When The Builder journal declared in 1858 that “the square within the hospital, and the spaces between the pavilions, should be laid out as garden grounds with well-drained and rolled walks, and shaded seats for convalescents” they were building on a long history of gardens as therapeutic spaces.

The concept of the garden as a space that can encourage health and well-being has a long history in the West which can be traced back to the Ancient Greeks. In Britain, gardens were traditionally used for growing plants that could be used in remedies as well as provide the foodstuffs necessary for a healthy diet. This ethos can be seen in the design and use of domestic gardens, as well as the development of medically based botanical gardens such as the Chelsea Physic Garden, which was established in 1673, to train apothecaries in the identification and use of plants.

In this period there was also a spiritual element to the healing properties of gardens and a relationship was drawn between earthly gardens and the lost Garden of Eden, where death and disease had been absent. Richard Austen in 1653 discussed the benefits of creating orchards in part through an admiration for the work of God, “the spiritual use of an orchard”, but also their benefits for health: “Health is preserved by fresh and wholesome Ayres which in the heat of the summer is found in Arbors, Seats, and Walks in the garden of Fruit-trees.”

This concept of wholesome healthy air is probably the strongest influence of the use of gardens as a method of preventing, as well as encouraging, recovery from diseases. In 1661 John Evelyn outlined an early garden city scene, not that far away from the popular Garden City movement of the early-twentieth century, whereby “a mass of sweet smelling trees, bushes and plants would be planted to surround and vivify London.”

Given the complex healing powers associated with plants and gardens, it is perhaps not surprising that early hospital precincts also included gardens. As Carole Rawcliffe has found, at St Giles’ hospital in Norwich, the surrounding landscape was utilised in a variety of different ways; there was the cemetery, stands of trees, which could be used for fuel as well as fencing and building materials; and meadows — including one named the ‘paradyse’, an orchard and gardens.

The garden as a place of health, particularly for active recreation increased in the 18th century. New popular books on how to live a healthy life were an influence on the design of the Romantic English parkscape, with its long winding paths and carriage rides that led one to plunge pools for cold bathing, cricket pitches, fishing lakes, archery butts, and boatsheds — as

**Therapeutic landscapes**

The idea that the environment can both prevent and cure disease goes back at least as far as the Medieval period. **Clare Hickman** takes a look at the birth, survival and revival of hospital gardens.
well as summerhouses for less healthy feasting. These structures are generally considered as ornamental rather than functional, but they certainly provided opportunities for strenuous physical activity. By copying this domestic model in the nineteenth century early park designers, such as Joseph Paxton, translated the elite healthy landscapes of the gentry into parks for promenading, fishing and carriage rides for the general public.

These domestic ideas were translated on a smaller scale into the design of hospitals in the nineteenth century. In 1863 John Syer Bristowe and Timothy Holmes conducted a survey for the Medical Officer of the Privy Council and they describe around 70% as having external grounds. In the case of general hospitals there were numerous different approaches – from asphalt roof gardens (Bristol General Hospital), through landscape parks (Derbyshire General Infirmary) to the Gardenesque style of planting as advocated by garden writer and designer John Claudius Loudon (Leeds Infirmary).

The Pavilion hospital design, exemplified by the new St Thomas’s Hospital built in the 1860s, favoured by Florence Nightingale, included courtyard gardens between the wards to allow for the transmission of fresh air – at this time disease was thought to be transmitted by ‘miasma’ or noxious gas carried by air.

In an appendix to her Notes on Hospitals, gardens were described as being specifically designed for use by patients who are convalescing: “It is of great importance to provide places of exercise under shelter; for patients, to be appropriated to that purpose alone. Such recreation and winter-ailing grounds may be comparatively large, and yet of cheap construction, if roofed on the Crystal Palace Plan.” A design based on the Crystal Palace was in fact carried out at Leeds General Infirmary where the new hospital was built with a glass-roofed area designed by Gilbert Scott and often described as a ‘winter garden’. So hospital garden designs were often influenced by current design trends, as well as therapeutic principles.

The gardens of psychiatric institutions also show that the gardens and wider landscape were viewed as vital elements of the therapeutic approach. Nineteenth-century private asylums that catered predominantly for wealthy clients were often surrounded by vast tracts of designed gardens and pleasure grounds. In a reflection of wealthy country house estates, these contained a wide range of ornamental features.

One famous examples of this type of elite institution was Ticehurst Place, Sussex (opened in 1792). The prospectus for Ticehurst depicts a pagoda, aviary or pheasantry, moss house, Vineyard cottage, a highly fashionable Gothic Summerhouse, hermitage, bowling green and another castellated summerhouse. These were fashionable garden buildings that one would expect to find in any English landscape garden owned by the upper classes.

In this way, such gardens were used as advertisements aimed at a specific clientele. However, the use of the gardens was also related to the use of moral therapy which became the general mode of treatment practiced in the 19th century asylum. This approach can be described in simple terms as a mild regimen centred on the placement of the patient in a carefully designed environment, and away from the conditions that had caused him or her to become ill. This form of therapy was based on the idea that the institution itself could play a part in the re-education of the patient and became so popular that some 19th century psychiatrists believed that the asylum itself, with its extensive gardens, were of vital importance.
One asylum superintendent, W A F Browne, in 1837, described how the asylum should be placed upon a hill or summit so that patients could obtain therapeutic benefits from being exposed to the surrounding scenery. 'If the building is placed upon the summit, or the slope of a rising ground, the advantages are incalculable. To many of those whose intellectual avocations to pleasure are forever closed, the mere extent of country affords delight; to some the beauty of wood and water, hill and dale, conveys grateful impressions.'

So just looking at beautiful scenery could have an impact on the mind. The more ubiquitous pauper asylums had less ornamented gardens than those at private institutions, but the landscape still played a crucial role in the therapeutic regime. There is a substantial amount of documentary evidence that suggests that patients admitted to asylums could spend a considerable amount of their time outdoors. One asylum superintendent, W A F Browne, in 1837, described how the asylum should be placed upon a hill or summit so that patients could obtain therapeutic benefits from being exposed to the surrounding scenery. 'If the building is placed upon the summit, or the slope of a rising ground, the advantages are incalculable. To many of those whose intellectual avocations to pleasure are forever closed, the mere extent of country affords delight; to some the beauty of wood and water, hill and dale, conveys grateful impressions.'

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The various landscapes of the pauper asylums were used by the patients for exercise, recreation and employment as part of the therapeutic regime in a similar manner to elite establishments like Ticehurst. Although it is essential to emphasise that in the case of pauper asylums in particular, it was necessary for the land to be used for agricultural purposes to make the asylums economically viable, and this meant that there may have been a greater pressure on patients being employed in agricultural work.

Although the importance attached to gardens associated to psychiatric institutions continued well into the 20th century, there was a shift in focus related to general hospitals and their gardens in the late 19th century. In 1862 John Syer Bristowe argued that 'as regards airing courts for patients there is no doubt that these are desirable, but they are far more important for a sanatorium, or a convalescent institution, than for a general Hospital. This reflected a change in the perceived role of the general hospital and a move towards the introduction of specialist institutions for chronic diseases and homes in which patients could convalesce. This also marked a decline in the importance of gardens associated with general hospitals and a rise in gardens associated with specialist institutions, particularly those practicing open-air therapies.

Open-air therapy was practiced in many of the new specialist and convalescent institutions. This therapeutic approach ensured that patients spent as much time as possible in the fresh air and sunshine, as both were considered to have curative properties – this was achieved by encouraging patients to get as much fresh air as possible. The revolving hut or tent was the ideal structure in which to obtain the greatest benefits from fresh air. Similarly, verandas were constructed so that patients could sit out of the wind and balconies were created so that patients could be wheeled out on to them without leaving their beds to get some benefit from the fresh air and sunshine. There was a competitive market for chalets and huts for domestic use for those who chose to be treated at home, as can be seen in advertisements of the time, as well as being used by medical institutions.

The main disease treated using open-air therapies was Tuberculosis. In Britain, the Edward VII Sanatorium opened in 1906 is significant because it was designed to promote English sanatoria as an alternative to earlier European counterparts. The sanatorium was promoted as having the most up-to-date scientific approach to the treatment of tuberculosis using the open-air principles, and the designer employed to create the gardens was Gertrude Jekyll, one of the most fashionable garden designers of the Edwardian period.

At the sanatorium she created a series of garden enclosures, which was a common feature of gardens created in the Arts and Crafts style. The garden was also laid out in terraces because of its position on a south facing slope. One of Jekyll’s letters implies that the gardens were a combination of therapeutic purpose and her signature designs: ‘The garden is laid out on several levels, each level carried by retaining walls built with earth joints for planting. I make out detailed planting plans, and send the plants for each section. There are 1200 feet of the dry walling, and I hope, in a year’s time – for nothing shows so quickly as this type of planting – that it will be a good example of wall gardening. It is intended that the garden should provide light and interesting work for the patients and keep them a great deal in the open air.’

Another doctor prompting the open-air approach, Charles Reinhardt stated that ‘in the open-air method we find that just those things which are pleasant and inviting are more beneficial, which suggests that attractive gardens could be seen as therapeutic in light of the practice of open-air methods. These medical ideas concerning the value of fresh air and sunshine also influenced wider movements, including the campaign to create parks, playgrounds and other green spaces in towns and cities and its eventual culmination in the idea of the Garden City.

With the coalescing of medical services after the establishment of the NHS, the early part of the twentieth century saw a decline in the...
establishment, and maintenance of gardens associated with medical institutions. The need to expand buildings to encompass specialist departments and the increasing number of technological diagnostic and treatment tools, as well as the ever-growing need for car-parking space, put pressure on existing hospital gardens and grounds. Any new general hospitals built during this time were predominantly designed with the aim of being clinically effective, and most psychiatric hospitals of the Victorian and Edwardian era were eventually closed down in favour of small, specialist units and a shift towards building to encompass specialist departments and the increasing number of medical institutions. The need for gardens in particular the influence of the Hospices de Beaune, built in Burgundy in 1443. Similarly, Jencks has stated his hope ‘that works of art and landscape become as important to the programme as the architecture’. Here, there is an attempt to see the landscape as an active agent once more and to incorporate it into the overall design.

The gardens designed by Dan Pearson’s Studio at the Charing Cross Maggie’s Centre certainly seem like part of the coherent whole and an essential part of the building’s fabric. So it seems that there is some future for gardens as therapeutic spaces and that their current relationship with such specialist, charitable centres might act as an impetus for larger institutions if green spaces can once again be viewed as intrinsically important for staff, visitors and patients alike. In the UK it seems that those gardens which are being created now often belong to charitable organisations, such as those attached to the Maggie’s Centres.

Hospital gardens can act as important marginal spaces between the institution and the wider world. They allow people to spend time in a recognisable setting and can often provide privacy and space away from the often crowded and noisy internal spaces. These elements all seem to be important whether you are a patient yourself, you are visiting someone or you work there.

It may be hard to quantify statistically, although researchers are building up strong evidence, but there is certainly a qualitative response to accessible green space and in the past this has been valued and proved influential in hospital design. From my research I would argue that it is time such spaces were seen once again as important features in their own right, rather than as inconsequential adjuncts to the associated medical institution.

About Clare Hickman
Clare is a landscape and medical historian based at the University of Oxford. She co-wrote the Historic Gardens of England: Northamptonshire with Timothy Mowl in 2007 and her book Therapeutic Landscapes: A History of English Hospital Gardens Since 1800 will be published by Manchester University Press in Autumn 2012.

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