 1885, was a purpose-built charitable hospital for the mentally afflicted of the middle and upper classes. Initially the day-rooms, where groups of patients spent much of their time, were painted but photographs from the early twentieth century show them with fashionable wallpapers.¹² The day-rooms were intended to induce suitable 'domestic' behaviour. Like Ticehurst, the Sanatorium provided comfortable, somewhat home-like, spaces for its patients, which they and their families could recognise as appropriate to their situation in the world outside. However, the grand spaces and decorations of the entrance hall, the recreation hall and the dining hall provided a theatre for patients' 'public' behaviour, requiring the same sort of self-controlled, formal, behaviour as a hotel. These large rooms were also similar to drawing rooms and dining rooms in country houses—places where the upper classes were used to observing a strict code of etiquette.

The painted wall surfaces in these more public areas were commissioned from a variety of artists and designers and took about five years to complete. Much of the painting was in a modern gothic style appropriate to the exterior architecture, calling to mind the decoration of public or semi-public buildings like the Houses of Parliament or William Burges's 1870s' Castell Coch in Cardiff. But it was not stylistically rigid and the dining hall, for example, also featured Watteau-like panels of rural scenes. The result was indisputably 'a blaze of gold and colour'.¹³ One intention was to celebrate the philanthropic founder, Thomas Holloway, and his wife, whose initials and portraits form part of the decoration. But there was also a clear therapeutic intent: 'Dominated by the idea that a cultivated person whose mind is affected will never be cured if surrounded by vulgar accessories, Mr. Martin [who took on the project after Thomas Holloway's death] has endeavoured to introduce as many objects as possible to awaken and stimulate the trained intelligence, for the moment over-strained. In the smaller but still ample parlours and living rooms the same idea of cheerfulness and suggestiveness is carried out. It is endeavoured above all to avoid leaving a dimmed intelligence opposite a blank wall'.¹⁴ The aim was to distract the patients, giving them something interesting or inspiring to look at rather than dwelling on their own troubles.

At Ticehurst and Holloway Sanatorium, then, the wall decorations were part of the moral and environmental care and treatment of the patients. They were intended to distract, divert, and cheer; they provided settings which expected proper, acceptable, social behaviour; and they gave an air of normality (perhaps even aspirational normality), which may well have helped to assuage the apprehensions of the family members who were consigning their relatives to an asylum, at a time when such institutions still had a rather terrifying reputation.

But, unsurprisingly, this was moderated by money and class. In the nineteenth and early twentieth centuries, there were two main categories of patient in mental institutions: the private and the pauper. Private patients, like those at Ticehurst and Holloway, were those whose fees were paid by themselves or their friends or families; pauper patients were those whose institutional

maintenance was funded by the rates with, after 1874, a contribution from central government. The laws relating to certification, institutionalisation and discharge applied slightly differently to the two categories and, although there were exceptions, for the most part private and pauper patients lived in different institutions or in different parts of the same institution. They were widely understood to deserve different standards of accommodation and regime.¹⁵

There had been, from early in the century, increasing pressure on counties and boroughs to make special purpose-built provision for their pauper insane and the 1845 Lunacy Acts enjoined this as a duty. New, and ever larger, 'pauper lunatic asylums' went up at county or borough expense. The buildings and the treatment incorporated (and developed) prevailing ideas about insanity and, for much of the nineteenth century, moral management was a guiding principle. However, there was a tension between, on the one hand, a professional belief in the value of a comfortable and pleasant environment and, on the other, Poor Law principles. Pauper patients were certified and funded through the Poor Law, which deliberately discouraged the able-bodied poor from seeking support from the local state by consigning them to the punitive and austere regime of the workhouse.¹⁶ The young, the old, and the ill, however, were considered more deserving of help; the mentally ill and disabled fell into this latter category but there was nonetheless an idea that, as paupers, they should not be housed in unnecessary luxury at the local rate-payers expense. The arguments also drew on the fact that many patients in public asylums were only 'paupers' because they could not afford to pay for institutional maintenance; they were accustomed to a reasonable quality of life. It was believed, at least by various middle-class commentators, that such patients needed and deserved more civilized conditions than their labouring fellows.¹⁷ These arguments rumbled on throughout the century and, in any case, actual conditions varied considerably from local asylum to local asylum, but, as the three public institutions considered below indicate, there was a general shift in attitude over time.

Initially, pauper asylums steered clear of anything that might be considered luxurious. John Conolly was one of the leading figures in the field of treatment of the mentally ill during the 1840s.¹⁸ In 1839 he had been appointed as the resident physician of Hanwell, the County Asylum for Middlesex (opened in 1831), and he had famously and influentially imported the system of non-restraint—dispensing with handcuffs, strait jackets and the like. And he had raised the previously workhouse-like standard of patients' food, even though it cost more. In his lectures and publications he insisted that an asylum environment should be comfortable and cheerful. But, at the same time he advised that 'much ornament or decoration, external or internal, is useless, and rather offends irritable patients than gives any satisfaction to the more contented.'¹⁹ Descriptions of the interiors at Hanwell show that many of the walls were not even plastered but left as brick; the galleries (day spaces) were usually painted a light-brown colour to the height of four or five feet, with a deeper brown border, and the upper parts of the wall and ceiling were whitewashed. These were 'clean' materials—paint was oil-based and therefore washable and whitewash was an easily renewable surface. Much of the original furniture was institutional in type, with benches and tables fixed to the floor, although there were also a few work- or reading-tables, some pictures and some caged birds.²⁰ Austere in comparison with Ticehurst, nevertheless these interiors were considered to be appropriate for their pauper inmates, with ideas of comfort and cheer reliant more on cleanliness, neatness and decency than on pattern and decoration.

Hanwell was much admired in the 1830s and 1840s but by the 1860s and 1870s it was being criticised as poorly planned, overly large, and not in keeping with the latest ideas about treatment. By this date 'cheerfulness'—which was still an important element of treatment—called for much more in the way of decoration, even in a pauper asylum.²¹ We can get an idea of what was by then considered suitable through descriptions and photographs of the new Surrey County Asylum, built at Brookwood near Woking in 1867 and enlarged and improved in the early 1870s.

Joseph Mortimer Granville, who carried out a survey of Home Counties asylums in the mid 1870s, was very concerned that patients should not be treated as criminals or workhouse cases and he thoroughly approved of the domestic nature of the surroundings at Brookwood:²² 'The visitor ... will be strongly impressed by its simple and homelike characteristics. There is nothing prison-like or Poor-law-stricken in the exterior'. And inside 'with the aid of wall-paper, colour, and floor-cloth, the interior has been made to assume a bright and cheerful aspect ...' The galleries used the conventions of high-Victorian interior decoration, in which many colours, patterns, textures and objects were brought together. 'The day-rooms are fitted with plain and convenient furniture, embellished with stands of flowers, plants, and aviaries, and provided with pianos, bagatelle-boards, cards, dominoes, draughts, books, and pictures. The walls are decorated with coloured prints, in cheap but elegant frames; ... The patients, when not in the grounds or working-rooms, sit about among the plants or at the little tables, in groups or alone, as the mood takes them, contented and enjoying as high a sense of liberty and pleasure in life as their cases admit. ...The chimney-pieces are prettily decorated with inexpensive ornaments, and the pictures on the walls are hung within reach of the patients, but scarcely anything has been injured or disturbed. The policy has been to place the inmates of Brookwood Asylum as nearly as may be amidst the surroundings of sane life, and then to treat them as children under a perpetual personal guardianship.'

Granville did not argue for these pleasant surroundings simply on the grounds of humanity; he was explicit about the therapeutic intent. With regard to Brookwood, he wrote: 'The surrounding objects divert, as far as possible, the mind of the patient from that brooding-self-consciousness which constitutes one of the most formidable obstacles to recovery in curable cases, and the severest sorrow of the confirmed lunatic's dreary existence'.²³ And, in a swingeing attack on Hanwell's environment and management, he argued that: 'It is by domestic control, by surroundings of the daily life, by such details as the colouring of walls, the patterns on floorcloth, the furniture and decoration of rooms, by the influence of pictures, birds, and draperies, the judicious use of different kinds of clothing, suitable occupations and diversions, and,

generally, by moulding and controlling the life of a lunatic, the psychologist hopes to reach, capture, and re-educate the truant mind, and perhaps reseal the dethroned intelligent will of his patient'.²⁴

It should be noted that the patients themselves helped to create the pleasant surroundings shown in these photographs of Brookwood. Work was an important part of the therapy, with men and women undertaking different kinds of task, in keeping with what were widely considered to be appropriate gender roles: some of the male patients took part in the painting and decorating while the many tablecloths were made by female patients. The two sexes were strictly segregated, inhabiting different parts of the asylum. The photographs show that the decoration, too, was different for men and women. In this respect the asylums were following broad middle-class conventions in which spaces for, or associated with, femininity were made to look different from supposedly masculine areas.²⁵

It was not only Granville who believed that decoration—and wallpaper as part of that—had a therapeutic effect. The Commissioners in Lunacy, who inspected all asylums on behalf of central government, had been complaining since the early 1860s about the deficiency in comfort and cheerfulness of the accommodation at Hanwell.²⁶ But they were pleased to report that, by 1874, even here the new approach had finally been put into practice: 'The old whitewashed walls have been covered with paper of bright cheerful patterns, blinds and valances have been put up, and the supply of books, games, flowers, and other matters of decoration has been largely increased. ... there is no doubt that such influences, whilst adding to the remedial resources of the institution, also tend to ameliorate most palpably the condition of the incurable ...'.²⁷

It was still being argued in the 1890s that asylum interiors—and especially the day spaces—should be decorated in a home-like way but, at the same time, a rather different model was beginning to appear. In spite of the previous brave words about the beneficial effects of a home-like atmosphere it was increasingly agreed that little was known either about the causes of mental

illness or its cure. There were demands for systematic scientific investigation and for treatments and environments that were more closely targeted at specific forms of illness and disability. There were increasing calls for new asylums to be more, in some ways, like hospitals and this began to have an effect on asylum interiors.²⁸ Matters of hygiene and visible cleanliness were accorded greater importance and in some parts of the building overcame the need for homeliness. This was the case at Long Grove, a giant asylum for 2,000 patients, built by the London County Council at Epsom in Surrey, which opened in 1907. A photograph of a ward at Long Grove shows that, although there are still some pictures and ornaments, the bareness, lightness and brightness of the walls emphasise the hospital nature of the spaces.

The minute books of the sub-committee in charge of Long Grove provide fascinating details of the discussions and decisions about wall treatments.²⁹ In May 1908, for example, the Asylums Engineer set out his proposals for decoration, making careful distinctions between finishes for different areas, according to the nature of the occupants, the different standards of hygiene required, and the likelihood of damage. He suggested that the day-rooms for patients should have a painted dado with wallpaper above. This would have provided a somewhat homely and decorative effect but the painted dado was also hygienic and damage-resistant, while the wallpaper was to be varnished for the same reasons. He proposed to decorate the dormitories with painted dados and stippled, easily renewable, distemper above—another clean finish, considered especially necessary in sleeping rooms. Rooms where hygiene was even more crucial, such as the infirmaries, the single rooms for acute patients, the mortuary, the operating theatre and the isolation hospital for infectious patients, were to be painted throughout. Visiting rooms and staff rooms were to be papered but the homely effect was tempered by a protective varnish coating. In the personal rooms of the staff, however, hygiene and damage was not an issue and the wallpapers were allowed to retain their softer natural finish.

There was also a class hierarchy. The wealthy clients of Ticehurst appear to have been provided with expensive and fashionable wallpapers. But at Long

Grove the pauper patients and the working-class ward staff got the cheapest grade of paper, costing no more than 1/- a piece. The doctors and higher-grade nurses and attendants were allowed 2/- papers. And in the house of the Medical Superintendent the papers could cost up to 4/- a roll (which at this date could have bought one of Morris & Company's ordinary hand-prints).³⁰ The Medical Superintendent was permitted to choose the patterns and colours for the whole asylum.

Life in asylums was always highly structured and regulated; decoration was not simply a passive background to that life but actively emphasised and reinforced the regime. Additionally, provided it didn't cost too much for the patients' station in life and provided it could be kept clean, wallpaper was used to promote cheerfulness, homeliness and normality, at a time when the institutional environment was one of the main tools in the therapeutic armoury of the asylum.

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Both Lesley and Jane are currently working on an ESRC-funded project, 'At Home in the Institution?' which examines the interiors of asylums, schools and lodging houses in nineteenth-century Britain.

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