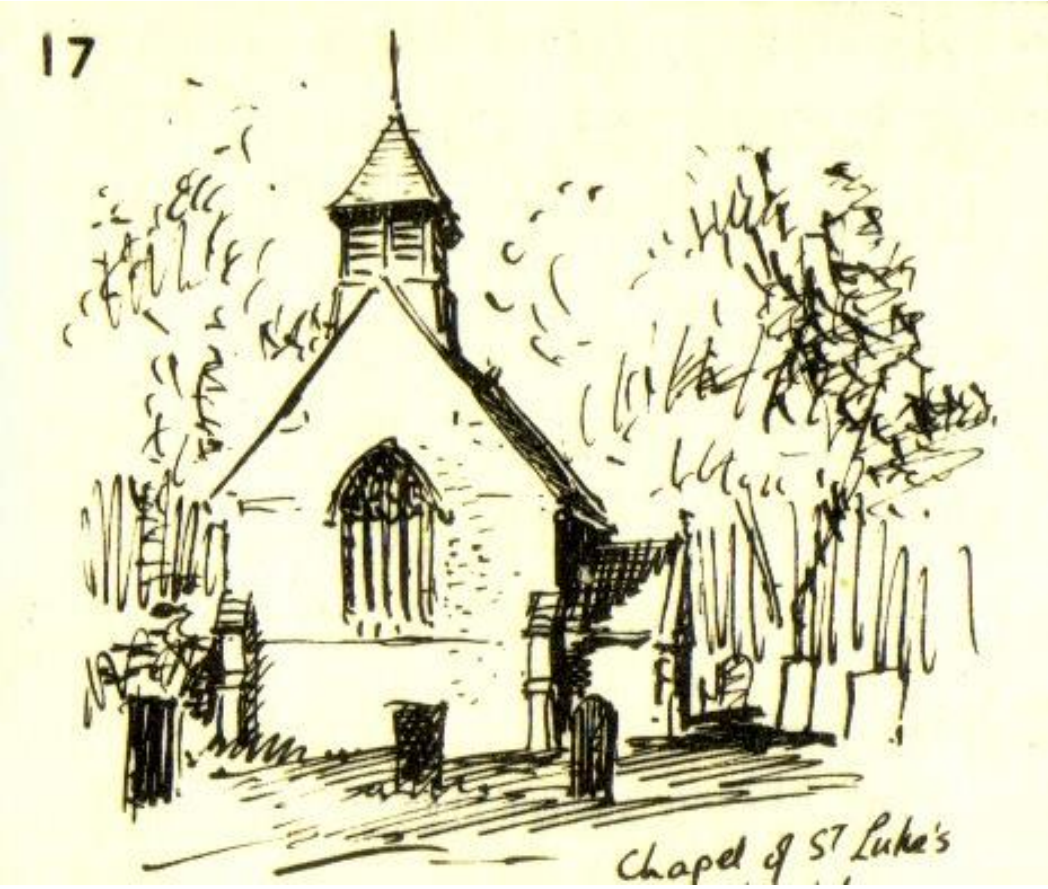
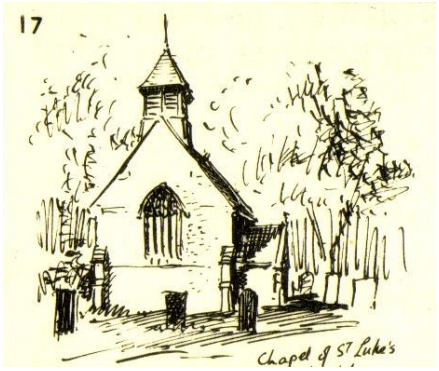
Cleveland Asylum Chapel

1898 – 2007

A Study



St Luke's Hospital, previously known as Cleveland Asylum, has been part of my personal landscape as long as I can remember. My grandfather (who died shortly after I was born) worked there from 1914 until the late1950s; my grandmother was employed there for a short time until she met and married my grandfather, and my husband started his career there 30 years ago. I would ride past on the bus into town and see the main building with its clock and weathervane beyond the field where there would be cricket matches in the summer, and we would take the children sledging on the gentle slopes next to the many established trees that formed a boundary between the grounds and the main road. Latterly though, when the car parking 'wars' between St Luke's and the neighbouring acute hospital were at their height, we went to a hospital appointment and parked the car next to the long forgotten and picturesquely derelict chapel. This was the first time I had really looked at it and from its condition it was clearly only a matter of time before this small part of the history of Middlesbrough's early health provision would disappear. It was only at this point that I thought about the story that this building might tell and how it fitted into the lives of the members of the community.



The chapel within the grounds of St Luke's Hospital was part of Middlesbrough's response to the 1894 Lunacy Act, which forced towns to take responsibility to care for their own mentally ill citizens. But what led up to this Act?

It seems that for centuries, the first response to insanity was to confine and control. Foucault comments that between 1600 and 1800 was a period of 'great confinement', which began the trend of the institutionalisation of the insane[1]. There are records of private madhouses from the early eighteenth century through to the late Victorian period, and as in any institutions of this time, conditions could be inhuman[2], patients being removed from society, routinely manacled, beaten and treated like animals.

'Insanity' was clearly a topic that held the attention of Government during the second half of the nineteenth century, and the quantification and analysis of 'lunatics', 'idiots' and 'imbeciles' features heavily in several of the population censuses, especially 1881 and 1891.[3] According to the 1881 census, there was one person in 307 in England and Wales that was of 'unsound mind.'[4] This is a sizable proportion and perhaps it is for this reason and the increasingly negative reputation of private institutions that during this period several Lunacy Acts were passed regarding the provision of care for Britain's mentally ill.

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[1] M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*. London 1967 in Michael Parker Pearson & Colin Richards (eds*) Architecture and Order: Approaches to Social Space.* London. 1997 p 181

[2] Pearson & Richards (eds) op cit p182

[3] See *Parliamentary Papers 1881 & Censuses England and Wales* 1970 University Press, Shannon Ireland pages 66-93

[4] Ibid, page 66

Despite the low status of working with 'the insane'[5], and the terrible conditions found in many private institutions, there were several influential individuals who would have a positive impact upon their future treatment. One very significant private asylum was that of the Retreat, a Quaker establishment in York presided over by William Tuke (1732-1822). Tuke advocated the humanitarian treatment of the insane and said that they should be offered respect and be looked after in a familiar, homely environment. He had very clear views about the impact of the built environment upon mental health and felt that madness could be remedied not only by kindness but also by a healthy atmosphere and environment.[6] However, this became progressively more difficult with the growth of towns and cities and the demand for asylum places within a rapidly increasing national population. The debate surrounding the question of finding an architectural form that would supply comfort and homeliness and yet still provide the ability to control large numbers of 'lunatics' went on for many decades. Regardless of the architectural form, some patients would see an asylum as exactly that: a refuge from the pressures of the world. Others would see it as a prison. There would be no simple solution.

Another leading practitioner was John Conolly, who was in charge of Hanwell Asylum in Middlesex from 1839 until 1844. Although he was later criticised

[5] J. R Walkowitz, Science and the Séance: Transgressions of Gender and Genre, in A Green & K Troup (eds) *Houses of history*, Manchester 1999. Pages 309-313

[6] Barry Edginton, 'A Space for Moral Management: The York Retreat's Influence on asylum design' in Leslie Topp, James E Moran, Jonathan Andrews (eds.) *Madness, architecture and the Built Environment: Psychiatric Spaces in Historical Context.* London 2007 page 86

for being rather eager to expand the asylum system,[7] he was still incredibly influential as regards all aspects of the care of the mentally ill. He encouraged the gainful employment of patients as part of their treatment, working within the Asylum farm, cleaning or sewing, shoemaking and other tasks that were useful within the confines of the asylum[8]. He also acknowledged the influence that the built environment could have on a patient's recovery. On reading many of his suggestions today, he seemed quite ahead of his time. He felt strongly that 'lunatics' should not be mechanically restrained (i.e. chained up) and within three months of his time at Hanwell had eliminated this process from the Asylum. Although Tuke had also done earlier, as had the Medical Superintendent at Lincoln Asylum, the fact that a major metropolitan asylum had embraced the practice of non-restraint meant that the practice was soon taken up throughout the country.

Three years after he left Hanwell (although he was still working as visiting physician) and two years after the Lunacy Act of 1845, which gave rise to the growth of County Asylums, Conolly wrote his seminal work *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*. In this text he comments upon virtually every aspect of Asylum care and states that caring for the insane has become more civilized and Christian.[9]

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[7] Conolly spoke out against those people who wanted to confine asylum treatment to those people who were a danger to themselves and others - Andrew Scull, 'A Victorian Alienist: John Conolly' in W. F. Bynum, Roy Porter, Michael Shepherd *The Anatomy of Madness: Essays in the History of Psychiatry*. Volume 1: People and Ideas (London 1985) Page 135

[8] Patients at the Cleveland Asylum were employed in exactly this way throughout at least the first half of the 20th century .

[9] John Conolly. *ibid* p122-129

By the time Cleveland Asylum opened, the planning and running of it would have been heavily influenced by the work of Tuke and Conolly (amongst others) and the buildings would have been informed by the institutions that had gone before. Prior to its opening several more Lunacy Acts were passed to help in the regulation and running of Asylums, which would help to enhance the experience of the patients, aid in their recovery and to prevent the bad practices that had previously been widespread.

Cleveland Asylum was quite a late example in a long programme of asylum building that was undertaken between 1840 and 1914, much of which was started after the Lunacy Act of 1845, which made it obligatory for counties to provide asylums for their own mentally ill folk. The 1894 Lunacy Act further shifted the responsibility from the county to the town and therefore Middlesbrough could no longer rely upon the North Riding of Yorkshire to care for its inhabitants.

Prior to Cleveland Asylum being opened, any inhabitant of Middlesbrough that was deemed disturbed enough to warrant a place at such an institution would be sent to the nearest one fifty miles away in York. By the time the local facility was opened in 1898, York's North Riding Asylum in Clifton could no longer cope with the numbers of patients from Middlesbrough being sent there due to the town's burgeoning population. At this point, 20% of the approximately 600 patients at the North Riding Asylum were from Middlesbrough[10].

[10] From page 2, Borthwick Institute of Historical Research *Clifton Hospital* from www.a2a.org.uk/search/records.asp?cat=193-clf&cid=0 sourced on 19th November 2007

Having a local Asylum was a much more humanitarian approach than sending sick people out to strange places many miles from their homes (50 miles in the case of Middlesbrough), in uncomfortable modes of transport and isolating them from their friends and family and any familiarity or normal routine. However, this had more to do with finance and practicality than compassion.

In 1897, philanthropist and hospital reformer Henry Charles Burdett was quoted as saying:

> From any of the great main lines of railway which run through the shires, a traveller will be sure to spy, in some comparatively secluded position, a great group of buildings, which by their modern air and their tall chimney stacks, and possibly their bulky water tower, seem to belong to the busy town than to country seclusion. If he enquires, he will probably learn that this is the County Lunatic Asylum….[11]

Burdett was correct – by the time by the time Cleveland Asylum was built, asylum architecture was very distinctive and the large symmetrical central building with its clock tower surrounded by farmland would have communicated to any passer-by what its purpose was. There were a few designs that Asylums plans followed; Cleveland Asylum was built to the 'compact arrow' plan[12] which meant that the buildings were all connected (unlike 'pavilion' plan) and the main building (where the entrance was) formed the point of the arrow head. The other buildings spread behind into a roughly symmetrical triangle, with corridors and courtyards between the buildings.

[11] Henry C Burdett, *Hospitals and Asylums of the World, vol 1 & 2* . London, 1891 in Topp, Moran & Andrews (eds.) *op cit* page 263
[12] http://www.countyasylums.com/mentalasylums/stlukes.htm sourced 9th May 2008

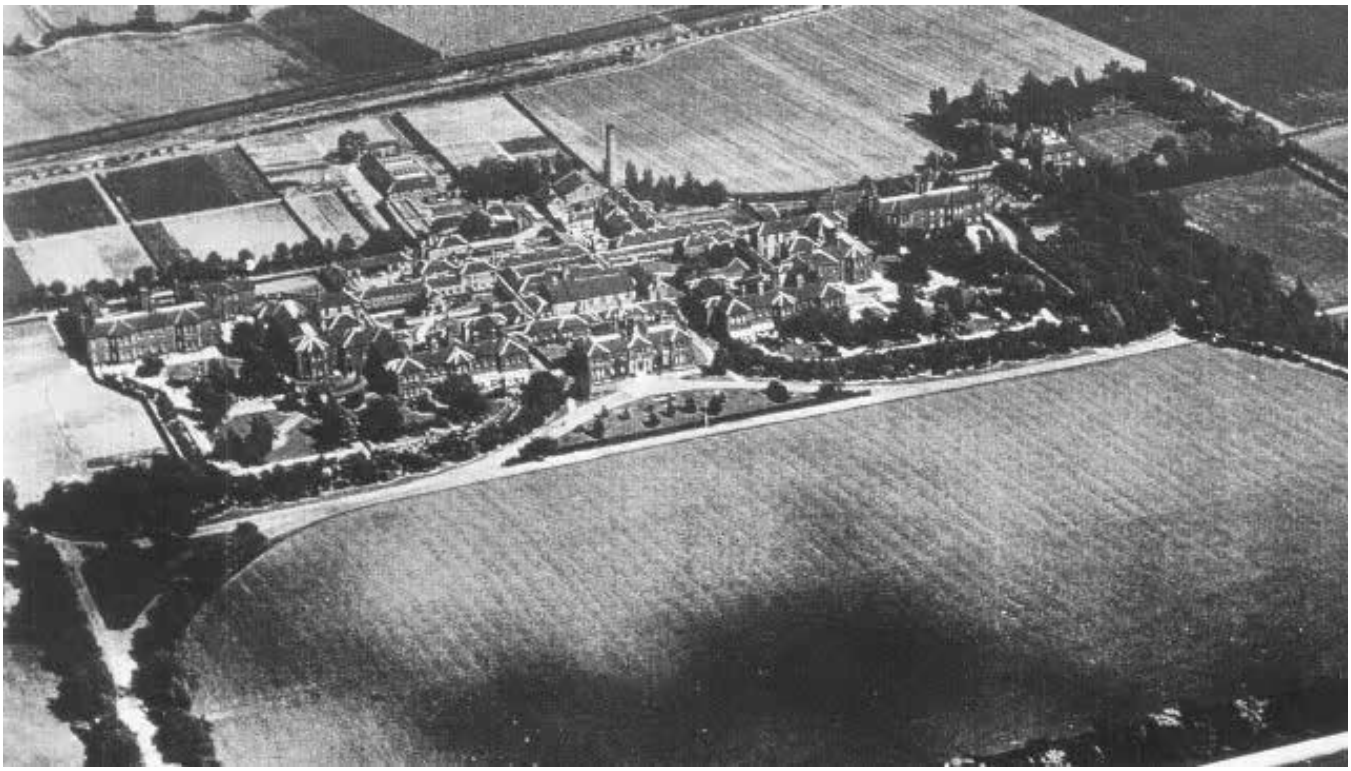


Figure 1. St Luke's Hospital date unknown, probably prior to 1939. The chapel is out of the photograph to the left of the road at the bottom left hand side.

It is barely believable today that the complex of buildings that was once Cleveland Asylum was way out in the country, but this was truly the case. In his monthly reports to the Board at the turn of the 19th and 20th centuries the Medical Superintendent of Cleveland Asylum, Dr George Stevens Pope, comments that there is no proper path between the gates of the asylum and the Toll Bar, and that the management committee should make a submission

to the Owners of the Middlesbrough Estate to rectify this[13]. The Toll Bar was at the edge of the town, approximately three miles from its centre and the asylum gate was another quarter of a mile away.

It is interesting to note that the Asylum was built just outside the town boundary. It is known that several potential sites were offered for development, all 'out in the country' and the current one was deemed most suitable and purchased from the trustees of the late H.W.F Bolckow's[14] estate by the County Borough Council.[15] The choice may well have had much to do with the prior existence of the railway line that runs to the East of the grounds, which would have meant that building materials and provisions could easily be delivered to the site. On the Ordinance Survey map of Middlesbrough, which was surveyed just before the Asylum's development in 1898, it is difficult to see where a large enough piece of land within the boundary of the town could have been sited. However we could wonder if there was a reason for actively wanting the site to be outside the town boundary. For centuries the stock response to lunacy was to separate and seclude from society. Cynically we can wonder whether this served more of a purpose for the comfort of society or for the comfort of the mentally ill. However, it is likely that the peace and tranquillity of the rural setting was felt to be more conducive to the patients' recovery. Of course, it could also be that land outside the boundary was less expensive and not subject to planning restrictions.

[13] Cleveland Asylum Superintendent's report book 1898-1919 entry for August 23rd 1899. Teesside Archives
[14] H. W. F. Bolckow was an Ironmaster, one of the founding fathers of Middlesbrough.
[15] Malcolm Race *A Century of Care*, Middlesbrough page 5

Figure 2. Main building c 2005.

Cleveland Asylum was a self-sufficient community where all members of staff[16] lived within the confines of the site, rather like a small village. It had its own railway siding, there was a farm to provide most of the food, with all the accompanying buildings, barns, dairy, (and later an abattoir) an upholstery workshop, a cobbler's workshop, and all the buildings one would expect to find in a hospital, including a mortuary.

Figure 3. Mortuary c 2005.

There were also staff cottages for the married attendants. It would follow that in a small village at the turn of the 19th century there would be a church or

[16] This was the case except for the Chaplain – from 1901 census and later investigation.

chapel, and so there was one here. However, this was not coincidental, but a matter of statute.

By the time Cleveland Asylum was built, many others had preceded it and it benefited from around fifty years of architectural and planning experience that had come about since the Lunacy Act of 1845. During this period a few architect's practices specialised in the building of these complexes, and one of these, C. H. Howell of London, was the architect initially responsible for Cleveland Asylum and all of its component parts.[17] Howell had been referred to by G. T. Hine, a specialist asylum architect and one of his contemporaries, as '*facile princeps* the asylum architect of the day'[18].

There were many things to consider when creating a self-contained community and this was probably why some architectural practices specialised in Asylum building. As G.T. Hine remarked to his fellow architects:

> Asylum construction constitutes a special branch of architecture, and while embracing the study of almost every description of building, from a 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.[19]

[17] Howell was later to retire due to ill health and be succeeded by another architect, A.J Wood who also had experience in asylum architecture – First Annual Report 1898, Teesside Archives

[18] Meaning 'easily first'. J Taylor, The architect and the pauper asylum in late nineteenth century England: G. T. Hine's 1901 review of asylum space and planning in Topp, Moran & Andrews (eds.) *op cit page 269*

[19]Hine from 'Asylums and Asylum Building', *Journal of the Royal Institute of British Architects* 23rd February 1901 in *ibid* page 269

But Hine seems to have learned much in his years of the planning and design of asylum buildings and touchingly makes reference to the users. He continued:

> Further, asylums are built for people who cannot take care of themselves, and who have to be watched, nursed and provided with entertainment and recreation under conditions inapplicable to sane people; and to provide for all these, while the subjects are under enforced detention, a very special knowledge is required to make their lives bearable, and, as far as possible, comfortable.[20]

Hine appreciates the impact of an architect's work upon the health of the people who would use it, and he stresses that the architect 'must remember that he can materially assist the doctor in his cure and his protection of the patient' by the thought he gives to the details of his buildings.[21]

So how could a well-planned chapel impact upon the health of the people who were to use it? Conolly had strong views about religion and mental health:

> It is unfortunately true that no cause of mania, melancholia and imbecility is more common than a gloomy religion, which excludes the idea of God's mercy so carefully, and brings forward God's judgements so prominently, as to alarm, and depress, and enfeeble may enthusiastic and weak persons who are exposed to its doctrines.[22]

He goes further and states:

> Nearly one half of the cases of derangement of mind arise from this perversion of religion alone. Exciting meetings, enthusiastic exhortations, false reports of wild missions, foolish biographies of sickly and delirious children, incoherent tracts, and books of unfruitful controversy, contribute all the intellectual exercises of these sincere and misguided persons.[23]

[20] ibid page 269
[21] Ibid page 270
[22] Conolly op cit page 123
[23] ibid

So how was religion used in a positive way within the realms of the asylum? In the building and design of acute or General Hospitals a chapel would be seen as an optional provision, which would make sense as if people were physically ill and confined to bed they would not be well enough to visit church[24]. However, for a psychiatric establishment, the majority of patients would be physically well enough to attend church, and therefore after 1845 the Commissioners in Lunacy required that the provision of a church became a standard requirement for any 'county pauper lunatic asylums.'[25]

Asylum churches differed from hospital churches in that they were almost always a separate building[26], possibly to give patients a change of scene and a feeling of 'going to church,' and perhaps to create the illusion that they were not inmates of an asylum but free citizens going about their regular Sunday business. However, the previously mentioned hospital reformer Burdett commented that 'patients would be well aware that they were in an asylum even if the chapel were at the furthest part of the estate.'[27]

The commissioners gave 'Suggestions and Instructions' which read:

> A chapel must be provided which should be easy of access, and capable of comfortably accommodating at least three-fifths of the patients… It should have the usual character and arrangement of a church, and contain no special or peculiar provision for the separation of the sexes, except distinct entrances. Small closed

[24] Jeremy Taylor *Hospital and Asylum Architecture in England 1840 – 1914: Building for Health Care*. London 1991, page 166

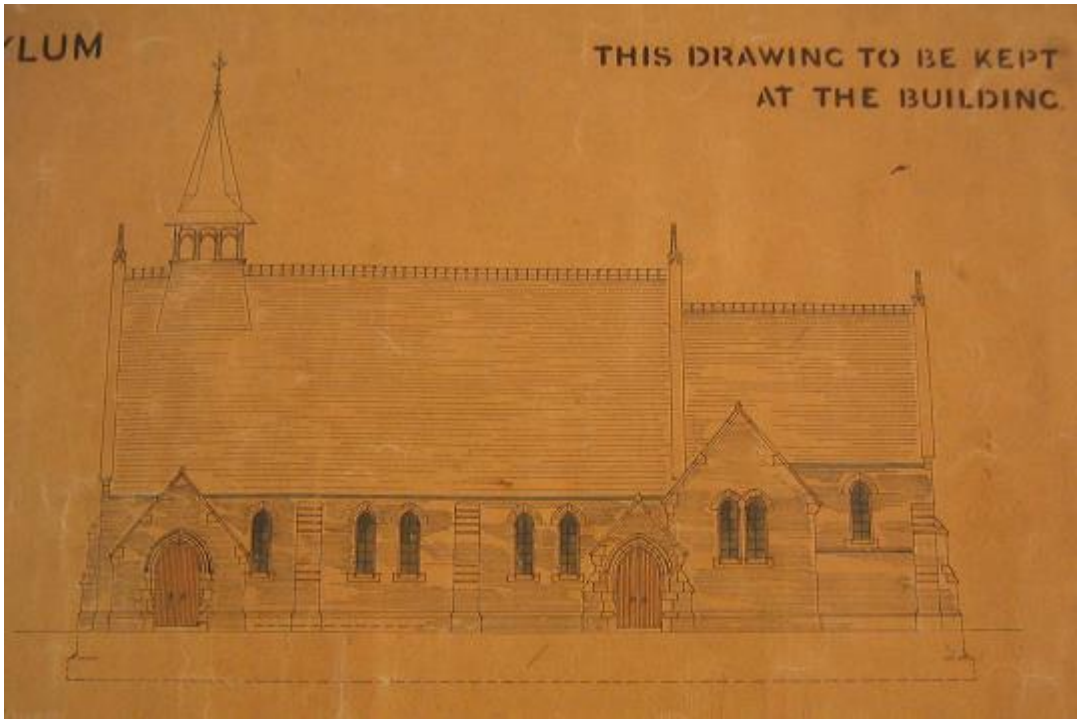
[25] …as locally funded Asylums were called. They served local people that would not have been able to afford the fees to be looked after in a private establishment. However the Pauper Asylums did take in private patients and out of county patients, and the income from these patients would help to sustain their economy. It works very similarly with patients that come from different NHS Trusts today.

[26] Interestingly, Middlesex Fourth Asylum that was looked on as a 'model asylum', built in the few years before Cleveland, featured a chapel at the very heart of the main building. This would be the practice for multi faith rooms a century later. See - http://www.architecture.com/HowwebuiltBritain/HistoricalPeriods/Victorian/Victorianbuildings.aspx

[27] Taylor op cit, page 166

> porches or lobbies should be conveniently placed, to which epileptic patients seized by fits during the service can be removed. The building while being designed on ecclesiastical lines, must not be ornate in detail or constructed with elaborate stonework.[28]

The church at Cleveland Asylum fitted this description very well. Although at the time of researching it, it was a derelict and unsafe site and subsequently demolished, there are the plans and a few interior photographs from which we can discern that the chapel was a fair size, and it is stated in the First Annual Report that it held over 200 people. When Cleveland Asylum was first opened it was originally planned to hold 260 patients – 130 of each sex, so this size of chapel would certainly be in accordance with plans. Over the next few decades the hospital population grew rapidly so that after 1919 there were rarely less than 500 patients in occupancy, however it seems that the church size continued to be sufficient for the patients needs.



[28] Taylor op cit page 166

Figure 4 South elevation of Cleveland Asylum Chapel from original plans, Teesside Archives.

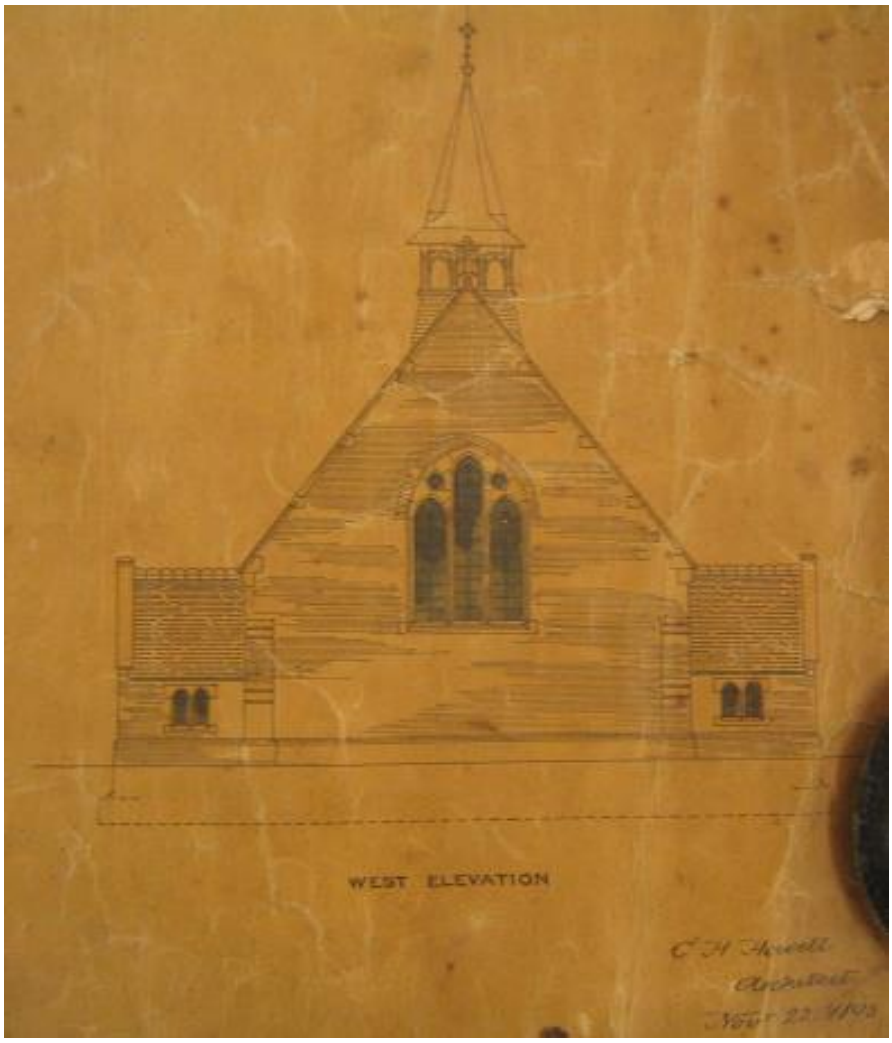


Figure 5 West elevation from original plans. Teesside Archives.

The chapel is described in the Asylum's first Annual Report:

> The Chapel – This is of Early English design and is placed off the West front of the Asylum, a little off the main drive and about 60 yards from the male wing. It consists of nave, chancel, organ-chamber, vestry, porches and two epileptic rooms. It affords sitting accommodation for 204 patients. The pulpit is of carved stone, the chancel and choir have tessellated pavement, that of the nave being of woodblocks. The reading desk and altar table are of carved oak, the choir stalls and seating generally of pitch pine. [29]

[29] From the Annual Report of Cleveland Asylum 1898, Teesside Archive

Figure 6. Interior of the Cleveland Asylum Chapel, c 1899.
The organ is on the right hand wall.

The pervasiveness of the Gothic Revival in the nineteenth century meant that most churches built in this period were broadly Gothic in style; however, there are several subdivisions of 'Gothic'. The Early English or Lancet design was the simplest, with no tracery or elaboration like the more Decorated or Perpendicular styles. A. W. N. Pugin and other architects of this period felt that Early English was especially suitable for particularly remote and 'primitive' areas and in general for projects of limited funds.[30] Therefore there are two

[30] Roger Dixon and Stefan Muthesius *Victorian Architecture*, London 1991 Page 185

reasons that the Asylum chapel may have been designed in this way. Firstly, with reference to the Commissioners '*Suggestions*' it may be that the lack of ornament and elaboration was felt to be appropriate due to the possibility of stimulating the patients' senses (which Conolly made illusion to in his comments about 'exciting meetings'). It is also very likely that the simplicity was due to economy. The chapel would be 'designed on ecclesiastical lines', therefore have all the signifiers of being a place of worship and of sanctuary, without costing too much money to construct.

The chapel was build from local red bricks[31] in keeping with other churches built in Middlesbrough around the same period, although the Asylum Chapel was a much smaller affair than the contemporary town churches. It was designed on a far more domestic scale, built to do a job for a relatively small number, not to inspire awe, impose its presence on the community or house the masses for worship.

The lancet window openings were filled with diamonds and rectangles of leaded stained glass, of a sufficient number to flood the chapel with light and colour, and the open roof trusses and beams added to this openness to make the inside space feel spacious and airy and not oppressive.

[31] From Normanby Brickworks – stamped on a brick collected from the demolished building.

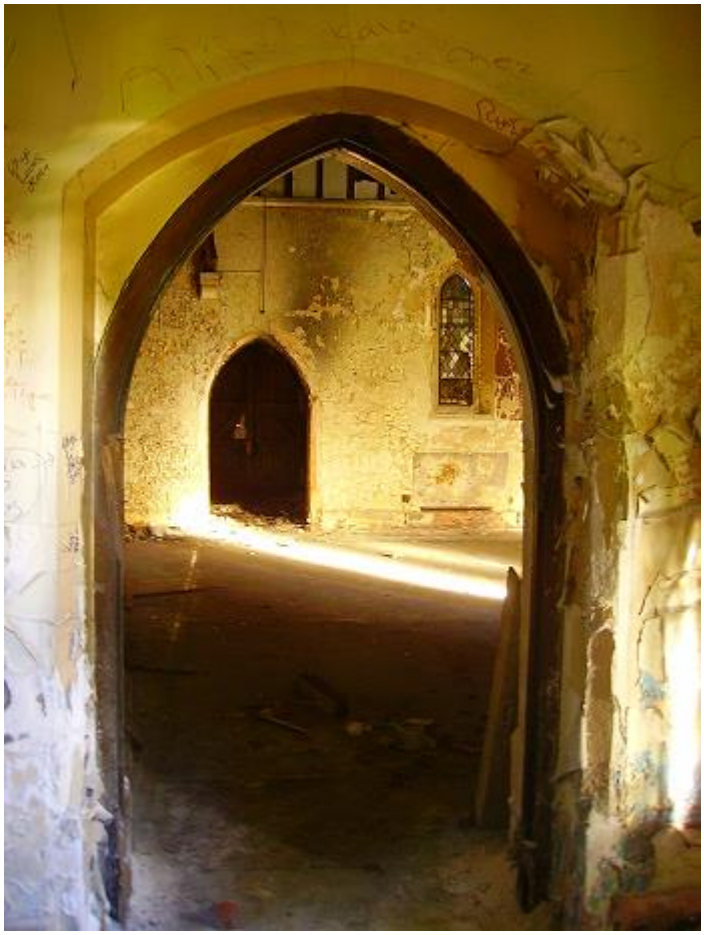


Figure 7. View from one of the side doors across the nave.

What is unusual about this small church building is that it had four doors, two each to the north and south sides, but no entrance directly opposite the altar, and leading to the centre aisle. The male and female patients (in the early days at least) were separated by the aisle and would have entered by doors on opposite sides. Each of the four doors opened into a small lobby, the two larger of which may have served as seclusion rooms for epileptic patients, as stated in the Annual Report, but were not labelled as such on the plan.

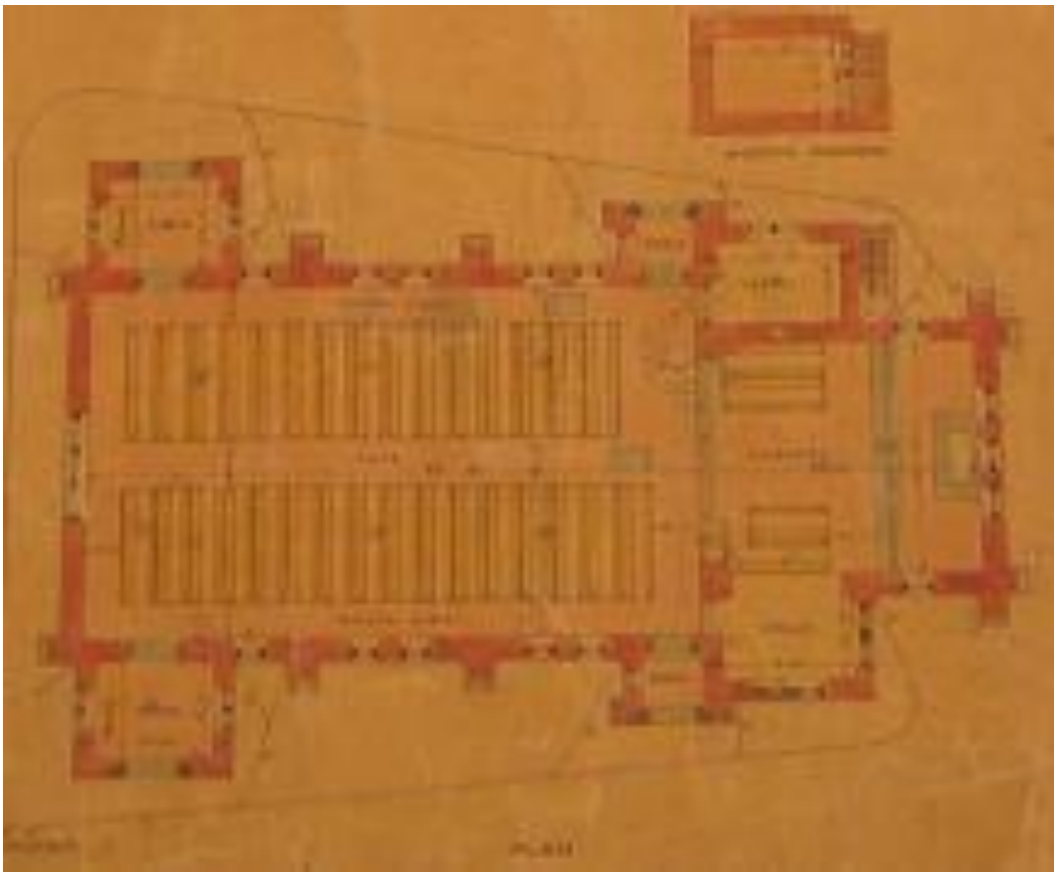


Figure 8. Plan of chapel.

Above the slated roof was a small tower, which contained a bell. In the early years of the asylum, the bell would be rung at 9pm to signal that the gates were to be locked for the night. Any staff members that were outside the grounds on their evening off would need to be back before this time for fear of being locked out.[32]

[32] Mrs E Robb, former mess maid at St Luke's, who married an attendant in 1921 –oral testimony.

Figure 9. Bell tower.

From the second Annual Report, the Medical Superintendent, Dr Pope comments that: ‘the buildings where possible and the chapel have all been planted over with creepers, mostly evergreen and climbers which will before very long relieve the bareness of the buildings.’ It was indeed a picturesque sight – a visitor would come across the chapel on his journey through the grounds to the main building. It stood on the left of the main drive where the road swept to the right to lead on to the main entrance.

Figure 10. The chapel in its picturesque setting.

Once the building was completed, a licence was required. The Superintendent asked the Committee in 1898:

> Before the chapel can be used for Divine Service it will be necessary to obtain a licence from the Archbishop of the Diocese and I shall be glad if you will authorise your clerk to take the necessary steps to obtain this and after which service will be held there.[33]

The chapel received its licence and the twice-weekly services began.

A chapel organ was installed in the months following the Chapel's opening during which time the Superintendent had hired a small harmonium for the Sunday services. It is described in the second annual report:

> The organ has been erected by Messrs. Harrison & Harrison, of Durham. The following is a concise description of the Instrument, which has a capacity admirably suited to the Chapel and is of a singularly sweet tone.[34]

[33] Superintendent's report 23rd December 1898 Teesside Archives
[34] From the Annual Report of Cleveland Asylum 1898, Teesside Archive

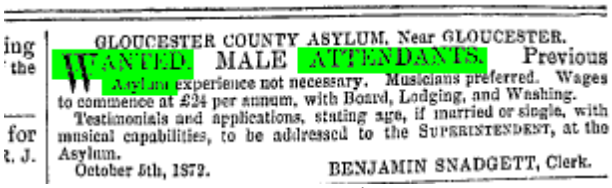
He goes on to describe in great depth the features of the organ – it appears to be a source of great pride. Indeed, it was made and installed by Harrison and Harrison who were then a prestigious organ company and are still in existence today; they supplied the organ in Westminster Abbey amongst many others.[35] In a recent edition of a local history newspaper it was intriguingly claimed that the organ was paid for by an anonymous benefactor[36]. However, after contacting Harrison and Harrison directly it appears that there is nothing in their records to suggest that this was the case – all their dealings were formal and were with the Deputy Town Clerk and the Medical Superintendent[37].

In the months prior to the organ's completion, Dr Pope stresses the need to find an organist:

> The organ is nearing completion and there is an attendant capable of undertaking the duties of organist and I shall be glad if you will sanction an allowance of £10 per annum which will be added to his wages (which are at present £29 per annum) as an organist's allowance. This is the most economical way of filling the post and is the one usually adopted in asylums.[38]

The organ became integral to the church services, and the position of organist would have been sought after amongst the staff at the asylum. It was common for asylum staff to be musicians, and was it was often more desirable for staff to have musical skills than experience of working in asylums:

[35] See - http://www.harrison-organs.co.uk
[36] *Now and Then*, February edition 2008.
[37] Email from Katherine Venning from Harrison & Harrison, 25th February 2008
[38] From Superintendent's report April 21st 1899



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GLOUCESTER COUNTY ASYLUM, Near GLOUCESTER.

WANTED, MALE ATTENDANTS. Previous Asylum experience not necessary. Musicians preferred. Wages to commence at £24 per annum, with Board, Lodging, and Washing.

Testimonials and applications, stating age, if married or single, with musical capabilities, to be addressed to the SUPERINTENDENT, at the Asylum.

October 5th, 1872. BENJAMIN SNADGETT, Clerk.

From the Era October 13th 1872 edition 1777

Also:

> Cork District Lunatic Asylum – Musical Attendants wanted – Wanted first violin and viola; also to act as attendants; salary, £26 per annum rising to £40, with uniform, rations &c valued at £30 – Apply enclosing copies of testimonials to Dr Woods, Resident Medical Officer.[39]

These are just two examples of the desire that Asylum managers had to employ musicians in asylum settings. However, sometimes the musical attendants wanted a change of career and knew they had transferable skills:

> Wanted, a Situation to play Bombardon and Double Bass. Been used to Circus business. Wife first class wardrobe keeper. H Brownhill, Address, Musician, Sedgefield Asylum, County Durham.[40]

It also seems that the musical staff knew that they were valuable, and within two years, the resident organist at Cleveland Asylum was requesting a fifty percent pay rise. From the Superintendent's report:

> An application for an additional organist's salary of £5 has been handed in by Frederick Blakey, store assistant and organist. The fee was fixed at £10 per annum and I see no adequate reason for any increase. [41]

The services in the chapel were obviously felt to be worthy of note in the Annual Reports and it is stated that they were much appreciated. It seemed important that music played a great part:

[39] *Belfast News Letter*, Thursday February 23rd, 1899, Issue 26070
[40] From *The Era*, London, November 22nd, 1868, edition 1574
[41] Superintendent's report 21st September 1900 Teesside Archives

> The Services are conducted chorally and their brightness considerably enhances their attraction. At Christmas, Easter and Harvest time, the Chapel is prettily decorated…on Good Friday a Sacred Concert was held in the Chapel, the organ and Band assisting.[42]

There was a choir made up of staff members for many decades, their efforts being appreciated and rewarded with an annual choir picnic often at local seaside resorts[43].

The Asylum committee was required by statute to produce an Annual Report. Included in this were reports from the Committee of Visitors, the Medical Superintendent, and the Commissioners in Lunacy, diet tables and 'Lunacy statistics'. The latter included 'admissions, readmissions, discharges and deaths', statistics on age, marriage conditions, bodily health and religious persuasion.

The table regarding religious persuasion appeared in the first annual report and a similar one appeared in each subsequent report for the next decade[44]. It showed how many people of each religious persuasion were admitted each year, although not how many were currently resident within the asylum or those discharged. During the first year, the numbers of patients were relatively low as the organisation found its feet.

[42] From the 2nd Annual Report 1899. Teesside Archives. An example of music appropriate to a 'Sacred Concert' would be *St Matthew Passion* by Bach.
[43] Race op cit pages 77-79
[44] After the tenth report there was no mention of the religious persuasions of the patients. No comment is made about the change in the format of the reports, but examining what was included instead there seemed to be far more emphasis put on what occupations the patients had, and the therapeutic interventions undertaken within the Asylum.

TABLE XIII.

Showing the religious Persuasion of those admitted during the year 1898[45]

Denominations	Males	Females	Total
Church of England … … … … … …	69	60	129
Roman Catholic … … … … … …	31	32	63
Wesleyan Methodist … … … … … …	20	11	31
Presbyterian … … … … … … … …	…	1	1
Baptists … … … … … … … …	3	4	7
Salvation Army … … … … … … …	…	1	1
Christian Mission … … … … … …	…	1	1
Congregational … … … … … …	4	…	4
Agnostic … … … … … … … …	1	…	1
Hebrew … … … … … … … …	…	2	2
Total … … …	128	112	240

Earlier that year, Dr Pope had made the following request to the Asylum Committee:

[45] The denominations listed would change slightly over the next decade to encompass any differences in population and in 1904 there were the additions of two categories: 'mentally incapable of any belief' and 'peculiar people.'

> The population of the Asylum now being at 175, I beg to recommend that arrangements be made for the attendance of clergy for whom several enquiries have been made by the patients. The religious sections divide themselves into the following numbers – Church of England 91, Roman Catholic 45, Wesleyan Methodists 19, 8 other denominations 20.
> I would recommend that the statutory appointment of Chaplain be made and a suitable person to be advertised for in the terms laid down in the Rules of the Asylum on page 10. His salary being fixed from £50 - £60 per annum. [46]

It may be assumed that the Chaplain would work exclusively for the organisation, given the salary was comparable with that of the head attendant. However, this was not the case as the first three permanent and long standing chaplains also simultaneously held the position of Vicar at the local Parish Church of St Cuthbert's in Marton[47]. There were a few times between these appointments, and where the permanent Chaplains have been ill, where a gap has occurred and a temporary Chaplain has been needed. For example, it was recorded on April 14th 1905:

> On March 28th the Rev G W Trevor terminated duty as Chaplain, he having being appointed Vicar of Beeford, Yorkshire. The office of Chaplain is now vacant and I would take steps to have it filled as required by Section 276 of the Lunacy Act 1890.
> With the sanction of the Chaplain I engaged the Rev W Hickson of Middlesbrough to conduct service here on Sunday 2nd and 9th of April at a fee of £1 on each occasion and I now ask for the committee's authority to engage that gentleman's services for every Sunday until the office of chaplain be permanently filled, at a fee of £1 per week.[48]

It is not exactly clear as to what other duties the Chaplain would have had in the early years, although it is mentioned in the Superintendent's Report book

[46] *Superintendent's Report*, June 28th 1898 Teesside Archives
[47] St Cuthbert's Church, Marton's website - http://www.communigate.co.uk/ne/stcuthbertsmarton/page14.phtml However, it is not clear who took over after Rev. T.H. Park in 1965 and what the subsequent arrangements for Chaplaincy were. Rev Ted Appleyard may have succeeded him, as he was Chaplain for many years until the chapel closed, but there may have been an interim Chaplain.
[48] From *Superintendent's Report*, April 14th 1905 Teesside Archives

that services are conducted on Sundays and Tuesdays and that the Chaplain also makes weekly visits to the wards.[49]

Although, as we saw earlier he had reservations about how certain forms of religion affected a person's mental health, Conolly also felt that the judicious use of religion and the right clergyman could have a positive effect.

> I feel as strongly as any physician can do, the danger of misapplying religious attentions; but I believe that many insane persons are capable of deriving much satisfaction from being permitted to attend the services of their church: and that a good and prudent clergyman may become a useful auxiliary to a physician, by correcting fantastical delusions, moderating spiritual conceit, vindicating God from the unjust views of his creatures, and reviving every hope that is permitted to the imperfect and the penitent. Of course it is only in the character of a physician to the insane that I presume to speak of this serious subject at all.[50]

It is commented upon in many of the Cleveland Asylum Annual Reports that 'the Religious ministrations to the patients continue to be regular and appreciated.' What other duties did the Chaplain perform?

Despite the attractive line drawing found in the Max Lock plan (see title sheet) the Chapel never had a burial ground[51], so the dead from the hospital, if they were not taken to their home parishes (which would seem unusual given the evidence[52]) would be buried in local cemeteries. There is evidence to show that both Linthorpe Cemetery (which had been in use in the town since the

[49] From *Superintendent's Report,* October 27th 1898
[50] Conolly. op cit page 123-4
[51] It is interesting that Lock's artist should portray the chapel with gravestones – no reasons can be found for this, so we can assume it was simply artistic licence.
[52] In almost 50 years of reports I only found one comment about a patient being buried in her own parish churchyard, which happened to be Marton Parish Church. From the fact that this was commented upon in the Superintendent's report we can make the assumption that standard practice was to bury the dead in Linthorpe cemetery.

mid to late 19th century) and St Cuthbert's Churchyard in Marton (the Asylum's Parish) were burial places for the deceased patients. It would seem (from looking at several examples[53]) that funeral services were not performed by the hospital chaplain in the hospital chapel, but by other ministers in the chapel at the Linthorpe cemetery. It is likely that any funeral services performed by the Chaplain would be carried out at the Parish Church where he was incumbent.[54]

Certainly in the early years, marriages were not carried out in the chapel. There is evidence that marriages between members of staff that were resident before their marriage were conducted at Marton Parish church. After their marriage the brides would no longer be able to work at the asylum, but if they were fortunate they might be allowed to live in the grounds in a staff cottage with their husbands. For a marriage to be sanctified, a licence would need to be obtained from the Archbishop of the Diocese in York. It was probably felt unnecessary for an asylum church to offer such a service.[55]

There is also mention of ministers of other denominations visiting the hospital in the superintendent's reports:

> I would also suggest that in accordance with section 277 of the Lunacy Act of 1890, the clergy of other denominations be allowed access to the patients of their respective denominations if they so desire. How these visits shall be made is provided for by Rule 16 on page 7 of the general Rules of the Asylum.[56]

[53] From burial records Linthorpe Cemetery, microfilm 1033 Teesside Archives
[54] In the Churchyard at St Cuthbert's in Marton, there is a commemorative stone in memory of the staff and patients buried there which was placed there fairly recently. There is a list of relevant names kept in the Church itself.
[55] There is some anecdotal evidence to say that a marriage was performed shortly before the closure of the chapel - I suspect that this may have been a blessing rather than a marriage.
[56] From *Superintendent's Report,* June 28th 1898 Teesside Archives

By the fourth report it states that there is 'no Non Conformist service, except for the Roman Catholic patients of whom there are forty. There is a mass or a service of prayer said each Sunday.'[57] Malcolm Green, an employee at St Luke's from 1948 until 1953, commented that:

> Sunday morning started with the RC patients being collected at 0800hrs from the various wards and taken to the sewing room which served as the church. At 0900 the patients were collected for the C of E service and taken to the church where the services were conducted by Archdeacon Parkes from St Cuthbert's, at Marton and at 1400hrs the same procedure was performed for the non-conformist service. [58]

Green goes on to comment: 'It was not unusual for some patients to attend more than one of the services just to get out of the ward for a change.'[59]

It is commented upon on many occasions in the reports that the Priest is not (nor asks to be) remunerated for his services. Despite him not being a paid member of staff, the Roman Catholic Priest's name is listed as one of the 'Officers of the Asylum' in the front of the Annual Reports from 1901 through to the last available report in 1948.

After changing its name to Middlesbrough Mental Hospital in 1914, Cleveland Asylum adopted the name of St Luke's Hospital in 1926, two years after the chapel was dedicated as 'St Luke's Church.'[60] There is no suggestion of why

[57] From fourth Annual Report, Teesside Archive
[58] Memories of Malcolm Green, employee of St Luke's Hospital. 1948 – 1953. *Remember When*, Saturday February 23rd 2008 pages 6-7.
[59] Ibid
[60] Race, op cit p58 –Although I found ample evidence of the Asylum name change, I could find no record of the church dedication either in the Superintendent's Report Books or Annual Reports, which I would expect to have done.

the chapel might adopt this name, but we can assume it is because St Luke is the patron saint of physicians and surgeons.

In 1951 a memorial service was held there in memory of Rose Adams, a nurse who was killed in a gas explosion in the hospital Nurses' Home. Both the Chaplain, Canon T Harrison Park and the Bishop of Whitby, the Rt. Rev. W.H. Baddeley were in attendance and the Bishop dedicated a memorial tablet to Miss Adams and re-dedicated the rebuilt Nurses' Home. The church continued to hold services twice a week until its closure, a service on a Sunday and a prayer service after cleaning on a Friday.[61]

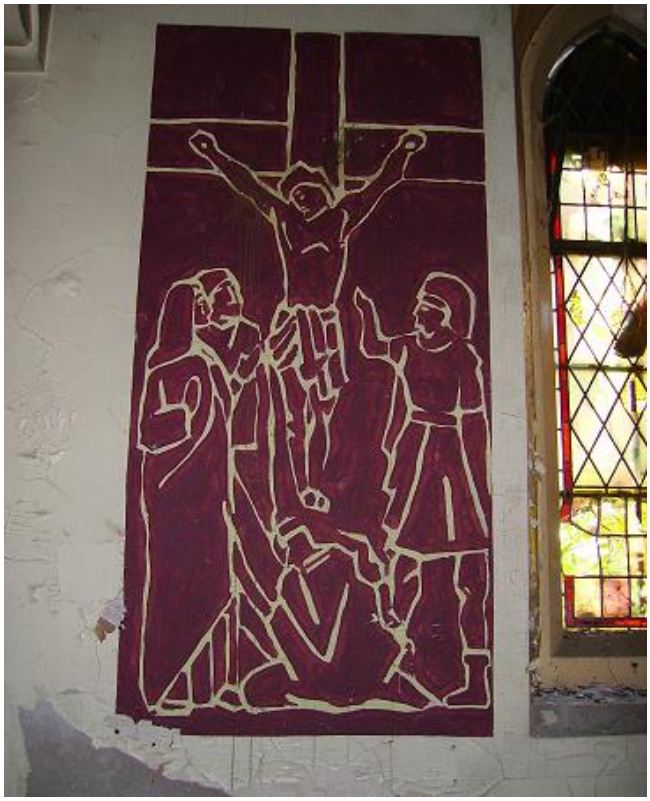

Figure 11 – one of the murals of the Stations of the Cross painted on the church walls by students from the Cleveland College of Art in 1985.

[61] The idea of pressing patients into service as part of their rehabilitation as advocated by Conolly continued – a member of staff and some patients who were deemed well enough to manage some light work would clean the chapel in the 1970s and 80s – ref Margaret Carter, retired nurse, oral testimony.

As there are no church records surviving, we can only guess at the reasons for the discontinuation of the use of the chapel. The most likely cause would be that falling attendances made it unfeasible to use and warrant the upkeep of the building.[62] This could be for two reasons: the increasing secularisation of society that has seen the nationwide decline of attendance at churches. Alternatively that to warrant a stay in a psychiatric hospital in a period when more patients' health needs are managed within their own community meant that the severity of the illness suffered might prevent a person going about their normal routine and therefore attending a church service, even if they were devout Christians. It would also be difficult for practical and staffing reasons to accompany a small number of patients to a venue that was not within the main building. It became more common for families of voluntary patients who had a strong faith to take them out to attend their own place of worship on a Sunday.

A small prayer room of a primarily Christian nature was opened in the main body of St Luke's Hospital by the mid 1990s. Some of the church furniture was moved into the prayer room and reused, although it is not known what happened to the rest of it at the time of the closure of the chapel. The rest of the old church furniture was disposed of in the last few years (although there would appear to be no record of where to) and the now named 'multi faith room' bears little resemblance to a chapel. It has no overt signifiers of Christianity, but has posters bearing the creeds of Buddhism, Christianity, Islam and Judaism on the wall and is a light and airy room.

[62] Just prior to beginning the chapel's demolition, a site survey showed the building to have extensive cracking in the interior masonry – a probable sign of subsidence. Interview with contractor.

Figure 12. Current multi-faith room, St Luke's Hospital.

In 1999, when St Luke's Hospital ceased to be an autonomous body and became part of a Health Trust instead, it was decided that due to the size of the area covered they would need to employ a full time chaplain to coordinate the spiritual services across the Trust area, as opposed to the visiting chaplaincy that had served the hospital individually. There were no candidates from the Church of England clergy at this time so the existing part-time Free Church minister was approached by the Senior Executive from the Trust and released from his post at the Methodist Church. He filled this post full time for a year in order to organise the provision of spiritual services, after which time the Bishop of Whitby appointed a nun who shared the post part time with this Minister and another Methodist preacher[63].

The Health Trust that is responsible for St Luke's Hospital now exclusively employs two chaplains to work in St Luke's and at the other hospitals in their area, which stretches from the Tees in the north through to Scarborough in

[63] Interview with Mike Harland, retired Chaplain of St Luke's Hospital.

the south, and bordered by Durham to the west and the coast to the east. The current Chaplain said that most of his work within the hospital is done on an individual basis. He offers a service in the multi faith room on a Thursday; however, it is rare that more than a single person will attend[64].

There is a political drive in the National Health Service to target resources to those Trusts that are working most efficiently. One of the areas of efficiency and success to be measured is the quality of hospital buildings and the built environment. Unfortunately, old Victorian asylum buildings are deemed no longer fit for the purpose of helping to facilitate effective mental health care, and to bring them up to the necessary specifications and maintain them would cost far more than it would to demolish and redesign new facilities. In addition to this, changing attitudes and health policy encourages the focus of care to be in the patient's own community and not in institutionalised settings[65]. Another point to bear in mind is that the old Victorian buildings still hold the stigma of the Asylum, despite several name changes.

The last service at the chapel was held in approximately 1993, although estimates vary. When the decision came to demolish the building to make way for the new St Luke's development (to be named 'Roseberry Park') which will be completed in 2010, the Trust worried if it was a consecrated building, that a 'Faculty' would need to be sought from the Archbishop of Whitby in order to make any changes. This may have possibly been refused, but even

[64] Interview with Paul Walker, current Chaplain for Tees, Weir and Scarborough Health Trust.
[65] There has been a move towards 'care in the community' since the late 1970s but this has been perceived by many as a cost cutting exercise. Annie Bartlett in Spatial Order and Psychiatric Disorder within Pearson & Richards *op cit* p 179

if it wasn't, the development would be considerably slowed down whilst waiting for the Faculty, as the church stood right in the middle of the site to be developed. Apparently, a hunt was undertaken for the church service records and nothing was found[66], so the date of the last service was estimated from staff recollections of its use. After further investigation at the County Archives, it was discovered that the church was *dedicated*, not *consecrated*, so therefore was not under the jurisdiction of the Diocese, but was purely hospital property. This was apparently common practice with hospital churches in case the buildings needed to be changed or reused.[67]

Suggestions were made as to alternative uses for the church whilst it could be ascertained whether the ground was consecrated or not, which included some form of mother and baby unit. This was not felt to be appropriate and the local paper reported objections being that it may offend people of other faiths if they were to be housed in a religious building.[68]

The demolition of the Chapel was carried out in December 2007 over a period of four days and was the initial move in a three-year project to replace all of the existing buildings with new. It was important to clear this area of the hospital grounds as it was key to the fencing off and making safe of what would shortly to become a huge building site, and the rerouting of the main access road which had served the site for a century. The chapel stood

[66] Nothing was found by the Trust, the hospital Chaplain or myself. The current Chaplain has only been in post since the church was closed, and the last Chaplain to use the chapel has since died.
[67] Taylor *op cit* page 167
[68] Evening Gazette, November 27th 2007. This would seem to be nonsense, given the widespread practice of the reuse of church buildings for use by other faiths. Three Christian church buildings in Middlesbrough are currently used as Mosques.

amongst established trees, some of which were cleared, but some that needed to remain, due to the presence of occupied bat boxes.

Figure 13. Removing the roof slates (looking from west wall of chapel).

Figure 14. Removing the roof slates (looking from north wall).

The chapel was stripped of most of its reclaimable assets during the first few days: the slates from the roof were meticulously recovered and neatly stacked, the lead flashing collected and any copper (which included the weather vane) taken to be recycled.

A small JCB digger was employed to methodically take down one end of the roof timbers to open up the building before the east wall was broken down piece by piece, exposing the nave.

Figure 15. Demolition in progress

The roof timbers were removed and set to one side for removal, and the bell tower lifted off the roof to expose the bell and its mechanism for the first time in over 100 years. The bell was removed for safekeeping as it is proposed that it may be reused as a feature in the gardens of the new development along with the clock tower of the main hospital building.

Figure 16. Chapel Bell – around 30cm high

Once the roof and tower were completed removed, all the scrap metal (including the leaded windows) retrieved, each of the remaining walls was pushed in.

Figure 17. End of day three.

By the end of the fourth day, all masonry had been removed in order to grind it down for reuse off site, and the space had been back filled. It was as if the chapel had never been there.

The Pulpit that is mentioned earlier was quite an ornate affair, sandstone, carved in an ornate Gothic style. Surprisingly, when the chapel was demolished, this was not reclaimed, but was rendered into hard core to be used for the foundations of the new hospital with the rest of the masonry.

Figure 18. Pulpit.

On inspection, there was an inscription on the base that read, 'G. W Milburn sculptor York'. Interestingly Milburn (1844-1941) was listed as doing several pieces of work within York Minster[69] after this pulpit was made.

[69] G. W. O. Addleshaw. Architects, Sculptors, Painters, Craftsmen 1660-1960 Whose Work is to be Seen in York Minster *Architectural History*, Vol. 10, (1967), pp. 89-119 http://www.jstor.org/stable/1568261?seq=11

Figure 19 Base of pulpit

As mentioned above, there is nothing left of the furniture that graced the inside of the chapel; even the rood screen that was paid for by subscription to commemorate four members of staff who died in World War One has been lost. However, there is a success story with the magnificent organ by Harrison and Harrison. A coincidence led to the organ being reused in a local village church where it replaced the old and well used one which was in need of very expensive repair.[70]

[70] An engineer who was working at St Luke's was also a bell ringer at Holy Cross Church, Swainby and he asked to see the bell in the church tower when the chapel was derelict. He had no idea that there was an organ, and the Trust was at a loss for what to do with it. A few hundred pounds changed hands and the organ was saved. Local history publication *Now and Then*, February 2008 edition.

Figure 20. St Luke's Chapel organ in its new situation at Holy Cross Church, Swainby, North Yorkshire.

Today, this site is regarded as being very central. It is surrounded by housing estates, bordered by a main arterial road and a branch railway line, adjacent to the largest hospital site in Europe and is hardly 'a place in the country' any more. It is surprising that such a prime piece of land in such a valuable residential area should still be being used for looking after people with psychiatric illnesses[71], but its close proximity to James Cook University Hospital has made it more useful to remain as a therapeutic centre. It is being redeveloped by an architect that specialises in hospital complexes, just as in 1898[72].

[71] Not all local mental health facilities are still on this site, but have been dispersed throughout the town. Two reused old (but refurbished) hospital buildings, one Fever Hospital at West Lane, the other, the town's maternity hospital at Parkside, Park Road North.
[72] http://www.phsarchitects.co.uk/our-work/case-studies/st-lukes-mh

When I first started to think about the use of the church within the asylum at the end of the 19th century, I assumed that there would be an element of almost magical thinking where it may be assumed that the mentally ill may be 'cured' by being in the 'presence of God.' I have found no evidence to show that anyone involved in asylums during the fifty years leading up to this point made any such assumption. Although Conolly was writing in 1847, his influence was considerable in the subsequent sixty years of asylum building.

> The institution of religious services in asylums has created new and peculiar duties for the officers; and although I can readily conceive the apprehension with which the medical superintendents of some asylums regard this subject, and know how unjust it generally would be to ascribe such apprehensions to indifference, I am quite satisfied that with reasonable caution in the exercise of his peculiar duties, a chaplain may become a valuable officer in asylums for the insane.[73]

As we saw earlier, Conolly felt that access to judicious religious guidance was beneficial to the therapeutic process. The fact that each of the first ten statutory Annual Reports published by Cleveland Asylum (and no doubt every other similar establishment in the country) comments on the quality of religious help provided by them to their patients, showed that the spiritual needs of the patients were a priority in the early years of mental health care. It would seem to continue to be the case to this day, although given that much of the population does not attend church it is more appropriate to offer spiritual counselling on an individual basis, tailoring this to the patient's needs. It is less important today for this more personalised spiritual assistance and reflection to be carried out in a purpose built church building. In our multi

[73] Conolly, *op cit.* p123

ethnic society there is more of an emphasis on the inclusively of other faiths and less on obvious displays of Christianity, and the existence of ecclesiastical architecture, however picturesque and historic, must be balanced with the need to redevelop and improve health facilities for all.

Illustrations

Title sheet illustration (also on page 1) taken from Max Lock, *The Middlesbrough Survey and Plan*, Middlesbrough Corporation, 1946.

Figure 1 – aerial photograph of St Luke's Hospital
http://www.countyasylums.com/mentalasylums/airstlukes.htm

Figures 2 and 3 Mortuary and main building of St Luke's Hospital
http://www.countyasylums.com/mentalasylums/stlukes02.htm

Figures 4, 5 and 8, courtesy of Teesside Archives ref, H/SL/11/1

Figure 6 courtesy of Teesside Archives, ref H/SL/12/13

Figures 7, 10, 11, 17 and 18 by kind permission of Andrew McConnell © 2007

Figures 9, 12, 13, 14 15, 16, 19 - Valerie Harrison 2007

Figure 20 – Valerie Harrison 2008

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Oral testimony from:

Rev John Appleton (Retired Vicar).
Mrs Margaret Carter (Retired nurse, St Luke's Hospital).
Rev Mike Harland (Retired Chaplain, St Luke's Hospital).
Stephen Harrison, Tees, Esk and Weir Valley NHS Trust employee.
Andrew McConnell, Tees, Esk and Weir Valley NHS Trust employee.
The late Mrs E R Robb (mess maid 1919-1922, St Luke's Hospital, then named Middlesbrough Mental Hospital).
Sean Smith, contractor for demolition, St Luke's site.
Rev Paul Walker (Chaplain).
Many thanks to all.