

MAPPERLEY HOSPITAL AND GEORGE THOMAS HINE (1841–1916), CONSULTING ARCHITECT TO THE COMMISSIONERS IN LUNACY

by

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Mapperley Hospital closed as a residential psychiatric hospital in 1994 and the site has been developed for housing with some of the 19th century buildings converted to apartments and new residential blocks built in the grounds. One wing remains as part of the University of Nottingham's Medical School and is known as Duncan Macmillan House. The hospital was designed by George Thomas Hine, son of Thomas Chambers Hine, one of the architects who transformed the appearance of mid 19th century Nottingham with his development of the Park Estate and his construction of superbly designed factories for the lace industry. George's work is less well-known in Nottingham than that of his father, although during his lifetime his reputation exceeded Thomas's and he achieved national recognition designing local authority hospitals for the treatment of psychiatric cases.¹ Mapperley was George's first hospital commission and already displays a number of distinctive features in its plan and layout that he used for later buildings.

The Treatment of Mental Illness

Places that housed people with mental health problems, and kept them separate from the rest of society, have existed since the middle ages, with the Bethlehem Hospital, or Bedlam as it was later known, founded in 1377. The earliest records of private asylums, or 'madhouses', are from the second half of the 17th century. Conditions were often very poor, with the patients merely removed from society and prevented from escape. Treatment was minimal and return to normal life rare. The Retreat in York, a Quaker-run asylum from 1792

where humane treatment prevailed, provided a model but it was not widely adopted elsewhere until after the middle of the 19th century. Attempts to regulate these asylums were limited to sites around London, but by the early 19th century parliament began to address the problem nationally. An inquiry of 1807 led to the County Asylums Act of 1808 which allowed, but did not require, counties to provide for pauper lunatics. Part of the plan was to provide the patients with secure accommodation, safe from the hostile attentions of the public, where some form of useful activity could take place. An act of 1845 made this provision compulsory on every county and borough in England and a second act in the same year created the Commission in Lunacy with far-reaching powers to oversee the construction of publicly-owned asylums and regulate their activities.

In 1913 the Commission became the Board of Control, which remained until the formation of the National Health Service, although the Board retained its role as an inspectorate of mental hospitals until its abolition in 1959. The second half of the 20th century was a period of change, with mental health treatment brought more into line with the care of physically-ill patients, and greater use was made of out-patient treatments. Medication, rather than physical restraint, controlled disturbed behaviour and open wards replaced locked ones, with Mapperley the first, and one of the most energetic, proponents of this system in England.² The old hospital buildings became obsolete and closure was usually followed by demolition. Mapperley's retention of the two main blocks of its hospital represents a tangible link with the Victorian past, in which the humane treatment of

those with mental health problems could take place in a safe, and purpose-built, environment. It was not, however, the first such hospital in Nottingham.

Nottingham's Hospitals for the Mentally Ill

In 1782 Nottingham's General Hospital opened for the treatment of patients, with forty two beds, although it excluded the mentally-ill despite the wishes of Dr John Storer, one of the founders. Dr Storer continued to lead the campaign for a hospital for mental patients, with the backing of Nottingham's corporation, who had given the General Hospital land for such a purpose in 1789,³ but it was nearly twenty years before the 1808 act enabled Nottingham's Asylum Committee to proceed.⁴

The asylum at Sneinton opened in 1811 as the first county asylum in England, placing Nottingham at the forefront of the movement towards building places for the mentally ill. Legislation from central government in the area of asylum provision should be seen primarily as an encouraging force for local action during the 19th century, rather than as a means to impose parliamentary will on the regions and not all counties were as enthusiastic in their response.⁵

Sneinton was financed by voluntary subscriptions as well as by the local authority, and housed three classes of patients: parish paupers, second-class patients with limited means and first-class patients from affluent backgrounds, drawn from the town and county. Overcrowding soon became a problem, despite extensions to the buildings, and from the late 1840s there were discussions in the borough council about separating the financial provision of the town and the voluntary subscribers. In 1855, after much debate provoked by the Lunatic Asylums Act of 1853 (which passed control of asylums to local authorities), it was recommended that a borough lunatic asylum should be provided and that all the costs should be met by the town and county with the voluntary funding ended. The voluntary subscribers then resolved to build a new asylum for private patients.⁶ In 1856, a parcel of land near Coppice Farm was bought for this purpose

and the hospital opened in 1859. The building, designed by Thomas Chambers Hine, became known as the Coppice Hospital and it housed sixty first and second-class patients (as defined for the Sneinton Hospital). The Coppice Hospital closed in the 1980s, after which the building was converted to apartments and re-named Hine Hall.

Sneinton continued to care for the paupers and criminal lunatics of the town and county. In 1872, the separation of the town and county provision was under discussion, and in 1874 it was agreed to dissolve the union and build a new borough asylum on a new site.⁷ Sneinton was kept by the county and, in turn, was replaced by Saxondale Hospital, which was in use from 1902 to 1988. Sneinton Asylum was demolished in 1902 and replaced by King Edward Park, which opened in 1910, although traces of the buildings and its formal gardens can still be seen on the upper parts of the site, near Windmill Lane.

Mapperley Hospital

A site for the new borough asylum was needed and early suggestions of using land next to the Coppice Hospital were rejected in 1875 since the site was less than the fifty acres required by the Commissioners in Lunacy for new asylums.⁸ Agreement was reached with the Commissioners by June 1875 and the site at Mapperley was chosen with thirty acres intended for the asylum and a further twenty acres set aside for possible future need.⁹

Events then moved rapidly; the competition for designing the new asylum was advertised in early July 1875 and the plans had to be submitted by the following September.¹⁰ Seven entries were received and the plans by George Thomas Hine were chosen.¹¹ The building, with additions required by the adjudicators, was to cost £26,112. The hospital was due to be finished in July 1878 but work was delayed by the Commissioners in Lunacy making further changes and by the bankruptcy of the builders, Messrs W and H Harris. The hospital finally opened in 1880.¹²

The Design of the New Hospital

George Hine's design consisted of a symmetrical building on the corridor plan with separate wings for the male and female patients flanking a central block that contained the administration buildings, the kitchens and the hall. The plan of the hospital resembled that of the Coppice Hospital that Thomas Hine had designed some twenty five years earlier in the late 1850s, but its appearance was quite different. The main elevation of the Coppice was intended to suggest the façade of a great house with a grand central entrance, but there is little sense of this at Mapperley. Instead, George Hine designed a principal façade with projecting day rooms at each end, with canted bay windows, matched by smaller bay windows in the middle of the two long corridors but he placed the side of the hall in the centre and made the entrance a minor element of the more cluttered rear elevation.

The architecture is plain, but well-proportioned, with red-brick off-set by stone bands and detailing. This was almost certainly determined by cost-constraints but there may have been a sense in which a hospital like the Coppice, which housed the

wealthier mentally-ill, required a certain grandeur in its architecture which was not thought appropriate in a hospital for those of lower status. George Hine's later buildings at the Dorset County Asylum at Charminster from the end of the 19th century would suggest this to be the case. His new annexe for female patients, built in 1895–96, displays his characteristically plain but purposeful style, but the building that he constructed in 1902–03 for private patients at Charminster, Herrison Hospital, revisits his father's designs for the Coppice, and is an ornate version of an English Jacobean great house.¹³

Mapperley Hospital Hall

Mapperley's hall originally resembled a two-storied Gothic-Revival chapel, as Hine must have intended. Being constructed parallel to the main block, it was not laid out on an east-west axis, but this layout was doubtless chosen to provide straightforward access via corridors leading from the male and female blocks. Segregation of the sexes was a priority in asylum planning and this layout enabled male and female patients to gain access to the hall without the risk of either sex coming into contact with the other. A drawing of the

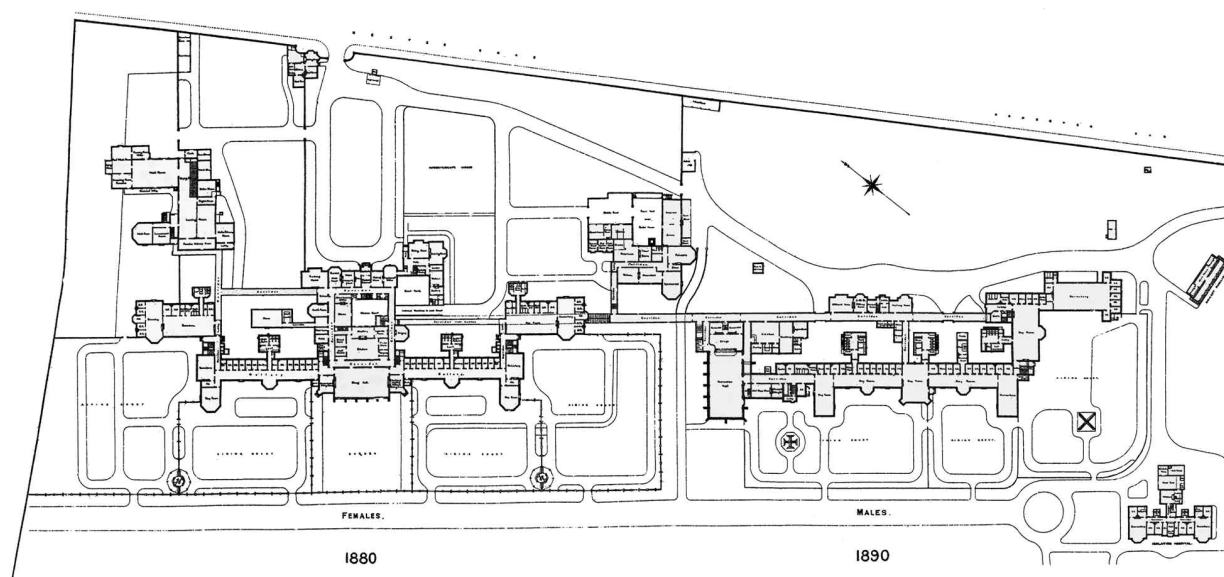


FIGURE 1: Mapperley Hospital plan, after Hine.



PLATE 1: Mapperley Hospital 1880 wing with hall on the extreme left.

site from the south west before it was altered shows it with tall buttresses dividing the building into bays, arched windows with tracery to the upper level and square mullioned ones to the ground floor and a steeply pitched roof with a timber and lead fleche, but betraying its domestic nature by the chimneys clearly visible at both gable ends. Sitting rooms for staff in separately roofed structures to either side look like after-thoughts to the original design. Its siting along the main block is closely similar to that of the two-storied chapel and hall at Dorset County Asylum of 1859–63, built by Henry Edward Kendall Jnr (1805–85), and it seems likely that Hine would have visited a number of other asylums before drawing up his plans for Mapperley.

A description of Mapperley Hospital, published in 1887, includes this building and describes its uses:

the ground floor was the dining hall, which had large windows and was decorated with stencilled walls, it had a grand piano and it was also the recreation hall, with the chapel situated above it.¹⁴ The *Regulations and Orders*, issued at the opening of the hospital, include a service in the chapel on Sundays as part of the orders for that day.¹⁵ The first Annual Report, for 1880, notes that the chapel had a harmonium and that the organist from St Jude's church had given his services as a volunteer in the chapel.¹⁶

The building now forms the entrance to the wing from the south west with a polygonal porch added to the centre of its façade. The fleche has been removed and the upper windows altered, but fragments of tracery can still be seen in the soffits of the window arches and reveal that the design was based on 13th century English window tracery and

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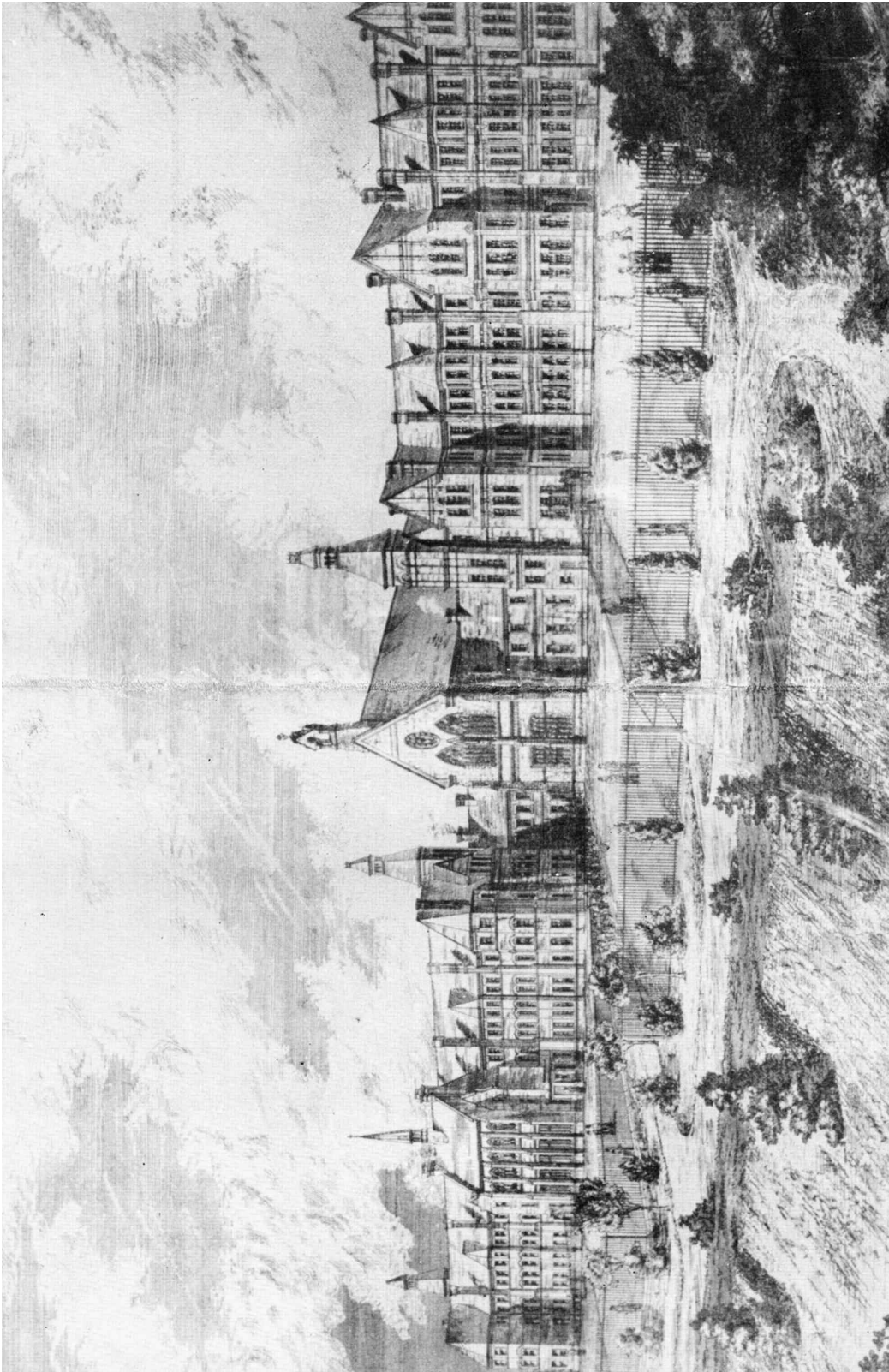


FIGURE 2: Drawing of Mapperley Hospital from the south west, with 1880 block on the left and 1890 block on the right.



PLATE 2: Mapperley Hospital chapel and hall of the 1880 wing from the south west.

the whole chapel was derived from T C Hine's chapel at the General Hospital from 1854, although it lacks its large east window.

The Commissioners required that the chapels should be able to hold about three-quarters of the inmates and should resemble chapels elsewhere as far as possible, although with facilities to maintain the segregation of the sexes. In 1887, they further stipulated that chapels should be free-standing buildings.¹⁷ Sussex County Asylum at Haywards Heath, completed in 1859 to the designs of Henry Edward Kendall Jnr, had been the first to have a separate, free-standing chapel, and most later ones were built to this plan. The provision of regular divine service had been a requirement in local

authority asylums from as early as 1808 and it was described at the time as having a beneficial and calming effect.¹⁸

Mapperley's 1889 Phase

Mapperley Hospital was occupied and in use by its opening in August 1880, but accommodation was already under pressure, despite internal alterations having been made, and there were warnings that expansion of the building would be necessary.¹⁹ Accordingly, the retained twenty acres were released in 1885 and George Hine began work on the new wing to provide space for another 250 patients. The original block became the female wing and the male patients occupied the new part when it



PLATE 3: Nottingham General Hospital chapel of 1854 by T C Hine.

opened in November 1889.²⁰ The second phase repeats the plan of the earlier block adapted for use as a single-sex wing, with a central day room and two dormitories projecting from the main block, canted bay windows on the main corridor and smaller rooms at the back. At one end of the block, closest to the existing wing, Hine placed a second, and larger, combined chapel and recreation hall building, which was sited at a right-angle to the north end. The two wings were linked by a long corridor that crossed the site either as a subway or as an overhead corridor as the site dictated, but were visually quite separate.

The New Chapel

Work on the new wing started with the chapel, which is dated by the inscription on the foundation stone set into the buttress in the centre of the west wall. It was laid on 11th October 1887 by Alderman John Barber JP, and as the stone records, he had been chairman of the Building Committee during the first phase, and was then the first chairman of the Committee of Visitors of the hospital. A second date stone on the upper part of the same buttress has a date of 1888, showing that building work was rapid. The names of the architect, given as G T



PLATE 4: Mapperley Hospital 1889 wing with new chapel and hall on the left.

Hine, and of the builders, G Bell and Sons, whose tender of £34,700 won the contract to build the new wing, are incised on a second stone on the side of the buttress, with those of the mayor, town clerk and medical superintendent, and a third stone lists the names of the Committee of Visitors in 1887.

The Design of the Chapel

The chapel is constructed of brick with a pitched slate roof. It occupies the top floor of the two-storied building, with the hall beneath and completely separate to it. There is a bell-cote at the west end and this, together with the traceried arch-headed windows on the upper level, make the purpose of the building evident from the exterior. The bell, that had been removed by 2001, was made

by Taylors of Loughborough in 1927. The east end of the building was hemmed in by kitchens and other domestic buildings and a first floor corridor that ran around the south and east walls, but there was sufficient space for a large east window. The north side is more ornate; the whole elevation is visible on this side, and there is a frieze of ornamented terracotta blocks with a denticulated band and a moulded string course at first-floor level. The west wall buttress rises between the two lower windows and finishes beneath a circular window with a tabernacle niche. It may have been the architect's intention to have figure sculpture here but there is no trace of this now.

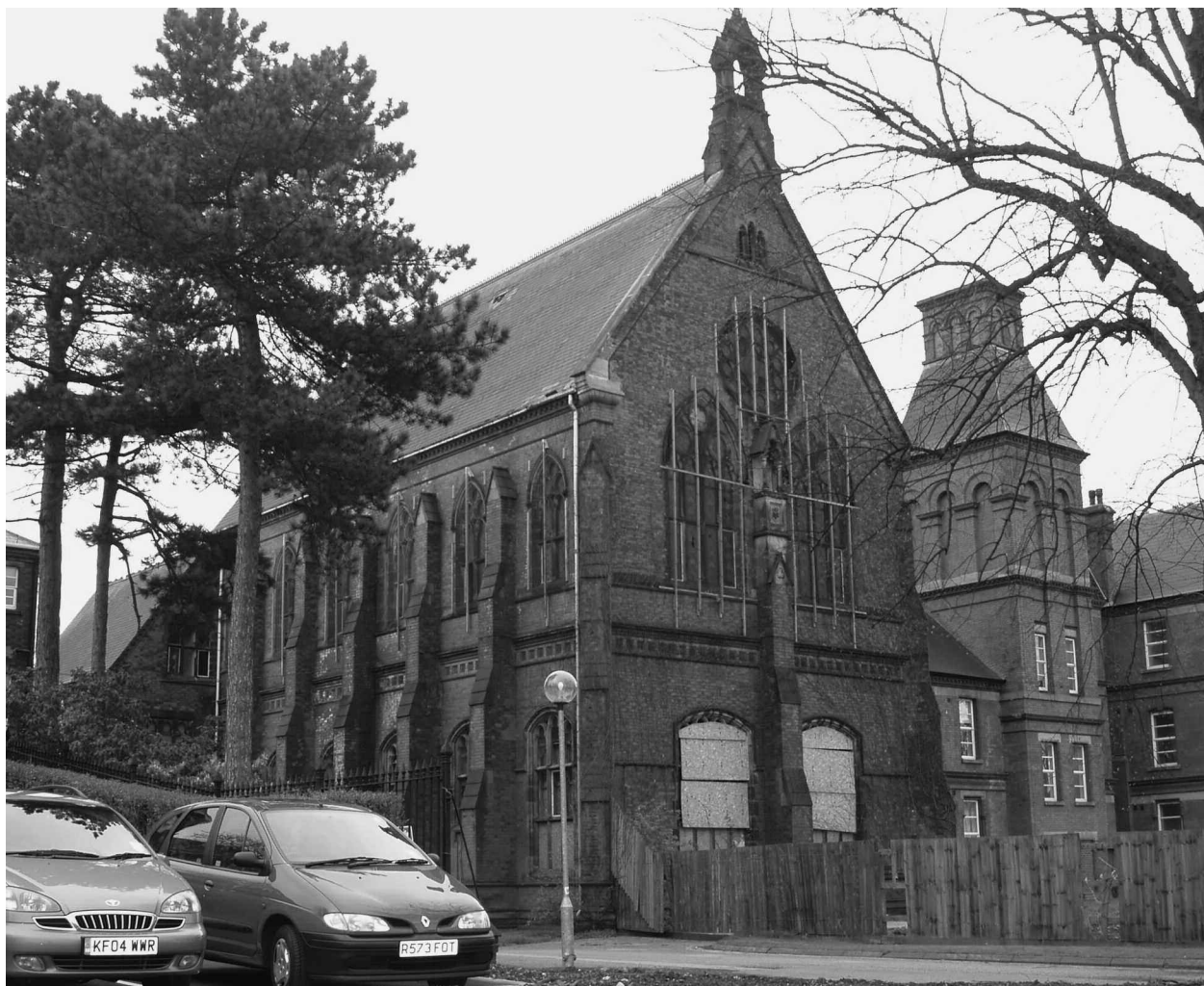


PLATE 5: Mapperley Hospital new chapel and hall from the north west.

The Stained Glass

There are two designs of windows with more elaborate traceried ones for the chapel level. All the upper windows have stained glass, although only the east window has figures. It was in place for the opening of the chapel, and is described in the local paper's report of the event, together with the list of donors.²¹ The subject is the four Old Testament prophets, Isaiah, Jeremiah, Ezekiel and Daniel with Moses in the centre, each identified by an inscription beneath his feet. The artist has not been recorded, but Thomas Hine's children

commissioned a window in St Mary's church, Nottingham from Clayton and Bell in 1900 in memory of their parents and it is possible that the same firm had previously been used for the chapel window. A second window by Clayton and Bell, for St Mary's church, Mold (Flint), in 1870, has the same group of four prophets, without Moses, and these bear a striking resemblance to the Mapperley figures.²² The objects held by the prophets are depicted similarly at both sites, especially the roundel with the *Agnus Dei* that Isaiah holds. The lateral windows and two large windows at the west end at Mapperley have panels of ornament derived



PLATE 6: Mapperley Hospital new chapel interior from the west, with entrance from the female wing on the left.

from the small fan-shaped motifs in the east window. The circular window at the west end has an image of the *Agnus Dei*.

The Chapel Interior

The chapel is reached by a staircase in the north east corner from the ground floor, or from a corridor at first floor level which the female patients used. A second door in the centre of the south wall opened off a further corridor, with a covered staircase to the ground floor, for male patients. These entrances,

with identical moulded arched heads, and heavy wooden doors, maintained the segregated access from the male and female sides of the hospital. The original green and yellow tiles of the corridor walls are still extant, although mostly covered in later paint, but the corridors have been removed or blocked off in the conversion of the male block to apartments.

The interior is a two-cell structure consisting of a large nave with a narrower and lower chancel, perhaps recalling the layout of medieval hospitals,

such as that at Beaune in Burgundy, where the main space of the building is occupied with cubicles for patients and a chapel is sited within the eastern part of the structure. The chancel arch is a moulded arch on half shafts with foliage capitals with a hoodmold ending in foliage stops. The carving is of a high quality, based on mid 13th century stiff-leaf foliage in which some naturalised forms appear. The main space has a timber roof resembling a hammer-beam roof, and the chancel has a timber pointed barrel vault, now plastered.

The Chapel Furnishings

All the interior fittings have been removed, but it is evident from marks in the floor that the benches occupied the whole floor space of the nave, extending back as far as the rear wall without any space behind, in order to accommodate nearly all the asylum inmates at any one time, or even all 500 if closely seated. There was a narrow centre aisle and two aisles at the sides, but little room for movement. The altar step has the remains of the fixings for a pulpit and a reading desk, but there is no trace of a rail. The high altar area is tiled with a pattern of encaustic tiles and there is a tiled gabled altar reredos with the IHS monogram flanked by the alpha and omega. Choir stalls were also provided in the chancel. Early photos show the pulpit on the right and the reading desk on the left. The chapel was refurbished in 1955 and oak panelling was installed in the chancel that covered over the tiles.

The organ, made by Conacher and Company of Huddersfield, was added to the chapel in 1894, and as the Annual Report for that year reported, it made 'a great addition to the cheerfulness of the Divine Service'.²³ The organ chamber had to be added to the south east side of the chapel to accommodate it, and this brought the south wall of the chancel out to meet the south wall of the nave.

The Recreation Hall

The ground floor of the Mapperley chapel building was laid out as a recreation hall with a stage at the east end. There are two entrances that exactly mirror the arrangements in the chapel above. There is a raised box for seating with an

ironwork balcony on the south wall reached by a staircase from the corridor behind. The ceiling of the hall is coffered with elaborate plasterwork, surrounding cast iron ceiling vents, and the walls are divided by flat pilasters supporting capitals and moulded ribs, between the coffering. The stage has an apron that projects out into the auditorium, and changing rooms were provided at the back of the stage, with further areas for storage under the stage. Photos taken before the hall was altered in the 1950s show it with a shouldered proscenium arch and with a heavy triangular pediment to the north east door.

The plan of Mapperley published in 1901 shows the hall in the original block labelled as the dining hall and the new hall as the recreation hall (see Figure 1).²⁴ *The Nottingham Evening Post's* account of the official opening of the new wing, in January 1890, refers to the original building changing in use from a recreational hall to the dining hall, but it will have served a dual function in the original building.²⁵ Kitchens and food storage areas shown on the 1901 plan are in the same block as the hall and these are unlikely to have been changed when the new wing was added. Tellingly, the new hall also has a kitchen block adjacent with pantries and a scullery and so it, too, was meant to serve as a dining hall. In this it resembles the asylum at Menston, for the West Riding of Yorkshire, built by J Vickers Edwards in 1888 with two halls, so that the sexes were segregated at meal times, although one kitchen block served both. The larger of the two halls, the women's dining hall, had a stage and was also the recreation hall.²⁶ At Mapperley, this arrangement of two dining halls was essentially practical, since it allowed the male patients to have their meals without making a journey across the site to the dining hall in the female block, through the underground passageways.

George Hine and Asylum Planning

In 1901, George Hine presented a paper on asylums to the Royal Institute of British Architects (RIBA), in which he laid out his approach to their design and planning.²⁷ Working for local authorities meant that finance was always going to be limited and so the architecture of these buildings would be

plain, but 'must aim at attaining a simple dignity to compensate for the lack of elaboration in detail'.²⁸ Sites would have to be altered to accommodate the building and not vice versa, so that steps could be eliminated, and easy access between the administrative buildings and the patients' blocks made a priority. Dormitories were preferred over single rooms since these had associations with the cells used to house prisoners, and had been a feature of the earlier 'madhouses'. Hine was also an advocate of the system of building hospitals within asylums for the separate treatment of acute mental patients which, in 1901, was still a topic under debate, and he had been one of the first to build a specialised ward for epileptics in his hospital at Mapperley.²⁹

There were several plans used for asylums, all based on the principle of allowing plenty of space for 'airing courts' and open areas between the buildings, although this could result in hospital corridors being very long in the larger institutions. The problem was partly, but not completely, addressed by using the pavilion plan in which a series of satellite buildings clustered around a central wing, but this raised problems of light and air reaching each block. The broad arrow, or echelon, plan avoided the problem by laying out diagonal corridors with blocks projecting radially from them. Buildings were to be of no more than three stories, and Hine's later asylums tend to limit patients' blocks to two, and rooms that patients used were best placed on the ground floor. Access to all patients' areas was by corridor and none, for obvious reasons, had doors to the exterior.

Local authority asylum architecture differed markedly from other forms of buildings for people removed from society, such as workhouses or prisons, in that the architecture and planning of asylums was intended to influence the well-being and restoration to health of its inmates.³⁰ This was reflected in the siting of asylums with a south-facing aspect in an open landscape, with a farm and gardens included in the site, to provide tranquillity and fresh air, as well as opportunities for purposeful but healthy work. Female wings had laundries and male ones had workshops. At Mapperley, the male workshops had spaces designated for tailors,

shoemakers, upholsterers, carpenters and joiners, painters, and bakers, and there was also work available in the gardens or on the farm, and this was repeated at other sites. Buildings were designed to separate the different groups housed there so that violent patients were kept apart from the more docile ones, chronic cases were in different blocks from those able to work, and segregation of the sexes persisted at most sites until the 1960s. Lighting of buildings was regarded as very important; dark, window-less corridors and areas were avoided, and day-rooms were provided with large windows but with multiple glazing bars and small panes to obviate the need for window-bars. The ventilation and heating of the buildings was also carefully planned, since this was recognised as essential for patients' well-being. Staff were expected to be resident and a house for the medical superintendent was provided close to the main buildings, with accommodation for nursing staff either in the blocks or near by. Spaces for recreation and entertainment were also important.

George Hine's appreciation of the value of recreation to patients in asylums is revealed in his paper, in which he includes a recreational hall, large enough to accommodate the full complement of the community, as an essential part of the first phase of a hospital.³¹ The halls that he built in his own asylums could be very large and impressive buildings, such as the example at Hellingly,³² where the auditorium measures 30m by 25m with a stage 8m deep. Hine appreciated that the halls provided the space for social interaction and gave the inmates a place removed from their dormitories or workshops, where they could be entertained, and where special events that broke the monotony of daily life could occur. Patients at Sneinton had had less opportunity to socialise; there was no recreation hall, and the laundry ironing room was used for the infrequent entertainments that the patients were offered. Plans to build a designated recreation hall in 1868, and extend the provision of entertainments, came to nothing.³³

The Commissioners in Lunacy preferred communal dining halls for patients although, as Hine noted, medical opinion on this was divided, and specified that kitchens should be sited in close

proximity.³⁴ Banstead Asylum, the London County Asylum built in 1877 by W H Pownall, has this arrangement, with the hall in the centre of the site and the kitchen and scullery behind it. The hall has a small stage, and doorways at the lower end provided entrances from the male and female wings.³⁵ The same basic plan can be found in a wide range of other asylums and does not seem to have been affected by the size of the site. Both Cane Hill in 1883, and Hereford in 1871, used it, and George Hine himself built to this plan at Hill End for Hertfordshire in 1900, and Horton, for Surrey in 1901.

Some idea of the proposed use of the halls as recreational spaces can be estimated from the facilities included in the buildings. Most halls have stages at one end and these vary in size considerably, affecting their potential uses. The smaller ones, without separate access from outside the hall, provide little more than a dais for a high table, whereas others include facilities that would have enabled theatrical productions to have been staged. Provision of green rooms and changing rooms is not usual, although there are often small rooms nearby that could have been used occasionally for that purpose. Clearly, George Hine intended that the halls at his asylums should accommodate stage productions since in all six of his asylums, for which we have the plans, including Mapperley, changing rooms are provided around the stages in their halls.³⁶ Hine's halls also include large windows, which means that they were pleasant spaces when used in the day time, either for meals or for informal entertainments and produce or flower shows.

The entertainment of mental hospital inmates became an increasing requirement during the 19th century and even places with a poor record from the past were improving their facilities. The Bethlem Hospital, notorious for its mistreatment of inmates in the earlier period, changed considerably in the second half of the 19th century and provided patients with a new recreation hall that had a fully-equipped theatre, as well as a well-lit dining hall. There was also a hospital band to provide entertainment.³⁷ Normansfield Hospital, Teddington, Surrey, built by Rowland Plumbe in 1879 as a private hospital to treat the patients of Dr John Langton-Down (1828–96), was designed with a

magnificent theatre that still survives. Dr Langton-Down, who gave his name to Down's Syndrome, was a passionate advocate of the use of drama and music as therapy, and members of the staff were expected to demonstrate musical or theatrical abilities. Several of the elaborate Victorian backdrops remain in the theatre. Interestingly, the theatre was sometimes used as a chapel and one of the backdrops has the words of the Lord's Prayer, Creed and Ten Commandments painted on it, for use on those occasions. This, however, was a private hospital where facilities tended to be better.

George Hine's later Asylums

Between 1875 and his death in 1916, George designed and built at least fifteen asylums for local authorities and made additions to five others. After winning the competition for Mapperley, he was successful in a number of further competitions but must have been working at a prodigious rate since he is known to have submitted plans for fifteen buildings within sixteen years.³⁸ Recognition of his abilities was given by his election as an Honorary Member of the Medico-Psychological Association of Great Britain and Ireland in 1898.³⁹ As his obituary remarks, this honorary membership was rarely granted to lay people and it was given in acknowledgement of George's deep commitment to, and understanding of, humane methods of treatment of the mentally-ill current in the late 19th century. Indeed, the obituary starts with an appreciation of George's work by a member of the medical profession, before discussing his achievements as an architect.⁴⁰

Hine's specialisation in asylum architecture allows us to compare his early work at Mapperley with work at a number of other sites. The first commission after Mapperley was Claybury Asylum, in the London Borough of Redbridge, for which Hine was one of six architects invited to compete in 1887. The hospital was considerably larger than Mapperley, and provided accommodation for 2,000 patients and staff by 1901. In plan the hospital is quite different, laid out on the pavilion plan in the shape of a broad arrow, with the male and female wards on either side of a central block which contained the hall and kitchens and had a large

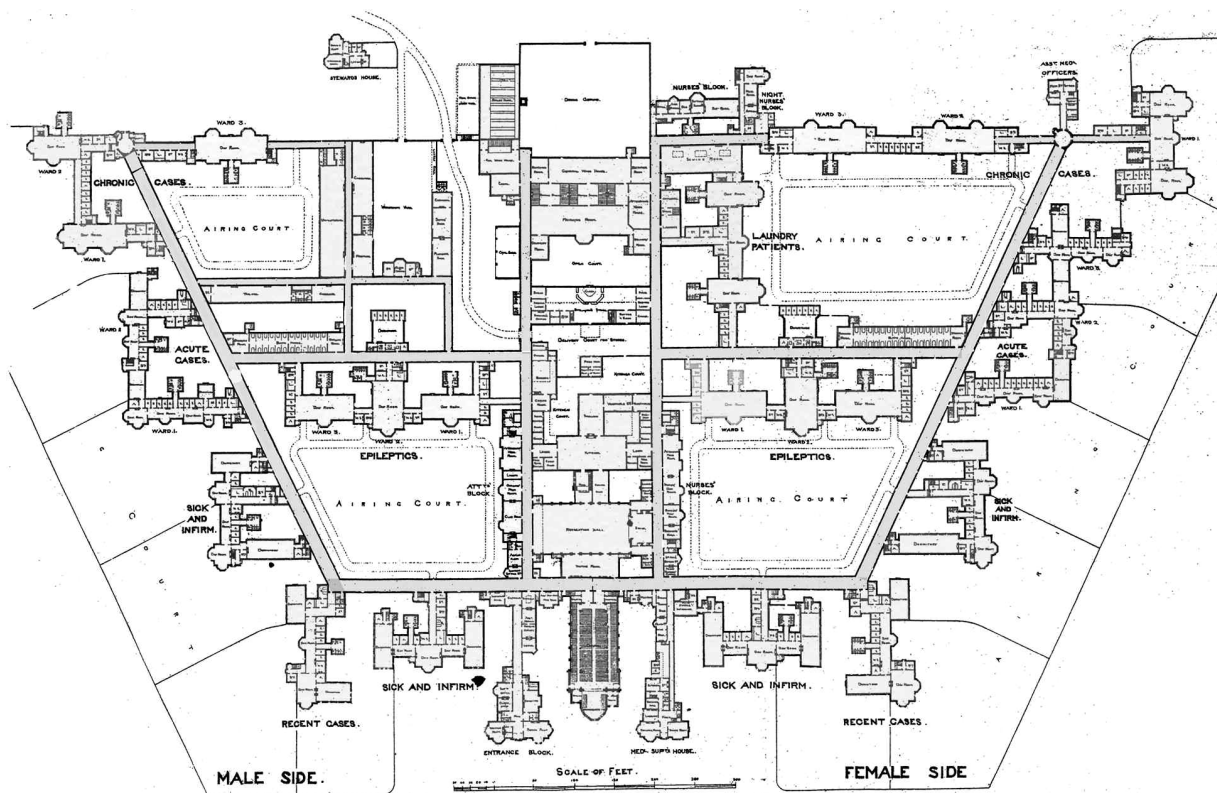


FIGURE 3: Claybury Hospital plan, after Hine.

chapel projecting from the centre of the façade. Claybury Asylum's recreation hall was a magnificent building, capable of holding 1,200 people, centrally placed on the site and linked to the male and female wings by corridors at either end. The walls were oak-panelled and the coffered ceiling with decorative plasterwork was matched by an imposing proscenium arch over the stage.⁴¹ The building was also used as the dining hall and its lateral alignment ensured that there was plenty of natural light from windows arranged along both sides of the building.⁴²

George Hine's Claybury is based on C H Howell's Cane Hill Hospital, for Surrey County, of 1883–84, with its symmetrical plan and central placing of the hall behind the chapel. Cane Hill's chapel is sited behind an administration building and is closely surrounded by walled yards and other buildings, and

Hine gave his Claybury chapel much greater prominence by freeing it from other buildings.

Hine repeated the layout of the hall in the centre of the site at the Hill End Asylum at Colney Heath for Hertfordshire in 1896–1900, the Kesteven County Asylum at South Rauceby in 1897–1902, Bexley Asylum at Dartford, Kent from 1898, (repeated at the Epsom Horton Asylum of 1901), and East Sussex Asylum at Hellingley from 1901–03.⁴³ At each of these buildings, the chapel was a separate structure sited at a distance to the main blocks, in accordance with the Commissioners' requirements. The Kesteven chapel remains. It is a free-standing building in the early English style built of brick, with stone used for windows and buttress cappings, and resembles a modest village church of its date, without either tower or clerestory. Hine's appointment as

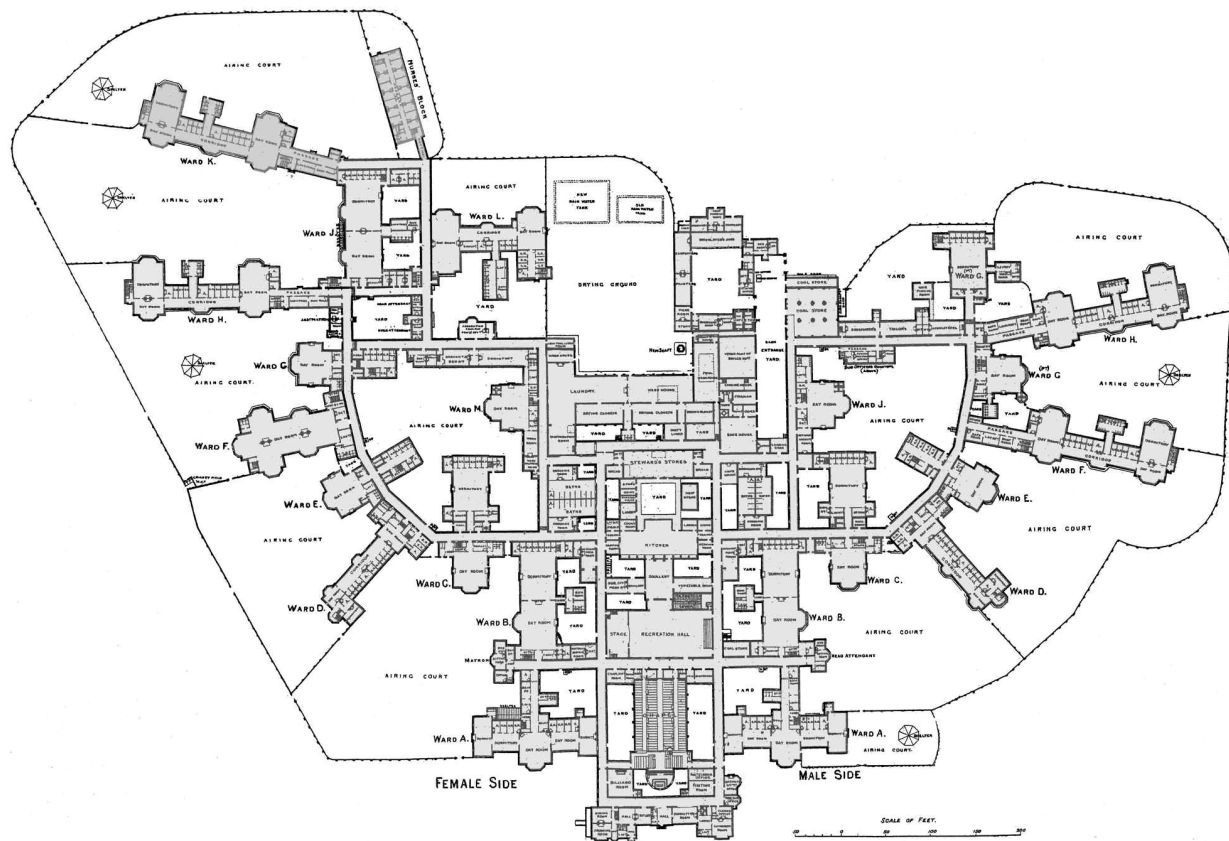


FIGURE 4: Cane Hill Hospital by C H Howell, plan after Hine.

Consulting Architect to the Commissioners in Lunacy in 1897, replacing C H Howell, freed him from the constraints of having to enter his plans in open competitions and Kesteven was to be his last competitive project. Hine varied his hospital plans according to the requirements of each site, but reused elements, and designs that had proved successful, so that the plan of Bexley was reused for Hellingly, although the remoteness of the site at Hellingly meant that it needed its own transport and it had an electric tramway that ran until the 1930s. Hine's plans were also the source of inspiration for other asylum architects as far away as Canada, with the West Lawn hospital in New Westminster, British Columbia from 1913 based on Claybury.⁴⁴

Hine differentiated in the architecture between patients' buildings and those used by the staff, with

the large administration block often the most elaborately decorated. In early examples, like Claybury and Mapperley, he used his father's signature Jacobean style but restricted the ornamentation to the doorway. Later buildings have whole façades elaborated with shaped gables, sculpted panels, contrasted stone and cut-brick, and Hine drew on a wider range of styles for them. The Netherne Asylum, built for Surrey county in 1905–09, has the administration block built in a version of Edwardian Baroque. The large windows of the hall are framed in alternate red brick and stone under heavy stone arches with prominent keystones, providing a decorative finish of high quality. The buildings housing the wards are simpler, but are limited to two stories in height, and resemble university residences rather than those of a hospital. Barnsley Hall Hospital at Bromsgrove,

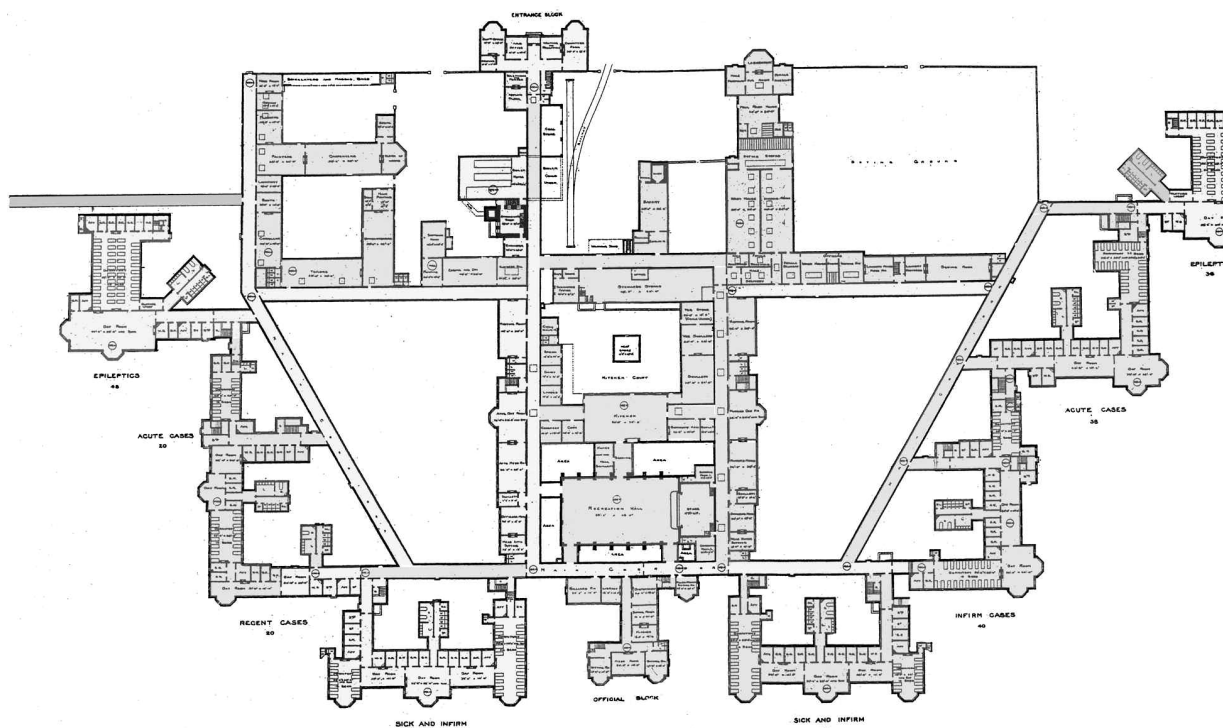


FIGURE 5: Hill End Hospital plan, after Hine.

for Worcestershire, opened in 1907 and is similar to Netherne in the design of its ward blocks, and in the greater elaboration of the administration building. The chapel, which is one of the few buildings to have survived the hospital's demolition, is in a late-Gothic style with traceried windows to east and west ends. It closely resembles the chapel at Hellingly hospital from 1903. Hine usually designed chapels in a Gothic Revival style, but the chapels at Bexley, and Horton, both in asylums founded in 1899, are in a remarkable classical style, with Doric columns forming the nave arcades.

George Thomas Hine (1841–1916)

George Hine was the eldest son of Thomas Chambers Hine (1813–99) and, after a private education conducted in England and France, he began articles with his father in 1858. As a young man, George spent three years in Australia on a

sheep farm, and returned to rejoin his father's architectural firm in 1867. His obituary (10th June 1916) in the *Journal of the Royal Institute of British Architects*,⁴⁵ which is the main source of information about Hine's life, attributes this to his problems with a speech impediment. It is certainly the case that he had a serious stammer and, in a letter to a friend (Charles Lane Sayer), in 1872, describes having sought help from a succession of eight experts in the treatment of the condition.⁴⁶ Amongst the authorities that Hine consulted, one impressed him strongly and he urged his correspondent to adopt Dr Lewis's methods despite describing them as unorthodox.⁴⁷ The 19th century was a period in which miracle cures for conditions not amenable to general medicine proliferated, and there were a large number of practitioners of treatments for stammering, who advocated a series of measures of dubious validity. These included physical restraints, mechanical devices, dietary regimes, and other methods based on physical deprivation.⁴⁸ Dr Lewis, who came to England on a



PLATE 7: George Hine, published in 1890. Photograph, Nottingham City Council, reproduced by courtesy of 'Picture the Past', www.picturethepast.org.uk.

number of occasions from the United States, gave inspirational lectures and seemed, from George's descriptions in his letters, to have used a form of auto-suggestion to cure stammering. Despite his enthusiastic support of Lewis's methods, Hine's stammer continued to cause him problems and his paper on asylum planning, given to the RIBA in 1901, had to be read for him.⁴⁹

George Hine's Early Career

George's early work in his father's office is not recorded; he was made a partner in 1867, after his return from Australia, and retained this until he moved to London in 1890, the year that his father retired. During this period, the firm was busy with major projects like the restoration of the burnt-out ducal palace as the Nottingham Castle museum and art gallery, the construction of a number of new

schools and with the continuing development of the Park Estate, where they were building large houses for the upper middle classes.⁵⁰ There is an occasional glimpse of George's feelings about his architectural work in his letters; in 1873 he writes, 'I have no right to say that I do not get my share of work, or all I deserve but sometimes wish it would keep better pace with the age.'⁵¹

Thomas Hine had designed the General and Coppice Hospitals in the late 1850s, when George was a trainee in the firm, and when the competition to design Mapperley Hospital was announced in 1875, Thomas encouraged his son to enter. George's design was selected and this provided him with the specialisation that was to dominate his practice for the rest of his career. Interestingly, the second prize for Mapperley was awarded to Evans and Jolley, two architects who had also trained in Thomas Hine's office.⁵² In 1877, George's early promise as an architect was recognised by his election as a Fellow of the Royal Institute of British Architects, for which he was proposed by the president, Sir Charles Barry. His father was nominated in the following year but his election was unsuccessful.⁵³

The architectural practice of T C Hine and Son was based in Victoria Street, Nottingham, and while Thomas Hine lived at 25 Regent Street from 1846 until his death over 50 years later, George's address changed several times while he was in Nottingham. In the early 1870s, his address was in Park Valley, between 1877 and 1883 he was living in an unidentified but large house in Wollaton village, in 1885 he was in lodgings in Park View, Standard Hill, and in 1887 at Simla Villa in Raleigh Street.

G T Hine and H C Pegg

It was only once he had moved to London, in 1890, that George practised under his own name. His premises were in Westminster, at 35 Parliament Street, a building used by a variety of other firms including solicitors and civil engineers. The asylum commissions enabled George to live in fashionable parts of London; by the time of his death in 1916, he occupied a substantial four-storied Georgian house, 37 Hertford Street, Mayfair. He also had a country

residence. On his move to London, George was accompanied by his managing clerk, Hallam Carter Pegg (1862–1929), and by 1910 the firm was known as G T Hine and Pegg. Pegg had been articled at T C Hine and Son in 1880 and combined this with lecturing in architecture at Nottingham Art School between 1889 and 1891. He was made a Fellow of the RIBA in 1903, having been an Associate since 1896. Pegg had worked with Hine on Mapperley and a number of other asylum buildings and continued working in this area up to his death in 1929, by which time he was based in Croydon and was working with J M Sheppard.⁵⁴

George Hine's Family Life

George Hine was a keen rider and rode with the south Nottinghamshire hunt. He was also a founder-member, with his father, of the Robin Hood Rifles, where he would have been in close contact with several other Nottingham architects. He was a Fellow of the Surveyors Institution; President of the Nottingham Architectural Association that his father had founded in 1862, and served on the RIBA council in that capacity in 1888–89; he was also a Freemason.⁵⁵ In keeping with his status as a middle-class professional man, George is listed as a generous subscriber to a number of charitable causes in the early 1900s, ranging from the National Waifs' Association to the National Memorial to Queen Victoria and the Queen's Unemployed Fund.⁵⁶ He was married in 1870 to Florence Deane Cooper and had two children, Thomas Guy Macaulay, born in 1872, who became a physician, and Muriel Florence (1874–1949), who achieved fame as a novelist in the period between the wars. Muriel's novels, classified as light fiction, are no longer read, but she was published by the major houses and her books, some of which ran to several editions, attracted reviews in the national press, and one was made into a film.⁵⁷ Her obituary in *The Times* refers to 'her gift of infusing life into the characters and an equally striking gift for description'.⁵⁸

Muriel Hine and 'A Great Adventure'

Several of Muriel Hine's novels are set in a fictionalised 1880s Nottingham and are valuable for

their insights into provincial life in the period; in particular, the novel *A Great Adventure* (1939), which is semi-autobiographical and covers the period up to 1890 when the family moved to London. Nottingham is called 'Lacingham' and the family name is disguised as Henty, but many local features can be identified and there are clear references to events in the Hine family life. In *A Great Adventure*, George Henty is an architect who works in his father's architectural firm and has a stammer; the Park Estate is disguised as the Chase and the Duke of Newcastle, for whom Thomas Hine did a great deal of work, appears as the Duke of Tyne. His house, Clumber Park, is called Spannel, which is the name given to the breed of dog, the Clumber spaniel. Thomas Hine's house, situated on the corner of Oxford Street and Regent Street in Nottingham, is described in the book precisely, and routes taken by characters in the novel, as they walk through 'Lacingham', can be plotted on 19th century maps of Nottingham. Although this is a fictional account of the Hine family's life, sufficient is based on known events for it to provide information about other aspects of George Hine's history that are not recorded elsewhere.

Hine's Brush with Scandal

One unexplained event in Hine's life is the change of address from a house in Wollaton village to lodgings in Standard Hill which occurred around 1883–85. This suggests a decline in the family income, or a possible crisis in the Hine marriage. In *A Great Adventure*, George Henty is nearly ruined by his involvement in the collapse of a building society due to fraud, in which he had invested the family savings, and has to give up his large house in the village of 'Whittington' and move to a modest house in 'Lacingham'. There were a number of building society failures during the late 19th century, some of which were attributable to malpractice. In 1894, legislation was passed to guard against the misappropriation of funds after the collapse of the Liberator Permanent Building Society, which had a branch in Nottingham.⁵⁹ It is not recorded whether George Hine had any involvement with the Liberator Permanent but he was certainly implicated in a case of malpractice in the early 1880s.⁶⁰

Hine was named as a defendant in a case in Chancery in 1883–86 involving a company called the North London Freehold Land and House Company based on a brickworks near Peterborough. The case involved alleged misrepresentation of the value of the company's assets, with the plaintiff's claim including damages for the costs of the shares. The case collapsed because it became impossible to establish by whom the fraud had been committed but this left the defendants unable to clear their names. The company had not been successful, it was established in 1882 when a firm of brick-makers and land dealers, who also advanced money for developments, entered into partnership with George Hine and an accountant named Thomas Leman, trading under the name of H Bray and Co. The company was then launched on the Stock Market in February 1883, as the London Freehold Land and House Company, but was already in trouble by July of that year when actions against it were being listed in the Chancery division, and it was in liquidation by February 1884.⁶¹ The bare bones of the case can be followed in the official law notices in *The Times*, but more detail is supplied by accounts in the Nottingham papers that reported the case.⁶² The case hinged on whether the company's prospectus contained known falsehoods about the extent and profitability of the brickworks and whether Leman had entered into a secret agreement for payments for promoting the company. As surveyor to the company, Hine was described as party to the over-valuation but it was not established whether this was sufficient to constitute fraud. He was clearly disappointed not to be allowed to present his defence for cross-examination, especially since the awarding of costs against the defendants suggested some element of culpability. The affair would have been damaging to his own reputation and that of the firm of T C Hine to which he was still attached. A *Great Adventure* ends with George Henty's return to public life, and financial stability, through the award of the contract to build a large asylum in 'Lacingham'; in Nottingham, George Hine's success in the Mapperley competition had occurred eleven years before, in 1875, but the contract for the second wing was given to T C Hine and Son in 1886. Clearly, Hine's reputation had weathered the

storm and in 1887 he moved back to a larger house, Simla Villa in Raleigh Street, which had been built by his father.

Conclusion

George Hine's specialisation in asylum architecture has meant that most of his work was carried out in areas outside the county of his birth and his influence spread even further afield with asylums in the Commonwealth based on his designs. It is clear that it was in Nottingham, in the office of his father, that he gained the experience that was to provide him with the means of achieving his reputation. Having won the Mapperley competition, which drew heavily on his father's designs for the hall and chapel complex, he rapidly assimilated ideas from other architects of asylums, such as C H Howell, whom he replaced as consulting architect to the Commissioners in Lunacy and evolved plans that so closely matched the requirements of the Commissioners that during the period from c. 1880–1916 few other architects were considered for these projects.

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