

**THE HOSPITAL AND HOMES OF ST GILES  
MOOR HALL LANE  
BICKNACRE  
ESSEX**

**LEVEL II HISTORIC BUILDING RECORD**



**Essex County Council  
Field Archaeology Unit**

**May 2009**

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***As part of our desire to provide a quality service, we would welcome any comments you may have on the content or the presentation of this report.***

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**THE HOSPITAL AND HOMES OF ST GILES, MOOR HALL LANE  
BICKNACRE  
ESSEX**

**LEVEL II HISTORIC BUILDING RECORD**

**Client:** Hills Partnerships

**FAU Project No.:** 2027

**NGR:** TL 5779 2026

**OASIS No.:** essexcou1-58818

**Planning Application:** CHL/01780/07/FUL

**Dates of Fieldwork:** March & April 2009

## **1.0 INTRODUCTION**

A low-level building record was undertaken by Essex County Council Field Archaeology Unit (ECC FAU) at St Giles Hospital, Bicknacre prior to the demolition of three early to mid 20th-century residential bungalows. The survey was undertaken for Hills Partnership on behalf of Springboard Housing Association and carried out in accordance with a brief issued by the Historic Environment Management team of Essex County Council (ECC HEM), who also monitored the work.

Copies of this report will be supplied to ECC HEM and the Essex Historic Environment Record (EHER) at County Hall, Chelmsford. The archive will be stored with Chelmsford Museum. An OASIS online record has been created at <http://ads.ahds.ac.uk/oasis/index.cfm>.

St Giles was established in 1914 as an isolation hospital for the treatment of leprosy and for much of the 20th century was the only such colony in Britain. Today it is a residential unit for adults with learning difficulties. The need for improved and more-modern accommodation for the residents has led to the redevelopment of existing buildings, most significantly three residential bungalows representing the main historic phase of the hospital.

## **2.0 BACKGROUND**

### **2.1 Site location and description (fig.1)**

St Giles Hospital (TL 5779 2026) lies to the west of Bicknacre, along Moor hall Road, which connects the Hanningfield and Danbury roads (fig. 1). The main building group contains bungalows from the cottage hospital layout (predominantly 1914 to 1947) plus other structures added over the years. Other buildings of similar age located to the south of the hospital (figs. 1 and 3) are Moor House (used by the monks and nuns who administered the facility) and two separate bungalows for married couples, none of which are part of the redevelopment programme, but photographs of them are included in the archive. A small woodland cemetery is sited along the road to the north, indicated by a cross in figure 1 and labelled in figure 3.

The subject of the survey are three residential bungalows commonly known as blocks A, C and F; a fourth block (block B) was gutted by fire in 2006 and demolished before the survey was commissioned, but is included in figure 1. In April 2009 the residents were re-located to new accommodation (bungalows and two-storey flats) to the north and west of the site and these structures are shown in some of the photographic plates inside this report.

### **2.2 Planning background**

A planning application to demolish four existing buildings (blocks A, B, C and F) and erect four new replacement blocks was submitted to Chelmsford Borough Council (CBC) in September 2007. Mindful of the impact of these works on the social and historic integrity of the buildings, and the importance of the hospital in the treatment of leprosy, ECC HEM advised CBC that a full archaeological condition should be attached to the planning consent, based on advice given in Planning Policy Guidance Note 16: Archaeology and Planning (DOE 1990).

### **2.3 Cartographic and documentary research**

Cartographic and documentary research was undertaken at the Essex Record Office, Chelmsford (ERO) to understand the origins and development of the hospital. Two map extracts are included in the report as figures 2 and 3, enlarged to provide greater clarity. A Times newspaper article from 1921 and a background history was kindly supplied by the St Giles project manager, Ursula Deith, and are included in the archive.

St Giles is the patron saint of cripples and the Hospital and Homes of St Giles was established in 1914 by a community of Church of England monks and nuns, the Society of

the Divine Compassion and the Sisterhood of St Giles. A charitable institution, the nuns and monks freely gave their time to treat British subjects resident in the British Isles who in almost all cases had caught the disease in the Empire. Initially the work was centred at Moor House, a converted farm, and St Mary's bungalow, the forerunner of the main hospital that still stands in the grounds (plate 21). Although more decorative than the later buildings, its bungaloid aspect and projecting gables clearly became the template for the later blocks.

By 1921 the hospital was established on the present site, as described in a campaigning article by *The Times*. According to the article there had been 15 patients taken in since 1914, five of which were married men living with their wives (who were not affected).

20th-Century maps refer to the site as Moor Hall (Isolation Hospital). Block C is the oldest building to survive and is shown along with block B in figure 2. Both blocks presumably date to between 1914 and 1921 and each appears to have a garden attached to the north. The garden to block C was enclosed by a brick wall that was incorporated into a modern chapel. The only representations of block B are the aerial photograph included as plate 1 and the front cover plate.

The 1924 OS map (fig. 2) shows a lop-sided, asymmetrical layout of blocks B and C. There is clearly a vision for a third bungalow to the west to complete the pattern but, due to limited funds, this was not built at the same time as the other two. Instead, block A was constructed in 1923, according to a plaque on the front (appendix 1a) and under Royal patronage. Its omission from the 1924 OS map (fig. 2) is puzzling and it would appear the map was surveyed before block A was built, but published afterwards. Block A originally contained the dining hall, laundry and kitchen and is shown on the 1960 OS map (fig. 3) in simple form without the ablutions blocks at the back.

The bungalows commonly contained bed-sitting rooms and bathrooms (collectively known as flats) for the residents and some of the married couples lived in nearby cottages. There was even a theatre (U. Deith pers. comm.).

Block F was built in 1947 in commemoration of the first Secretary of the Homes (Appendix 1c). It is not clear whether the siting of a fourth block here was part of an original concept to enclose the lawn and complete a rectangular plan form, but no other bungalows were built after it. An admin block was built in 1965 (block E) and a pre-fabricated activities building in the 1970s (block H). Royal patronage of the hospital continued, and in November 1974 there was a visit by the Queen Mother (plates 2 and 22).

In 1984 the nuns left and the hospital was taken on by the Springboard Housing Association, becoming a unit for adults with learning disabilities. However, in keeping with the original purpose of the hospital, three lepers remain (U. Deith pers. comm.). An aerial photograph, included as plate 1, records the site in the 1980s.

Block B was badly damaged by fire in 2006 and became the catalyst for the recent regeneration of the site. The remains were demolished and replaced with new buildings in keeping with the existing ones in the initial phase of work, before the building survey was commissioned.

### **3.0 OBJECTIVES**

The purpose of the historic building survey was, as outlined in the brief (ECC HEM 2009), to provide a basic English Heritage level 2 descriptive and photographic record of the three buildings associated with the early isolation hospital.

As part of the record, the survey was required to address the following: architecture and building design, materials and method of construction, building chronology, internal layout and original fixtures and fittings, and landscape setting.

Early 20th century hospitals are included as research objectives in the Eastern Counties Research Framework (Brown & Glazebrook 2000) and a survey of the history, design and architecture of Essex hospitals between 1800 and 1948 was carried out by Essex County Council Planning Department in 1998-9. This aimed to identify and prioritise sites in terms of architectural and historic importance. Despite its architectural interest and unique association with the treatment of leprosy in the modern period, St Giles was omitted from the survey.

### **4.0 DESCRIPTION OF WORKS**

The standing buildings were recorded using existing floor plans supplied by the client. A block plan was produced to show the location of the structures within the survey that also conveniently shows block B before it was demolished (fig.1).

The work was undertaken in two stages, the first to assess the site and make external records of the bungalows and the second, after the residents had moved out, to create a



record of the interiors. A series of photographs (digital and 35mm black & white print) were taken to record the buildings. Specific shots were taken of any areas of important architectural detail, fixtures or fittings. A representative selection of photographs is reproduced at the back of the report as plates 1-22. The remainder can be found in the archive.

Documentary and cartographic research, outlined in section 2.3, was undertaken to investigate the origins and development of the hospital, and information gladly supplemented by those who work there.

## **5.0 BUILDING DESCRIPTIONS**

The three bungalows were recorded in their current condition after the first phase of construction works had started. They are located in a planned setting, around a lawn containing mature trees and flowers, with Block B formerly standing to the north, between blocks A and C, forming a 'delta' plan form in the early layout. Block F, which is later, faces block C on the other side of the lawn.

As a group, the blocks display the same architectural characteristics and use of materials based on the original bungalow at Moor House. In particular blocks A, B and C were built with the same south-facing facades, viewed across the lawn. The opposite elevations are all different, depending on their internal layouts and functional variation, if any. Each block has a linear plan form, with ablutions blocks on the north and verandas on the south side to catch the sun, but the internal layout of each is different. The walls are built of brick and treated with a cement render and the roofs are hipped and pantile-clad, with plain chimneys mounted on the ridge. The lawn-facing gables have square brick columns and Classical-style dentilled tympanums, often containing wall plaques (appendix 1).

Inside, all flats are in good condition and are supplied with modern electrical fittings and carpets. Modern heaters have also been installed. Many of the bathroom suites have been upgraded and approximately half the original Crittalls windows replaced in UPVC. However, early 20th-century fixtures remain throughout, namely fireplaces, fitted wardrobes and cupboards. Original plans that may perhaps have shown other features of interest were not available.

The different elements are described below in alphabetical, rather than chronological, order.

## **5.1 Block A**

Block A is dated to 1923. The central core contained the resident's dining room, plus kitchen and laundry, with four bed-sit single flats each side, connected to rear ablutions blocks (fig. 4). An early outbuilding, likely to be a wash house, still stands at the back. Since its relocation, the dining room and kitchen have been converted to fifth and sixth flat (flats 22 and 23), while in contrast, the old laundry remains very much as it was.

The block has a seven bay linear plan form with a central projecting bay on the south side, and verandas running between the two end bays and central projecting bay (fig. 4). The roof is hipped with plain chimneys either end (plate 2). The central bay has a short flat-roofed projection hiding the gable, which is an extension for the dining room probably dating to the 1970s. A re-sited lead plaque on the extension gives a construction date of 1923 for the block (appendix 1a). The extension is later in date because its brickwork is conspicuously unfinished and in stretcher bond, whereas the main build, exposed above it (plate 2) is in English bond.

Entry into the current 6 flats (formerly 4) is from the veranda, whose roof is supported on square wooden posts. A modern sliding door covers the entrance to flat 22 (fig. 4). Crittall metal windows remain on parts of the main build and also the extension where they are either reused, or a match/continuation of the old style from the 1920s. Most of the doors are original, with brass fixtures.

The ablutions blocks at the back are plain with hipped roofs (plate 3). The tiles appear replaced on the central roof hip, perhaps where a chimney was removed from the earlier kitchen, as its chimney stack remains inside flat 22 (fig. 4). A flat, modern laundry building, fitted with washing machines and driers, connects the former kitchen with the old wash house (plate 3).

Inside, the interiors retain original fireplaces, wardrobes, cupboards and doors (plate 4). The Crittalls windows have curved handles and red ceramic tile sills (plate 5). The former dining room has been converted to a flat (plate 6). In contrast, the laundry room next door (fig. 4), known more recently as the 'gardener's toilet' retains many original fixtures, including the old cistern and toilet (plate 7), coat hooks and wall cupboards beside the door (fig. 4 & plate 8), whose perforated doors and slatted shelves give the suggestion of a laundry function. Meals were prepared on an old Aga up until 1987 (U. Deith pers. comm.) and the old kitchen, which retains no former fixtures, logically stood beside the dining room (flat 22, fig. 4). Evidence has been noted for its position in the external description.

## **5.2 Block C**

Apart from the small chapel on the north side, Block C is purely residential in function. There are three flats in all, with ablutions areas generally incorporated into the linear layout. The central flat is a single bed-sitting room with ablutions to the rear, while the flats either side comprise two rooms with small kitchens, suitable perhaps for married couples or guests.

The main façade was constructed the same as blocks A and B to form a consistent view across the lawn. Comparison of the cover plate and plate 9 show a central gable with a flat brick head and art-deco style tiled keystone to the window and a slate plaque above, with a Latin dedication to the Franciscan Order (appendix 2) that was common to the early blocks and will be re-sited after demolition.

At the rear was a garden that has now been fore-shortened by a new paved area, making photography difficult, with dense shrubs remaining close to the back doors. More important is the chapel that extends from the west wing (fig. 5), a shed-like structure built onto the old brick garden wall (plate 10 & 11) and simply furnished inside (plate 12). At the other end is a probable well and part of a fence (plate 13).

Inside the block are two twin-roomed flats at either end and a large one-roomed flat in the centre (fig. 5). The interiors are slightly grander than block A, with fanlights over the external doors, larger fireplaces, wooden window sills and plenty of cupboard space (plate 14). The windows are a combination of timber, Crittalls and UPVC and the Flat 13 bathroom retains good inter-war style fixtures (plate 15).

## **5.3 Block F**

Block F was constructed slightly later, in 1947 in the dominant bungalow style. Its layout is different, containing four single-roomed flats with ablutions blocks within twin projecting gables on the front (north) giving continuity to the façades around the lawn and providing sunlight for the veranda and south-facing windows (fig. 6).

The two projecting gables at the front have been adapted and it is likely the interiors have too. A redundant chimney stands along the ridge of the east gable (plate 16) above a new kitchen. Attached to the gable is a plaque commemorating the former secretary of the Homes of St Giles (appendix 1c). Two entrances have been formed on the west gable and any chimneys above have been removed.

The rear south-facing elevation varies from the established pattern by having only one veranda (with hexagonal rather than square posts), slightly shorter but much deeper than those on the other two blocks (figs. 17 & 18). An unusual gabled wing at the western end has resulted in a gablet (rather than hipped) roof to the main range (plate 17).

Inside, flats 1 and 2 are linked by a corridor with access onto the veranda. The flats are built to a more compact form than the other bungalows, although the thinness of the partition wall between flats 3 and 4 suggests this was formerly one room, though its function is unclear. Inside flats 3 and 4 there are none of the built-in features (cupboards, wardrobes, and fireplaces) common to flats 1 and 2 (plate 19) and the other bungalows. Instead, flats 3 and 4 contain only modern features. The Crittalls windows, where remaining, have pointed handles (plate 20) that are less-elegant than those in the other blocks and clearly from a different phase of building.

## **6.0 DISCUSSION AND CONCLUSION**

The Hospital and Homes of St Giles was founded in 1914 and at the time was the only hospital for the treatment of leprosy in the country. Although at the start of the 20th century the disease was rarely found in Britain, there were cases of British citizens who had contracted it out in the Empire, and also a few cases where this had spread whilst back in the country. However, leprosy is no more infectious than tuberculosis, although it carries a great deal of social stigma, and the needs for treating and containing it are the same. Infectious diseases were nursed and treated in 'isolation hospitals' from the 19th century onwards, which were located away from populated areas.

As a charitable foundation often struggling for funds, the hospital developed over time, growing from two initial blocks (now called blocks B and C) to three (block A), with a fourth completed in 1947. Arguably the layout of the buildings allowed for a fifth, but it is not known if this was ever planned. Their design was based on the first bungalow to be built in the grounds of Moor House in 1914, but with lower architectural detailing. In broad terms, a bungalow is a low, one-storied house popular in Bengal (*bengla-*) (Proctor 1985) developed as retreats by the British during the Empire and containing verandas for enjoying the sun. Such accommodation was suitable in providing a less formal environment, where residents could enjoy a certain degree of independence and were perhaps also familiar for some. In addition, the hospital's isolation in the countryside provided plenty of peace, quiet and fresh air, which together were foundations upon which the cottage hospital movement was based.

These were modern bungalows, plainly-designed with fancy Classical detail on the prominent gables facing the lawn and verandas facing the south, exemplifying the use of sunlight and air to promote well-being, which were important concepts in the promotion of health in the early part of the 20th century. The building materials were mass-produced and practical: concrete, brick and tile and metal Crittall windows.

It is clear from the initial asymmetrical layout and its subsequent development, that the vision for the hospital was either a three-block triangular plan form (blocks A, B and C) or of five blocks, four around the lawn (blocks A, C & F and another) and a single block to the north (block B). In practice, growth was slow due to limited funds, and block F, built over 25 years after the first block, was perhaps an unplanned addition. By 1947, with the end of the Empire and better treatment of leprosy around the world a fifth block was perhaps no longer required.

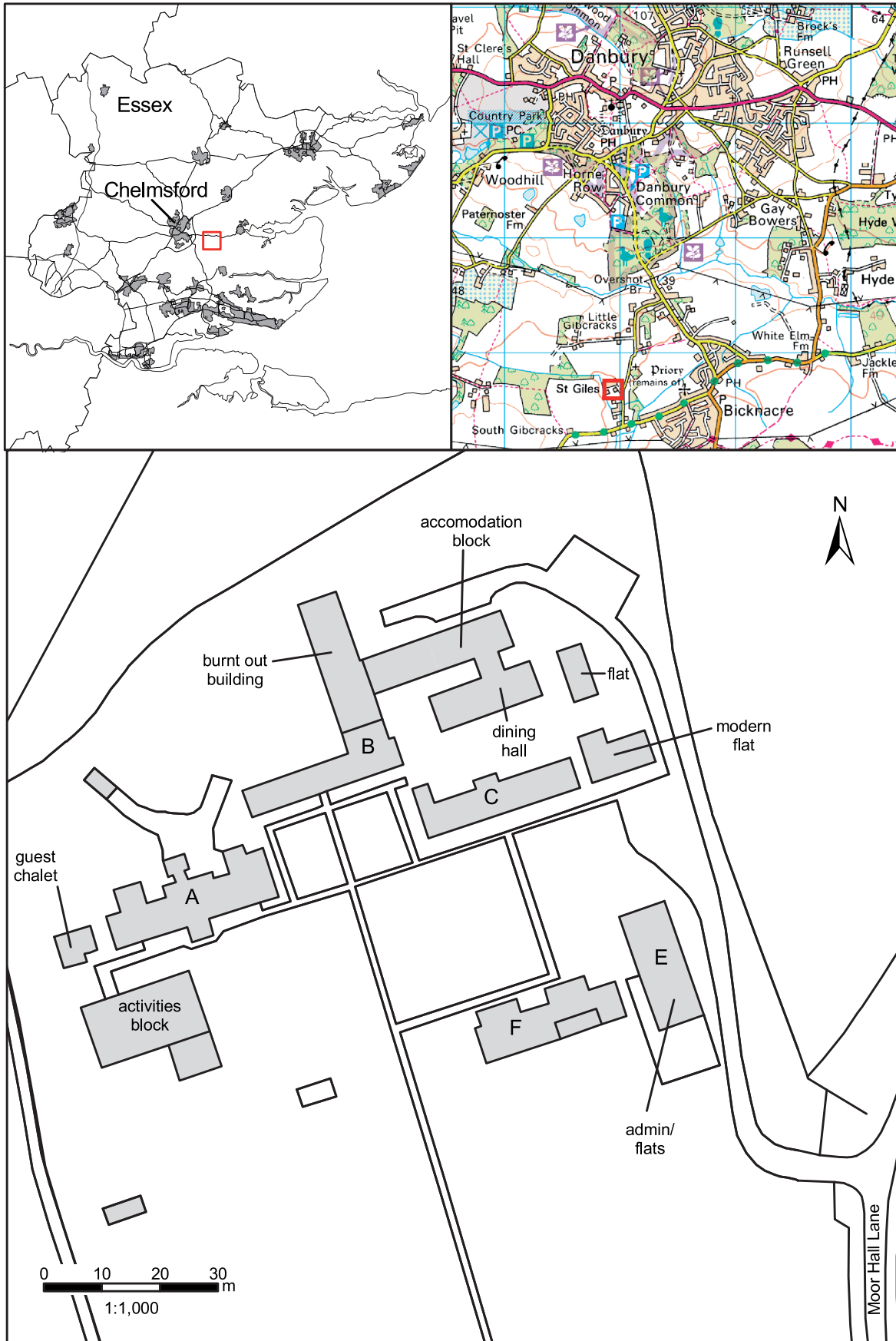
As an entity, the unusual and unique nature of St Giles Hospital as a 20th century institution to treat leprosy marks it out as being of considerable interest. Industrial age structures (1750-1960) including isolation and cottage hospitals have been identified as important historical structures and increasingly valuable as a historical asset. Due to their deterioration and dislocation from modern needs, many have fallen into redundancy and are threatened with either conversion or, in the worst case, demolition (Brown & Glazebrook 2000). Surprisingly, the Essex hospitals survey did not include St Giles but did note the importance of isolation and cottage hospitals. Hopefully this report can restore this imbalance and bring broader attention to a largely unknown piece of recent Essex history.

## **ACKNOWLEDGEMENTS**

Thanks are due to Nick Silk of Hills Partnerships for commissioning the works and supplying plans of the site and staff at St Giles for their assistance during the survey, especially Ursula Deith and Jimmy the gardener. The help of staff at the Essex Records Office is also acknowledged. Fieldwork, recording and photography were undertaken by the author. Illustrations were prepared by the author and produced by Andrew Lewsey. The project was managed by Adrian Scruby of ECC FAU and monitored by Teresa O'Connor of ECC HEM, on behalf of the LPA.

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|--------------------------------|------|--|
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| DOE                            | 1990 | <i>Planning Policy Guidance Note 16: Archaeology and Planning</i> HMSO, London   |
| English Heritage               | 2006 | <i>Understanding Historic Buildings: A Guide to Good Recording Practice</i> , Swindon  |
| ECC HEM                        | 2009 | <i>Brief for Historic Building Recording at St Giles, Moor Hall Lane, Bicknacre</i> (ECC HEM unpub. )  |
| Garwood, A. & Gould, S.        | 1999 | <i>Essex Hospitals 1800-1948: A Design of their History, Design &amp; Architecture. Comparative Survey of Modern/Industrial Sites &amp; Monuments No. 9</i> ECC Planning         |
| Proctor, P., ed.               | 1985 | <i>Longman Concise English Dictionary</i> , Longman, Harlow  |



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Fig.1. Location & block plan



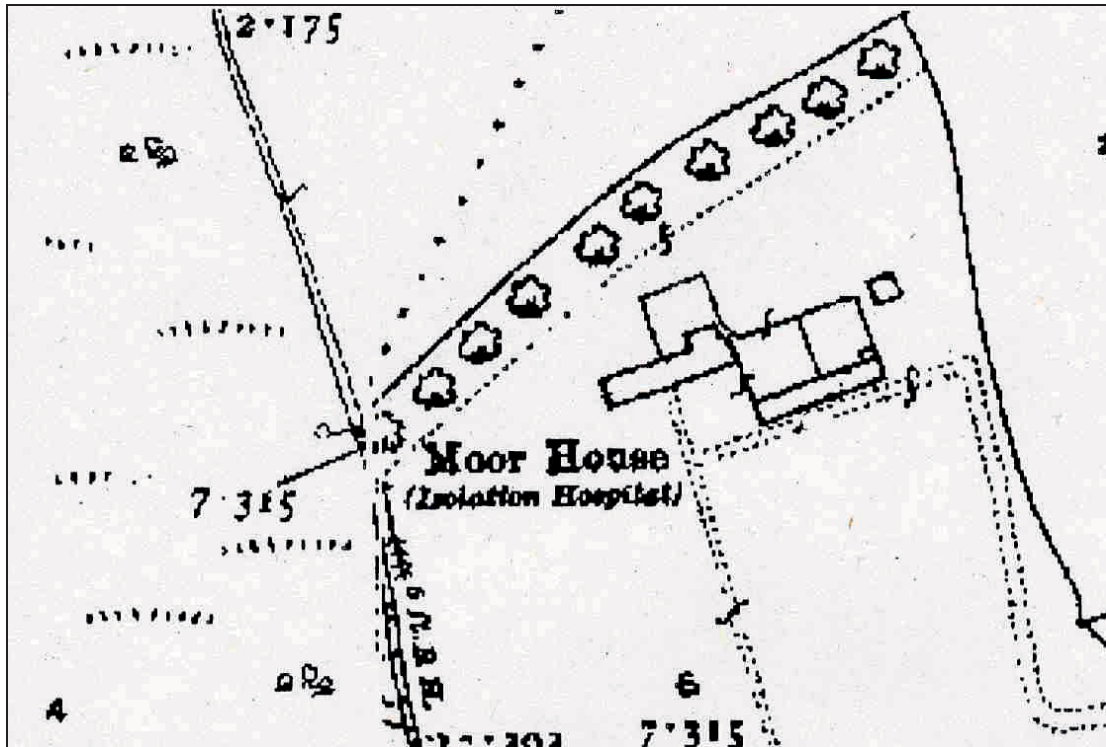


Fig. 2 Extract from 25 inch 1924 OS map (sheet 64 SW, revised from 1919)

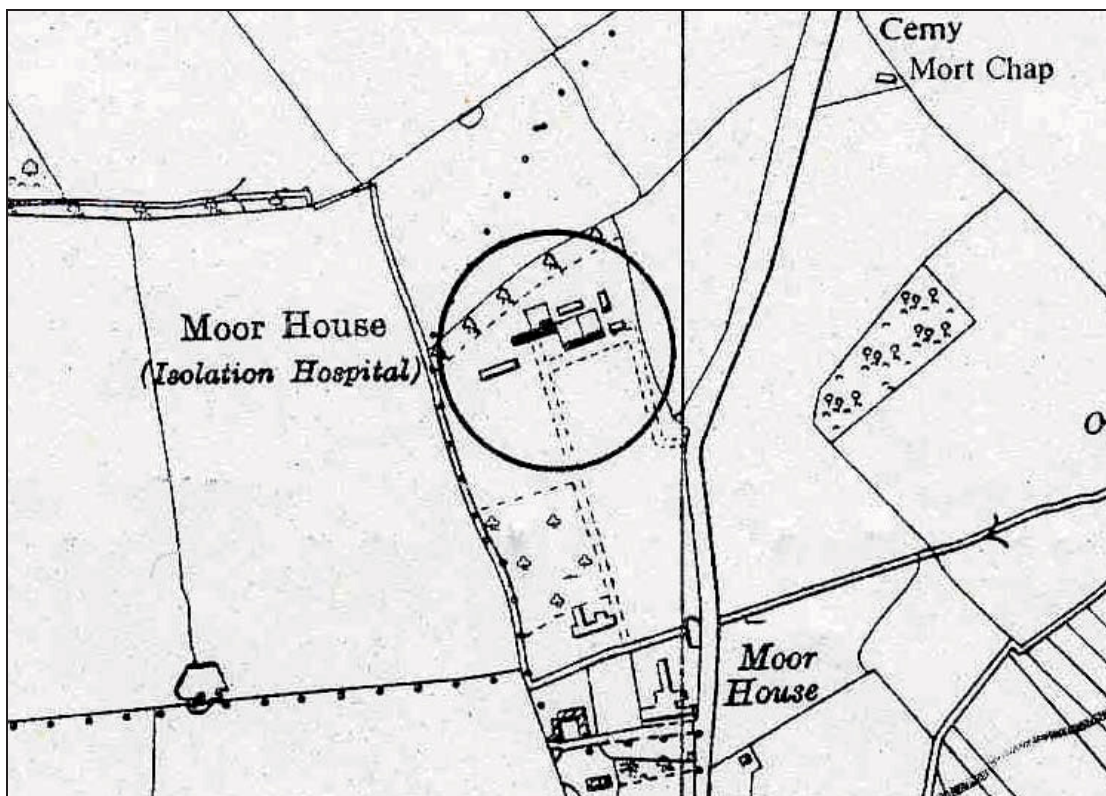


Fig. 3 Extract from 1960 OS map (sheet TL 70 SE)



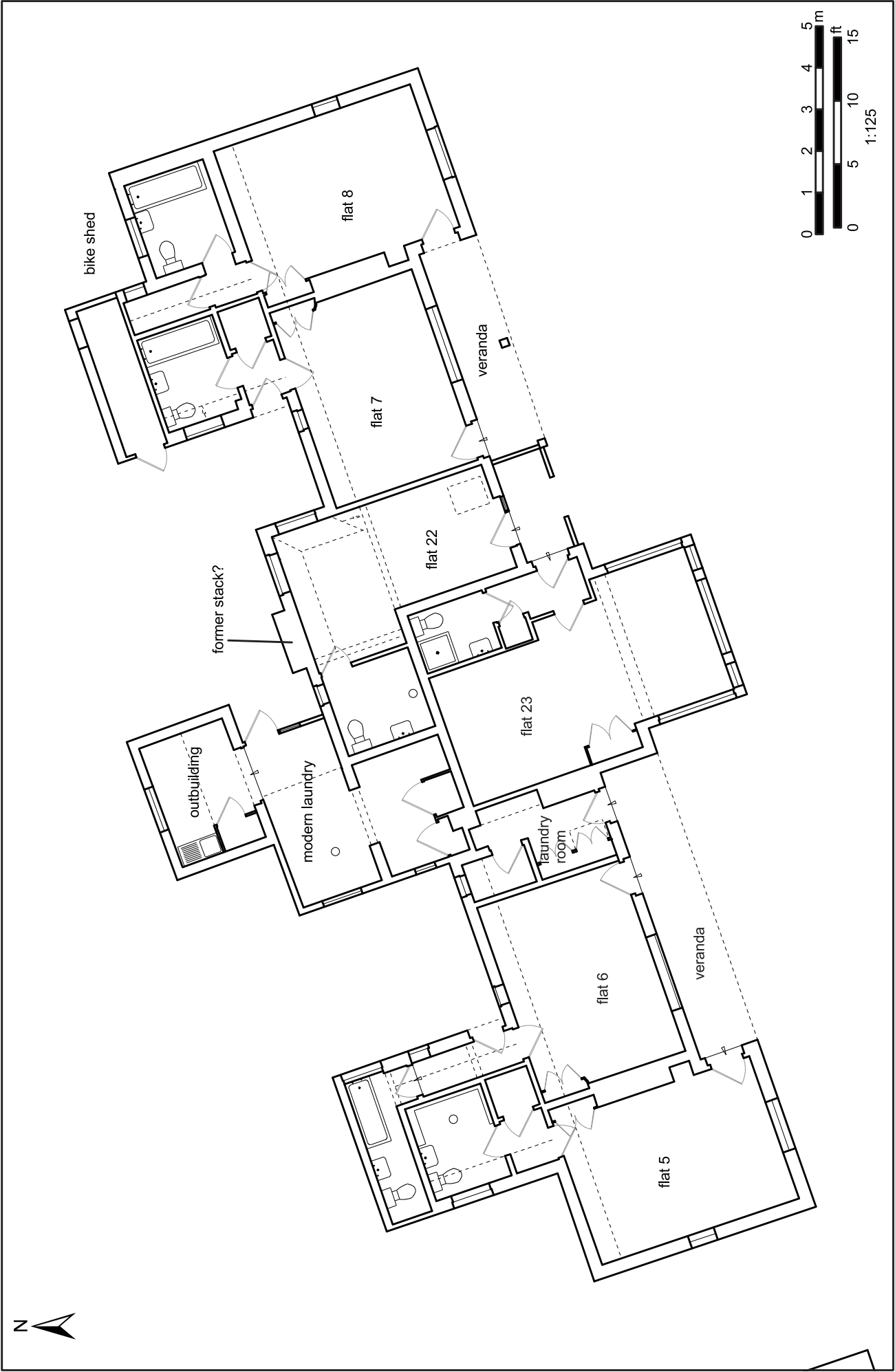


Fig.4. Plan of block A

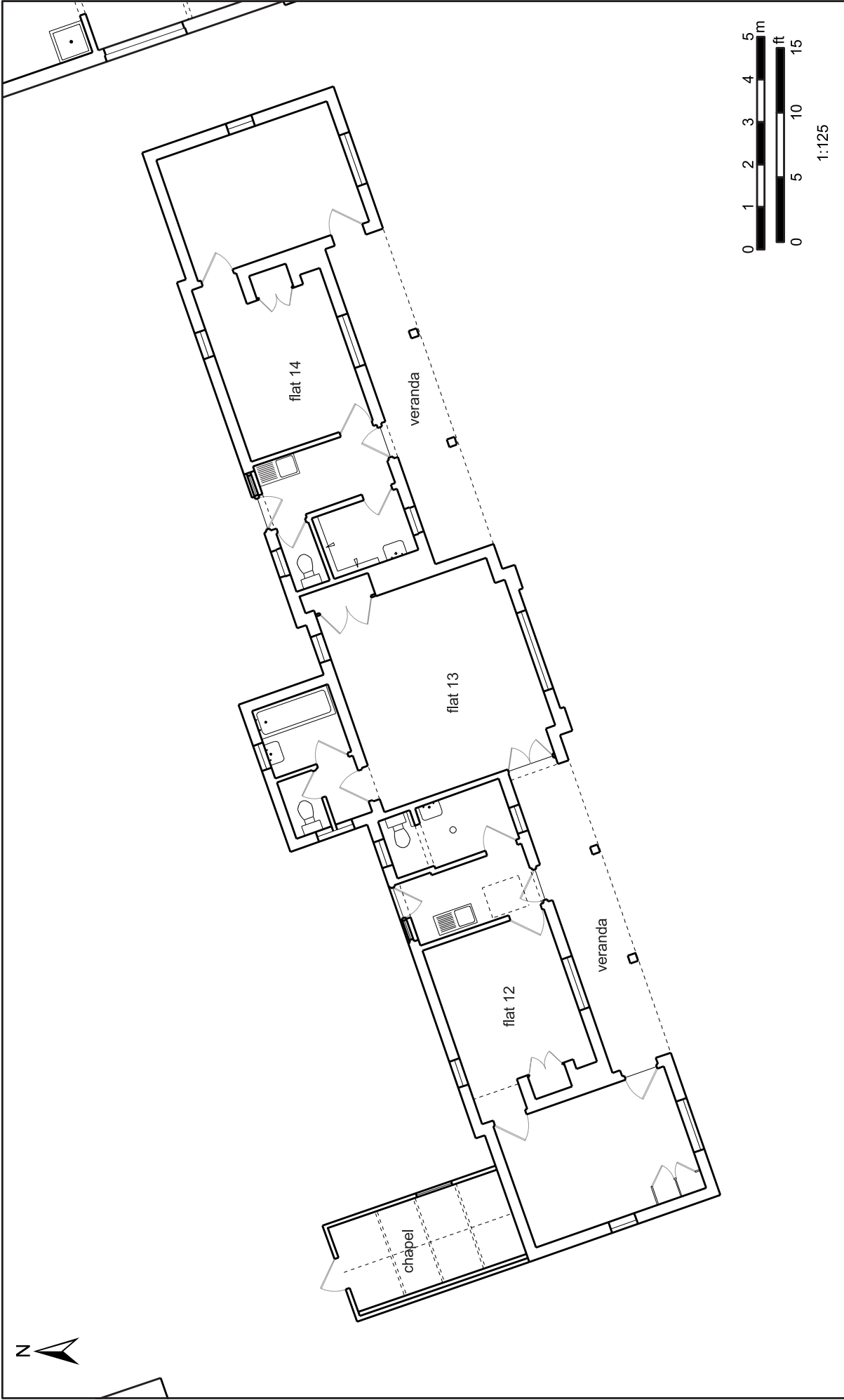


Fig.5. Plan of block C

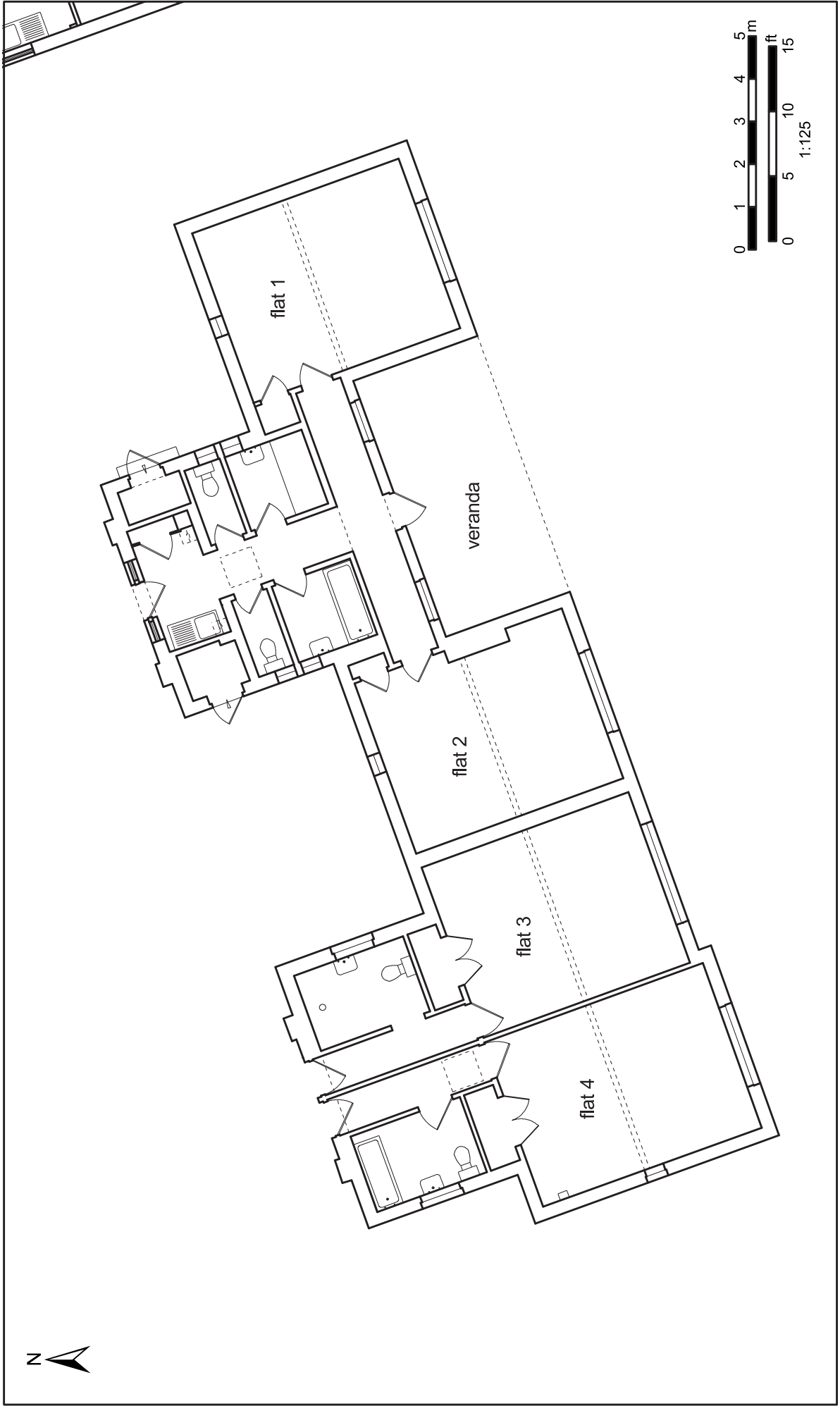


Fig.6. Plan of block F



Plate 1 Aerial view of hospital in 1980s



Plate 2 Block A main façade (south)





Plate 3 Rear elevation of Block A with guest chalet to right



Plate 4 Typical Block A interior (flat 6)



Plate 5 Typical Crittalls window found in Blocks A and C

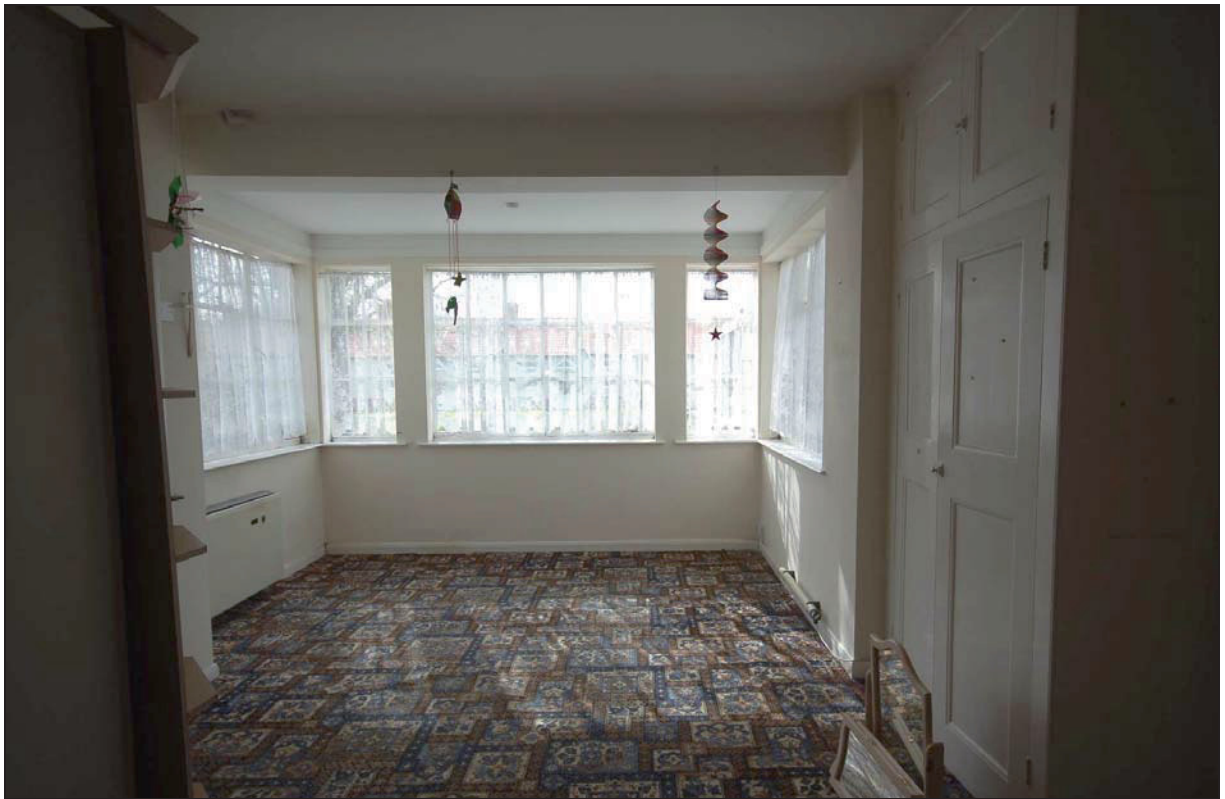


Plate 6 Former dining room (Block A)



Plate 8 Laundry cupboards



Plate 7 Original washroom in Block A





Plate 9 Block C viewed to north-west



Plate 10 Block C viewed to north-east with chapel to left





Plate 11 Chapel to rear of Block C

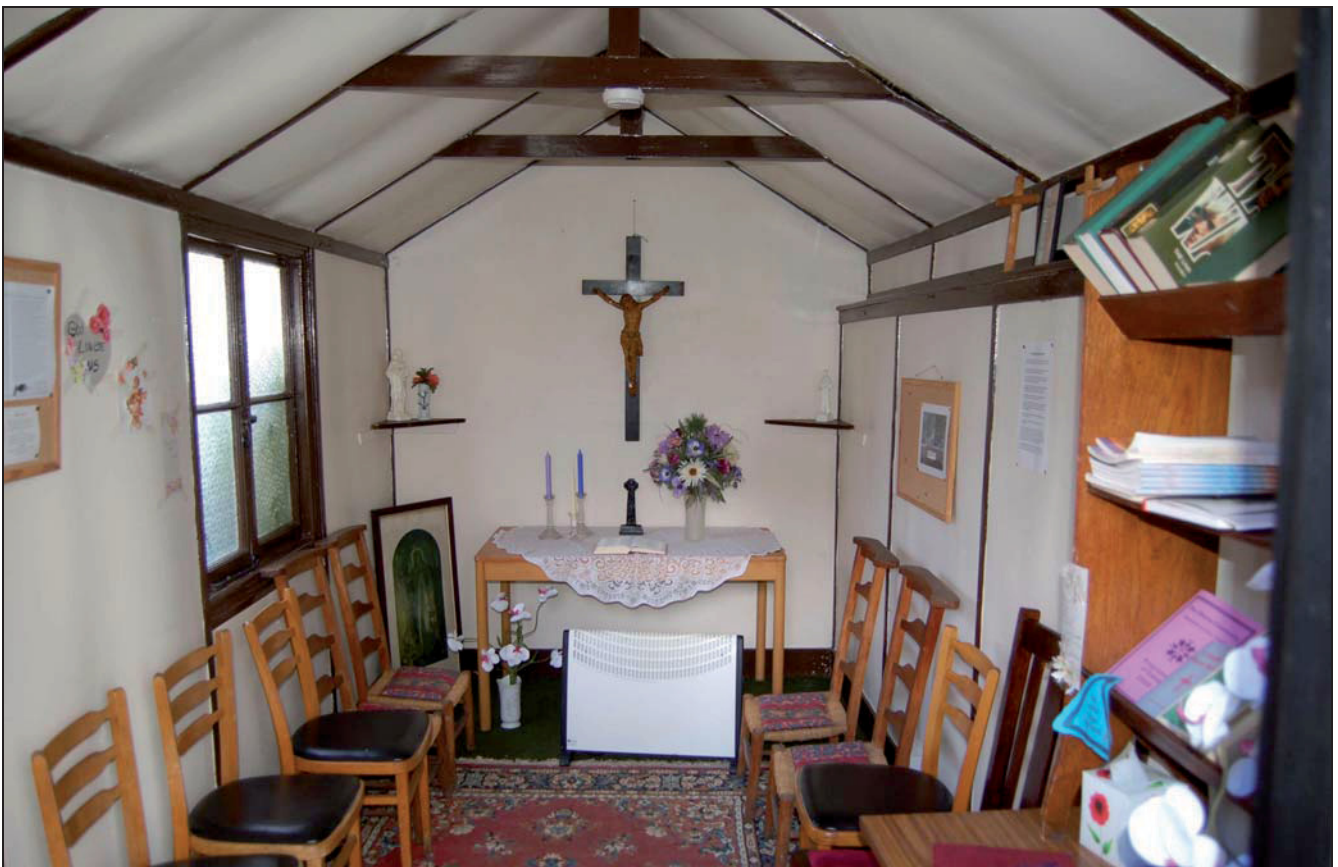


Plate 12 Interior of chapel





Plate 13 Garden features behind Block C



Plate 14 Typical Block C interior (flat 14)





Plate 15 Original bathroom fixtures inside Block C (flat 13)



Plate 16 Main façade of Block F (north)





Plate 17 South elevation of Block F



Plate 18 Detail of veranda (Block F)





Plate 19 Block F interior (flat 2)



Plate 20 Typical later Crittalls window fixtures in Block F



Plate 21 St Mary's bungalow



Plate 22 The Queen Mother meeting the nuns in 1974



Appendix 1: Commemorative wall plaques



1a Block A



1b Block C



1c Block F

## **Appendix 2: Contents of Archive**

**Site name: The Hospital & Homes of St Giles, Moor Hall Lane, Bicknacre, Essex**

**Project no.: 2027**

### **Index to the Archive:**

Document wallet containing:

#### **1. Introduction**

- 1.1 HEM design brief
- 1.2 FAU written scheme of investigation
- 1.3 Client/archive report
- 1.4 Unbound version of report
- 1.5 CD containing digital photographs & copy of report, pdf-formatted

#### **2. Site Archive**

- 2.1 Photographic record (digital prints & monochrome 35mm prints & negatives)
- 2.2 Photographic registers
- 2.3 Site notes & annotated survey drawings
- 2.4 Architect's survey
- 2.5 Times newspaper article from November 1921
- 2.6 History of St Giles (unpub.)



### Appendix 3: EHER Summary Sheet

<b>Site Name/Address:</b> The Hospital & Homes of St Giles, Moor Hall Lane, Bicknacre	
<b>Parish:</b> Bicknacre	<b>District:</b> Chelmsford
<b>NGR:</b> TL 5779 2026	<b>OASIS record No.:</b> essexcou1-58818
<b>Type of Work:</b> Building recording	<b>Site Director/Team:</b> Andrew Letch ECC FAU
<b>Date of Work:</b> March & April 2009	<b>Size of Area Investigated:</b> N/A
<b>Curating Museum:</b> Chelmsford	<b>Funding Source:</b> Hills Partnership
<b>Further Work Anticipated?</b> None	<b>Related LB Nos.</b> None
<b>Final Report:</b> Summary in EAH	
<b>Periods Represented:</b> Early-mid 20th-century	
<p><b>SUMMARY OF FIELDWORK RESULTS:</b></p> <p>Recording works were undertaken to English Heritage level II standard on the remains of an early 20th century hospital for treating leprosy, prior to demolition and the building of modern facilities. The hospital was run on a charitable basis by monks and nuns of the Franciscan Order from 1914 to 1984.</p> <p>The group comprises three residential bungalows built between 1914 and 1947; a fourth was demolished after a fire in 2006. All are plainly built with rendered walls, Crittall windows and tiled roofs but with Classically inspired gables. Each contained bed-sitting rooms for the patients and block A held the former dining room, kitchen and laundry room. All the interiors have been maintained and modernised over the years, but early fitted features such as fireplaces, wardrobes and cupboards remain in most of the flats.</p> <p>Their design was based on the first bungalow built in 1914 sited at Moor House where the farm was converted by the monks to be the first hospital. The main second hospital was slow to develop because of lack of funds. It had the aspect of a cottage hospital with a three-bungalow triangular formation (blocks A, B &amp; C) completed in 1923 under Royal patronage. A final addition, block F, built in 1947, may suggest uncompleted plans for a fifth bungalow.</p> <p>Although the bungalows have limited architecture merit, the site itself is important as the last and only hospital for treating leprosy in the 20th century and those contemporary structures associated with it, particularly the early bungalow at Moor Hall, have equal importance for historic and group value.</p>	
<b>Previous Summaries/Reports:</b> None	
<b>Author of Summary:</b> Andrew Letch	<b>Date of Summary:</b> 30th April 2009