

ART504: Case Studies and Regional Work:
Whitchurch Hospital



(Coflein 2007)

(B) Significance: Site History, both tangible and Intangible

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Introduction

Clark¹ (2001 p.2) and Kerr² (2013 p.4) both emphasise within their guidance that understanding the significance of a historic asset is the most central part for its conservation, and will inform policy and decisions that will ensure its successful conservation. The aim of this report therefore, is to develop an understanding of the significance of the Grade II listed building, Whitchurch Hospital, Cardiff, a former mental hospital (Cadw 2002) through assessing the site's history and analysing its attributed tangible and intangible cultural heritage features. [EH]

The term tangible heritage refers to all material traces such as archaeological sites, historical monuments, artefacts, and objects that are significant to the community, a nation, or humanity. Throughout history, the importance of heritage has been slowly increasing, gaining more popularity in the XVIIIth and XIXth century, however it was still far from changes that were to come in the following centuries. The examples of the slow progress of growing awareness of heritage value can be observed, as well as in other European countries in the United Kingdom; the appearance of organizations such as SPAB (Society for the Protection of Ancient Buildings), and legislations directly targeting built heritage and surrounding sites³ (McCaig; 2013). [NG]

The international discussion on tangible heritage has reached its turning point in the XXth century⁴. The Athens Charter for the Restoration of Historic written in 1931 marks the series of rapid changes leading to the modern understanding of value and protection of tangible heritage. World War II cause great damage and loss to the global cultural heritage, was a direct push for the creation of UNESCO in 1946, and the International Charter for the Conservation and Restoration of Monuments and Sites (known as The Venice charter) in 1964, followed by establishing ICOMOS in 1965. Finally, the Australia ICOMOS Charter for Places of Cultural significance (known as the Burra Charter) of 1979, brings together all the efforts and approaches of XXth century international community towards tangible heritage, into one document. [NG]

Quoting the first Article from the ICOMOS Venice Charter (1964) “The concept of a historic monument embraces not only the single architectural work but also the urban or rural setting in which is found the evidence of a particular civilization, a significant development or a historic event. This

¹ The Author of *Informed Conservation: Understanding historic buildings and their landscapes for conservation* (2001)

² The Author of *Conservation Plan: A Guide to the Preparation of Conservation Plans for Places of European Cultural Significance* (2013)

³ Founding of Society of Antiquaries 1709 and Royal Charter 1751, appearance of National Trust 1894

⁴ This can be again observed on the example of the UK and the introduction of Town and country planning act; 1932, 1944 first listings, 1946-47, 1990, and Historic Buildings and Ancient Monuments Act from 1953, as well as new organisations such as National Land Found in 1946. (McCaig; 2013)

applies not only to great works of art but also to more modest works of the past which have acquired cultural significance with the passing of time.” [NG]

As defined within the UNESCO Convention⁵ (2003 p.2), intangible cultural heritage comprises the impalpable traditions valued by society and individuals, such as practices, languages, social beliefs and activities. It can be argued that during the latter half of the twentieth century, the understanding of heritage and building conservation evolved to include the safeguarding of intangible cultural heritage as building conservation philosophy became a Global debate established within standards, for instance the *World Heritage Convention Concerning the Protection of the World Cultural and Natural Heritage* (1972); the *Nara Document on Authenticity* (1994); and the revised *Burra Charter* (1999). Harrison (2013 p.114, chapter 6) and Orbaşlı (2017 p.162) attest to this, as they discuss that through the global discussions recognising the diversity within Western and Eastern cultures, intangible heritage became as equally valued as tangible heritage within building conservation philosophy. [EH]

Focusing on Wales’ building conservation philosophy, in particular Cadw’s⁶ guidance on Conservation Principles and their four component values of assessing significance of a historic asset (2011 pp.16-17); it can be asserted that the understanding of tangible as well as intangible features is recognised in determining significance. Cadw’s four component values are

- Evidential Value – the surviving and physical fabric;
- Historical Value – connecting the past with the present;
- Aesthetic Value – the appearance, setting and beauty;
- Communal Value – the shared/collective consciousness of its importance. (ibid)

Although tangible significance can be most readily aligned with Evidential and Aesthetic Value and intangible significance to Historical and Communal Value, there are some areas where these may cross. Such as in the case of craftsmanship with Evidential and Aesthetic value linked to the intangible heritage of craftsmanship and tradition. Cadw’s guidance informs that at times in conserving one heritage value of significance, it may result in adverse effects on another; therefore, understanding the inter-relationship between the heritage values and establishing a hierarchy of significance, will inform and ensure successful conservation of the historic asset (2011 p.23). It is this methodology that will be applied in developing an understanding of the significance of Whitchurch Hospital. [EH]

⁵ UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage 2003

⁶ Wales Historic Environment Service

1. Introduction to historical background of design for mental health in XIXth century

Quoting George Thomas Hine, an architect specialized in asylums design, in his paper to the RIBA¹ (1901) “ Asylum construction constitutes a special branch of architecture, and while embracing the study of almost every description of building, from church to a cowshed, the art of combining so many dissimilar structures into one harmonious whole, with the engineering skill necessary to provide for and supply heat, light, and water to what is practically a little town, makes asylum architecture an almost distinct profession in itself.” (Taylor, 1991 pp.151-152) As Hine points out in this quote, throughout time asylum architecture has incredibly developed. Fueled by the growing need for such facilities, as well as raising awareness of mental illnesses it grew to the size of small urban planning, rather than still being architecture in its classic understanding. During the Victorian times the awareness of mental diseases grew along the general development of science in Europe and the industrial revolution, both of which brought people to the cities, making them grow much quicker than ever before. The combination of those two factors conducted to the construction of a large number of asylums. [NG]



Fig. 1. Wills Memorial building in Bristol

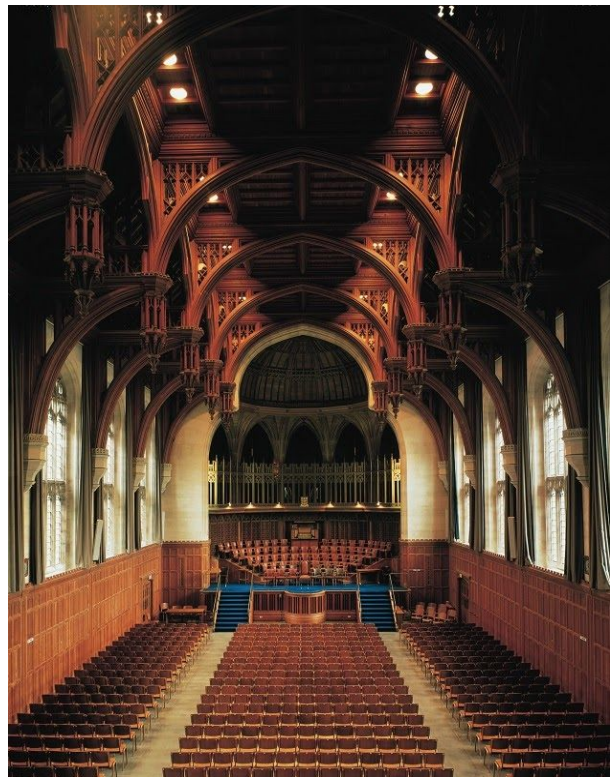


Fig. 2. The great hall in the Wills Memorial

¹ Royal Institute of British Architects founded as Institute of British Architects in 1834, in 1837 awarded a charter gain the ‘Royal’ title. Its main purpose as an organization is to promote progress in architecture and facilitate the collaboration between different profession relevant to architecture (RIBA 2019)

New field of study and practice tends to attract interesting and innovative characters. A large number of XIXth century architects contributed to the planning and construction of multiple mental health treatment complexes. One of which was sir George Herbert Oatley², a Bristol based architect, who made a name for himself through his appointment as the architect to the University of Bristol, where he worked on some of his most recognised work. Some designs worth mentioning are Wills Physics Department, Wills Hall in Stoke Bishop, Manor Hall in Clifton. However the building with which Oatley's name is always associated with is the Wills Memorial Building in Bristol. Overtime it gained such importance, that it is considered to be one of the city landmarks, and is an important part of the city skyline. In 1876 he entered the practice of Henry Crisp, with whom he partnered as Crisp and Oatley until Crisp's death in 1896 (DSA, 2016). It is not specified at what point of their collaboration the two were joined by Willie Skinner, however, it has been confirmed that the three, worked together on the drafts of Winwick and Warlingham Park hospitals. (Taylor, 1991 pp.225-237) [NG]

Because of the death of Henry Crisp the three biggest projects were realised by the partnership of Oatley and Skinner, this is why usually only their names are mentioned in sources on Winwick, Warlingham³ and Whitchurch Hospital⁴ (County Asylums, 2019). From the previously mentioned individual projects, Sir George Oatley also worked during that time individually, he designed Bristol Borough Mental Hospital at Barrow Gurney.⁵ Sir George Oatley also contributed to the large workhouse extensions to Glenside, also known as Bristol Borough Asylum, at Fishponds in Bristol, which later became Blackberry Hill Hospital. (source, interview with county asylum - history of mental hospitals book) Although there has been no indication these works were realised in collaboration with Skinner. [NG] The collaboration of the two Oatley and Skinner, could be one of the

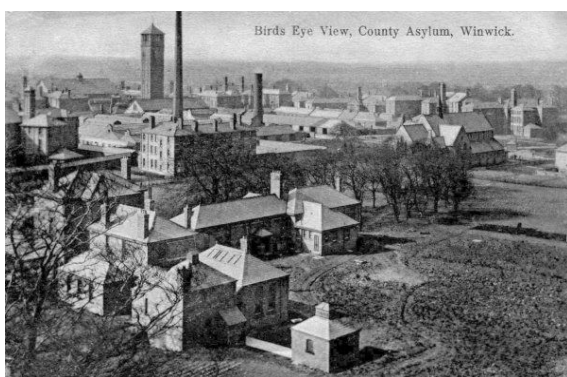


Fig. 3. Winwick Hospital, bird eye view



Fig. 4. Warlingham Hospital

² Sir George Herbert Oatley born in Bristol in 1863, died also in Bristol in 1950 (DSA, 2016)

³ Warlingham Hospital also known as Croydon Mental Hospital

⁴ Whitchurch Hospital also known as Cardiff City Hospital

⁵ It was opened in 1939, which makes it a much later project compared to either Winwick, Warlingham or Whitchurch. Barrow has been closed in 2006 and has been since then demolished. (County Asylums, 2019)

factors resulting in a significant change that can be noticed in the design style of Whitchurch Hospital compared to, previously realised projects by the Oatley and Skinner collaboration, especially their first; Winwick Hospital. [NG]

Fig. 5. Whitchurch Hospital, bird eye view



Whitchurch Hospital is a highly valuable example of design for mental health from the Victorian period and is one of the largest buildings of its kind. It is also the last remaining example of the collaboration between Oatley and Skinner, as both Winwick Hospital and Warlingham Park Hospital were demolished not long ago; in 2012, and 12 consequently. All the above, as well as the important place it takes in Whitchurch and Cardiff skyline makes the facility valuable in terms of tangible heritage. [NG]

Whitchurch as the latest project of the Oatley and Skinner's collaboration is a display of all the good practices and creative solutions gathered and applied in their previous works in it's design. Working together on two other large hospitals before; Winwick and Warlingham mental hospitals, the architects developed certain tendencies, layouts and programs as well as engineering concepts that allowed them for applying all the already tested solutions when designing Whitchurch. It is a conclusion drawn based on the comparison of the plans and available pictures of all three facilities. [NG]

In the history of the development of mental hospitals in the XIXth century the tendency for certain layouts can be noticed.

- “ 1. Irregular / conglomerate (includes buildings not originally intended for asylum purposes)
 2. Corridor (as many general hospitals; best arrangement: rooms only one side of the corridor)
 3. Pavilion (separate blocks as in modern hospitals; disposition of connecting corridors decides layout of blocks relative to each other, e.g. linear; broad; arrow; H-plan; crescent)
 4. Corridor - Pavilion (combination of two preceding forms; recommended as the best solution)”
- (Taylor, 1991 p51)

In case of the three hospitals designed by the collaboration of Oatley and Skinner, Winwick and Warlingham Park Hospitals are both based on a pavilion arrangement, with buildings being organised in a radiant manner with the Water tower in the center of the plan. The resemblance of the two is so striking, that at first glance it may be almost impossible to distinguish between them. [NG]



Fig. 6. Claybury Mental Hospital, bird eye view

Similarly to the Claybury Mental Hospital⁶, which is described by Taylor (1991 p151) as a “ ‘broad-arrow’ form of the plan (...) [with a] flat south front and steeply angled, oblique, flanking corridors; from these, three- and two-story pavilion buildings, of quite complex form, step back in echelon on either side”, Whitchurch represents a mix of previously mentioned most common layout tendencies in architecture for mental healthcare.

⁶ The fifth LCC London City Council, built in 1893, closed in 1997 and currently converted into housing. It is believed that Claybury was one of the most important pauper lunatic hospitals of its time, and the influences of its design reflects in the overall layout used in many later hospitals, such as Whitchurch

Fig. 7. Plan of the Winwick Mental Hospital

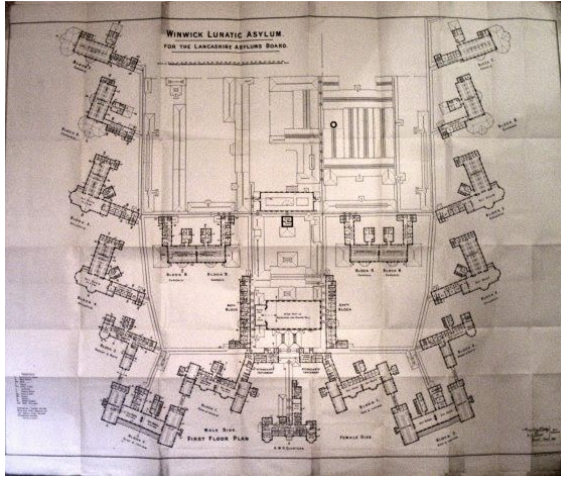


Fig. 8. Warrlingham Hospital, bird eye view

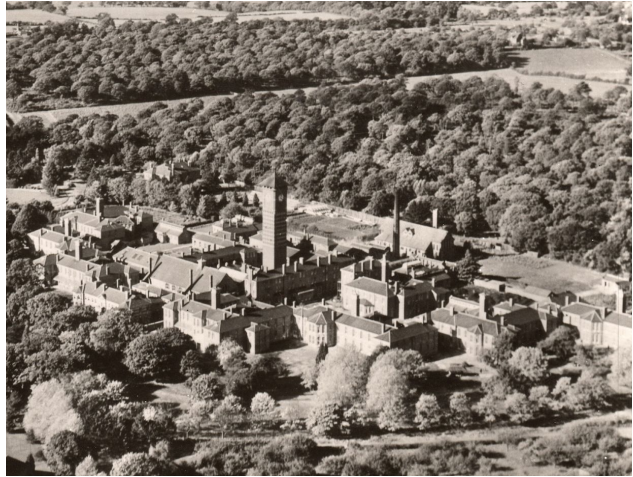


Fig. 9. Whitchurch Hospital, bird eye view



Certain elements, appear in all designs of Winwick, Warrlingham, and Whitchurch. Some being a common feature of all mental hospitals of the victorian area, when others became almost a signature of Oatley and Skinner. Based on the analysis of available archival pictures one can say that the architects' individual style was reflected in parts of these buildings, based on which the change of their style can be observed. The most prominent example is the recreation hall, as it is the most decorated and ornamented piece of design in all three asylums. From Winwick Hospital, Oatley's decorative, neo-gothic beams supporting the roof of the recreation hall evolve into a still timber structure, hidden behind a plastered ceiling with stucco following the shape of the room. However in Whitchurch the structure significantly differ from the previous two projects. It is replaced by a hybrid

steal timber structure with a suspended, plaster, barrel ceiling. Also, based on available technical drawings, it is important to mention that in Whitchurch design electricity and quite modern for the time utilities solutions were applied, making the building modern and comfortable to work and live in. [NG]

Summing up, as presented above, Whitchurch hospital is set in the context of the aesthetics of Victorian hospital, sharing certain aspects of its design so characteristic for that period. This is on one hand a representation of the contemporary mental hospital but on the other hand in its existence it embodies innovation in engineering solutions, architecture, and the approach to the treatment of mental illnesses. The desire to create a research facility and hospital that exceeds its time is visible in certain aspects of the hospital's design. The considerable size of Whitchurch was also a part of the statement of the ambitions of the community and the city of Cardiff, to which so many elements of the hospital's design refers to. This will be further discussed in the next paragraphs. [NG]

2. Analysis of contrasts in the design and the psychological effect of Whitchurch Hospital architecture

The concept of influencing people's minds and feelings through architecture has been present from the beginning of the first human settlements. It was a common practice to display the power of a country or an institution through monumental, almost sculptural building in Egypt or Rome. (Poppelreuter, 2012) Pyramids, palaces, triumphal arches, bath houses, the list of such buildings is long. It was especially used to influence people in medieval ages in monumental sacral architecture. To create an atmosphere of respect, holiness, and fear towards death and the unknown to strengthen the church's power over people. (Induni, 2019) It was so masterfully done, that even now, while entering a medieval church, one can feel some of those emotions. In traditional Victorian asylum's design aesthetics, of which Whitchurch is a prime example of, similar tendencies are noticed. However it has to be mentioned that behind the facade of a Victorian, monumental asylum, lies the ambition of creation an avangarde hospital, filled with modern solutions both in terms of architecture and treatment. [NG]

Apart from being highly functional, and well organised, it could be claimed that certain elements of mental hospitals, are designed in a certain way to influence patients, staff and people living in the neighbourhood. The juxtaposition of elements of fear and joy, labour and leisure can be found all around the asylums design. [NG]

Firstly, the water tower. Its purpose is essential to the proper functioning of the entire hospital and it also ensure it's safety in case of a fire. They are a common element in almost all late Victorian asylums. (Taylor, 1991) Often made of brick, with a clock in a visible place on the tower's sides. [NG]

In the case of Whitchurch Hospital, the water tower is made of brick with several stone additions on the edges. It is said that there was a plan for a clock to be placed on the tower, however, it never made it to its place. (Faulconbridge, 2019) [NG]

The role of water towers could be perceived as the element of fear and warning. (Topp, Morgan, Andrews, 2007) Fear, for the patients, feeling of imprisonment and restrictions. It could be compared to a prison watch tower overlooking the entire grounds of the hospital. Warning, for the staff and local people living in close proximity to the facility. To remind of the purpose of the asylum, and draw the line between the inside and outside world. [NG]

Also, in the case of Whitchurch and Goodall's style of managing the hospital in a military-like manner, holding everything in his power and controlling every single event happening on the hospital grounds the symbolism of water tower gains with time. (Faulconbridge, 2019) From today's perspective it may be compared to not a prison but a military base or working camp, as work was believed at the time to be an important factor of curing lunacy and assimilating the ill with the society again. [NG]

Water towers being the tallest or one of the tallest landmarks in the area. In many places, like in Whitchurch, they became an important part of the city skyline, not only for whitchurch community but also for Cardiff. "Growing up in the shadow of Whitchurch Hospital, I observed the water tower from my bedroom window, and ever-present reminder of the secret place, the healing place, the asylum for mad people." (Carradice and Goffin, 2014 pp 7-8) This represents the presence of the Hospital in the life of local people and how the building and its history are a part the Communal Value aspect of Whitchurch Hospital's significance. [NG]

For contrast, Victorian asylums all share the recreation hall; not only for social activities and exercises and games but also for entertainment and culture. Within recreation hall many balls, performances and other events and activities took place. (Faulconbridge, 2019) [NG]

The essence of recreation hall stands in juxtaposition to the water tower, proving the progress of psychiatry and new approach to treating mental diseases. The purpose and design of the place is much more cheerful and it could be even said luxurious. Similarly to the main entrance of whitchurch hospital its recreation hall is well decorated, reflecting the contemporary style preferences. [NG]



Fig. 10. The water tower of Winwick Hospital (destroyed)



Fig. 11. The water tower of Warlingham Hospital (still existing)



Fig. 12. The water tower of Whitchurch Hospital (still existing)

As the design of water towers remained vaguely similar, the look of recreation halls changed quite significantly over the time. In case of Oatley and Skinner's collaboration, the comparison can be done on the example of 3 hospitals they designed together. [NG]

In case of their first collaboration, Winwick Hospital, the preference for neo-gothic aesthetic, shared by nearly all Victorian architects, reflects also Oatley's style other examples of which can be seen in Bristol, is a dominant aesthetic of the interior. It was also in line with XIXth century design tendencies. The great example of which is Holloway Sanatorium recreation hall. The building is located in Virginia Water and it was completed in 1885. Both architectural detail and the general decor of the room show strong references to gothic architecture; exposed, ornaments timber beams, highly decorative wall paintings, windows with pointed arches and timber coffered ceiling. Also at Winwick Hospital recreation hall strong, exposed timber roof structure, and the interior design overall refers to medieval aesthetics, and creates the feeling of an ancient old dining hall of a castle or a mansion of a medieval dignitary. Also Skinner's involvement in this project was less significant, as he joined the partnership quite late in the designing process (DSA, 2016) [NG]

In Warlingham, both Skinner's involvement and general preference for the interior's finish has changed slightly the design of the recreation hall. More modern, with classical elements such as pilasters and grand windows dominate the room's decor. Also, the roof structure is covered with a plaster ceiling, finished with stucco details at the edges. [NG]

Despite all three hospital being compared in a quite close proximity of time; 1902 Winwick, 1903 Warlingham, 1908 Whitchurch. Whitchurch in its design resembles much more the Warlingham's recreation hall design. However it has some alterations to both; finishing details, and the technology used for the construction of the roof and the ceiling fighting it. It has been shown on the hospital's plans that the roof structure is no longer timber, as it could be expected, but steel, to which the suspended ceiling is attached. What's more the shape of the ceiling differ slightly between Warlingham and Whitchurch. In the first the suspended finish was more flat only curved at the edges, and in the latter it is more of a shallow barrel vault ceiling. [NG]

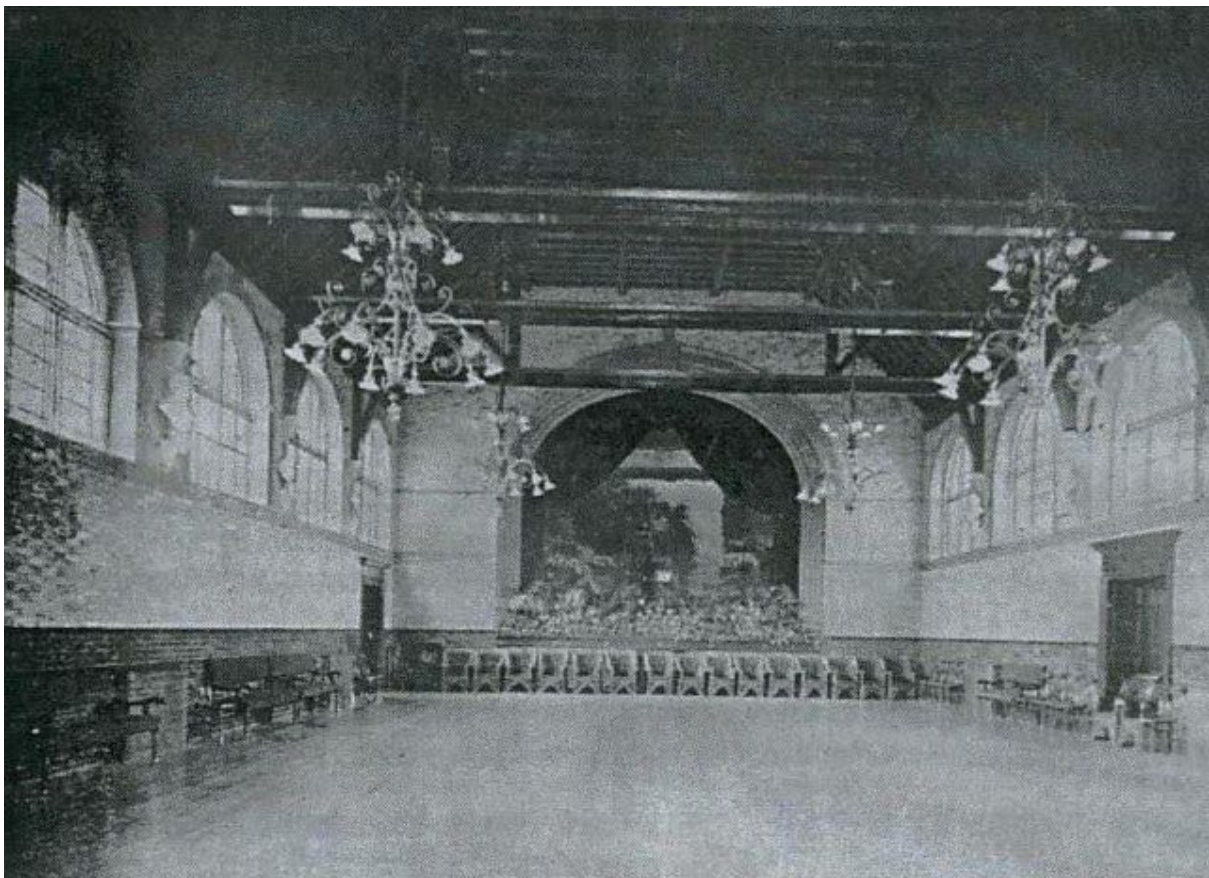


Fig. 13. Winwick Hospital recreation hall

Fig. 14. Warlingham Hospital recreation hall

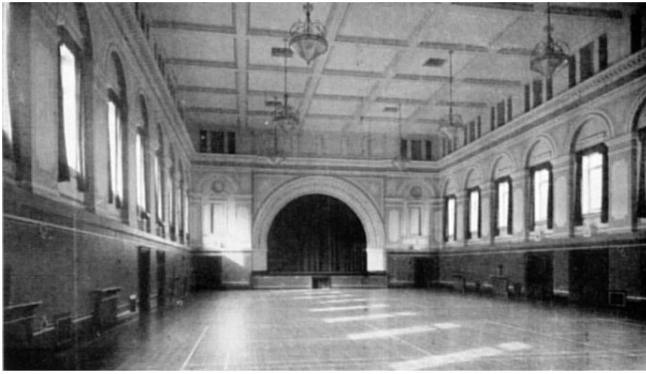


Fig. 15. Whitchurch Hospital recreation hall



Whitchurch Hospital, from the beginning of its existence was as much of an asylum and a research facility. At the time it is believed, it was one of the most prominent and respected research facilities in Europe with a well developed research program (Faulconbridge, 2019). It has been also mentioned in multiple sources, that many studies were conducted on patients' condition during that stay in the facility. Also, post mortal studies were conducted on the bodies of deceased patients, especially their brains. (Faulconbridge, 2019) [NG]

To provide the space meeting the needs of doctor Goodall's⁷ staff and the research ambitions of the hospital a prominent laboratory space and surgery rooms were designed. Well equipped laboratories were seen amongst the patients and some members of the public as, more or less, necessary evil and created an atmosphere of fear and respect around them. Laboratories were also places of hard labour for the staff members constantly working under the careful and close surveillance of doctor Goodall. This also reflects in some chapters of "Behind Many Doors", a book which is a series of memories from patients, staff and people living close to the Hospital. [NG]

However, as a natural contrast for the laboratories could be seen the recreation and leisure space outside provided as multiple sport courts and pitches and garden shelters⁸ (gazebos) located in many places around Whitchurch grounds. The mentioned gazebos are quite a peculiar element present in all designs of Oatley and Skinner. It is quite characteristic for their projects however not so popular amongst other Victorian asylums (Rutheford, 2003 p.189). Both areas were accessible to staff and patients providing them with opportunities for leisure and rest between their many activities. [NG]

⁷ Dr Edwin Goodall was a first superintendent of the Whitchurch Hospital after its opening in 1908

⁸ The octagonal shelters are listed separately from Whitchurch Hospital building and the hospital church (British Listed Buildings, 2019)

Fig. 16 and 17. Two of the octagonal garden shelters, Whitchurch Hospital



Back in the day mental hospitals were seen as, on the one hand, symbol of rapidly changing everyday reality and industrial revolution and stigma of lunacy and disability. It could be said they maintain this associations, as reminders of their activity, and often controversial history.[NG]

Victorian mental hospitals were extremely complex structures full of contrasts and creating mixed feelings around their existence. It could be said they still do, however, on a different grounds than back in the days of their activity. Back then they were seen as, on the one hand, symbol of rapidly changing everyday reality and industrial revolution and stigma of lunacy and disability. They were marking the line between those who were perceived as normal and those who were not fit to live amongst or be useful to the community. [NG]

On the other hand, it was a place displaying the wealth of the government and healthcare services, as well as the progress in medicine and understanding of mental conditions and its treatment. They were quite luxurious in their design and often, parts of them, were used not only by the staff and patients but also members of the local community, as they were providing cinemas, theaters and other means of entertainment. [NG]

Furthermore, Victorian asylums were places full of contrast and oddities created by their many uses. Because of their scale and treatment programs with late XIXth early XXth century they were resembling small cities rather than traditional hospitals. (Taylor, 1991) This is why spaces like farm buildings, laboratories, recreation halls, surgery rooms and many others, were all in each others close proximity. In their existence and design they certainly mark the era and cast light on people's understanding of mental health, of which a great example is well documented operation of Whitchurch Hospital. This will be further discussed, casting more light on ambitions and realisation of Wales and Cardiff ambitions of progress. [NG]

Based on the previous discussion it can be observed how different aspects of Cadw's principles in assessing heritage value are entangled within the building Whitchurch Hospital. The tangible structure is a vessel for the intangible heritage. However the aesthetic value of the hospital is an important component, it can be argued that the main significance of the building lies within its communal value.

[NG]

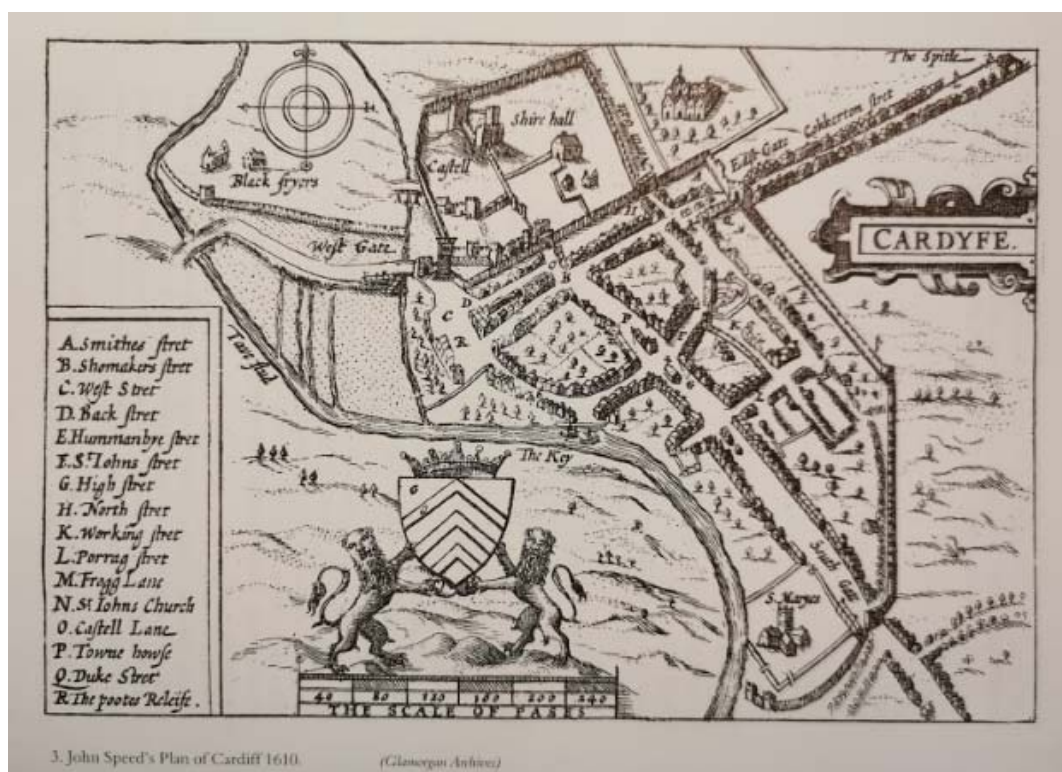
Historical Context and Background of Cardiff

Developing, to an extent Cadw's Evidential Value (2011 p.16), Kerr (2013 p.7) describes the surviving and physical fabric of the built heritage as an objective source of history. Watt & Swallow (1996 p.27) also state that buildings and monuments are testimonies of history, as they are a product of their time and place. These assertions therefore, bring to light the interrelationship of Cadw's Evidential Value and Historical Value (2011 pp.16-17). Through understanding the history of the site, the surviving fabric can provide a tangible connection to the intangible understanding of past and present, developing the evidential and historical value of its significance. It is therefore considered constructive to explore the historical background and context of the site to develop an understanding of its significance. [EH]



(Coflein 2007)

Historians analysing the history of Cardiff, such as Rees (1969) and Morgan (2001), would agree with Shepley's (2014 pp.7-8, pp.59-107) assertion that '*Cardiff has been on the frontline of Anglo-Welsh history...*', having identity crises due to its location and circumstance throughout the Despenser War (1321-2), the Tudor Age (1483-1603), and the seventeenth century with the civil war. Since the thirteenth and fourteenth century, the borough of Cardiff has experienced subjugation, and later political and economic growth and expansion. Rees (1969 p.59) concurs as he argues that during the Union of Wales with England in 1536, Cardiff, although still under the regime of the Marcher Lords following the conquest of Wales, benefited from the royal charters in matters of trade and government. However, a pivotal event in the history of Cardiff as noted by Rees (*ibid* p.63), Morgan (2001 p.78), and Shepley (2014 p.87), is the 1608 Charter granted by James I that declared Cardiff a 'free town', thus enabling its burgesses to have a body corporate, hold property, and possess its own common seal as is captured below in John Speed's map of Cardiff produced in 1610 of the three upward facing arrows¹. This event can be interpreted as Cardiff beginning to develop its own shared collective consciousness of its identity within the British national context, and as described by Shepley (2014 p.87), this not only lead to the growth in Cardiff's governing power, but also shifted somewhat of that power to the new middle class of craftsmen and tradesmen indicating change in Cardiff's society. [EH]



(Morgan 2001, p.54)

¹ Both Morgan (2001 p.53) and Shepley (2014 p.87) refer to Speed's map of Cardiff produced in 1610 as a useful source in illustrating Cardiff during this period as a relatively small urban area and its economic nature.

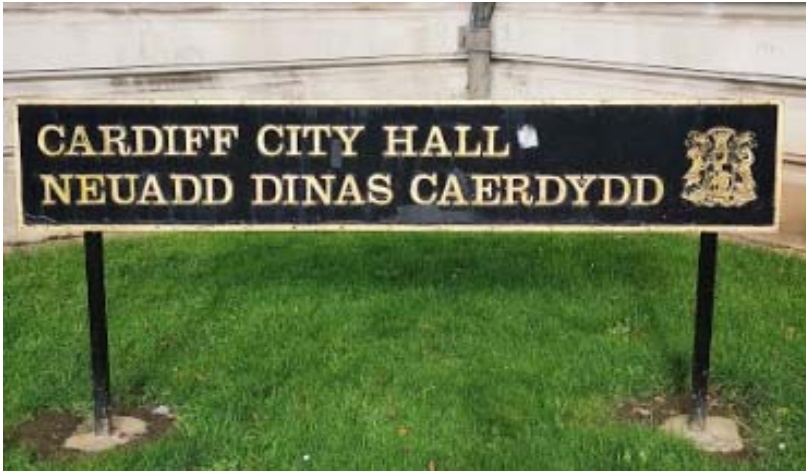
The next chapter of Cardiff's history as portrayed by Rees (1969 p.66), Morgan (2001 p.156) and Shepley (2014 pp.107-141), is of rapid growth and economic expansion principally during the eighteenth and nineteenth centuries with a significant increase in population as a result of the industrial revolution and Cardiff's strategic location on the coast, producing goods and trading internationally. This escalated and changed Cardiff's economic, physiological and sociological profile, that in 1905 the 'free town' became officially acknowledged as a 'City' (ibid p.164), and in 1955 the Capital City of Wales (Morgan 2001 p.13) thus producing great pride in the former Medieval Borough². Attesting this, the early twentieth century saw many grand civic buildings being constructed, externally and internally ornate with their seventeenth century seal, along with their twentieth century coat of arms (Scott-Giles 1932) of the goat and seahorse either side of the Welsh Dragon, with the words '*Deffro maen ddydd, y ddraig goch, ddyry gychwyn*', translated is '*Wake up, the red dragon's day is about to begin*'³, as illustrated below. From the evidence outlined, it is asserted that at the beginning of the twentieth century, Cardiff displays their pride, identity and takes ownership of their civic buildings through these aesthetic features as these buildings are a tangible representation of the city's development. This is seen primarily within Cathays Park with the City Hall built in 1904. [EH]



(Cardiff City Hall, Author 2019)

² See bibliography for nineteenth and early twentieth century publications demonstrating this.

³ Symbolising the expansion and development of Cardiff as a very important port and of the traditional agricultural nature and industry of Wales. The militant Welsh could symbolise the long history of Wales being subjugated in 1282 to finally being recognised as 'City' in 1905.



(Sign outside City Hall, Author 2019)



(Information Board in City Hall, Author 2019)



(Wooden Door in City Hall, Author 2019)



(Carpet within City Hall, Author 2019)



(Window within City Hall, Author 2019)

Simultaneously, as argued by Thomas (1983 p.1), with such growth and expansion, society became more complex and mobile with the increasing accumulating population in urban and industrial areas, and long-established social problems became exaggerated. Vagrants, miscreants and pauper lunatics thus became increasingly viewed as threats to social stability and needed to be classified, and separated away from society, which during this period meant within large-scale institutions, such as the Asylum. There are conflicting interpretations in the establishment of pauper lunatic asylums during the nineteenth century as discussed by Michael (2004 p.95), with the principal argument being that they are considered an ‘...integral part of the capitalist system...’ as they emerged in parallel with the New Poor Law and bourgeoned with industrialisation and urbanisation. The idea of philanthropy relief as the drive for the establishment of asylums is therefore here discredited, especially as Davies (2012 pp.89-90) argues that this interpretation would be guilty of conforming to the Whig interpretation of history⁴, as he analyses and criticises the care and treatment provided by the Joint Counties Lunatic Asylum at Carmarthen during the latter half of the century. The historiographical debate however, is developed further by Thompson (2014 pp.141-142) as he focuses on South Wales’ provision of care during the nineteenth century, and argues that previous interpretations are tended to be over-generalised as the local implementation of state policy, and the scale of provision of care varies and differs immensely from one place to another. Therefore, in applying this historical context of subjugation, growth and expansion of Cardiff between the thirteenth and twentieth century, and this understanding of the establishment of pauper lunatic asylums within the nineteenth century, what understanding can be developed of the significance of Whitchurch Hospital? [EH]

Cardiff City Mental Hospital

Whitchurch Hospital opened as Cardiff City Mental Hospital (alias Cardiff City Asylum) in April 1908, following almost ten years of choosing a suitable location, planning and construction (Morris 1965 p.2 & Thomas 1983 pp.1-4). The incentive for the Hospital as discussed both by Morris (1965 p.4) and Thomas (1983 pp.1-3) was the increasing awareness of the state of how deficient and of poor quality the provision of mental health care was during the nineteenth century in Britain, and the subsequent Asylums Act 1808⁵ and 1845⁶, along with the overcrowding in the Bridgend Hospital and the rising costs of maintaining Cardiff patients in other hospitals. Although it is not clear if philanthropy was the incentive for establishing a Mental Hospital in Cardiff, the name ‘Cardiff City Mental Hospital’ displays the sense of ownership previously established during this period, along with the intention to distance

⁴ ‘...a story of progress...’(Lambert & Schofield 2004, p.48); ‘...modernisation theory...’(ibid p.104); ‘A ‘Whig’ interpretation of history whose characteristics were pride in English liberties and a belief in the superiority of centralised English institutions, such as the monarchy, Parliament and the Church of England, meant that an impetus was given to the study of English constitutional history as the driving narrative of the state.’(ibid p.216)

⁵ Empowering but not compelling every county to provide an asylum for pauper lunatics within its boundaries (Thomas 1983 p.2)

⁶ The provision became compulsory for every county (ibid.)

this new building from the traditional understanding of Asylums. To a degree, the ‘...*large-scale expenditure...*’ of the main buildings of the hospital of £349,000 (Thomas 1983 p.9) attests to this, with both Rees (1969 p.336) and Morgan (2001 p.173) stating that the hospital was equipped with the most modern facilities enabling it to quickly gain a national reputation for its research and treatment of mental illness. Such facilities include a farm that made use of the surrounding land and enabled the hospital to be self-sufficient as well as incorporate labour and routine into the treatment of patients. However, the farm became obsolete prior to the 1980s, and the hospital is now encircled with residential and commercial developments⁷ (Thomas 1983 pp.53) as illustrated below. [EH]



(Coflein 2007 – Photograph taken in 2011)

Moreover, the opening ceremony held at the hospital, as discussed by Morris (1965 p.4) and Beech (2008 p.1), was a high society event with speakers and various important political individuals in attendance, such as the Lord Mayor of Cardiff and the Lady Mayoress, the Miner’s leader and MP for South Glamorgan, Chair of the Hospital Visiting Committee, Chair of the Health Committee, and the Medical Superintendents of Abergavenny, Newport, Hereford and Carmarthen Asylums. The establishment of the hospital was therefore something to be celebrated and recognised within the City, as would be the case with the opening of the City Hall. [EH]

Also similar to the City Hall and other civic buildings constructed during the same period, the Hospital contains the same and other aesthetic features being tangible features of Cardiff’s identity signifying

⁷ As seen in the photograph, some of the land was still used for sporting events and activities – further information can be found by Thomas (1983 pp.26-27, p.56)

the City taking ownership of the new Mental Hospital and incorporating it within the tangible representation of Cardiff's development. [EH]

Such aesthetic features present today include painted murals illustrating the traditional rural landscape of Wales with green open spaces above the exit door;



(Site visit, October 2019).

Welsh language names for the wards and bi-lingual signage;



(Site visit, October 2019)

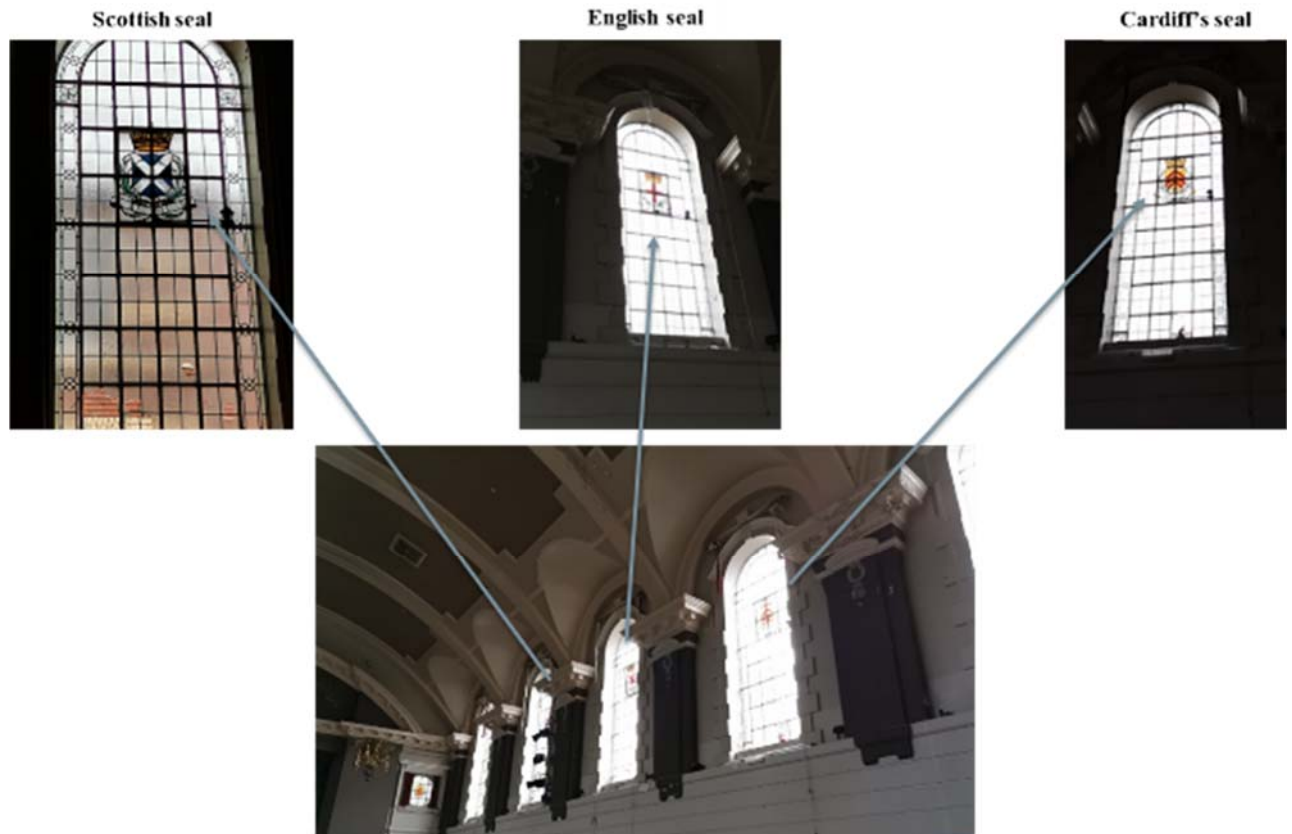
However, this is seen most prominently within the Recreation Hall. Understood as a modern facility within Asylums during the period of its construction as described by Mackinnon (2010 p.268), as the provision of leisure and entertainment was to negate the sense of institutionalization and give normal experiences to those within the hospital. It is asserted here again therefore, that there was an emphasis present for this hospital not to be regarded as a traditional asylum to separate the threats of stability away from society, but as a hospital that sought to provide treatment and care to its patients. [EH]



Recreation Hall

(Thomas 1983 p.10)

Attesting to the sense of pride and identity present, the Recreation Hall is decorated with various seals and heraldry through stained glass windows as illustrated below;



(Site visit, October 2019)

The featuring of Cardiff's seventeenth century seal alongside the Scottish and English can be interpreted as Cardiff, as a result of its development, placing and identifying itself equal to two other constituent states of Britain. This sense of its identity not only provides a connection to the intangible understanding of the past, but also tangible aesthetic features with the intangible historical communal value that is the sense of Cardiff's identity during the early twentieth century. The inclusion of their seventeenth century seal here rather than their twentieth century, conveys Cardiff's historical narrative of development since the granting of the 1608 Charter. Arguably therefore, these windows, whilst could be argued primarily only an aesthetic feature, also display the historical context and shared consciousness of subjugation, growth and expansion of Cardiff since the thirteenth to the twentieth century, whilst highlighting characteristics and the interrelationship between all four of Cadw's component values. [EH]

Furthermore, above the centre stage is Cardiff's twentieth century coat of arms, displayed proudly amidst gold painted feathers and bows.



(Site visit, October 2019)

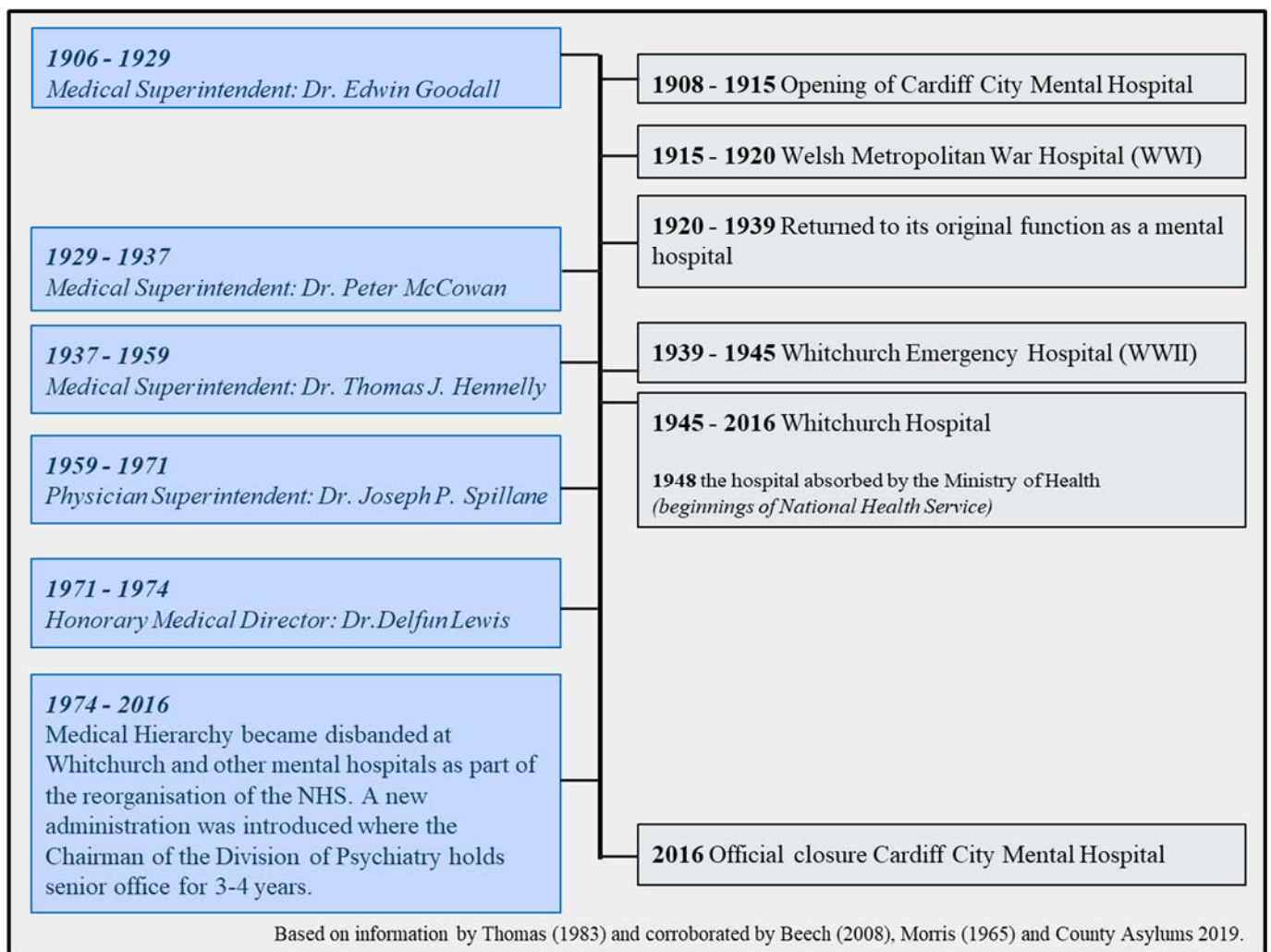
As previously established, the early twentieth century saw many grand civic buildings being constructed, displaying their seventeenth century seal, along with their twentieth century coat of arms, and it is asserted that the hospital is part of this typology of buildings signifying Cardiff's development. Although it may be argued that this would be of low significance as this sense of communal, historical, aesthetic, and evidential value is displayed more clearly elsewhere; it is interesting for it to be included within a building that would traditionally be understood with negative associations as discussed previously by Michael (2004 p.95) and Davies (2012 pp.89-90). High significance of tangible and intangible attributions can therefore be given when considering Thompson's historiographical discussion (2014 pp.141-142) that the scale of provision of care varies from one place to another. Throughout analysing the historical context and background of the site, it has been noted of the emphasis present for this hospital not to be regarded as a traditional asylum. As Cardiff's City Hall may be a tangible demonstration of Cardiff's developing governing power, the hospital with these features, particularly within the Recreation Hall, may be a tangible demonstration of Cardiff developing an innovative hospital for the treatment and care of mental illness to be recognised as the forefront within twentieth century Wales, if not Britain. The operation of the hospital is to be further discussed in determining this, however it is considered that the historical pioneering concept of the new mental hospital and the development of Cardiff itself, along with the features present within the building, in particular the Recreation Hall, generates an understanding of high intangible significance with tangible attributions. [EH]

The Operation of the Hospital

Considering Joseph, Kearns, and Moon's (2013) article regarding the re-imagining of psychiatric asylum spaces, it can be asserted that the conservation or re-development of asylum spaces is based on the shared collective understanding of the site, that is what Joseph, Kearns and Moon term as 'strategic forgetting' and 'selective remembrance'. Since its opening in 1908 until its closure in 2016 (County Asylums 2019) the operation of the hospital has been of interest to many. That is, Historians researching the history of Cardiff and commemorating the site itself; Medical and Sociological studies; and the Community, with the establishment of the Whitchurch Hospital Historical Society in 2009 (About Whitchurch Hospital Historical Society), and the *Behind Many Doors* (Carradice and Goffin 2014) anthology by staff, patients and surrounding residents capturing their memories and stories of the hospital, indicating a high Historical and Communal Value. Of course, this communal value as conveyed by Carradice and Goffin (2014 pp.19-20) comprises of both positive and negative perceptions of the hospital, with many sad at the thought of losing their 'home', and others joyous of moving to a more modern and user-friendly working environment. The sense that the hospital could no longer fulfil its purpose is disclosed in a study¹ by Williams (1974 pp.140-141) with the ratio of the population of Cardiff and the number of beds provided at Whitchurch being insufficient, and that since 1967, an inpatient census discovered that only 23.5% of inpatients were discharged within six months. Furthermore, the inevitable closure of Whitchurch Hospital can be explained by Goodwin (2009 p.27) as he states that the 1950s witnessed a change in policy regarding the treatment of mental illness in England and Wales as the institutional system became to be considered as inappropriate, and that community care would be more humane and effective. Despite being considered inadequate for its purpose prior to its closure, much praise and admiration, as has already been marginally established, is given to the care and treatment provided by the hospital during its operation. This is discussed further in the following paragraphs by analysing the history and perceptions of the hospital during its operation in order to determine any further features of its significance. [EH]

A summarised graphical representation of the hospital's operation is illustrated within the following diagram;

¹ 'The District General Hospital Psychiatric Unit and the Mental Hospital – Some Comparisons' (Williams 1974)



As illustrated above, the first forty years of the hospital were eventful as it witnessed three Medical Superintendents, and different names representing the different roles that the hospital undertook during the period of two world wars. The following sixty-seventy years can be characterised as the hospital continuing its original function as a psychiatric hospital with various administrative changes prior to its closure in 2016. [EH]

(1) Literature concerning the History of Whitchurch Hospital.

It can be argued with these works by Morris (1965), Thomas (1983), and Beech (2008) discoursing the historical narrative of the hospital, that there is an element of bias as they write to commemorate the work of the hospital; however, if thought that these works do not provide the objective history of the site, it is asserted that they certainly generate an understanding of the features with high collective value attributed to the site, highlighting the inter-relationship between Cadw's Historical and Communal Value. Made a notable figure within their literature is its first Medical Superintendent, Dr Edwin Goodall, (pictured below), appointed in 1906² until his retirement in 1929 (Thomas 1983 p.9 & p.13). [EH]



Dr. Edwin Goodall, first medical superintendent at Whitchurch (1906–29)

(Thomas 1983 p.14)

Thomas (1983 p.9), and is corroborated by *the Hospital* article (1920 p.124), describes Dr Goodall as the integral part in promoting the hospital to be different to its nineteenth century counterparts that were understood as a places of detention with non-medical and non-nursing staff. As superintendent, he was

² Two years prior to the opening of Cardiff City Mental Hospital (Whitchurch Hospital) in 1908.

responsible for the entire organisation, and employed doctors, nurses, technical and administrative staff such as the Works and Engineers department, Gardeners and Farm Employees, Clerks and Stewards, and also three Chaplains³ (Thomas 1983 p.9). Under his administration, as described by Morris (1965 p.9) the hospital was believed to be a ‘...*well-oiled piece of machinery that was doing its work effectively and efficiently...*’ producing research that enabled the hospital to become one of the top research centres in Britain. Attesting this to an extent, the *General Rules Handbook* written by Dr Goodall (1910)⁴ is a useful source depicting the strict and professional working environment that the hospital was to maintain, as is partly seen within the following extract. [EH]

Extract 1: *General Rules Handbook*, by Dr. Goodall (1910)

’The Medical Superintendent...

17) The Medical Superintendent shall be a legally qualified Medical Practitioner, and registered under the Medical Act, 1858, and shall reside on the Asylum premises.

18) He shall consider himself primarily as Medical Officer of a Hospital for the treatment of mental disorders, and, as such, shall look upon the treatment of the Patients as his first and most important duty. He shall devote the whole of his time to the duties of his office, and shall not attend to or engage in any professional or other business or employment except that of the Asylum, save and except (1) Visiting any prisoner charged with a capital offence, examining into his mental condition, reporting and (if required) giving evidence thereon; (2) Executing, at the request of the Commissioners in Lunacy, any order to visit and report granted by the Lord Chancellor, under the provisions of the Lunacy Acts for the time being in force...’

19) He shall have paramount authority in the Asylum, subject to that of the Visitors; shall have control over all the Officers, Attendants, Nurses, Servants, and Artizans, and shall superintend and direct their duties, as prescribed by the Regulations and Orders of the Committee of Visitors. In regard to all duties not provided for in the Rules and Regulations, his instructions shall be taken.’

Dr. Goodall (1910 p.9)

Summarised, the Medical Superintendent was to be a certified practitioner, responsible for the care and treatment of the patients, his staff and be dedicated to his role. This extract indicates the diligent and hierarchical structure that Dr Goodall intended for the hospital’s first years of operation, giving insight into his character and his administration. This is also echoed within the following extract. [EH]

³ Three Chaplains: Anglican, Nonconformist and Roman Catholic (ibid)

⁴ and sanctioned by Winston Churchill, His Majesty’s Secretary of State during 1910 (Goodall 1910 p.61).

Extract 2: Article by Dr. Goodall (1919)

'Are we to understand that this (still great) country will continue, either through poverty of ideals or poverty of purse, or both, to remain passive in this matter, and recognise no obligation as a state in regard to the actual finding of money for the erection of the clinics, but relegate this responsibility to the local authority, or trust to the generosity of those to whom the war has brought wealth? I fear the amending Bill referred to will not be dealt with by the Government this year unless it judges the force of opinion to be such that to ignore it would be expedient.'

Dr. Goodall (1919 p.216)

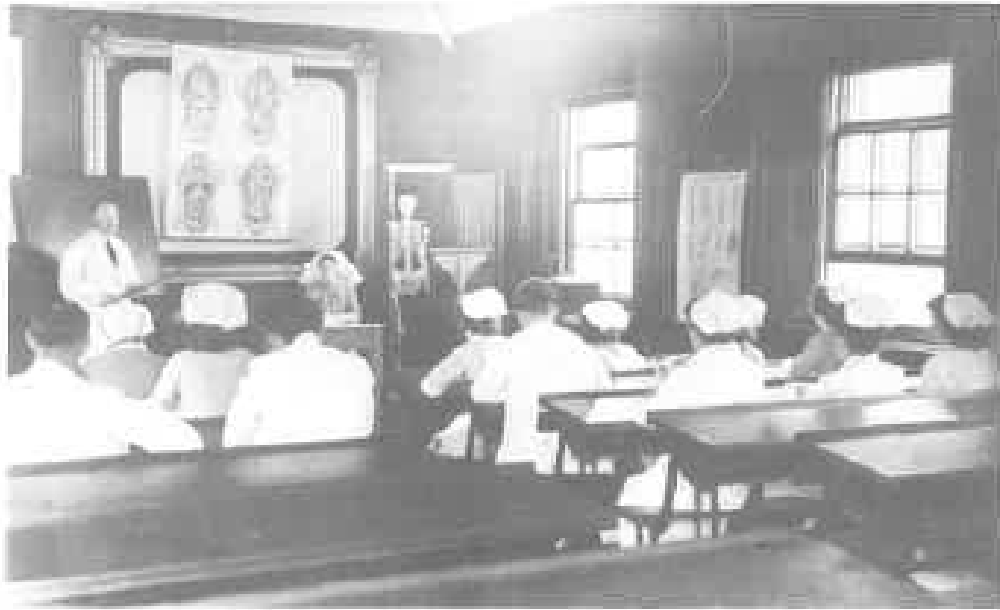
Extract 2 is of one of the many articles written by Dr Goodall published within the *Lancet*⁵, 'The Coordination of Clinical Research: The Position of Psychiatry', an article in which he criticises the Government for not yet adopting an amended bill to the Lunacy Laws or providing funding to establish Psychiatric Clinics for treating early cases of insanity. This extract depicts Dr Goodall as an innovative and forwarding thinking individual believing that psychiatry is something that should be invested in, and is frustrated that others do not share his vision. Both of these extracts give an insight and demonstrate his passion, dedication, and vision for the hospital and psychiatry. In light of this, how significant is Dr Goodall considered in the development of the hospital? [EH]

The Whitchurch Hospital Historical Society (2011) states that Dr Goodall was innovative particularly in developing a career for male nurses, as he considered them more than merely attendants, and introduced the nursing of male patients by female nurses, disestablishing the convention of gender segregation within nursing. Along with this advancement, Beech (2008 p.4) discusses that one of the most interesting developments that occurred under Goodall's administration was the professionalization of both male and female nursing staff. The standard of nursing at the hospital has been praised universally as Dr Goodall was keen for his nursing staff also to have formal qualifications to maintain a high standard, with most qualified in both general and mental nursing (Thomas 1983 pp.17-18). In 1908, the only mental nursing qualification offered was the Medico-Psychological Association, however by the 1920s Whitchurch Hospital was one of the few mental hospitals that focused staff on passing the intensive study and training of the GNC⁶ examination. In 1924, a lecture hall was built at the hospital, establishing the Nurses Training School that enabled male and female nurses to train for

⁵ The *Lancet* is a medical journal that began in 1823 by Thomas Wakely (Lancet: About Us).

⁶ General Nursing Council

the Diploma in Psychiatric Nursing, again earning Whitchurch Hospital a reputation of high standards and achievements (ibid). [EH]



Nurses Training School, c. 1947
(Lecturer: Dr. Delfino Lewis. Miss D.E. Pugh, assistant matron, seated facing class)

(Thomas 1983 p.35)

Described as ‘...a pioneer in the treatment and investigation of mental illness...’ (ibid p.19), Dr Goodall’s contribution to Whitchurch Hospital, his research, his philosophy and scientific approach to mental illness is understood as an important feature that evolved the perception of mental illness along with the idea of Cardiff City Mental Hospital from the traditional understanding of an Asylum during this period. As argued by Thomas (ibid. p.15, pp.18-19) during a time when mental illness was associated with social stigma, the hospital was progressively administered, recognised within the Commissioners in Lunacy’s Annual Reports of its effective and efficient Medical Superintendent placing concern for the patient’s welfare beyond custodial care, and innovatively researched the approach that psychiatry and general medicine were connected. Morris (1965 p.9) concurs as he states that up until the year in which Dr Goodall retires, himself and his colleagues published their research within many articles, papers and books, which gained the hospital respect as a centre for research and a reputation of being a hospital with modern and advanced treatment methods. This is developed further as Beech (2008 p.12) argues that although the Whig interpretation of history would consider the work and care of the hospital as inferior compared to the contemporary understanding and treatment of mental illness, ‘*It is sometimes forgotten that it was not a Victorian Asylum...*’, ‘...both the man [Dr. Goodall] and the institution have become something of footnotes to history...’ furthering the science of its day

with Dr Goodall gathering a reputation as a biological psychiatrist with an interest in the anatomical structure of the brain as he believed that this would help to understand mental illness (ibid. pp.1-2). It is therefore asserted that Dr Goodall is understood to be synonymous with Whitchurch Hospital, as an innovative and forward-thinking figure embedded in the understanding and development of the research, education and treatment of the psychiatric hospital. This historical and communal value of Dr Goodall therefore would assert him as an intangible feature of significance attributed to the hospital. [EH]

Of course, it is recognised by the literature discoursing the historical narrative of the hospital, that external and other contributing factors also developed the research, education and treatment at Whitchurch Hospital even after Goodall's retirement in 1929. As highlighted by Beech (2008 p.6) the period between the opening of the hospital and the First World War is characterised as one of significant industrial unrest in Britain, where South Wales was most noticeable for the rise of traders' unionism. As part of this historical narrative, during 1910, the National Asylum Workers' Union (NAWU) was formed, which was later to unite with the Poor Law Workers' Trade Union, and eventually become the Confederation of Health Service Employees (COHSE) (ibid p.5). The NAWU's formation being significant as it enabled asylum staff to establish and protect their employment rights, Adams (1969 p.17) informs that the NAWU wasn't acknowledged by the majority of asylum boards until 1919. However, as noted by Beech (ibid), that it is with Cardiff City Mental Hospital that one of the association's first disputes following Dr Goodall fining the staff members for breaching his rules. Whitchurch Hospital is therefore part of the historical narrative that enabled the NAWU to gain establishment, and provide asylum staff with a platform to establish their employment rights, developing the asylum worker's profession, not only at the hospital but also in hospitals across the country. [EH]

Furthermore, with the outbreak of WWI, Cardiff City Mental Hospital became 'The Welsh Metropolitan War Hospital' as it was taken over by the War Ministry, rendering the hospital to function as a general medical hospital for returning soldiers and transferring the majority of the mentally ill patients to other hospitals until 1919 when it returned to its original function as a mental hospital (Morris 1965 p.13 & Thomas 1983 p.43). This could be considered as a halt in the hospital's understood innovation in psychiatry and training. However, as considered by Morris (1965 p.13) the hospital did benefit in terms of facilities such as the retrofitting of an X-Ray room, Dispensary Store, Cinema Chamber, Medical, Surgical and Dental stores etc. Additionally, advancements occurred with Matron Florence Raynes becoming responsible for both male and female nursing staff; and better trained staff following the training they received during the war with the hospital being a general medical hospital (Morris 1965 p.13 & Thomas 1983 p.43). [EH]



*Sewing Maids, Matron's Maids and Officers, c. 1914
(Matron Florence Raynes in centre of group)*

(Thomas 1983 p.17)

Following the war and discussion into Dr McCowan's⁷ administration, further additions that developed the care and treatment of the hospital that occurred, as discussed by Morris (1965 p.17, p.24, p.26, p.36) and Thomas (1983 p.36) was a Gynaecologist and Rhinologist, an Occupational Therapy Department with gymnasium, Physiotherapy and Industrial Therapy Department, and the establishment of a Social Work Department, enabling the hospital to expand their care and treatment plans. However, it is the establishment of After-care by Dr Goodall (Morris 1965 p.20) that is considered to be of primary importance in the development of facilities and treatment that occurred in the psychiatric hospital during this period, thus still affording a high historical and communal value to Dr Goodall and his contribution. [EH]

The literature discoursing the historical narrative of the hospital notes that following Dr Goodall's retirement, with the outbreak of WWII, in 1939, the hospital once again became a wartime emergency hospital, known as 'The Whitchurch Emergency Hospital', and was considered the largest emergency medical services hospital in Wales (Morris 1965 p.33). During this period, developing further from its previous functions as a psychiatric hospital and a general medical hospital, Morris (ibid) states that the hospital functioned as a general casualty, orthopaedic, neurosis and mental hospital with over a thousand beds. Whitchurch Hospital was re-established as a full-scale mental hospital following the Second World War by Dr Hennelly⁸, with the connections with the Cardiff Royal Infirmary's consultants strengthened during the war, developing the facility of visiting consultants in the hospital

⁷ The second Medical Superintendent of the hospital.

⁸ The third Medical Superintendent of the hospital.

(ibid). It can therefore be asserted, that beyond the discussion of Dr Goodall’s contribution, what is clearly noted and praised within these literatures is the ability of the hospital to adapt and flourish during the tumultuous events that occurred during the first forty years of the hospital, enabling it to continuously provide better and greater treatment and care to its patients. [EH]

(2) Medical and Sociological studies

As established previously, the latter sixty-seventy years of the hospital’s history is characterised as the hospital continuing its original function as a psychiatric hospital with various administrative changes prior to its closure in 2016, with Williams (1974 pp.140-141) attesting to the inability of the hospital to achieve its function. However other medical and sociological studies produced in the 1970s such as the Medical Sociology Research Centre (1973) ‘Survey of Patient and Staff Attitudes at Whitchurch Hospital’, provide a further understanding of how Whitchurch hospital was performing during this period as illustrated in the following extract. [EH]

Extract 3: Survey of Patient Attitudes towards their care at Whitchurch Hospital: Raphael Questionnaire Results

Order	Heading	Number of comments		Best minus Least
		Liked Best	Liked Least	
1	Staff	33	7	26
2	Treatment & Security	22	6	16
3	Patient Activities	15	8	7
4	Ward	13	9	4
5	Work	6	2	4
6	Grounds & Building	5	2	3
7	Meals	6	6	0
8	Other Patients	3	9	-6
9	Freedom	7	18	-11
	Total Comments Made	110	67	

(Medical Sociology Research Centre 1973 p.ii)

Extract 3 demonstrates quite positive results of the care patients receive at Whitchurch Hospital with the best liked factor being the staff along with the treatment and security provided, attesting that the hospital was still quite successful in regards to its research, education and treatment. The least liked factors of the hospital however are the lack of freedom and other patients, testifying to a degree Goodwin’s (2009 p.27) statement that the institutional system became to be considered as inappropriate, and that community care would be more humane and effective in the treatment of mental illness in

England and Wales. Despite this sense of the inadequacy of the institutional system, the intangible understanding of the historical and communal value of Whitchurch Hospital remains. [EH]

(3) The Twenty-first century collective consciousness of Whitchurch Hospital

The establishment of the Whitchurch Hospital Historical Society and the *Behind Many Doors* (2014) anthology, although comprising of both negative and positive perceptions of Whitchurch Hospital, demonstrates that into the twenty-first century, the hospital is still considered as an innovative facility and part of the community suggesting a strong communal value as is partly seen within the following citations. [EH]

Extract 4

Carradice & Goffin (2014)

'... We had so many laughs whilst in the nursing office...' (p.125)

'..Adfer ward is not so judgemental, nor did it practise any discrimination. Therefore I consider this a positive part of Whitchurch Hospital...' (p.149)

'...Whitchurch was considered to be one of the foremost mental hospitals in the country, and we prided ourselves that we never used the 'pads' (padded cells) other than to store clothing and other ward equipment...' (p.65)

'...I am thankful for places like the hospital and the support it has given us through the years...' (p.100)

'...Above all Whitchurch is a very safe environment where people can find security to express themselves. A very hard-working and caring staff who rarely see people, especially the elderly, restored to health. Daunting and frustrating, yet so challenging and ironically rewarding...' (p.103)

These citations within Extract 4 attest to the intangible significance of communal value attributed to the hospital as it is understood as a major part of the history of the area and the development of psychiatry in the collective consciousness of those who have experienced the hospital, through employment or treatment. Therefore, bringing together the analysis and understanding of the Operation of the Hospital, it is asserted that the foremost feature of significance embedded in the collective consciousness of the hospital is that of the development of the research, education and treatment of the psychiatric hospital since its opening under the administration of Dr Goodall, distancing itself from the traditional understanding of asylums. [EH]

Conclusion

As discussed in the introduction, and throughout this report there are many tangible and intangible features of the historic asset that comprises its significance. Following the analysis and understanding the history of the site, and in applying Cadw's principles and methodology of assessing significance, these features are understood within four component values of evidential, historical, aesthetic and communal value inter-relating. These features comprise of the following.

Firstly, throughout the report, it is noted of the emphasis for this hospital not to be regarded as a traditional asylum. Considering that Victorian mental hospitals were extremely complex structures, full of contrasts they resulted in creating ambiguous feelings around their existence. However, as established the development within the architecture of 'asylums' can be witnessed at Whitchurch Hospital. Furthermore, as Cardiff's City Hall may be a tangible representation of Cardiff's developing governing power, the hospital by sharing the same features, is a tangible representation of Cardiff's ambition to develop an innovative hospital for the treatment and care of mental illness, which is testified in the discussion on the operation of the hospital. The hospital is therefore part of the typology of buildings and understanding of Cardiff's development. It is in itself particularly interesting as it includes this sense of communal, historical, aesthetic, and evidential value for emphasis that this hospital will and shall not be regarded as a traditional asylum. The ideology of Whitchurch Hospital's architecture is a tangible product of the intangible understanding of its time and place, as the innovation in both architecture and mental healthcare.

In conclusion, it is the communal value of Whitchurch Hospital that is present in all aspects of the tangible and intangible heritage of the site. The hospital from the moment of its planning until today has an important place in the community but also in the historical development of Cardiff as a city and architecture, as it is the last remaining example of this scale of the collaboration between two prominent architects of that period; Sir George Oatley and Willie Skinner. Summing up, in our opinion the communal value is the greatest significance attributed to the hospital and should be prioritised, or at least acknowledged in any future actions of conservation, refurbishment or reuse of the site. [EH and NG]

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