

The early development of mental health services in Oxfordshire

This article is an historiographic overview of what is known about patterns of mental healthcare in the county up to around 2000, and indicates some of the changes in how historical research in this field is changing.

Introduction

SINCE I MOVED TO OXFORD IN 1980 I have been continuously involved with mental health services in Oxfordshire in several capacities: as a practitioner, as a teacher of trainees in mental health professions, as a volunteer and trustee with local mental health charities, and since 2009 as a participant in a number of projects on the local histories of mental health. These have only made me more aware of the rich traditions in Oxfordshire of caring for and treating those earlier deemed ‘lunatics’, and now including those with a wider range of mental health needs and problems. This short overview looks at the history of the provision of mental health services in Oxfordshire, focussing on the buildings which survive.

The Victorian asylum as the iconic representation of the history of psychiatry

For most people above a certain age, the large ‘lunatic asylums’ symbolised what they knew about the history of mental illness. From the mid-nineteenth century many large towns and cities had a mental hospital, originally built in nearby open countryside. Their chimneys and water-towers hidden behind trees, and daunting by their size and isolation, they were feared often because of the memories of family members and friends whose lives had been blighted by mental illness and subsequently sequestered there.

These large mental hospitals have unsurprisingly been the focus for many of the conventional histories of British psychiatry, usually written as the life of a single Victorian hospital under a series of heroic medical superintendents, with the author(s) typically being a local senior psychiatrist. This is well illustrated by the history of St John’s Hospital at Stone, near Aylesbury, written by the research psychiatrist John Crammer,¹ while of course the best-known asylum of popular imagination is Bethlem or ‘Bedlam’, the Hospital of St Mary of Bethlehem at Bishopsgate in London.²

Yet not all asylums were Victorian. A significant number were built before 1837, and a few in the twentieth century. More importantly, the large publicly-funded mental hospitals were only one form of accommodation for those deemed to be ‘mad’. From the early seventeenth century onwards there were three other forms of accommodation which preceded them: the madhouses,

the private charitable asylums, and the new Poor Law workhouses. There were two madhouses in Oxfordshire, at Hook Norton and Witney,³ and the county was atypical in having a private asylum—the Warneford Hospital—as in 1916 there were only thirteen such hospitals in England. Otherwise the form and level of provision was similar to other rural inland counties with no large conurbation or heavy industry, and the public mental hospitals were relatively small. Examples of all four forms of building have survived in Oxfordshire, namely the first madhouse dating from *c.*1730, the private Warneford Hospital from 1826, the first workhouse from 1836, and the public Littlemore Hospital from 1846.

The madhouses

From the early seventeenth century private establishments for the care of lunatics slowly developed, and from the middle of the century these ‘madhouses’ (later called ‘licensed houses’) grew more rapidly in number. They were private businesses, able to respond flexibly to market demands without any regulation or planning and there was initially no requirement for medical staff. Many of them offered different levels of care at different prices, and understandably conditions in madhouses varied enormously. While some houses offered a good standard of care, conditions in some were scandalous, and the 1774 Private Madhouses Act, the first legislation setting out conditions of care and treatment of mentally disturbed people, was passed to enforce regular inspection and licensing. Outside London this was carried out by magistrates accompanied by a medical practitioner, and in London by commissioners appointed by the College of Physicians.⁴

Around 1730 a madhouse was opened at Hook Norton by Sarah Minchin, and in 1778 her daughter, Joanna Harris, took over the business, assisted by Joanna’s son James who was a surgeon and apothecary.⁵ Successive members of the Harris family continued to be licensed proprietors of the Hook Norton madhouse, until they sold the business to Henry Tilsey in 1826. It was eventually closed in 1854. This was the only madhouse in the county until 1823, when a licensed madhouse was opened in Witney by Edward Batt, with further generations of his family running the house until it closed in 1857. The building still survives in Bridge Street. The Witney madhouse initially accommodated up to twenty-five patients, but from 1832 no more than twenty patients were actually resident.

Good records for both are held at the Oxfordshire History Centre,⁶ and they are described in detail in a book written in 1972 by William Parry-Jones, which is regarded as a classic text in the history of British psychiatry: he later became a consultant psychiatrist at the adolescent unit at the Warneford Hospital.⁷ As the Hook Norton madhouse was both larger, and in operation for much longer than the Witney house, I will give more details of the former. The original Hook Norton building, Bridge House at the foot of Brick Hill, was first licensed in 1776 for up to ten patients. By 1817 the licence allowed ten or more patients, and between 1828 and 1834 the buildings were extended



Fig. 1 The Bridge House building of Hook Norton madhouse today (Author)

considerably to give space for up to thirty patients. In 1835 Edward Tilsey bought a second property in the village in Down End, a few hundred metres away. There were then effectively two separate establishments, with Bridge House catering for private patients, and the larger Down End taking in mostly pauper residents, paid for by their parish of residence. By 1842 there were ninety patients in total, and when in 1843 Richard Mallam took over the business he increased the total number of patients in the two houses to ninety-eight. It is the earlier Bridge House building which survives (Fig. 1), now divided into three dwellings, the middle one of which is called Bedlam. The Down End building was later demolished.⁸

The charitable asylums

By the mid-eighteenth century the economy of England was booming, and this new prosperity led to an era of civic philanthropy, born out of both compassion and a reflection of enlightenment views. Among the more significant of these charitable initiatives were the general infirmaries established in a number of the larger and wealthier cities and towns, funded by subscriptions and donations from the local good and great. This public subscription system for the infirmaries provided a funding and governance model for other institutions, including lunatic asylums, in contrast to the madhouses, which were private for-profit businesses.

St Luke's Hospital in London, opened in 1751, was the first voluntary lunatic hospital in England after Bethlem. From that date a number of charitable asylums were founded outside London, all of which had their origins in a local voluntary infirmary, with Oxford following this model. The Radcliffe Infirmary opened in 1770,⁹ and in 1812 its governors established a committee to consider 'the practicality of erecting a lunatic asylum in the neighbourhood of Oxford'. By 1813 they had a clear plan of action, but the age-old problems of finding both a site and cash meant that building did not begin until 1821 on a site on Headington Hill.

The Radcliffe Asylum eventually opened for patients in July 1826, but problems with the first two resident directors—a Mr Bakewell and Mr and Mrs Moore—meant that not until November 1828 were the arrangements for the management of the asylum stabilised. In June 1828 Frederick Thomas Wintle (my great-great-grandfather), who was already the resident apothecary at the Asylum, offered to become resident Superintendent. He was duly appointed and remained in post, with his wife as matron, until his early death in 1853.

He worked closely with two remarkable men. The Revd. Vaughan Thomas was an Oxford academic cleric who was involved in the affairs of the Asylum from 1825 for over thirty years, later becoming chairman of the committee of management. He was also chairman of the Oxford Board of Health during the cholera epidemic of 1832. The Revd. Samuel Warneford was Rector of Bourton-on-the-Hill, Gloucestershire, wealthy through both inherited family money and his wife's fortune. He gave substantial sums to the Asylum, marked by the re-naming of it in 1843 as the Warneford Asylum. The Warneford is unique in Britain in being an asylum renamed after its original opening to commemorate a living donor (Fig. 2).

There was a major extension to the main building of the Warneford Hospital in 1877, but even so it remained one of the smaller voluntary hospitals, only having one hundred beds in 1934 (about the same size as two other charitable asylums, The Coppice at Nottingham and Wonford House at Exeter), compared to 552 beds at the largest such hospital, St Andrew's Hospital at Northampton.¹⁰ In 1933 the governors of the Warneford bought Highfield Park, a large house adjacent to the Warneford site on Old Road, which was used for 'mild' cases until 1958, when it became a children's psychiatric hospital. The Warneford, later known as a registered hospital, treated mostly private and charity patients, including those from the University, as well as some paupers, but it did not have large numbers of long-stay patients. The governors chose to transfer the hospital to the NHS in 1948, as they realised that they could not afford to treat the very class of patient that the hospital had been founded to help.¹¹

The new Poor Law workhouses

Under the Tudor poor law, individual parishes administered their own workhouses. These parish workhouses housed people with a wide range of needs

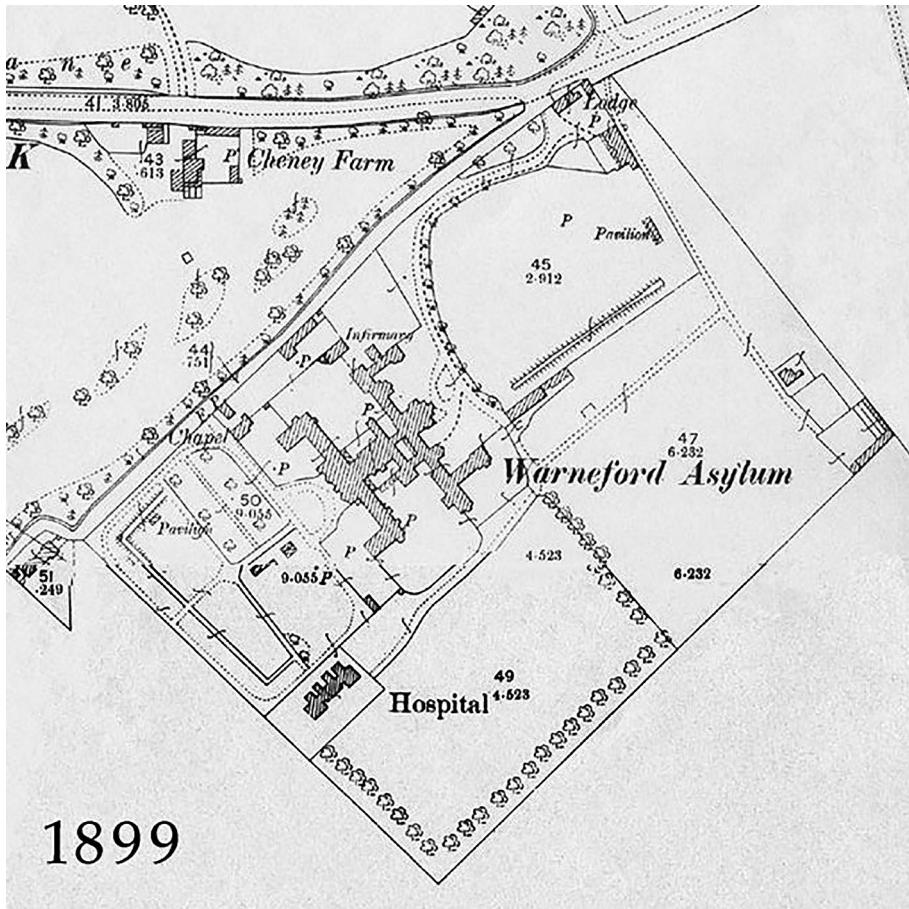


Fig. 2 Map of the Warneford site in 1899 (Author)

and disabilities, including the aged and infirm, and those deemed to be lunatics or 'idiots' by the parish overseers of the poor who could not be managed by their families or who were considered to be violent. The combined effects of the industrial revolution and population growth led to the growth of urban parishes to tens of thousands, while on the other hand nearly 7,000 of the 15,000 parishes in England in 1831 had populations of less than three hundred. With small rural parishes, where a literate person was a rarity, penny-pinching, corruption and inefficiency together led to appalling scandals and the costs of outdoor relief were seemingly out of control.

In 1832 the Prime Minister, Lord Grey, set up a Royal Commission on the Poor Laws, and the ensuing report set out the principles for reform: to control costs, and address what were perceived as the worst aspects of the old system. The subsequent Poor Law Amendment Act of 1834 was one of the most significant pieces of social legislation in British history, biased towards minimal provision

Those considered to be lunatics or ‘idiots’ by the Union relieving officers (an early form of social worker) and medical officers and who could not be managed in their homes, were usually sent first to the workhouse. Those who were not dangerous or violent often remained in the workhouse, while those more difficult to manage were sent on to, originally, a local madhouse. For example, the Woodstock Poor Law Union were concerned for a number of years about Margaret Gray: in 1836 she had been in the Radcliffe Asylum, in 1842 she was in the Union workhouse where ‘for the most part she is harmless’ but 1843 she was in Hook Norton madhouse.¹⁵ The workhouses were thus both a major route of access to the asylum, and also contained significant numbers of non-dangerous lunatics, to the extent that most larger workhouses opened designated lunatic wards.

Of the nine Union workhouses in Oxfordshire, four (Chipping Norton, Headington, Thame and Witney) were designed by Witney-born George Wilkinson. Four of the workhouses in the county have been completely demolished; the only reminder of the Headington Union workhouse, latterly known as the Laurels Old Peoples’ Home, is a single stone gate pillar and section of wall on the London Road. Of the remaining four, the Henley workhouse site has been developed as the present Laureate Gardens, which incorporates a number of older buildings, going back to the original town workhouse of the late 1790s. Thame workhouse was sold to Oxfordshire County Council who ran it as Rycotewood College, a technical college and adult education centre, for a number of years, and it has now been redeveloped as housing, retaining most of the original central block.

The Chipping Norton workhouse is of particular interest as after the introduction of the NHS it became known as Cotshill Hospital, and became a hospital for people with learning disabilities until it closed in 1983. The main building has been converted to housing, but it still very clearly shows the typical characteristics of a workhouse, with a well-proportioned front entrance block for the offices and committee room used by the Guardians of the Union and magistrates, the main radial residential wings with much smaller windows, the characteristic ‘panopticon’ central tower, and the chapel.

The ‘United Board of Guardians’ for the city of Oxford had built a workhouse in 1771 in what is now Wellington Square, which by 1861 was overcrowded. A larger one, the largest in the county, was opened in 1865 in Cowley Road, and later as Cowley Road Hospital it was increasingly used for the care of older people. A pioneering geriatric service led by Lionel Cosin from 1950, accepting categories of patients who in other areas would have been admitted to mental hospitals. Most of the site was demolished in the early 1980s, retaining the workhouse chapel that is now used as the Asian Cultural Centre. Uniquely for the Oxfordshire workhouses, the redevelopment includes a healthcare facility, the multi-function East Oxford Health Centre, which replaced the earlier 1960s stand-alone Health Centre.¹⁶

The public asylums

Under an Act of Parliament in 1808 county and borough authorities were permitted (but not required) to build publicly-funded lunatic asylums. As the public asylum system grew only slowly after that Act, further scandals showed that national levels of provision, and standards of licensing and inspection, were still inadequate. This led to two separate Acts in 1845: the Lunatics Act which created a national and permanent central regulatory body, the Lunacy Commission; and the Lunatic Asylums Act which required the erection and maintenance of an asylum by all counties and boroughs within five years.

In 1840 Joseph Warner Henley, the MP for Oxfordshire for 37 years, put forward a plan to the county magistrates to set up a committee to enquire into the need for provision for pauper lunatics in Oxfordshire. This proposal was accepted, and other adjacent counties and boroughs were invited to join, as long as the asylum was built in or near Oxford. A site at Littlemore was purchased in 1843, and the first inmates were admitted from Hook Norton madhouse to the new Oxfordshire County Asylum in August 1846, with William Ley as the first Medical Superintendent.

From December 1846 the County agreed to amalgamation with the City of Oxford, in 1847 with the County of Berkshire and the Borough of Abingdon, and then in 1848 with the Borough of Reading. By 1867 it was clear that Berkshire would have to create its own facility, so Berkshire and the Boroughs of Reading and Newbury together agreed to build an asylum at Moulsoford, later known as Fairmile Hospital, which opened in September 1870. It continued to serve Berkshire, but following the local authority boundary changes of 1974 it then lay within Oxfordshire, and closed in 2003, with the site being redeveloped as private housing.¹⁷

By late 1846 there were eighty-nine patients in Littlemore Asylum, and patient numbers at Littlemore increased remorselessly, with plans to provide for 126 more patients by 1851, a railway station being opened immediately adjacent to the hospital in 1864, and the building of two new ward blocks and the large recreation hall in 1902 (Fig. 4).¹⁸

Thomas Saxty Good was medical superintendent from 1906 to 1936: he was elected as President of the Royal Medico-Psychological Association in 1930 and his presidential address was on the history and progress of the hospital.¹⁹ The last phase of the life of Littlemore Asylum came after it entered the NHS in 1948. At this time it had about eight hundred patients, meaning that it was never one of the largest mental hospitals in England. In 1959 Bertram Mandelbrote was appointed as the last medical superintendent, and he introduced major innovations at the hospital, and supported a number of community developments which were linked with voluntary organisations.²⁰ There was some major building development after 1948, with the Ashurst Clinic opening at Littlemore on the other side of the road to the main hospital as an admission unit in 1956. A larger but similar admission and treatment unit had

been built at Fairmile Hospital, described as only the second new hospital building to be authorized by the government after WWII.²¹

The main block of Littlemore closed in 1998. It has since been developed into high-end residential accommodation, with additional new building in a matching architectural style and is known as St George's Manor. The original medical superintendent's house and the chapel survive unaltered, as does the cemetery for asylum residents, marked with a commemorative plaque.

Reflections and conclusions

The human stories

The purpose of all of these buildings was of course to care for, and for some to treat, people with a wide range of mental and physical needs. That care and treatment was provided by the staff of the institutions: the one constant in all settings were the attendants, men and women, who were carrying out very similar functions in all of them. In 1890 the professional organisation for psychiatrists, the Medico-Psychological Association (MPA), had introduced a Certificate of Proficiency in Nursing for asylum attendants, and staff with this qualification also worked in the workhouses. Doctors provided medical care in all settings, and while from 1841 the asylum doctors had their own association, the MPA, medical students were not required to be taught anything about mental illness until the General Medical Council made teaching on the topic compulsory in 1893. In the mental hospitals doctors were also the administrative heads, and contributed to the increasing medicalisation of mental health practice from 1845. The Relieving Officers 'were the most important group of officials for the local administration of the Poor Law ... their history has remained unsung'.²² Together with all the associated cooks, gardeners, laundresses, and clerks, the staff of these institutions formed their own communities, often employing several members of the same family.

And what was the lived experience of all of those who became inmates and patients? Mark Stevens' book about Fairmile is written in unusual way, with the first half being written as a 'patients handbook', a guide to the life of a Victorian asylum, with a chapter given to the daily routine in such hospitals.²³ All of these places provided shelter and care for their inmates, and some sort of pattern of activity and occupation, depending on the financial resources of each type of accommodation. Sadly there were few effective treatments for the mentally ill before the 1950s. Sedative medication was used to manage disturbed behaviour, with 'padded cells' to try to minimise harm to the patients. In the late 1930s there was a false hope offered by three new forms of therapy: brain surgery known as pre-frontal leucotomy; insulin coma therapy; and convulsive therapy. All were introduced at both Littlemore and the Warneford, but only electrically-induced convulsive therapy (ECT) survived much beyond WWII. Ellen Pinsent's overview of mental health services in the county is a unique form of document, essentially a social survey of provision in 1937.²⁴

The pattern of services she described, covering the mental disorders and mental deficiency provision in the City of Oxford and in Oxfordshire and Berkshire, is close to the services that existed as Oxfordshire entered the NHS in 1948.

The Admission and Discharge certificates of both Hook Norton and Witney madhouses between 1828 and 1856 have been transcribed, which tell us something of the circumstances of their patients' admission.²⁵ For example, Thomas Mallings was admitted on 3rd August 1847 to Hook Norton Asylum with three medical certificates, reporting 'his changed manner, habits and deportments', 'has a tendency to destroy clothes and spend money wantonly', and was 'desponding and melancholy': he had previously been a patient in both St Luke's Hospital in London and the Radcliffe Asylum in Headington. Other entries detail both specific symptoms—'the most absurd delusions', 'rambling and incoherent conversation', 'in a state of high and dangerous excitement'—and the level of violence to others and themselves—'threatened to commit suicide', 'dangerous to others'. The certificates also show how many people had experience of both madhouses and asylums across a very wide area, from Henley in Arden near Stratford-upon-Avon, to Haydock Lodge in Lancashire, and St Andrew's Hospital at Northampton, illustrating the complex patterns of care experienced by some individuals.

Of more recent interest is the oral history of Littlemore by Jocelyn Goddard with photographs going back to the 1920s which give an idea of life at the hospital, including the involvement of patients working in the gardens and kitchens, recreation such as sports and dances, and the hospital's own fire brigade!²⁶ Another oral history project, covering a later period from 1948, includes an analysis of forty-one interviews with Oxfordshire service users at both the Warneford and Littlemore covering a fifty-year period, giving patients' perspectives on their mental illness and the ways in which they were cared for and treated, and illustrating the 'shifting meanings' of mental health and illness.²⁷

.... and what about services for people with learning disabilities?

The madhouses and the early public mental hospitals cared for both 'lunatics' and 'idiots'—people with learning disabilities. Although specialist institutions began to be opened for the latter from the mid-nineteenth century, only in 1913 were counties and boroughs required to provide separate services. In practice these new institutions began to be opened in the 1920s, and this time Oxfordshire and Berkshire collaborated in 1930 by establishing Borocourt Hospital, near Reading, to care for mentally handicapped people, adapting the original 1878 Wyfold Manor House. The hospital closed in 1993 and has been converted to housing. The first NHS hospital *in* Oxfordshire for people with learning disabilities was Bradwell Grove Hospital near Burford. Originally built for American troops as a transit camp and later as a receiving base for casualties, it opened as a mental handicap hospital in 1952, and closed in 1986. The buildings have now been demolished, and the site has been developed for private housing and a care home.

Major changes to service provision

From around 1970/80 there have been major changes to the ways in which mental health services are provided locally, most of which are not visible to the wider public. Associated with the closure of the main Littlemore site in 1998 has been the dispersion of services to a range of sites, such as the building of a new centre for mental health services for older adults, the Fulbrook Centre, on the Churchill Hospital site. Local community teams, with their own community bases, have been formed for different parts of the county for services for children and adolescents, adults of working age, and older adults, including the placing of primary care mental health workers directly with primary care services in health centres. A number of voluntary agencies directly provide services, such as the supported accommodation provided by Response, the day creative activities provided by Restore, and a range of services, such as a phone support line, provided by Mind. Services are provided by an increasing range of new practitioner groups, such as the ‘psychological well-being’ practitioners providing psychological therapies through the local NHS Talking Space programme.

New ways of doing histories of mental health

Equally importantly there have been several changes in the ways in which this historical field has been addressed. The range of perspectives beyond the conventional trope of deinstitutionalisation has been widened: a Wellcome-funded project suggested that historians should recognise the fragmentation of the concepts of mental illness and mental health need, and place the experience of the service user in the context of wider socio-economic and political change, and relate the politics of mental health policy and resources to the general determinants of institutional change in British central *and local* government (my emphasis).²⁸ There is increasing contribution by authors other than academic historians and doctors.²⁹ More popular styles of historical writing have emerged, such as the Shire booklet by Sarah Rutherford *The Victorian Asylum*,³⁰ and the illustrated history of two Victorian asylums in the West Riding of Yorkshire by Mark Davis, in both of which I worked in the 1960s and 1970s.³¹

In April 2023 a roundtable witness seminar on *Mental Health in Oxfordshire and its Histories* was held at Cowley Centre, looking at more recent aspects of these histories, convened by Dr Sally Frampton of the University of Oxford Faculty of History. It forms part of the *Oxford Health Histories* project, an initiative to collect, research and communicate histories of healthcare drawn from across the county. The project has recently won further funding to develop and expand, with a particular focus on working with community partners.

A conclusion

The workhouses have gone, either demolished or converted to private housing. The madhouses have gone, their function for paupers taken over by the new

public asylums from 1845, although nationally a few continue as commercial psychiatric inpatient clinics, such as Ticehurst House, first opened in 1792 and run by five generations of the Newington family until 1970 in Sussex, now operating as part of the Priory Group.³² The large public mental hospitals have also closed, with the main sites either demolished, or converted to housing.

The main buildings of the Warneford Hospital continue in clinical use, with the newer peripheral buildings providing NHS clinical services, and academic and research accommodation for the Department of Psychiatry of Oxford University, which opened in 1969. The buildings still contain a number of original features and fittings and the hospital will be two hundred years old in only three years—time enough to do some more work in the archives to mark that anniversary!

Notes

The Oxfordshire Health Archives (OHA) are held at the Oxfordshire History Centre, and contain many documents and reports about the histories of these institutions. The special collection room of the Warneford Hospital Library is a little known gem, with some documents going back two hundred years, including books and reports bought by the hospital over that period.

- 1 Crammer, John, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum—St Johns*, (London, 1990).
- 2 Andrews, Jonathan, Briggs, Asa, Porter, Roy et al, *The History of Bethlem*, (London, 1998).
- 3 Parry-Jones, William, *The Trade in Lunacy: a study of private madhouses in England in the eighteenth and nineteenth centuries*, (London, 1972).
- 4 Jones, Kathleen, *A History of the Mental Health Services*, (London, 1972), 31–33.
- 5 It was not unusual for women to run madhouses: Parry-Jones, op.cit.:37, gives another example of two generations of the Mercer family as women proprietors at Portland House in Dorset in the 1830s.
- 6 The references to the archives at the Oxfordshire History Centre for both madhouses are: QSL III/1–2, QSL V/1–4, QSL VI/1–3, QSL VII/1–6, QSL VIII/1–2, QSL IX/1.
- 7 Parry-Jones op. cit.
- 8 Donald Ratcliffe has written a note about the two houses on the website of Hook Norton Local History Society and he has also written the text for an informative illustrated display about the madhouses in the Visitor Centre at the Hook Norton Brewery. See: Ratcliffe, Donald, ‘Mental Problems and Mad Houses, 1720–1854’, *Hook Norton Village Website*, (2015), hook-norton.org.uk/wp-content/uploads/2015/08/Mental-Health-and-Mad-Houses-1720–1854.pdf
- 9 Moss, A, *Images of England: The Radcliffe Infirmary*, (Stroud, 2007).
- 10 Hall, John, ‘The Registered Mental Hospitals in England from c.1920 to 1960: the Case of St Andrew’s Hospital Northampton’, unpublished MA in History of Medicine thesis, Oxford Brookes University, 2009.

- 11 Most of the information in the preceding three paragraphs is from a booklet on the history of the hospital written by Brenda Parry-Jones—archivist wife of William—to mark the one-hundred-and-fiftieth anniversary of the foundation: Parry-Jones, Brenda, *1826–1976 The Warneford Hospital Oxford*, (Oxford, 1976).
- 12 The excellent and well-illustrated website *The workhouse—story of an institution...* [www.workhouses.org.uk], run by Peter Higginbotham, covers every aspect of the workhouse system, and gives details of all the Oxfordshire Poor Law Unions and workhouses.
- 13 Now a National Trust Property—well worth visiting.
- 14 ‘Abingdon, Berkshire’, *The workhouse—story of an institution...* <https://www.workhouses.org.uk/Abingdon/>, accessed 23 Sept 2023.
- 15 See references to Margaret Gray in: Richmond, C, *A Collection of Records from the Parishes of the WOODSTOCK POOR LAW UNION and WORKHOUSE 1835–1849*, (Witney, 2009).
- 16 Annie Skinner’s book on Cowley Road explores the history of the Hospital in relation to the surrounding area: Skinner, Annie, *Cowley Road: A History*, (Oxford, 2005).
- 17 Two books have been written about Fairmile: Stevens, Mark, *Life in the Victorian Asylum*, (Barnsley, 2014); Wheeler, Ian, *Fair Mile Hospital: A Victorian Asylum*, (Stroud, 2015).
- 18 Bowes, D., ‘Who cares for the insane? A study of asylum care in nineteenth century Oxfordshire’, unpublished MA in Social Policy thesis, Oxford Brookes University, 2000.
- 19 Saxty Good, Thomas, ‘The History and progress of Littlemore Hospital’ *Journal of Mental Science*, vol. 76, (1930), 610.
- 20 Armstrong, Neil, Hall, John et al, ‘The processes and context of innovation in mental healthcare: Oxfordshire as a case study’, *History of Psychiatry*, vol. 34/1, (2023), <https://doi.org/10.1177/0957154X221140736>.
- 21 Malathouni, Christina, ‘Beyond the asylum and before the ‘care in the community’ model: exploring an overlooked early NHS mental health facility’, *History of Psychiatry*, vol. 31/4, (2020), 455–469, <https://doi.org/10.1177/0957154X20945974>.
- 22 Midwinter, E.C., *Victorian Social Reform*, (Harlow, 1968).
- 23 Stevens, op. cit.
- 24 Pinsent, E.F., *The mental health services in Oxford City, Oxfordshire and Berkshire*, (Oxford, 1937).
- 25 Eureka Partnership, *Hook Norton and Witney Lunatic Asylums: Admission and Discharge Certificates 1845–1856*, (Stoke Mandeville, 2015). See references to Thomas Mallings.
- 26 Goddard, Jocelyn, *Mixed Feelings—Littlemore Hospital—an oral history project*, (Oxford, 1996).
- 27 Davies, K., ‘Narratives beyond walls: patients experiences of mental health and illness in Oxfordshire since 1948’, unpublished PhD thesis, Oxford Brookes University, 2002.

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- 28 Turner, John, Hayward, Rhodri, Angel, Katherine, et al, 'The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research', *Medical History*, vol. 59/4, (2015), 599–624.
- 29 The authors of Armstrong, Hall et al, op. cit., include an archivist, anthropologist, two psychologists, and a sociologist, as well as two psychiatrists.
- 30 Rutherford, Sarah, *The Victorian Asylum*, (Oxford, 2008).
- 31 Davis, Mark, *West Riding Pauper lunatic asylum through time*, (Stroud, 2013).
- 32 MacKenzie, Charlotte, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792–1917*, (London, 2005).

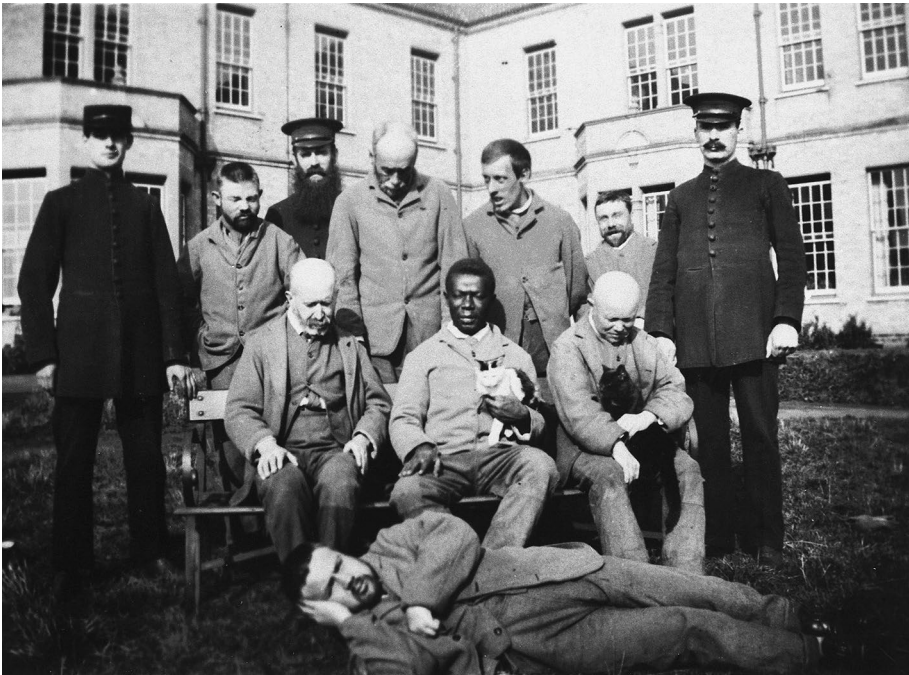


Fig. 4 Staff and patients at the public asylum in Littlemore at around 1905 (© Oxfordshire History Centre POX0166054)