



BENEATH THE WATER TOWER

THE GRAYLINGWELL HERITAGE PROJECT



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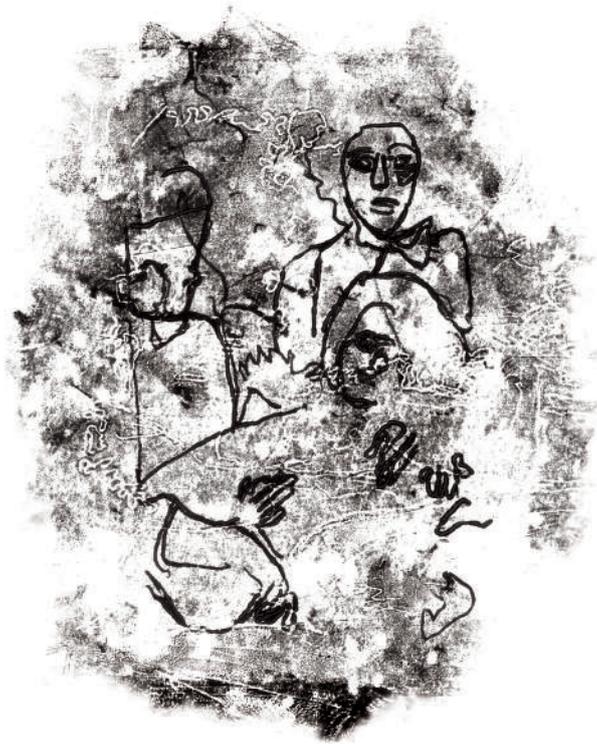
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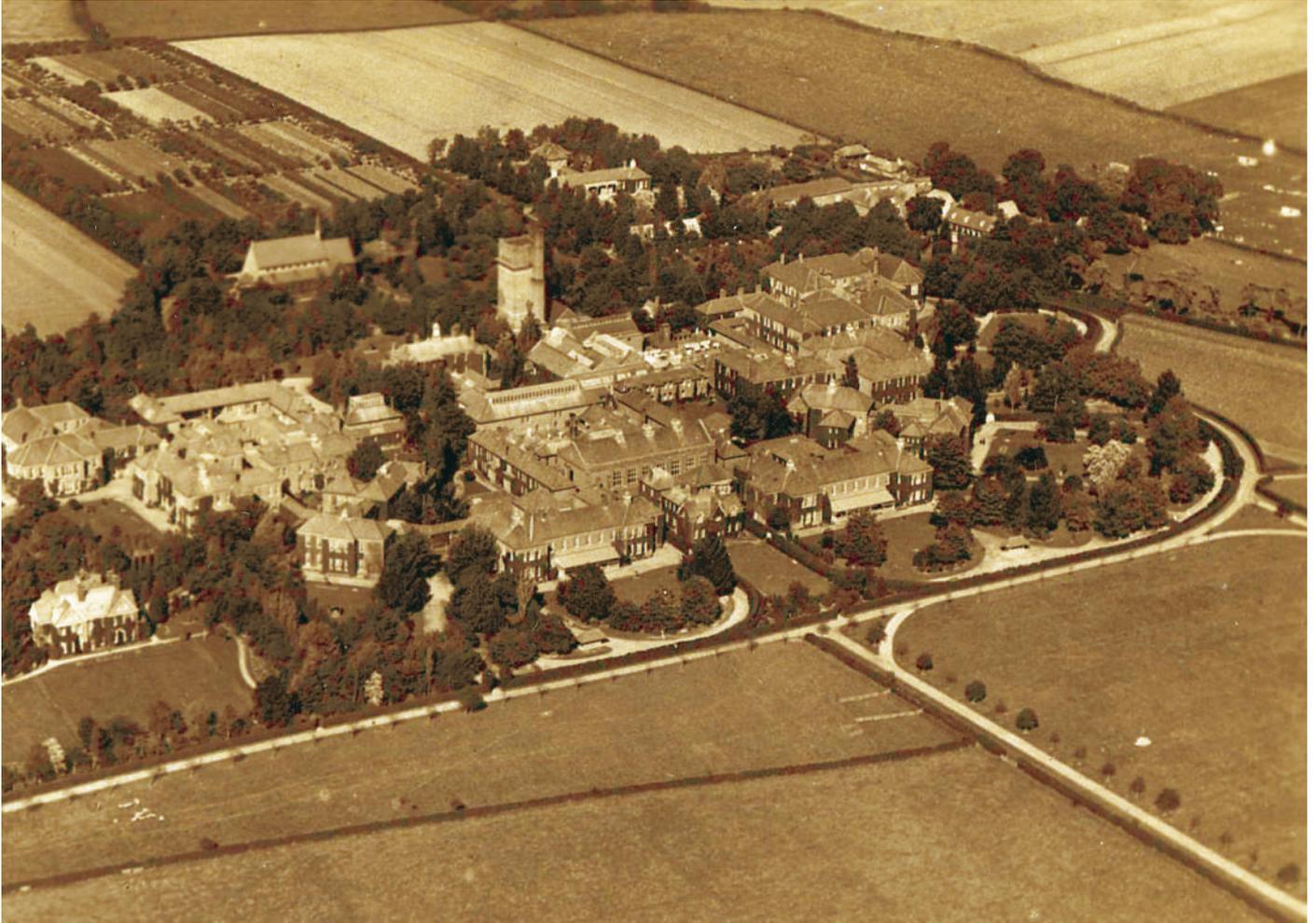
EDITORIAL TEAM

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**PALLANT
HOUSE
GALLERY**





Graylingwell Hospital from the south-west, pre 1930

FOREWORD

'I think that we always ought to be cautious about any sort of rose-tinted-glasses look at the mental hospitals...'
- Dr Niall McCrae

The Graylingwell Heritage Project has been a community based heritage and arts programme located in Chichester, West Sussex. The project went 'live' in January 2014 after receiving a funding grant from the Heritage Lottery Fund. Producing this publication has been one of the aspirations for the project from the outset: it showcases some of the community work that has been done over the past 12 months.

Graylingwell Hospital, built as the West Sussex County Asylum, was located to the north of Chichester. Construction began in 1895, it was opened in 1897, and was decommissioned in 2001. This publication has been arranged into four broad parts, each of which is organised chronologically. Within these, the hospital is referred to as the West Sussex County Asylum (or 'the asylum') and also as Graylingwell Hospital, according to the date.

The Graylingwell Heritage Project has been developed and delivered by a partnership of four local organisations, each of which has worked on a specific thread relating to the history of the hospital.

The University of Chichester has led a large group of research volunteers who examined archival evidence relating to the hospital. The textual pieces in this publication are mostly the work of this research team: longer versions of these pieces are available at the West Sussex Record Office.

The West Sussex Record Office has been concerned with digitising the early patient case books, which have become increasingly fragile. It has also captured oral history interviews with people who have a Graylingwell connection. This publication contains extracts from these fascinating stories. Full transcriptions of the interviews are available at the Record Office. Volunteers have also been searching local newspapers and preparing an index of references to Graylingwell.

Pallant House Gallery has worked closely with the local community and patients still on the Graylingwell site to deliver a series of arts workshops that have offered a voice to many people and created an opportunity for them to respond creatively to the history of Graylingwell Hospital. Examples of artwork produced in the workshops are included in this publication. During the time of the project several exhibitions have been organised, including at Pallant House Gallery and the Otter Gallery at the University of Chichester.

The Chichester Community Development Trust has provided a home for the Graylingwell Heritage Project and has also managed the overall project. A fundamental component of the project has been the idea of 'inclusion'. The Trust has worked closely with project partners in order to create as many opportunities as possible for the local community to participate in the project, and also to learn new skills, develop friendships, and to learn about and engage with an important part of the history of Chichester. Community support for, and interest in, this project has been incredibly strong from the beginning. The partners would like to thank the many, many volunteers who have devoted so much time, care and enthusiasm to the project. This project would not have been possible without their dedication and support.

The project staff would like to thank all those who have given oral history interviews, many of whom are former Graylingwell patients. It has been our great privilege to work closely with local mental health service providers in order to create opportunities for people to have their say, tell their stories, and express themselves through this project. Project partners have always hoped that this project might, in some small way, work towards challenging the notion of mental health stigma. We invite you to read our publication, and decide for yourself.

www.graylingwellheritage.co.uk

BEGINNINGS

In December 2011 I was first approached by Mark Stables, who was then working for West Sussex Council and was also a member of the Immanuel Church at Graylingwell, to discuss a possible project related to the Graylingwell Hospital site. What interested me first was the history of the site, from its deeper past and the mysterious Grayling Well, to the hospital, and the new community being created with the on-going housing development and the new NHS facilities. What also struck us both was the sense of embarrassment and stigma that the former hospital seemingly held. Whether this was due to the wider stigma around issues to do with mental health or asylums generally we were not sure, but it was something we felt needed to be addressed.

In 2012 meetings were arranged with various local organisations including the Chichester Community Development Trust, the University of Chichester, the West Sussex Record Office, Immanuel Church, Pallant House Gallery, and the Novium Museum. Funding was received from the Permeate Programme in 2013 which paid for the co-ordination and submission of the successful application to the Heritage Lottery Fund, overseen by Sarah Rance-Riley.

From the start of the Graylingwell Heritage Project we could see that there was a need to manage a range of different challenges: the need to reach out and gather any material relating to the hospital that might be out in the community; undertake research into the history; bring together people's stories and experiences; share existing archival material; and create a permanent record and means to enable people's voices to be heard. In order to achieve all of these, we developed a multi-layered approach to capturing the various histories of Graylingwell Hospital, sensitive to the experiences of patients and staff, past and present. This work has included the digitising of the hospital's case books, the capture of oral histories, and working with patients and the local community to produce a permanent artwork.

The Graylingwell Heritage Project has turned up some unexpected and exciting finds. One of these was the loan of Dr Vawdrey's collection of patients' artwork, produced at Graylingwell Hospital and further afield. Another was the return of the magic lantern used at the Hospital.

What has excited me from Pallant House Gallery's perspective is seeing the journey that Lynne Firmager, Kate Simms and Tess Springall from our Community Programme have gone on in their roles on the project's Creative Team, ably led by local artist Rachel Johnston. Lynne, Tess and Kate have all been trained through the Gallery's 'Outside In: Step Up' programme to be workshop leaders, and are now in a position where their skills and training are being utilised. They have flourished and have made the creative element richer with their experience and creativity.

This is a unique collaboration of organisations each with their own dedicated area of specialism brought together in a project complementary to their interests. We may have been unlikely bedfellows, but we have collaborated to great effect to deliver a remarkable project. I give thanks to all the project partners: Clare de Bathe from the Chichester Community Development Trust, Susan Millard and Katherine Slay from the West Sussex Record Office, Hugo Frey from the University of Chichester, project manager Sarah Rance-Riley and her assistant Emily Turner. Thanks also to the project leaders employed to deliver the various strands, the community historian Maureen Wright, oral history co-ordinator Gillian Edom, artist Rachel Johnston, and all the volunteers who have given their time. Finally, thanks to Katherine and Greg Slay for editing the text of this publication.

'I think it's really, really positive that Graylingwell Hospital is being given such attention. There have been lots of books written about the various hospitals up and down the country that have closed down, some better than others, but.... this project goes beyond that, involving the local community and getting more of... a much broader perspective on the meaning of the hospital, the experience of the hospital for people in the town, for both the staff and the patients, and I think that's really good'.

- Dr. Niall McCrae

TEAM LEADERS

ORAL HISTORIES

A loyal and hardworking volunteer team have spent several months listening to more than 70 people, and transcribing their interviews.

The voices of many people who have had a connection with Graylingwell Hospital are scattered throughout the book. These voices are small excerpts taken from the interviews and reflect a variety of thoughts, opinions, perceptions and experiences of Graylingwell since the middle of the last century. By their very nature the voices are subjective and at times may appear to contradict one another; but we must appreciate the validity of each person's memory or story, for how can we judge if we have not stood in their shoes?

Those of us, who have had the privilege of listening to such a fascinating group of people, have shared tears and laughter, have been shocked and edified, but above all have been inspired to help bring an end to the stigma attached to issues relating to mental health, because not one of us is immune.

- Gillian Edom, Oral History Co-ordinator

RESEARCH REFLECTIONS

Dr Joshua Carse, Medical Superintendent of Graylingwell Hospital (1938-1963), wrote often of its distinctive nature as a pioneer in the treatment of mental health. While under his tenure the hospital gained significant status as a Medical Research Council funded facility, but it is also true that even from its origins in 1892 its buildings, officers and staff were amongst the most progressive of the era.

The hospital archive of texts, images and a wide variety of other materials that has been deposited at the West Sussex Record Office does and will continue to offer much to researchers – from local genealogists to historians researching the history of mental health in a national context. The sixteen volunteers who have worked alongside me on the project research team have begun to uncover some important insights into the lives of many who lived and worked in this almost self-supporting community – and of others who were responsible for its running and maintenance. This important work is reflected in the pages that follow; but we offer only a glimpse of the rich materials that make up the wider archive. For researchers of the future there is a wealth to discover.

- Maureen Wright, Community Historian

COMMUNITY ARTS PROGRAMME

The origins of a visual idea are sometimes obscure even to the artist. This, though, is where the power of the art process lies – images, drawn from forgotten corners of the emotional and sensory self, can go beyond spoken language, to connect with an audience on many different levels. One of the Creative Team described this: when you are ill there is a lot of talk (discussion with medics and therapy), but words are often the first thing you lose as a means of expressing yourself. The process of making art has its own meaning, you can often say the unsayable through visual means – when words are too difficult, images can work. Working with patients in the remaining NHS wards around the site, as well as with groups in the community, we wanted to use art to give people who are often not heard a voice.

For the patients the artwork was about the 'here and now', but for community groups such as CAPITAL, many of whom are former patients, there was a 'longer view' – a sense of critical distance from the experience of being a patient and the difficulties and traumas, as well as the care, that Graylingwell Hospital embodies. The artwork made with CAPITAL members produced bolder, more challenging statements about the system, in a way that current patients were not able to do.

It has been a privilege to work with patients and members of the community and to share moments of connection through the process of making art.

- Rachel Johnston, Lead Artist

LANGUAGE MATTERS

On 27 August 1897 a young woman was admitted to the newly opened West Sussex County Asylum. Aged 23, she was diagnosed with secondary dementia. She was to remain in the institution until her death a few years later. The cause of her death? Organic disease of the brain, according to a notice signed by the Medical Superintendent and sent to the Coroner's Office. Her diagnosis was not an uncommon one. In fact, it was frequently given to many mentally ill men and women whose psychological disorder was considered non-congenital. Women, in particular, would also be diagnosed with mania or melancholia. Patients with congenital insanity, on the other hand, would be sufferers of either imbecility or idiocy, depending on the range or severity of their learning difficulties, a term which, of course, was unknown then.

The early patient case books are illustrative of a limited scientific knowledge during the early days of psychiatry. They are also witness to personal tragedies and testimony to collective prejudices. Through these records, we meet people deemed too enfeebled to dress properly or keep clean, or too deficient to sustain a conversation with staff and inmates, or too imbecile to engage in any sort of manual occupation. We learn about disorderly and disruptive patients who are confined to padded rooms or their beds, or treated with shower baths or injections. We also hear of people dying of pneumonia and congestion of the lungs, but also of organic brain disease, idiocy, chronic or acute mania and chronic melancholia.

The nomenclature of mental illness deserves special scrutiny, for it can never be value-neutral. The terms found in those century-old case books range from the comical and naïve to the confusing and disturbing. But I wonder whether one hundred years henceforth an on-

looker to our own health care records wouldn't be pinpointing a similarly droll and value-laden vocabulary. Alcohol Use Disorder and Hoarding Disorder spring to mind; both are included in the latest version of the so-called Psychiatric Bible, the 'Diagnostic and Statistical Manual of Mental Disorders'.

Despite psychiatrists' best attempts to assign diagnoses based on real, observable and explanatory physical symptoms, there is much confusion, disagreement and controversy surrounding the classification of mental disorders. Some current disorders are entirely behavioural-based and do not sit well in a physiological model borrowed from mainstream biomedicine. Some critics are also voicing their concern about the increasing medicalisation of mental health. When normal grief is branded as Major Depressive Disorder, when temper tantrums become Disruptive Mood Dysregulation Disorder, and when eating excessively twelve times in three months is turned into a mental illness called Binge Eating Disorder, one can't help but become, at best, suspicious of the pharmaceutical industry as a driving force or, at worst, doubtful of one's own understanding of 'normality'.

Diagnostic categories are rife with symbolism. They illustrate what a society is prepared to accept as normal and what it finds undesirable or dangerous. They separate the mad from the sound; they label and stigmatise people. 'The words may have changed and be more PC, but we still depict mental health problems in a negative way', someone with mental health issues has poignantly told me. Diagnostic categories also become tokens of self-definition and personal outlook. 'I know I have manic depression. My official diagnosis is bi-polar affective disorder type II. I find the new term fairly meaningless', another volunteer who has been recently diagnosed has said to me. Someone with long-term mental health issues

has put it differently: 'I am bi-polar.' This is it: ultimately, you no longer 'have' an illness, you 'are' the illness, a synecdoche taking care of your sense of who you are.

Matters of language do matter. As the university's mental health adviser has said to me, 'The language of mental health is an evolving beast – alien, clumsy, misunderstood and inadequate at the best of times, but still necessary and the best we have.' And it probably is the best we have ever had. A psychiatric nurse I have spoken to was keen to confirm this, saying that 'the language is changing for the better' and that 'the emphasis is on recovery and wellness, not diagnoses.'

This kind of reasoning is revealed by the history of naming the institution itself: established as an Asylum in 1897, it was commonly referred to by that name until the outbreak of the First World War and its refashioning as a Military Hospital. Returning to its original function in 1919, it then became known as Graylingwell Mental Hospital. Asylums had fallen out of fashion before they were legally abolished by the Mental Treatment Act 1930. The word asylum is one of social and cultural significance. In its bare, etymological sense, it denotes a refuge, a place of safety. As such, it would provide a shelter for the vulnerable and the psychologically ill. Or, it would remove the mentally unstable and potentially dangerous from the bigger society...

Hospitals connote a different idea. They are places where patients receive treatment for their diseases, where they can expect care as well as cure before they are discharged. Whether current reference to clients or service users, within the framework of community-based mental health services, reveals another kind of symbolic change in nomenclature (a shifting emphasis, say, from the treatment of a disorder to the management of a condition), remains to be seen.

We've always tried to say to people... they need to get their mindset into the fact that they're a human being who happens to have schizophrenia. You're not a schizophrenic, you're a person, but the thing is that they have been in a system that has really focused on that, their illness... It's not about the love in their life or things that are important.

- Vicky Arnell-Smith

A RELATIVE'S REFLECTIONS

I have always known that my great grandmother Emily Clara Peacock (nee Lillywhite), born New Shoreham, Sussex in 1862, had been admitted to Graylingwell. That fact was never kept a family secret, but the term 'County Asylum' was never ever used and the details of her admission were never discussed.

Because of this a story grew up around Emily. She was the wronged wife. Only put into Graylingwell when she attacked her husband Charles Joseph, who wanted to bring his mistress into her home. She became, at least in my mind, quite a deserving character.

My later research made me believe that it was the death of two of Emily's children from diphtheria, within eight days of each other in 1901, the youngest Clara Alice Ellen being only four months old, which was more likely to have been the reason for her admission. So to read Emily's actual patient case book entry came as quite a shock.

I had never been told of Emily's previous poor mental health or her admissions to the asylum in Haywards Heath, and I would question whether anyone in my later family knew of them. She was described as: feeble minded, bad tempered, abusive, a troublesome disagreeable patient. By modern thinking, such cruel and insensitive words to use about a sad woman in such terrible circumstances. I realise it is difficult to judge these comments with today's more enlightened, compassionate approach to mental health. But

did Emily Clara's reactions to her tragic life make her insane? Was it really necessary for her to be committed for the rest of her life? In later years, her two sons wanted to bring their mother home, but by this time Emily Clara had become too institutionalised. She died in Graylingwell in 1944. Emily's surviving children, the eldest only fifteen and the youngest, my grandmother, only two years of age, had very difficult young lives. Their father, Charles Joseph, was a Marine fireman, and was eventually 'lost at sea'. The children were put into 'rooms' and expected to fend for themselves. My grandmother was eventually taken in by her aunt, Eliza Alice. The consequences of Emily Clara's sad life passed down the generations.

Emily Clara's patient casebook entry gave me even more insight into my family history. Unexpected and very shocking. The words 'brother' and 'idiot' jumped off the page and chilled me. I had absolutely no idea about Emily's brother, Alfred Clement, born 1870. My family did have a dark, secret history. Again such seemingly harsh words to use: imbecile, idiot, defective. I obviously realise the use and meaning of words has changed so much over the years. However, the brutal terminology used in the patient casebooks I have been given access to will have a lasting effect on me. I have always wanted to find more about my ancestors than just names. To know the life stories of my great grandmother and her brother Alfred is a privilege. However troubled and distressing these stories are, I do not regret them being told.



PART ONE: CONTAINMENT

Containment is a concept that defines this hospital both for those who built it and authorised its development, and for those whose lives were lived within its estate. Built as a visual embodiment of the power of the state to confine those deemed to be mentally incapable, it was considered in the eyes of its first Medical Superintendent, Dr Harold Kidd, to be a hospital rather than a prison. More than that, it was also felt to be a hospital with elements of 'home' about it.

We shall see here how the hospital was developed from a greenfield site and how its wards, grounds, staff houses and farms combined as far as practicable to make a self-sufficient unit.

We shall consider personalities – including the architect Sir Arthur Blomfield – and the aims and objectives of West Sussex County Council in bringing the institution into being in order to fulfil the demands made upon it by national legislation. In addition, the case study of Albert Wright, a patient who wished to remain contained – even though not insane – adds an element of contrast.

It impressed me so much being in Graylingwell feeling that somebody, specially after seeing this particular person who was ill with syphilis, that you're bringing somebody back to the world again. Totally. If somebody's ill with pneumonia you know they're going to get better, but somebody with a brain problem, to bring them back to life again, I think is very fulfilling. It really impressed me. It always stayed in my head.

- **Dorothy Miller**

There used to be a big cupboard and it was always full of suitcases of belongings to people who had come in to Graylingwell, but never went out again. You know, in those days, they were there for years and years and years, and I don't know that they could cope outside anyway.

- **Kate Irwin Wulff**

I found the environment, which used to be Summersdale when I first went in there, I found it a very positive and beautiful place. I remember the trees, the fields, and the beautiful rooms, like the TV room, huge room, seats and chairs. Yes, it just made me feel a lot better about myself... I met some of my best friends – friends that I've kept for life now – and they're still my friends.

- **William Kirke**

We had our own path lab, we had our own dentistry, we had our own art therapy, we had industrial therapy. It was a very comprehensive system, and it worked.

- **Barone Hopper**



THE WELL

It was located on the east side of the old Graylingwell farmhouse. I'm not sure how old it was, but it used to be the water supply for the site, but by the time I went there it had long since been redundant and the site had been connected to the mains water supply, and it was exceedingly overgrown with very dense brambles, and there was some sort of derelict structure there... The Mental Health Trust didn't think it was appropriate to spend money trying to clear it or sort it out.

- John Wilton

I was in for thirteen nights over the millennium. And actually while I was there I cleared the well – all the growth, the wood, all the trees that had grown through it, and I cleared it all out. I was over there a few years ago and it's been flattened, the well. It's just a pile of rubble now. But yeah, it was nice to do that – to clear it out, to open it up again, so to speak. It was like a little brick building – small building with an open front. The well was capped inside... And somebody had painted a picture of – I think it was the Virgin Mary or someone like that – on the wall inside, which stood in there for years. And it had a little slate roof, a little tiled slate roof and railings around it, and it got all overgrown so I uncovered - if you look at it from the front - into the well where it was, you could see all that. But there were quite big trees growing up through the railings and they were too big to take down, you know, so I just took all the vegetation out and uncovered it. That was in 2000 and then I say a few years ago it had been vandalised and the roof had gone and it had all fell in on itself.

- Paul



HOPE

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CRAYLINGWELL

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OLD WELL HOUSE - GRAYLINGWELL

MENTAL HEALTH LEGISLATION

The new administration of the Poor Law from 1834 increasingly institutionalised the nature of 'welfare'. This affected 'pauper lunatics' specifically, as those deemed unwell enough mentally were committed to the local workhouse on the certification of a doctor.

The Lunatics Act 1845 established the Commissioners in Lunacy as an official regulatory body for asylums. After 1845, patients lost their right to challenge a diagnosis of insanity through the courts and, once medically certified, could only be released from the institution through the permission of the Visiting Committee.

The Lunacy Act 1890 was the most recent legislation passed prior to the establishment of Graylingwell. It stated that the removal of the mentally ill from workhouses – and into asylums – should proceed swiftly. The Act has been described as 'the triumph of legalism' in the state's intrusion into the life of the mentally ill; the regulation both of patients and staff could also be described as rigid in the extreme (the asylum's extensive Rules and Regulations were derived from those in Section 275 of the Act). Though still the regulatory body prior to World War I, the Commissioners in Lunacy were re-named as the Board of Control in 1913.

The next significant change came with the passage of the Mental Health Act 1930. Importantly, the replacement of the term 'asylum' with that of 'mental hospital' went some way to challenging the stigma associated with a patient's incarceration. The 1930 Act also changed the system of admission for some new patients, instituting a voluntary system of referral to care. Summersdale Villa was purpose built for this type of patient. The Act also permitted the establishment of outpatient treatment, heralding shifts in therapy and care which would increasingly be introduced.

The Mental Health Act 1959 abolished the Board of Control and aimed to provide alternative, often non-residential, treatments for patients. It also provided an improved framework for detaining people in hospital against their will. A Mental Health Review Tribunal system was established to undertake the periodic review of people detained under the Act to ensure that their detention was both legal and necessary.

Local health authorities (and later, NHS Trusts) were made increasingly responsible for the mentally ill. By the 1970s it was becoming clear

that more specific legal frameworks were also required for medical treatment in certain circumstances, such as electro-convulsive therapy or psychosurgery.

The Mental Health Act 1983 added new rights for relatives in certain situations to not only make applications for hospital admission (accompanied by medical evidence) but also to challenge care and treatment decisions. The Mental Health Act Commission (whose functions have now been taken over by the Care Quality Commission) was established as an independent scrutiny and monitoring body, alongside the continuing work of the Mental Health Review Tribunal. The latter's work was extended to include restricted (offender) patients.

Various attempts were made to update mental health legislation during the early 2000s and these were eventually realised in 2008.

Oh yes, we saw a tremendous difference because all the doors were all of a sudden open. And they were all locked. Even Summersdale was locked. But they were all opened, all overnight and nothing terrible happened. They didn't all escape. But they wouldn't, they were lovely people - you know, as I say, they were mainly our friends.

- Brenda Billings

But it was quite sad sometimes because... obviously you had to read patients' notes to know what you were dealing with... But it would be terrible to read sometimes that they'd been admitted when they were fifteen and they're now in their sixties, seventies and all they did was to lose their temper and smash the mirror or something.

- Di Connolly

There was another patient and I who actually started the Escape Committee. It was purely fictitious but... basically, in the room where we had the community meetings, there was a blackboard and chalk, so we started writing all these spoof Escape Committee notices on them and then we'd start rigging the odd thing like having a shoe just emerging from up the chimney and that kind of thing... It was very popular among the patients - and the staff, they didn't object violently. It was a sort of sideways look. Well, why not?

- Clare Ockwell

MANAGING EXISTING AND FUTURE PATIENTS

People with mental illness or with what was then known as mental deficiency or idiocy existed in considerable numbers. Those already living in madhouses or asylums were cared for by a variety of means, including restraint where necessary. Medical approaches, including the use of drugs, had yet to be invented. Many people with mental illness or mental deficiency also lived at home, albeit hidden out of general sight, whilst the remainder ended up as pauper lunatics in the workhouse.

From 1859 there were efforts to move West Sussex residents with mental illness, particularly those who were a management challenge for local Boards of Guardians, out of workhouses and into the new Sussex County Lunatic Asylum in Haywards Heath. This establishment was financed by the county rate, with West Sussex residents who were placed there charged back to their home parish. It was not until 1867 that Chichester City Council discovered it needed to set up an annual Visiting Committee to check up on its own local residents who were placed in the asylum there.

The West Sussex 'Committee of Visitors for providing a separate Asylum', established in 1892, was required to consider the future needs of the current cohort of people placed at the asylum in Haywards Heath. These people would be moved to the new asylum in West Sussex when built. But this was still several years away.

The Committee started to consider its options for the current mentally ill population in 1893. The Commissioners in Lunacy had determined that the County Council would need to take full ownership

of its responsibilities for this group from January 1894. The first decision was to write to the Clerk to the Visiting Committee at Haywards Heath to enquire about trends relating to the numbers of pauper lunatics accommodated there over the previous seven years. Enquiries were then made of a number of other establishments to see if they could take West Sussex lunatics. These enquiries were made to:

- Berrywood (Northampton; known as St Crispin's when closed in 1995);
- Fisherton House (a private madhouse in Salisbury managed by the enlightened Dr Corbin-Finch; known as Old Manor Hospital when closed by the NHS in 2003);
- Middlesex County Asylum (Wandsworth);
- Surrey County Asylum (Brookwood, Woking); &
- Grove Hall Asylum (Bow, east London).

By the end of 1893 it was agreed that the existing West Sussex lunatics would be placed thus:

- Haywards Heath, for 3 years from 1st January 1894: 50 male, 30 female at a rate of 17 shillings per week – so long as they were 'suicidal, epileptic, destructive, violent and dirty' cases or cases that habitually become so (but all others to be charged at 14 shillings per week);
- Fisherton House, for 3 years from 1st January 1894: 204 patients moved from Haywards Heath to Salisbury at 17s. 6d. or more per week.
- Berrywood Asylum: a contract for 25 beds at 14s. per person per week, but with only 18 beds taken up in the first instance.

Once I did get a bit violent, picked up a chair and was going to hit him with it... I thought 'I can't', and put the chair down. About four of them jumped on me and gave me an injection. The injection they used to give you used to put you out for two days. Two days and two nights. I forget what the injection was, but I've only had it the once. I put the chair down and then four nurses jump on you. Four of them. Holds you and pulls your trousers down, puts this needle in you, and then they've got to carry you to your bed, put you to bed and you're there for two days and two nights. As soon as you come round, you can't get up, you're paralysed more or less and they give you a big jug of orange to drink. You can't get out of bed 'cos you're still half-paralysed. It paralyses you. I can always remember that.

- Former Patient

I was very, very happy there and the patients were wonderful. Marvellous people. Some had been in quite skilled jobs and had all sorts of different backgrounds but had been, sort of, ground down under this regime ... So it was lovely to see them coming back to how they would have been.

- Joyce McDonough

INITIAL PLANNING

The Local Government Act 1888 passed responsibility to new county councils to ensure that asylum provision came under their remit. Previously asylums had been under the jurisdiction of the Quarter Sessions. In addition, the Lunacy Act 1890 outlawed the future licensing of privately-operated madhouses.

West Sussex County Council was formally established in April 1889; the inaugural meeting of its Asylum Sites Committee, later known as the 'Committee of Visitors for providing a separate Asylum', took place in Chichester on 15th February 1892. The Committee's role not only included planning for future need but also overseeing the arrangements already in place until a West Sussex asylum could be built and opened. The Committee was chaired by the Duke of Richmond and Gordon (of Goodwood House) - with Lord Leconfield (of Petworth House) taking the chair in his absence.

It was by no means certain from the outset that the West Sussex asylum would be built near Chichester. It was agreed on 15th February to advertise in national and Sussex newspapers for expressions of interest in providing freehold land of up to 250 acres for the new asylum. The particulars from 16 potential sites were considered including locations near Billing-

hurst, Partridge Green and Barnham. Following site visits, none was considered suitable.

The Committee used its own contacts to have discussions with those owning land at Henfield, Kingston, Wisborough Green, Rackham, Amberley, Angmering, and at Warren Farm in Chichester. Again, none proved suitable. Additional sites at Barnham, Durrington, Graffham Common and West Grinstead were identified through a repeat newspaper advertisement. It was envisaged that the new asylum would be for up to 1,000 patients.

Chichester solicitor Ernest Blaker was offered an appointment as Clerk in April 1892 - a role for which he was paid £80 per year [c. £7,500 in September 2014].

The first mention of a site at Graylingwell Farm came in August 1892. By that month the Committee was clearly getting worried and had resorted (unsuccessfully, in fact) to writing to the Commissioners in Lunacy to check if it had any compulsory purchase powers.

When the full Committee did a site visit on 30th September 1892, and subsequently 'adjourned to Mr Smith's Residence, Little London, Chichester', they were of unanimous opinion that Graylingwell was a most suitable site for the Asylum. Dr Saunders - the Medical Superin-

endent at Haywards Heath who was acting as a special advisor to the Committee - also stated that he was prepared to favourably recommend the location.

Arrangements were subsequently made to purchase 239 acres (later adjusted to 246 acres) of land at Graylingwell Farm, 148.5 acres of which were owned by the Ecclesiastical Commissioners, and 90 acres of which were owned by Mr Martin ('Martin's Farm'). The land was tenanted by a member of the Committee, Mr W Smith: he subsequently gave up both the tenancy (for which he was compensated) and his position on the Committee. The freeholders of the adjoining land were also bought out.

But it always stuck in my mind that long drive in Graylingwell, and it was full of lime trees, and the smell at a certain time of year was absolutely exotic... it always stayed in my mind.

- Dorothy Miller

It was an amazing place and the standard of construction - the buildings were so well built, but that made it made it very expensive to adapt them. One of the nice things was that... builders who were involved in the project when it eventually went ahead were James Longley, who were based in Crawley, and they had actually built Graylingwell a hundred years before, which was rather a nice touch.

- John Wilton



BROKEN WINDOWS

A lot of it was frustration, and being locked up. I don't know, I didn't actually get angry with him - it was everybody and everything. And occasionally I'd put my fist through the window and pulled my arm back and try and cut my arm open and that, but that was very occasional. Because you can imagine - two years locked up. It wasn't very nice.

- Former Patient

There was one story that one of the workmen told me. They'd gone to repair a window in one of the wards. And it was a shut ward. You weren't allowed in without supervision, and the workmen had to go in, in pairs. And they'd gone to repair the window and they were just finishing it off - just putting the putty round - and one of the patients came up and said, "I did that."

So Bud said, "You did what?"

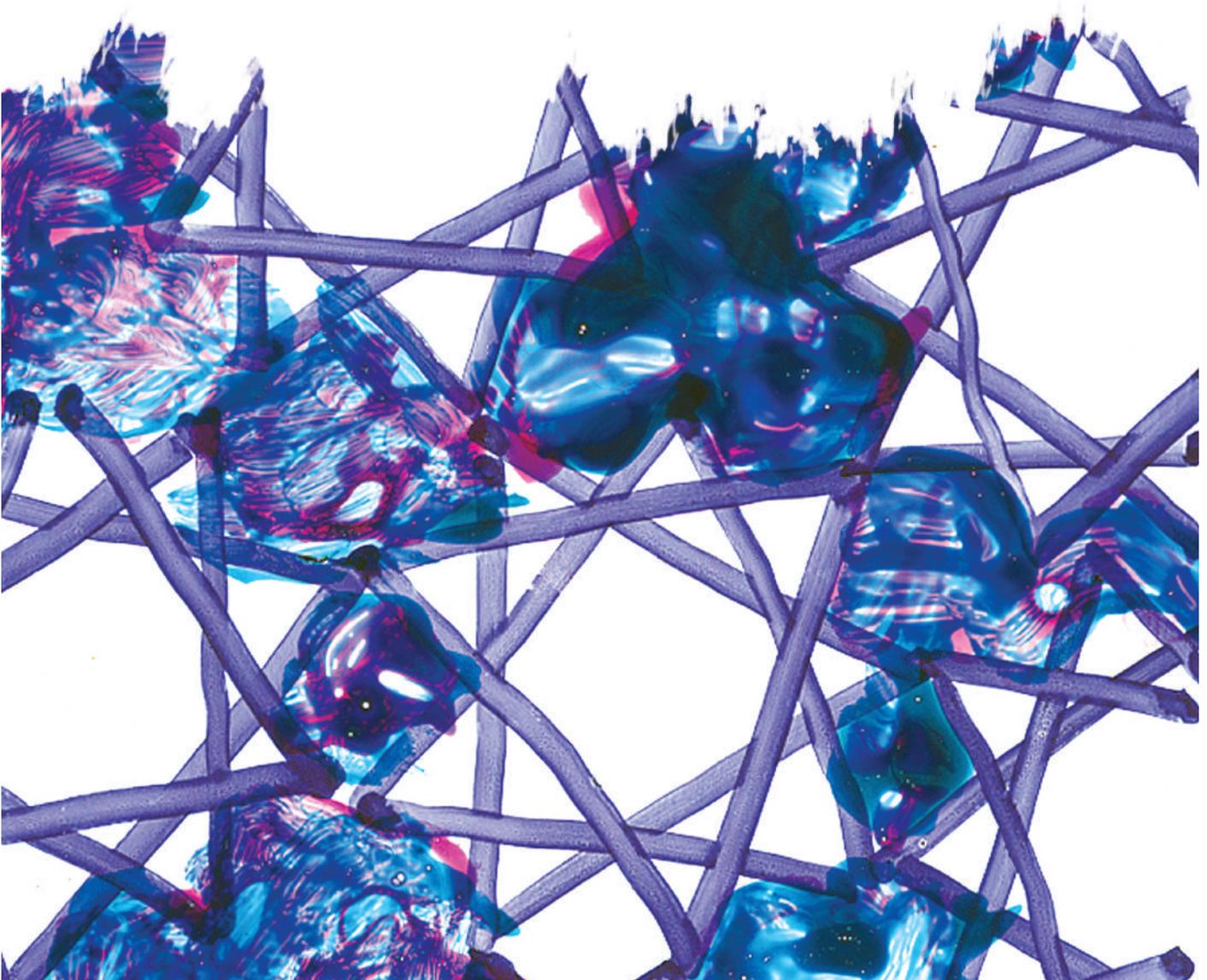
He said, "I broke that window."

And Bud said, "Oh, really?"

"Yeah," he said, "just like this."

And he picked up a chair and threw it straight through the window.

- Christine Cane



FITTING OUT THE HOSPITAL

Although the erection of the hospital had begun in May 1895, it was not until March 1897 that the Visiting Committee reported that tenders for certain articles had been laid before it. These tenders consisted of patients' suits and dresses, together with other clothing, hair mattresses and bolsters, boots and shoes, linen drapery and counterpanes, tables, chairs, ward furniture, window blinds, brooms and brushes, and hardware. Estimates were accepted from Longley & Co of Crawley for fittings to the value of £1052 15s 3d, and from Messrs Drew & Cadman for £140 for fittings for the drug store and dispensary. The Committee also gave the go-ahead for furniture for the officers' quarters and committee rooms, and for setting out the grounds (the cost of laying out the airing courts was estimated to be £600, although what was ultimately put in was gardens for the patients).

By May 1897 further estimates were received for curtains, turnery (products made on a lathe), ironmongery and attendants' furniture, as well as fittings in workshops, clerks' and steward's offices, and waterbeds, cushions and rubber goods.

The companies that supplied the goods for fitting out the hospital ranged from big organisations, based in London and elsewhere, to small local firms. The aptly named Joseph Baker & Sons, Engineers and Patentees, of 58 City Road, London, supplied bread making machinery and 'two dough trucks on wheels for proving' at a cost of £247 10s. Atkinson & Co of Westminster Bridge Road, London, put

in tenders for much of the fabric and furnishings and gained many of the contracts, including ward furniture, patients' clothing, handkerchiefs, footwear and bedding, as well as furniture for staff offices and quarters, and also attendants' and nurses' uniforms.

However, many local businesses also benefitted, including Adolphus Ballard, Ironmonger of East Street, Chichester for supplying a 'six gallon oval stockpot' for 13s 1d as well as kitchen equipment and tools for the tradesmen's workshops, and H Edwards, Blacksmith of Northgate, Chichester for supplying 'lays, sharps and picks'.

The planting of the grounds with seeds, plants, trees and shrubs involved numerous companies from far and wide. Locally these included Cheal's (Lowfield Nurseries) of Crawley, and Northgate Nurseries in Chichester.

Recreation was considered a useful therapy for patients and three of the pianos were 'bought of' the Army & Navy Co-operative Society, Victoria Street, London. However, music was supplied locally by Mrs Dean of 63 North Street, Chichester for 14s 4d. Other purchases for recreation included chess, draughts, halma (a strategy board game) and cards. Each ward was supplied with a piano and a bagatelle table (the men's wards having the addition of a quarter sized billiard table). Tableau curtains were provided for the Recreation Hall, and drop scenes were supplied and painted by Walter Johnstone of Macklin Street, Drury Lane, London for £120. There was also a photographic studio to be fitted out, and the chapel was reported to be 'in need of a few ornaments, an altar cloth and vases'.

After the hospital opened in July 1897 goods continued to be bought, including everyday items such as newspapers, potatoes, bread and fish through to cabbage plants, rat poison, weed killer and turpentine. Sharp Garland, of Eastgate Square, Chichester, supplied butter, bacon, cheese and eggs, whilst 'pure fresh milk' was supplied by J Heaver of Southgate and East Street, Chichester and, not to be outdone, 'pure fresh separated milk' was supplied by F Pitts of Oving.

I always remember in Dad's office he had a lovely, beautiful wooden desk - fantastic carvings on it. It was absolutely gorgeous, and he asked them actually when he retired if he could keep this desk, but unfortunately they wouldn't give it to him, and he even offered to buy it, but they wouldn't give it to him I'm afraid. It's a great shame.

- Alan Vawdrey

And I know the day room where I met these people when I was doing advocacy was very dismal - you know, usually pale green walls and tower chairs and lino and cigarette smell and so on. It wasn't very nice really... Some of it was a bit clinical. The loos always had a funny smell. I don't mean a smell - nasty - but a sort of chemical smell, you know. And the green - again, it's like being in an aquarium. Why do they always choose green? Perhaps they think it's calming.

- Annette Barker

DR. TO ADOLPHUS BALLARD,
General Ironmonger and Iron Merchant,
 WHITESMITH, BELLHANGER, GENERAL FITTER, PLUMBER, TIN PLATE WORKER, &C.
Sole Agent for Quadrant Cycles.

1897

| | | | |
|--------------|---|---|-------|
| Dec. 15/1897 | 6 Gall Oval Stock Pot with Brass Tap | ✓ | 14 3 |
| | dis ✓ | | 1 2 |
| | Hardware. | ✓ | 13. 1 |

DESIGN, PRICING & ARCHITECTURAL MERIT

In total 27 potential sites were assessed before the West Sussex 'Committee of Visitors for providing a separate Asylum' determined that the site at Graylingwell Farm near Chichester would be appropriate. The Commissioners in Lunacy also wanted to assess the site as it would be they, together with the Home Secretary, who would approve of the plans – whatever the final size, the design or the prestige of the architect selected.

Although a recent recipient of the Royal Institution of British Architects' Royal Gold Medal, Sir Arthur Blomfield had no track record of designing asylums. His expertise lay in ecclesiastical and civic buildings. Nevertheless he was immediately favoured over the one other offer, that of Mr Lacy Ridge. There was no formal competitive procurement exercise as would be the case nowadays.

Blomfield negotiated payment – commission – of 5 per cent on all work carried out. He would be paid £5 for every £100 worth of costs –and would also be paid an equivalent percentage for any costs of less than £100. He initially estimated construction costs of £210,000 on which there would have been commission of £10,500. [In fact Blomfield actually received £6,259 on an agreed tender price of £124,219].

The cost of uniforms for nurses and attendants was estimated at £150, and furnishing costs were estimated at just over £11,000. Meanwhile the starting salary of the most senior member of staff, the Medical Superintendent, was £600 per annum.

There was a tendering exercise for the initial construction phase and it was the tender received from James Longley & Co. of Crawley that was accepted. The agreed building contract included additional elements of all-electric lighting, the provision of a water supply, and the extension and connection of the hospital's drainage system to Chichester's own.

This was the only asylum ever designed by Blomfield and his architectural practice. Both it and the Recreation Hall at the hospital – demolished as part of the current redevelopment of the site and yet his only known purpose-built theatre

– represented an important large-scale excursion away from the Gothic Revival style with which he is normally associated. [Blomfield's only other work in Chichester was to advise on the restoration of the Cathedral's south-western tower; he was also involved in restoration work of a number of parish churches in West Sussex.]

It was like a village hall, the bakery, and the two ovens covered one wall at the end and they were about ten foot wide and as high as the room... I suppose a good ten foot high... the door was only eighteen inches tall and you opened the door and you slid two trays in on a rotating – as you opened the door it came up and the shelf stopped and you slid your trays in with whatever you were baking, and when you shut the door and pushed the button they would rotate round inside, and there were eight of those trays so you could get sixteen trays of – I never filled it up the whole time I was there because I couldn't.

- Christine Cane

You came in the main front door and you had this long, long corridor which was – the floor was lino, shiny lino, for want of a better word... and it was kept spotless and all along the corridor both sides were the patients' paintings. Some of them were fantastic, some were very dark and unhappy, but there was some brilliant art work along those corridors.

- Margaret Allison

We had commode races along the corridors, using them like scooters; this was only done when all senior personnel had left for the day.

- Val Finch

It was a funny hospital you see... there was more underground than there was on the top really... There was all blue asbestos and that. We had a lot of asbestos... all round all the water pipes, the heating pipes and that, and even round some of our cables, it was all there – asbestos.

- Brian Harris

GROUNDS

The grounds were laid out by hospital staff and patients, working to a plan provided by Mr Lloyd. He was the Gardener of the Surrey County Lunatic Asylum (in Woking, and also known as the Brookwood Asylum) and supervised the execution of this plan. The work started in 1897 with clear aims that there should be no airing courts but that patients' grounds should be laid out with lawns, flower beds, shrubs and trees. The Medical Superintendent's house also had an extensive garden with splendid views towards Chichester Cathedral. While the impressive range of young trees and shrubs established, the site must have been very open to sunlight, as the first report by the Commissioners in Lunacy identified a need for summer houses and more trees for shade. Although this picture is from a later date, it does illustrate how spare the planting must have looked until it got established and the trees developed.

According to the General Rules for the Government of the Asylum, 'patients should be employed, as much as is practicable, in their special trades, and in suitable occupations in or out of doors. And, as a principle of treatment, endeavours shall be continually made to occupy the patients, to induce them to take exercise in the open air and to promote cheerfulness and happiness amongst them.' The gardens and grounds clearly had an important role to play in therapeutic terms.

Amongst the first patients were a number of gardeners and general labourers. One of the latter was Henry Herrington, who had dementia. He was described as quiet and in-

offensive, but quickly benefitted from working in the grounds. Unfortunately he suffered a relapse and died in 1901.

In a high proportion of cases admitted, the levels of nutrition at the hospital were considerably better than those previously experienced by the patients. George Clark was admitted in September 1898 in a poorly nourished state. He stayed for only six months before being discharged, spending some time working in the grounds, an experience he clearly benefitted from as part of his treatment.

Dr Kidd, the Medical Superintendent, was keen that plants should be grown for display on the wards. This was an activity that was to continue, with the aid of a number of greenhouses, until the hospital closed.

There were many subsequent developments to the site in the early years of the 20th century including the erection of garden shelters, the establishment of gardens on the new female side of the asylum, extension of the holly hedge around the south of the site, renewal of plants and trees, and the establishment of a $\frac{3}{4}$ mile walk.

Maintenance of the grounds suffered during World War I. After the War, the grounds continued to develop with, for example, the installation of garden lighting during the 1930s. With the advent of World War II, it was necessary to employ temporary gardeners to replace those who had joined the war effort.

In 1997 Chichester Priority Care Services NHS Trust produced a leaflet highlighting some

of the key specimen trees in the grounds. A number survive today including a Cedar of Lebanon planted in 1900 by the 6th Duke of Richmond and Gordon, which is located to the south of the chapel.

Graylingwell had been an out-station of Kew, as I understood it. It had really exotic trees there and very mature trees... We had some documentation from probably back in the 19th century about all the trees that had been sent down, so what we devised was the walk that took you round all the interesting trees and they were numbered so you could tell when you got to the right tree. That was kind of like a lunchtime thing that was built in as part of a 'get active in your workplace' - a sort of public health thing as well. It was about actually promoting health and enjoyment of these grounds. So I did a leaflet that took you round and guided you round, and it had a bit of history of the trees and when they came.

- Charlotte Dawber

Also at Graylingwell when I went there, there were beautiful orchards, really lovely. Apples, plums, damsons. You name it and it was there.

- Brenda Billings

And also, when you were looking after the patients, some of the long-stay ones - every day we'd say we'd go off and do a walk. If we couldn't do any fruit picking or anything, you were allowed to take them for a walk.

- Brenda Wild



CHAPEL

The chapel played an important role in the life of everyone at the asylum. Following the patients' breakfast at 7am, the Church of England Chaplain read prayers daily in either the chapel or the recreation hall at 8.30am. There was an additional service in the Infirmary once a week for those who were too unwell to attend chapel. The Chaplain led Divine Service twice every Sunday in the chapel at 10.30am and 6pm. Male patients who had 'behaved with as much decorum and quietness as possible' could go for a supervised afternoon 'road walk' after Sunday service. There is no mention of female patients being afforded such a luxury, although accompanied walks at other times are documented.

As important as religious attendance may have been, the 1898 'General Rules for Attendants and Nurses' states, 'No patient is to be forced against his will to attend any religious service, but reasonable efforts must be made to induce them to attend.' Staff members were instructed that 'care must be taken that the Patients have on their best clothes, and are neat and tidy in person ... those who are liable to be restless and troublesome must be seated near to the Attendants.'

When the asylum was built, 'moral treatment' was the accepted approach to treating mental illness. It presented a holistic treatment model where patients were kept physically, mentally and spiritually occupied. A nutritious diet, calm surroundings, practical tasks to keep them busy, structured daily routines, positive encouragements from staff, fresh air, exercise, and attendance at religious services and prayer were all important aspects of a late 19th and early 20th century therapeutic regime.

The Grade II listed chapel is described by English Heritage as 'a good, intact example of a large, detached asylum chapel of 1895-7, almost parish church-like in scale, designed by Sir Arthur Blomfield, with fine stained-glass windows.' The summary goes on to point out 'the separate male and female entrances, as well as the small rest rooms'. In the architect's drawings, however, these are labelled 'epileptic rooms'. The asylum was designed with male and female epileptic wings and, in an age with no anti-convulsive drugs for controlling epilepsy, this additional provision in the chapel provided a private space where an unwell patient could be taken.

In contrast to the main hospital buildings, the chapel is faced with undressed flints collected during construction. The 'Graylingwell Hospital Historic Landscape Characterisation' commissioned in August 2006 by English Heritage suggests this contrast in design was implemented in order 'to provide a comforting sense of tradition and permanence, or to emphasise the different character of religious days in the life of the hospital.'

The chapel was built with plain glass windows. Over the years, many of these have been replaced with stained glass, all of which serve as memorials. The inscription on the window at the west end reads, 'To the glory of God and in honoured memory of the officers, N.C.O.s and men who died at Graylingwell, and of the members of staff who fell in action; also in grateful record of the fortitude and cheerfulness of all those who occupied the wards in this Hospital during the Great War 1914-1919' [sic].

The window at the east end is dedicated to the Stuart brothers. Dr Arthur Knox Stuart worked as a Senior Assistant Medical Officer at Graylingwell for seven years. He was involved in a traffic accident in Chichester in February 1915, and died a month later. Dr Stuart's family funded the memorial window, which also commemorates his two brothers, both of whom fell during war. Both of these memorial stained glass windows were dedicated by the Bishop of Lewes at a special service held in the chapel in February 1919.

There are two further stained glass memorial windows in the chapel. The first is in the south wall of the chancel, giving the names and regiments of the hospital staff who fell during the Great War. The final window, in the north wall of the chancel, commemorates the 30 years of dedicated service of Dr Kidd. It reads, 'To the glory of God and in memory of Harold Andrew Kidd C.B.E., the first Medical Superintendent of this hospital 1896-1926.'

On a Sunday morning the nurses had to escort the patients to the hospital church. Only the Roman Catholic patients had the option to not go if they didn't want to because it was a Church of England service, but everybody else had to go regardless of what they might or might not have believed.

- **Judy Lunny**

Somebody who was connected for a long time with the hospital died, and the family wanted a memorial service... And so the church was opened up... and we went in and it was just like the Hammer House of Horror. I mean the cobwebs, literally, you could just pick them up and roll them up, they were so thick and it was just draped everywhere... And we went in and scrubbed and polished and things, and it was beautiful, and we did the flowers for it. And I read a reading at the service and lots of people turned up and it was so beautiful.

- **Charlotte Dawber**

When I got the carpet for the front entrance, I said to the Hospital Secretary... "Be a good idea if we could get the church carpeted out." "Oh," he said, "Can't afford that." I says, "What about Mrs Naunton? I'll have a word with her." Well she was friends with Worthing Hospital, Mrs Naunton, and her husband was Chairman. There's more than one way to skin a cat you see.

- **Thomas McKenna**

There was one time - it must have been Armistice Day - because they took the people down to the church... There was one German man in the ward and that was a bit tricky because he'd been a German soldier on the other side and I remember being quite amused because they were singing... 'Praise the Lord You Heavens Adore Him' which is all very well, but if you happen to be German it means 'Deutschland, Deutschland über alles', which is their marching song and he got very harassed by this, that German. They had to take him out.

- **Margaret Henderson**



ARTISANS & TRADESMEN

The hospital was planned as a community which contained all the features to enable it to be fairly self-sufficient. This included a workshop block for all the trades that were deemed to be useful to have on site. The tradesmen and craftsmen would service the hospital's practical needs but also provide useful therapy for the patients, who would be able to help with the work.

The workshop block was situated to the north-west of the site, as shown on the detailed plan of the hospital buildings, and workshops were provided for painters, carpenters, masons and bricklayers, the blacksmith, the plumber, tailors, cobblers, and upholsterers. The block also housed stores, yards, offices and a fire station. There was a bakery adjoining the block on its south-eastern side.

In May 1897 the Visiting Committee minutes reported that J Longley & Co estimated that for the amount of £155 10s, fittings could be supplied for the workshops, together with the clerk's and steward's offices.

The first annual report incorporated rules and regulations as to the running of the hospital. The 'Rules for Servants, Artisans, &c' stated that 'artisans, labourers and servants are required to leave their keys with the Hall Porter before leaving the Asylum estate' and that they were 'responsible for the condition of the workshops, and are to ascertain personally that the fires in the latter are extinguished before leaving duty'. There was also a responsibility placed on the artisans towards the patients who worked with them. They were required to employ those whom the Head Attendant selected as suitable and 'when necessary act as trade instructors'. A table of wages of workmen shows the highest paid was the electrician at 35s per week, followed by the carpenter and joiner at 30s, the baker and painter at 28s, and then the upholsterer, shoemaker and blacksmith at 26s. In contrast, and perhaps showing the esteem in which the trades were held, the lowest paid labourer on the farm received only 12s per week.

The tradesmen were not only an integral part of hospital life at the setting up but continued to have a role right up until the time that the hospital closed. The old workshop buildings, too, were still in existence when the hospital closed, although they have subsequently been demolished.

The most important thing about Graylingwell was that it had everything. It had its own shoeman. It had its own printing press, so it printed all the things for the patients, and they had a clothing place... All these staff all worked together, you see, so they issued clothes for the patients and they could always get their shoes done. And then there was the upholsterer. And of course each of these places always took a selection of patients to work with them. So you would have people working in the printing press, when they were well enough, and all over the place. So it was really good. [And there was] the needleroom, so you'd have people mending patients' and staff's uniforms. It was really lovely.

- Brenda Wild



GRAYLINGWELL'S FARMS

There were initially two farms on the hospital estate – Graylingwell Farm and Martin's Farm, providing meat, milk, vegetables and fruit which allowed the asylum to be almost self-sufficient. [Graylingwell Farm had been the residence of the Sewell family from 1853-57. Their daughter, Anna, had her most well-known book *Black Beauty* published in 1877. The book was not, however, written at the farm.] Old Place Farm, Westhampnett was leased from 1931.

Once Graylingwell had opened, the Visiting [Management] Committee inspected the hospital, farm and grounds on a regular basis. The Farm and Grounds Sub-Committee met monthly. Their early minutes show that substantial planning was undertaken for the establishment of the hospital farm. While the health of the patients was of the utmost importance, so also was the upkeep of the building, farms and surrounding grounds. Arthur Blomfield & Sons continued to be involved with regard to matters such as alterations to the farm buildings and a rain water tank. Plans and estimates were drawn up for items such as the slaughter house, piggeries, and the costs of connecting water from the asylum well to the farm and its cottages. Buildings near the farmhouse on the west side of the yard were to be converted into a cow house.

The Bailiff was responsible for the farm, and also for providing flowers and plants for the wards and offices. Additionally he was responsible for the care of the 16 male patients who lived in the farmhouse. According to the second annual report, 'a large proportion of the male patients from the main building also work on the farm, and in summer the female patients assist in haymaking.'

As can be seen in the sales and purchase records, Graylingwell Farm housed a great number of animals, including pedigree Large Black pigs, Southdown and Hampshire Down sheep, ducks and chickens. Care of the poultry was almost entirely undertaken by the hospital patients who fed them leftovers from the institution, under the supervision of the Farm Bailiff and his wife.

Perhaps the most notable animals, however, were the farm's herd of dairy Shorthorn cattle. The herd became increasingly successful, achieving several top places for breed quantity in the National Milk Records in the 1950s. Locally, the farm was awarded the North Challenge Cup for the highest average yield of milk for a Shorthorn herd in West Sussex. The Cup had been awarded for the ninth successive year when farming operations came to an end on 25th March 1957, with the remaining stock being disposed of by auction. The hospital found other uses for the buildings, and the land was farmed by a tenant.

The patients used to come round in long crocodiles with the nurse... They had these mustard coloured coats made in the sewing room by the patients at the hospital, with big buttons down and just a pointed collar, a good woollen thick coat. Because when we were nursing we were issued with these navy blue thick coats, because we used to take the patients for walks all round the farm.

- Cicely Glover and Shirley Wingham

They had their own slaughter house on the farm and dad used to send the sheep up when they wanted them, or a cow... And of course all the animals went, and the last horse. I remember seeing that last horse loaded up - Prince - and we all cried. It was dreadful to see... Dad put in for a council house... 'cos he knew the farm was going to be sold...

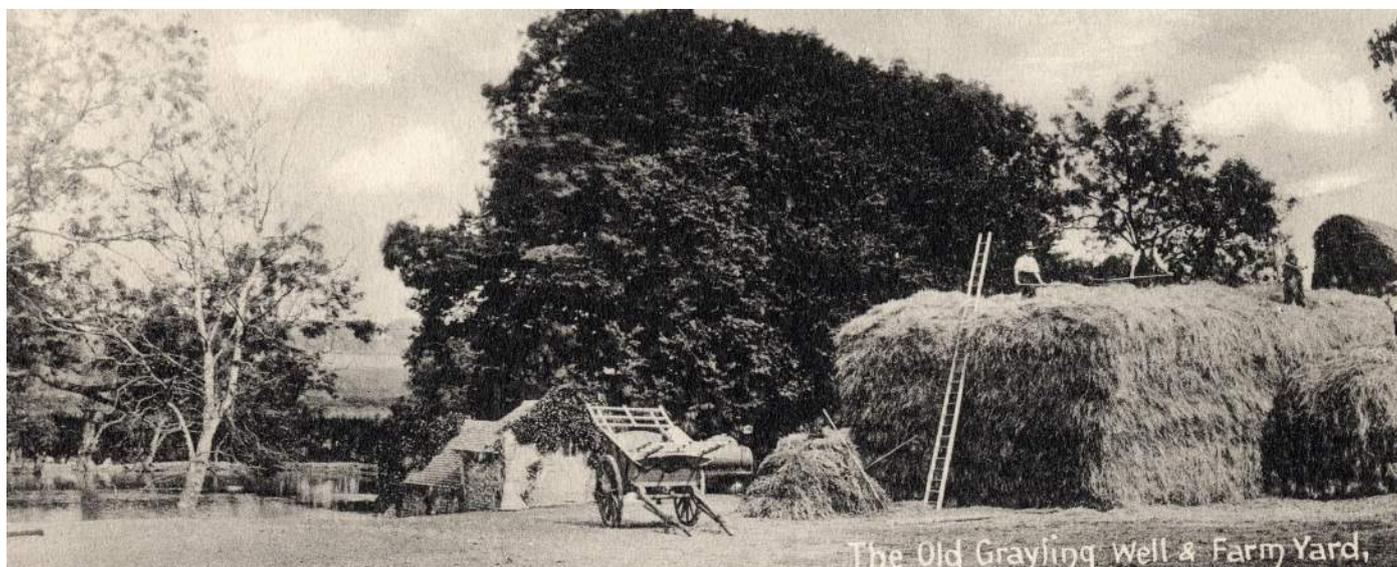
- Cicely Glover and Shirley Wingham

The other thing that characterised the hospital - like so many other large mental hospitals at that time - the grounds were surrounded by nursery and farmland. In fact at that time we had a hospital farm which was very largely staffed by patients. This was a policy that was criticised later because it was thought to keep patients in hospital for an unnecessarily long time. I don't agree with that. In actual fact it was a very therapeutic way in which the hospital offered a slice of normality to people, most of whom came from the rural community anyway and farming and horticulture and so on was quite naturally part of their lives.

- Dr James Jenkins

And my wife's grandfather used to supply Graylingwell Farm with Shorthorn cattle and they always had to be strawberry roans, which is a sort of strawberry-colour cow, and they all had to be the same. And he used to supply them on a regular basis.

- Andrew Blanchard



KITCHEN GARDEN

The kitchen garden at Graylingwell was laid out in eight rectangular plots, to the north of the Chapel. They were stocked with fruit trees around the perimeter, leaving the centre of each plot to grow vegetables, primarily for the hospital kitchen. There was an area with herbaceous plants, in order to provide cut flowers for the wards. The initial plantings were as follows:

| | | | | | |
|---------------|--------------------------|----------------------------|-----------------------------|-------------------------------|--------------------------|
| TREES | 228 Apples | 83 Plums | 63 Standard Pears | 2 Quince | 2 Medlars |
| BUSHES | 200 Redcurrant | 50 White-currant | 200 Blackcurrant | 200 Raspberry Canes | 126 Gooseberry |

In 1898, around £75 was spent on seeds to get the kitchen garden established. Over the next 20 years purchases of seed averaged just over £30, except in 1917 when expenditure spiked to £81, as the hospital responded to the Government imperative to produce more food on the Home Front.

By 1901 the site had almost achieved self-sufficiency in produce. At this time male patients were entitled to eight ounces of potatoes and 8.5 ounces of other vegetables as part of their dinner. Female patients were entitled to a similar ration with just two ounces less of potatoes. Unfortunately, few records survive of the types of crops grown at this time, but some seed potatoes are identified ('Early Rose' and 'May Queen').

A number of patients worked in the kitchen garden. One of these was Henry Naylor (a watchmaker aged 22) who was admitted to the hospital as a patient in October 1897. His initial diagnosis was that he was excitable and restless, and he was also described as 'silly' and 'weak-minded'. The patient case book shows that he worked on the hospital grounds and gardens, and was discharged in 1900 as 'recovered'.

In March 1915, all the patients were transferred to other asylums, to make way for the creation of the War Hospital. Some of the patients were relocated to the Farmhouse under the oversight of the Farm Bailiff. Extra gardening staff were hired to replace those who had joined the war effort.

In 1937, the hospital advertised for a new Farm Bailiff, as Walter Peacock had completed 40 years of service. It took two further years for his replacement to be agreed as there were 246 applicants! Walter stayed on as an advisor in view of his outstanding contribution to horticultural and farming activities.

With the advent of World War II, staffing became difficult, with temporary staff and later boys being employed.

The early 1950s saw the first questioning of the role of horticultural activities in the hospital, when the 'very important part played in the medical and general treatment of patients' was noted, and the decision taken to continue. Apart from internal supplies, other orders included one ton of potatoes for St Richard's Hospital, and a quantity of vegetables plus two hours of gardening time for Dr Graham (one of Graylingwell's Registrars).

In 1957, following a national review, farming activities ceased. Paradoxically, this led to an increase in growing fruit and vegetables, with the establishment of a market garden, run by extra staff. Unfortunately, this was to be a relatively short-lived initiative, as the Regional Hospital Board ordered the closure of the all farming and large-scale gardening in the Region's psychiatric hospitals in 1964.

I had a little job there which I loved. I used to go down the garden department and make - you know the wooden seed boxes you use in the spring for putting your seeds in - we used to make them and I used to see how many I could make, and I got up to a hundred one day and that was my limit.

- David Cole

There was the orchard - round about five acres actually - a mix of apples, a few pears, mostly apples. There was the polytunnel where things like tomatoes and cucumbers were grown... one large glasshouse which was flowers and there was one other area where we grew mushrooms. And then there were the actual vegetable gardens outside where potatoes, cabbages, etc., runner beans, according to the season, were grown and some of that used to get sold in the hospital shop or direct to people coming to the garden area and buying them, which was quite nice to see stuff that you'd grown actually being made use of.

- Tim Bird

ALBERT WRIGHT

THE PATIENT WHO WANTED TO BE CONTAINED

It was noted in Graylingwell's second annual report (1899) that Albert Wright had 'a history of having been sent to various asylums four or five times during the preceding three years. Whenever discharged he contrived to get himself re-admitted, either by committing some action such as undressing himself in the street, or by performing some wanton deed of mischief in such a way that suspicion, but no actual proof, should fall upon him, and when arrested, feigning madness. He was a constant source of anxiety to the Police, and expense to the ratepayers.'

In the Statement of Particulars in the patient case book, Sergeant Whittington of West Sussex Constabulary reported that Albert was brought in wearing only a shirt and trousers. Albert stated, "I left the Coach and Horses, Bedford Street, and someone followed me. I heard them say they would murder me. I pulled off my things so that I could run faster."

On admission to Graylingwell in August 1897, Albert (aged 26) was undernourished and hungry. Quiet and well-conducted, he answered questions well. He was diagnosed with mania. In a subsequent interview, Albert admitted 'intemperance in alcohol', which led to 'queerness in his head'. He also heard voices. He was recertified nearly one year after admission, as was the usual practice. The diagnosis was still 'mania'. It was noted that, 'He is weakminded' with poor memory, and that he had been unable to control his heavy drinking before admission. On 5th August 1898 he was discharged by order of the Visiting Committee as recovered.

According to the second annual report, a few days later he attempted to commit suicide by placing himself on a railway line, but subsequently admitted that he had acted deliberately, 'so as to be brought back to the asylum.' He was aware that no train was due and that a signalman was nearby. He was cautioned by the Chairman of the Visiting Committee and discharged as 'not insane.'

Nearly four months after leaving Graylingwell, Albert set fire to ricks belonging to Arthur Harris, at Donnington near Chichester. He gave himself up at the Police Station, where the Superintendent informed him, "I know what you have come here for, and you know as well as I do that it is my duty

to caution you before you make any statement that you may wish to make." The Superintendent then took down the statement: "I, Albert Wright, make the following statement. On Saturday November 28 1908 about eight o'clock, I went and set fire to some ricks - I think five - at Stockbridge Field near Chichester. They belong to Mr Harris. I ran away across the field to Hunston Bridge and straight up to Chichester. I done this because I could get no work."

Instead of admission to the asylum, Albert found himself committed for trial at the Lewes Assizes. It was noted that he had 'a mania for rick firing', and a number of previous convictions. He was convicted of arson and sentenced by Mr Justice Bucknill to five years of penal servitude. Albert was reported as 'unperturbed' by the sentence.

On a number of occasions I heard the view expressed that we mustn't make it too comfortable for the patients because they might want to stay. The majority of patients were only too happy to go home once they were well enough to be discharged. One or two certainly would have preferred to remain in hospital if they could. Nobody seemed to consider why that was. For some, I think it was because they lived alone and they had company in hospital, and they would have to go back to a lonely existence. For others I think they just found life difficult to cope with outside, the pressures of life, and they wanted to be in hospital where they would be protected from those pressures, and then there were other people who had difficult family relationships and didn't really want to return to those.

- **Judy Lunny**

The other thing which I found really interesting was... some of the patients who were in after their treatment and therapy, they got better and would leave, but then some patients would actually come back and I'd be told that they'd booked themselves - they'd made a self-referral - and this would happen like a few months before Christmas. ... they would book themselves in because they'd want to return and meet the people that they had known. Or maybe it was a particular tender time for them and they found it difficult... but there was a bigger increase in intake leading up to Christmas.

- **Chrissie Dixon**

FOOD

They were going to introduce the plated meal service, and I didn't agree with it. I said, "No, I don't agree with the plated meal service." The service in the old days... they used to have big aluminium containers put into heated trolleys and taken to the ward, and the charge nurse or sister would issue it out. And they asked me, "Why?" I says, "Well, you get a little female patient, and she gets a scoop of potatoes, scoop of cabbage, whatever it is on the plate, and a man who's sixteen stone, working on the farm - he's getting exactly the same portion."

- Thomas McKenna

I suppose we did about 150 bread rolls a day and doughnuts twice a week. I probably did a hundred of those, I suppose, and they were all moulded by hand. We had no machines... Everyone liked Tuesdays and Thursdays - doughnut day. They were only done Tuesdays and Thursdays because then I could get the dough and all ready and have it chilled. And then, just as soon as I came in in the morning, I could get it going and start frying by about 8 o'clock, otherwise you wouldn't have got it done.

- Christine Cane

There was a large kitchen at the rear of the building and there was always a supply of such things as tea and coffee and milk and sugar and jam and marmalade and always freshly baked bread from the hospital bakehouse. Also I think it was probably about once a fortnight, the bakehouse used to supply jam doughnuts, which were always well received. We had them in the nurses' home, they were supplied to the wards and there were also some on sale in the hospital shop for staff who lived out.

- Judy Lunny

While we were there they became, I don't know, saving money I suppose, or being modern, or whatever it was, but they organised that the meals should be vacuum packed and come from somewhere in Wales in lorries. And they said it's simply marvellous - so much cheaper and so much better and so much more scientific and much more choice... but they were better when they were cooked on site.

- Margaret Henderson

PART TWO: COMMUNITY

LOVES, LIVES & LOSSES

During the course of the research for this publication, and the work undertaken in recording oral narratives and involving people in producing artwork, a clear sense of the experiences of a hospital community was identified.

This part includes a number of case studies about those who lived in Graylingwell Hospital as patients (including children) or staff. These histories provide a snapshot of some of the hidden narratives uncovered by this project. A separate fictional account, entitled 'Coraggioso Rosa!' has also been included: it has drawn on a patient's case records for inspiration.

We consider here too some elements of the social side of the hospital. This includes the role of sport and entertainment, the patients' magazine *The Wishing Well*, and the popularity of the recreation hall for theatre, film and other events.

You could actually live within the hospital because there was a staff canteen. There was a patients' affairs department - also had a Lloyds bank so you could draw cash out. There were no mobile phones at the time so there were no phones within the hospital, and the hospital social club, where you could cash cheques and the Naunton Pavilion as well. I would at least once a week leave the premises, but there were a couple of friends at the time who suddenly realised three, four months down the line, they hadn't actually been off site for three or four months...

You'd get up, there were kitchens so you could look after yourself or go to the canteen for breakfast. Go to work, do your work, go to the canteen for lunch, finish work, go to the canteen for your evening meal. A full cooked meal either at lunch time or in the evening was something like forty or fifty pence in 1986/1987 and you could then go and socialise in the hospital social club.
- **David Kerridge**

There were things wrong with the system. Patients were admitted in those days who would never be hospitalised now. Many patients did become institutionalised and would never return home, being unable to look after themselves again. They slept in dormitories and had quite rigid routines and structures to their days. However many patients, if they were able to, could work, which gave them a feeling of contributing and being part of a community giving them great self-worth. Some worked on the farmland, in the bakery, and some trusted patients delivered mail to the other wards. There was an industrial therapy unit where many patients worked, and during my time there one of our jobs was to package up Estée Lauder perfume. The patients who could not work participated in art therapy, social activities and craft work. With the beautiful grounds to walk and relax in, the church, hairdressers, shop, music therapy, it felt like a village and provided a safe refuge from the outside world where patients could rest and recover.

- **Rosemary Walker**



GRACE CHICK

THE FIRST PATIENT

ADMITTED IN 1897

This is the story of the first patient to be admitted to Graylingwell, a woman called Grace Chick. She was born Grace Pudney in Brightlingsea, Essex in 1855. Her father was a Master Mariner and her mother was a dressmaker. Her family later moved to Bosham, where Grace met and married another Master mariner, James Chick, on 10th April 1875. Grace's hospital records state that she lived in Holly Cottage in Bosham, which I have discovered through looking at old maps is still there today and still called Holly Cottage. The couple did not always stay at the cottage – Grace accompanied her husband on some of his trade runs, which was common practice for the wives of Master Mariners.

Grace had eight children. Her last child was born in 1894 and interestingly this was the year that her mental health began to deteriorate. Shortly after the birth, Grace was admitted to Fisherton House in Salisbury where she spent eight months as a patient. Just four months after being discharged, she was admitted to Warwick County Asylum where she stayed until December 1896. She again returned home but in July 1897 she was admitted to the West Sussex County Asylum and she stayed there for five years.

The cost of patient care in asylums often fell to the local Poor Law Unions. However if the family were deemed well enough off to pay, then the Union would recover some of the cost from them. I have searched through the Westbourne Union minute books and found several entries regarding the maintenance of Grace Chick. The Union believed her husband should pay towards Grace's care, but getting the money out of him proved difficult. Eventually the Union threatened to prosecute and possibly have him sent to prison. Grace's husband also attempted to have some of his children taken into the workhouse whilst his wife was in the asylum, offering to pay towards their maintenance there. Perhaps this was because it was difficult for him as a sailor to care properly for them? Either way, the Union refused his request and he had to make alternative arrangements for the children's care.

Grace was recorded as suffering from acute mania when she was admitted to the West Sussex County Asylum. On her arrival she was 'incessantly shouting and praying. At times she attempts to jump out of bed and has to be restrained.' She improved quickly, though, and within two months she was well enough to assist with ward work and later in the kitchens.

Encouraging patients to engage in such activities was part of their rehabilitation, along with recreation time spent in the patient gardens, food, and rest from what were often busy and stressful lives. I can't help but wonder if Grace was suffering from post natal depression as her mental health issues began so soon after the birth of the last child when she was 39 years old. Alternatively, perhaps her illness was genetic. We know from her medical notes that her brother died insane and that a first cousin was 'mentally affected'. Her first-born child Evelyn is listed in the 1901 census as being an 'imbecile from childhood'.

On Grace's discharge from the asylum she was described as 'recovered'. Whether she was admitted to other asylums again, I have not yet discovered. I do know that the family moved to Bournemouth, and that Grace died in 1932 aged 77. James died in 1937 aged 87.

I remember one lovely girl she was, and she'd come in having had a baby. And it didn't work out - she got puerperal psychosis and was never the same again, never ever went out. But she brought all the baby clothes in with her. Don't know what happened to the baby. But there were lots of sad, really sad cases.

- Brenda Billings

(Recollection about a different patient who became unwell following childbirth.)



HANNAH O'LEARY

ADMITTED IN 1897

Hannah O'Leary was admitted into Graylingwell on 27th October 1897, after spending the previous two years in Camberwell House, London. On admission she was examined, and assessed to be suffering from chronic mania. She was not a danger to herself but might be to others. Her physical appearance was one of poor nutrition. Upon admission it was noted that she had a brother who was also in an asylum. However, I am unaware which hospital he was admitted to, so have to base this case study on the time that Hannah was an inpatient at Graylingwell. I will try to ascertain if the help and care that she received helped alleviate her symptoms to allow her to leave the asylum, or if she was better remaining in the care of the asylum.

The hospital staff had to deal with Hannah's sometimes challenging behaviour, with outbursts of violence and verbal abuse. She had delusions, telling staff that she was a direct descendant of William the Conqueror, and that she was the owner of Graylingwell. There were times when she refused to assist with work on the ward.

Hannah was seen regularly by a doctor. She was moved from one ward to another (it is not clear whether this was done for the safety of staff and/or other patients or for Hannah's own safety). By December 1898, just over a year after admission, Hannah had been in three different wards of the hospital.

Upon investigation of the patients' case book it was clear that Hannah would not have been able to leave the hospital. There was little change in her behaviour over the years. She had the first of several fainting attacks in February 1906, where the fall caused a 'severe contusion on the right side of her face'.

Hannah died in February 1914, at the age of 62, having spent the final 17 years of her life in Graylingwell. After reading the case book I may be so bold as to say that her life may have been a lot shorter and certainly more distressing if she had not been a patient at this asylum.

If you haven't got a genuine, basic, good, loving nature - human heart - and you genuinely want to do something nice, caring towards someone, then I don't think you should be a nurse; but I think Graylingwell, working in a mental health environment, gave me that real basic foundation of actually, what you've got to do is look into someone's eyes - empathy.
- David Kerridge



KNITTING

I was doing a lot of finger knitting and crochet and I decided that I was going to crochet myself a mat, and I did. And it went nearly the whole length of the corridor, where people slept, and I'd just been finger knitting, finger knitting... did it thicker and then I wound it up and made it into a thing because I've always been creative.

- Tess Springall

It was the wards where the more senile ladies lived, really - that's where they lived, and what they were given was knitting wool and they would knit. But obviously as time had gone on, because of their senility, they'd forgotten how to knit things and so therefore not everything they knitted would be of actual real use. It would just be scrawny and dropped knitting, but I think some still had some skill and they were knitting, but what was done with what they produced... my job was to collect this knitting and take it to a little back room and then sit there with two other people... and they would sit and unravel these pieces of knitting back into balls and take it back to them to do all over again. It was never put into, like, squares, or made into a blanket or something of use. Not only that, but it was never washed or cleaned. The wool stank of urine and I found it very offensive, and I just felt it didn't show real respect and dignity for these elderly ladies. I mean, I'd be appalled if that had happened to my Nan - it's just not something you would think of doing... I really don't know the reasoning behind it. Maybe they thought doing that was better than nothing, but it was just so appalling.

- Chrissie Dixon

My favourite place to be was the OT department because it was such a lovely atmosphere... the staff were friendly, were always larking about. One patient had knitted something... the nurses had stuck it on the back of my uniform and I didn't know. It was like a joke they played on people and everybody was laughing at me, and it was in the shape of a willie warmer, you know, and it was just hilarious. But it just lightened the day really.

- Chrissie Dixon

Sometimes we used to go to the OT department... and they would do knitting or dishcloths and things like that, which were used on the wards for washing up.

- Christine Houghton

FLORENCE DENMAN

ADMITTED IN 1907

Florence was born in Kent in December 1885 or January 1886. About four years later her mother died of cancer. Her father, an alcoholic, was then imprisoned for neglect after deserting his children in Ashford workhouse. Florence lived in several of the Society for Waifs and Strays homes, and went into service in 1903. She was good at her job and was promoted, but the stress of responsibility was too much for her. She attempted suicide in January 1907 and began a fight against mental illness, which saw her detained in several institutions between 1907 and 1911.

She was admitted to Hampshire County Asylum at Knowle in January 1907. Her second suicide attempt was in March: whilst out walking she attempted to throw herself under a bicycle. In August she was moved to Graylingwell. The Medical Superintendent of Knowle, Dr Rudolf, wrote to his Graylingwell equivalent in October 1907 enquiring about Florence's progress. Dr Kidd replied that she was no longer depressed, but was 'weak-minded, silly, childish in behaviour, and idle'. He hoped she would make further improvements but she was 'congenitally deficient', and would probably not make a 'satisfactory recovery'. Reverend Hollins, the clerical secretary for the Homes for Waifs

and Strays, wrote in 1908 that Florence had 'practically no control over herself at all and is at times very violent', causing more problems for the staff than any other patient. A report in January 1909 noted that she was suffering from 'tubercular trouble' (consumption).

In January 1911 Dr Kidd wrote to Florence's former employer Miss Scott, noting that Florence had made 'remarkably good progress of late' and hoping that she could be discharged. Miss Scott wrote to Dr Rudolf asking if he could suggest somewhere Florence might go, stating that she would not allow Florence to re-enter her service as she 'dare not take the risk of her harming herself in the house with sick people'. Unfortunately Florence became unwell and in February was transferred to Fisherton House, Salisbury. Dr Kidd wrote that it was likely she would 'always be unstable and liable to have recurrent attacks.'

Florence wrote to Dr Rudolf in November 1911 that she was ready to be discharged from Fisherton House. She promised to 'try and look on the bright side of things' from then on. It was confirmed that she was fit and well, and although 'somewhat weak-minded' she was not emotional or

suicidal, and could work with others profitably. Rudolf wrote to Mr Roxby, a member of the After Care Association, asking for assistance in rehoming Florence and finding her employment: 'of course you will understand that the young woman is not really suitable for any of the Society's Homes, having regard [to] her age, but at the same time I should much like her to have another chance.' In fact the Association allowed Florence to live in one of its cottages and employment was found for her in a laundry in High Barnet. The work took its toll on her health, however, and Florence began to look for a different form of employment during 1915.

In December 1926 Dr Rudolf received a letter from Florence's employer stating that Florence had been employed as a domestic servant by them for some time. She had been seduced by a man who promised marriage, but turned out to be already married. Florence had a son aged about six and a half, who was living with a family at Oakhurst. Florence married sometime between the late 1920s and early 1940s (when she was living in East Sussex).

And these people had often had awful, awful experiences. Not only at their parents' hands but then later in the institution itself, and must have been terrified. What a hell of a way to live, in a dormitory all your life. It's a lost life.
- Elspeth Smith



WILLIAM WILLCOCKS

ADMITTED IN 1911

William and Mary Willcocks were appointed as Master and Matron of Chichester Workhouse in October 1901. Twelve years later, William would die in Graylingwell Hospital. In his book on the Chichester Workhouse, MacDougall sums up life as 'harsh but not unbearable.' Obligated to adopt the 'common parish dress', residents were stripped of any personal possessions and made to live communally. Punishments were harsh. Anyone suffering the symptoms of mental illness was confined to the rooms for 'persons out of their senses.'

Born in 1863 in Shoreditch, William was the eldest of four children. William and Mary were Master and Matron at Westhampnett Workhouse before taking the post at Chichester. From the Board of Guardians records for the Workhouse we can trace William's descent into mental illness. Errors are noted in his accounting and in 1909 he was the subject of a vote of no confidence after an incident involving the mis-selling of farm livestock. Additionally, he was ill on 10th April 1910 and unfit for work. After some two months rest and convalescence he appeared to recover. His brother Robert had acted as locum tenens during William's absence, as he was to do again.

William was admitted to Graylingwell on 13th December 1911. His symptoms were those of General Paralysis of the Insane, caused by tertiary syphilis. He was affected with serious depression and neurosis, and the doctor's certificates that consigned him to care note these as 'dominant symptoms' during the early stages of infection. As the illness progressed, more serious damage was caused to organs including the heart and brain, resulting in blindness and paralysis of the limbs.

William's depression led to a suicide attempt, for he had drunk carbolic acid prior to hospitalisation. Though considered in fair condition on his arrival, there was no 'cure' for General Paralysis of the Insane, and many patients suffered with the type of 'melancholia' that William exhibited. The certificate of commitment by Dr Ewart helps us engage with William's perception of his own illness. Dr Ewart wrote that '[William] has told me that at times he has 'strange thoughts', and that at such times he feels that he cannot trust himself alone.' How awful must that sensation have been for a man who, at least at the beginning of his illness, was aware of its effects? Despite the illness, his former employers continued to pay the Master's salary until 1st March 1912, when it was confirmed that William would never be fit to return to work. William died on 24th May 1913 in the presence of the Head Attendant, Mr A F Neal.

My first ward was a geriatric ward – and if I remember correctly we had about thirty five to forty patients with very few staff. We worked hard from the beginning to end of each shift. Despite the high patient numbers on this and other geriatric wards, the staff were compassionate and caring and I saw many interesting patients with illnesses not so common today. Two examples I can think of were Huntington's Chorea, and G.P.I. (General Paralysis of the Insane) which is tertiary syphilis.

- Rosemary Walker





CHILD PATIENTS

1897-1914

Victorian asylums were well known for adopting the approach to mental illness known as 'moral therapy'. Patients were, as far as possible, encouraged to recover from mental illness via a regime of order and work. This was combined with a regular and scientifically determined diet of food, both for the body in terms of nutrition and for the soul via regular attendance at Chapel services where sermons and décor were deliberately designed not to excite the passions.

What is less commonly known, however, is that children shared in the routine and confinement of the asylum, often living on the same wards as severely disturbed adults. Many of the children suffered from the then ill-understood conditions of epilepsy and/or congenital deficiencies, and they were referred to in the medical language of the day as 'idiots' or 'imbeciles'. Unable to understand the asylum environment in which they had been placed, it is little wonder that, as in the case of 12 year old Margaret W., these children '[f]ought, kicked, bit and spat when being examined' on admission. Some of those admitted to Graylingwell had made attacks (occasionally very violent and involving the use of knives) on either their parents or siblings. Many children, including 13 year old William W., were 'destructive, dirty in [their] habits ... and lost to [their] surroundings'. Often they were dumb and unable to communicate in any way other than by being physically 'spiteful and abusive' to those nearest to them.

Dr Kidd, the Medical Superintendent, sought to alleviate their plight, being extremely conscious that this was not a satisfactory way to provide for these children. He also stressed the fact that the original design of the asylum did not reflect the need to include provision for the care of children. In fact, it was not until March 1911 that specialist accommodation in the form of a 'Children's Ward', carved out from a 'special section of the Female Infirmary', was built. Until that time some of Graylingwell's children had been accommodated in the East Sussex Asylum at Hellingly, where there were better facilities.

In 1912, however, all those in Graylingwell under the age of 13 were moved from the main building to the Sanatorium. Removing children from the formal environment of the wards, with all their distractions, disturbances and daily inconveniences, was very successful. 'A wonderful improvement' was observed in the 'state and condition of these little persons', Kidd noted. The change was 'most striking', he continued, and he praised Nurse Bitten, who had borne the chief burden of the removal and settling in of her charges. In addition, the 'happiness of the children ha[d] been greatly added to by the provision of a large sand pit ... kindly provided by His Grace the Duke of Richmond.' The Mental Defectives Act 1913 instituted new laws which provided for the care of the mentally disabled, but Graylingwell had, by then, gone some way to improving the lives of its younger patients.

The records of children who were patients at Graylingwell subsequent to World War I are closed for research purposes for 100 years.

OCTAVIA WILBERFORCE

GRAYLINGWELL'S FIRST WOMAN DOCTOR

'Perhaps a stiff introduction to medical practice for a sensitive spirit.' This is how Dr Octavia Wilberforce, daughter of the influential abolitionist family, described a friend's reaction when she accepted the post as locum Assistant Medical Officer at Graylingwell. Like many young women of her era Wilberforce had struggled against family opposition to her professional ambitions, and her medical school fees were paid by friends, including American suffrage campaigner Elizabeth Robbins. At the outbreak of World War I the total of qualified women doctors was 900 – in contrast to over 30,000 men.

Born in 1888 at Lavington House near Petworth, Octavia's formal education was sporadic and rather dysfunctional. The youngest of eight children she was allowed to 'run wild' until the age of sixteen. Her journey from this rather haphazard educational position to one of qualified physician demanded tenacity and an obstinate determination to achieve her goal.

Octavia's struggle to matriculate (being 'constantly in despair over Mathematics') was conducted alongside her studies at Dr Elizabeth Garrett Anderson's London School of Medicine for Women (which she began in 1913). Family tensions accelerated to the point where her father cut Octavia out of his will, but with Robbins's support she survived. Passing her Matriculation in 1915, the doors opened to full-time medical training and to her graduation in 1920.

Octavia met Dr Harold Kidd, Graylingwell's Medical Superintendent, at a dinner party at the home of mutual friends that autumn and he offered her a locum post. She demurred at first, having 'no special experience with lunatics', but was prevailed upon to visit and test the water.

She mused on the fact that it might have been the picture of William Wilberforce in the hall at Graylingwell that prompted her to accept the post. She also noted a particular atmosphere about the hospital which resonated with her. This, together with the fact that Kidd was seen to be 'beloved by patients and staff alike' sealed the decision, and she moved into the hospital at the beginning of December. She barely left the building until urgent plans for Christmas shopping drew her into Chichester three weeks later.

Octavia's working hours were long (up to 12 per day). She was also on call to attend to any serious patient disturbances during the night. Her relationship with the nursing staff (and in particular the Ward Sisters) began frostily; however Octavia was more than equal to such attitudes and her determination to adopt an innovative, firm but fair stance towards the patients ensured that very soon the Sisters were asking her opinions on the 'difficult' cases. Being on duty over Christmas also meant that she was able to take part in some of the celebrations. Festive cheer was by no means thin on the ground at Graylingwell and many rules were relaxed for the season. Octavia remarked that '[i]t is interesting here,' and she praised the 'extraordinarily well staged and well done entertainment' which she considered to be on the same model as a London stage.

Octavia left Graylingwell on New Year's Day 1921, paying the hospital a poignant tribute. 'I was deeply moved at leaving' she wrote, 'I had loved my time there, and it certainly benefitted my work. It had also given me a self-confidence and grasp which no other job could have done in so short a time.' She began her new job in London, her first post of real responsibility, full of confidence and enthusiasm.

This lovely woman called Vera... she was a proper nurse and she did the Red Cross nursing there. All I can remember is that she used to make beds. She used to prepare all her patients for us when she was with us and get scrubby old blue towels, wet them under the tap and wash their faces before we dealt with them. She was a great, great character, quite stern but she knew what she was about.

- Former Graylingwell Volunteer

Another memory is being in town and my mother often meeting other colleagues and standing and talking to them for ages, about work usually. But the town seemed to be full of staff from Graylingwell because there were not only nurses, there were all the other support staff, including bricklayers, for example and people who worked in the laundry and on the farm... I can remember my mother taking patients back to the hospital, and I can remember we knew that they shouldn't be there because they had their slippers on and sometimes their nighties and dressing gowns, but they were always around Chichester.

- Dawne Lygo-Baker

THE PATIENTS' MAGAZINE

The *Wishing Well* was a patient-produced magazine which was published from 1946 until at least 1960. It featured stories and poetry written by the residents of Graylingwell Hospital (who were only identified in the magazine by their initials), as well as a general knowledge quiz, a crossword, jokes, and reports on local sporting events.

The A5 size volumes, which were bound in brightly coloured paper, were produced by the hospital's Occupational Therapy Department. Although many of the images used in the magazine are woodblock-style prints of local buildings such as the Cathedral, there are also pen and ink sketches and humorous cartoons drawn by patients.

The magazine identifies itself in the Editorial note of Vol.16, No.2 as 'the organ of the house, a rallying point of cultural interests and a record of social activities, [and it] reflect[s] the many-sided life of the Graylingwell community, its sport, social events and cultural interests.'

S.F. wrote a column entitled 'Social Life at Graylingwell', which gives the reader an insight into the activities those who lived at the hospital could enjoy. 'We have a fine social club. In winter there is something on nearly every night. We have just

started a Gala dance where ... we all dress up in our best clothes. ... In the summer there are outings, tennis, walks, summer sports and a very nice tea.'

The magazine often featured reviews on recent cultural events which the patients had been able to attend, such as can be seen in the report on 'An Afternoon Trip and Pantomime' as described by L.T. 'We gathered at the side door to await the arrival of our bus, which was due to start at 3.00pm. We were all looking forward eagerly to our afternoon outing ... we passed some very large fields where the earth was already broken up in preparations for the sowing and reaping of our next harvest.'

The Editorial team also produced special Christmas editions, occasionally with a message from the Medical Superintendent. In the 1959 Christmas edition, Dr Joshua Carse wrote, 'Great credit is due to all who assist in any way in [The *Wishing Well*'s] production, for this little magazine is deservedly popular and each issue is eagerly awaited.'

The Editorial team encouraged the patients to write in and supply content. In Vol.16, No.1, the Editorial note reads, 'The editorial office would welcome some new contributors with copy for



the summer number, and hope that the faithful who have kept the magazine going for so long will only take a short rest before starting afresh.' This affirmative call for content indicates that *The Wishing Well* reflects a community which aimed to support each individual and foster the creativity and expression of those who lived at Graylingwell Hospital. This is also indicated by the editorial message in Vol.17, No.1 - 'Remember, dear readers, that it is your OWN work that makes the 'WISHING WELL' so popular and we should be very grateful for further contributions from you, whatever their nature.'



in the chapel and on the wards during Good Friday, Easter, Harvest Festival and especially Christmas. The asylum, and later hospital, had an active choir and band. Practice time was set aside each week for rehearsals, and the Asylum Band Master was charged with keeping the sheet music up to date and ensuring that all the instruments were in 'clean and good order'. The accomplishments of the choir were much admired, which resulted in a special annual choir treat – a day trip to the seaside, often to Ventnor or Brighton.

Sports played an important part in the social life of the hospital for its duration. Initially this was restricted to a football team consisting of male attendants and staff. Over time, hockey, tennis, badminton and rounders were all played. It was cricket, however, that was enmeshed into the social and cultural fabric of the hospital doctors into the mid-20th century. The doctors played as often as possible during the season – even during office hours – and the cricket capability of a new doctor was a point of much discussion. The Graylingwell XI (later Graylingwell Cricket Club) was already playing their first season during 1897 – the year the asylum opened! (They played 9 matches – won 4, lost 1, and drew 4). As the years went by, the hospital sports teams played on: with the exception of the Cricket Club, they were all known as the 'Grays'. Hockey teams were men, women, and mixed – staff. There was a staff and also a patient football team that played locally. In the 1950s and 60s it appears that the patient team played strictly against other mental hospitals, resulting in a rather shorter season. However the staff Grays played a full season against all sorts of opponents.

Outside space was always an important consideration and, in fact, a legal requirement of the asylum. Each of the wards had large south-facing windows, and enclosed, highly landscaped gardens for the patients to use – daily if possible. These gardens, or 'airing courts', were spaces designed for the patients to get some fresh air and exercise. They were able to wander the pathways, sit and talk to other patients or staff, and to enjoy the uninterrupted views of the Sussex countryside surrounding the asylum. The airing shelters provided the ability for patients to spend time outside even if it was raining, in calm and tranquil surroundings. Some of the existing patient art supports this notion.

The patients' magazines from the 1950s and 60s provide a fascinating insight into the social life of the hospital. The Wishing Well magazines are full of art, poetry, short stories and articles describing the many trips and excursions that the patients went on. Trips were taken throughout the year to places such as Bodiam Castle, Bournemouth, the Isle of Wight, Goodwood, and to the circus or pantomime at Christmas time. The Wishing Wells also recount many of the dances and performances that the hospital hosted in the Hall at weekends. The entertainments were wide-ranging, including folk dancers, gymnastic troupes, pianoforte recitals, and amateur operatic performances. One patient commented of the entertainments that her 'mental fitness is being greatly helped on its way'.

The other memory is of the New Year's dance - that was a big, big event for staff - and my mother always bought a new dress for that, and had her hair done and put a face pack on before she went because it was such an

important event, and one year I was taken and it was very, very exciting and it was held in the big hall with the stage and there was a band and lots of food.

- Dawne Lygo-Baker

We had a very lively secretary, Marianne, and she decided we'd all have an Elizabethan Evening as a part of Christmas and we all dressed up and we learnt Elizabethan music, some of us, and Elizabethan songs and cooked Elizabethan food. We had it in the old social club which I think is no more, and I remember converting my wedding dress into an Elizabethan costume. A lot of people hired them. So we did things like that, you know.

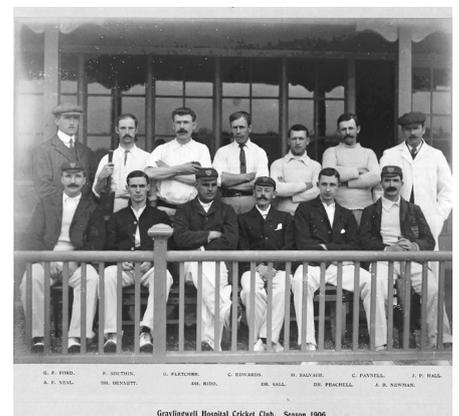
- Iris Rooth

When my father first went to Graylingwell, the doctor who interviewed him - the consultant at the time, Dr Rice - was mad keen on cricket ...this was in the middle of winter and he was oiling his cricket bat when my father had the interview with him.

- Alan Vawdrey

I can remember going to the social club, for children's parties, from about the age of three to seven. Every Christmas they had kids' parties there - hundreds of children from members of the staff. And I also remember learning to cycle in the grounds of Graylingwell. I always remember the pathway - there were alternate pink and white slabs. Had great fun cycling round there.

- Alan Vawdrey



THE DEATH OF VERA HOAD

Vera Hilda Emma Hoad, who lived in St Pancras, Chichester, was 11 years old when she went missing in February 1929. She was described as ‘an ideal daughter, a happy child, attentive to her schoolwork and carried out her share of the household chores’, and she lived with her father George and her mother Eva. She had three older sisters, two of whom were twins, and an older brother. She had a musical talent and received lessons every Monday at the home of Winifred Rickard at Tyndale in St Paul’s Road. Although it is known that she left her music lesson on Monday 25th February and began to walk home, she disappeared without a trace during the fifteen minute journey.

The police were called and search parties were organised, but, devastatingly, on Thursday 28th February, news came to the police that the body of the young girl had been found within the grounds of Graylingwell Hospital. She had been found by Elliott, a man who was both deaf and mute and who was a patient at the hospital. He had been passing Regnum Field during his daily chore of delivering milk around the site from the dairy and subsequently raised the alarm. When the scene was investigated by the police, they found that she had bruises around her neck. Although the attention that this case has received in the past has often attempted to answer the question ‘who done it?’, there are other community related issues around mental health stigmatisation which are important to consider. It is possible that the guilty party left the body at the edge of Graylingwell with the expectation of suspicion being placed upon the people who lived there,

the stigma attached to the patients being such that the community would believe it had to be someone at the hospital. However, this doesn’t seem to be the case – it was only briefly considered as an option before it was dropped by the police. For me, this raises some interesting questions about the community’s attitude towards mental health, as it suggests that perhaps the local community instantly recognised the placing of the body as a diversionary tactic, and that they did not automatically assume that a patient from Graylingwell Hospital was responsible. Although police superintendent Walter Henry Brett did initially consider that the perpetrator could have been a hospital patient, he soon learned that all patients were inside the building and accounted for every night by 5:30pm and that theory was rejected. Brett then considered the possibility that the culprit was a soldier from the Chichester Barracks, but this was based solely upon the evidence that there had been boot prints left on Regnum Field. Another school of thought suggested that the Winnipeg serial killer Earle Leonard Nelson had been in Sussex at the time and was responsible for the murder.

Interestingly, the possibility of a local resident committing the crime was barely considered. Criminals are often perceived as something ‘other’, that is to say that they come from outside the community and are therefore ‘not one of us’. This is an interesting collective avoidance tactic in terms of not wanting to face the uncertainties that these sorts of traumas force upon social groups. This tragic case was never solved, and no-one was ever convicted of the crime.



CORAGGIOSO ROSA!

BRAVE ROSA!

This fictional piece was inspired when researching a foreign patient's experiences at Graylingwell. I have chosen to express my findings in this way to show my engagement with her history but, for ethical reasons, names have been changed.

In 1898, Rosa di Campo joined Lady G's entourage in Italy as her new lady's maid and travelled to Kensington, London where Lady G was to marry into the English aristocracy. Rosa's brother, Alberto, was already employed as a gentleman's valet in Piccadilly. Rosa and Alberto worked hard and were very conscientious. On their afternoon off they would meet and walk in Green Park, then have tea or attend a musical concert.

This continued for two years until one day Rosa met Alberto in a state of distress. She told her brother that she had formed a friendship with a footman in her ladyship's household and he had taken advantage of her. This had greatly upset Rosa, a devout Catholic, now fearing she was pregnant. Alberto was very unhappy. He was disappointed with Rosa and questioned her morals. They argued and Rosa returned to Kensington concerned for her future. She prayed for guidance and forgiveness. She was too ashamed to tell her ladyship or the footman and sank into a state of despair, keeping her secret to herself.

Soon Lady G noticed a change in Rosa's manner and questioned her. Rosa broke down. It was clear she needed help. Rosa was removed quietly and taken to the West Sussex County Asylum in the hope she would recover. Alberto was informed and visited Rosa the following day. He found her greatly disturbed, praying and begging for her brother's forgiveness. Alberto was shocked but forgave her and prayed for her recovery. They were from a respectable family and this whole affair had left a deep scar on them both.

Thankfully, Rosa miscarried, probably due to her traumatic experience. She was diagnosed with acute and religious mania. Her behaviour was difficult, refusing food and sleeping little, constantly praying and chanting 'Jesu', 'Madonna', and 'Fratre Jesu' to the nursing staff. Rosa remained this way for several weeks but eventually settled, although deeply melancholic. She seemed unlikely to improve. Several months passed. The asylum was contacted by friends in Rome asking for Rosa to be returned to Italy where she could be cared for in a mental hospital. Arrangements were made for the Matron and a nurse to transport Rosa

back to Rome. It was a long, tiring journey that took two days.

Two months later an amazing incident occurred at the asylum. The Medical Superintendent and his Deputy were taking tea in the Superintendent's private residence when the maid informed them that a stranger was at the door. They found Rosa collapsed on the ground, footsore and weary. She told them that she had obtained money by pawning her valuables and bought a Cook's ticket to Paris. Thence, she crossed to England and somehow found her way to Arundel by train. From there she walked twelve miles, dragging her heavy bag of possessions until she reached the hospital. She then placed a long gold chain, to which a valuable watch was attached, around the Deputy's neck. The staff were astounded. Rosa's mental state was poor but she was able to ask that she be allowed to return to the hospital bed she had occupied prior to her removal.

Rosa was immediately admitted. She was obviously determined to return to the place she felt safe and to be near to her brother. Rosa stayed in the asylum until the Italian Consul and the British Secretary of State ordered her repatriation to Italy. Rosa returned to the mental hospital in Rome, this time to stay. She never saw Alberto again. Periodically, Alberto was kept informed of Rosa's condition. He worried about her constantly but it was impossible for him to leave his work in London. He often had to travel with his gentleman to New York, making communication difficult.

The story ends tragically. Less than a year after Rosa returned to Italy, Alberto received a sad letter from Rome. Apparently, Rosa had spent her time constantly praying and asking forgiveness for her sins. She suffered greatly from her traumatic experience in London all those months ago. She hardly ate, slept badly, and became so melancholic that it was difficult to communicate with her. Becoming more depressed and refusing to eat, she wasted away and died. Alberto was deeply upset. He and Rosa had been so happy to be near each other in London and had enjoyed so many afternoons together. He couldn't have known that Rosa's life would end this way and was haunted by her sadness for many years.

RECREATION HALL

The Recreation Hall was a prominent and lofty building in the centre of the asylum. It was the only known example of a theatre building designed by Sir Arthur Blomfield, and was in a style – like the rest of Graylingwell (chapel excepted) – removed from his customary Gothic Revival.

The principal architectural interest in the Recreation Hall lies in its interior, and Blomfield's aspirations for it were given in his proposals submitted to West Sussex County Council in 1893: 'The Dining Hall occupies a convenient central position, being equally accessible from either side, and is in direct communication with the kitchen through two serving rooms. It can be used as a recreation or entertainment room when desired, one end being furnished with a stage, and the other with a gallery for visitors. A moveable screen can be provided to separate the sexes at meal times if thought desirable.'

In the final years before the hospital closed in 2001, the Recreation Hall was used as a storage area for surplus furniture and as a makeshift badminton court. A new use was

found on March 15th and 16th 2008 when it was used as the venue for the community planning weekend at which plans for the redevelopment of the site were presented. This was the first time many local people had seen the inside of the Hall or even realised it existed.

An application for the Hall to be listed was made by Chichester City Council in 2009 but was turned down by English Heritage. The building was then demolished in 2011, as its retention did not fit the overall design plans for the redevelopment of the whole site. At the time of its demolition it was still a fully equipped Victorian theatre, having a large proscenium arch stage, fly towers and orchestra pit, a sprung dance floor, and a cinematic projection box and screen.

It had a proper stage with an orchestra pit and it was built as part of the original design. It was built as a place where there could be entertainments for the patients, and there used to be performances put on there and they used to hold dances and parties, but by the time I

went there the heating had stopped working and it was decided it was too expensive to repair the heating. Occasionally it was used, but it was very rarely used and sadly the developers got permission to knock it down because... they couldn't think of an economic use for it, so it's been demolished which was a great pity, but it was an amazing space and it's a great shame that that wasn't preserved.

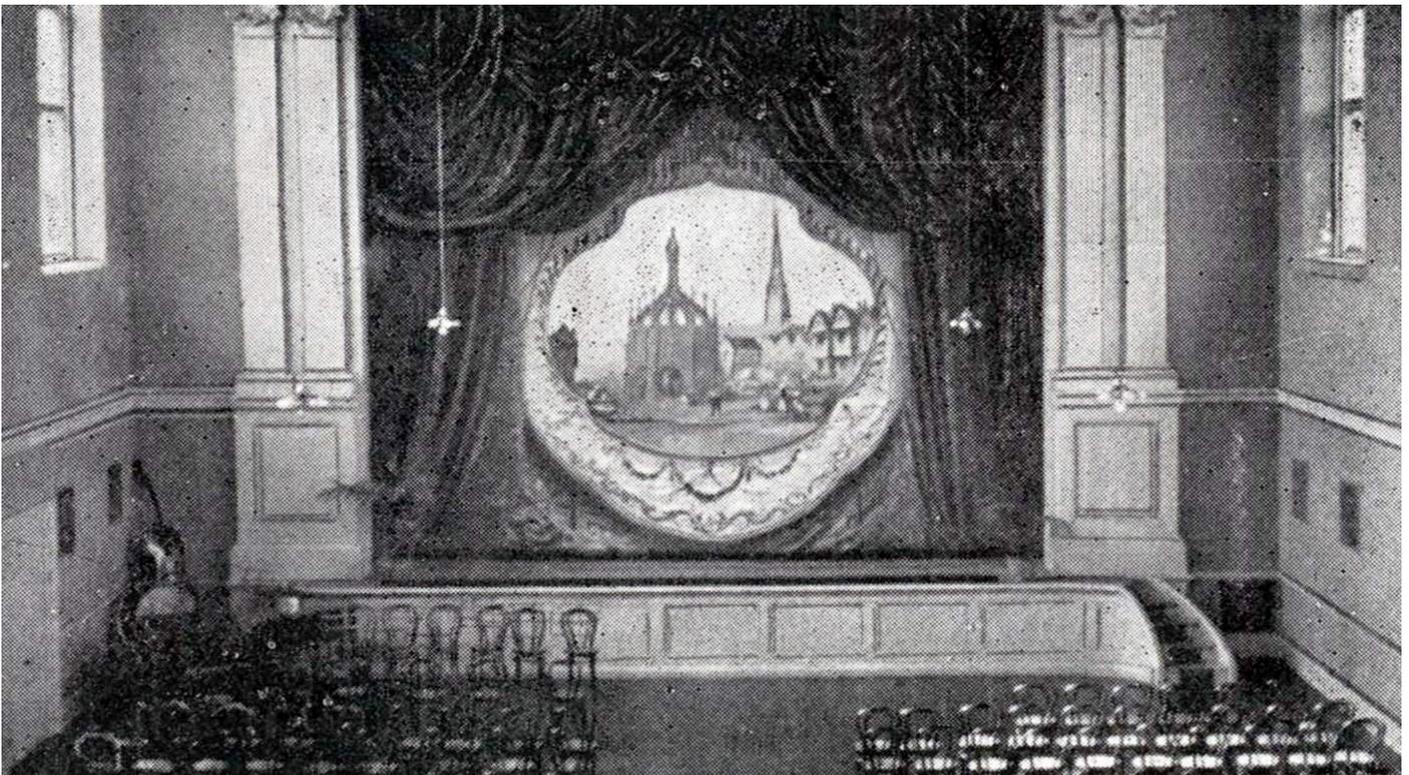
- John Wilton

Yes, Tuesday night was cinema night in the big hall. I think in earlier times they'd have variety shows and what have you, but when I was there they just had a cinema, Tuesday night. Males one side, females the other, nurses patrolling and never the twain shall meet.

- Elizabeth Gibbons

One of our team was also very good at organising theatrical events, and I once remember participating in a pantomime that we put on with other people from within the hospital and it was a little bit strange because the patients would cheer when they saw their doctor or their nurse coming on, and it was perhaps not necessarily at the appropriate time.

- Hilary Ashton



PATIENTS' BANK

Prior to the introduction of decimal currency in 1971, patients were paid in circular coloured plastic tokens (3d yellow, 6d dark green, 9d purple, 1/- cream, 1/6 pink, 2/- black, 2/6 grey, 5/- orange) which they could use in the hospital shop. Lloyds Bank Chichester opened a sub-branch at Graylingwell in April 1984, which closed in March 1995. Patients were encouraged to open an account, into which was paid their state benefits; they were issued with pass books. In 1995, the bank's functions were taken on by the hospital's Patients' Affairs Department through to the hospital's closure in 2001. A patients' bank is still operated on site today within the Harold Kidd Unit for patients in residence there.

As pocket money clerk, I would have authority to wander in any ward in the hospital and that brought you in contact with all staff and patients. The patients could have access to the office at any time, providing they had permission to be off the ward, and could come in and see you. The staff would pop in and out all the time with wage queries, bits and pieces. We didn't have what you would call a personnel department but the personnel function would be in there. They could come in and see about the staff that had joined up.
- **Former Member of Staff**



PART THREE: 'FIRST DO NO HARM'

HEALTH AND HEALING AT GRAYLINGWELL

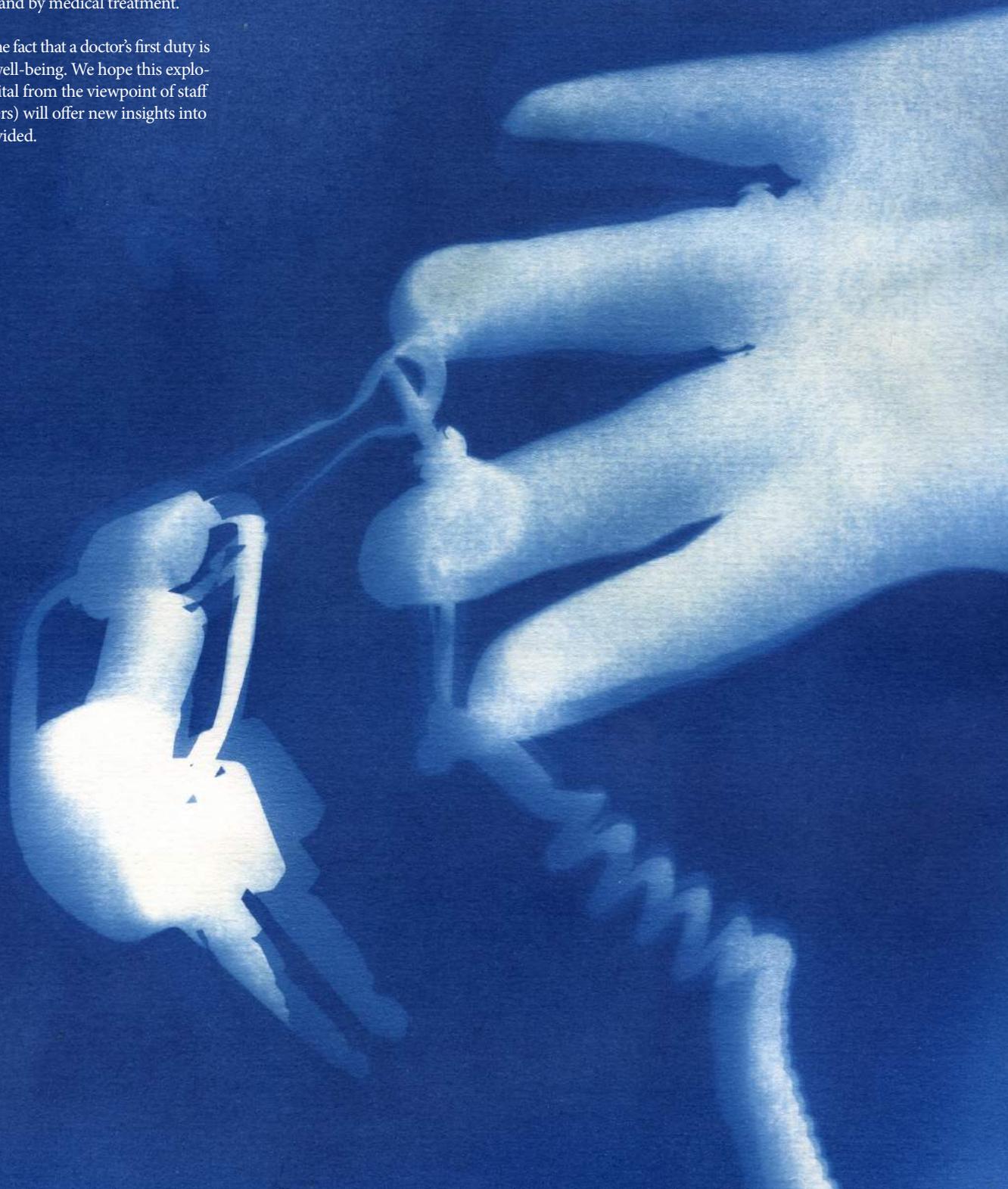
This part deals with the work undertaken in providing care and treatment. We consider the hospital from its first Medical Superintendent (Dr Harold Kidd) through to its role as an initiator of community-based outpatient treatment services in the 1950s and onwards. The role of the hospital during two World Wars is also considered.

The work of Dr Peter Sainsbury, who joined the hospital as Director of Clinical Research in 1957, is reviewed. We also consider the role played by nurses, therapists and by medical treatment.

The title refers to the fact that a doctor's first duty is to their patients' well-being. We hope this exploration of the hospital from the viewpoint of staff (medical and others) will offer new insights into how care was provided.

As far as I was concerned it was always patient-orientated. We used to take them to occupational therapy. They had trips out. I don't remember a big emphasis on medicine.

- Brenda Billings



HAROLD KIDD

MEDICAL SUPERINTENDENT (1896-1926)

To assess the life of Dr Harold Kidd CBE and his thirty years work at Graylingwell is to trace the history of a dedicated and paternalistic physician. Indeed, one of Kidd's earlier acts was to insist, in print, that his patients were inhabitants of a 'hospital' rather than an 'asylum'.

Kidd's first view of Graylingwell in 1896 would have been of a construction site, with hundreds of labourers still working on the wards, offices and ancillary buildings. These were constructed of red Cranleigh brick with artificial stone dressings. The wards faced south, to make best use of natural daylight. Kidd was not new to the building and fitting out of an institution, or to the medical duties he would undertake there. His experience was, in fact, considerable and his family heritage had a large part to play in his choice of profession.

Kidd was a child of the British Raj, his paternal ancestors being doctors in Bengal. He was the eldest child, born in India on 25th June 1864. As was common in Imperial families, Kidd returned to Britain to school. He attended the Epsom Downs Royal Medical Benevolent College, where he was an outstandingly talented pupil. After medical training in London, Dr Kidd worked as Senior Assistant Medical Officer at Cane Hill Asylum, Surrey from 1889. During his time there the Asylum was enlarged to accommodate up to 2,000 patients. He writes that he was 'determined to make... [mental illness]... my special line of practice', and his working life exemplified this vocational line of thinking.

After interview at the London home of the 6th Duke of Richmond and Gordon (Chairman of the Visiting Committee), Dr Kidd was formally appointed, at the age of just thirty-two, from 1st October 1896. His starting salary was £600 per annum, plus coal, unfurnished accommodation within the grounds, farm and garden produce, and laundry. His salary on retirement was £1,350. He lived 'above-stairs' in splendid isolation, looked after by a cook and housemaid of the asylum, until his marriage to Miss Mildred Johnson on 27th July 1903.

There was a multitude of staff in the hospital, ranging from the Assistant Medical Officer and Matron, through a whole hierarchy of Departmental Heads, nurses, cooks, laundry staff and servants. Kidd was responsible for their work and personal conduct. For example, on the night of the staff ball in 1898, he 'reduced' the Deputy Head Attendant to the rank of Charge Attendant for 'an act of insubordination.'

The Commissioners in Lunacy considered Dr Kidd to have conducted Graylingwell's administration 'with energy and ability.' Kidd was proud that in 1911, 'one quarter of the whole Staff hold the Certificate of the Medico-Psychological Association and are fully-trained Mental Nurses.' He believed that specialised training would help his staff avoid perpetrating the historical abuses suffered by patients in earlier centuries. He tried hard to ensure that patients at Graylingwell were subject to a regime of 'applied humanitarianism, kindness and occupation.' This is not to say that fragments of the 'old' asylum system of confinement and control did not exist. Perhaps the most striking form of the remnants of barbarity came in the shape of some treatments including the 'blistering' of patients' bodies to try to stem 'self-harm' (masturbation).

All the wards in the hospital were well supplied with books and decorated with flowering plants to help negate the institutional atmosphere. The patients were treated to activities including theatrical performances, band concerts, dances, and magic-lantern shows using the [now fully restored] 'Bioscope'. Drug therapy was minimal at this time, but Dr Kidd believed that work (for those patients who could) and entertainment were beneficial.

During World War I, the asylum was transformed into a war hospital. Kidd was given the rank of Lieutenant-Colonel, and he carried out his duties to wounded servicemen with his usual dedication - in addition to maintaining his responsibilities to the asylum's relocated patients. He received a CBE for his wartime work.

The war certainly took its toll on him; to add to his trauma his wife was delivered of a baby daughter, Betty, who died within a day of her birth in February 1919. Kidd, present at the birth, also signed his daughter's death certificate.

Following a refurbishment programme, patients returned to Graylingwell in late 1919, and the hospital settled down under Kidd's management into its post-war rhythm. However, Kidd's health was now declining and he tendered his resignation in the autumn of 1926. He left on New Year's Eve and the Chichester Observer noted that at the Christmas festivities the hospital had glowed under an atmosphere of bonhomie and cheer. Dr Kidd received a handsome pension of nearly £1,000 per annum from West Sussex County Council but, sadly, died in London in 1929, returning to Chichester to be buried in Portfield Cemetery.

I think the image of mental hospitals at that time was that they were dark and awful places, and full of people who were miserable and so on. And when I say that, I mean staff as well as patients. But in actual fact there was a lot of innovation, there was a lot of experimentation, but there was also a lot of humanity and I think some of the people recovered from the effects of their illness by being in a wonderful environment - lots of space. They had reasonable food, they had reasonable interest in them without people being unnecessarily prying and they recovered simply because... their biology and their psychology was given a chance to get back into some sort of kilter.

- Dr James Jenkins

The Sussex Weald and Downs NHS Trust were very keen to have names for all their new units, and so they ran a competition which they opened up to anybody working on the site... I was very lucky to win the competition to name the Harold Kidd Unit, the older persons' mental health unit. It felt to me like there was an opportunity to celebrate the first medical superintendent at the hospital and there was something about the history of Graylingwell which had been, in a sense, forgotten - possibly deliberately - as part of the hospital closure and re-provision programme, because there was a sense of embarrassment, I think, about what had gone before and the fact that it was a Victorian asylum, and it was falling apart...

- Greg Slay

You worked as a team. The first thing was, the patient came first and it didn't matter what happened, the patient came first. Then you gave a first class service to the staff. Anything, you know, they were entitled to, you point out, help them, and if they miss something, you'd be telling them. You didn't put up with anything like rudeness. You didn't put up with theft - certainly not - straight out the door.

- Former Member of Staff

The other thing that I was always interested in about the place, the physical place, was that it had the most wonderful brickwork and in fact most of the buildings are still in existence. Cut bricks of great intricacy and showing enormous craftsmanship and skill on the part of the builders who'd built it.

- Dr James Jenkins

JAMES STRUDWICK

NURSE

In July 1897, aged 24, James Strudwick began work at Graylingwell as a 2nd Class Attendant (male nurse) on a yearly salary of £26. He was given a uniform of two navy blue serge suits, and a cloth suit with cap. His first job was to prepare the male wards for the intake of patients. Each ward comprised a day room, dormitory, scullery, boot room, store rooms, basins and toilets. The rooms were 12 feet high and windows occupied one-seventh of the wall space. On 3rd August 1897 the first male patient was admitted, and over the next few months all 208 male beds were occupied.

In December James married Mary Rogers at Rumboldswyke. As a married man he needed permission to move out of the hospital, and he then received an annual lodging allowance of £12. Their son Leslie was born in 1899.

The duties of an Attendant were laid down in the Rules and Regulations. Hours of duty were 6am to 8pm, seven days a week, with leave from 8pm to 10pm. Every week James had half a day off from 2pm to 10pm, and once a month he could take a whole day off from 6am to 10pm. He had ten days annual leave.

James had to ensure his patients were washed and properly dressed in the morning before going into the Day Room. He encouraged them to be occupied and to take exercise in the open air. To reward work and encourage industry, he could give his patients tobacco if they smoked and an apple or an orange if they didn't.

Recreation was considered of equal importance with occupation, and James ensured that his charges were busy with the chess, draughts, halma and cards that were provided on the ward. Each block had a piano and a quarter-sized billiard table and James organised competitions amongst his patients. Outdoors there were regular walking expeditions and a football club. In the recreation hall during the winter there were frequent theatrical performances, and dances accompanied by the Asylum Band. Wednesdays were busy as relatives of patients could visit between 2pm and 4.30pm.

In July 1898 James was promoted to First Class Attendant on an annual salary of £28, later increased to £31.

James was an Army Reservist and from December 1899 to May 1901 served in South Africa in the Boer War. The war created a problem at the hospital as half the male staff were Reservists and were all called up. When James returned to Graylingwell, two additional ward pavilions had been added: one for male and one for female patients.

James was promoted to Deputy Charge Attendant in May 1902 and his salary rose to £34. In December he was promoted to Charge Attendant with a salary of £38. His new duties included visiting every patient and taking over from the Night Attendant at 6am, and remaining on the ward until the Night Attendant took over. James was in charge of all the medicines, and for ensuring that the instructions of the Medical Officer were carried out. His saddest duty was the laying out of any dead patient and their removal to the Mortuary, ensuring that none of this activity was witnessed by patients.

In May 1906 James was 'sent home very ill', returning to duty in October. He died at home of cancer of the rectum on 7th June 1907 aged just 34. Dr Kidd noted in his 11th Annual Report, 'I regret to record the death of a member of staff, Charge Attendant James Strudwick who died... after a long and painful illness. He was much liked by Patients and Staff and bore an excellent character not only here but previously when in the Army. As a tribute to his memory, subscriptions were raised and handed to his widow amongst his fellow workers here and also through the kind agency of the late Lieutenant Colonel Garnham and amongst the Officers and men of his old regiment.'

Mary Strudwick died in Chichester in 1936 aged 71, outliving James by 29 years.

Well, we had a mortuary there. So when they died they'd take them to the mortuary and if they had to go and have a PM, they'd take them to the cemeteries. We had a contract with F. A. Holland and Sons for funerals for people who couldn't afford it or had no relatives.

- **Charlie Smith**

And after I'd been to breakfast, I was then taken up a long corridor to what turned out to be the tailor's shop. And there I was fitted out with a uniform - dark navy nearly black serge tunic, two pairs of trousers. Buttons had the West Sussex crest on them. A peaked cap. And I was told, when I was handed my blue tie, you wore white shirts only. That was it. And I was given three short white coats and three aprons.

- **Royston Goldring**

We sported a pale blue uniform with short sleeves that indicated our lowly status. Staff nurses had checked uniforms with long sleeves that were rolled up above the elbow and held with frilly elasticated cuffs. We made our plain white caps with T-shaped highly starched linen and pinned them to our hair; staff nurses had a blue stripe running the width of the cap. We were never allowed to wear cardigans, even in the coldest winter.

- **Val Flint**

It was the first job I ever had I felt useful, really useful...

- **Barone Hopper**

The unqualified nurse on the ward, which at that time was me, had to assist the porter to take the patient to the mortuary. We'd wheel the trolley along the long, empty, silent corridor to the door at the end, out into the dark night, under the trees, along a path to the mortuary and then I'd help the porter put the body in the fridge, and I was always very thankful to get back to the ward after that. It always seemed so spooky.

- **Judy Lunny**

Miss Trott, or Mrs Trott, used to be in charge of the laundry. And she had helpers and you'd get your uniform from her and she'd measure you up and you'd go and get it. I was very proud when I went and got my uniform, having been in a white coat for two years.

- **Brenda Billings**

GRAYLINGWELL DURING WORLD WAR I

During World War I, Graylingwell was used as a war hospital. The existing 742 patients were moved to asylums across south-east England. The first service patients arrived in May 1915: 490 men in three batches within the space of 30 hours. The asylum had 800 beds, but the war hospital expanded to well over 1,000 beds.

During the four years that it was open, the war hospital dealt with over 29,000 patients, both medical and surgical cases. Dr Harold Kidd remained in charge. Some of the male staff enlisted, and many further nurses were employed. Over 6,000 operations were performed in the three operating theatres, and only 142 men died. There is much information about the hospital in the local paper, the Chichester Observer. It describes the arrival of patients ('other ranks' – not officers) at the railway station, in a mud-stained condition, and their transport by ambulances and cars to Graylingwell. The men came from across Great Britain, Canada, Australia,

New Zealand and the United States. Once the sick or wounded men were recovering, they were moved on to auxiliary hospitals (mostly at Littlehampton, Bignor Park, and Arundel), and then they were either returned to active service or declared unfit for service.

From its opening in 1897 the hospital had been segregated along gender lines. During World War I the male (western) side of the hospital was known as King's, and the female (eastern) side was Queen's. The wards were still referred to by letter: King's A-E, Queen's A-F. 1 was the ground floor, 2 the first floor. Postcards showing patients and staff in wards have titles such as 'King's B1 ward'. Patients could only be visited on two afternoons a week. Once out of bed, patients wore 'hospital blues' – blue suit, white shirt and red tie.

There were pianos in the wards, board games and cards, and gramophone players. Films were shown in the recreation hall (now demolished),

and there were concerts and entertainments most days. Fancy dress was popular, with a number of postcards showing a range of women's clothing. Patients were invited out to local houses and villages, where a good tea might be followed by a whist drive, games, or a concert. Stockings were provided for the patients at Christmas, and the wards were decorated with evergreens and paper chains. There were services in the chapel, and a ward tour during which Dr Kidd and his entourage spoke to every patient. Ham for breakfast was followed by roast beef and plum pudding at lunchtime.

Patients continued to arrive at Graylingwell after the war had ended, until March 1919. The final patients left in April, and the hospital was then cleaned and prepared for the re-admittance of its original patients, who returned from September.



SHOCKS TO THE SYSTEM

NURSING BETWEEN THE WARS

After World War I, Graylingwell resumed its original function as a mental hospital. Of the 38 attendants and other male staff who went to war, 23 returned to Graylingwell, but nine died, two left, and there is no information on the remaining four men. Asylums in the early 1920s were gloomy, impoverished places, as the country struggled to recover from the ravages of war. An impetus for change was a controversial account by Montagu Lomax, a doctor at Prestwich near Manchester, whose *Confessions of an Asylum Doctor* revealed dreadful conditions for patients - and for the overworked and poorly rewarded staff.

Life continued as before in the Victorian block, where almost all patients were certified under the 1890 Lunacy Act. Nurses worked long days with little time off. Strict rules of gender segregation applied to nurses as well as patients: no male could cross into the female side, and vice versa. A marriage bar was imposed for all but senior male attendants. Nurses lived in rooms off the crowded dormitories. Such conditions were hardly attractive and recruitment was becoming more difficult. However, the severe economic decline of the 1930s rebalanced supply and demand, as men from industrial areas of the country sought a stable job at a time of rising unemployment. On the female side, however, shortages continued: most job advertisements in the nursing periodicals were for young women.

The Royal Commission report on mental health law and practice in 1926 recommended a more active role for nurses in helping patients towards recovery and discharge. The Mental Treatment Act 1930 introduced voluntary admission and, as urged by the Royal Commission, separate treatment units were built at mental hospitals for acute cases. At Graylingwell, Summersdale Villa opened in 1933, enabling patients to be admitted without certification in a modern unit away from the sights, sounds and smells of the old buildings. Only the best nurses and attendants were deployed there.

To improve recruitment and retention, nurses' homes were built at most mental hospitals. At Graylingwell, the nurses' home opened in 1933. It was ladies first: men continued to live next to the wards. However, junior male nurses were allowed in the new building in its other guise as the nurse training school. Probationers worked for at least six months on a ward before they were allowed to attend lectures in preparation for the

mental nursing examination. The majority of older nurses, however, never attained qualification.

The interwar years brought radical change to the mental health system, yet institutions such as Graylingwell had an engrained culture that was resilient to legal and clinical advances. With a rigid hierarchy, severe overcrowding and understaffing, nurses had little time or inclination for therapeutic interaction with patients. Frequently punctuated by eruptions of violence, the daily drudgery was epitomised by sessions in the airing-court. Yet as war was declared in 1939, the seeds were sown for social and institutional reform, leading to Beveridge's Welfare State and the National Health Service. Graylingwell was not a remarkable mental hospital in the 1930s, but it would soon play a prominent part in a new era of mental health care.

I finished my training, became a staff nurse, and subsequently before I passed my final, my lovely wife Marguerite and I decided to get married. The year was 1950 and the month was September. We'd been courting, engaged for twelve-eighteen months. Everybody, except family, said, "You're too young." Marguerite finished up in front of the matron because she was under 21 and the matron acted as loco parentis, so permission had to be sought, despite the fact that her aunts - because Marguerite was at that time an orphan... And though the aunts agreed, when I asked permission one weekend, the matron disagreed. The chief male nurse had me in front of him and said, "You're too young. It will not last. You don't know what you're doing and, as a student, you ought to wait until you're qualified." Then I had to go and see the matron and plead my case in front of her. I managed that and we got married in Porchester Castle, St Mary's Church, on the 2nd of September 1950. It wouldn't last? And we're in our 64th year.

- **Royston Goldring**

During the time I was in Graylingwell - I remember vividly - it was 1985, when we had a shortage of nurses. Initially the head of department in Graylingwell went to Ireland to recruit some nurses... and when they came over they had to do a conversion course because the Irish qualification wasn't recognised so they had to be retrained. After retraining there was a lot of exodus. Some went to Canada, some went to Britain, and a majority of them went to Australia, so consequently we ended up being worse off. So I was approached by the top nurses at the time... they

wanted to see if I could help. Luckily at the time I was then going on holiday and I was given what we call delegated authority to recruit nurses because that was a time that some of my senior nurses - and I trained initially in Ghana before I came over to retrain again - some of the nurses I recruited were trained here in this country, so they had a British qualification. They came back to Ghana and they realised that the system was not in their interest. So I was given authority to go... I recruited about twelve men and women and they came, and their contribution to the system was so good that later on the authorities sought permission from the Home Office, and another delegation was sent there and the second batch were recruited.

- **Edward Kwaku Ashiagbor**

In the community, nurses will be acting as responsible clinicians for caseloads of patients. All those patients on their caseload - they will have responsibility for them. They need to know the complexities of the legal framework. They need to have a good working knowledge of how our social services and housing and benefits systems work. They need to work in a very multi-disciplinary way. They need to be advocates for patients. They also need to know an awful lot more about treatments. Nurses today are supposed to be practising in the doctrine of evidence-based practice and that requires knowledge, and if you look at nursing in the past, they didn't need that knowledge... The nurse has a far more elevated position as a member of a multi-disciplinary team now than they had in the hospital. So, to be a nurse today in mental health care, you need to be functioning at least on a par with social workers...

- **Dr Niall McCrae**

PUBLIC NOTICES

WEST SUSSEX COUNTY MENTAL HOSPITAL, CHICHESTER

- PROBATIONER NURSES (female) required at the above Hospital. Wages begin at £47 9s. per annum, rising on qualification and promotion to £91 17s., with board, lodging, laundry and uniform, valued for superannuation purposes at 21/- per week. Two days off duty every week; three weeks' holiday yearly, with an allowance of 21/- per week when on holiday. Training for certificates granted by the Royal Medical Psychological Association and General Nursing Council.—Apply to the Matron.

GRAYLINGWELL

DURING WORLD WAR II



Although the whole of Graylingwell Hospital had been used as a military hospital during World War I, only part of it was requisitioned during World War II. The Summersdale Villa was renamed the Summersdale Emergency Hospital in June 1940. It was the Minister of Health who had suggested that civilian casualty hospitals attached to mental hospitals should be known by an entirely different name to that of the mental hospital.

The space for these casualties was made possible by moving the Summersdale Villa patients into other parts of the hospital. Although the Summersdale Emergency Hospital was used as an overflow hospital for local civilians, it also provided treatments and surgery for military personnel from across the UK who had been stationed locally for training.

In the Annual Report for 1940, the Visiting Committee was 'pleased to report that the unsettled conditions as a result of the War have not been allowed to interfere with this important work. [We] must express [our] sincere thanks to [our] medical colleagues for the keen interest and co-operation which they have evinced, and also to the nursing staff who have responded so willingly to the additional claims which have been made upon them.'

However, the impacts of the war conditions were felt throughout Graylingwell. It was soon reported that 'overcrowding in the hospital, depletion of staff, difficulties in obtaining supplies,

[and] rising prices [are each] serious obstacles to the efficient management of the hospital.'

The staff maintained an effective Air Raid Precaution Service. In addition, a voluntary Fire and Air Raid Precautions Brigade was formed. Fire-watchers kept a look-out at night from the top of the water tower.

In 1942, 55 members of the permanent male staff were recorded as being on active service with HM Forces. Six of them died: a bricklayer, an engineer's labourer, a male nurse, a farm carter, and two assistant clerks.

Although living conditions had become strained, the patients contributed to the running of the hospital. The 1942 Annual Report noted 'in the grounds and ward gardens, only patient labour is now available, but they are still very well kept and attractive. We hope that this arrangement, so beneficial to the patients, will not be regarded as merely a wartime measure, and that even when skilled supervision and assistance is to be had again, the maintenance of the grounds and ward gardens will be regarded primarily as the task of the patients and not of the staff.'

From 3rd to 30th August 1944, over 300 military personnel from Western Europe were admitted to the Summersdale Emergency Hospital. All were diagnosed with 'exhaustion'. Quite a number were sent on to other hospitals, including several to the neurosis centre in Southport.

The emergency hospital was fully functioning until September 1944, and it was eventually withdrawn from the government's emergency hospital scheme on 1st April 1945. By the June quarter of 1945, no staff from the Summersdale Emergency Hospital remained on the payroll.

Dad had to do fire-watching every fourth night and you had to climb the ninety steps inside the tower... and then there was a ladder that had ninety rungs on it, and you had to climb that in the dark, 'cos you didn't dare let the light out at the top. And he always had a tin hat on, and you pushed the trap up with your tin hat and climbed out to the top of the tower, and there were two of them up there. And he said, "Near the end of the War, the Royal Signal Corps came up there as well." And they built a little brick hut for them, but he said, "They were fighting a different war to us," because when it rained they wouldn't let the farm chaps and the nurses and that, who were all doing fire-watching, in the hut.

- Cicely Glover and Shirley Wingham

It was difficult in the War, mainly because we were so close to the Westhampnett aerodrome and we had the big Bofors guns and the ack ack guns. There were about five round in the hospital fields, and there was one right behind us, behind the house, and of course when they fired every door in the house shook... And we didn't have a proper shelter to get in. They made us a dugout under the elm tree and we used to have to run across the yard.

- Cicely Glover and Shirley Wingham

TREATMENTS

When Graylingwell opened in 1897, there was little available treatment. For some patients, being away from home, with a bed of their own, regular meals, and no immediate worries was enough to improve their condition. Few drugs were available, chiefly sedatives such as bromide, sulphonal, chloral, opium and hyoscine. A number of the wards had a padded room, which was used for seclusion. Seclusion periods varied from five minutes to 15 hours, with reasons such as 'violent, smashing window, attacking staff', and 'noisy, banging doors'. Hydrotherapy (warm baths, cold baths, or showers) was used until the mid-20th century.

Barbiturates, a much improved group of sedatives, were introduced in the 1920s. These included paraldehyde, which acted quickly, but had a powerful odour.

Four dramatic new treatments were introduced in the 1930s and 1940s. These were written about in Graylingwell's annual reports. Whatever we might think now about those treatments, doctors at the time (as now) genuinely wanted to do the best for their patients, and to use the latest techniques and treatments wherever possible.

Cardiazol-induced convulsions were introduced in 1930, but this form of treatment had considerably declined by the mid-1950s. Electro-convulsive therapy (ECT) was introduced in 1942, mainly for depression. Patients were initially given no form of muscle relaxant, and this sometimes resulted in fractures. In the early years, around six treatments per patient were felt to be sufficient, but this amount was later considerably increased. The effects of ECT varied from 'no change' to 'dramatic change'.

Prolonged narcosis was introduced in 1930. A period of drug-induced sleep lasted from 10-15 days and was felt to be of great benefit in cases of acute agitation and restlessness.

Insulin shock therapy (or insulin coma therapy) was introduced in 1943, mainly to treat schizophrenia. Its use continued into the 1950s. A patient was injected daily with a gradually increasing amount of insulin until they went into a coma. Once the patient's optimal dose was found, this was used for all subsequent treatments. Each coma lasted for about 45 minutes, and was terminated by nasal, oral or intravenous glucose. Initially the number of comas was 20-30, but later up to 60 comas

were given because shorter courses were often followed by relapse. The most severe risks were brain damage and death, resulting respectively from prolonged or irreversible coma. Although no patients died at Graylingwell from this treatment, three experienced prolonged coma.

Leucotomies were first carried out at Graylingwell in 1942 and continued until 1955, by which time 529 operations had been carried out. A leucotomy involved cutting the connections to and from the pro-frontal cortex of the brain. There were frequent and serious side-effects, but Dr Carse (Medical Superintendent) stated in 1958 that he believed the leucotomy had enabled between two and three hundred 'incurable' long-term patients to leave Graylingwell and return to the community as 'normal people'.

General Paralysis of the Insane, caused by late-stage syphilis, was fatal until the introduction of malarial treatment. Infecting patients with malaria halted the progression of the disease. The treatment was introduced at Graylingwell in 1938. From 1946 penicillin was used alongside malarial treatment, and eventually replaced it.

The Department of Clinical Research was established at Graylingwell in 1947 to look at the management and treatment of patients. It became the responsibility of the Medical Research Council in 1955. Among the drugs tested at Graylingwell was lysergic acid (LSD), which was introduced in 1956 and used, among other things, to treat homosexuality, which was considered a mental illness.

Lithium was first used at Graylingwell (and indeed in the UK) in the early 1950s, and proved to be one of the first successful applications of a drug to treat mental illness. However, even relatively minor overdosing resulted in death. Lithium opened the door for the development of a wide range of other psychiatric drugs in subsequent decades.

Tranquilisers were introduced in the 1950s, and were soon claimed nationally to cure all long-stay patients. Writing in 1958, Dr Carse observed, "There are now dozens of these drugs on the market, each claiming to be the best yet. We have given careful trials to many of them and some have proved to be useless. Second, they are all expensive ... but it by no means follows that the dearer the drug the better the result. Third, they are not without their dangers: more than one death has been reported and many patients have experienced harmful and undesirable side-effects. In this

hospital we have found two of these drugs to be really worthwhile: Reserpine and Chlorpromazine ... They have undoubtedly improved the condition of many of our long-stay patients and enabled them to enjoy more fully the social life of the hospital. In a few cases, the clinical improvement has been sufficiently marked to allow the patient to return home.' Chlorpromazine is still in use today.

Anti-depressants were welcomed. In 1959 Dr Carse wrote, 'Some new drugs have just been introduced designed specifically for the relief of depression. It is too early to make any positive statement, but already we have had a number of excellent results. In the years to come ... it is probable that the family doctor will treat successfully his own [patients'] cases of depression without even referring them to a psychiatrist.'

I went in to theatre to see one leucotomy and it was alright - it didn't turn me off nursing or anything. Wylie McKissock used to come down from London to perform these leucotomies. But again I must say I didn't see anybody cured, or helped, with a leucotomy, but I expect there were successes. I just didn't see any of them.

- Brenda Billings

The other treatment we did on Summersdale was LSD. Dr Vawdrey used to do the LSD and they would be in their room - they always had a room of their own - and he would be in there for about an hour, and you'd hear all sorts of noises, screams and goodness knows what, but I must say I didn't see any cures with LSD.

- Brenda Billings

There was a consultant who ran the psychotherapy ward... His name was Vawdrey, Brian Vawdrey - an incredibly humane man - but one of the things I remember about him was that he had one particular patient who had got lots of pet animals, and she had resisted coming into hospital because she hadn't got anyone to look after the animals. So his immediate solution was to bring them in as well, and so this menagerie was housed in one of the buildings at the back of the hospital and included a horse and two goats, I remember, and numerous rabbits and other things like that. And it was about six months before the authorities said, "No, no, no, no, we mustn't let this happen." And the whole thing had to come to an end.

- Dr James Jenkins

CLINICAL RESEARCH UNIT

Dr Peter Sainsbury, who was one of the driving forces behind the Worthing Experiment, contributed a great deal to the field of psychiatry and is rightly celebrated for this. His main focus was in the study of suicide: discovering the causes behind suicide, and finding ways in which people could be helped before they got to such a stage.

During the 1950s he published the first Maudsley monograph, 'Suicide in London' (1955), in which he examined the social factors which, he believed, contributed to suicidal feelings. It is still considered to be a classic on the subject. His passion for the topic can be felt in his writings, and much of what he had to say applies to the world today. He used his access to patients to build a picture which would enable future generations to understand the root causes of some suicides. Later in life he took on the task of proving the accuracy of statistical evidence used in discussing suicide. He was instrumental in proving that figures which had been dismissed were in fact accurate, and his method was widely accepted post-1968. Eventually he became an advisor to the World Health Organisation, and advocated new studies into the physiological issues surrounding mental illness, for example the use of spectral analysis of electroencephalograms (EEGs).

It is not surprising that he took the opportunity in 1957 to become director of the research unit at Graylingwell. The outstanding work undertaken there by his predecessor, Professor Martin Roth, had prompted the Medical Research Council to take over the clinical research programmes. Dr Sainsbury continued in this role until 1982. One of the first projects he became involved in was the Worthing Experiment. This then enabled him to compare and contrast the differing styles of treatment in various parts of the country, and to make recommendations which are still in use today, such as the setting up of a case register in Southampton. Given the small size of his department at Graylingwell, the sheer number of research projects is testament not only to his enthusiasm but to his desire to help people. That it was visited by researchers from around the world emphasises the importance of his work, along with his ability to motivate and attract others to his perspective.

His achievements were recognised as he was honoured with appointments as President of the psychiatric section of the Royal Society of Medicine, and Vice-President of the Royal College of Psychiatrists. He did not rest on his laurels, being chairman of a Special Committee set up by the Royal College of Psychiatrists to examine the political abuse of psychiatry.

Peter Sainsbury was a man who had a passion – and who used that passion to effect change. His contributions to psychiatry deserve a wide acknowledgement.

Peter Sainsbury was a lovely director and he worked very hard. He was a little bit eccentric sometimes. I remember him once parking his car down in the town and then forgetting where he'd parked it, but that was usual.

- Hilary Ashton

One of the remarkable things about Peter Sainsbury was that his style of directorship was to encourage all his staff to follow their own interest, and it was the most wonderful experience to be able to wake up in the morning thinking to yourself some hypothetical question – 'Wouldn't it be interesting to look at so and so? Wouldn't it be interesting to see if that group is different to that group?' and to be able to drive into work, talk to him about your latest idea and he'd simply say, "Well, get on with it." And so in fact it was a luxury job to anyone with a slightly intellectual inclination.

- Dr James Jenkins

He was a great supporter of psychology. I remember he sent me a patient once who had writer's cramp. And it was quite a serious form of writer's cramp because he was a soldier, and when he became anxious his fingers would grip and he would spray bullets all over the place, so it wasn't just handwriting. And we used a sort of bio-feedback approach, where we used little microphones to measure muscle potential, and told him to relax and execute various movements, and gradually build up a repertoire.

- William Reavley

THE WORTHING EXPERIMENT

During the 1950s, and early 1960s, Graylingwell was the setting for a fascinating, and far-reaching, experiment in the area of community mental health support. The Worthing Experiment, which was funded by the Medical Research Council, is an intriguing episode in Graylingwell's history: one which provides a fascinating insight into the development of mental health treatment post-war, but which also demonstrates the intricacies of actually making such projects work. What follows is an overview: a general guide to the Worthing Experiment and its protagonists. The reality is that there is far more to the story, and further research can only enhance our understanding, not just of mental health treatment, but of the way in which experiments such as this actually work.

In the early 1950s, the Medical Research Council began the tendering process for what became known as the Worthing Experiment. Graylingwell Hospital was the successful bidder. The idea was to treat as many patients as possible in the community; this would involve inpatient activities, but also the co-operation of their families and GPs. Reading Graylingwell's annual reports from this time, however, leads to a distinct impression that the idea had come from the local regional health board. There is no mention of the Medical Research Council, and little mention of one of the driving forces behind the experiment, Dr Peter Sainsbury. Nevertheless the reports provide a useful guide to the thinking behind the Experiment, and the realities of implementing it.

Patients were no longer automatically taken as inpatients but were instead encouraged to attend outpatient clinics where they could be treated medically, but also holistically. The idea was to counteract so much of the social isolation which impacted upon mental health patients. Dr Sainsbury firmly believed that doing so would reduce the rate of suicide.

Reading the annual reports, it is clear that the aims of the Worthing Experiment – better mental health care, reducing inpatient numbers, moving to community-based care – were broadly achieved. The statistics demonstrate that from being inpatients, potentially long term, a significant number of patients were able to re-join the community. Graylingwell, and the Worthing Experiment, clearly had a substantial part to play in the changes being made in mental health care. There is a wealth of information available demonstrating this: detailing the realities of implementing the changes, the view of the participants (both staff and patients), and the way in which the situation was viewed by external observers. There were clearly issues between Dr Carse (the Medical Superintendent) and Dr Sainsbury, the chief protagonists of the experiment, something which merits further research. Overall the Worthing Experiment was one of the most exciting periods of Graylingwell's history, putting it at the forefront of mental health treatment.

The Worthing Experiment also foreshadowed the official changes being made to the Mental Health Act at the time. (Work on a new Mental Health Bill had begun c.1954 and it was enacted in 1959.) Attitudes towards mental health had become more progressive from the 1930s as new treatments and changes in nursing styles moved the profession away from the former Victorian approaches.

The superintendent was a really good man actually... he wouldn't even let it be called an asylum - it was always known as a hospital...and he said "It's like their sanctuary"... and he determined that people would have outside bits and he started up the Worthing Experiment, which led to them having places there.

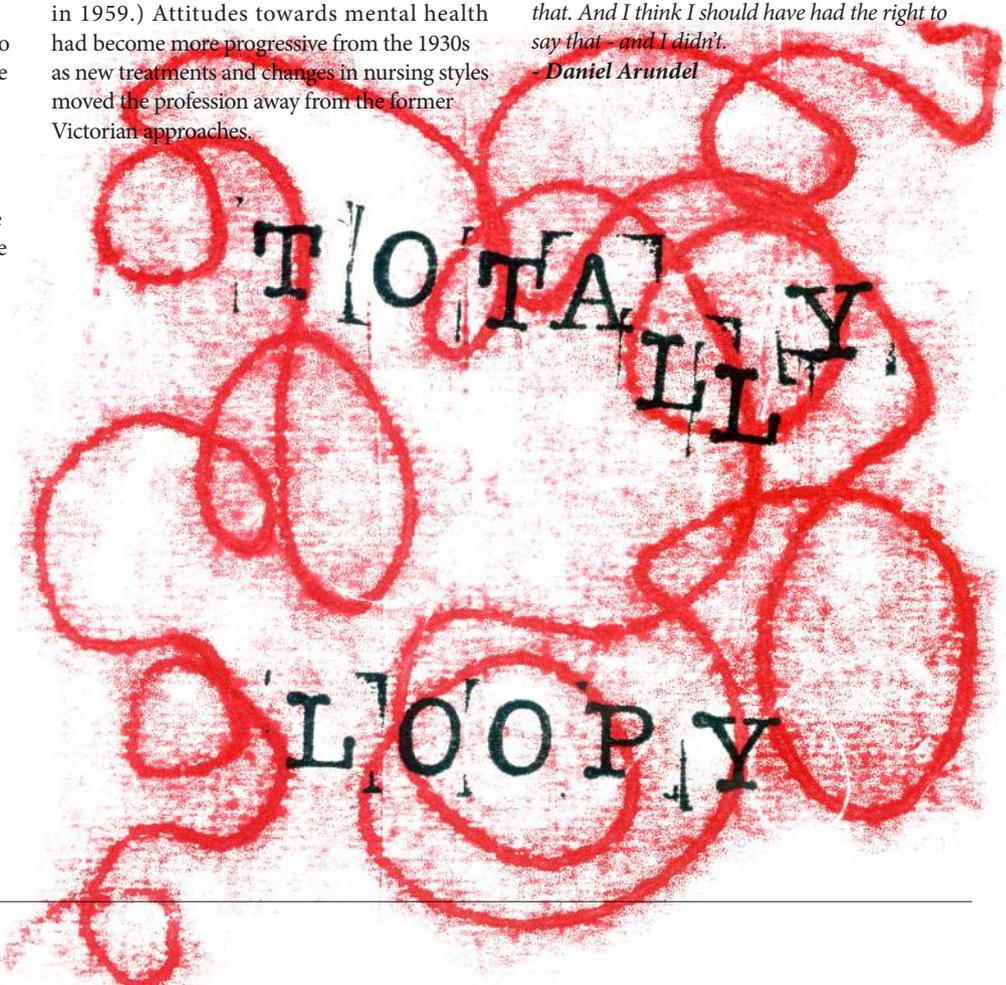
- Brenda Wild

It was greatly helped by the Medical Research Council and the medical superintendents like Joshua Carse, who had vision. Day hospitals were started by Graylingwell. The Acre Day Hospital in Worthing had got an outreach service. People like Peter Sainsbury and before him, Martin Roth, who became Sir Martin Roth; they were innovative. They weren't always popular.

- William Reavley

I felt like someone whose rights had been invalidated, because the fact that you're made to go into this unit and you don't want to go in there. And I mean, if people want that, that's fine, I've got no argument against it, so if they want that and they agree with that, but I think they should have the right to say, "I don't want the medication. I don't want to be in the unit." And it's their life and they should have the right to say that. And I think I should have had the right to say that - and I didn't.

- Daniel Arundel



TOTALLY

LOOPY

THERAPIES

OCCUPATIONAL, ART, AND INDUSTRIAL

By 1930, Graylingwell's 33rd annual report noted the need for an 'occupation officer', as the tendency of patients to 'sit about the wards doing nothing' was causing concern. Occupational therapy was introduced, initially with a nurse who had been sent on a course instructing female patients in making garments and other articles. Occupational therapy proved popular and effective, and by 1947 there were three professionally trained occupational therapists. By the early 1950s as many patients as were able – about 80% – were occupied with occupational therapy and physical exercise during the day (leaving most of the wards practically empty), and recreation in the evenings and at weekends. The average age of the female patients at this time was 65, whilst that of the male patients was slightly lower. The particular concern was to provide occupation for the long-stay patients, many of whom had been in the hospital for decades.

During the 1950s women were doing handicrafts such as making lampshades and night-dresses, weaving (the material was used for cushion covers), rug-making and basketry. These items were used in the wards, creating a more homely atmosphere, and encouraged patients to make 'a positive contribution to their own comfort and well-being'. Female patients also helped in the needleroom and laundry, with preparing vegetables for the hospital kitchen and, on the wards, either doing domestic work or looking after other patients under nursing supervision.

It was felt important that each man should have a man's job to do, and 'not something which is an insult to his dignity and which he would certainly scorn doing if he were at home'. Men therefore worked in the Carpenter's Shop in the main building, where hospital furniture was made and reconditioned, along with picture frames, filing cabinets, notice boards and other ward equipment; with the Engineer's staff; with the painters, plumbers and blacksmith; in the hospital's market garden and in the grounds. A few men worked on the wards.

A Printing Department opened in 1938 and expanded rapidly. A number of patients worked there, helping to produce all the hospital's

forms, ledgers, annual reports, and the patient magazine *The Wishing Well*, as well as doing printing work for other hospitals.

Art classes began in 1947, with the aim of self-expression. The value of these classes was noted in the annual report of 1948-9, 'we often find the results extremely informative'. An art therapist was appointed in 1964, and by 1966 it was reported that 'the activities of this department have been expanded to include sculpture and pottery'.

An Industrial Therapy Department was set up in one of Graylingwell Farm's redundant buildings during the mid-1960s, and rapidly expanded. The patients did piece work for outside firms, for which they were paid. By 1966 this included assembling toys, dismantling post office equipment, and packing sterilised dressings for other hospitals.

Well I was allowed to go out busking from the ward and that was nice. Actually when I was in Connolly House that was how I got out of doing CIC, which was folding gowns all day for £3 a day.
- **Robin Cooper**

I remember particularly a severely depressed young woman started some stark drawings but could not see the point in progressing. It was a great education for me to meet people with such varied minds and to glimpse the severity of some mental illness.
- **Ian Sherman**

When I first went, they were still occasionally going out putting up footbridges for the County Council. They had a van and used to load all the timber into this, and off we'd go to where a bridge had collapsed on a footpath somewhere and spend, if you were lucky, a day - usually more - putting up the bridge, which had to be inspected by the County Council as being fit for purpose, etc.
- **Tim Bird**

In the workshop itself they had tables heaped up with nylon thread. They'd come from the factories - the weaving looms. And their job was to literally unwind this thread. There were all different colours on each table and they would wind it into balls. Now I suppose in some ways

that could be therapeutic and it was purposeful to some extent, but I think after a while I began to question whether this actually met their needs, because these people would attend this workshop every day and it would be all day, and I think sometimes it must have been boring for them because it didn't stimulate them at all.

- **Chrissie Dixon**

One lovely lady called Iris... she was a long term patient. She used to spend her time doing the most beautiful embroidery of tablecloths and selling them to people for next to nothing, but the rest of the patients used to smoke all day and had very little to do.

- **Former Graylingwell Volunteer**

And then they did a lot for CSSD, which is the Central Sterile Supply Department at St Richard's... CSSD used to produce all these little packs, dressings packs, suture packs and all the theatre stuff, and they used to make, say, five cotton wool balls in a little packet or make dressing boxes up and things like that so they gradually built up... It was very helpful for the patients too - they got quite interested in it.

- **Ken Talmage**

Patients would come from... the wards, or they'd come from outside, for therapy, and we would teach them to do different things like crafts. So it might be making soft toys or tray bases where they did the caned seating... lamp shade covers, all sorts of things. So we would teach the patients these skills and they would get a sense of achievement from making them, and it was also therapeutic in that it made them feel good for having achieved something, and it also took their mind off the potential problems that they had...

- **Chrissie Dixon**

It was a good thing when the employment of patients was abolished as it had amounted to slave labour – the positive side was that it was rare that patients complained of boredom. When ward and farm work was stopped, industrial therapy and OT units were set up and our patients could earn pocket money for goods they turned out – but most work was boring, repetitive and not challenging, e.g. pushing nipples onto aerosol cans all day was a humourless task. Basket weaving was probably marginally more stimulating.

- **Val Finch**

BATHTIME

Two at a time - two baths next to each other... When you have a ward of forty elderly ladies all of whom need bathing, and you have an hour or so to get them all bathed and ready for bed, you do two at a time I'm afraid.

- Elizabeth Gibbons

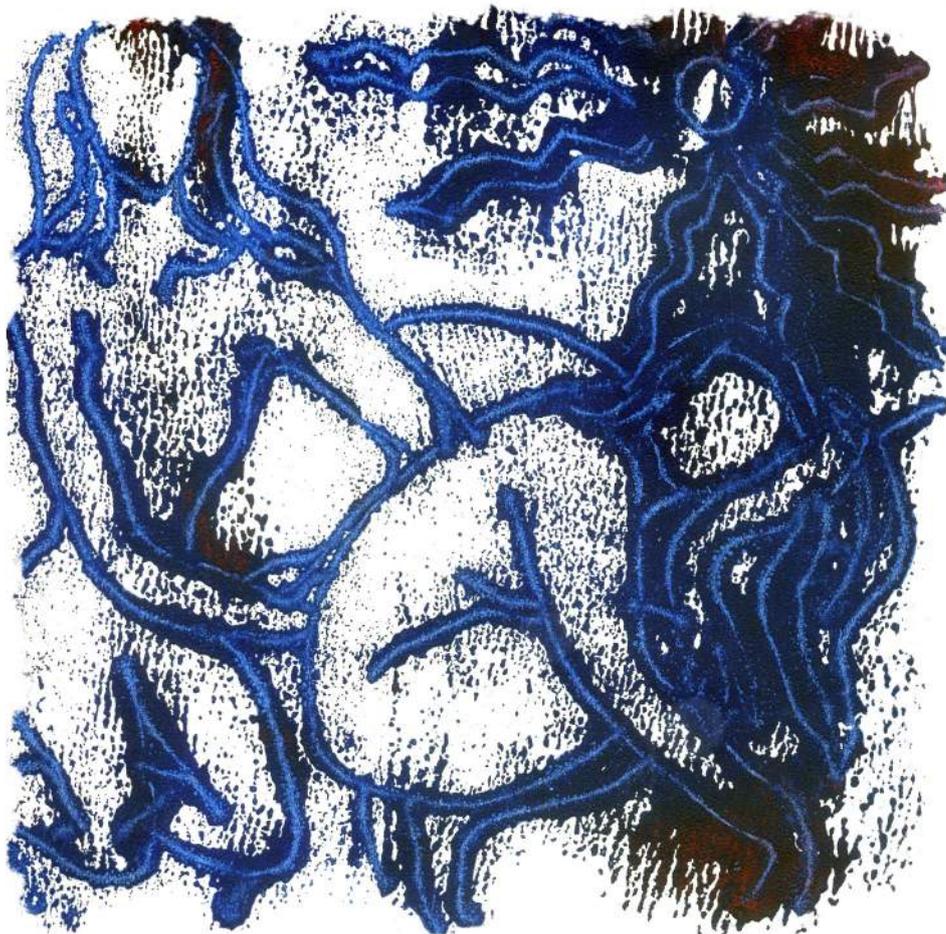
The patient was taken into the wash area... there was a door through to where the two baths were in the bathroom, and it was a bit like a production line really, because the patients would all be stripped and then, two by two, into the bathroom, into the baths... When I think of it now the only thing I could really compare it with is, occasionally on the television you see a film of a concentration camp, and you see these people all being stripped naked, and then sort of pushed into the bath or wherever. That's the only thing that really sort of compares with it, you know. There was absolutely no dignity whatsoever and the decree at the time was that... because you had to get so many baths done, that it wasn't uncommon that the water wasn't even changed between patients. Anyway, that was bath time on the long stay wards.

- Peter Houghton

Unfortunately there wasn't a provision for patients to have privacy. I don't think it was even considered

- I don't mean by the nurses - by anybody who worked in the hospital as being important or necessary to patients to have privacy and dignity really. There were no curtains around the beds in the dormitory, no partition in the baths. In the bathroom there were two baths, and there were also showers and there were no partitions between any of them. And also in the toilet area, those patients who were safe to leave sitting unobserved on the toilets were put into the toilet cubicles with the door shut in front of them. But the patients who were liable to fall off if they were left unobserved were all lined up on commodes in the area in front of the toilet cubicles so that as the nurses came to and fro bringing people in and out, that they could keep an eye on those who were sitting on the commodes. I don't think it was the fault of the nurses - they did the best they could, with what we had, at the time.

- Judy Lunny



PART FOUR: MOVING ON

This selection of narratives considers the most recent history of Graylingwell. The final years of the hospital are revisited. Oral testimonies of patients and staff show how the role of the hospital has changed in living memory. The work of the CAPITAL Project Trust and the Chichester Community Development Trust are also both described.

A lot of the people, I don't think they were capable to go and actually work - you know - like we would, say, go to Tesco and do a full day nine to five job. They couldn't do the pressure of that, but they were doing a real job there.

- Theresa Bates

I remember being driven to Graylingwell and I thought, you know, "I'm gonna be there forever." It was six months initially when I was a patient on Amberley 2 ward with the dormitories - male and female dormitories - and a whole line of chairs and tables where people would have their meals and sit. The best part was to meet people. After a while, even though it took a long time, you came to prefer life in hospital than that which you would seek in the community. When I left hospital, dozens of times I found I was unable to cope with the 'outside world'.

- David St Clair



CLOSURE & REPROVISION

The Mental Health Act 1959 greatly curtailed the powers of psychiatrists to keep people in hospital against their will. The whole ethos of psychiatric care gradually shifted away from the old disciplinarian model towards a more humane one in which patients also had rights. The Mental Health Act 1983 added new rights of appeal for people detained in hospital.

In 1961, the Minister of Health, Enoch Powell, was invited to speak at the AGM of the National Association for Mental Health. In his speech he announced that the government intended to 'eliminate by far the greater part of the country's mental hospitals'. Regional boards were asked to spend no more money on upgrading and reconditioning them. Instead, the focus was to be on the provision of care in the community.

Continuing advances in psychiatric treatment from the 1960s onwards meant that the need for psychiatric hospitals changed. The development of new treatments such as anti-psychotic and anti-depressant drugs meant that the number of patients in hospital greatly decreased. There were more community-based options for patients, and those in hospital tended to be in for a shorter period. All of these facts, together with the passing away of the older generation of long-stay patients, meant that by 1995 the population of Graylingwell Hospital was down to 300, a figure which had been 1150 in 1956.

Frances Russell, who took over as Chief Executive in 1993, reports that the Graylingwell estate was then costing over £1m a year - money spent on the buildings alone - which could have been far better spent in providing services and putting skilled staff in the community.

English Heritage undertook a thematic study of hospital buildings in England in 1995 and advised, 'The buildings at Graylingwell Hospital (i.e. the Main Entrance, the Water Tower, the Chapel, Pinewood House, and Bramber Ward)... are of a standard echelon plan, old-fashioned in style and plain for their date, and were not considered to possess sufficient special interest, either architecturally or historically, to merit listing.'

Despite those conclusions, the chapel and the farmhouse have in fact both been listed Grade II, whilst the park was added to the Register of Historic Parks and Gardens in 2001.

The last patients left the hospital in May 2001, the result of over two decades of planning and negotiations. New NHS facilities in Chichester, Midhurst, Bognor Regis and Worthing

were developed, some financed through the Private Finance Initiative, and others through NHS/public sector finance. A number of patients were discharged to a supported housing and care service, developed under the leadership of West Sussex County Council.

The final staff left the central hospital buildings in September 2001. Some of the blocks continued in use as NHS offices until 2009. The remaining buildings were left unoccupied and gradually became derelict until the site was sold to Linden Homes for redevelopment into what has become known as Graylingwell Park.

Summersdale Villa was refurbished and renamed as the Harold Kidd Unit in 2001; it continues to function as a mental health hospital for older people. Other buildings on the site, in particular the new-build Centurion Mental Health Centre (later renamed as the Oaklands Centre for Acute Care) and the new-build Connolly House, provide hospital care for other mental health patients.

The Graylingwell Estate was deteriorating and we had to take a conscious decision in the end not to maintain it. Because it had been maintained to such a high standard, everybody seemed to think it was alright and in the end we had to say, "We can't." We did a piece of work that demonstrated that to run the Graylingwell Estate was costing us - and this was in, you know, the late '90s - was costing us over £1 million a year of wasted money. Absolutely wasted money, it wasn't going into clients, it wasn't going into care - it was going into keeping the bricks and mortar of Graylingwell standing, and keeping the boiler on in areas we didn't need, and working with old fashioned, out of touch pieces of fabric, and we took the decision not to keep doing that. Now that was a big decision that wasn't necessarily well understood, but the feeling was if the building starts to deteriorate perhaps people will start to realise that it's not fit for purpose any more... And that £1 million could be far better spent in providing services in the community.

- Frances Russell

People fell into two main areas really. There were the long-stay people, and their view really was, "This is my home. What are you talking about

moving me on?" but... they were so used to being dictated to that I don't think that really they could get their head round it and form a view. The other people, the acute-type people, who may be in and out... on the whole they viewed it as probably a good idea to have a new building, a more modern building, single rooms, but within the grounds. I think both lots of people, what they most worried about was losing the grounds and the feeling of asylum, somewhere safe...

- Sandra Trebble

I think one of the things that particularly shocked me while I was there - this was in the late '70s. Things were beginning to move on at the hospital and there was talk of moving patients out into the community... and the skills needed to make your own meals and do your own laundry, and use electricity. I mean all these things would be so difficult for someone who'd been so sort of away from society and the lack of friends, whereas in the hospital it was like a world in a bubble really. It was sort of, in some ways, a safe bubble, because everything was provided for the patients, but it also gave them a social life... I remember being quite appalled really - especially the older ones, I think, being sent out into the community.

- Chrissie Dixon

There'd be a core house, which would be staffed by maybe a couple or three staff over a period of each week, and there would be cluster homes nearby, where there wouldn't be staff in residence, but they'd be linked to it, to pop in and out, so the patients weren't sort of put on a bus to Margate or anything, with a one way ticket...

- William Reavley

It was actually quite sad 'cos when they took away the work from him, he really, really did deteriorate. For a long time he used to shuffle along, he wouldn't shave - I mean normally he was ever so - always clean shaven. But when they took the work away, they tried to get them into the community. But you can't have somebody that's been in a hospital for thirty-five years suddenly to be put back into the community. Well, I don't think you can, and he couldn't cope with that.

- William Reavley



£5m plan for new mental health unit

THE CAPITAL PROJECT TRUST

Originally called 'Users as Trainers', CAPITAL was founded in 1997. Its original purpose was to offer people with mental health issues living across West Sussex the opportunity to learn training skills that they could use to train mental health professionals. Those first few months were very exciting as the group started to find the confidence to use their voices and, at least as importantly, to support one another. We also realised that the group had diverse skills. Not everyone was cut out to be a trainer, but others had different skills and talents to offer. The first person to be employed from (and within) the group brought a great gift for administration, while someone else designed our logo and so on.

We became CAPITAL, Clients And Professionals In Training And Learning, by the end of the first few months. The name was meant to reflect our own professionalism in our approach to what we did, as well as our keenness to work with professionals. In 2001 we became a registered charity with a constitution that enshrines our values as a member-led organisation. All our voting trustees are drawn from our membership, as is the majority of the staff team.

One of our first regular jobs was a slot in staff inductions at Graylingwell Hospital, a role we have taken on with various mental health NHS Trusts ever since. We also began to work with local universities teaching social work students. Nationally and internationally we presented at various conferences. All these activities continue to this day. However we were also soon being asked to be involved in other types of work: evaluating services and consultations. Our approach has always been to present the breadth of people's views. Although we can and do draw on our own experience, we have always attempted to present either a collective view or more usually a range of views – people with mental health issues are as diverse as the rest of society. No individual experience can ever be entirely representative.

Building on early success, CAPITAL managed to secure funding that enabled repeated recruitment drives and training courses. Over the years our membership has grown to around 240 and our activities have expanded still further. In 2011 we established a mental health hospital inpatient peer support service. This means that we can offer help to people when they are at their most unwell and is a project we are extremely proud of. To improve the skills of our peer support workers we developed a Level 4 qualification which has been accredited by the University of Middlesex. We are also campaigning locally and nationally to ensure that peer support is valued for its uniqueness, remaining independently peer-led rather than becoming institutionalised.

Stigma remains one of the greatest barriers to people with mental health issues reaching their full potential. CAPITAL offers us all the chance to grow and develop amongst accepting friends. It also offers the opportunity to inform and improve mental health services for the future. One day it would be fantastic if everything were so good that there was no need for CAPITAL to exist – but hopefully we will survive and thrive until then.

As someone within CAPITAL, we were going in visiting various senior people and having quite strategic discussions. We did regular inductions that ran at the Peter Sainsbury Centre in various incarnations of the Trust. There were three of us that would go in and do a slot about how you interact with people who use your services, and it was very much around trying to make it a good experience, talking about trust...

- Clare Ockwell

I ran groups in the hospital and the community, to try and get people to join together really. To try and find a way of getting voices heard. CAPITAL started up as well, and that was another group of people using services, which staff, I think, found quite difficult because up until the advocacy came into being, you either listened to a patient or you didn't, and on the whole I think, you didn't. There were some very good nurses who did, but it wasn't the culture to take into account what a patient was saying, it was a case of 'We know best.'

- Sandra Trebble

And for me, becoming part of CAPITAL when it first started, started to give me a sense of purpose back to my life, 'cos that had just got completely lost. And by the time I was employed with CAPITAL, I hadn't worked in a paid capacity for twelve years, so I started volunteering quite substantially and found, 'Actually, I can do some of this!' And I think it's given me that drive, because it means that I can say to other people, "It's done this for me, it can help you as well." And we get the chance to try and push for the bigger changes, and try and make it better for everybody, whether they directly latch into CAPITAL or not. And that for me is the reason I got involved, and that's what I hope we can achieve more and more.

- Clare Ockwell

GRAYLINGWELL PARK

The former hospital site, renamed Graylingwell Park, is currently being developed into a zero carbon housing development comprising new build homes and refurbishment of the existing buildings. Up to 800 homes will be built by 2021, as well as a range of community facilities including the refurbished hospital chapel, a community hall, enterprise studios, and the water tower. These buildings will be owned and managed for community benefit by the Chichester Community Development Trust, a local charity based at Graylingwell and working for the bright future of Chichester.

Graylingwell today is thriving, with the community at the heart of the development. With over 200 homes now occupied, Graylingwell Park is coming to life with development activities and initiatives established by Community Development Officers to welcome new residents, build the community, and respond to need. A real sense of neighbourhood has been created with regular activities including art classes, youth clubs and ICT courses taking place weekly. Annual events including the Summer Garden Party, Easter and Christmas parties continue to attract a large number of residents.

Environmental sustainability is embedded in the development of Graylingwell Park to help protect the environment for future generations. The overall carbon neutral solution is based on two main elements: photovoltaic roof panels, and a combined heat and power plant which is sited next to the water tower. A green travel plan is also in place to promote more sustainable modes of transport and encourage a healthier lifestyle with emphasis on walking and cycling.

Graylingwell Chapel, empty for many years, is now home to Immanuel Church and faith groups, as well as theatre groups, bands, street dancers and toddler groups. Immanuel Church has an active congregation of over 200, and provides youth programmes and rock choirs in addition to their Sunday services at Graylingwell. Work will begin on refurbishing the chapel in 2015 to establish a multi-purpose community facility.

A community garden is in place in the former hospital's kitchen garden which is well utilised and loved by all ages. This garden, judged by Britain In Bloom as 'Outstanding', is a great resource for residents. It attracts involvement from all ages and abilities, with everyone who takes part benefitting from the produce.

In working at Graylingwell today, the Chichester Community Development Trust puts enterprise at the heart of its work in the community. Working across the development, the Trust empowers residents by building skills and supporting projects that create local opportunities and employment, and build community spirit. The Trust, managed and led by the community, will own and manage community buildings, facilities and land at Graylingwell, safeguarding these important spaces for the community and preserving their heritage for future generations.

The original Victorian buildings had a central boiler house with the water tower which is, after the Cathedral spire, by far the tallest building in Chichester. And if you go up to the Trundle and look down on Chichester, the only two buildings you can see are the Cathedral spire and the Graylingwell water tower. The base of the water

tower was the central boiler house and there was a network, a sort of ring, of corridors linking all the wards. Below the corridors was a basement subway and all the heating pipework ran through that. The heating was done by steam, so the boilers generated steam, which was then circulated round through the subways. Each ward block had its own installation that heated hot water for radiators, so it was quite a forward-thinking system, but it was quite expensive to run because you have to be much more careful with steam. It's much more dangerous if you had a leak than hot water, so it was quite an expensive system to maintain.

- John Wilton

But from CAPITAL we've set up, not just the peer support project, which has been running on Oaklands and Orchard, the two functional acute wards, for the best part of three years now... Originally, certainly, we had two peers who worked together - five hours on Harold Kidd and five hours on Oaklands - but that's now changed and we've ended up now with two separate teams because some people found they didn't like working on the adult ward particularly. It's certainly a more hectic environment and it's always locked, which bothers me a bit. 'Cos I think, from the patient's perspective you feel differently if you're locked in, even if you are told you are allowed to go and ask a member of staff to unlock. Sometimes you don't feel that assertive to go up and say to somebody, "Can you let me out please?", because you feel a bit of a nuisance.

- Clare Ockwell

I was still on the books, going in as a day patient, when Graylingwell celebrated its hundred years existence and a tree was planted in the grounds and after the official planting was done we went back and replanted it properly, and I was asked to lay the foundation stone on what is now the Centurion block... but that is no longer the front door - which has always rather amused me - which means not quite so many people see it.

- Tim Bird

But I wish they hadn't shut the hospital down. I think it was really a good thing to have a retreat and a place where you could go if you were having psychiatric problems, because the world is very unforgiving and suspicious of mental illness, and it's nice if you can be somewhere where people aren't going to remember afterwards if your behaviour is a bit bizarre.

- Joyce McDonough



GRAYLINGWELL & THE INTERNET

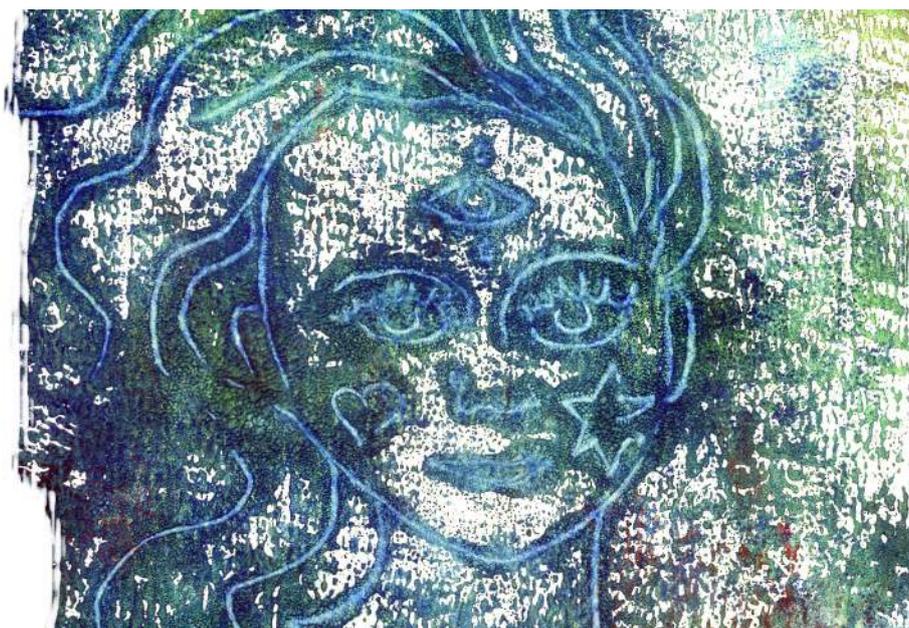
Today history is communicated through many different channels and in a variety of forms. Increasingly our first port of call for any information is an internet search engine. However unreliable the internet proves to be, it provides a global space for words and images, and the story of Graylingwell has not escaped this very modern kind of archiving.

The story of the hospital lives on in people's memories and community history projects such as the work documented in this publication. It is also quite extensively featured in a wide range of websites and online resources. These range from our project website (graylingwell-heritage.co.uk) and the formal pages of the West Sussex Record Office to more bizarre documentation of paranormal investigators. Searching 'Google Images' provides a mosaic of fascinating images from the past - loaded up instantly on to your desktop. Selecting 'Google Books' as a search engine will also generate relevant digitalized writings where the hospital is mentioned or has been discussed. What this means is that anyone with a computer and internet connection can stumble on further new knowledge about the hospital.

Searching today (January 2015) one can find works such as Robin Murray's *The Essentials of Postgraduate Psychiatry* that summarises the scientific breakthroughs of Roth's work to advance understanding of Alzheimer's disease

through the study of 450 Graylingwell patient records of 1934/36 and 1948/49. So too does it generate the biography of the leading surgeon Hamilton Bailey (1894-1961) who did not work at the hospital but who was admitted for treatment as a patient following the loss of his son. The internet does not provide Marston's full biography of Bailey but it is only because of the net that such fascinating stories are so quickly found. For example, another page even allows one to buy an original Graylingwell First World War medal! Consistently too one finds the powerful and moving documentation published by Barone Hopper - local historian and champion of the heritage of the hospital.

It is best not to recommend any one special website or single resource as none such exists and indeed never could capture everything. That is maybe why the Heritage Lottery Fund kindly supported our collaborative endeavours to start to unearth a more systematic history of the hospital, its staff, patients and role in the history of the city, county and wider region of the south. None of the contributors to this book are medical specialists or historians of public health. Together they have however documented a series of mainly previously unknown memories, and everyone involved believes that this publication inspires new interest, increased discussion, and community involvement. The story of Graylingwell - in words, images, historical and artistic reflection - is to be continued.



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PHOTOGRAPHIC CREDITS

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