

**RUNWELL HOSPITAL
RUNWELL CHASE
RUNWELL
ESSEX**

HISTORIC BUILDING RECORD



**Essex County Council
Field Archaeology Unit**

August 2012

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Client: Homes and Communities Agency

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1.0 INTRODUCTION

A programme of historic building recording was undertaken by Essex County Council Field Archaeology Unit (ECC FAU) on the extensive 1930s Runwell Hospital complex prior to refurbishment and major demolition works. The work was commissioned by the Government Homes and Communities Agency (HCA) and carried out in accordance with a Brief prepared by the Essex County Council Historic Environment team (ECC HE) and a written scheme of investigation produced by ECC FAU.

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

Runwell Hospital was opened in 1937 to treat a wide range of mental disorders in patients from the boroughs of Southend and East Ham. It was one of the largest hospitals of its type, providing accommodation, treatment and services for over 1,000 patients and reflected contemporary attitudes in the treatment of mental disorders and in hospital design. The ethos was to improve the condition of patients through treatment, activity and the benefits of an open countryside setting away from external pressure. Patients were categorised and housed in either large villas or pavilions according to their needs set within a well-planned complex of roadways and landscaped grounds set within 500 acres. Open-air treatment was

important through verandahs and sun terraces and patients encouraged to be employed in workshops and the hospital farm and gardens. Important research into mental illness was carried out at the hospital by eminent physicians.

Since closure in 2009, the hospital buildings have been redundant but retain much of their historic character and essence of the Runwell community within extensive and landscaped grounds.

A county-wide survey of Essex Hospitals 1800-1948 (Garwood & Gould 1999) commented that Runwell was one of the best-surviving inter-war hospital in the country and therefore of national significance. It recommended creating a discrete Conservation Area to protect the buildings and their intrinsic landscape setting and listing those buildings with architectural merit and well-preserved historic interiors, i.e. the chapel, admin building and recreation hall.

2.0 BACKGROUND

2.1 Site location and description

Runwell Hospital is located on what was once a relatively isolated site to the north of the A132 Runwell Road, some 2km north-east of Wickford town centre, and immediately to the west of the A130 dual carriageway which in fact encroaches upon former hospital land (fig. 1). The hospital sits within its own grounds at the north end of Runwell Chase, which was laid out at the same time as the hospital.

The site comprises a complex of brick-built hospital and ancillary buildings laid out on a distinct east-west axis around a central administration/reception/kitchen block (figs. 2 & 3). To the south is the former nurses home, currently the headquarters of the South Essex Primary Trust (SEPT) and former staff housing. Brockfield House to the south-west is a specialist unit created to cater for some former Runwell patients (fig. 1, not indicated on OS mapping). A former hospital farm (Runwell Hall Farm, fig. 2) lies at a distance to the north, and is now in private ownership.

The historic buildings form an interesting group of inter-war hospital structures whose layout, design and appearance owed much to contemporary ideas in hospital planning, treatments and to Art Deco and Modernist architectural style. The grounds are spacious, laid out with lawns and plantations of trees and shrubs. Concrete roadways link between the buildings. Modern buildings are few and have not spoilt the character. Internally parts of the historic

hospital buildings have been modernised but enough original fabric remains to largely determine room layout and function, and to show décor, character and fixtures and fittings.

2.2 Planning background

An application for the demolition of all hospital buildings except for the boiler house, the administration block and Grade 2-listed chapel was submitted to Chelmsford Borough Council in March 2012 (12/00434/DEM). Given the importance of the site in the development of 20th century hospital design, its high level of preservation and its resonance with the local community, staff and former patients, the ECC HE team recommended that a level 3 historic building record should be completed prior to these works. This recommendation was made in line with Planning Policy Statement 5: Planning for the Historic Environment (ECC HEM 2012).

2.3 Aims and objectives

The purpose of the historic building survey was to record the buildings to English Heritage Level 3 standard (2006) prior to demolition. Primarily this meant addressing the following: plan form, materials and method of construction, phasing, internal spatial layout, room function and status, original décor, finishings and fixtures and fittings using a descriptive and analytical narrative, drawings and a full photographic record.

It is intended the survey will ‘preserve by record’ the historic character and spatial integrity of the hospital buildings, and provide an assessment of the significance of the structures on a local and national level. To accomplish this, this report aims to identify, discuss and illustrate the early aspects of the complex (internal configuration and function, historic fixtures and fittings, character and significance, etc) within the context of the modern hospital.

2.4 Description of work

The survey was undertaken during the early stages of redevelopment works, soon after demolition contractors had moved onto the site. All buildings were locked and those on the outer fringes of the site, that had been closed the longest and subject to vandalism and theft, were boarded-up. Keys were available to most buildings. Where none were available, doors were forced open by the demolition crew. Initial recording works were concentrated on the structures on the east side of the site, which were the first to be stripped out and demolished.

As part of the survey, external and internal architectural descriptions were made and plans of all but the modern buildings (Strom Olsen, etc) created. To enable this, an asbestos survey carried out for the NHS in 2003 was provided that featured most of the buildings apart from

those on the east side of the complex, which had by that time been closed, which had to be planned afresh. The plans formed the basis for the survey and for the figures in this report, which, due to their size, have been reproduced at a scale of 1:200 and annotated with historical detail. Paper copies of plans at 1:100 are provided in the archive.

Related components of the original design plan of the hospital such as landscaping, tree plantings and sports facilities were considered as part of the survey but are largely beyond the scope of this report.

A series of digital photographs were taken externally and internally, as well as 35mm black and white photographs of main external and representative internal views. Specific shots were taken of any original fixtures and fittings or architectural detail. Photography in some parts of the site was limited by overgrown vegetation and security fencing. Larger buildings, of which there were several, were impossible to photograph in their entirety. A representative selection of photographs is reproduced at the back of the report as plates 1-174. The remainder can be found in the archive.

A numbered and phased location/block plan is provided to illustrate the hospital complex and layout and show significant modern additions (fig.1).

3.0 HISTORICAL BACKGROUND AND DEVELOPMENT

3.1 Development and design of asylums and psychiatric hospitals

Asylums evolved sympathetically with both changes in attitude toward patient care and with general developments in hospital design. Whilst mental hospitals adopted many of the principles of contemporary hospital planning, such as adequate ventilation and segregation of sanitation, their specialised form of treatment, underpinned by containment and security, resulted in a distinct architectural response.

Established in London during the 14th century, Bethlem or Bedlam hospital was the first English Asylum. Rebuilt in the 17th century on a palatial scale and again, as the New Bethlem Hospital (1812-15), Bedlam remained the only public hospital for the mentally ill up until the 19th century. However, access was strictly regulated, with patients who were deemed incurable, such as those whom suffered mental illness from birth (classified as imbeciles or idiots) and epileptics, were excluded. Other categories refused entry were mopes, palsy and venereal cases, pregnant women and those weak through prolonged

illness or old age. The design of Bedlam, with its single cells and galleries of communication, which served as corridors, exercise areas and day-rooms in bad weather, was widely adopted into the design of institutions during the 18th and 19th centuries.

Alternatives to the few public hospitals were provided by unscrupulous profit-driven private *madhouses* which thrived on the '*trade in lunacy*'. The poor reputations and terrible conditions reported within these privately run asylums provoked much public concern, resulting in the 1808 County Asylums Act. Although this act empowered the counties to provide asylums, it neither made their provision mandatory or gave assistance regarding their design. It was not until the introduction of the Lunatics Asylums Act of 1842 and 1845 that the provision of county pauper lunatic asylums became compulsory.

Toward the mid-19th century county asylums tended to be built on a larger scale and comprised numerous service and ancillary building, displaying the hospitals move toward site self-sufficiency. They comprised kitchens, stores, boiler and engine houses, laundries, wash houses, brewhouses and workshops, with farms included for therapeutic reasons. The First Essex County Pauper Asylum (Warley Hospital) was one of fifteen large corridor plan hospitals erected across the country, as a result of the Lunatic Asylums Act. Other local examples of corridor plan institutions include the County Asylum at Colney Hatch (since converted as part of a residential redevelopment). Its innovative planning included a corridor that ran the length of the building, which enabled staff easier access through the hospital, without the inconvenience of traversing the patient galleries. The corridor plan design continued to evolve with the inclusion of dormitories along with single rooms and the provision of day rooms distinct from galleries.

The first idiot asylums were established by philanthropists, for those patients classified as incurable, who were for the most part kept as common paupers in the '*less eligible*' conditions of the union workhouses. Excluded from the County Asylums, unwilling to accommodate categories other than those who had lapsed into mental illness, this classification mainly comprised patients born with a mental deficiency, such as the mentally handicapped. Treatment for 'idiots' was pioneered in the mid 19th century and was based on a system of education and exercise supported by a regime of industrial therapy that included carpentry, shoe-making, sewing, mat weaving and basket making. The principles of therapeutic treatment were also adopted and encouraged within the county asylums.

Few outright pavilion plan asylums were built, mainly due to the diverse range in categories of patients, but those that were built generally accommodated quieter patients, chronic cases or the mentally handicapped. The sanitary annexe, a dominant characteristic of pavilion

planning, was a standard feature in many new designs and a common addition to existing buildings.

The Local Government Act of 1888 transferred the responsibility for provision of public asylums from the Justices of the Peace to the County and County Borough Councils. The resulting increase in funding led to a considerable upturn in building and between 1888 and 1914 twenty-five echelon (arrow) plan institutions were erected. This design was popular as it could economically accommodate large numbers of inmates into smaller more compact sites. Comprised of a series of staggered, *en echelon* ward blocks, each specifically designed to suit different patient categories, and connected by corridors and cover-ways, the wards were set out to maintain an uninterrupted southern aspect. Fundamental period design and safety features such as cross-ventilation, sanitary annexation and stone fire-proof staircases were common in many of these hospitals. Such complexes were virtually self-sufficient, with large kitchens, bakeries, laundries, engineer's workshops, boiler houses and water towers. Attractive surroundings, both within the buildings and in the landscaping and planting in the grounds, was widely thought to be beneficial to the patient psyche, and adopted by the late 19th century, as an integral part of patient care.

An alternative type, more suitable for epileptics and the mentally handicapped emerged during the late 19th century. The 'colony plan asylum' comprised detached villas or blocks, set apart or around an open space such as a green, so as to diminish the oppressive institutional feel. The Commissioners in Lunacy were replaced by the Board of Control in 1914 who advocated the use of the colony system, as it allowed for better classification and training. The villas were invariably identical but each was allocated to a specific group, gender or classification. The categories were wide-ranging and included employable adults, able children, idiots, and the bedridden, with further sub-divisions into the old and young, turbulent and quiet. This segregation is noticeable where the villas adjacent to the administration block were allocated to quiet and employable patients, with the turbulent and restless patients, accommodated in isolation away from the main block of villas.

The design of many inter-war hospitals was influenced by the Mental Treatment Act of 1930, which placed the emphasis on remedial treatment of patients as opposed to merely custodial care. Their design demonstrates a conscious attempt to break away from the imposing institutional nature of echelon plan and corridor plan asylums and embraces contemporary open-air ideologies. Although elements of the echelon plan and colony system were adopted into these inter-war institutions their design incorporated ranks of south facing villas, sun-

rooms verandas and butterfly plan ranges, design features already widely present in contemporary sanatoria.

In 1961, the Minister of Health announced that mental hospitals had 'had their day' and that their services should be integrated into modern general hospitals. The enactment of a government bill in 1963, encouraging the movement toward '*care in the community*' which is the over-riding ethos of the current system, which has led to the part or total closure of many of these vast complexes and detrimental impact upon their up-keep and ultimate survival.

3.2 Historic and architectural background

Documentary research was undertaken at the Essex Record Office, Chelmsford (ERO) where the Runwell Hospital archives were deposited quite recently by SEPT, the local Primary Trust. The most informative items in the archive were a scrapbook (D/DU 2175/1) containing an Opening Day booklet (for which permission was granted from the NHS Trust to copy), photographs and articles about the hospital at the time; particularly one from The Builder magazine (18th June 1937 1282-88). A plan of the hospital and grounds dated to 1934, identifies the different units that treated the separate categories of patients from the 'nervous' to 'disturbed' (A13123 Box 138). Information also derives from the Essex County Council Comparative Survey of Essex Hospitals (Garwood & Gould 1999) and 'Runwell Remembered', a book to commemorate the closing of the hospital (Banham 2009). In addition there is also a website - hereafter referred to as 'the Runwell Hospital website' - dedicated to the hospital that provides good historical detail as well as recollections with former staff and a valuable visual record of the buildings and grounds shortly before the hospital closed (<http://runwellhospital.co.uk/>). A great deal has already been written about the history of Runwell Hospital, so the following is intended as an overview only and to 'flag-up' any detail not readily available.

The site, comprising 500 acres of former farmland between Wickford and Rettendon, was chosen for its sheltered position and south-facing aspect and obtained by compulsory purchase in 1933. The new hospital was built on the site of the former Runwell Hall Farm, which was demolished to make way for the new development. A new farm was set up to the north where for able-bodied patients, which is outside the redevelopment scheme and is now in private ownership.

The complex was erected to plans produced by renowned firm of hospital architects Elcock and Sutcliffe, who also designed the Bethlem Royal Hospital. The plans were influenced by contemporary views on hospital design and the Mental Treatment Act of 1930, which

emphasised the remedial treatment of mental disorders rather than custodial care previously offered in the old Victorian asylums, which offered little treatment for mental illness. The Act also heralded the introduction of temporary and voluntary patients, which meant that treatments could start earlier, providing a better chance of recovery. The final scheme was informed by visits to similar institutions in Britain, the continent and the USA.

Originally the hospital was known as The Hospital for Mental and Nervous Diseases and drew patients from the boroughs of Southend and East Ham. It was completed in 1934 by civil engineers John Mowlem & Co. Ltd at a cost of £667,324. From the beginning, the hospital was designed to cater for 1,010 patients and employ staff of 1,400 thus creating a large self-sufficient community. Almost four million Burwell flushed white bricks supplied by Fison, Packard and Prentice were used in the fabric of the buildings. Runwell was viewed by its contemporaries as a pioneering development in mental health design and treatment and its design, architecture and innovative heating and electrical systems meant that the hospital was featured in articles in important architectural, electrical and steam journals like *The Builder*, *Electrical Times* and the *Boiler House Review*.

The remit for the works was as follows (paraphrased from Opening Day booklet):

“The hospital represented a new outlook where scientific research and cooperation by doctors and colleagues in other branches of medicine could provide a hospital for treatment of mental disorders. The buildings should be unobtrusive and pleasant with patients classified and separated by particular illnesses in villas designed for easy operation. Special departments for occupational therapy, x-ray, hydrotherapy, gym, operating suite and laboratories. Buildings are open to the south and shielded to north, east and west by rising well-wooded grounds. Concrete roads leading from the main road to the admin unit and main units and from subsidiary roads. Buildings widely-spaced to allow for ample sunlight to grounds and buildings to create an atmosphere of light and airy buildings free from restraint and non-institutional. Wide verandahs with long solarium as part of patient’s units and airy rooms with French windows enable them to feel like they are in a sanatorium rather than a great institution.”

Runwell had one of the best reference libraries in the country. It also housed the Corsellis Collection of 8,000 brains that was started in 1950 and now with the West London Mental Health Trust since 1997 (Banham 2009).

In 1948 Runwell became part of the National Health Service. In the 1950s and 60s, many psychiatric hospitals were becoming overcrowded and Runwell was no exception. The Mental Health Act of 1959 led the move away from asylums and a greater emphasis on treating voluntary patients, which led to treatment being offered in the community and in psychiatric units housed in general hospitals.

Historic Ordnance Survey mapping shows relatively little development and change to the complex until the 1960s. It was in 1962 that the hospital was threatened with closure, but after intensive lobbying part of the hospital was retained and refurbished (Banham 2009) resulting in several modern additions (social centre, canteen, OT building, etc) that are still standing (indicated as modern in fig. 1). Even so, the essence of the original hospital continued to dominate.

Following the reassessment of mental health provision and greater emphasis on care in the community by the government of the time, plans were prepared for closure of hospital in 1999. This led to a reorganisation of the facilities and by May 2002 the outer wards beyond the main triangle (i.e. the admission hospital, parole and convalescent units, Boundary House, Leigh and Rettendon) were closed. In the next few years leading up to closure, many of the old remaining wards were refurbished and a new ward, known as Ashingdon was set up as temporary demountable ward, lasting from 2004 to 2009. Rettendon, the only one of the hospital structures to have disappeared, was demolished c.2005 to make way for the re-routed A130 Southend road. It is shown in figures 2 and 3.

In 2005 staff housing was demolished to prepare the way for Brockfields House, a new medium and low secure facility that opened in 2009 with the closure of the final wards at Runwell. By this time all other inpatient wards had been moved to Rochford Hospital or placed in community homes. Prior to the shut down a video record was made of the hospital, which may be viewed at <http://runwellhospital.co.uk/>. After this the hospital buildings were stripped out.

The only hospital building to remain in use is the former nurse's home, now used as the SEPT headquarters.

4.0 GENERAL DESCRIPTIONS

4.1 Historic layout (figs. 1 & 2)

At the south end of the site is Runwell Chase, a long road that leads into the hospital grounds from the main A132. On the west side of the roundabout was a former cul-de-sac of detached staff housing (fig. 2), now redeveloped as Brockfield House. Dwellings for the superintendent and senior physicians stand either side of the road to the north, and further up is the 126 bed nurses home and matron's house (fig. 1).

A single-storey sick hospital built to an irregular butterfly plan (Harper Unit) stands to the south of a central admin block, partly reserved for sick staff, but also catering for isolation and tuberculosis patients in the pavilions with large south-facing verandas and solariums used for open-air treatment. A similar pavilion lies to the east that included the admissions hospital that also catered for non-certifiable voluntary patients, fitted with south-facing verandas and cantilevered glazed canopies to obtain maximise levels of sunlight.

Lying centrally within the complex formerly beside a large circular pond (since filled in) is the two-storey administration block. Housing the superintendent's office, boardroom, assembly hall and various offices, the assembly hall included a stage, dressing rooms and a cinema projector. To the rear of the hall stand the kitchens, bakery and food stores.

Recreational workshops set around a courtyard are located to the rear and the west of the central administration block, and a laundry stands to the east. A large 'monolithic' boiler and power house dominates this part of the site and a nursery was available for staff children to the west of the site.

Either side of the administration building are rows of well-spaced detached villas representing different categories of patient and clearly defined as male wards to the west and female wards to the east (fig. 1). The villas are one- and two-storeys with terraces along their south-facing facades. Villas for the able-bodied (non-parole units) were connected by external passageways to the workshops for occupational therapy. The less able (infirm, old and epileptics) were on the tier below and would be more confined to their units. Quiet and employable patients lie to the west. Parole units are located to the north of the site for patients that required less medical supervision and separate villas for the treatment of convalescents and special nerve patients stand to the east. Restless and disturbed patients were housed in an isolated detached range to the west (Boundary House).

A private cruciform chapel, displaying elements of Spanish styling, is sited at the head of the drive-way which was listed grade II in 2009.

Within and around the hospital buildings is an advanced system of concrete roads and roundabouts linking the buildings together in a broadly symmetrical form. An extensive system of deep heating pipe ducting also runs across the site, beneath a thick concrete capping.

4.2 Building form

Being constructed in a single episode, the various historic buildings comprising the hospital complex share broadly the same architectural styling, features and materials. These are summarised in the following text, where the historic hospital is divided into groups or classes of buildings of broadly similar function that provided varying degrees and types of patient care, therapy and treatment, administration, auxiliary services and accommodation, but shared similar form, finish, etc. Each of these, designed for specific purposes, retain something of their character in their surviving fabric, fixtures and fittings (executed in contemporary design and materials), but none of the equipment needed to fulfil their roles is now present.

Each of the historic buildings (i.e. original) is described individually in section 5 along with specific function-specific description and fixtures and fittings. Representative examples of common fixtures and fittings are described, supported by photographs and plans. Modern elements (post 1961) are alluded to in passing where relevant. Major modern buildings, all with no architectural interest, are summarised at the end of the report and photographs provided.

External character

The hospital is built in distinctive 9-inch Flemish-bonded Burwell white bricks that have a variety of subtle tones from pinks orange and grey. External walls are three bricks deep (14-inch) but internal walls are built in cheap Fletton 9-inch brickwork. All but the administration building and chapel are built on a brown brick damp course (for want of a better term) and above this on all pavilions and villas is a distinctive vertical Burwell brick banding in specially made bricks.

External doors and windows appear to be largely original. Common doors are semi-glazed either tri-paned or quarter-paned fitted with fanlights for cross-ventilation. Major entrances on all structures apart from the administration block and chapel have square brown brick

surrounds. Georgian-style wooden framed small-pane sash windows are on all but the service buildings. The sash windows have soldier (vertical brick) heads at ground floor level and continuous soldier banding between the heads on the upper floors, where relevant. Those on the ground floor tend to be taller to maximise light levels. Wooden blocks are fitted internally to limit their opening range.

All roofs are flat, apart from but the admin block, hall and chapel that have pitched tile roofs. Chimneys are plain except on the administration block and were probably used as much for ventilation as for fires, since the original design included a state of the art heating system. Cast iron rain goods feed from shallow pediments in the roof to carry off rainwater and continue down the walls where they are fitted with metal shrouds as a general safety feature.

Internal character

Internal decoration in staff and patient areas is of a high standard, commonly having plastered walls with flared hardwood skirting boards, wooden dados and often with picture rails. In some areas original window pelmets survive. All hospital areas regardless of function incorporate hygiene features important to reducing dust and infection, mainly concave easy-clean corner crevices and skirting boards, and coved vinyl skirting and terrazzo floors in wet areas. Both staff and patient have parquet wooden floors as standard, some now covered over with carpets.

Major doorways and circulation routes are lined in ceramic white Bullnose glazed brickwork. Hardwood internal doors are present in many un-refurbished buildings, with simple plain architraves. Many retain original fittings (brass knobs), and those to the former isolation cubicles in some cases contain original spy holes, though most have been blocked. Internal fire doors have been added along the corridors in the same semi-glazed form as the original ones. Windows are fitted with splayed sills and Perspex screens have been added as a modern security measure in some of the villas. Semi-glazed partitions break up the wards, dormitories and dayrooms, many of which appear to have been replaced, since historic photographs (Appendix 1) show small-pane glazing that only survives now in Boundary House.

Stairs are generally located at either ends of buildings and adopt a dog-leg form, with a fine sweeping curve around the half-landing, closed balustrade and moulded hardwood handrail

Original lighting has been largely replaced with fluorescent lighting but in many cases the old round light switches remain and were still in use up to closure.

Floor layouts in the patient's pavilions and villas have a main linear part comprising mainly of dayrooms, wards and dormitories depending on the severity of the occupants either mentally or physically, with ablutions blocks at the back and blocks for staff rooms/offices and kitchens and other service and storage areas in blocks on the side. Existing room function is shown in the plans and original function, if different is discussed in the text, based on evidence in the survey and background information. Functional identity in some cases was difficult due to the lack of features and extensive nature of later developments to the original plan form and in such cases room function is only speculated, based on logic and better-preserved examples around the hospital.

The common aspects of the various building groups are summarised below. Individual building descriptions in section 5.0 focus less on the common architectural and other traits identified here, and instead more on the features pertinent to their group.

Administration building and chapel

Architecturally the admin block and chapel are the most important buildings on the site, along with the boiler house (see service buildings, below). Both are unique in terms of the site and display varying degrees of design and architectural style in accordance with their function and importance. For ease of reference, the Administration Building includes the former Central Administration Unit at the front (referred to as the admin block) plus the recreation hall and kitchen areas behind. Although the admin block has its own distinctive styling, the hall and kitchen contain similar features to the majority of buildings. The chapel has fewer similarities apart from its use of basic materials. Both buildings have cement rendered damp proof courses.

Pavilions

Pavilion planning is based on separate distinctive buildings or blocks, such as hospital wards, linked by corridors; in this case the Admissions Block and Harper Unit.

The large symmetrical half-butterfly plan pavilion complexes at Runwell contain several wards or treatment areas that are linked by corridors and are single-storeyed with flat roofs fitted with skylights to adequately light the rooms and corridors below. Common themes of external decoration and fittings are represented, alongside distinctive south-facing verandahs that survive well and solariums that have generally not survived. Internal decoration follows the general forms.

Corridors are lit by raised roof lanterns and the rooms inside by long window ranges. Wide doorways lead out onto the verandahs, which have 9-inch grey quarry tile floors and concrete roofs set with thick square glazed panels. The fronts are generally lined with tapered wooden posts that contain rainwater pipes from the roof, though some are square-sectioned posts and may have been added to free-standing roofs.

Patient Villas

The majority of patients were housed in separate one and two-storey villas. These are self-contained buildings with south-facing sun terraces situated either side of the administration block, to the north, and as a separate unit to the south-west, functioning as wards serving various patient categories from mild (nervous and voluntary) to the seriously disturbed. They are built of brick, though some are rendered, and the roofs are flat. Distinctive external features are the brown brick wall plinth, decorative brick band above it and often a narrow tile band at eaves level. Long multi-pane sash windows light the communal dayrooms and dormitories, particularly at the front, and principal entrances are marked by square door cases in the same hard brown bricks, incorporating, like all external doorways oblong bottom-hung fanlights offering ventilation.

Their floor plan is largely linear with projecting wings either side, one for offices and service rooms (kitchen, etc) and the other for wards with separate patient's rooms attached and perhaps ablutions blocks at the back, though sometimes these are located centrally. Many of these are for the able-bodied and located close to the workshops, etc.

The villas are spaced widely apart to take advantage of the grounds but in some cases are linked by external corridors more redolent of pavilion planning.

External corridors

The non-parole villas are linked to the administration building and workshops by a system of external corridors or covered walkways, which enabled controlled and easy movement for staff and patients alike. Similar corridors link the Harper Unit wards to the south. Such corridors are brick-built with flat roofs and concrete floors. They are generally fenestrated one side in metal small pane windows and open on the other, though in some places these have been blocked in. The corridors that link the isolation wards are fenestrated on both sides for security purposes and the corridor between Nightingale and Margaret and Elizabeth and Sherrington is unusual in being two-storeyed.

Service buildings

Service buildings are located at the back of the administration building and tend to be single-storey, flat-roofed utilitarian structures, such as workshops, stores and garages. Often these are equipped with Crittalls metal windows and north lights to create even lighting levels inside. The boiler house is the architecturally prominent service building for its functionalist modern styling, but also in terms of its sheer scale, particularly its height. Service buildings have a mixture of parquet and concrete floors depending on function.

Staff housing

Located at the southern end of the hospital complex are a group of modernist-style houses and flats that were inhabited by specialists and principal hospital staff. They stand on the periphery of the site and are mainly in a poor state through arson, making them unsafe to enter. Distinctive characteristics are their brown brick bands on ground and first floors, Crittalls windows and flat roofs.

5.0 BUILDING DESCRIPTIONS

Building numbers have been assigned for ease of identification and are marked on figure 1 for ease of reference. General descriptions of building type have already been covered in Section 4.2 and are only alluded to again where pertinent to the understanding of form/function of individual buildings.

The following building descriptions address primarily the historic elements of the hospital and are accompanied by floor plans and photographs at the back of the report. Modern (post 1961) structures are summarised briefly to complete the record. Historic plates of some of the interiors are provided in Appendix 1.

Current room title is provided on the floor plans as a record of the final stages of the modern hospital. Existing room function is shown in black and modern room partitions are shown in grey. Original room function, if different is shown in blue. In the many cases where room function has remained the same or is unknown, the titles remain unaltered.

Room function is largely based on design and layout and notable fixtures and fittings, which survive to varying degree depending upon the level of modernisation. It is worth considering how room function and layout can change even over a short period of time as requirements and attitudes/approaches to treatment change.

In recent years the names of some of the wards have been changed, in some cases several times. Therefore the buildings are described under their last known title, as indicated on the buildings themselves. For the purposes of the report they have been grouped under their original function, which is taken from a booklet published for the opening of the hospital and a large scale 1934 site plan studied in the Essex Records Office (ERO A13123).

5.1 Administration building 1 (Central Administration Unit (admin block & reception area), recreation hall and kitchen)

The extensive Administration building has a symmetrical layout and within it the Admin Block represents the formal front and centre of the hospital. Its long formal south range contains the main entrance, offices and meeting rooms, with a reception block behind. Large communal areas like the recreation hall, dining room and kitchen are accommodated in a substantial block at the rear (north), together with stores and other ancillary areas surrounding a central yard (fig. 4a), linked by a series of corridors. External corridors form covered walkways link with the patient's villas either side.

The main entrance is located at the front (south elevation) with a secondary entrance on the eastern side into the modern reception area, midway between admin block and hall. Less formal entrances are located at the ends of corridors and where the external corridors enter the building. Apart from the modern medical records store, staff canteen and first floor office link, the layout remains much as it was in 1937.

The building is generally in good condition apart from the kitchen area. Some internal intrusive work had been carried out by contractors prior to the start of the survey to panelling in the boardroom and recreation hall.

5.1.1 External description

The admin building forms a two-storey south-facing linear range with single-storey projections at either end (fig. 4a). Multi-pane sash windows exist on the historic elevations with soldier brick heads on the ground floor and a soldier band extending between the window heads. A double ashlar stone banding along the eaves follows the same route as the brick banding, both wrapping their way around the most prominent sides of the building (south, east and west).

Admin block

The main south elevation is symmetrical and comprises ten bays that step outwards on the second and fourth bays, each side of the entrance, and have single storey projections

occupying the outer bays, housing some of the prominent rooms at the front, the boardroom, etc (plate 1).

The central five bay projection contains the main entrance and clock tower. The main door into the building is in an elevated position, reached by climbing a series of stone steps flanked by moulded urn bases. The stone Art-deco-style door surround (plate 2) has great impact, with its exaggerated keystone head and geometric stepped sides concluding in the heavy-set oak doors. Either side are the foundation stones commemorating the start of works in 1934 and the opening in 1937. The entrance is lit by two 'heritage-style' lanterns that undoubtedly replaced more stylish Art Deco ones.

Sash windows flank the doorway on the outer bays and there is a five-window range on the floor above. The central one of these windows lights the library, another prominent room and is set within a square stone surround protruding slightly from the stone eaves banding. The opening date of 1937 is prominently carved within a squat pediment above the central window.

The roof is pitched, hipped either end and clad with red pan tiles. In the centre is the clock tower, designed to be viewed from all around the site. Its green copper-sheet cupola contrasts well with the gold hands of the clock itself and the roof. Chimneys at either end have a quite subtle Art Deco theme with their clean recessed corners (plate 3), accompanied by brick banding echoing that of the main structure and flat concrete caps.

The single-storey projections either end containing the prominent rooms have flat roofs and well-lit three window ranges at the front. Further three-light ranges light each of the large rooms on the outer sides to the west and east, which are accompanied in the main two-storey range by doorways leading off the corridors inside and long sash windows above lighting the stairs: typical features of all stair areas (plate 3), but here dressed with stone like the central first floor window at the front. The end offices are fenestrated in the usual way.

The rear part of the building contains service rooms (stores, etc) and toilets and displays the same level of architectural treatment but was obscured in places by vegetation.

Reception area (corridor & offices)

This north-south range connects the admin block to the hall and kitchen areas via a central corridor flanked by offices and modern reception areas (fig. 4). The styling of this area is

more functional than the front, and so too is the large recreation hall/kitchen block at the back.

The reception area retains the original side entrance on its east side (plate 5), which is less formal than that the front, built in ashlar stone and retaining only the stepped-back jambs of the main entrance, beneath a cantilevered concrete canopy (plate 6). The original door bell remains on the right hand side. The existing doors are modern. Both sides have the same arrangement of windows as each other, but it is interesting to note the existence of a previous double doorway on the western side, housed within a bay window behind the medical records store (fig. 3).

A modern brick-built and flat-roofed medical records store facility has been built onto the western side (plate 4) and a ramp has been built up to the reception area to the east. A well-fenestrated hanging-tile walled and flat-roofed first floor office area (plates 4 & 5) was added when the reception area was redesigned in the modern period, replacing a former flat roof.

Recreation hall/kitchen block

This is a large two-storeyed block containing two of the main communal/service areas, the recreation hall and dining hall and kitchen/food storage area, which are divided by corridors with offices and other rooms arranged on the outside to east, west and south, the former two extending to the north to surround the kitchen courtyard (fig. 4). Around the periphery (corridors and side rooms) the roofs are flat, but over the hall the roof is pitched and clad in red pantiles and much of the roof over the kitchen is covered by a large rooflight to admit plenty of daylight, as are some of the storage areas associated with it (plate 10).

The south elevations are identical either side of the Reception Area link and comprise windows on both levels of varying sizes according to function (mainly offices and toilets) dressed with soldier heads and finishing with long south-facing stair windows. Attached to each end, where the corridors terminate, are semi-glazed bivalve doors whose three-paned vertical glazing and narrow bars identifies them as original. The surrounding stone doorways are plain and reached by concrete steps (plate 7).

The long east elevation has regular spacing between the office windows, broken only by a set of narrow toilet windows. The prominent feature on this side is the Catholic chapel, which replaced an earlier three-windowed projection (fig. 3), the remains of which can be seen on its north side (plate 8). Brickwork to the chapel is darker than the rest, but otherwise the main features are the same, suggesting it was constructed soon after the hospital was established.

Short leaded lancet windows fenestrate the chapel, contained within dark varnished frames fitted with opaque glass. The rainwater downpipe viewed in plate 8 is typical of those fitted across the site: made of cast iron with a hopper at the top and metal shrouding over much of its length as a security measure to deter patients coming to harm. Plate 8 also shows the outline of the broad pitched roof over the hall and the half-hipped roof over the stage area. At the far end of the east elevation is the lecture room, which has limited fenestration in the form of two small windows subsequently blocked and fitted with fans. Much of the natural light is supplied by a large rooflight, the levels of which could be regulated internally by the use of sliding shutters in the ceiling.

The west elevation of the hall/kitchen block conforms to the same characteristics as the other side, the only difference being the bay window towards the south-west corner of the block (fig. 4). Above it is a narrow expanse of glazing that may be a later feature, since it obscures part of the window into the projector room, which extends outwards from the hall gable (plate 9). Above again is a nice Art Deco-style lantern fitted to the gable which is situated below a former ovolo window that is now blocked by an extractor fan casing.

The elevations around the kitchen courtyard reflect the service function of this area and are therefore of limited architectural interest. On the north side is a modern slightly dilapidated corrugated plastic-covered walkway leading into lobbies and corridors to bring in supplies for the kitchens and freezers (plate 10). Most of the fittings have been replaced or built onto and doorways in the south-east corner have been blocked (fig. 4). Elevations either side of the yard contain ranges of mainly stores, fridges and cold rooms.

5.1.2 Internal description: ground floor

Because the floor plans figures 4a and 4b have been combined from separate CAD drawings some of the room numbers are repeated. Since the room numbers refer to different areas titled in the following text and are prefixed with their current function, this should not be a problem. Where possible, early internal photographs from historic sources are used as plates to accompany and compliment photographs taken during the survey.

Admin block

On the ground floor, the Admin Block has a rectangular, broadly symmetrical, plan form with projections either end linked by a long west-east corridor leading through the centre of the range to stairs and external doorways either end of the building, crossed by a second north-south corridor leading from the main entrance to the link/reception area (fig. 4a).

From the front of the building, the main doors lead through fan-lit margin-glazed doors and into the entrance lobby. From here there is a short flight of steps up to where the corridors cross. Echoing its more formal status of this part of the building, the corridor walls are decorated with a deep coved cornice (plate 11) through to the stairs either end and up to the point the reception area begins. Either side of the west-east spinal corridor are offices and more formal meeting rooms occupying the main rooms at the front (south), either side of the main entrance, while service rooms (stores, kitchen and toilets) occupy the north side of the corridor (fig. 4a). The offices in the main part contain original doors and decoration and are grouped in pairs either side of stores, the best example being R5-7, where the doors have been sealed (fig. 4a). The boardroom and physiotherapy room R1 occupying the single storey projections either end of the corridor are important rooms. Each has a high standard of decoration reflecting their status, particularly the boardroom, though it is clear that R1 originally had a similar meeting room function, perhaps as a staff meeting room. Inside R1 the walls are panelled in stained plywood with black bands running around the top and base and matching wooden window sills. Plywood was a modern material at the time and its inclusion is true to the idea of using contemporary materials with contemporary design. The east wall is the most prominent where the panelling steps out into the room around the stack (plate 12), though there is no evidence for the fireplace here now. Above the panelling is a coved cornice. The main doorway of R1, off the corridor, is wide and its head punctuates the panelling in a plain broad frame. A black border outlines the doorway, which is stained the same colour (plate 13). A second doorway links with office R5, implying R1 was occupied a senior staff member, with his secretary next door in R5.

Similar decorative features occupy the boardroom (plate 14), at the opposite end of the corridor, but here the level of detail is higher to suit its use by the Board of Governors. Primarily this is seen around the fireplace/chimney stack, whose strong lines and stepped profile/coved cornice has a strong Art Deco theme based on Ancient Egyptian motifs (plate 15). The most significant feature, however, is the fine Art Deco light in the centre of the ceiling with its mustard-brown and white leaded panels (plate 14). Windows are pelmeted and cast iron radiators are located below, but have been boarded-over with plywood sheets.

The rooms on the north side of the corridor tend to have varied functions, mainly for the communal use of staff. Some like staff area R10 have been modernised but retain 1930s features or furniture, in this case an old hardwood cabinet. Office R21 (fig. 4a) retains an original electric fire in its original surround (plate 16). The toilet cubicles in rooms 22 and 23 are original and so too are the Bakelite light switches.

The stairs either end of the corridor are design features in their own right. They adopt a dog-leg form, with a fine sweeping curve around the half-landing, closed balustrade and moulded hardwood handrail (plate 17). The stair finishes at the bottom with stout round newel posts and the stair string curling round and diminishing at the back (plate 18).

Reception area

This is a narrow rectangular block providing a link between the admin block and the hall/kitchen area, by means of a north-south corridor lined with offices either side.

The existing reception area is a product of enlargement and refurbishment in the modern period but is based on an old entranceway. The new reception area (plate 19) is open plan and leads past the main desk to corridors either side and office R28 (fig. 4a). Office 28 was clearly relatively important room since it has original plywood panelling around its walls similar, but less decorous, to those seen in rooms 1 and 16. Originally this room was also entered externally by a double-doored bay that was enclosed when the new medical records building was constructed (plate 20). Rooms either side retain their original spatial layout but some connecting doors have been blocked-in (fig. 4a).

Behind reception R32 are staff rooms and post room 39, which is served by a half-door and retains pigeon holes for sorting the items for various departments and latterly other hospitals in the primary trust. Rooms towards the south end on this east side were removed when the reception areas was enlarged (fig. 4a). The only one to survive is the 'Comms' room R25 that handled the phone network in the later period at least and leads into store R20, a secure room entered by a solid metal door that held steel shelving and key cabinets at the far end (plate 21).

Recreation hall/kitchen block

Together, the combined recreation hall and kitchen block constitute the largest area of hospital buildings - forming a basically square entity with two northward projecting ranges defining the kitchen courtyard (fig.4a). Long corridors around the south, west and east sides and extending beyond to the north, envelop the kitchen courtyard area, with staff offices and patient areas on the other sides. The corridors also provide access to external corridors to the Belfairs/Fairview and Boleyn wards and workshops, located to the east and west, used as part of the occupational therapy treatments (fig. 4a).

Following the corridor out of the reception area, it is lobby R40 that forms the link between the north-south corridor and corridor R47, which transverses the whole width of the block (fig.

4a). The lobby contains two old-fashioned semi-glazed phone booths either side (plate 22). The configuration and function of rooms either side are the same and probably originally served the hall. These comprise two offices (formerly one room apiece, function unknown), toilets for either sex and staff (with original fittings), and cleaner's rooms at the ends (fig. 4a). Cleaner's room R42 is well-preserved, containing a low butler's sink under the window and wooden pegs for towels, etc., along the wall (plate 23). The stairs at the end are identical to those in the admin block.

The **recreation hall** is one of the most interesting areas of the building, displaying good Art Deco features typical of cinemas of the period. In its time it was itself used as a cinema and theatre for productions by staff and patients. At the east end is the stage (R17) with dressing rooms (R16 & 18) either side (plate 25). At the west end are the former cloakrooms (R22-25), separated by an original plywood partition (fig. 4a & plate 26). The projector room was located at the west end at first floor level.

Entry into the hall is by one of three facing double doors located along the corridor walls either side (fig. 4a, plate 24). Notably, each have the same square doorcases seen in the meeting rooms at the front of the building, with black banding around the apertures and exit signs above (plate 27). Stained plywood wall panelling runs between the doors and into the cloakroom to the west (though it has been partially removed here), along the side of the stage, and contrasts well with the orange-painted walls above. The panelling is attached to the bare brick walls by wooden battens. Between the doors, above the panelling, were once small diamond-shaped Art Deco wall lights, all of which have been removed. A photograph in Banham (2009) shows a clear glazed four faceted diamond-shaped light. Radiators along the walls are shrouded in steel cases with vents along the top and large indented panels, in a Deco-style form (plate 28). The ceiling above has a series of three large metal framed small-paned windows in geometric form (plates 25 & 26) set into the roof slopes either side. The windows were fixed apart from the four oblong panes set around the central one, which are hinged at the top. Parquet flooring is throughout.

The stage (plate 25) has a good Art Deco feel to it, replicating the gentle slope of the roof by its pronounced geometric banding that kicks in at the base of the opening and steps in to allow for the stairs either side. The detail here is picked out in contrasting orange and white paint to good effect (plate 29). Partitioning at the back of the stage is modern and hides its extent, access into the dressing rooms either side of the backstage area and the loading door for scenery, props, etc. The angle-iron roof structure is exposed above the stage, but there are few fixtures and fittings to do with stagecraft (see the Runwell Hospital website for

better detail). The dressing rooms either side are entered from the adjacent corridor and have equal access onto the stage. Dressing room R16 contains the only remaining fixture, an adjustable round mirror.

To the west of the hall is **dining room** R26 which, according to the opening day booklet, the 'supper room' and gymnasium for patients and staff. The room is divided into serving and dining areas by a modern partition (fig. 4a) and the parquet floor and skylighted ceiling both covered up, revealing only partly the moulded ceiling. The original plywood dado remains but has been painted green and new radiators fitted.

Corridor 25 separates the hall and dining room from the kitchen. Typical of others in the block, it is well-lit but has little in the way of decoration apart from a parquet floor, flared hardwood skirting boards and modern wooden dado. The **kitchen area** with its associated stores, freezers and preparation areas occupies a huge amount of space and reflects the great scale of catering necessitated by the large numbers of staff and patients. According to the opening day booklet, the kitchen was organised to run on the most efficient lines, using a system of stores, preparation rooms and cooking units to produce food that was then dispatched out the back and around the hospital by electric food trolleys. Since those days a lot has changed (Appendix 1, plate 1). Natural daylight has been restricted by covering up the ceiling and many of the high metal-framed top lights in the walls (plate 30). The room has suffered from damp penetrating through the large skylight that dominates the ceiling which meant that some parts were judged hazardous and therefore not accessed. The outlying fridges (for prepared foods), cold rooms and freezer rooms are categorised by food type and have modern equipment. Other areas have also been modernised and their original form is hard to define and of little interest (fig. 4a).

Corridors R39/55 and R5/22 are positioned either side of the hall/dining room and kitchen areas and are lined largely by **staff offices** along their outsides. These are devoid of any but the usual fixtures and fittings, but there are some more specialised areas that survive well, such as the Roman Catholic chapel and a lecture room. Corridor R39/55 on the west side offers access into more notable rooms such as the shop (R47), which has a modern counters and shelving and a store at the back and R33, interpreted as the patient's bank (or purser?) because of its modern service counter (plate 00) and safes behind. No entry could be gained to trace the upward route of a fancy cast iron spiral staircase in the open court beside the shop (plate 31). The remainder of the offices on this side of the building are fairly uniform and unremarkable.

The east side of corridor R5/22 is flanked by several offices that retain their original layout and fittings (doors, skirting boards, dados and picture rails). A good example is office R9, which not only contains the historic fittings but also demonstrates a recurring theme within the hospital whereby two rooms are accessed by a single lobby, which in this case allows room for toilets either side (fig. 4). It is therefore likely that these were consultation rooms originally, and this is probably the case for the others elsewhere, which have interconnecting doors and separate entrances. As ever, the lack of diagnostic features makes firm identification impossible.

One of the best-preserved rooms is the Catholic **Chapel of St Joseph** (R6), which is a later adaptation/addition, though probably built soon after the hospital was built since its style and features are very Art Deco. The interior of the chapel is simple in form, with an open plan parquet floor and a low straight Art Deco arch over the chancel (plate 32). All the main fittings, the lancet-style doors, communion rail, corner shelves, alter and screen are built in varnished woodwork, lighter than elsewhere. The main part of the room is lit by a circular light-well, another deco-inspired feature, and by short leaded lancet windows inside the chancel. The confessional, in the southeast corner of the chapel (R7 fig. 4a), contains Art Deco coat pegs.

Further to the north up the corridor is the lecture room, which has a tiered seating area and original dais/roller blackboard and wooden projector stand (fig. 4a & plate 33.) Natural light levels were regulated from the rooflight above by the use of sliding shutters in the ceiling, but lamps were also fitted to light up the blackboard.

5.1.3 Internal description: first floor

Admin block

The first floor has a symmetrical room layout of offices for doctors and clerical staff and stores on both sides of corridor R41 (fig. 4b). Main office groupings toward the ends of the main block are lobby-entered, with stores in between (now mainly converted to offices) and offices either side. At the ends of the corridor are stairs and adjacent offices, situated partly over the two downstairs meeting rooms. All rooms have solid wooden doors, parquet floors, cast iron radiators and common wall fittings with the exception of dado rails, which are more a feature of the wards rather than office areas. Otherwise the rooms are devoid of fixtures and fittings apart from a few 1930s features that are highlighted in the text. Original layout has changed only slightly, by dividing one of the offices on the north side into two (R29 and R30) to form a corridor into the modern offices built over the Reception area (fig. 4b).

The most important room on this level is the library, which is located in a central position above the main entrance. The book collection was well-known in psychiatric circles and formed the basis for ongoing research at the hospital. Reflecting its function and status, the room has wooden shelves along three sides and a coved moulded ceiling (plate 34). Other noteworthy features on this floor are a 1930s plywood surround for an electric fire (removed) and its control dial in office R40, (plate 35) and an intact fireplace in office R46 is one of the few to remain anywhere in the hospital. The fireplace is likely to be typical of such features on this level, of which there were probably four originally, judging from the position of the chimneys either end. Contrasting with other features recorded, the fireplace has a rather conservative appearance, with a cream-tiled front piece and simple square wooden surround (plate 36).

The clock tower, located centrally above the first floor, was not entered during the survey, but is well-covered on the Runwell Hospital website.

Reception area

A modern office area links the first floor areas of the admin block and hall (fig. 4b) itself being accessed by the stairs in Reception below. All fabric, fixtures and fittings are modern and general photographs are included only in the archive.

Recreation hall block

A range of offices connect with corridor R28 from the modern office a new corridor, R11, that was probable a lobby/stores area in the original plan (fig. 4b). Rooms at the east end leading off corridor R16 currently form the doctor's on-call suite and are fitted out as modern kitchen, bedroom, bathroom, etc., (fig. 4b) and the layout of the remainder of the floor suggests the western end once functioned the same, since both areas feature walk-in wardrobes to each of the main rooms (labelled as cpd on fig 4b). Those rooms either side of what is now the link corridor with the reception block were probably originally living rooms, one of which has been partitioned to form office R12/13 (fig. 4b).

The upper part of the hall and stage are included with figure 4b, and also the projector room, whose entry point was unknown during the survey, but is again featured on the Runwell Hospital website.

5.2 Admissions hospital 2

Originally, new patients would be brought to the admissions hospital for assessment before being allocated to the appropriate ward. Non-certifiable voluntary patients were catered for

here. The building adopts a broadly-symmetrical single level half-butterfly plan form with wards located around a central block containing an x-ray department, laboratories and offices to serve the wings either side: Ambleside (female admissions) and Glendale (male admissions). The wings contained wards, dayrooms, isolation cubicles and south-facing verandahs for open-air treatment and solariums whilst blocks at the back (north). Admissions wards, day rooms and individual patient's rooms, known as isolation cubicles, were mainly located on the sunny southern side with easy access onto the verandahs, while treatment rooms, ablutions areas, offices and laboratories were located in three blocks on the north side, where the main entrances were located.

The Admissions Hospital is constructed in Flemish-bonded brickwork on a low brown brick plinth and decorated above with a vertical brickwork band along the bottoms of the windows. The windows are small pane sash windows (generally six over six) with soldier (i.e. vertical) brick heads and white concrete sills. The main doorways into the blocks are dressed in brown engineering bricks and contain double doors opening into the corridors and signs above that may be original. All original side doors are semi-glazed containing either four or three-pane glass. The paint scheme is generally either yellow or blue. Cast iron rainwater hoppers and downpipes remain, whose lower parts are shrouded to prevent climbing. The roofs are flat and formed in concrete, and lit by raised iron and glass skylights over the corridors and laboratories in the central block.

Some modern additions and alterations have been made to the Admissions Hospital, particularly the addition of the Strom Olsen ward to the western female side (post-1961) and on the southern side where the solariums have been rebuilt in brick and some of the verandahs removed (see fig. 5). Break-ins and neglect have caused damage to the fabric of the building and the amount of vegetation on the south side made recording difficult in places. Otherwise the overall character of the structure and its internal relationships is fairly good.

The Strom Olsen ward is a later addition attached to the west side of Ambleside that adopts a more regular west-east form, with a later verandah to the south, but is largely in-keeping with the earlier style of building apart from its darker brickwork and lack of architectural detail.

5.2.1 External description

The Admissions Hospital is a long flat-roofed elevation consisting of the three entrance/treatment blocks, Glendale, X-ray and Ambleside, linked by corridors punctuated at

regular intervals by long sash windows. The more recent Strom Olsen stands at the west end facing the south.

North elevation

The most prominent entrance on this side of the building is in the centre, into the 'Clinical Pathology Neurophysiology X-ray' department whose frontage steps out from the main block (plate 37). Otherwise the doorways into each of the three parts is identical, comprising double semi-glazed doors with square brown brick surrounds and a fanlight cut into the central part (plate 38), now blocked in all cases. Originally each doorway was lit either side, the fittings likely to be in similar form as those still in the Harper Unit, but have been removed here.

The two butterfly wards broadly mirror each other externally (plate 39), apart from an addition to the east side of Glendale (fig. 5). More rooms are located along the corridor between the X-ray department and Ambleside, each lit by standard small-pane windows. Apart from the main entry points into reception and staff areas, the only external doorways are located in the two sluice rooms and on the outer sides of Glendale and Ambleside, far away from patient areas (fig. 5). They are semi-glazed in either four panes or margin-glazed with smaller panes.

Metal rooflights are prominent on this elevation and close inspection of a detached example reveals an angle-iron frame mounted with ball finials and hopper windows on two facing sides fitted with safety glass (probably replaced). Such windows generally to light the corridors but are used more frequently in the X-ray block to light laboratories, which tend to be fairly large rooms. In particular, the main lab on this side has a north window (plate 38).

A square-plan plant room stands on the east side of the X-ray block that is much the same as the Admissions Hospital in its features and form. It and was recorded photographically and is included in the archive.

The Strom Olsen ward (figs. 1 & 5a, left) contains the same fixtures as the earlier buildings but adopts an irregular plan form and different orientation, being a later addition to the west end of the Admissions Hospital (post-1961).

South elevation

Because of its deliberate south-facing aspect, this side is the most interesting for the verandahs. Unfortunately it has also been altered the most and has a good deal of

vegetation around it. However, it retains its symmetrical layout, with two wings either side of the x-ray block.

The more modern Strom Olsen ward has three bays of patient's rooms, each of which is fully glazed above and to the sides of the semi-glazed three-pane doors (plate 40). A chimney is fitted centrally above. The following seven bays contain smaller patient's rooms behind a verandah. The verandah roof is made of concrete and supported by square wooden posts. Fanlights above the roof maximise light levels inside. The doors and windows conform to those in the main building which is linked by a short corridor.

The outer bays of the original wings of the building (plate 41) comprise five patient's rooms with a wet room adjacent to the ward projections. In each case, the rooms have access to the verandah, for open-air treatment, by wide semi-glazed doors and there is additional access from the wards also. The vents above the doors were sealed when the verandah roofs were removed, date unknown, shown by sawn-off iron roof brackets. The end wet rooms are lit by sash windows. The admissions wards form projecting blocks ending in heavy bastion-type terminals, only observed on Ambleside (plate 42), since the other has been built onto (fig. 5). The bastions originally accommodated isolation rooms at the ends of the wards but are now used for offices. Small verandahs originally linked between each pair, covering two double doors that opened out from the ward, originally tri-paned semi-glazed in form.

A second set of longer verandahs extend between the bastions and projecting solariums on either wing (fig. 5), which remain intact (plate 43). The verandah roofs are formed of concrete punctuated by square glazed panels central to each bay and supported on iron brackets at the back and tapered square wooden columns at the front. One of the clever design features is the way in which the rainwater downpipes from the roof are hidden inside the columns (plate 43). The floors are laid in 9-inch grey quarry tiles, which is typical across the hospital. Double doors lead onto the verandahs from day rooms or wards behind and there is also access from the south-facing ward blocks (fig. 5). The solariums, originally fitted to the ward blocks either side of the x-ray department, were enclosed glazed structures more suited to use during the colder months. Both have been replaced by modern brick-built sitting rooms. An original photograph may be found in Banham (2009).

The centrally-positioned x-ray block cannot be seen easily for the trees and other vegetation surrounding it, but contains the same low windows typical of the buildings that maximised the light coming into the building. Modern infill extensions have been added in the south-east corner (fig. 5), further obscuring some of this elevation.

The east elevation, at the end of Glendale, shows a modern entrance lobby into the isolation room behind, built in similar style to the main building, but most of it is hidden by vegetation. The west elevation is now joined to, and obscured by, the Strom Olsen ward

5.2.2 Internal description

An east-west corridor runs the length of building with wards and isolation rooms (labelled as PR) on the sunny south-facing side and sluices, service areas and further isolation rooms are on the darker north side. Large blocks at the rear contain the main entrances, bathrooms, laboratories and offices. In some areas original function is difficult to assess. The interior of the building is in a poor state due to damp penetration and only a basic record was possible.

X-ray department

The main entrance, on the north side of this central block, gives access into a small lobby area separated by a pair of tri-paned semi-glazed doors that lead into the reception area and thence into the corridor. The corridor is lit by a roof lantern and small pane fanlight. Another lantern lights a laboratory to the west (plate 44). Further labs are located on the east side of the corridor, primarily the bio-chemistry research lab (Appendix 1, plate 2) that is now separated into three stores (fig. 5). On the other side are the laundry and linen stores. Apart from the usual quarry tile floors, any historic fixtures of interest have been stripped-out. The x-ray room itself is located on the southern frontage and retains its original layout, but none of the equipment.

Ambleside and Glendale

The two side wings are broadly the same in terms of layout and function, with entrances to the north and long corridors leading towards the main axial west-east corridor that links through the whole building (fig. 5). Like other wards, offices and reception area are located by the main entrance and treatment, service rooms and laboratories are found either side. The south-facing wards are linked by dayrooms with good access onto the main verandahs (plate 45). At the far ends are isolation rooms, quiet rooms where patients could be placed if they became unstable (labelled PR in fig. 5). The same rooms on the north side were possibly where new admissions were examined. The form of isolation rooms is typical across the whole site and easy to recognise even if their use has changed. The doorways into the rooms have wide frames to enable the doors to be left open during the day and the doors weighted in such a way as to do so under their own weight. So much thought is put into this design that there are even round rebates in the walls to allow room for the door handles, meaning the doors are 'flush' with the walls (plate 46). Some doors retain their small observation holes and room vents (plate 47), but many have been blocked. Inside there are

various security/safety measures to contain the patients and prevent them coming to harm. The most noticeable features are the door shutters across the windows that could be locked during the night. The windows themselves have splayed wooden sills (another prevalent feature throughout the hospital) to make climbing and escape more difficult and also chocks within the window frames to ensure the windows could not be opened far enough; which is another general feature in patient areas. Special narrow radiators are fitted against the walls that are completely sealed to prevent possible injury and metal shrouds placed over overhead pipework to prevent patients hanging themselves (plate 48).

Those wards closest to the x-ray room were linked to solariums and the outer two, and slightly larger wards, to verandahs (fig. 5). An early photograph (Appendix 1 plate 3) shows the female admissions (Ambleside) dining room, suggesting the inner wards were originally used for this function, which is likely given their proximity to the kitchens. In the photograph the dining area is partitioned off from a sitting area/solarium by a small-pane screen. The screen has been replaced in a more recent photograph (plate 49), which is a common occurrence in almost all the buildings apart from Boundary House. An early photograph of the female admissions ward clearly shows at least four beds per side, mainly located in the window bays for good cross-ventilation, and opposing doors for the same purpose plus the two isolation rooms (now offices) at the ends (Appendix 1 plate 4). The current room is divided up with modern cubicles and like the rest of the building is in a poor state.

The more recent Strom Olsen (female) ward layout incorporates the corridor plan layout and has the same arrangement of south-facing dayrooms and wards with ablutions areas at the back (north).

5.3 Sick hospital (Harper Unit) (3)

Originally, the Harper Unit catered for both sick staff and patients; with staff accommodated in the central block (Harper Suite) and patients in the two wings either side - Steepleview for males and Dove for females (fig. 6). The two pavilions at either end, now referred to as Medical Secretaries and Oakview, were formerly isolation wards for those with TB or other infectious diseases

The Sick Hospital/Harper Unit is another very extensive, though spread, building. It is located south of the Administration Building (1) across the central roundabout. It has a symmetrical layout, with a central block set-out on a west-east axis and external corridors that lead either side to the Steepleview and Dove blocks, which are large self-contained ward units. The two outlying and angled former isolation wards are attached either sides of the

ward blocks by short corridors and so form a half-butterfly plan typical of the date and function of such hospital buildings. All its component structures are single storey and flat-roofed.

Reception and staff areas are located on the north side and on the south side are wards and isolation rooms (labelled on the plans as bedrooms) with access to south-facing verandahs for sunlight treatment. Either side, that comprise a central which adopt an identical Covered a symmetrical single-level half-butterfly plan form. As such, the sick hospital both looks north toward the Administration building and south toward the light and the surrounding grounds.

The occurrence and survival of original fixtures and fittings are fairly general throughout the building and any modern additions are minimal, although the Steepleview and Dove wards were refurbished internally c.2005. Generally the building is in good condition and is a significant part of the hospital design.

Some areas, particularly the south side, were difficult to survey and photograph properly due to the presence of security fencing and obscuring overgrown vegetation.

5.3.1 External description

The building is rendered on the north side and around the isolation wings, but not on the south of the Harper Unit, or Dove and Steepleview wards.

North elevation

The main north elevation faces the administration block across the former pond (fig. 1). The whole of this side is rendered above the brown brick damp course. In the centre is the Harper Suite, a single block with projecting ranges at either end for the pharmacy and treatment room (formerly the operating theatre) that is partly obscured by trees (plate 50). The centrally positioned main entrance is typical in form, comprising a brown brick surround and a four-pane fanlight cut into the top (plate 51). Of particular interest are the Art Deco lanterns either side of the door, that remain on all the main entrances on this side, but are absent on the Admissions Hospital. Either side of the main entrance are windows serving offices and service areas. Fenestration is the same as the Admissions Hospital, with small-pane sash windows lighting the main rooms and smaller ones lighting toilet areas. Lesser entrances are located on the western part of the elevation, the end one of which has direct access into stores, toilet and the main corridor, presumably for porting staff use (fig. 6). The long corridors either side connect the staff hospital to the patient's hospital and are fenestrated with large small-pane metal windows on this side (plate 52). At the ends of each are the

formal entry points into the main wards and isolation wards, the former of which lies on the other side of the corridor. The two isolation wings at either end have T-shaped projections leading off the main corridor, comprising stores, staff areas and toilets, that mainly have sash windows but also some metal windows in service areas.

South elevation

The south side of the Harper Suite was almost totally obscured by a tall leylandi hedge at the time of survey, but faces onto a terrace rather than a verandah and much of this elevation features double doors to the individual staff bedrooms that line this side of the building (fig. 6). On this side, the corridors extending off to east and west are open-sided for easy access and sense of space. The south elevations to Steepleview and Dove have exposed brickwork and exhibit the usual decorative brick-banding. Many of the main side windows (to modern wards, dining areas and bedrooms) have been replaced with modern UPVC versions, though existing main entry points retain their original double doors. The verandahs at the ends of the ward blocks are identical to those recorded in the admissions block with a few noticeable exceptions, namely the central bay window of the nurse's room, allowing full observation/supervision either side, and the smaller number of doors since the rooms behind are wards rather than isolation rooms (fig. 6 & plate 53). There are doorways either end that give access from the isolation room corridor (fig. 6).

The south-facing elevations of both isolation wards (Medical Secretaries and Oakview) are dominated by their verandahs. Both remain and their form is similar to those seen attached to the Steepleview and Dove sick wards, with the exception that their ends are enclosed by hexagonal semi-glazed timber structures that only survive properly on the east side of the Oakview verandah (plate 55), the majority of which is hidden from view by security fencing. The full range is accessible from the Medical Secretaries wing, which although boarded-up, shows central (nurse) bay window and doorways leading from most of the isolation rooms inside (plate 56).

5.3.2 Internal description

Generally the building interior is in good condition and retains much of its original layout and fixtures and fittings, although Steepleview and Dove have been modernised extensively, removing any significant fixtures and fittings, other than the more generic ones.

Harper Suite

The main entrance on the north side leads into a short corridor with treatment rooms either side, much of which has been modernised, especially the former operating theatre, R43, the

original extent of which is difficult to determine exactly (fig. 6). Beyond this, the pharmacy and associated rooms (R33-35) retain mainly modern cabinets and shelving. In contrast, the main axial corridor R26/49 is wonderfully preserved, with its parquet floor and original semi-glazed doorways (plate 57) and no modern intrusions. The corridor links all the rooms on the north side and continues to west and east to the wards either side. At the west end is a suite of store rooms and at the east is an office suite, both of which are connected to a small lobby. Lobby R3 is lit by a circular light well similar to that observed in the RC chapel (fig. 6b). The offices here retain all original wall fittings (skirting boards, dados and picture rails) that effortlessly follow the lines of the room and window.

Main corridor R7/6 extends beyond the building to the east and west to link with the sick and isolation wards. Here, the corridor has metal-framed windows on the north side and open sides to the south, along with external access (plate 58).

Within the Harper Suite itself, the main corridor links to parallel sub-corridors to the south that give access to a succession of rooms facing onto the terrace beyond (fig. 6). Divided into two groups either side of what is now the centrally positioned dentist room R17, these rooms are now offices, but are likely to have originally been either treatment rooms, e.g. the clinical room R16 (as indicated in old writing on the door, plate 59), or patient's rooms. It is interesting to compare the sick rooms for staff with those for the patients. Those for the staff are larger and all have good access onto the terrace. The radiators are not shrouded but the overhead pipework is, showing this to be a design feature throughout the hospital. The dentist's room retains original fixtures such as fitted cupboards and an old fuse box. Either end of the south-facing rooms are toilets, kitchens and laundry rooms (fig. 6) and at the east end are some original examination booths, built as a group of three with hardboard partitions, a perforated bench and curtains at the front for privacy (plate 60). This tends to suggest that store R10 was originally a treatment room, which is likely since it has a lino floor. It is also possible that store R21 on the opposite side fulfilled the same function (fig. 6).

Steepleview and Dove

The sick wards forming the side wings of the Sick Hospital/Harper Unit are broadly the same, although the Dove ward has slightly larger rooms either side of the kitchen, and longer ranges either side of the verandah, containing extra isolation rooms either side (fig. 6). Each ward has the same internal layout of corridor/reception area accessed from the main corridor, attached to a lounge or living room (probably originally staff rooms) and two parallel north-south corridors beyond (plate 61), separated from one another by a kitchen and an open court area (fig. 6). The corridors have the same typical deep windows and splayed sills

and doorways are located at the sides. Fully enclosed on all sides, with ample supervision from the corridors and staff rooms either side, the open courts could be used for controlled outdoor recreation. The use of separate corridors suggests the sick patients separated into two groups and managed as such, with their own dining rooms and wards. The only communal areas were therefore the verandahs and open court areas.

At the southern end are the paired former sick wards and isolation blocks either side. Although the wards have since been sub-divided into offices and modern bedrooms, the nurse's station, occupying the central bay and extending out into the verandahs, survives as a rare and important part of the original internal layout (fig. 6, plate 62). The former isolation rooms either side vary from three in Steepleview to four and five in Dove, with the slightly larger nurse's bedrooms at the ends, many of which are now bathrooms (fig. 6). Ablutions areas are at the north ends of the isolation ranges.

The verandahs have the same form as those attached to the Admissions Unit (plate 53).

Oakview and Medical Secretaries

These are the half-butterfly isolation wards where TB patients and others with infectious diseases were placed. They have not undergone refurbishment to the extent that the two main wards have and so contain original floor layouts and fixtures and fittings.

Offices and staff rooms are located in the T-shaped projections on the north sides, linked to the main areas by short corridors lit by metal windows. A row of rooms at the south end of the corridor contain kitchens, laundry and ablutions areas. At the east end of Medical Secretaries is a main office area containing the only historic entrance on this side (fig. 6). In both ranges the original room layout survives, including the nurse's station, projecting out onto the verandah. The isolation rooms, now used as side rooms and offices according to the plans, originally had inter-connecting doorways (now blocked), which are only evident in these two wings. This presumably made it easier for staff to pass through the rooms after putting the patients out onto the verandah (fig. 6). Offices were located at the outer ends of each ward block, though it is only the office in Medical Secretaries (R9) that retains its features, including a blocked observation window looking over the former wide-windowed day room/ward R6/R7, latterly divided into two offices (fig. 6). Alterations in this part of Oakview suggest the same was true here, although the dayroom (R14) is shorter and has been opened up into the adjacent office.

In contrast to those in the main wards of the Admission Unit, the verandahs have multi-angled enclosed ends and square rather than tapered posts (plate 55), the latter possibly added at a later date, seeing as this is also a detail of the 1960s Strom Olsen wing.

5.4 Parole units (4-6): Woodside, Sunnyside & Brookside

The parole units (Brookside, Sunnyside and Woodside) are located to the north of the main building, on the northern boundary of the hospital complex away from the other wards, and accommodated patients who required little supervision and who were allowed to move freely in the grounds and could go outside of the hospital. As well as using the adjoining workshops, some were capable of working in the hospital garden, laundry and farm (D/DU 2175/1).

All three structures are two-storeyed and adopt a generic C-shaped plan form of a main linear range containing dayrooms on the ground floor and dormitories on the first and projecting blocks either side for ablutions, staff areas, isolation rooms and stairs. They form a row across the northern periphery of the existing site, with Sunnyside and Brookside facing one another to the east of the boiler house and Brookside standing in odd isolation to its west (fig. 1). By 2002 this group of buildings had closed and, being on the edge of the site, they have been broken into a number of times. The lower floors of Woodside and Brookside have consequently been sealed with steel grills and the interiors have suffered from damp.

The walls are dressed with the usual brown brick damp course, a decorative vertical brick band and stepped brick corbel to the eaves. The sash windows are dressed in brick soldier heads on both levels and all sides apart from the 'courtyard' range -between the wings- that instead display semi-circular arched heads, rendered internally, with brick keystones.

In the following descriptions all three of the Parole Units are described collectively, due to their close similarity. The best surviving examples of original room layout and fixtures and fittings are selectively used to re-create and illustrate the historic interiors.

5.4.1 External description

Externally, the structures are almost identical to one another and show no sign of modern alterations. The long front elevations (i.e. those without the side wings) display double doorways at regular intervals, one per dayroom, with small-pane fanlights/vents above and banks of three-light small-pane sashes either side (plate 63). These gave patients easy access to the gardens, rather than terraces since there are none here. Between these entry points are the regular narrow sash windows that are replicated on the top floor. The opposite

elevations, mostly overgrown, show small sash windows on the fronts of the wings and staff doorways into the kitchens of the service blocks (plate 64). The main range is fully fenestrated on both levels, with those windows on the ground floor having brick semi-circular arched heads, rendered internally, with brick keystones. The side elevations contain small windows lighting the staff areas and toilet areas, long narrow ones lighting the stairs and larger ones lighting the first floor dormitories. On each of the sides at the ablutions ends are typical semi glazed three-pane staff doorways into small lobby areas where sinks are fitted for washing before entering the corridor linking primarily to the nurse station, dayrooms or stairs (e.g. fig. 7a, lobby R25). On the insides of the wings are double doorways with brown brick surrounds for patients to be led straight into the stair lobby and up to the dormitories on first floor level.

5.4.2 Internal description

Internally the historic layout is common to all (though mirrored between Sunnyside and Brookside), with only one significant difference in the ground floor configuration of Woodside. Interiors survive better in some places than others. Unlike most other buildings, there are no corridors in the original layout, simply interconnecting doors between dayrooms and dormitories.

On the ground floor the main part of the building is divided into three dayrooms. These rooms are divided by semi-glazed hardboard or plywood screens and heated by back-to-back fireplaces, the best examples of which are found in Brookside ward (plates 65 & 66). The dayrooms retain original fittings in the form of parquet floors, flared skirting boards, dados and picture rails, which are also evident in the dormitories above, and are heated by large cast iron radiators. At one end is the nurse station/office, with observation window onto the adjacent dayroom (plate 67), and a lobby/store area at the other (figs. 7a & b). The surviving best nurse station interior was recorded in Sunnyside, though the only fixtures to remain are a butler's sink on the west wall and a key board over the observation window, which has been replaced in one-way glass. The projecting service blocks contain a quarry tile-floored kitchen, food store, larder and the stairs to first floor. In a departure from the normal ground floor layout, the service block at Woodside is enlarged and also originally accommodated a staff flat accessed by its own porched entrance. The flat comprises a bedroom with ensuite wc and living room (fig. 7a), though all but the toilet fittings have been cleared out. The kitchen stores have terrazzo floors and are fitted with cantilevered iron shelf brackets embedded in the walls. Slate shelves occupy the lower shelves of three-tiered larders (e.g. R2 in Sunnyside, plate 68), which is a feature of all ward kitchens across the hospital.

As a general rule it is unusual to find original features in the ablutions blocks since all have been extensively modernised. However, original cloakroom cupboards appear to survive in Brookside (fig. 7c & plate 69). The pink and blue tiled floor is likely to be modern.

Flights of dog-leg stairs in the ablution and service/kitchen blocks lead up either end to the first floor, the corners of which are finished in bullnose glazed ceramic bricks, like those around the main doors and areas of mass circulation. The hardwood rails are crafted to wind their way around the corners in a sinuous way, as is the case in the Administration Building, and are typical of the hospital complex generally.

The three first floor dormitories are divided in the same way as the dayrooms below, although they now extend the full length of the main range. They are also decorated the same, apart from the lack of a picture rail (plate 70). One of the more interesting features is the shrouded hot water pipes (plates 70 & 71), an original safety measure - as is the ubiquitous splayed window sills. Room layouts of the two projecting rear blocks at this level are broadly the same as when built, though function has changed in some cases. As far as can be discerned, isolation rooms were located opposite the stairs, next to a linen store, and opposite the nurse's room; the latter identified for its lack of security features. At the far ends are washrooms and toilets (figs. 7a-c). It should be noted that all routes of access (stairs, corridors) and main rooms such as the dayroom and dormitory areas could be locked to control the movements of patients.

5.5 Non-parole units: Belfairs & Fairview, Boleyn 1 & 2 and Harman 1 & 2 (7-9)

The non-parole units were for the able-bodied patients who needed a higher level of care than those in the parole wards - as such, they are located within the main hospital complex. They comprise a group of three detached villas surrounded by open lawns and linked by external corridors to the main administration block and workshops/sewing room. All are two-storey buildings with long sash windows and open terraces for sun treatment. Internally they have been subject to high degrees of modern refurbishment, but the original layout is common to all with dayrooms situated along the main linear range at the front and dormitories within wings either side. Ablutions blocks and staff/kitchen blocks are located to the rear (north). All three buildings link to the south side of a long east-west external corridor which runs the entire length of the Non-parole and Administration Units.

The usual brown brick damp course extends around the building exteriors and decorative low vertical brick banding on the principle and side elevations (plate 73), and around the stair windows. Horned small-paned wooden sash windows with concrete sills (plate 72). Those on

the ground floor are longer and topped with rendered arched heads below brick keystones. First floor windows are slightly shorter (by one row of panes) and have flat heads linked at the top to an on-edge header band. Historic doorways, some of which are blocked, have four-pane vents. These buildings remain in very good condition internally and externally. All rainwater pipes are original, though the interiors have been refurbished recently; Belfairs in 2005 and Fairview and Harman in 2007 (Banham 2009).

Belfairs & Fairview (7)

Originally this was the male non-parole unit, but more recently it was used for psychiatric intensive care patients, and much of the internal layout and security features reflect this, such as Perspex sheets over the windows and modern lockable doors. Belfriars is the ground floor and Fairview the first floor.

In plan form, this is a long linear two-storeyed structure with wings either side and entrance/stair blocks at the ends that link to an external corridor on the north side and up to the workshops (figs. 1 & 8a). A centrally positioned ablutions block helps define two courtyards that are enclosed on the north side of the building by the external corridor. When the existing wards were created, access to the terrace was blocked off. The same also happened to the Boleyn ward.

Externally, the main elevation is on the south side, which shows a heavily-fenestrated flat-roofed façade (plate 72). The brown brick plinth and vertical brick band above, a general design feature of the original hospital buildings, is illustrated in plate 73. Modern blue steel ducting runs around the front. The only entry points on this side are on the inside of the side wings (now blocked) and via a modern doorway placed at the east end to gain access to the stairs up to Fairview ward above. The external elevations of the north side courtyard areas (plate 74) are similar but lack some of the decorative detail and those windows in the ablutions blocks are smaller, for privacy. The main entrance is now on the east side, but this may be modified from a former entrance into the same lobby (R51, fig.8) from the main corridor.

Internally, the layout on both floors has been altered extensively and it is only at the ends, around the stairs, that original layout has survived. The stairs themselves are of the usual well-made form, with attractive curved hardwood handrails and splayed sills to the long windows. Originally the floor plans would have been similar on both levels, with large dayrooms at the front, separated by a nurse station overlooking the terrace on the ground floor, and dormitories in the two side wings with isolation rooms (refurbished, plate 75) and a

conveniently-located central ablutions block (now high dependency suites). There is no real indication of kitchens being here originally, probably because of the proximity of the principal kitchen in the main Administration Building. The original layout has been broken up with the insertion of modern corridors, dayrooms (see plate 00 with the modern semi-circular nurse station), service rooms and bedrooms and its original form is now only represented by the chimney stack partitions either end and former isolation rooms on the first floor (now toilets, etc., fig. 8a). Sluices are one of the rare surviving historic features here (plate 76).

Boleyn 1 & 2 (8)

Originally this and Harman ward were the female Non-parole Units, but latterly Boleyn was used as an acute mental health ward (Banham 2009). Like its neighbours, much of the internal layout has been changed during modern refurbishment and modern security features added.

The building is a linear two-storeyed structure, longer than usual in order to accommodate three rather than two dayrooms. In common with other villas, dormitory wings are located either end with entrance/stair blocks to the rear. At the front is a central open porch with rooms above, which is unusual. Three ablutions blocks and one service block (containing the kitchen, laundry, etc) are located at the back that help define three open lawns, enclosed on the north side by the external corridor, but with no internal access apart from the service block (fig. 8b).

The principal exterior elevation is that of the south side of the building, much of the rear being obscured or enclosed by the main east-west corridor. The south elevation is subdivided into three parts by two projecting nurse stations with clear views down the terracing either side (plates 77 & 78), though only the eastern one has external access (fig. 8b). Centrally located between the nurse stations are entry points onto the terrace, one of which, towards the east, has been replaced by a modern window (fig. 8b). Entry points on the inside of the side wings were blocked when the wards were created to limit access to the terrace and double doors inserted into the side wing frontages, replacing former windows here (plate 77). The central porch (plate 77) provides a more formal entrance into the modern reception area but its main function was to accommodate isolation rooms on the first floor above. The north (rear) side courtyard elevations are the same as the front apart from the lack of the decorative brick banding.

External access to the first floor is via the stair blocks either end of the building, each through a lobby area. A good feature is the way the stores windows beneath the stairs are framed by

the vertical brick band (plate 79), whose line continues upwards to form a recessed panel around the long stair windows. This is also observed on the other two-storey villas.

Internally, the front range of the building has been altered the most through the division of the three original long dayrooms into bedrooms, clinics and offices, etc., and the flanking dormitory ranges into eight and nine-bed wards (fig. 8b). This is the case on both ground and first floors. However, the outline of the nurse stations and dayroom partitions remains (fig. 8b). The blocks to the rear would appear to have retained their original function. On the ground floor the three ablutions blocks, one per dayroom, have been refurbished and floor plan changed, though the extent of this is difficult to tell at times. The service block, however, retains its original spatial layout of kitchen, stores, larder, laundry, etc., though most of the interiors are modern. A third set of stairs is located within the eastern inner block, separated from the dayrooms by a lobby, provides direct central access between the floors.

According to the modern building plan, the first floor was last used for offices. Wall divisions survive for historic dayroom partitions that are likely to be replacements (fig. 8b). On this level the ablutions areas are accommodated in the inner blocks, while the outer blocks contain the dormitories, isolation and nurse rooms. Three isolation rooms are also located at the front, over the entrance porch (fig. 8b).

Harman 1 & 2 (9)

Harman is a much smaller two-storeyed female Non-parole Unit that has latterly been used for continuing care (Banham 2009).

The overall building layout adopts a linear frontage block, this time containing dayrooms on the ground floor and dormitories on the first; the occupants being fairly able-bodied. To the rear is a central ground floor service and first floor ablutions block, and a smaller stair /ablutions block on the west end (fig. 8c). Since there is no stair at the east end of the building an external metal fire escape has been fitted at the back. The north side is enclosed by, and linked to, the main corridor, creating an angled courtyard between the two. Formal access into Harman from the corridor is at the west end, while lesser doorways at the east end of the corridor provide access for deliveries into the service/kitchen block (fig. 8c).

Externally, the south elevation (plate 80) has a similar but simpler aspect to the others in this group, with a central projecting nurse station and double doorways leading onto the terrace from each of the dayrooms either side. The eastern entrance is enclosed within a semi-glazed timber porch, which is probably original since its glazing bars look authentic.

The north elevation is partly obscured by the external corridor (plate 81), while access to the west and east elevations is limited by the security fences and further obscured by overgrown shrubbery. The area around the stair window is decorated in the same manner as Boleyn ward.

Internally, the nurse station and dayrooms have been changed only slightly on the ground floor and the service block hardly at all. The room layout remains as original, apart from some new fittings - mainly in the kitchen (plate 82). External access on this side formerly led from the entrance lobby into the kitchen and dayrooms and also up the stairs to the first floor (fig. 8c). Many semi-glazed small pane doors have been retained, along with original tilting fanlights over (plate 82). The dayrooms, since partitioned and converted to other uses, were sited either side of the nurse station and were originally furnished with fireplaces at their far ends, since removed. Close inspection of the parquet floor in the dayrooms shows the outer borders came in sections that could be removed to access the pipework under the floor (plate 83). The floor layout in the rear central ablutions block is modern apart from the lobby area that connects to the stairs and external corridor (fig. 8c).

On the first floor the main area was divided into two dormitories that have subsequently been subdivided into individual bedrooms. The central block was used for ablutions and housed stairs from the floor below. The western rear block accommodated staff areas and remains relatively unaffected, though the two former isolation rooms have been knocked through and converted into a kitchen (fig. 8c).

5.6 Infirm units: Elm & Laburnum (10 & 11)

The two infirm units are located on either side of the Epileptic and Unemployable units 12 and 13 (fig. 1). As the title suggest, neither of the patients of these categories were capable of work and were therefore provided with a higher level of care and supervision. Since mobility was a factor, the main facilities are likely to have been wards and dayrooms, rather than having separate dormitories. As such, the infirm units share common characteristics of layout and relationship to the rest of the hospital with the Epileptic and Unemployable units. All four buildings can be approached as a cohesive group, forming an east west range straddling both sides of the Administration Building and lying south of (and parallel to) the Non-parole Units. However, all are unconnected by corridors and the infirm units are single-storey while the others are two storey. The Epileptic and Unemployable Units are therefore described separately, in section 5.7.

Both Infirm Units are single-storey villa-style structures unattached to the circulatory route provided by the system of external corridors employed elsewhere within the hospital complex. Extensive alterations have been carried out to each by extensions to the original building and internal changes to the layout by adding wards and enclosing the verandahs.

Their basic plan form is common to all the villa buildings on the site, with a main linear range at the front facing onto a verandah, ablutions blocks at the back and ward ranges either end. Both also adhere to the general appearance of the hospital buildings with the brown brick damp course and decorative low vertical brick banding on all elevations, together with horned small-paned wooden sash windows with concrete sills. Historic doorways have brown brick surrounds like those in the pavilions, and four-pane vents.

Elm House (10)

Prior to closure, Elm was used as a geriatric ward (Banham 2009). During this time extensions for a new ward and ablutions areas were added to the rear and the verandah was enclosed to provide extra interior space. Since closure the building has been sealed off with metal sheeting, so internal examination was carried out under artificial light.

The layout is based on the familiar linear form containing wards and dayrooms, divided into two or three separate parts. A square block on the east end contains the main entrance, service rooms (kitchen, stores, etc) and a sub-ward, perhaps for chronic patients. To the rear is the original ablutions block that now contains stores, toilets and a smoking room. This ablutions block underwent its change of function when new facilities were added along with a new ward to the rear of the west end of the building (fig. 9a).

Externally, the principal south elevation (plate 84) is partly obscured by trees and shrubs. The verandah which once ran between the east block and projecting R33 (fig. 9a) has since been enclosed, so most of this exterior elevation is now modern. Previously, there were as many as four doorways opening from the dayrooms onto the verandah though now only the existing double doors are original. More have been inserted into former window apertures, probably when the verandah was enclosed. The tapered wooden posts and skylights of the original verandah structure remain.

Originally there were also two doorways in this side of the east block, one of which has been blocked and the other, which retains its brown brick surround, replaced with a window when ward partitions were created inside. The main entrance is on the east side, leading into a lobby area. There is a clear distinction between the original and later builds on the west and

north elevation (plate 85). Other entry points are located on the east side of the original ablutions block (fig. 9a) and centrally along the main rear elevation.

Internally, original room layout and function is difficult to identify because of the high level of modern changes to the building. The screen separating the main ward and dayroom has a certain 1930s appearance in its narrow glazing panes that is also replicated in the door panes (plate 86). Though both have probably been refurbished, their style matches that of original main doors. The position of this screen wall suggests there were originally three quite spacious rooms here. The radiators in this building (plate 86 left) have narrow steel casings and are likely to be modern. Bedrooms on the western ward are all former isolation rooms and all partitions in the smaller east ward are modern. No historic fixtures and fittings of interest have been retained within them or within the original rear ablutions block when it was refurbished as stores, etc.

Laburnum House (11)

Laburnum was the male infirm unit in the original plans. In the 1970s it was a male geriatric ward and at the time of closure was an acute mental health unit (Banham 2009). During this time a new ward was built at the back, extra ablutions areas added, and the verandah partially enclosed to provide a dining room (fig. 9b).

The layout is similar to Elm House, essentially a mirror-image with an extra wing added at the east end. It has a longer linear main range containing wards and dayrooms, divided into two or three separate parts and a square block on the west side containing the main lobby and staff areas (kitchen, offices, etc). To the rear is the refitted ablutions block next to a modern ward block (plate 87) and to the east is a side wing containing the main ward and isolation rooms (fig. 9b).

Externally, the south (front) elevation (plate 88) is obscured by the overgrown garden in front of the verandah. The verandah lies between the two side wings and its western part has been enclosed in the modern period. The remainder is open and of the same form as the majority of these structures elsewhere on the site, but in this case the tapered columns are made of concrete (plate 89), presumably replaced, but cast around the original rainwater downpipes. The main entrance is located on the south side of the eastern ward block, but its brown brick surround has been rendered over. The rest of the building is well-fenestrated (in the usual form) and provides an insight into how Elm House would appear if its windows were exposed. Later additions to the rear are clear to see and many of the windows have been replaced with basic two-pane modern metal versions (plate 87). Similar windows have

replaced original ones on the west side, where the brown-brick-framed staff entrance lobby is located.

Internally, original screens separating the rooms in the main range have been removed, but evidence for one, or probably two, was observed, suggesting room divisions similar to Laburnum (fig. 9b). Bedrooms in the east ward (plate 90) are all former isolation rooms though the bed partitions in the wardroom proper are modern, the same as those in the new ward at the back. The ablutions block at the back has been redesigned but much of the original layout of the staff block appears to have been retained in its refurbished form. The existing double doors onto the verandah are original (fig. 9b).

5.7 Epileptic and unemployable units (12 & 13): Hullbridge & Plashet, Chalkwell 1 & 2

The Epileptic and Unemployable Units comprise two large villa-style structures located either side of the Administration Building, facing southwards toward the roundabout/pond and the Sick Hospital/Harper Unit. They would originally have had near identical layouts, but both have been modified internally as medium secure (Hullbridge/Plashet) and acute (Chalkwell) mental health units (Banham 2009). As previously noted, they share characteristics with the two Infirm Units to either side, but differ in that they are two-storey structures. They are particularly unusual in having white-rendered exteriors.

Hullbridge & Plashet

Positioned to the west of the Administration Building, the original layout of this male Epileptic and Unemployable Unit comprises a main linear range of dayrooms with a projecting ablution block at the rear, dormitory side wings either end, and a short projection at the front. A modern single floor extension has been added in the south-east corner. Of similar layout, each floor was self-contained and self-sufficient (ground floor Hullbridge, first floor Plashet). Modern open areas, contained by high security fencing, are located at the rear for exercise and the south side fronts onto a terrace. Stairs are located either end. Significant internal changes to both floors have affected the original floor plan to a great extent and removed historic fixtures and fittings.

Externally, the south elevation (plate 91) has a similar aspect to many of the larger ward blocks, with its regularly-spaced projections and sash windows. Similar wall detailing to other structures probably lies beneath the render. The only outward alterations are to the former side wing doorways onto the terrace, which have been blocked (fig. 10a) - as is seen on some of the other buildings. It is worth noting that these were the only external access from the dayrooms. The west and east elevations contain brown brick surrounds around the

principle doorways and long stair windows above. The north elevation (plate 92) includes projecting wings with uniform sash windows, apart from on the central ablutions block where the windows are smaller.

Internally, the two large dayrooms on the ground floor have been partitioned off and a modern semi-circular nurse station installed (plate 93). Evidence from Chalkwell suggests the two dayrooms were divided centrally, with nurse stations occupying the rooms to the south. Former isolation rooms have been refurbished as side (bed)rooms (fig. 10a) to become the modern High Dependency Suite. Other isolation rooms were probably located on the north sides of the old dormitories in the wings at either end of the building, but have since been totally refurbished. The old ablutions block has been stripped-out and is now the Intensive Care Suite and its facilities largely removed to former isolation rooms on the north side of R46 dayroom (fig. 10a). No significant historic fixtures and fixings remain.

The first floor (Plashet ward) mirrors the ground floor in many ways by the extent of its modern alterations. Little of its original layout is readily apparent, here too a High Dependency Suite being created in the old ablutions block and the facilities transferred to the east wing, while the main dormitories have been sub-divided into day and side rooms. Additional bedrooms have been created in the west dayroom and dormitory block. Again, no significant historic fixtures and fixings remain.

Chalkwell 1 & 2

The historic layout of Chalkwell is similar to that of Hullbridge & Plashet, originally comprising a linear range of dayrooms with a short projection at the front, projecting ablution block at the rear and dormitory blocks either side (fig. 10c & d). Unlike Hullbridge & Plashet, Chalkwell has verandahs between the projecting blocks along its south front. Stairs are again located at either end of the building. The internal floor plan has not been altered to the same extent.

Externally, the south (front) elevation is partly obscured by trees. The main entrance on this side has been blocked and another double doorway inserted into the former dormitory (fig. 10c & plate 94). Other double doors lead out onto the verandahs either side of the central projection, though part of the eastern one has been infilled in the modern period. Double doors lead from the dayrooms to each veranda that is supported on square rather than tapered posts, perhaps a sign that these were added afterwards (plate 95) - particularly as Hull & Plashet does not feature any verandahs. Brown brick doorways are located on the side wings. The north elevation (plate 96) shows projecting wings with uniform sash windows to both storeys apart from the central ablutions block, which are smaller.

Internally, the original form of the two dayrooms remains intact on both levels despite the insertion of modern offices and bedrooms (figs. 10c & 10b). Like kitchens throughout the hospital, the downstairs kitchen in the western service block has been modernised (plate 97) but contains complete original pantry shelving and tiling (plate 98). Modern ward bays that now occupy the former dormitory R36 are shown in plate 99. Former isolation rooms are located in the same places as in Hullbridge & Plashet, and part of the old ablutions block has been relocated to the south side of the kitchen block (fig. 10c).

The first floor retains the spatial layout and historic integrity of the dormitories (plate 100) and dayrooms (plate 101) on the west side, and some good examples of isolation rooms on the east side that also illustrate how the door knobs sat within the wall recesses, a system that worked up until safety-door closers were fitted (plate 102).

5.8 Nerve patients: Leigh House (14)

Leigh House was designed for female patients and Rettendon House for male patients “suffering from the milder forms of nervous disorder” (D/DU 2175/1). These were voluntary patients who enjoyed the comforts of their own south-facing rooms and sitting rooms with French windows, on the quieter eastern periphery of the site. Rettendon was demolished in c.2006 but adopted the same plan form (fig. 2) and presumably appearance as Leigh House. Both had been closed down by 1999 (HCA plan). Since then Leigh has suffered from damp and break-ins.

Leigh House has a linear plan form with projections on the north and south sides (fig. 11). It is single-storey and externally rendered above a brown brick damp course, but otherwise has the same characteristics as the other historic hospital buildings in terms of build, fixtures and fittings and detailing.

Externally, the main south elevation (plates 103 & 104) has two projecting dayrooms with sun terraces in between and to the west. Access onto the main terrace is via doorways on the inner walls of the dayroom blocks. Behind it are mostly wide four-pane semi-glazed doors (usually three-pane elsewhere) fronting the row of patient rooms, providing easy individual access and a fanlight (now blocked) for good air circulation. Smaller, relatively private dayrooms are located at the west end with their own terrace and doorways flanked by low, tall windows. The east elevation (dayrooms and patient’s rooms) is well fenestrated and uniform. The back of the building (north elevation) is badly overgrown and contains boarded-up windows to service areas and offices (plate 106). A doorway on the east end of the back

elevation leads into the corridor. At the west end is a brown brick door surround into the kitchen area.

Internally, the layout is unusual for a non ward-style building in being based along an L-shaped spinal corridor that provides access to all the rooms. Those rooms on the east and south sides are all individual patient's rooms and dayrooms, while those on the opposing sides are staff offices, toilets, washrooms and a kitchen. The patient's rooms are the same as the isolation rooms seen elsewhere, fitted out to a standard pattern and design, with common fixtures and fittings (plate 107).

5.9 Convalescent units: Hillview & Oakfield (15 & 16)

As the name suggests the convalescence units were intended to provide recuperation for those who had been in the sick hospital before passing back into the psychiatric wards. Both are unattached small villa-style structures that adopt identical plan form and room layout over two floors and conform to the design characteristics of the hospital as a whole. They are therefore described collectively, and depicted in a single representative figure (fig. 12). Located to the north of the Admissions Unit, south-facing Hillview was historically used for female patients and west-facing Oakfield, to the southwest, for males (Banham 2009). Both were closed in 1999.

Their common layout adopts a simple I-shaped plan form, the main part containing wards on both floors with doors opening onto the terrace on the ground floor. Either side are the entrance blocks containing the stairs, kitchens, washrooms and patient's rooms (former isolation rooms).

Externally, the appearance of each is similar to the parole units on the north side of the site, although Oakview (plate 109) has a rendered exterior. Large parts are obscured by trees and other vegetation. Both buildings were boarded-up during the survey. Hillview has suffered internally through roof failure and some first floor areas could not be entered. On the ground floor, double doorways lead out from the fronts of the two central dayrooms onto the terrace, topped by arched heads in the same fashion as the sash windows either side and in the east wing (plate 108, Hillview). Such decoration is lacking on the west wing of Hillview and north wing of Oakfield, but is apparent on the main doorways. Regular shorter sash windows light the top floor, dressed in the usual way. The side elevations display little detail apart from some sealed square windows that light the stair cupboards. The rear elevation (plate 109, Oakfield) continues the main themes of the front.

Internally, the ground floor of the main part of the building comprises two wards (plate 110). Apart from the usual wall fittings, the bullnose door jambs and original double doors are the major historic features surviving. The radiator shrouding is interesting too and different in its design to those seen in other buildings. Chimney stacks are located on the back walls, but now have no fireplaces. Either side of the wards, in the end blocks, the isolation rooms are front-facing and service rooms (bathrooms, kitchen, etc) are located at the back on the other side of a short dividing corridor. Modern isolation rooms have been added into the washroom, which were formerly two isolation rooms (fig. 12a).

Stairs up to the first floor are made of concrete, used for its fire-retardant qualities here and elsewhere, and the quality of the rails matches those seen throughout the hospital. The top floor is divided into three small interconnected wards dormitories with a clear line of sight down the centre from the corridors either end (fig. 12a, plate 111). Because of this, it is possible the central room was in fact a nurse station. Isolation rooms in the wings either side exhibit the usual security features. The larger two-person rooms at the back may be other small wards.

The ruinous nature of the Hillview roof presented a good opportunity to view the materials used in its construction during the survey. It was found that the main constituent of the roof was a thick layer of cork, overlying pine roof joists and boarding (plate 112). The cork is sealed with roofing felt and hidden from view externally by the parapet. Though not substantiated by the survey, it is assumed that this is a common construction method for roofs across the historic buildings.

5.10 Boundary House (17)

This substantial detached unit was originally an 'isolated range' located on its own in the west of the hospital grounds - a broad counterpoint to the Admissions Unit (Fig.1). It was built to accommodate 60 male and 100 female patients suffering from more extreme forms of mental illness who needed to be segregated from the rest of the hospital. Such patients required a higher level of supervision and nursing on account of 'restlessness and disturbed phases of behaviour' (D/DU 2175/1). In its original form, smaller dayrooms and dormitories were provided for effective classification of patient groups and in the middle part (Elizabeth) there was a small department providing hydrotherapy and clinical rooms for treating the more acute cases (D/DU 2175/1). Pleasant gardens once surrounded the building, particularly to its front (south).

The building comprises an east-west range of three large two-storey villa blocks linked by external corridors at the back, effectively creating courtyard plan forms (fig. 1). Nightingale & Margaret and Elizabeth & Sherrington were female wards and Windsor & Sandringham were used for males (each pair a ground floor and first floor ward). Nightingale & Margaret is the smaller of the three blocks and was intentionally placed further to the north to allow light to reach the Elizabeth & Sherrington dayrooms (fig. 13a). This accounts for the unusual diagonal corridor that links the two. Ward names clearly had a royal theme (princesses of the day and royal residences), or else were named after important figures in medical history; Florence Nightingale and Charles Scott Sherrington, the latter an eminent neuropsychologist (1852-1957).

Elizabeth & Sherrington and Windsor & Sandringham wards are a mirror image of one another, but Nightingale & Margaret is not, being smaller and square. The north corridor runs along the back of all three villa blocks. Each block originally contained dormitories at the front (south), dayrooms on the more exposed side and rows of isolation rooms set along the corridors surrounding the courtyards. South-facing terraces were easily accessible and there was a small brick sun-house in the gardens to the southwest (building 34).

All blocks were constructed in the usual way with Flemish-bonded brickwork, small pane sash windows dressed brown brick doorways and flat roofs. Having been disused for 13 years or more, damp and neglect have caused damage to the fabric and a considerable amount of vegetation (trees, shrubs, etc) has grown up on all sides (Plates 113-116). Break-ins have occurred to steal pipework and wiring. Otherwise, the survival of the overall character of the structure and its internal relationships is fairly good.

The building was closed by 1999 and has been boarded-up since. Because of its early closure, the historic interiors survive better here than in the buildings occupied more recently, though invariably in poor condition due to neglect. Apart from the boundary kitchens, there are no modern additions or alterations. All interiors have been stripped-out like the rest of the hospital and some areas, especially the first floor wards, could not be entered for health and safety reasons, particularly due to water penetration through the roof and upper floors.

5.10.1 External description

Because of the extremely high level of overgrown vegetation around the structure, the following descriptions are of a rather general nature and accompanying photographs are included of the individual blocks rather than of specific details since most of the elevations were impossible to inspect closely. In the following text, unless a specific floor is discussed,

each of the blocks is referred to by its ground floor ward for ease of reference. General photographs were taken of the exteriors and where possible to show the general character (listed with the headings below) followed by more specific photographs referenced in the text.

South elevation

The south (front elevation conforms to the general design and architectural components/detailing of the many other villa and pavilion buildings across the site. Vegetation was obscuring on this side of the building and access was available to the Nightingale and Margaret terrace (plate 117). Fairly good views of the fronts of Elizabeth & Sherrington and Windsor & Sandringham were obtained (plates 118 & 119), both of which have fairly straight, well-fenestrated, facades and the usual access routes from dormitories and isolation rooms onto the terraces in front.

North elevation

Beginning at the west end, the main entrance into **Nightingale** ward is through the ablutions area on the west end and there is another towards the east allowing access into the corridor to this and Elizabeth ward (fig. 13). The main entrance has a semi-circular head over the door of door's fanlight (plate 114), which is a common feature throughout the hospital. Dressings around the main/all doors are standard (Plates 114 & 117]. Much of this elevation is dominated by the corridor wall so there are relatively few windows here (plate 113).

Two projecting blocks indicate the presence of **Elizabeth & Sherrington** block, which is the mirror-image of the Windsor & Sandringham block to the east (fig. 13). External entry is on the east side of the stair block.

A long corridor joins Elizabeth & Sherrington block to Windsor & Sandringham, part of which is taken up with the Boundaries Kitchen, a particularly ruinous modern addition (fig. 13) and of no architectural interest. Windsor & Sandringham (plate 115) has two points of access on this side, the eastern stair block and the western end of the corridor (fig. 13b). A modern lift tower has been inserted within the stair block (plate 116).

The individual side elevations of each block were difficult to see due to lack of access. All that could be viewed of the west elevation at the time of survey is in the ablutions block and projecting dayroom of Nightingale and Margaret block (plate 116). The east elevation shows the two projecting dayrooms of Windsor & Sandringham between the bushes and trees.

5.10.2 Internal description

The building is in a poor state internally due to neglect, damp penetration and break-ins over the past 13 or so years and some areas were unsafe to enter at the time of survey, particularly parts of the first floor.

Ground floor

In each case the layout is based upon the courtyard plan, with dormitories and isolation rooms at the front (south), dayrooms projecting either side, isolation rooms and ancillary areas opposite and store, kitchens and stairs on the north side, all linked by a long corridor (fig. 13). Elizabeth & Sherrington and its mirror image Windsor & Sandringham have double courtyards, while smaller Margaret & Nightingale has one. Much of the original floor layout across all three blocks remains unaltered, though precise room identification is sometimes difficult because some rooms have been enlarged. Original layout and older fixtures and fittings tend to survive better here than in other buildings, one instance being original small pane partition glazing in the R21 dayroom on the west side of Elizabeth (plate 120). The dayrooms have a slightly higher level of décor by having picture rails as well as the flared skirting, dados and pelmets on the widows. The ground floor dormitories at the front are similar in style but lack the picture rails and in most cases the screens have been replaced with margin glazing which, were it not for the early photographs reproduced in appendix 1, might be viewed as original. There are also smaller dormitories along the south front such as the R2 dormitory in both Elizabeth and Windsor (plate 121). Isolation rooms are grouped along the corridors, often in pairs separated by bathrooms (fig. 13). Some of the bathrooms have been enlarged, but commonly held two baths in them (plate 122), perhaps principally for hydrotherapy treatment. Small ablutions blocks are also built into the open courts. The rear (north) corridor provides access to stairs bathrooms and stores, but it is possible the stores were originally offices.

First floor

The first floor was in poor condition due to roof failure and large parts of it could not be accessed. Therefore it was not fully recorded.

Margaret extends over the whole of Nightingale and Sandringham and Sherrington extend over the outer courtyard ranges of Windsor and Elizabeth, respectively. The upper floors largely replicate the floors below and the level of original detailing and original room layout appears to be similar. The two-storey linking corridor is the only one of its type at Runwell.

5.11 Chapel (18)

St Luke's chapel (plate 123) (patron saint of physicians and surgeons, amongst others) stands on the western side of the approach road into the main hospital complex, between the Sick Hospital and Admissions Unit. It is grade 2-listed (list entry no. 1391863) where it is described as 'eclectic Mediterranean' in style and of high architectural importance, being a rare and well-preserved example of an earlier 20th century hospital chapel retaining many original decorative features. Its layout is symmetrical, forming a cruciform plan with an apse to the east and a vestry and side chapel flanking the chancel (fig. 14). Paired main entrances are located at the west end, with side entrances at the corners of the projections into the chancel, vestry and side chapels. The squat square bell-tower at the east end has a pyramidal roof and circular stair tower attached on its north-east side (plate 124). It is brick-built with a wide rendered damp proof band at the base and a mansard pan tile roof.

5.11.1 External description

The two main entry points are located at the west end. Here, and throughout, the doors are in oak with good quality brass fittings and cast iron strap fittings. The surrounds are in stone with indented sides terminating in small ears at the tops and the door heads are raised to form an Art Deco style geometric arch (plate 125). The projecting lobby is covered in a single pitch roof connecting with the hipped roofs of the small toilet projections either side, whose round tilting metal windows light the outer walls (plate 123). The gable end above is lit by a wheel window with stone dressings and the outline of the mansard roof is also enhanced by stone dressings and contains a stylised cross as a centrepiece to the apex.

The square bell tower is situated over the transept crossing at the east end of the church, with the stair tower positioned in the north-east corner. The tower is quite broad and short in the Mediterranean style. Simple three-light slatted windows light and ventilate the belfry, one on each side. Like the transept windows, they have ashlar concrete surrounds and banding but here the band is raised from the walls, with two consecutive bands stepping inwards up to the eaves (plates 123 & 124). The circular stair tower is an important architectural element, with thick concrete banding towards the base, and columns of narrow three-light slit windows lighting the stairs and leading up into its hipped roof (plate 124). On the chapel side the east wall projects outwards around the altar within. Both side chapel and semi-circular apse contain slightly wider slit windows.

The long elevations (north and south) of the nave are identical and each feature three metal multi-pane metal windows set within heavy ashlar surrounds and white stone sills (appendix 1) whose heads pierce the eaves of the roof either side below small semi-circular dormers

sited in the upper part of the roof (plate 123). Single doorways with wide ashlar jambs and flared heads carry similar doors into upper part of the nave, the chancel, and the vestry and side chapel to either side (fig. 14). Pantile mansard roofs cover each of the transept ends, dressed in the same stone as the western gable. The small-pane windows in the chapel and vestry gables have plain square stone dressings cutting through a wide concrete band, which is replicated either side of the windows above in the tower (plate 123). The same band continues around the apse

5.11.2 Internal description

The paired west doors lead into a lobby area with male and female toilets either side. Lobby décor is austere, with plain walls and an arched ceiling. A central double processional doorway leads into the three bay nave, and is flanked by lesser doors in either corner (fig. 14). The nave interior has a striking barrel-vaulted ceiling sprung from the parquet floor, plain round-arched windows and simple circular light wells in the ceiling (plate 126). Round arched aisle arcades are located either side of the grand chancel arch, one surrounding organ pipes and the other leading into a side chapel. The interior is lit by eclectic pewter side lights in a Roman-style oil lamp form, designed by the architects and possibly unique (plate 127). The wooden pulpit and lectern positioned either side of the chancel arch at the east end of the nave also very distinctive design features, particularly the former with its sweeping balustrades and contrasting light-wood fluted jazz-modern friezes (Listed Buildings Online), styling that is also prominent on the organ and pews in the chancel beyond.

The chancel floor has marble tiles with green and brown marble borders and a marble dado around the apse wall. The brass altar rails have a low geometric pattern framed by the apsidal arch (plate 129). Pews feature an integral lay readers pulpit (fig. 14). The organ, positioned just in front of the vestry, is manufactured by William Hill & Sons and Norman & Beard Ltd (1937). The opposing side chapel has a separate entrance on the south side and austere decoration.

The square section bell tower over the transept crossing is reached by a spiral staircase whose walls, and that of the belfry, are lined in Fletton bricks. The bell mechanism holds a single bell hung from iron joists.

5.12 Day nursery (19)

The day nursery (plate 130) catered for the young children of hospital staff rather than those of the patients and is located on the north-west side of the site, away from the patient areas (fig. 1). It has a less-imposing L-shaped bungaloid form and its brick exteriors display little

decoration. Windows are simple Crittalls metal ones, which are painted blue. Doorways were originally located at either end (south and east) and probably a side entrance in the north-west corner, now enclosed by a modern entrance porch (fig. 15). Original doorways display original glazing and brown brick surrounds. Modern demountable classrooms have been added on the south side and a more permanent flat-roofed one at the east end (fig. 15), obscuring the former entry point on this side. The roof is hipped either end and clad in plain tiles.

Internally, the majority of the historic floor space was divided into classrooms/nursery rooms with ablutions, sluice and kitchen arranged along the northern side of a short corridor (fig. 15). Some of the classrooms have since been encroached by modern stores, etc. At the west end of the corridor is a lobby and side entrance. A doorway at the far end of the building once led out to an outside play area. Internal décor is plain and limited to the familiar flared skirting boards and window pelmets. The windows have tiled sills. All parts have been modernised and fireplaces removed. Plate 131 shows a typical classroom interior.

5.13 Workshops (20)

The occupational workshops are two long, narrow, buildings situated to the north-west of the Administration Building. They define either side of a long courtyard and are linked to the system of external corridors from Belfairs ward (fig. 1). Separate workshops were provided for able-bodied male and female patients teaching a wide range of skills from rug-making, weaving, pottery and carpentry. In addition there were special workshops for upholstery, printing, etc. and general repair shops for engineers (D/DU 2175/1). The workshops here were predominantly for men, and so placed on the west side, between male parole and non-parole units.

Each of the two workshops form long linear single-storey ranges, their flat roofs extending partly over the concrete yard as canopies (plate 132). In common with other service structures, the ranges are fenestrated with green-painted metal windows and there is no other external décor. Both long elevations are identical apart from the roof canopies.

No entry was available into the northern workshop, but some internal photographs were taken through broken windows. It is divided into several units and appears to retain its original layout. Semi-glazed room partitions are common, enabling clear lines of site and even light levels through the building (plate 133). Workbenches and cabinets are present. The roofs had collapsed to the three workshops at the east end and these were only recorded photographically (plate 134). It is worth noting however, the chimney on the north

side of workshop R38 and outline of the former fire point, often seen on the walls of buildings here.

The west end of the southern workshop was converted into offices when the new forensics building was created, but on the east side the layout appears to be original (fig. 16). Original south-facing windows were blocked at this time. Some parts of the east end could not be entered. The doors out onto courtyard are original.

5.14 Boiler house (21)

The boiler house is one of the most prominent structures, seen from every part of the site. Because of their impressive size and tall chimneys such 'powerhouses' are often well-designed in the more functional modernist style of the period.

The flat-roofed boiler house at the front of the building supplied all the electricity, steam, hot water and central heating for the entire site through underground ducts. The broad tower at the back contained huge water softening tanks and a central integral stack (fig. 17). As a functionally-important building it is accorded a prime location on the main site axis, behind and aligned upon the Administration Building.

The fabric and layout of the building remains largely as it was, but much of the plant (boilers, etc) has been replaced.

Externally, the main south frontage (plate 135) is raised above the formal entrance that employs door detailing familiar across the site and Crittalls metal windows used in all service buildings. A small later extension is located on the southeast corner. Behind is the tower whose design includes a central brown brick band and a further pair towards the top that wrap all the way around (plate 136). Columns of tall metal windows follow the lines of the tower between long rebates in the brickwork above and at the corners, reminiscent of the Egyptian 'palace façade' style. The same design form was also seen on the main Admin Block doorway.

Internally, the power for the hospital was created by four modern boilers located in the boiler room (plate 137). Quarry tiles cover the floor and the ceiling is supported on large steel joists. Walls are functional painted brick. The large western window range has metal casement windows at ground floor level and glass vents above, operated by levers. The plant room at the front (fig. 17) contains the hot water tanks and a bank of old heating dials as well as an overhead crane and skylight (plate 138). Modern equipment is housed in the generator and switch rooms to the west, but the office overlooking the boiler room (R10) and staff

washrooms, etc., on the east side remain largely intact, as do the semi-glazed workshops, etc., on the north side of the tank room (fig. 17). Access to the upper level was by a spiral staircase and beyond this are gantries and further flights of steps, which are recorded photographically as plate 139.

The incinerator, used for the disposal of clinical waste, had separate access and could not be entered.

5.15 Mortuary (22)

The mortuary is located on the east side of the boiler house behind the main complex and along the roadway opposite the laundry (fig. 1). The main entrance is located on the south front offering access into the chapel of rest and is housed within a simple brown brick surround (plate 140). Otherwise external detail is limited to that of other service buildings. Lesser doorways lead into the various mortuary and store rooms inside. Only partial access was available inside due to the sheer volume of articles stored within it and the poor state of the ceilings. The main part viewed was the chapel of rest, which is suitably decorated with a parquet floor, pine effect wallpaper (all but disappeared through damp) and arch-headed rear windows (plate 141). The laying-out slab is located along the west wall of this room (fig. 18).

5.16 Kitchen stores (23)

The kitchen stores are situated on the north side of the kitchen courtyard and continue on first floor level over the western arm of the kitchen corridor. There is also a basement, which was flooded at the time of survey. The exteriors are plain and fenestrated largely on the ground floors; the upper floor being lit by large skylights in the roof. Doorways are situated at either end, one of which is in a side passage beneath the first floor, and a more formal doorway stands on the north side (plate 142). The rear (south) elevation retains sawn-off brackets for an earlier canopy, perhaps the old trolley park.

Both ends of the building lead into a large ground floor storage area and concrete stairs up to the first floor (plate 143). There is also an original lift beside the west door and an office with views across the floor (fig. 19). The first floor extends as far as a balcony over the north door, this area being lit by skylights (plate 144). A boarded partition has been added against the side of the balcony. The first floor above the main part has its own office but contains no features of interest. The first floor area over the kitchen wing comprises three store rooms, one of which retains original wooden cabinets and another of which has access only from the yard-side loading door (fig. 19).

5.17 Laundry (24)

The laundry is a large single-storey flat-roofed building located to the north of the kitchen block and female non-parole unit. Its exteriors are plain and fenestrated with Crittalls windows, and principle doorways on the main elevation (north) are dressed in brown brick (plate 145). There is a smaller unattached laundry building just to its south and other associated buildings also to south and east. All are historic. The laundry was linked to the kitchen block and also indirectly to Boleyn and the female non-parole unit so that female patients could work here.

A metal loading door for laundry trolleys is located at the west end for deliveries into the laundry store (fig. 20). The main laundry area contains 'Cherry Tree Ozone 2' washing machines/driers in the laundry R6, perhaps originally set in a line along the south wall, and 'Manlove's' ironing machines in adjacent laundry R4 (fig. 20), underneath large roof lanterns (plate 146). At the east end of the laundry is a small office, with the usual semi-glazed walling and beyond this is the former drying room. Plant rooms and stores are located on the north side of the building. All but the remaining machines already mentioned and plant room gear have been stripped out.

No access was gained to the small laundry to the south, but it is clearly contemporary with the main laundry.

5.18 Sewing room (25)

Sewing was a female occupational therapy activity and the sewing room was linked to Boleyn and Harman by the external corridor so that female patients could work here (fig.1). It was also located close to the laundry so that washed and dried items could pass through to be mended.

The sewing room is a long single-storey building to the east of the laundry and north of Boleyn and Harman female non-parole units. The exteriors are plain and fenestrated with boarded-up Crittalls windows (plate 147) and the doorways occupying the short elevations either end are dressed in the usual brown brick. Banks of north-lights overlie the sewing rooms below, but their neglect has caused the building to suffer badly through damp (fig. 21).

Inside there were originally three rooms separated by hardboard partitions, though latterly the larger middle room was partitioned off to form four (fig. 21). Fixtures and fittings are plain, comprising a parquet floor, skirting and window pelmets (plate 148). No sewing machinery remains. A supervisor would have been stationed in the office that its glazed to either side to

keep an eye on the sewing rooms (fig. 21 & plate 148) which is positioned centrally in line with the external corridor that connects to the Boleyn and Harman blocks via a lobby area. The office and toilets to the south, one either side of the corridor, were in too poor condition to enter.

5.19 Staff accommodation 26-30

Residences for senior members of staff (Physician Superintendent, Senior Physicians and Matron) were located either side of the main entrance drive and were recorded as part of the survey. They are named after places in Wales and many contain good examples of 1930's décor and fixtures and fittings, though the condition of the buildings varies considerably. Housing for other staff including the Clerk, Steward and Engineer, originally numbering twelve along a westward-projecting cul-de-sac off the approach road (fig. 2), were demolished when Brockfield House was built (fig. 1), and with no accompanying building record made.

As may be expected, the nature of the buildings reflects the character of the hospital as part of a single group, though they are distinct in their detailing. Externally, all are brick-built, though in stretcher rather than Flemish bond, and of two storeys with flat roofs, apart from Ettrick. Metal Crittalls windows are used throughout with concrete sills and 'soldier' heads. Windows are plentiful on all elevations to make the rooms light and airy like the hospital wards. Doorways are semi-glazed and dressed in the distinctive hard brown brickwork. Often French windows open out onto the gardens at the back. Brown brick plain chimney stacks are built either end and the wide brick damp course at the base of the walls and the banding between the first floor windows are all in brown bricks. All but the matron's house (Ettrick) were built with garages.

There has been minimal disruption to internal layouts. The ground floors have living rooms, dining rooms and kitchens, the latter with large pantry and stores, before domestic fridges were widely used. Upstairs bathrooms and WCs are included as standard. Also, many features that have been removed from the main hospital buildings, such as fireplaces, light fittings, etc., survive here.

Ettrick (26)

Ettrick was the matron's residence and its location opposite the nurse's home (current SEPT offices) reflected her position in the nursing hierarchy and the continuing attitude of control and surveillance over the female nursing staff.

Externally, only the west elevation is visible through the vegetation (plate 149), displaying a central entrance flanked by two small windows lighting the lounge and stair cupboard and a row of first floor windows lighting the stair landing and R11 bedroom (fig. 22). The form of the house is different to the others in its pitched and tiled roof and white-brick chimney stacks, though both still terminate with brown brickwork (plate 149). It is noticeable that windows are significantly larger and more numerous to the rear and side of the house, presumably a feature in response to it being overlooked by the nurse's home.

Internally, the entrance hall links to all main rooms and the stairs and is lit by a moulded glass Art Deco ceiling light (plate 150). The lounge (plate 151) retains its tiled fireplace, slim panelled radiators, window pelmets and metal cages across the windows, though only in this room and likely to be a later security measure. The original room design had a modern form, with the dining room and lounge connected and a serving hatch between the kitchen and dining room (fig. 22). The stairs adopt the dog-leg form with moulded wooden handrails and newel posts and boarded balustrade, a form copied in the other houses. A row of 1930's coat hooks is fitted across the strings (plate 152). The three upper floor bedrooms have the same fixtures as the rooms below, and show that this was a family house. The bathroom and wc have been replaced.

Charters (27)

Charters was built for the Physician Superintendent and is the largest of the senior staff houses. Unfortunately it was gutted by fire and has been boarded off, obscuring all but the first floors. Vegetation has flourished in the meantime, obscuring large parts of the building. No entry was possible, but fortunately floor plans survive (fig. 23).

Externally, the elevations display the broad themes discussed above but with some extra features deemed appropriate for the most senior member of staff, particularly the ocean-liner curve of the west-facing concrete balcony (plate 153).

Internally, judging from the plans, the house had its own power supply, a maid's room (off the kitchen) and spacious living accommodation including hall, study, sitting and dining rooms on the ground floor (fig. 23). Six bedrooms occupy the first floor, some with fitted cupboards/wardrobes and two bathrooms. This is the only staff house with a double garage.

Penarth and Newick (28 & 29)

Penarth and Newick (plates 154 & 155) are located on the opposite side of the road to Charters and have exactly the same appearance and layout to each other, albeit as mirror

images. Entry into Newark was impossible due to fire damage and there was no access into the first floor of Penarth, but the ground floor was recorded. Because of this, the following description is given with reference only to Penarth, unless indicated otherwise.

Externally, the elevations display the broad architectural themes common to all the staff houses, apart from the fronts (east elevations) that have external concrete stairs up to the first floor, suggesting each level was split into flats for shared staff accommodation, communal living/cooking rooms on the ground floor and bedroom on the first; perhaps accommodation for trainees? French windows lead out onto the back garden from both lounge and dining room (plate 156). Despite being apparent communal accommodation, each house has only one garage. Detailing around the base of the garages and adjoining walls and gate posts is in brown brick (plate 155).

Internally, the ground floor of Penarth has been modernised removing earlier features. Damp has been allowed to pervade the ceilings and walls. Original room layout survives on the ground floor in the form of a central hallway, communal rooms and kitchen block to the north. Four bedrooms occupy the first floor flat along with a small kitchen and ablutions block (fig. 24).

St Davids (30)

St Davids is the best-preserved of the staff houses recorded during the survey and was clearly built for one of the more important Senior Physicians, and their family. It originally sat in its own gardens, to the south of Newick and Penarth, but these were later encroached upon by further staff housing (now demolished).

Externally, the building adopts an L-shaped west to east layout, with an adjoining garage on the west side (fig. 25). The main façade is on the south side (plate 157) where large windows bring plenty of light into the interiors and a small concrete canopy shelters the doorway. On the north side, French windows lead out from the living room into the garden (plate 158). The front door, side windows and those either side of the French windows are characterised by vertical glazed panels.

Internally, the living room is the largest room on the ground floor and retains its original Art Deco fireplace and wall lighting (plate 159). A more conservative version also survives in the dining room. The kitchen cabinet (plate 160) would seem to be original but hides a serving hatch into the dining room, similar to that in Ettrick. Upstairs the master bedroom on the east

side has been sub-divided into two modern bedrooms, but still retains its slim deco white marble fireplace (plate 161).

5.20 Miscellaneous buildings 31-34

Various minor, generally service, buildings are dotted around the hospital complex. A number of these are historic and so given brief description below. All are simple constructions, for which plans are held in the project archive.

Bus shelter (31)

Bus shelter 31 (plate 162) stands alongside the circular roadway, to the south-west of the Admin Block (fig. 1). It has a reinforced concrete frame containing pre-cast concrete wall sections and metal framed windows. Entrances are located at either end of its frontage. The cement sheet roof is cambered and supported on bolted concrete beams. It is a humble but significant structure that reminds that public transport was an important means of accessing the hospital by staff, visitors and perhaps even some patients. Indeed, a distinct lack of car parks in the original plan is noted.

Porter's garages (32)

The porter's garage stands to the west of the boiler house and is a three-bay brick building with an open lean-to to the north (plate 163). Decoration is limited to the brown banding at the base of the walls. The largest (central) vehicle bay has sliding doors and those on the side have roller shutters. There was no internal access. The roof is pitched and clad in corrugated asbestos cement panels.

Garage (33)

Garage 33 stands immediately east of the mortuary and to the rear of the main hospital complex. It is a brick building with a flat roof and wooden garage doors indicating four vehicle bays (plate 164). Decoration is limited to the brown banding at the base of the walls. On the east side is the only original fire point to remain (plate 165). The garage was probably for the groundsman's use, probably containing mowers, ?electric vehicles , etc. Internal access was not available but plans are available in the archive. [

Air raid shelter (34)

Plans describe this building as the air raid shelter, but this was impossible to confirm in the survey as access was not achieved. It is located just east of garage 33 and latterly it has been used as a store. It has rendered brick walls and flat roof. The south elevation features the entrance and a set of metal windows (plate 166). Small metal vents are located around

the east end of the building, manufactured by the Richardson Hole Foundry of Farnworth. The building does not look particularly robust, but could perhaps contain or overlie an underground shelter of some sort.

Sun house (35)

A brick-built sun house survives on the south side of the Margaret and Nightingale ward block, facing the south-east (fig. 1). The shelter is open-fronted with a projecting flat roof over a small terrace (plate 167). Bullnose brown brick jambs are either side of the opening and further brick banding runs from the base of the wooden lintel. Inside the walls are plastered and finish at the base with a short brown brick damp course. Cantilevered iron brackets are fitted to the inner walls to carry wooden seating, now removed (plate 167).

Nurses home (now SEPT Offices)

The former nurses home is the only hospital building still in use, now as the headquarters of the South Essex Partnership University NHS Foundation Trust (SEPT), and is outside the development area. Externally, at least, this substantial building retains its distinctive historic form with its four floors, Dutch roof and east-facing stair towers (plates 168 and 169). It also features many of the common architectural themes evident on the other historic hospital buildings. Being the only actively maintained building of the complex, it is in good external condition, though is likely to have been extensively altered inside.

5.21 Modern buildings (post 1960)

Several large modern structures are mentioned here to complete the record. None have fixtures and fittings or architectural features of any merit. Other small additions and extensions to the historic buildings are already alluded to in preceding descriptions, are included on the relevant figures, and some appear incidentally in photographs. No attempt has been made to match or blend these structures with the historic hospital and they represent ongoing insertion of individual, freestanding, buildings into available spaces within the complex. No plans of them are provided in this report, though their locations are marked on figure 1.

The **Neuropathology/Occupational Therapy building** is brick-built with a vaguely T-shaped layout and dates to the 1960s. It is located to the northwest of the Admissions Unit. The western range is two storeys high, the top part of which is tile-hung (plate 170), with a pitched tile roof. At the back (east) is a long flat-roofed range (plate 171). In the overall layout of the hospital complex, it is the counterpoint of the former Ashingdon ward - another modern insertion that has since been demolished.

The patient **social centre & canteen** are prefabricated flat-roofed buildings located north of Harman. They were built in the 1960s are now suffering from neglect (plate 172).

Additional staff accommodation in the form of **bungalows** were built in the 1960s. There are four in all, located either side of the approach road just north of Newick and Charters. They have rendered walls, tile-hung gables and pitched tile roofs (plate 173).

The **sports centre** (plate 174) west of Belfriars is the most modern building on the site, and perhaps the most discordant. It is built of yellow brick walls and a long sloping roofline at the front (south side).

6.0 DISCUSSION AND CONCLUSION

Runwell Hospital was specifically designed for the treatment of a wide range of psychiatric disorders, ranging from voluntary and nervous patients up to the seriously ill. When opened in 1937, it was a modern state-of-the-art establishment, largely self-sufficient and employing current treatments and technologies in all areas. Articles were written in periodicals celebrating both its architecture and its technology and engineering. Its design was based on the contemporary designs of sanatoria, and principles of hospital planning pioneered in the 19th century. Symmetry, axially, grouping, connectivity, understanding of good use of space and movement/flow were all used to create a designed whole. As such, it may be that Runwell was one of the last of its type to be built on this scale.

Its original layout was based on an established symmetrical form arranged around a central administration building, with patient villas lying either side ranked in tiered rows marking the different categories of what patient and service buildings located at the rear of the site (fig. 2). The villas were divided either side of the complex's north-south axis into male (west) and female (east) units or ranges. The most able-bodied patients were accommodated in the top tiers, inhabiting the parole units across the north of the site, and had a certain amount of freedom away from the main hospital complex. They, and the non-parole patients on the tier below, were able to use the occupational therapy workshops either side that were similarly grouped by gender; largely workshops for men and sewing and laundry work for women. The non-parole patients enjoyed less freedom, since their movement were principally guided by the system of external corridors, in effect covered walkways, emanating from the administration building. This would also suggest that the parole and non-parole patients were the main beneficiaries of facilities in the administration building such as the gym and dining

hall, the latter of which doubled-up as a cinema and theatre. Other less-able patients were accommodated in the buildings on the tier below, across the southern part of the hospital complex. Here, those classed as 'infirm', 'epileptic' and 'unemployable' would be confined largely to their wards and would be unable to enjoy the same freedoms, perhaps unless closely supervised. Other patient categories were kept on the fringes of the hospital for their own well-being and comfort, particularly the 'nervous' and convalescents to the southeast, or for their own and other's security, such as the 'disturbed' in Boundary House to the southwest (fig. 1). Also on this lowest tier, at the front of the complex either side of the approach road, were the substantial pavilion-style Admissions Unit and Sick Hospital. Incoming patients were assessed in the admissions unit and voluntary patients looked after, away from the main parts of the hospital. It was also here that the laboratories were located for chemical procedures and medical research and the x-ray department - a relatively new technique at the time. A sick hospital was provided for patients and staff, a perk of the job, in the Harper Suite and butterfly isolation wards were attached to the end for patients with TB and other infectious diseases. The nurses home lay beyond the main complex but close enough, with the matron's house opposite, a position that reflected her position in the nursing hierarchy. Beyond were the houses and flats of the higher ranking physicians, built with their own garages for cars that were an expensive status symbol at the time.

According to the 1937 Opening Day booklet, by erecting both the villas and pavilions on an open, light and airy site it was intended the atmosphere would reflect that of sanatoria rather than an institution. The overall layout is that of a colony, with the buildings spread out, largely with villas. Some of the villas are linked by corridors, perhaps a form of pavilion planning. The pavilion buildings themselves are intentionally in forward positions at the front of the site so that light can reach the villas at the back.

Runwell has a deliberately modernist appearance in its clean lines, simple decoration and styling, flat roofs and mod cons, like the sanatoria at Broomfield, which is contemporary. However other sanatoria around this time took a more Victorian/Edwardian architectural mode (e.g. Cefn Coed Hospital, Glamorgan). That said, although much is modern and progressive at Runwell there are retrospective themes, particularly the use of small paned sash windows which is primarily a Georgian form. Perhaps such features were intended to offer patients a more reassuring familiar environment.

The villas are mainly two-storeyed structures with deep windows and south-facing verandahs. Single-storeyed versions have verandahs [not terraces?] instead, like the pavilions. Internal design is based on layouts comprising sunlit dayroom and dormitory

ranges connected to service (kitchens, staff rooms) and ablutions areas, large open rooms without corridors but with entrance lobbies whereby access could be controlled and staff could move effectively. Strategically placed glazed screens and nurse stations ensured that patients could be monitored effectively along the entire buildings and externally also, particularly on the terraces and verandahs.

The pavilion form is very different, with the low-lying nightingale wards, dayrooms and half-butterfly wards linked together and accessed by internal corridors. South-facing isolation rooms have direct access onto verandahs and solaria for open air and sunlight treatment [is it really treatment, or therapy or simply exposure to a healthy environment?], an ethos that gains prominence in the late 19th century and remains a strong influence in hospital design into the early post-WW2 period. The half-butterfly plan was increasingly used from the late 19th century onwards, particularly in contemporary sanatoria design. Good Essex examples of other half-butterfly sun wards are the Shorefields School, Clacton-on-Sea (for sick children, 1912) and Broomfield Hospital, Chelmsford (1938), a contemporary sanatorium.

As a single design unit, there are several noteworthy architectural features found throughout the hospital complex, as one would expect. While the ubiquitous use of white bricks provides a basic uniformity and cohesion, the most interesting external embellishment is the substantial vertical brick banding around the base of the buildings, which is a real design statement. Another is the employment of brown brick plinths and surrounds to principal doorways. Inside, various security devices survive such as grilled shutters, metal shrouds over exposed pipework and chocked windows that were common features in such institutions.

The buildings to be retained in the new development are all significant structures worthy of retention. The admin block has quite powerful Art Deco styling around the entrance and accommodates the clock tower, which is a good feature. Internally, good architectural detail survives in the two projecting wings, primarily the boardroom. The chapel is a well-preserved and unusual building that is grade 2-listed and whose interior incorporates modernist geometric forms with good use of materials and Art Deco style fixtures. The boiler house, in common with many others in such large institutions, emphasises its scale and industrial function by its monolithic modernist design.

Large hospital complexes in this era, such as that at Runwell, functioned as integrated and self-sufficient entities. Creating caring communities for both patients and staff was very much a part of this. As well as facilities for patients, on-site accommodation was provided for

clinical staff, together with day care for their children of pre-school age and sports and social facilities. Interaction between patients and staff clearly extended beyond treatment and care - the shared dining hall and theatre/cinema was one such place where the two groups evidently socialised. Food was grown in the gardens, the kitchens bread baked and part of the wider site was farmed. The grounds around the hospital were well-designed with open lawns, shrubberies and a whole manner of interesting and different tree plantings to provide a comfortable and restorative environment. Easy access to all parts of the site was enabled by a well thought-out road network, though it is also interesting to note the general lack of car parking in the original design and to consider the necessity of public transport. Although beyond the scope of this historic building recording report, such topics as Runwell Hospital's varied and well-designed landscape, its infrastructure and, most importantly, its community of people are all worthy of further study in context.

ACKNOWLEDGEMENTS

Thanks are due to Steve Baldry of the HCA for commissioning this survey and to Tom Pinborough of SEPT for supplying drawings as CAD files; also to Wayne Foley and the demolition crew for their help in facilitating the works. The assistance of the staff at the Essex Records Office and ECC HEM is acknowledged. Field recording and photography were undertaken by the author and Adam Garwood. Illustrations were prepared by the author and produced by Andrew Lewsey of ECC FAU. The project was managed by Mark Atkinson and monitored by Alison Bennett of ECC HE team on behalf of the LPA.

BIBLIOGRAPHY

- | | | |
|---------------------|------|---|
| Banham S.J. | 2009 | <i>Runwell Remembered</i> HCA (unpub.) |
| English Heritage | 2006 | <i>Understanding Historic Buildings: A Guide to Good Recording Practice</i> , Swindon |
| English Heritage | 2012 | <i>Listed Buildings Online</i>
http://www.english-heritage.org.uk/lbonline |
| ECC HEM | 2011 | <i>Brief for the Historic Building Survey of the former Runwell Hospital, Runwell Chase, Runwell</i> (unpub.) |
| Stewart, D. | web | Runwell Hospital http://runwellhospital.co.uk/ |
| Richardson, H. (ed) | 1998 | <i>English Hospitals 1660-1948: A Survey of their Architecture and Design</i> , RCHME |
| Stevens Curl, J. | 1999 | <i>Oxford Dictionary of Architecture</i> , Oxford University Press, Reading |

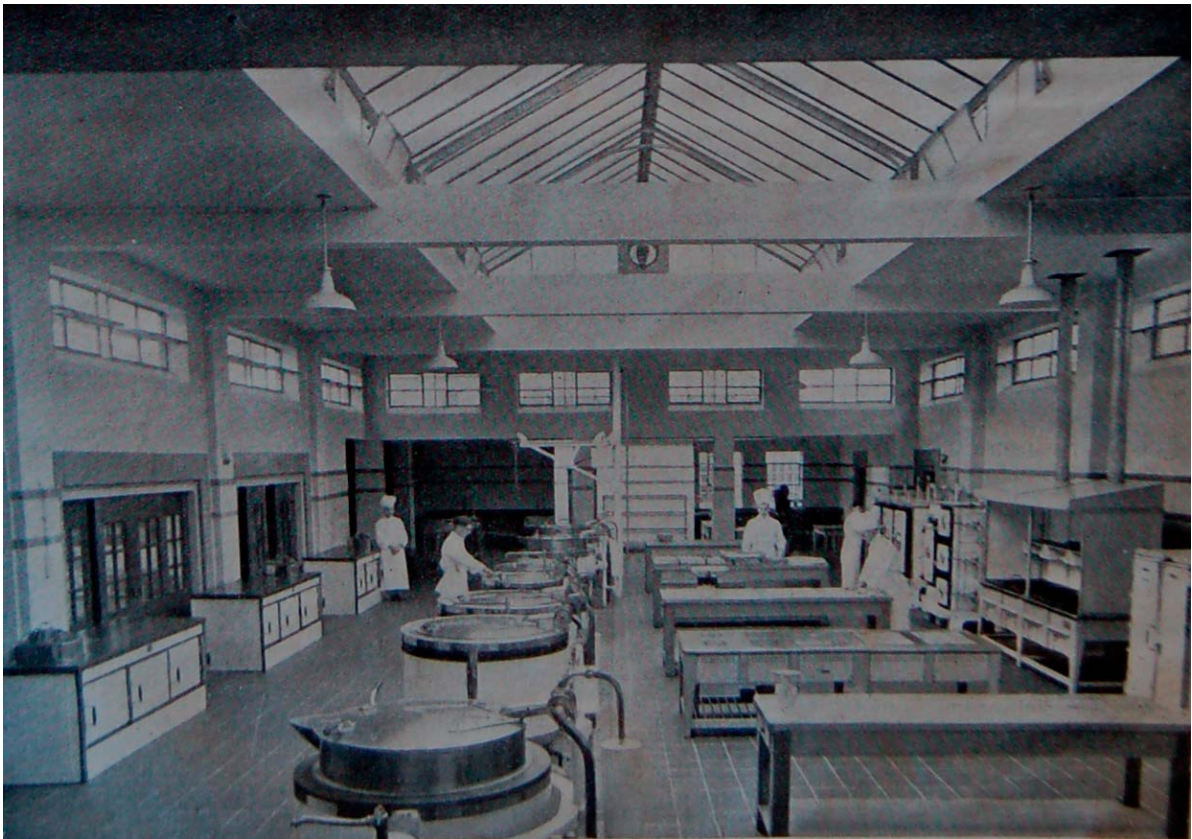


Plate 1 Kitchen (The Builder, 1937)



Plate 2 Bio-chemistry lab (D/DU 2175/1)

Appendix 1: Historic plates

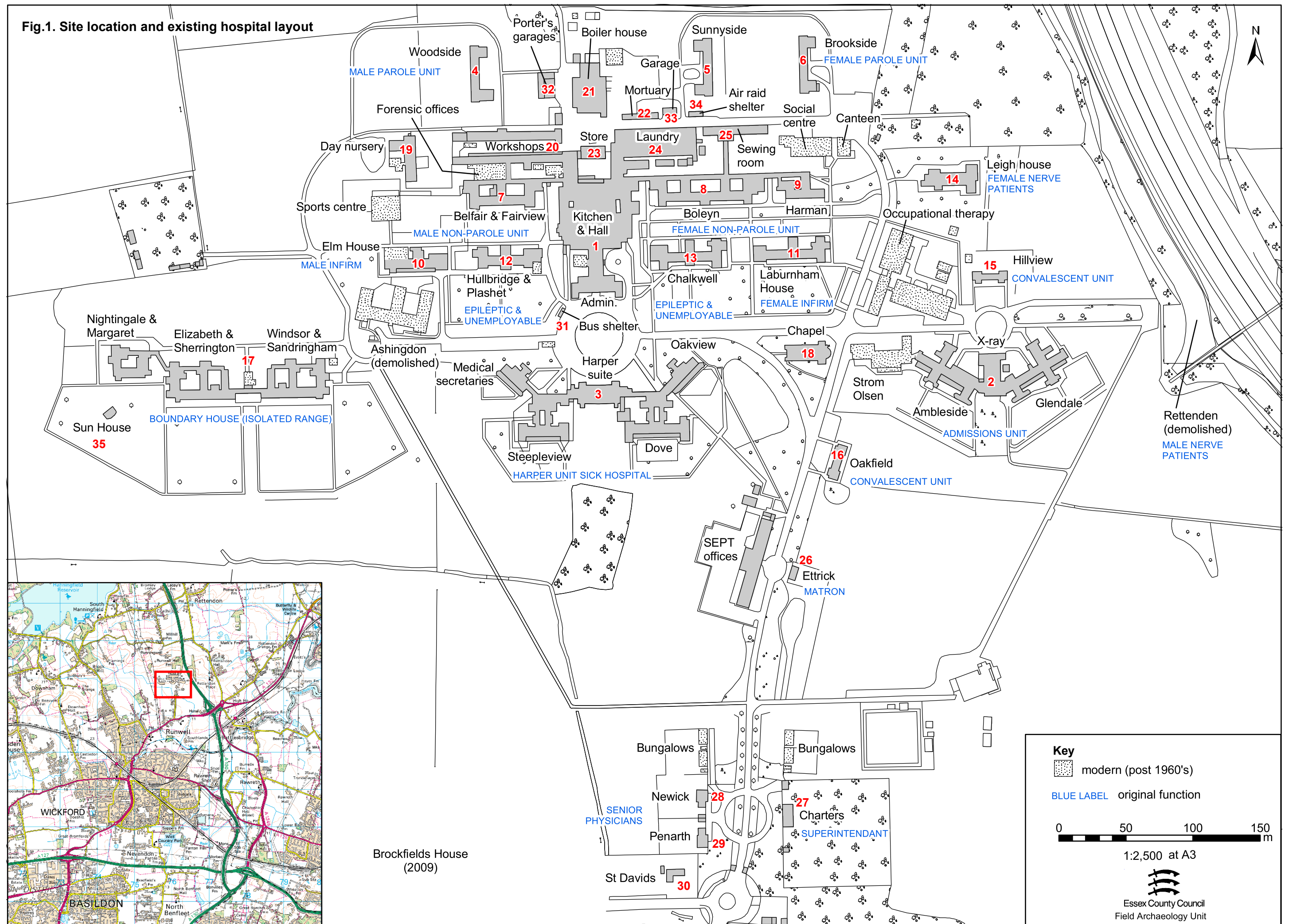


Plate 3 Dining room, female admissions (D/DU 2175/1)



Plate 4 Admissions ward (D/DU 2175/1)

Fig.1. Site location and existing hospital layout



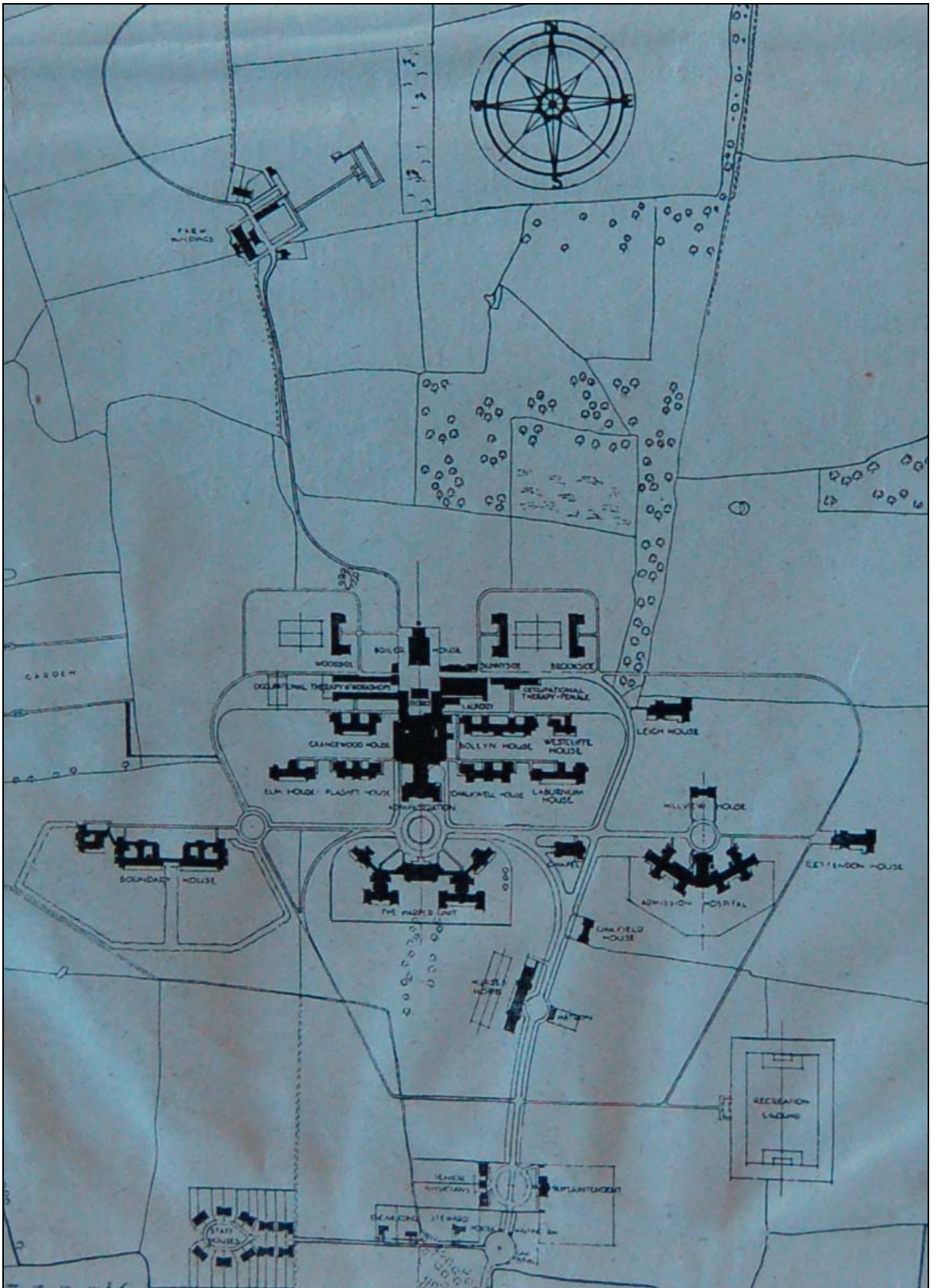


Fig. 2 Original site layout (The Builder Magazine, 1937)

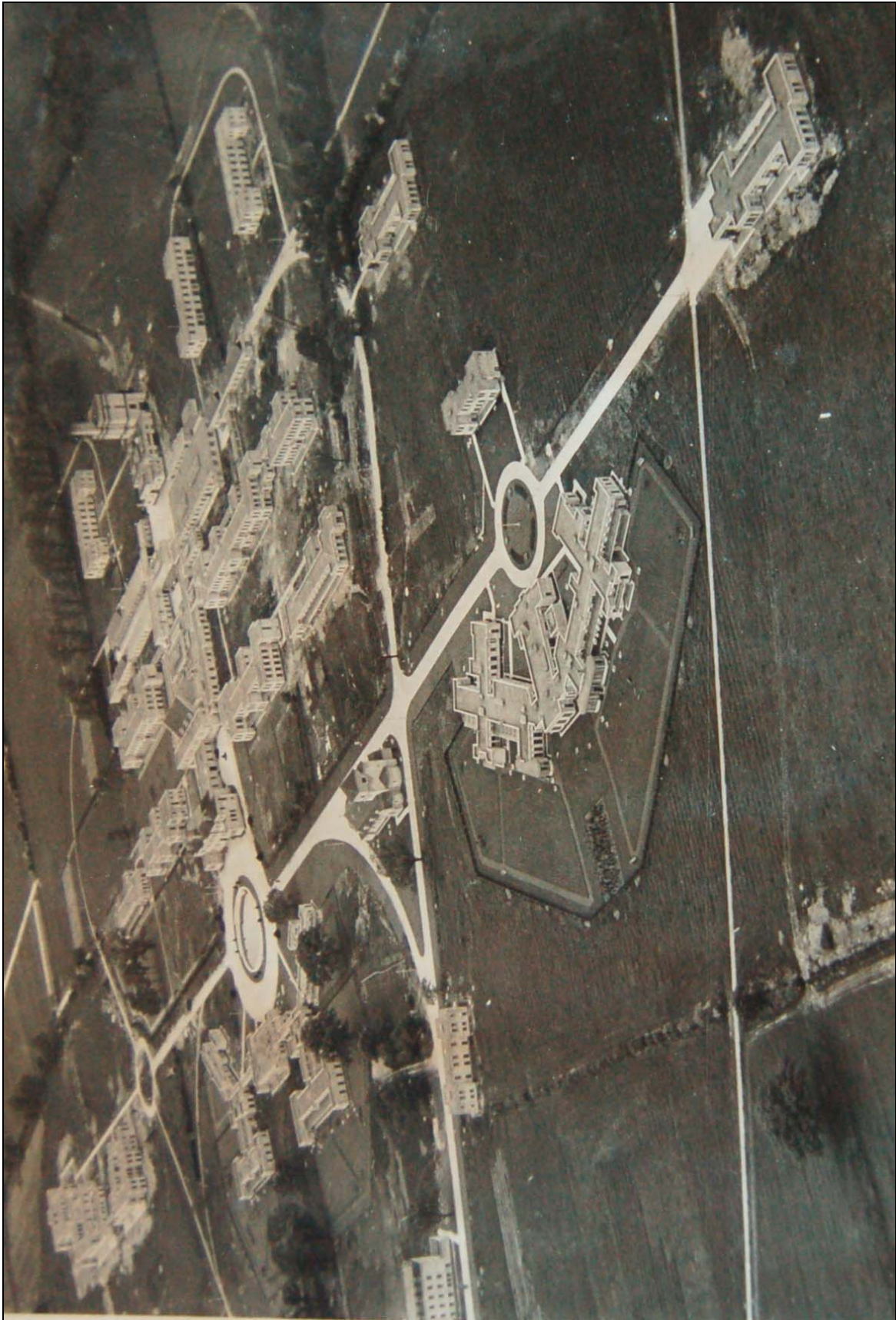


Fig. 3 Aerial view towards east in c.1937

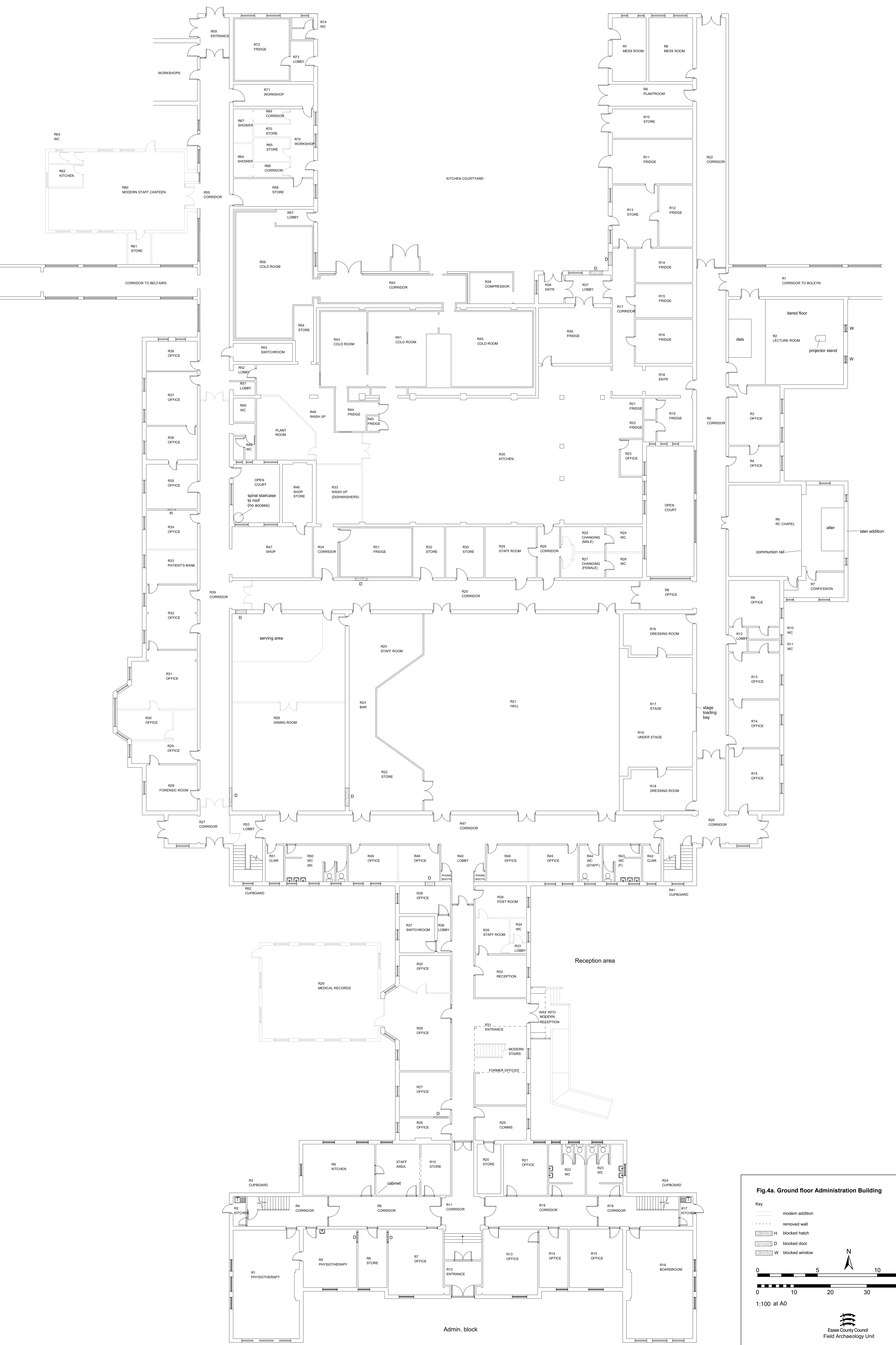


Fig.4a. Ground floor Administration Building

Key

- modern addition
- - - removed wall
- H blocked hatch
- D blocked door
- W blocked window

0 5 10 15 m
0 10 20 30 40 50 ft

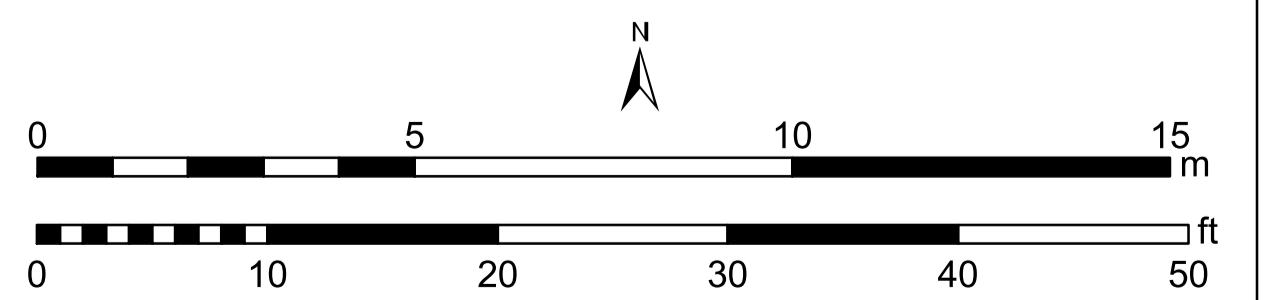
1:100 at A0

Essex County Council
Field Archaeology Unit



Fig.4b. First floor Administration Building

- Key
- modern addition
 - - - removed wall
 - bc bookcase



1:100 at A1



Fig.5a. Admissions (west)

Key

- modern addition
- removed wall
- ST store
- PR patient's room
- blue label original function

N

0 5 10 15 m

0 10 20 30 40 50 ft

1:100 at A1

Essex County Council
Field Archaeology Unit

**Ambleside
(female)**

X-ray

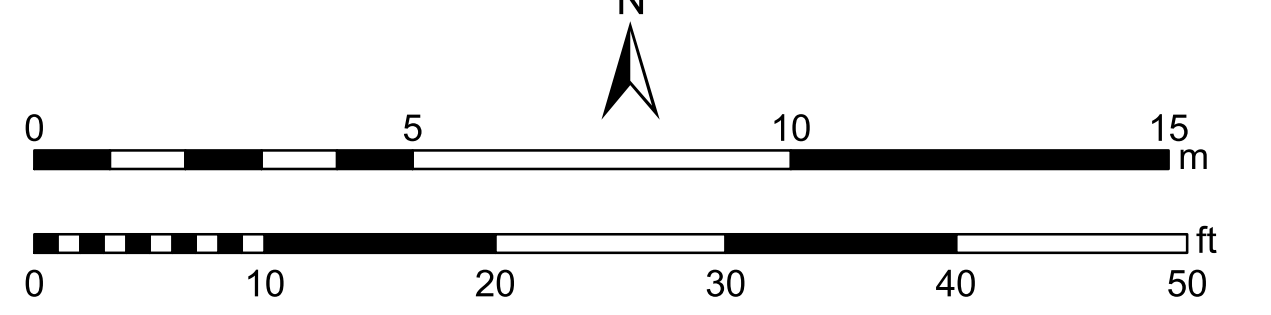


**Glendale
(male)**

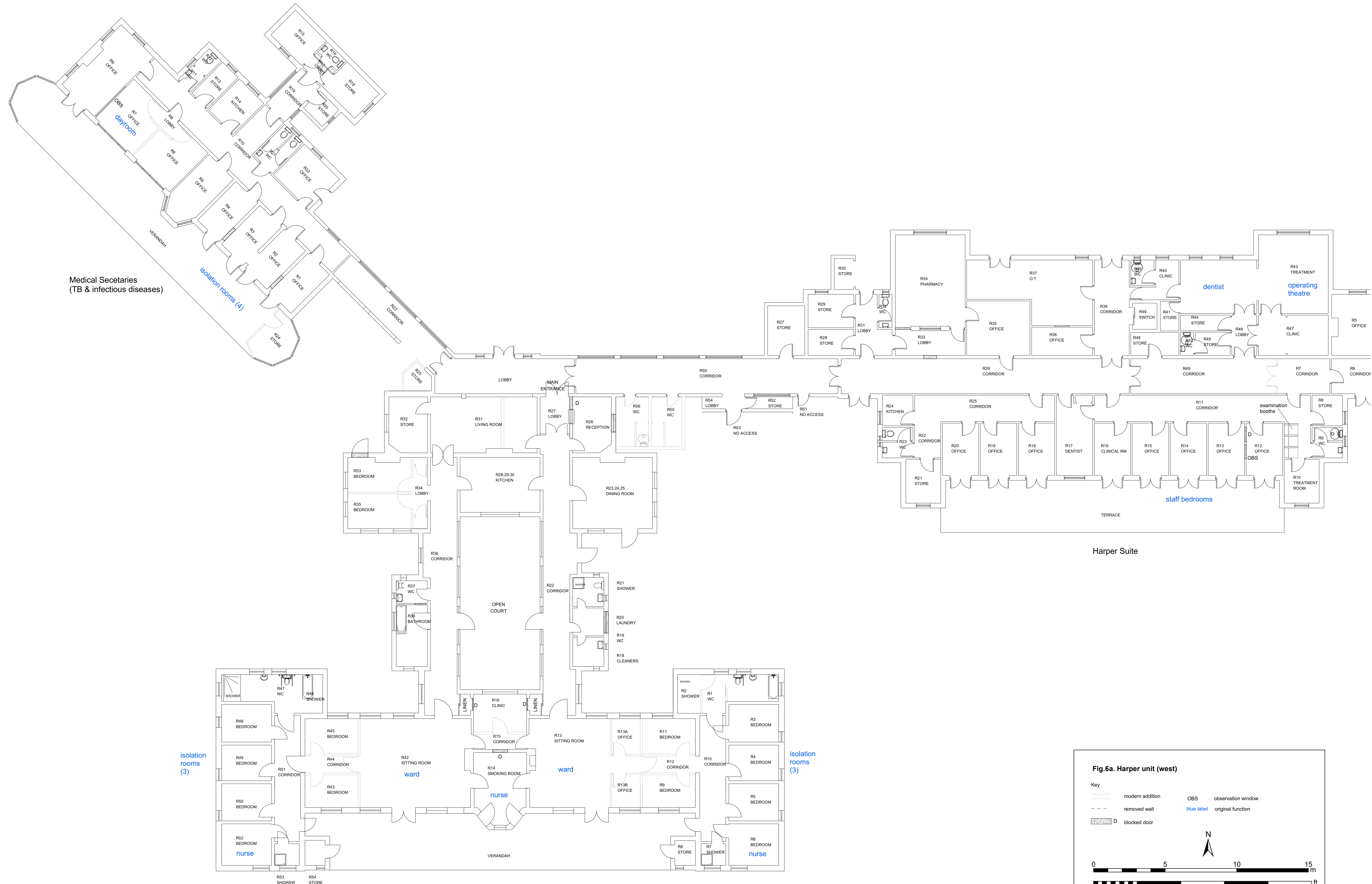
Fig.5b. Admissions (east)

Key

- modern addition
- removed wall
- ST store
- PR patient's room
- blue label original function



1:100 at A1



Medical Secretaries
(TB & infectious diseases)

isolation rooms
(3)

isolation rooms
(3)

Steepleview (male)

Fig.6a. Harper unit (west)

Key

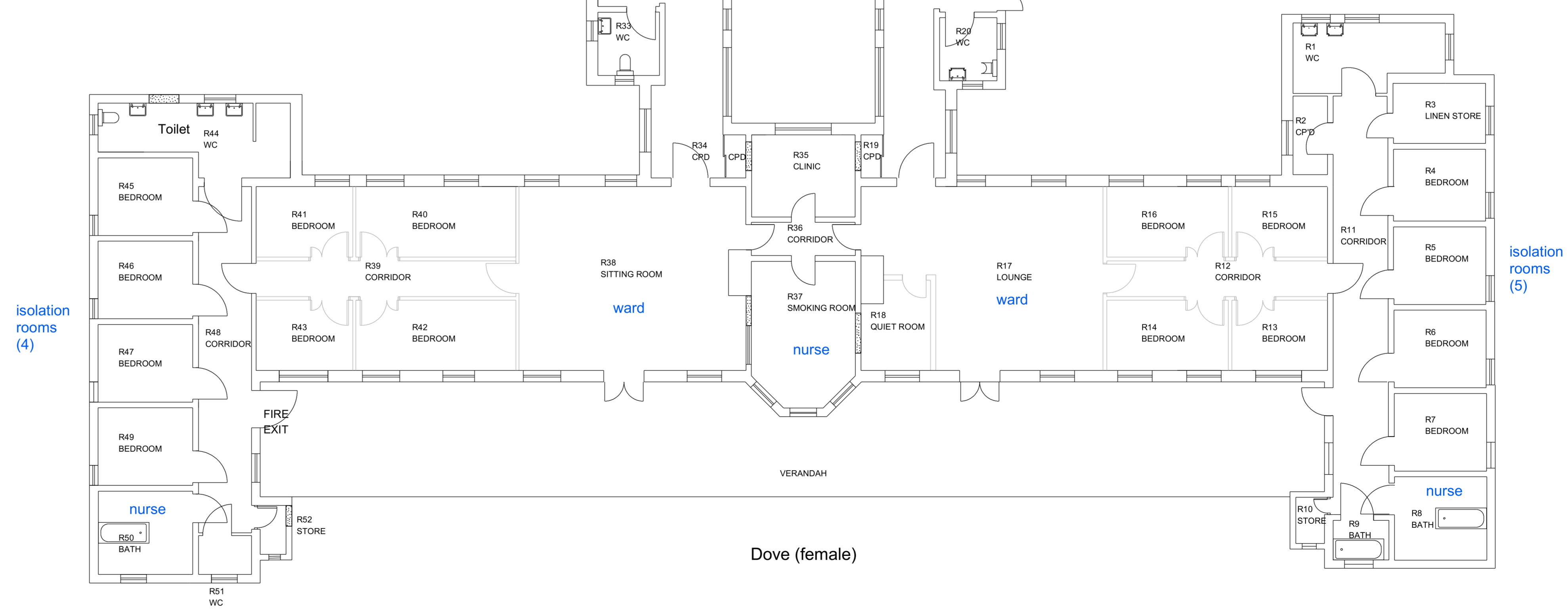
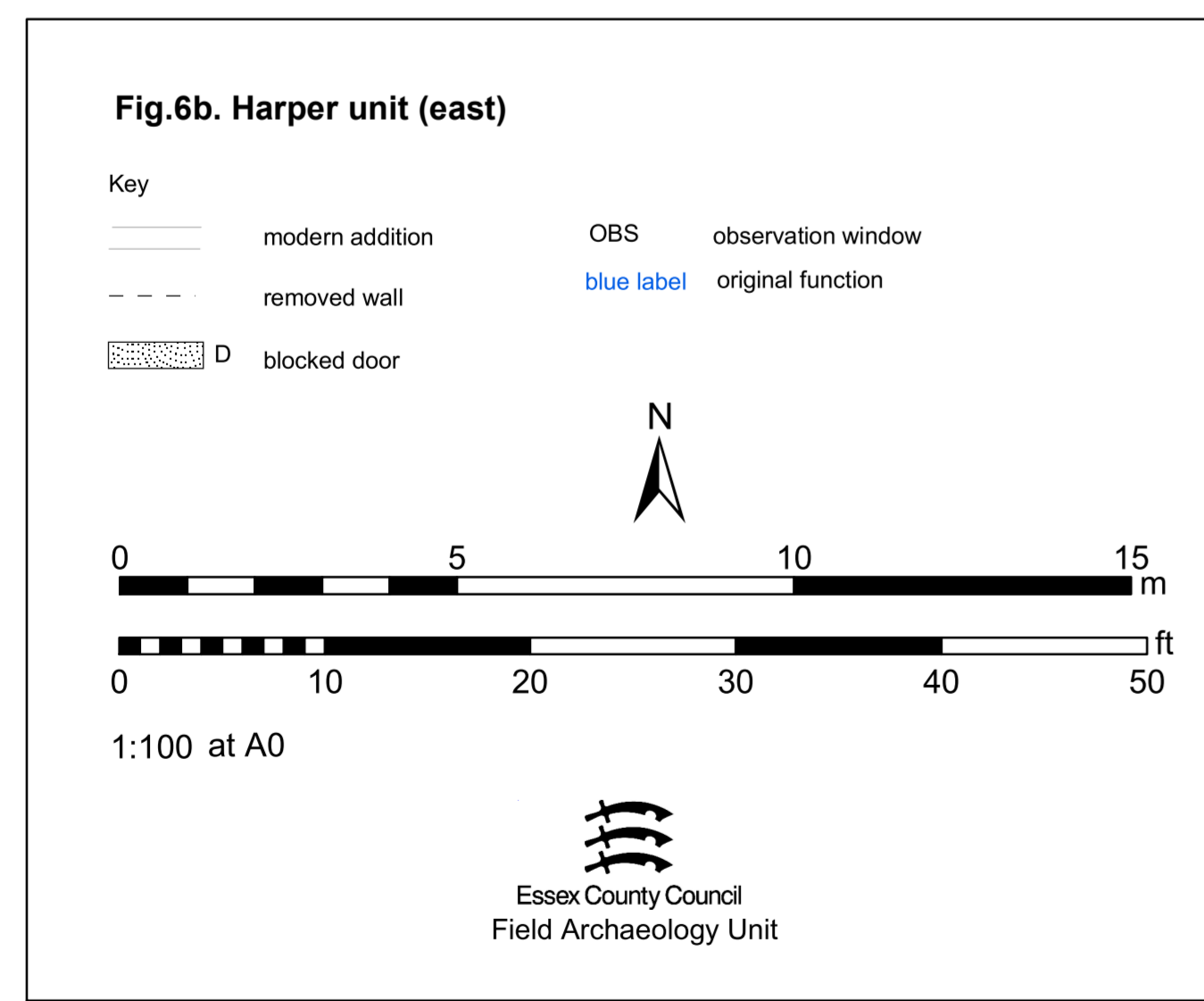
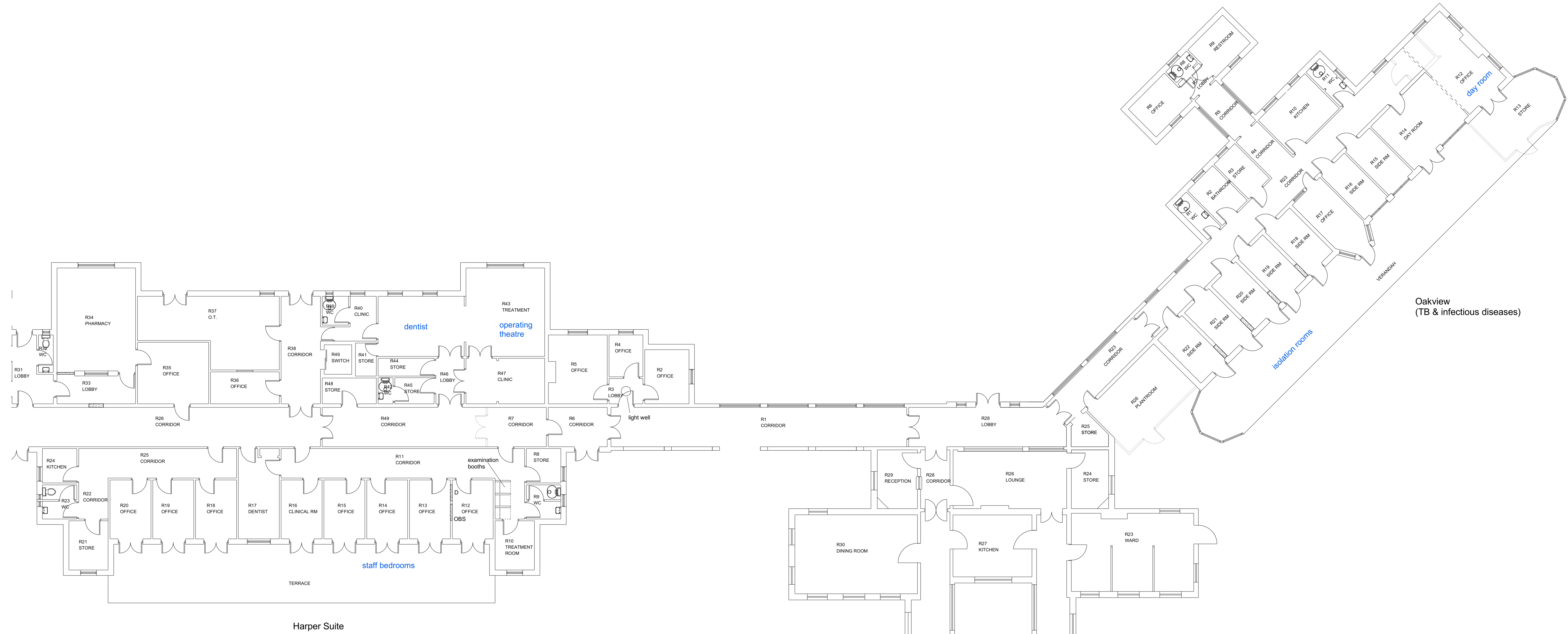
- modern addition
- - - removed wall
- D blocked door
- OBS observation window
- blue label original function

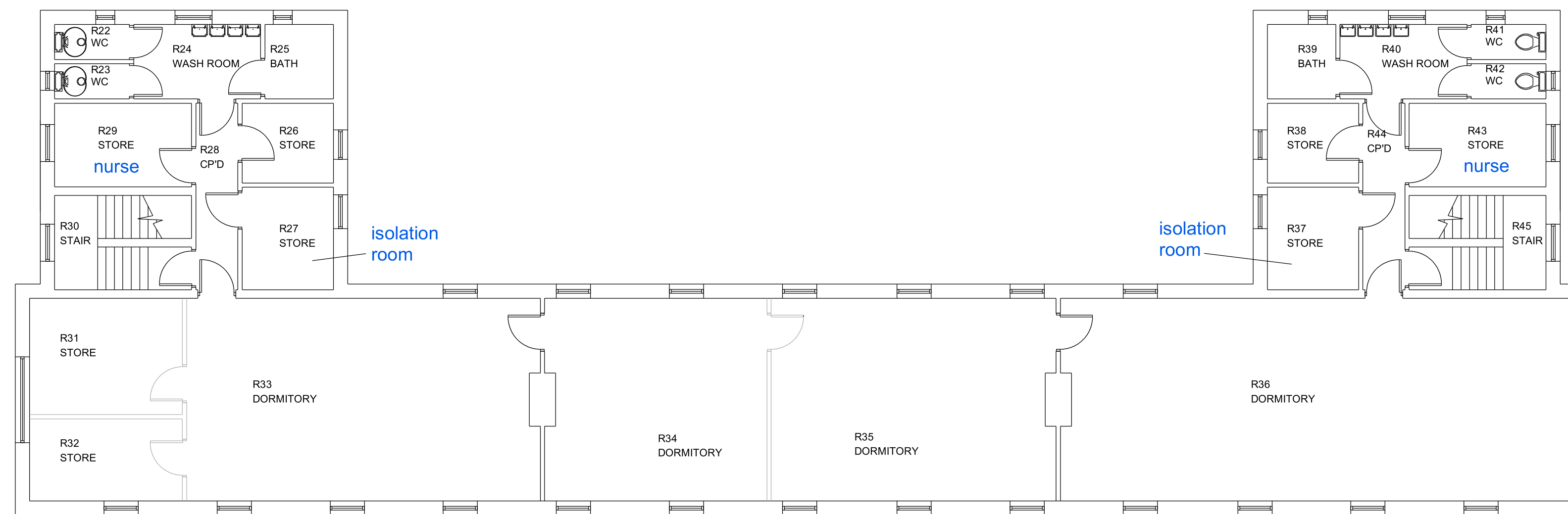
0 5 10 15 m

0 10 20 30 40 50 ft

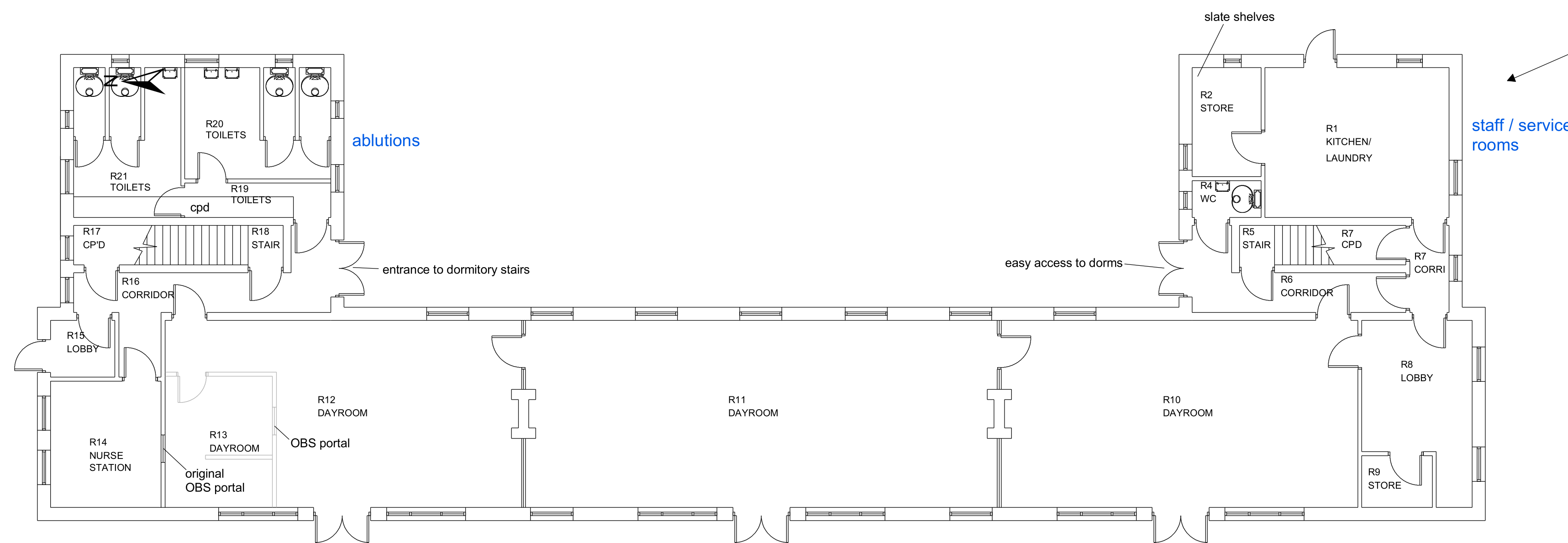
1:100 at A0

Essex County Council
Field Archaeology Unit





FIRST FLOOR



GROUND FLOOR

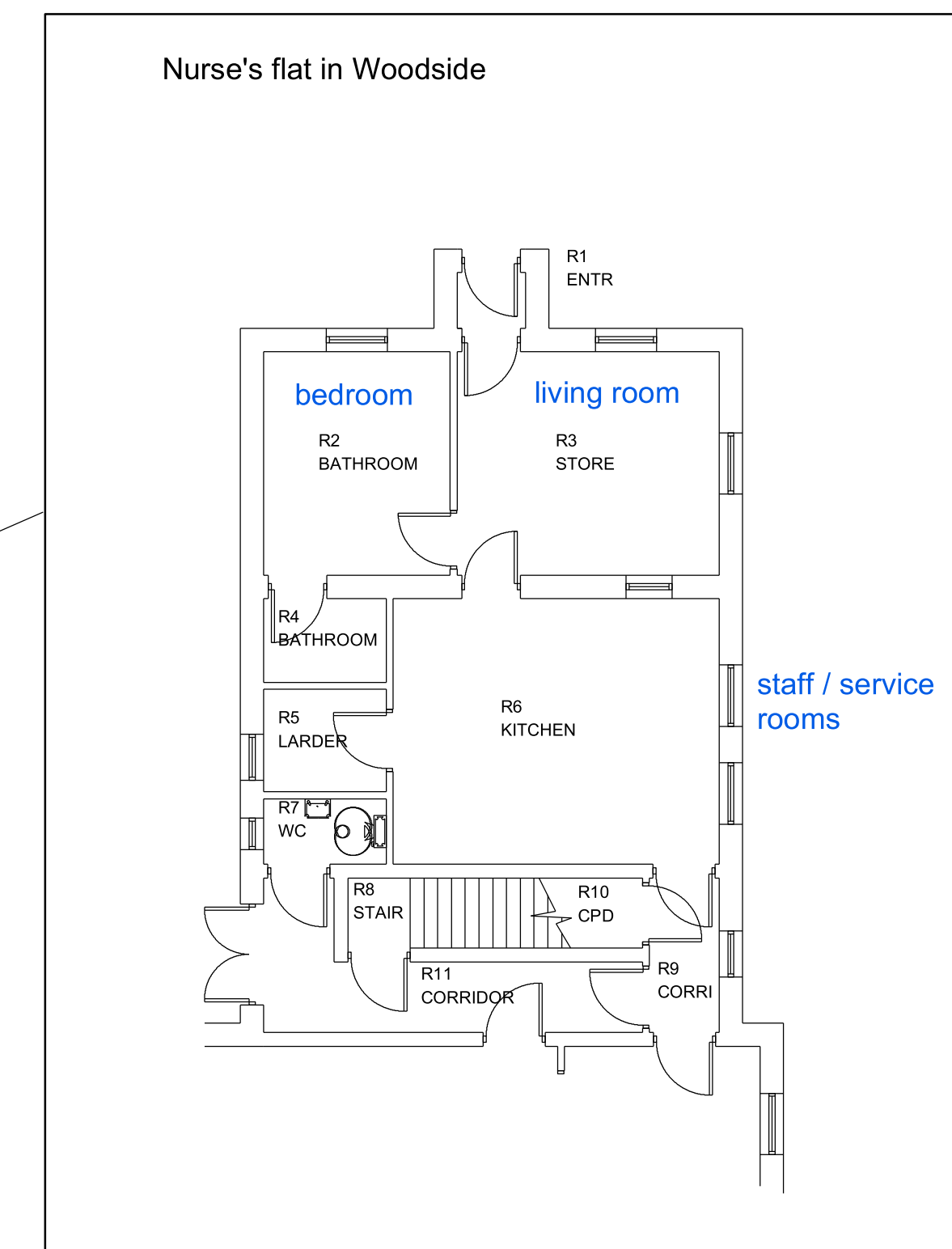
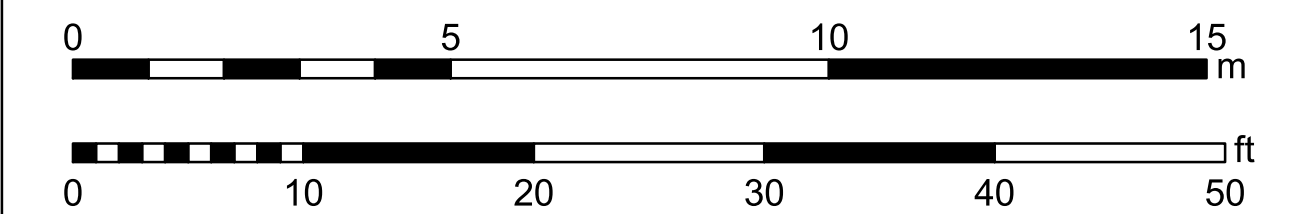
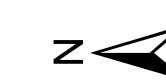


Fig.7. Brookside ward

- Key
- modern addition
 - OBS observation window



1:100 at A1

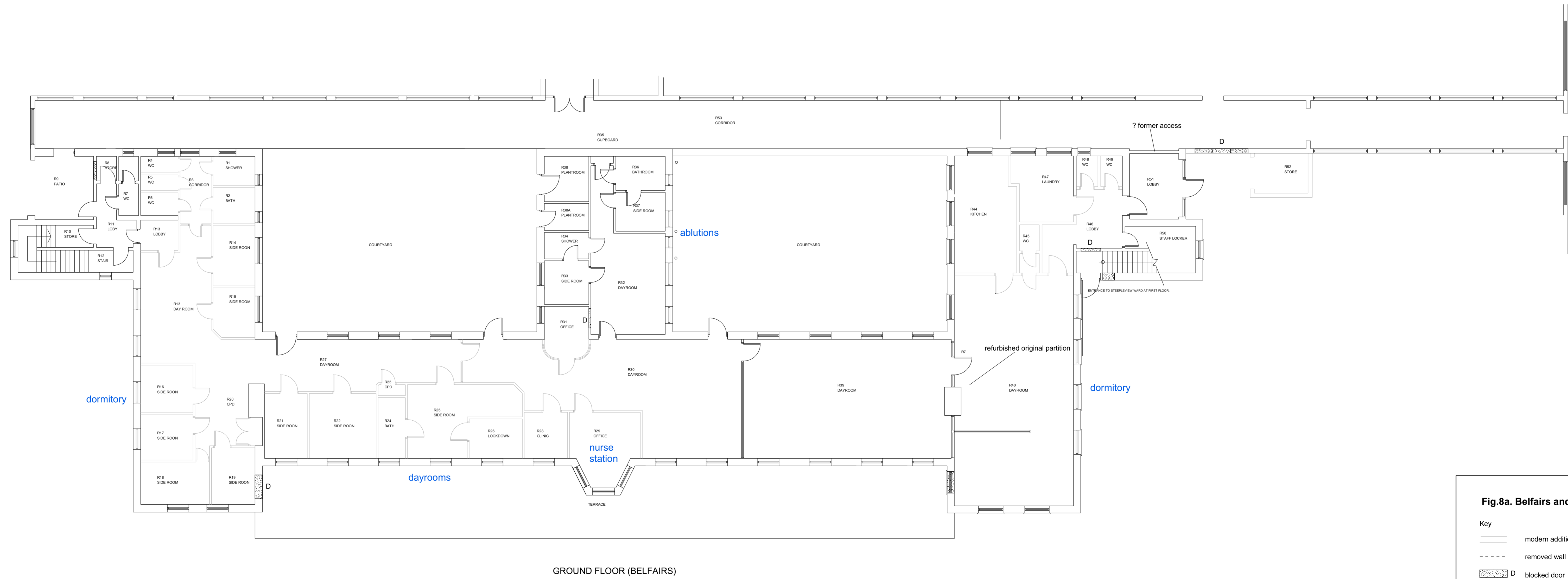
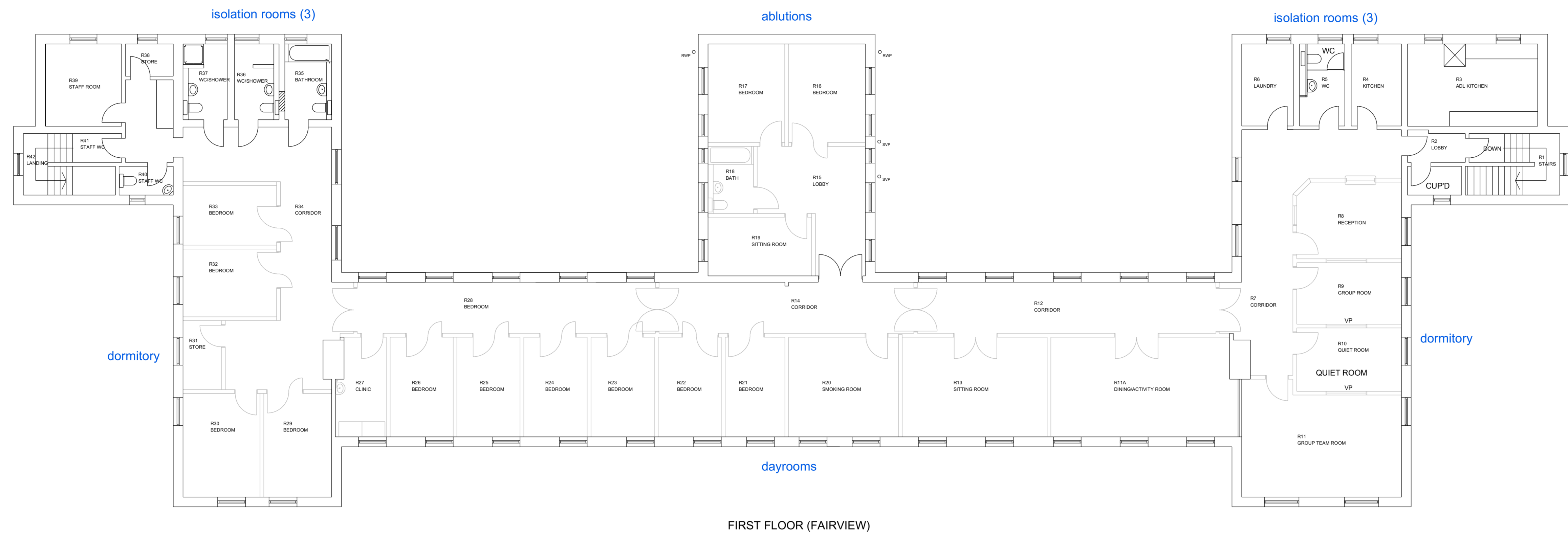


Fig.8a. Belfairs and Fairview wards

Key

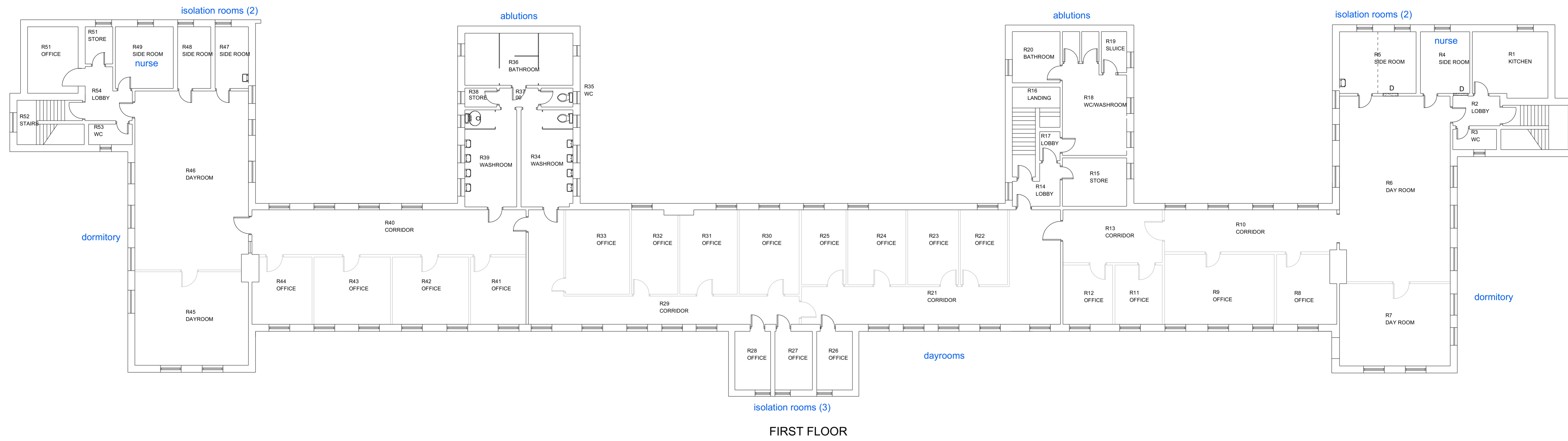
- modern addition
- - - removed wall
- D blocked door

N

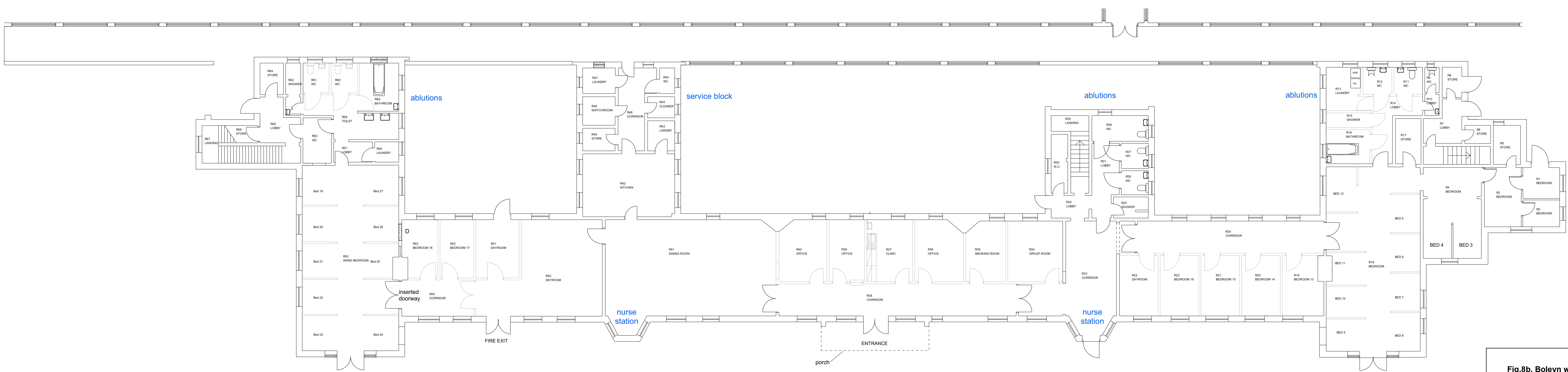
0 5 10 15
0 10 20 30 40 50
ft
m

1:100 at A0

Essex County Council
Field Archaeology Unit



FIRST FLOOR



GROUND FLOOR

Fig.8b. Boleyn ward 1 & 2

Key

- modern addition
- removed wall
- D blocked door

N

0 5 10 15
0 10 20 30 40 50
m ft

1:100 at A0

Essex County Council
Field Archaeology Unit

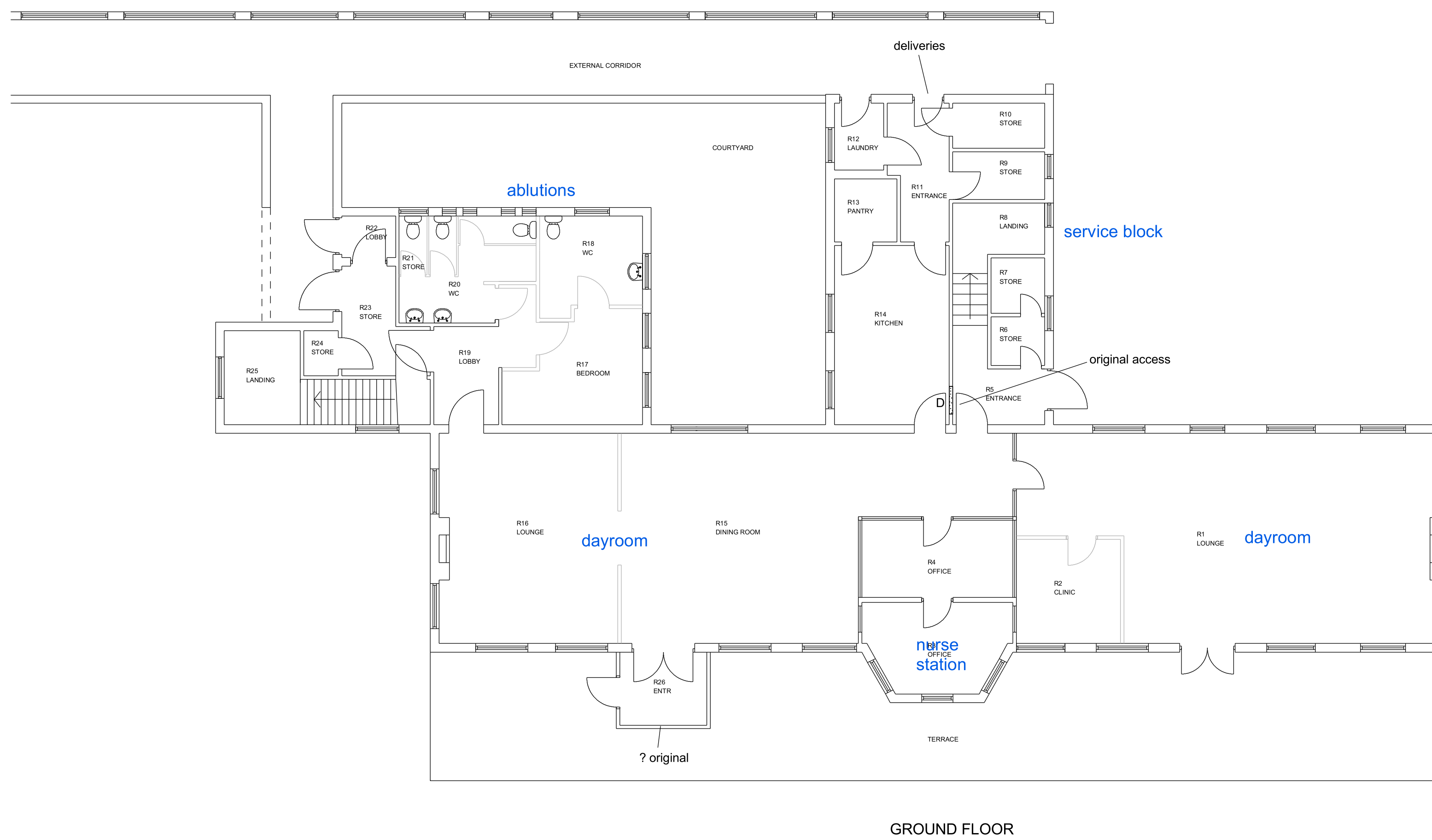
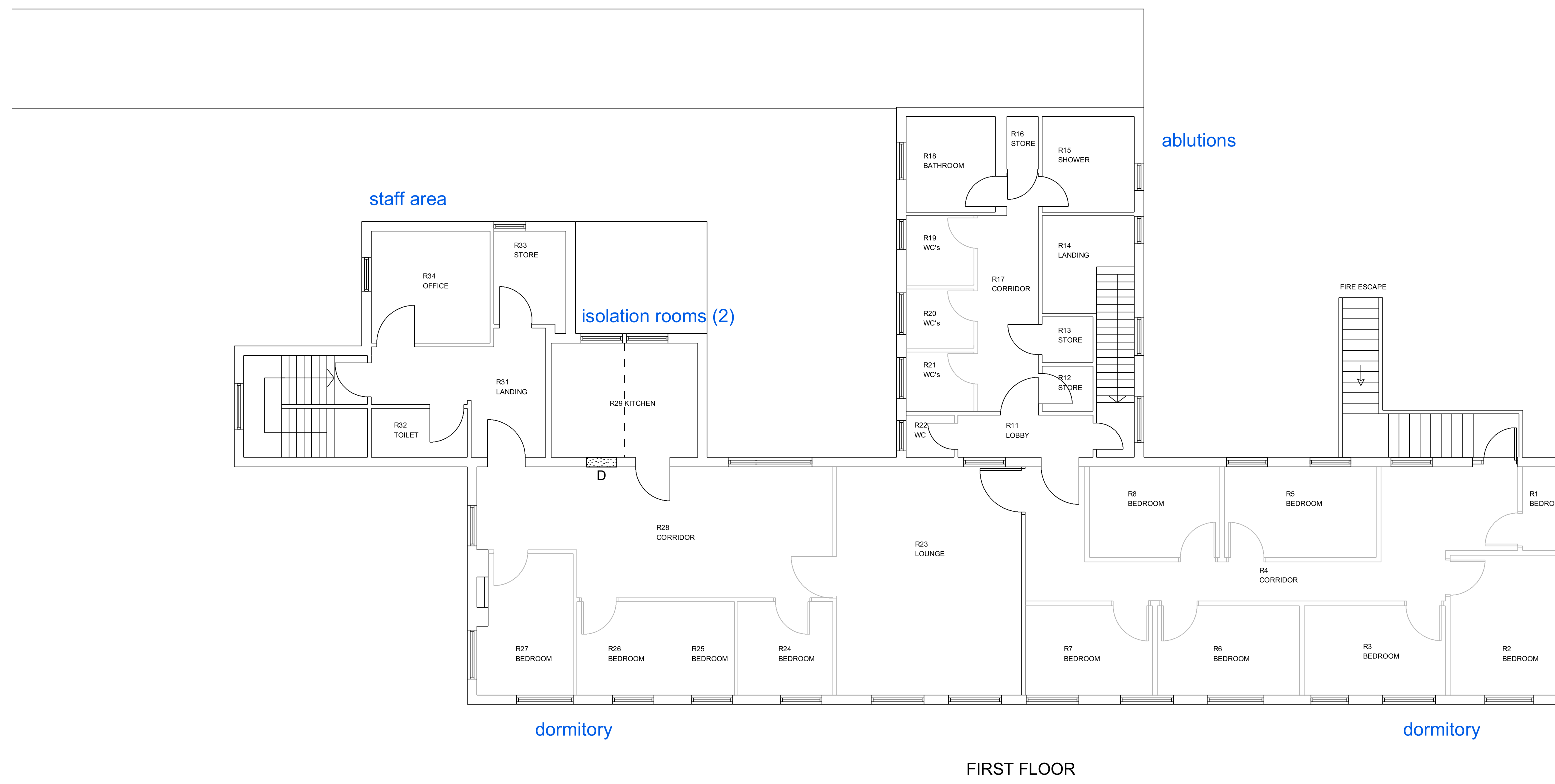


Fig.8c. Harman 1 & 2

Key

- modern addition
- - - removed wall
- D blocked door

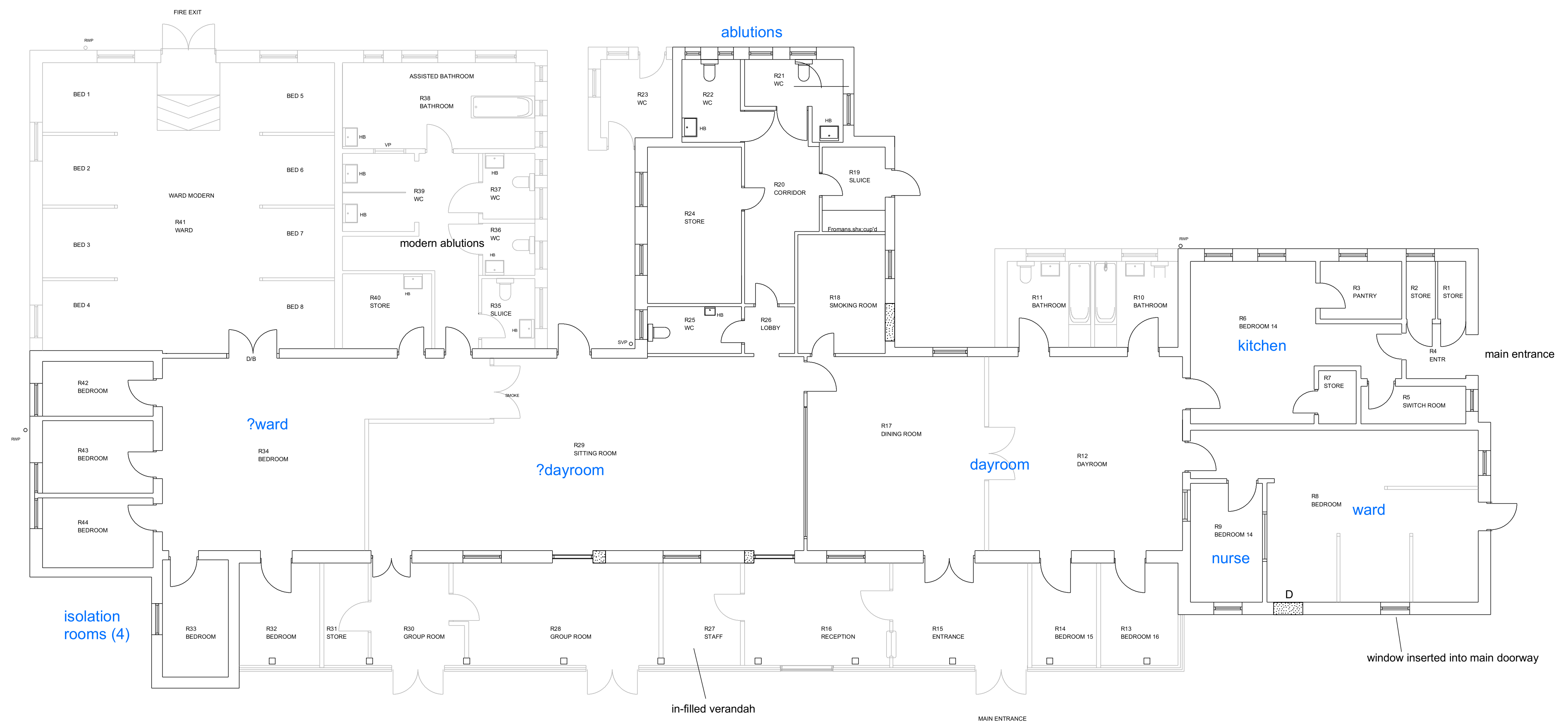
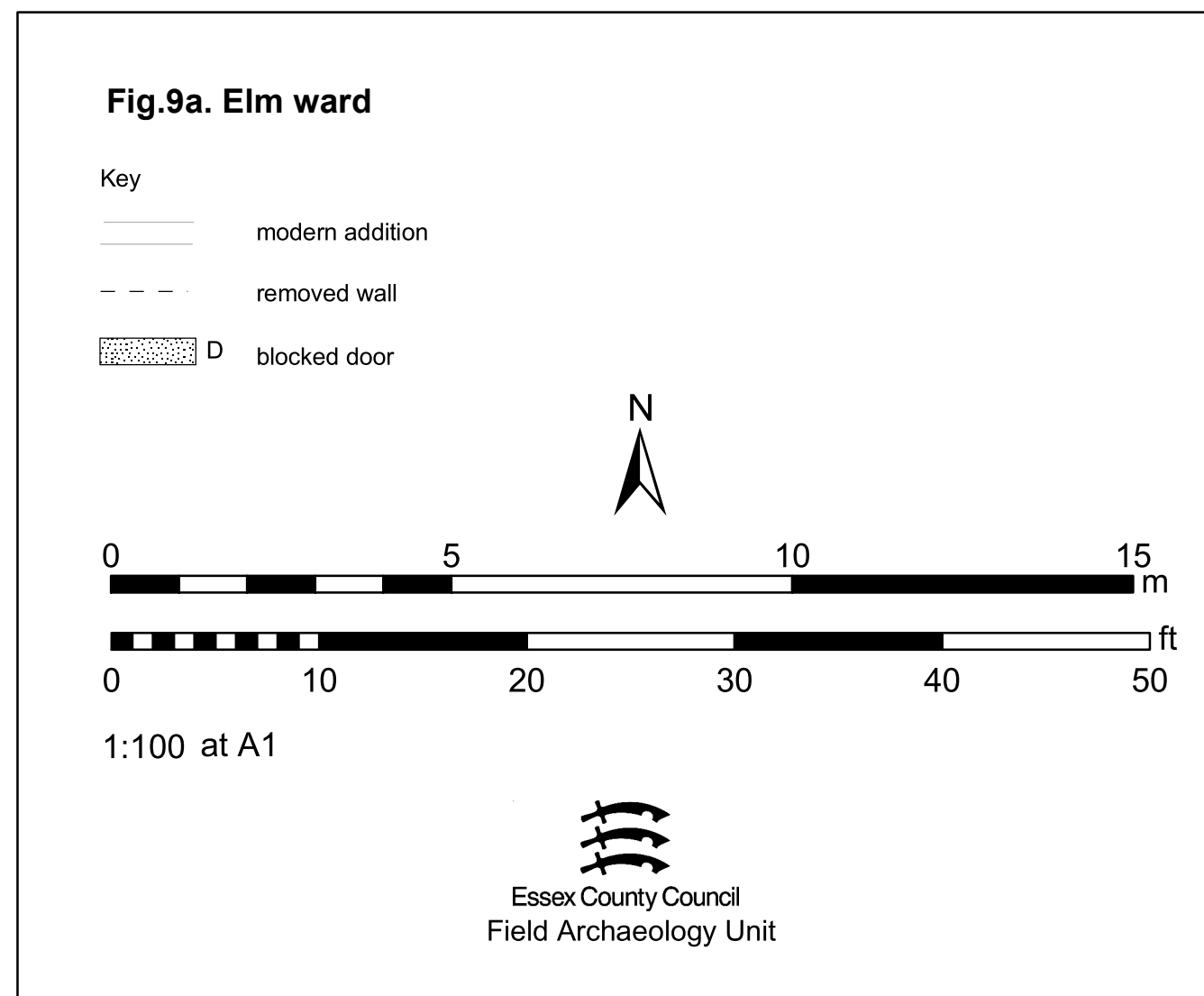
N

0 5 10 15 m

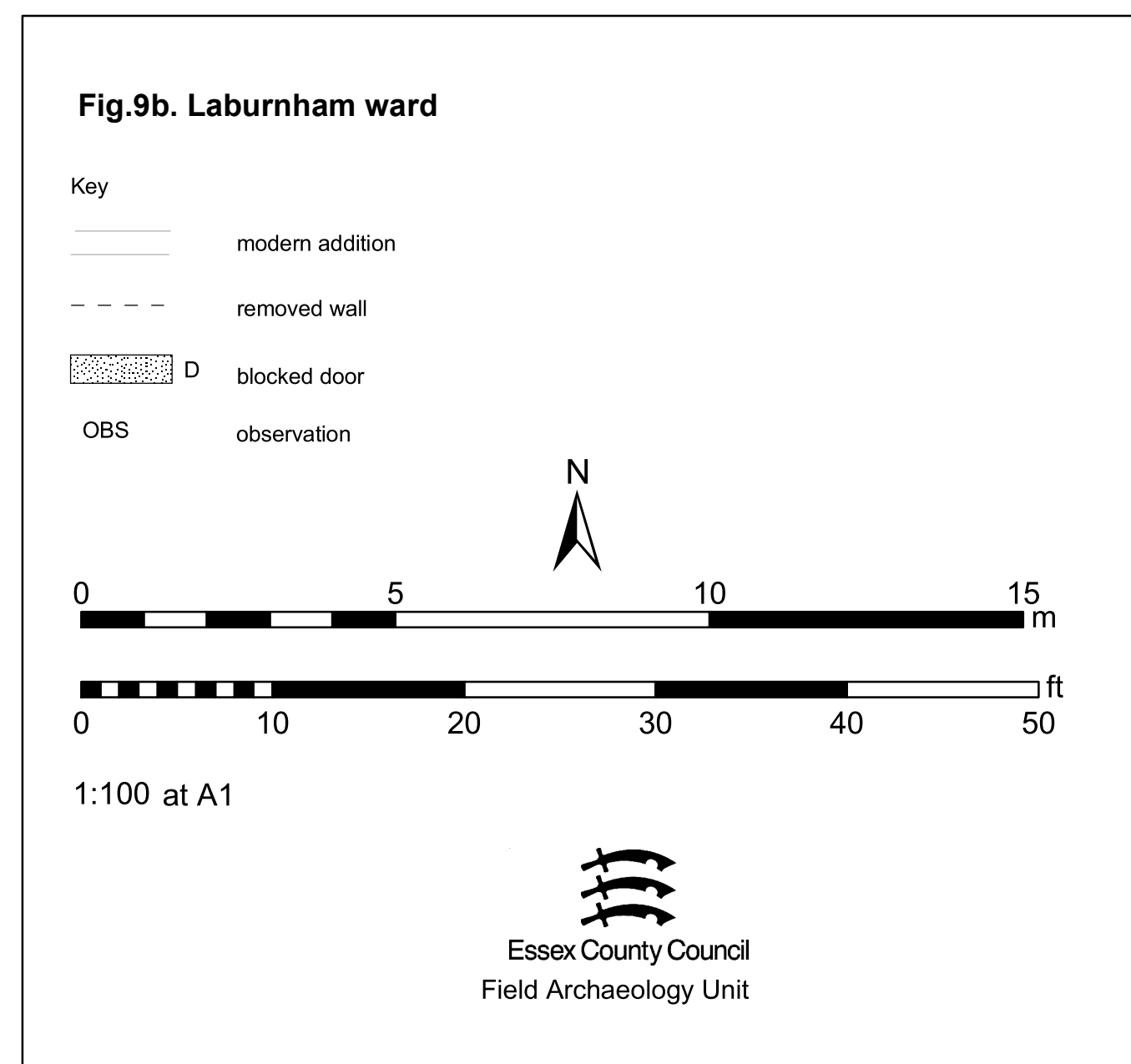
0 10 20 30 40 50 ft

1:100 at A1

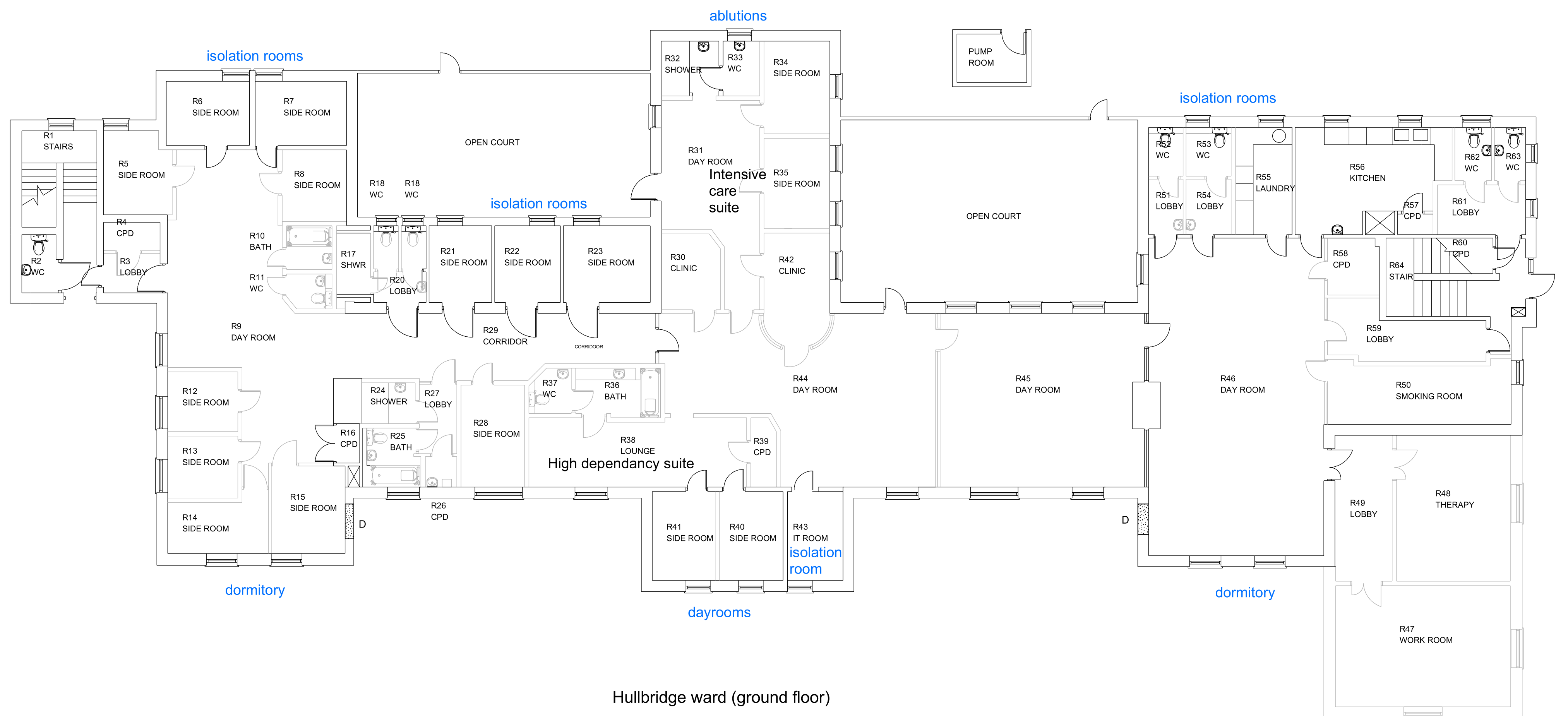
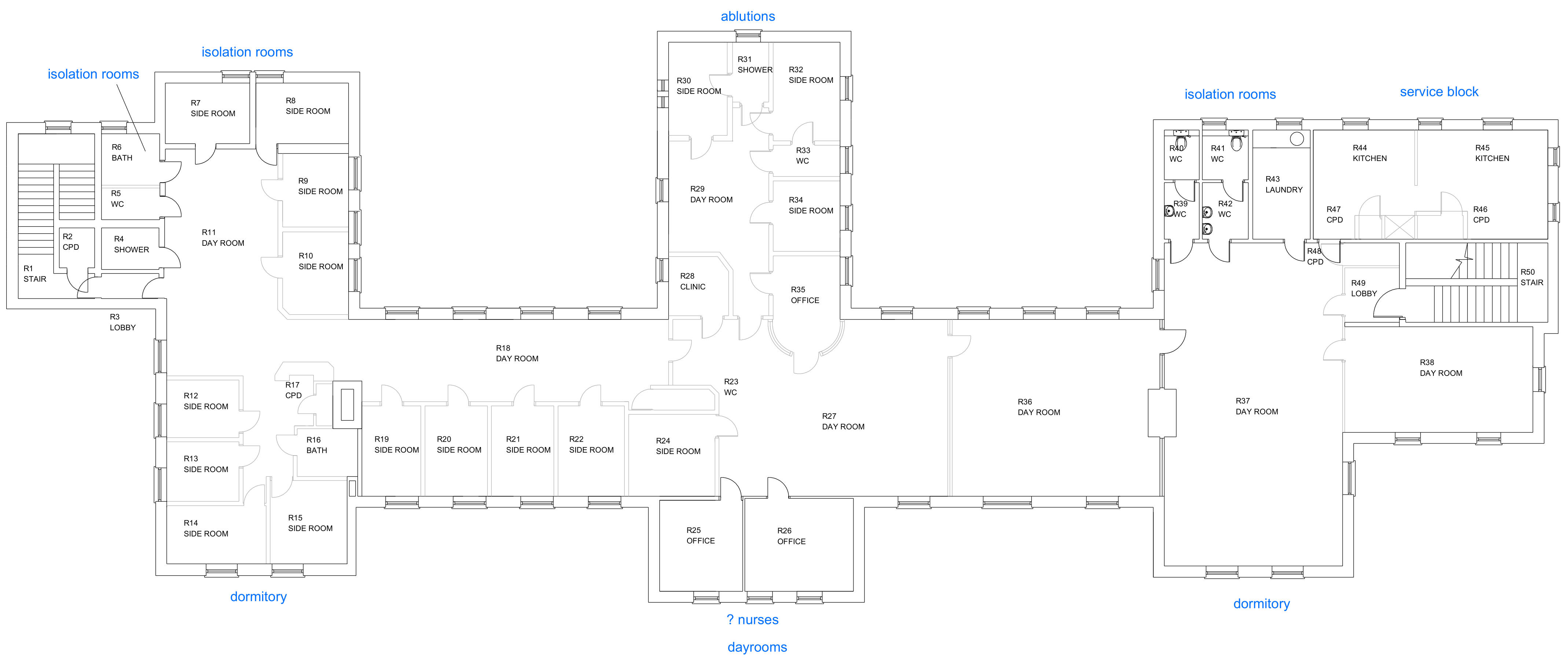
Essex County Council
Field Archaeology Unit



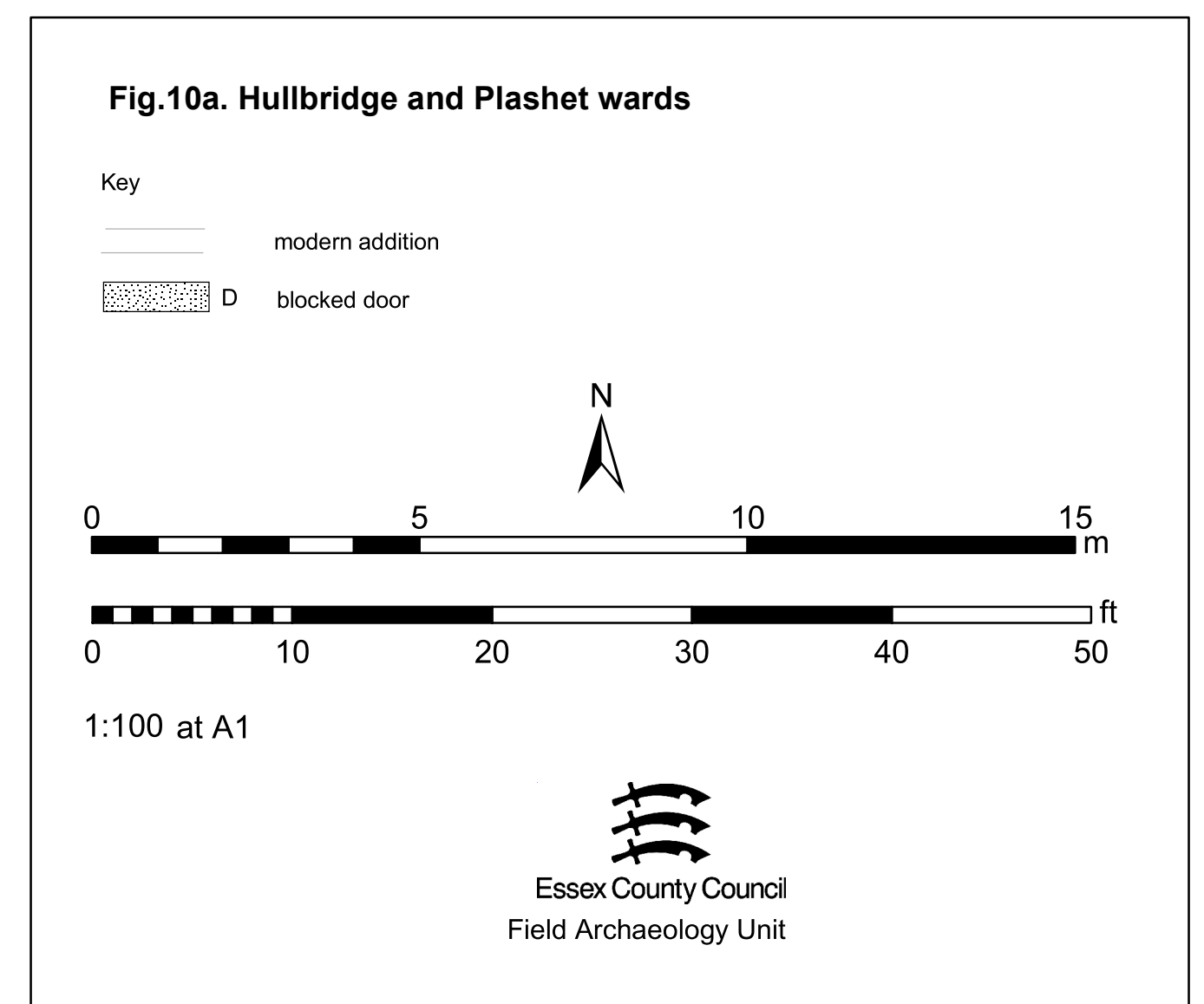
ELM WARD

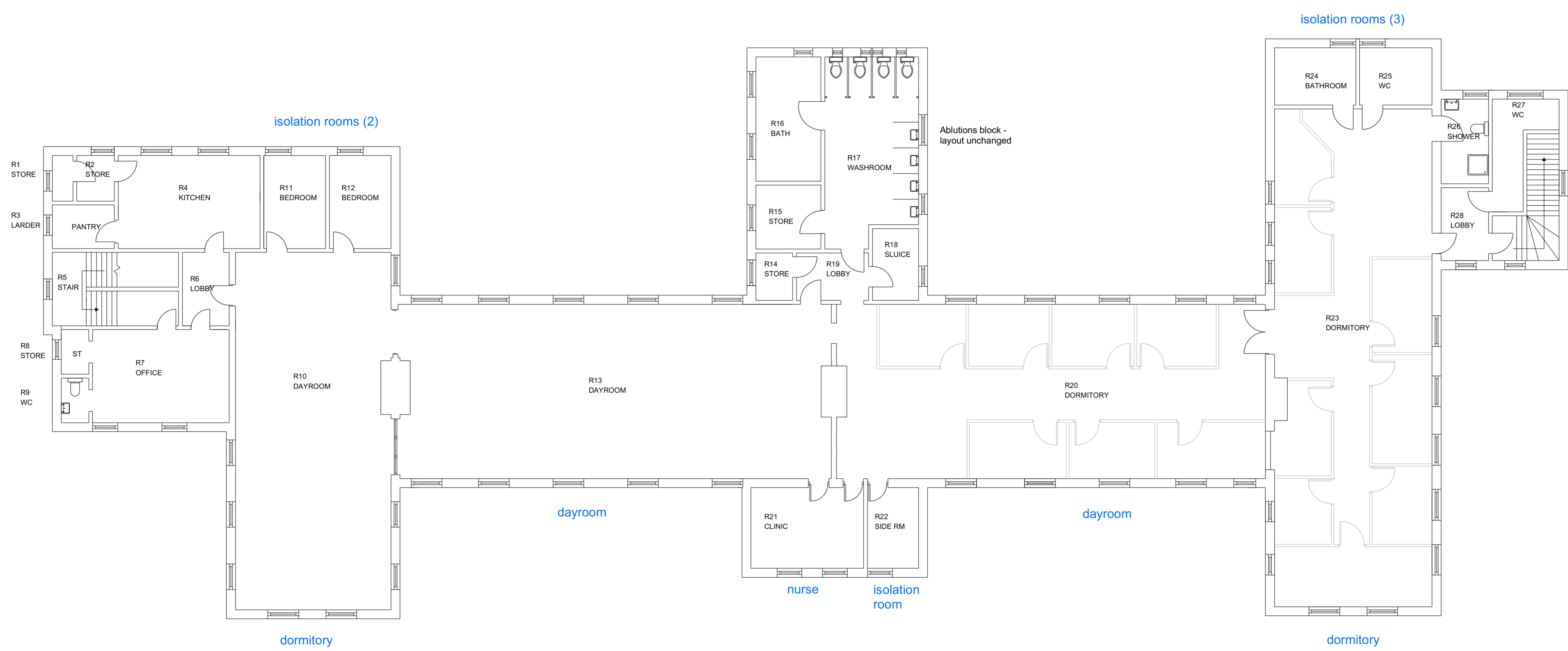


LABURNHAM WARD

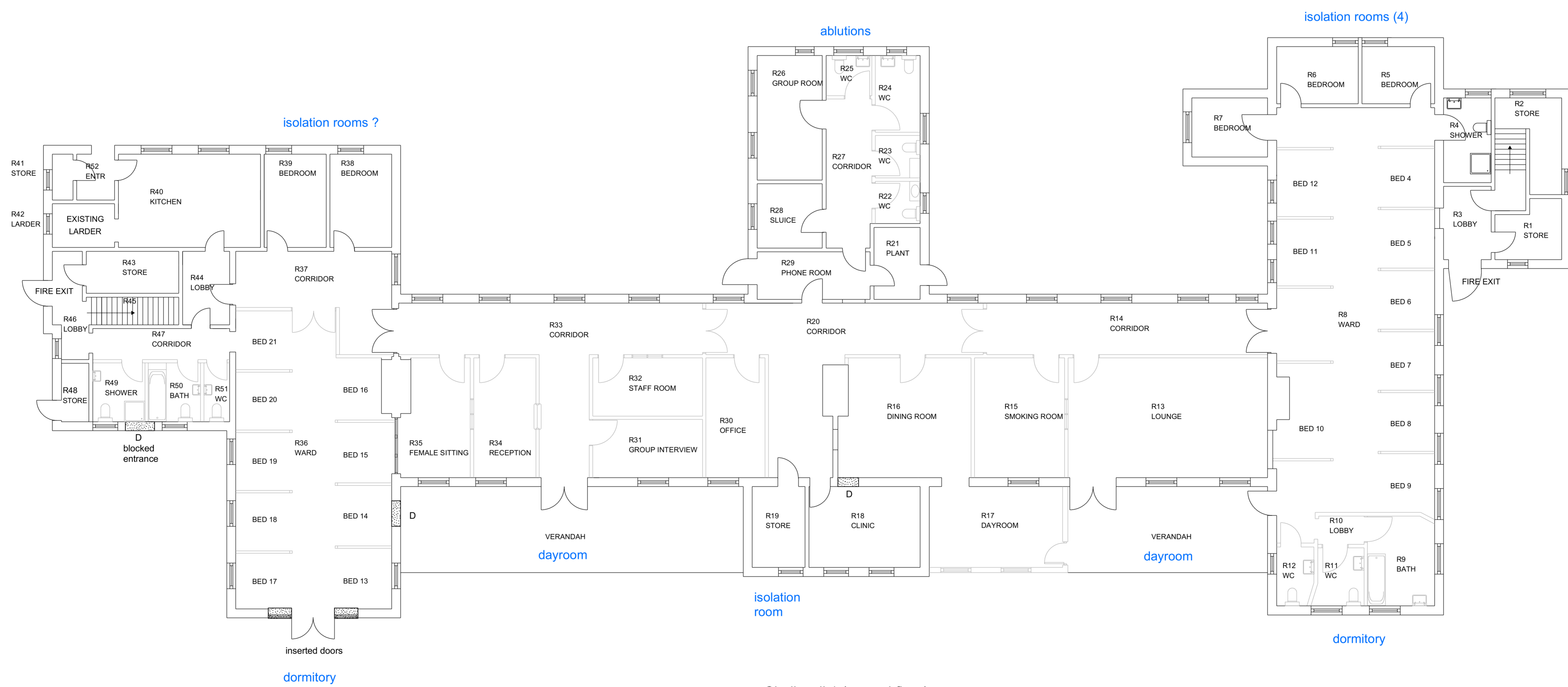


Hullbridge ward (ground floor)





Chalkwell 2 (first floor)



Chalkwell 1 (ground floor)

Fig.10b. Chalkwell 1 & 2

Key

- modern addition
- D blocked door

N

0 5 10 15 m

0 10 20 30 40 50 ft

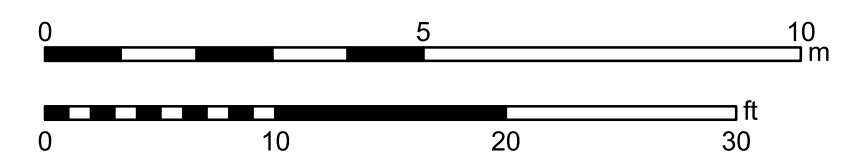
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Essex County Council
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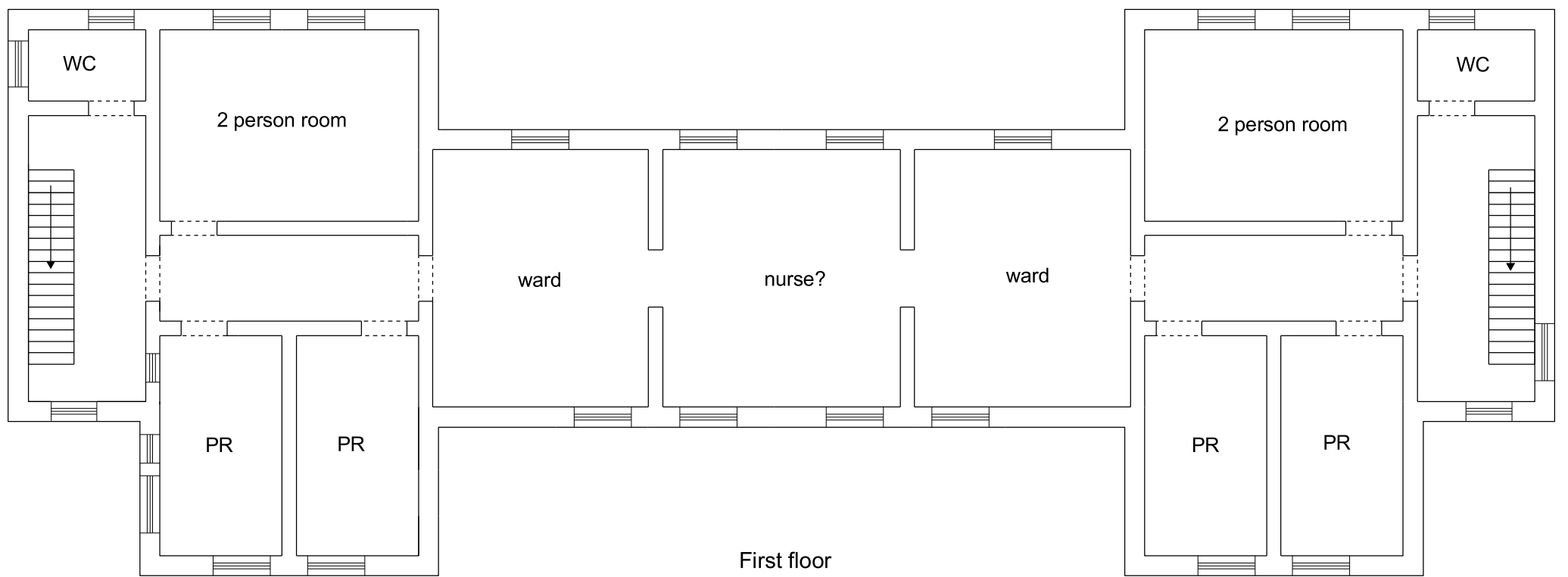


Fig.11. Leigh house

Key
PR patient's room

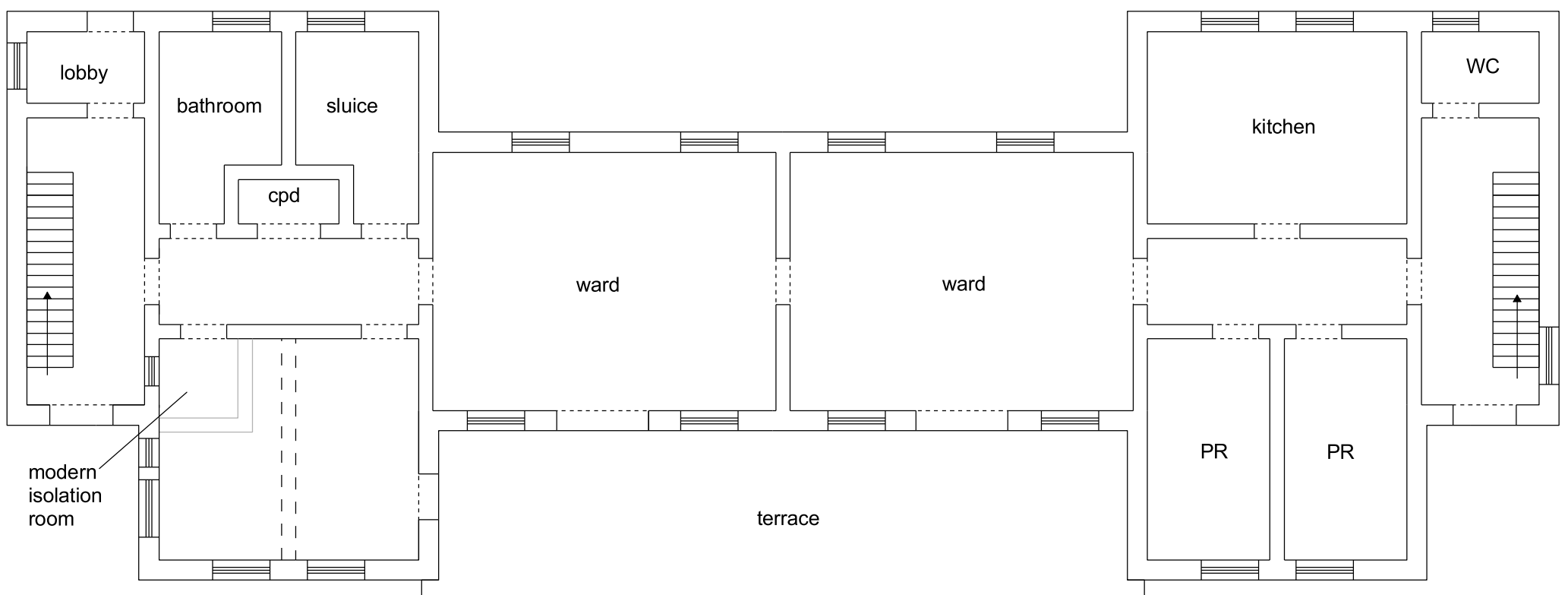


1:100 (approx.) at A2. Do not scale from this drawing.



isolation rooms

isolation rooms



isolation rooms

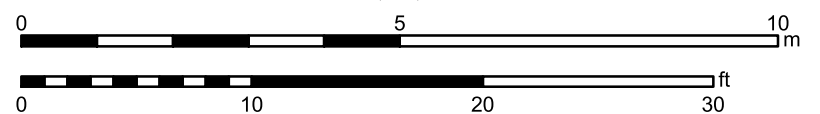
isolation rooms

Ground floor

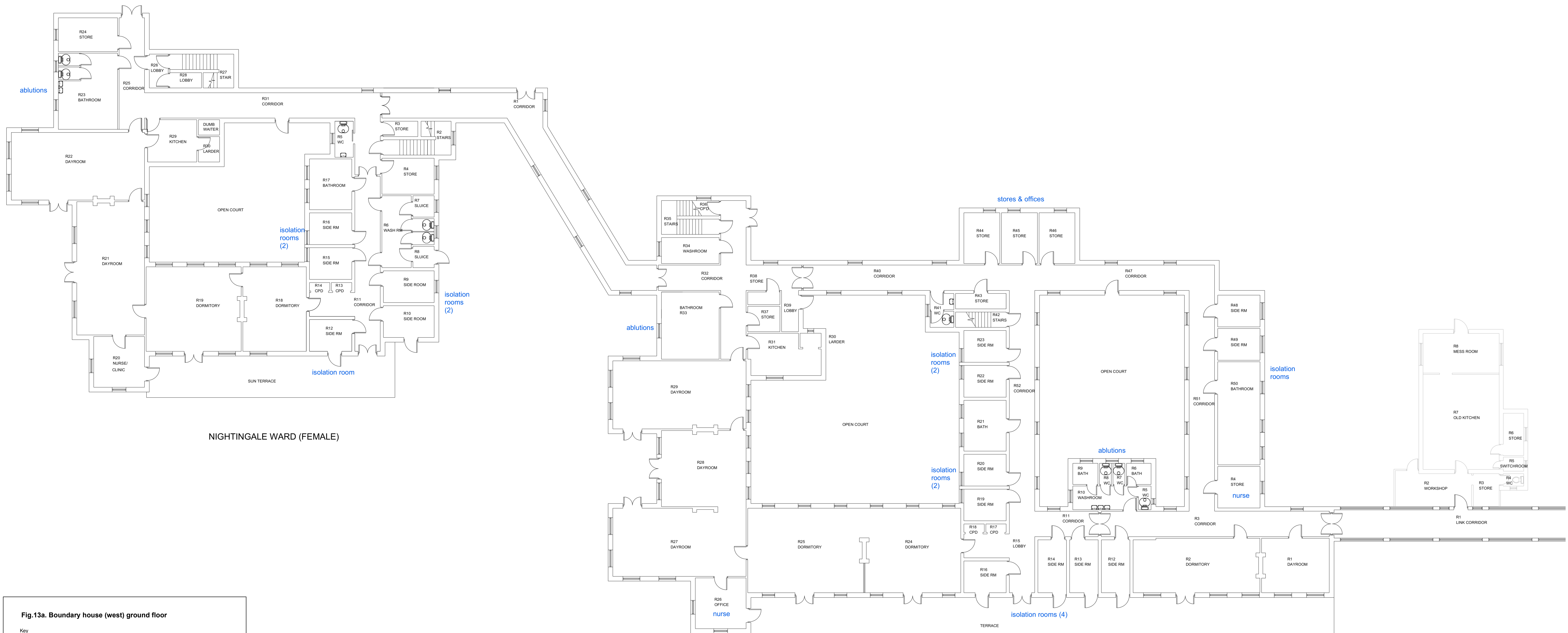
Fig.12. Hillview house

Key

- modern addition
- - - removed wall
- PR patient's room
- blue label original function



1:100 (approx.) at A3. Do not scale from this drawing.



NIGHTINGALE WARD (FEMALE)

ELIZABETH WARD (FEMALE)

Fig.13a. Boundary house (west) ground floor

Key

- modern addition
- - - removed wall
- ◻ blocked door

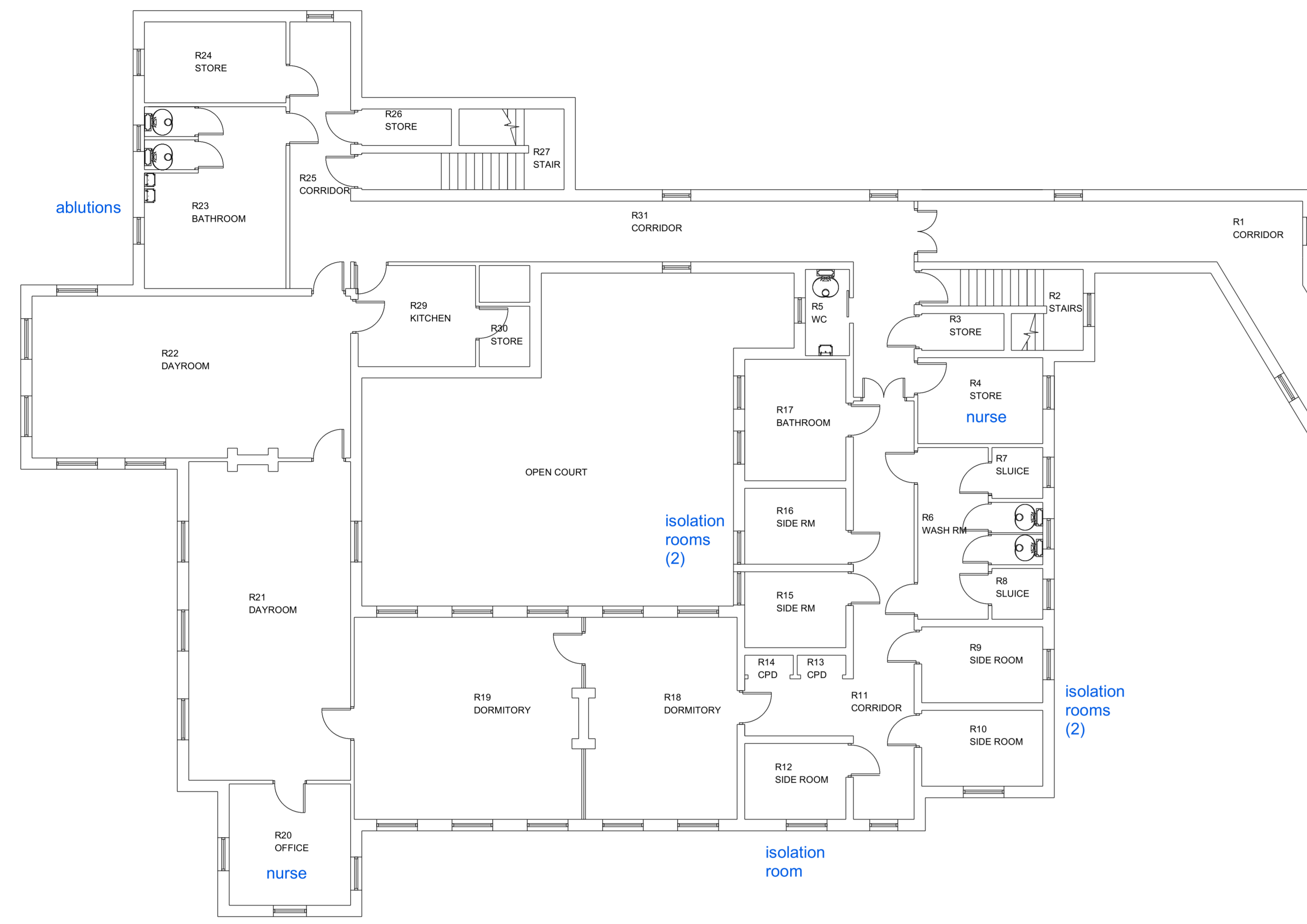
N

0 5 10 15 m

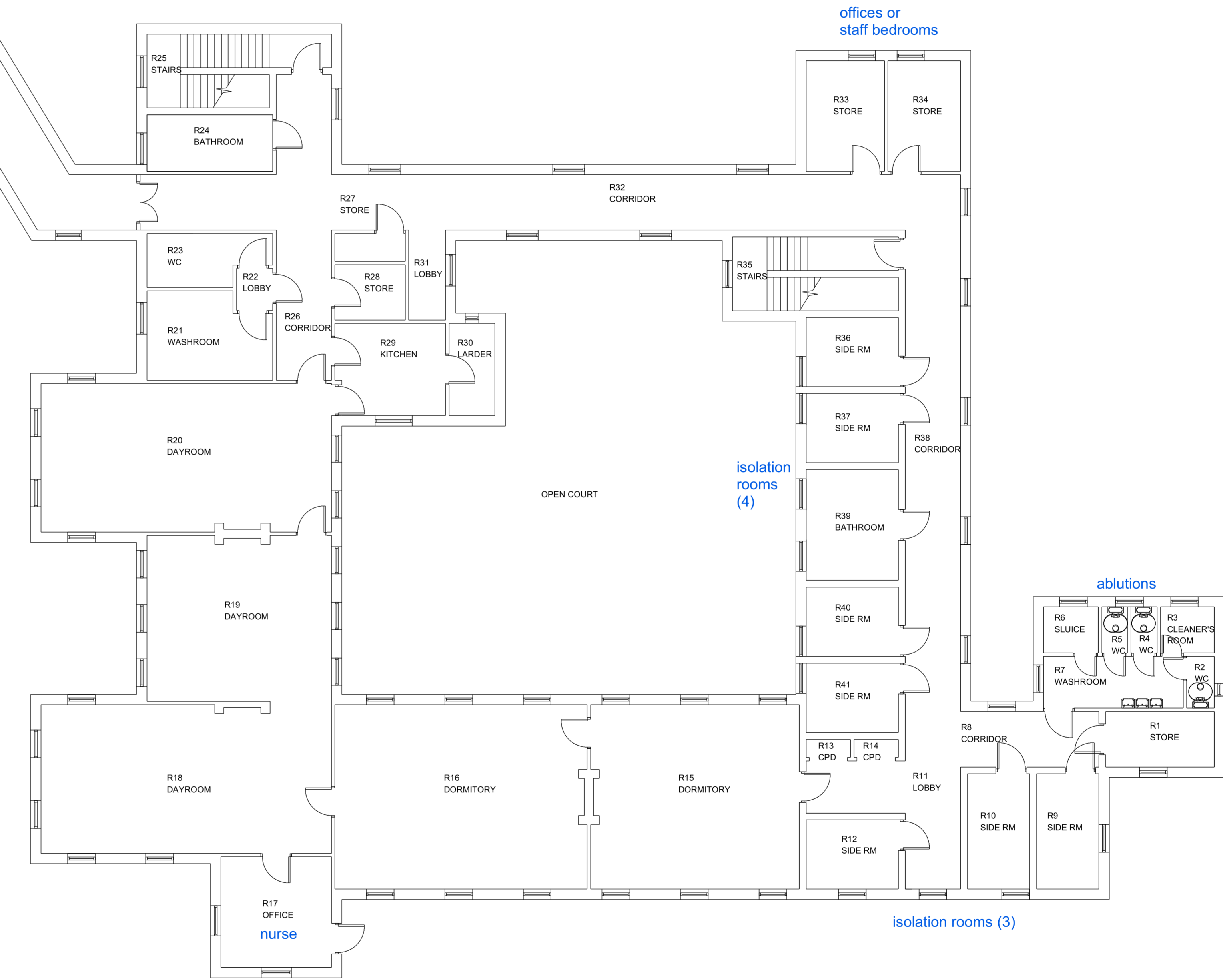
0 10 20 30 40 50 ft

1:100 at A0

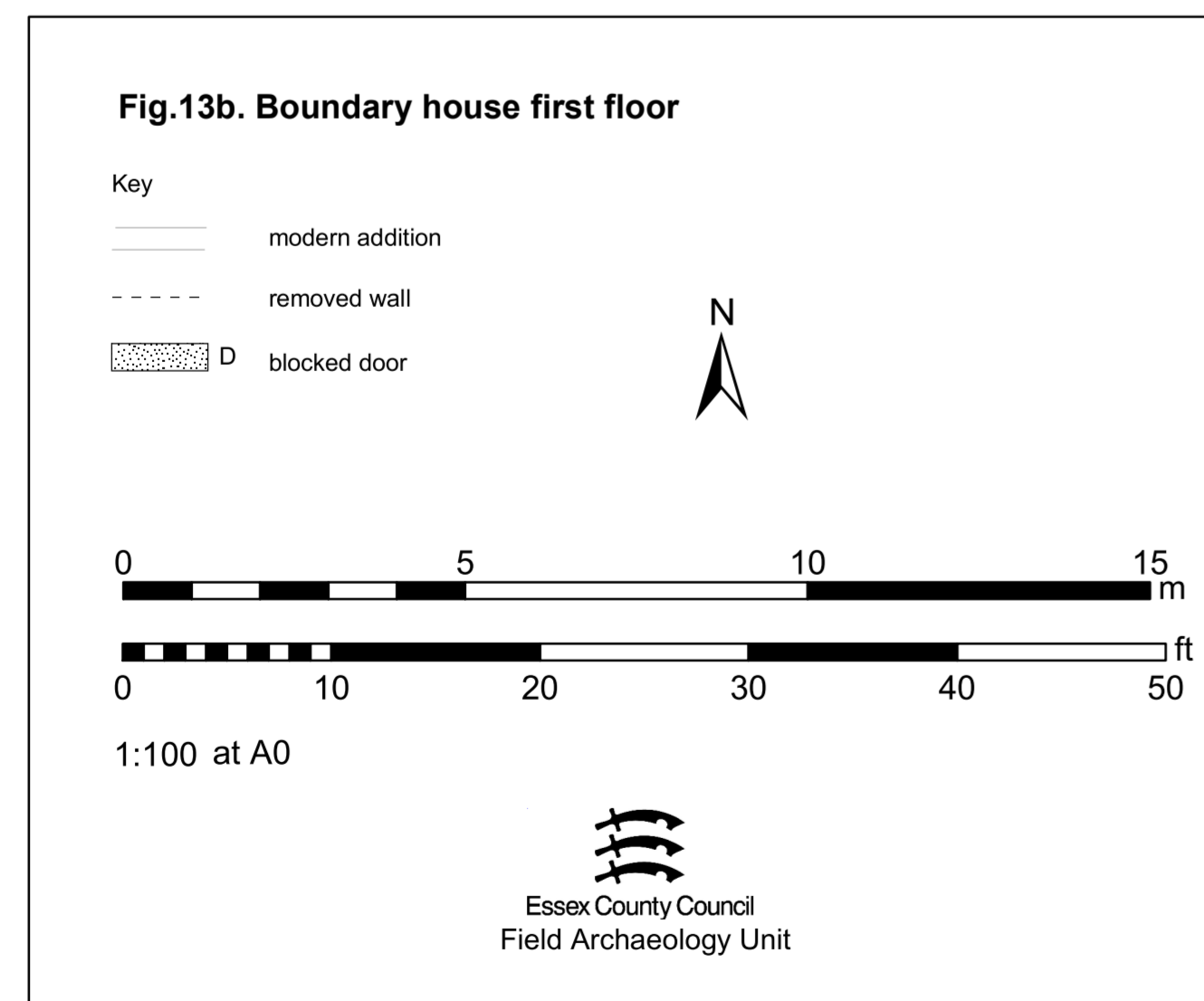
Essex County Council
Field Archaeology Unit



MARGARET WARD



SHERRINGTON WARD



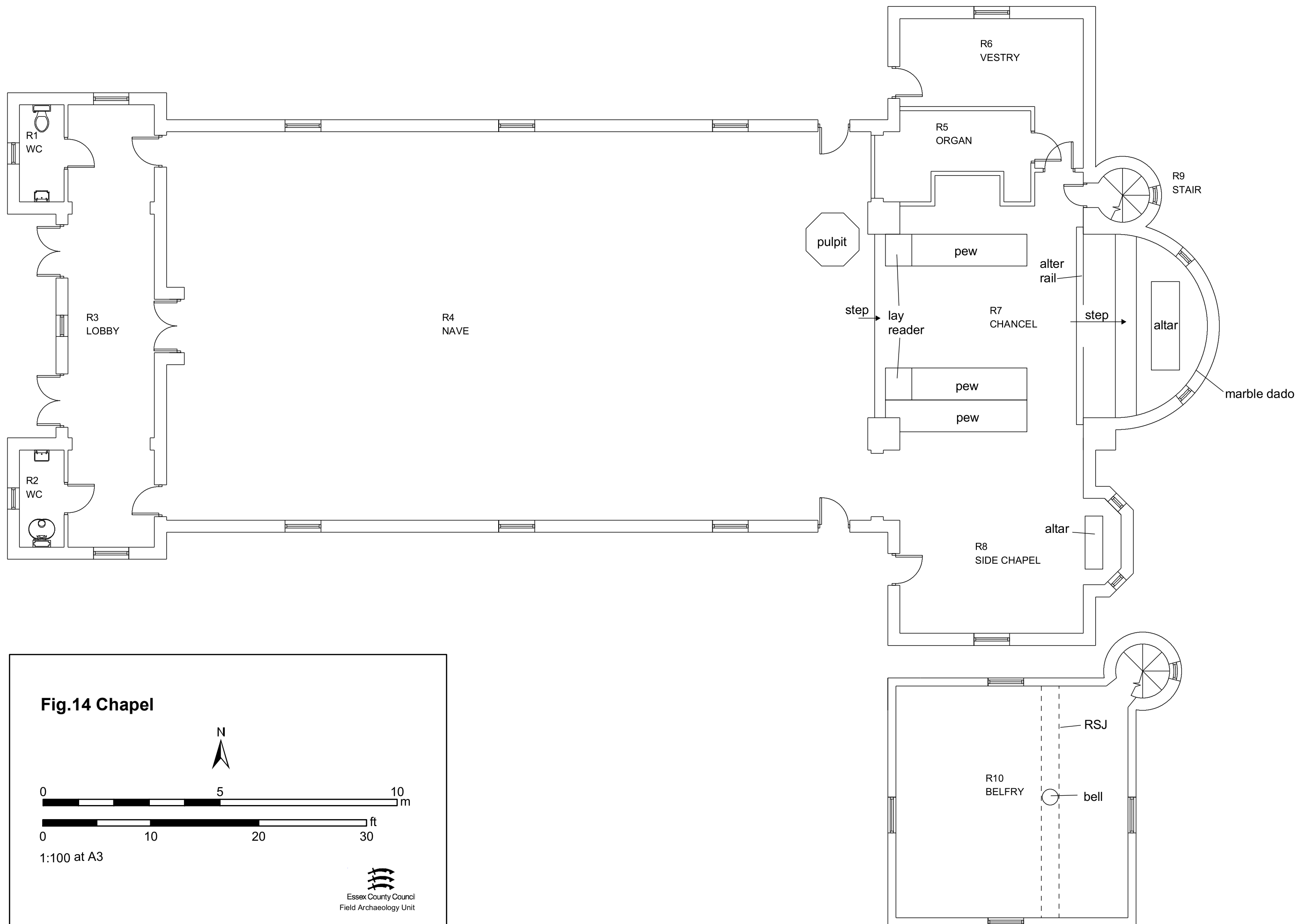
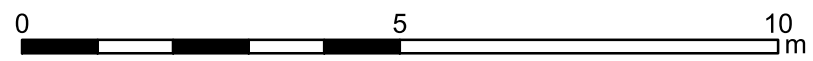


Fig.14 Chapel



1:100 at A3



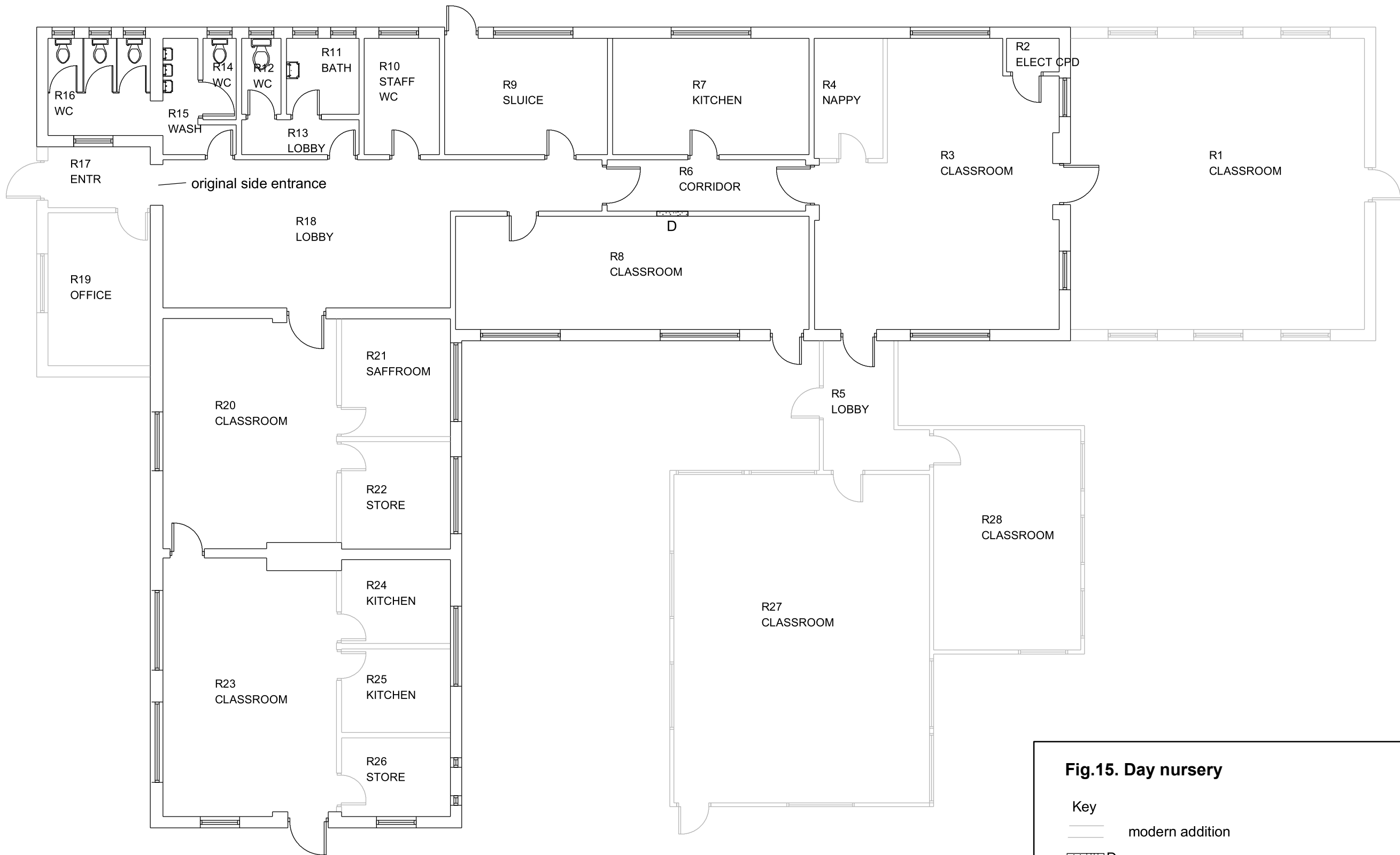


Fig.15. Day nursery

Key

— modern addition

▣ D blocked door



0 5 10 m

0 10 20 30 ft

1:100 at A3

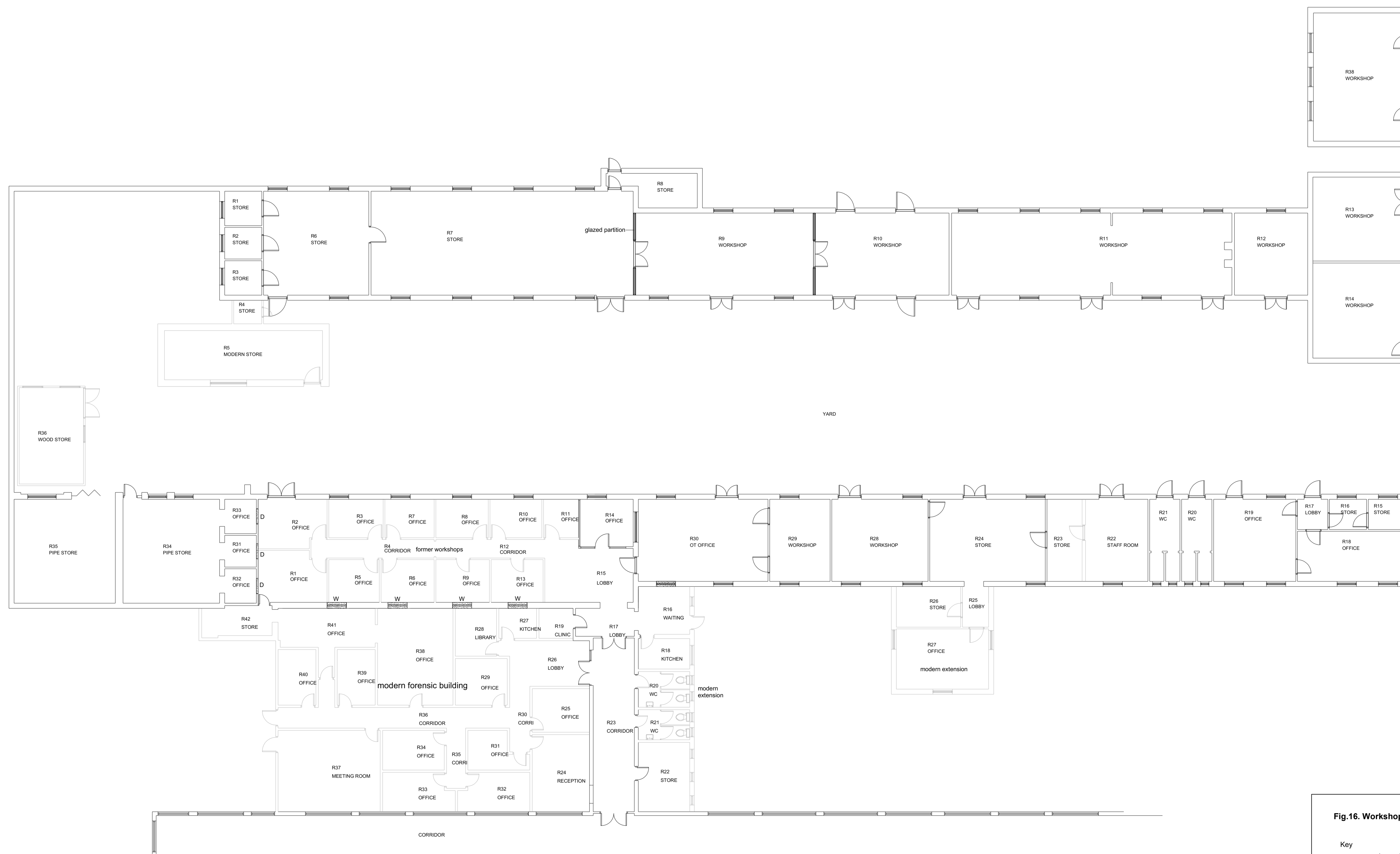


Fig.16. Workshops and forensic offices

Key

- modern addition
- ⊘ blocked door
- ⊞ blocked window

0 5 10 15
0 10 20 30 40 50
m
ft

1:100 at A0

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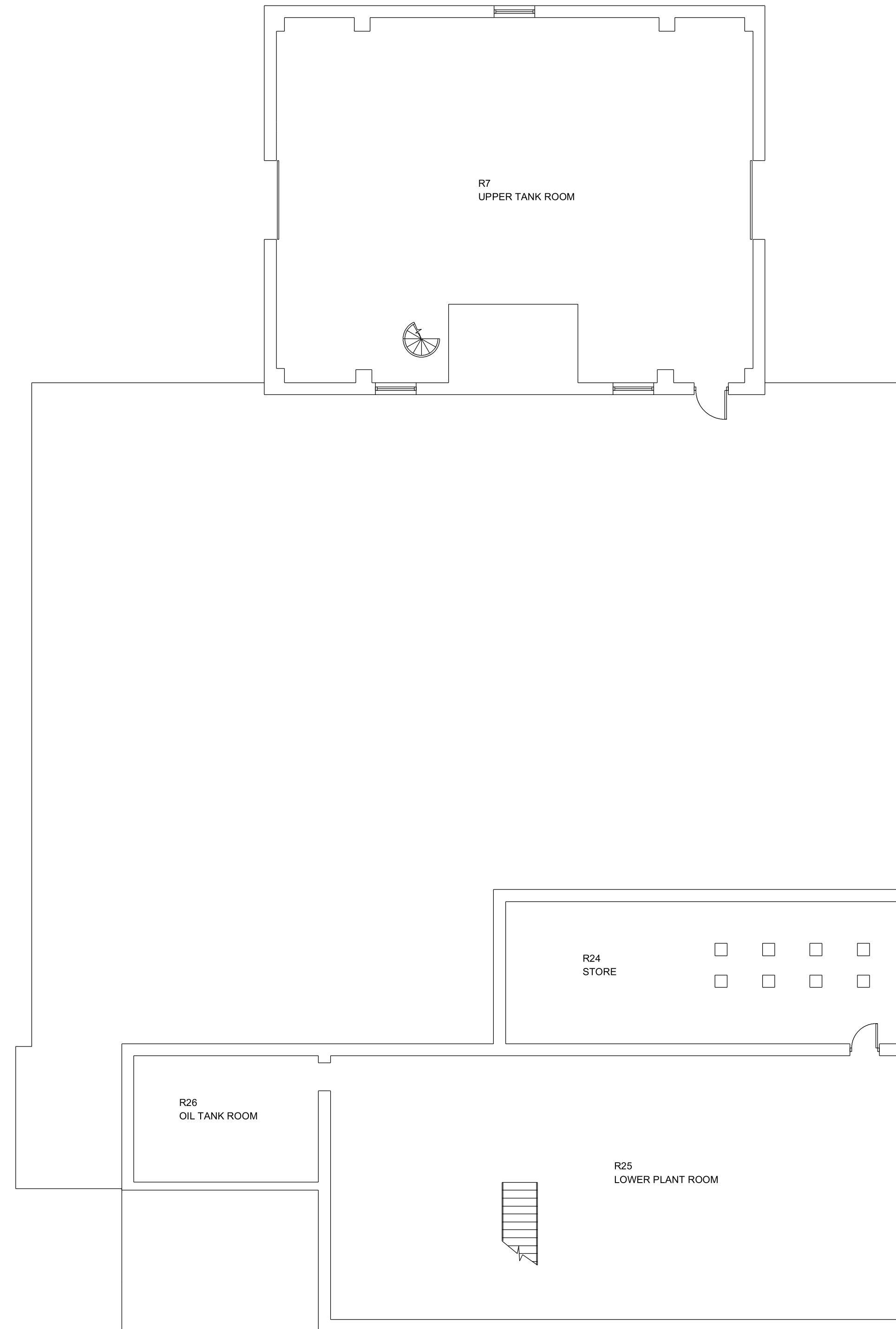
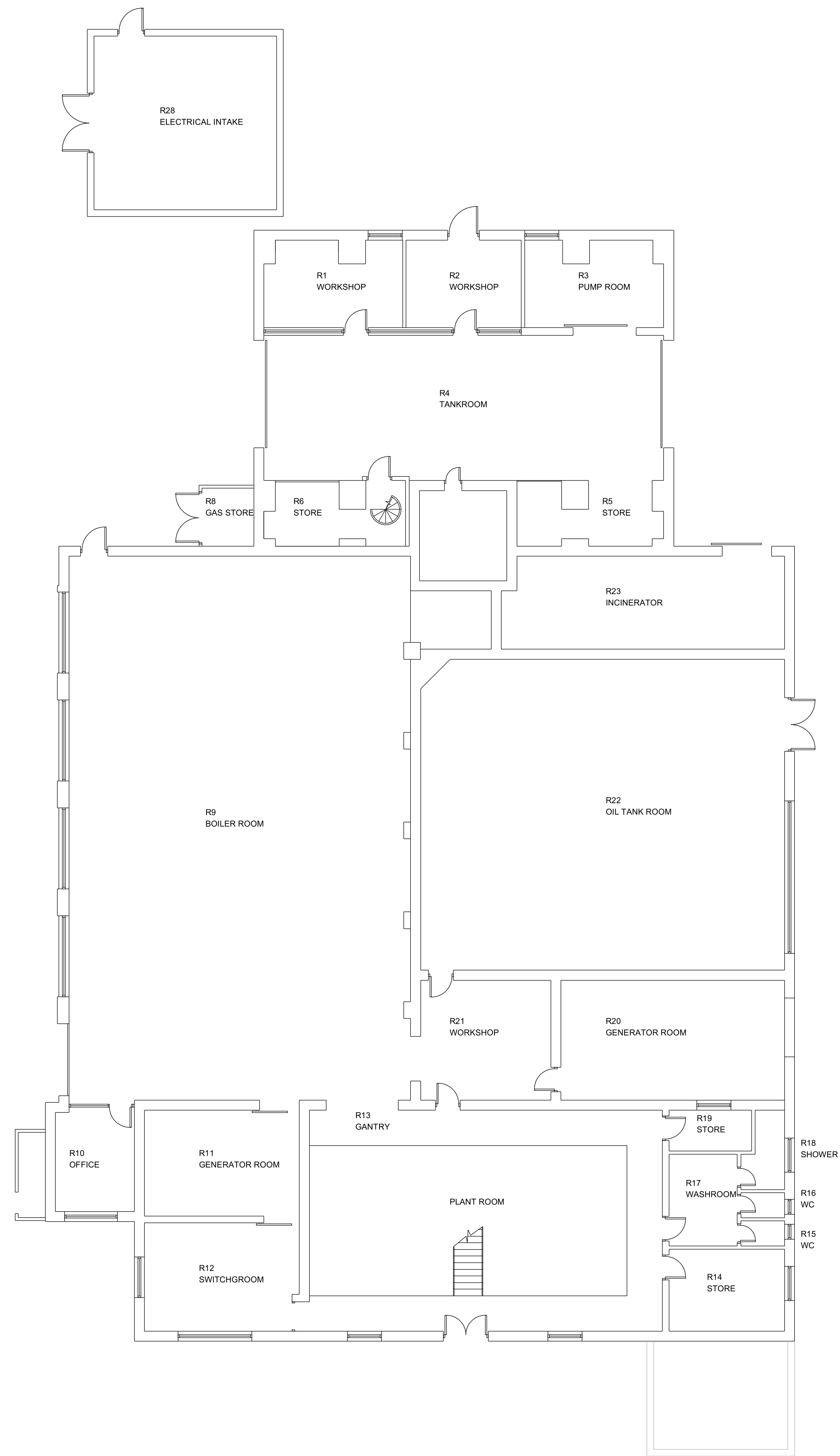
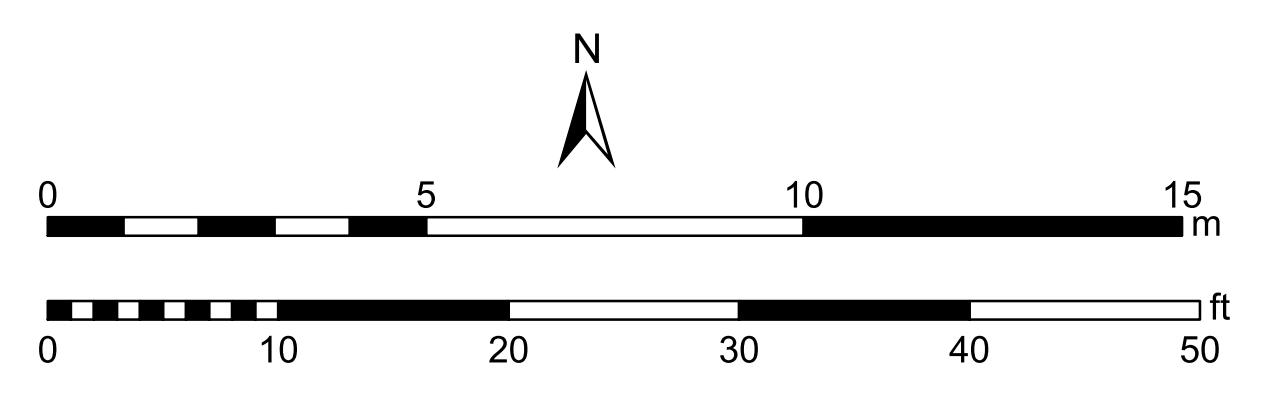


Fig.17. Boiler house

Key
 ——— modern addition



1:100 at A1



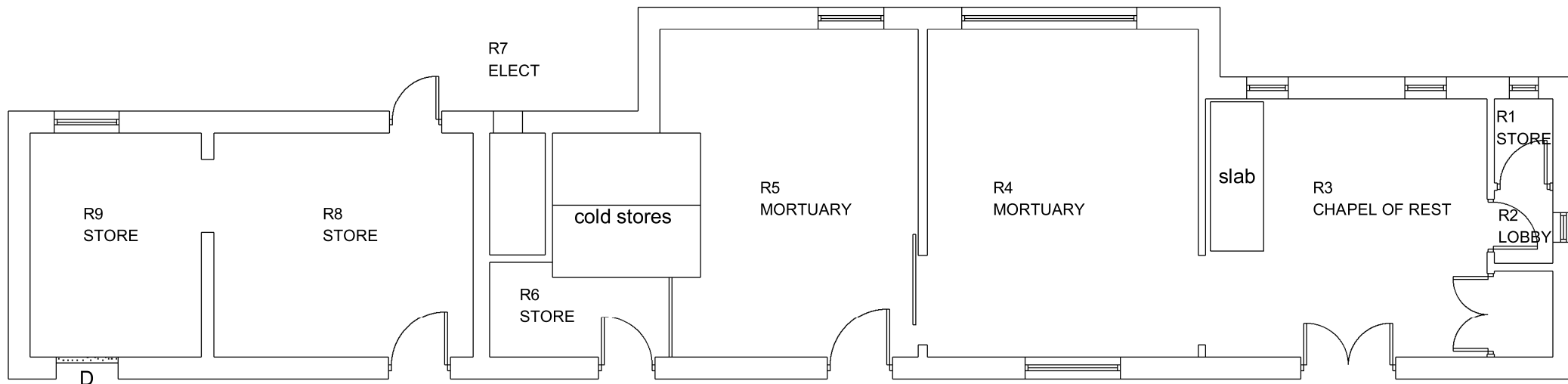

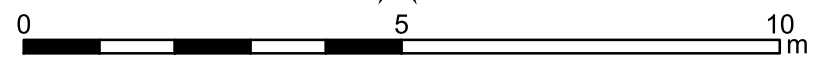


Fig.18. Mortuary

Key

 D blocked door



1:100 at A4

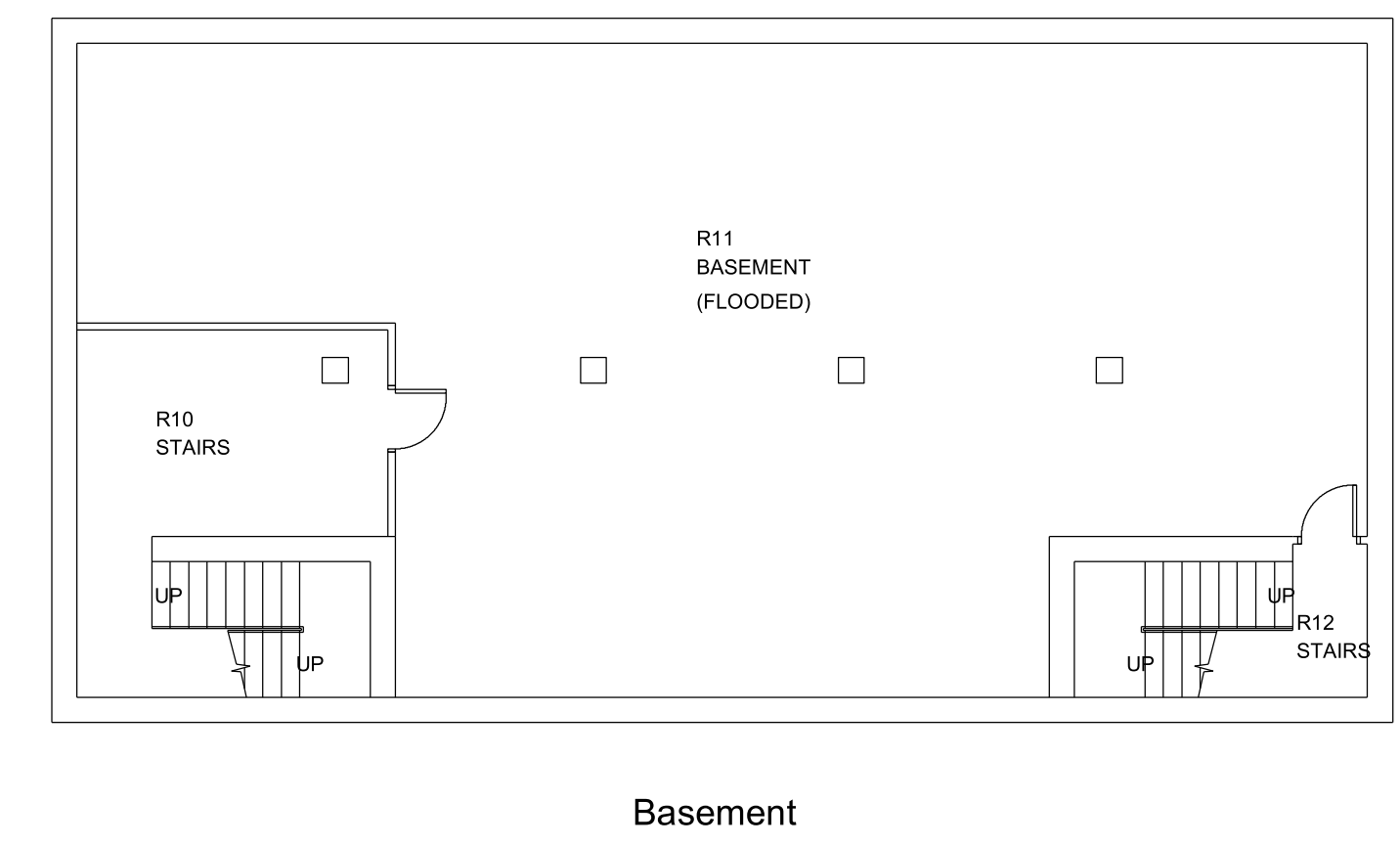
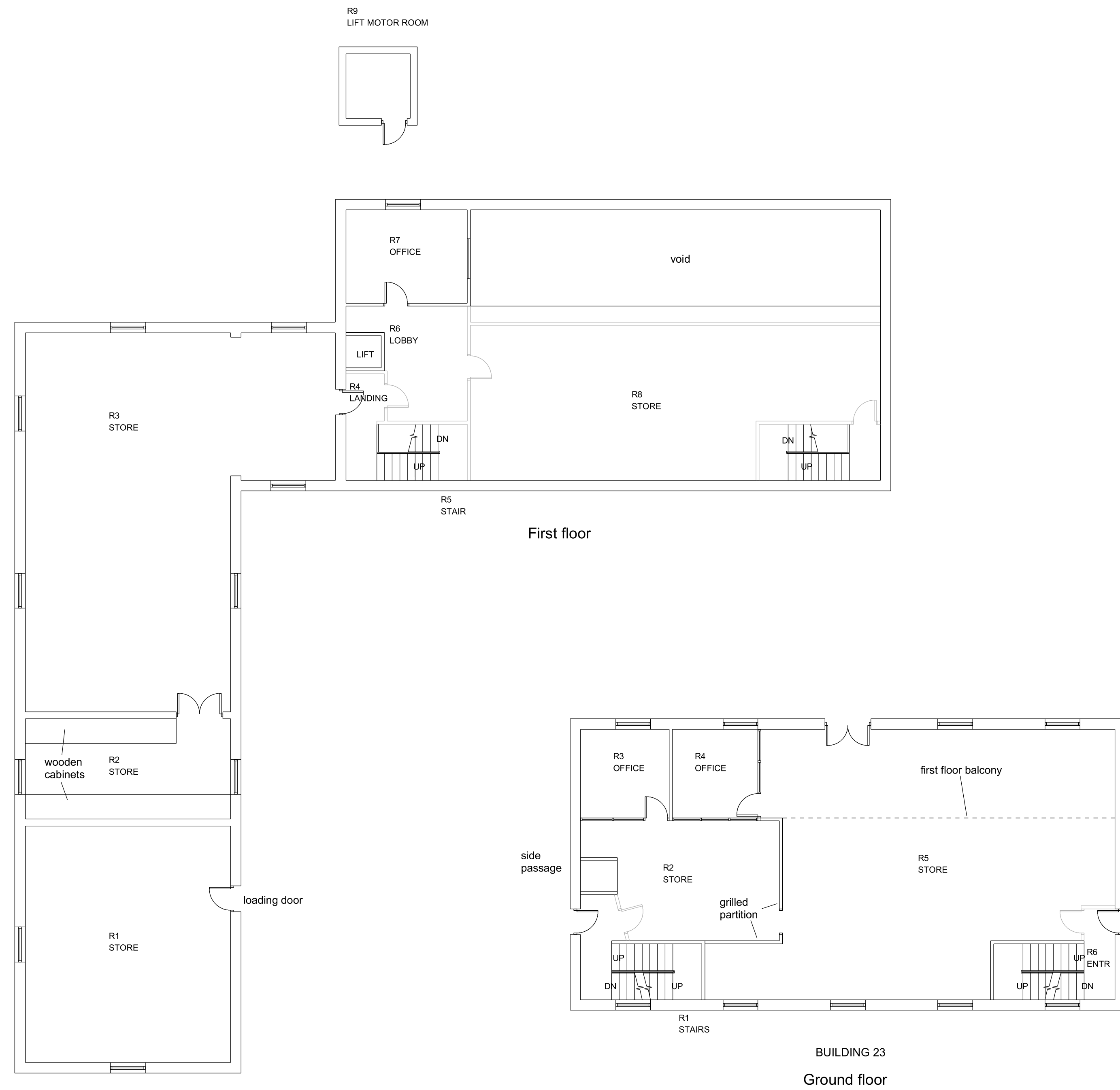


Fig.19. Kitchen stores

Key

— modern addition

N

0 5 10 15 m

0 10 20 30 40 50 ft

1:100 at A1

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Field Archaeology Unit

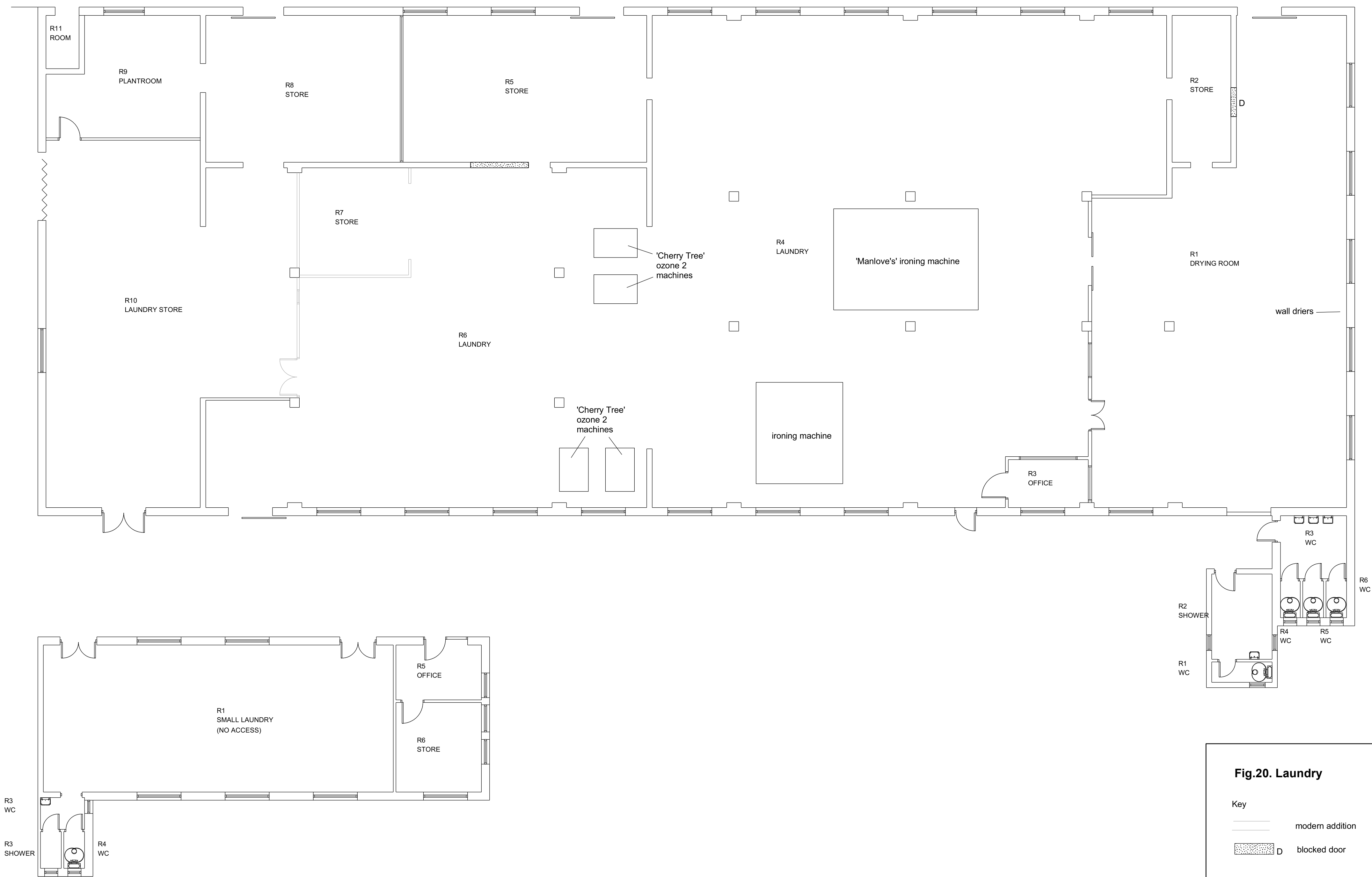


Fig.20. Laundry

Key


- modern addition
- ▨ D blocked door

N

0 5 10 15 m

0 10 20 30 40 50 ft

1:100 at A1


 Essex County Council
 Field Archaeology Unit

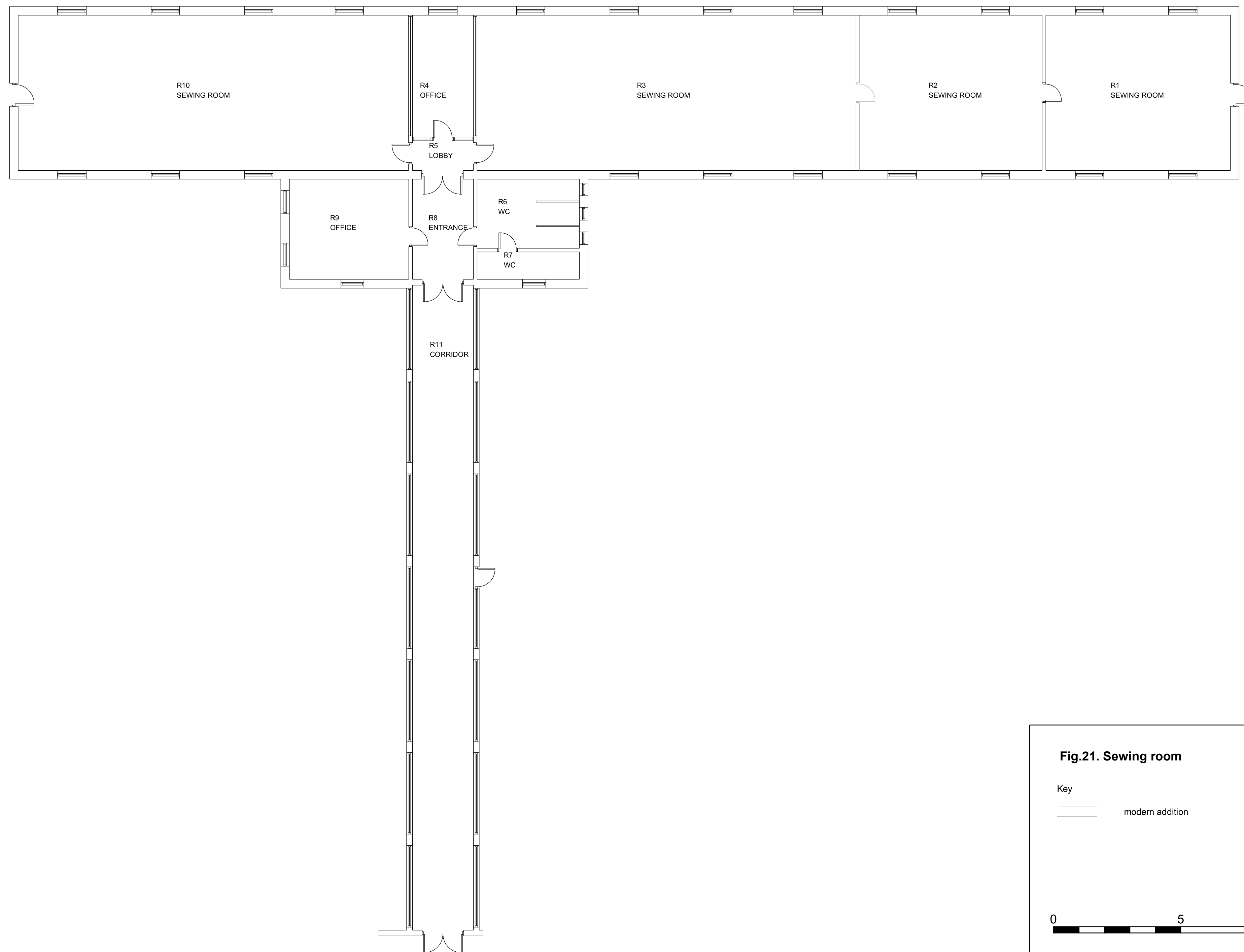


Fig.21. Sewing room

Key
 ——— modern addition

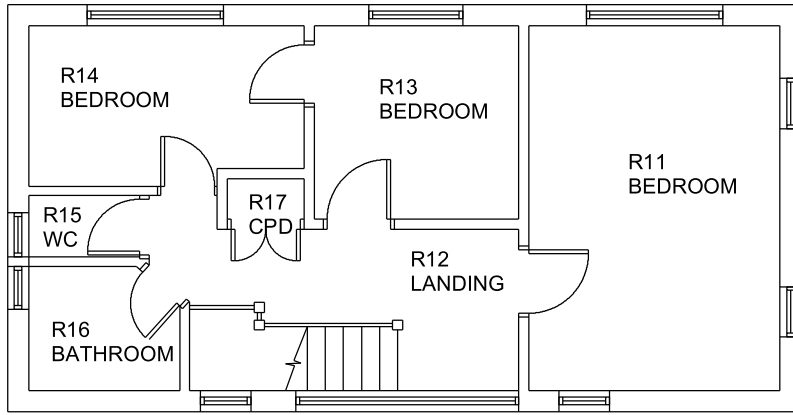
N

0 5 10 15 m

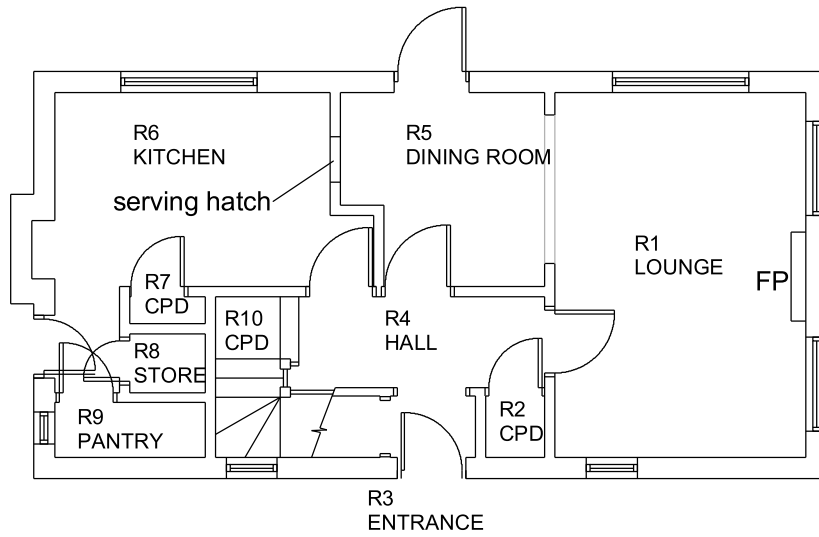
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1:100 at A1

Essex County Council
 Field Archaeology Unit



FIRST FLOOR



GROUND FLOOR

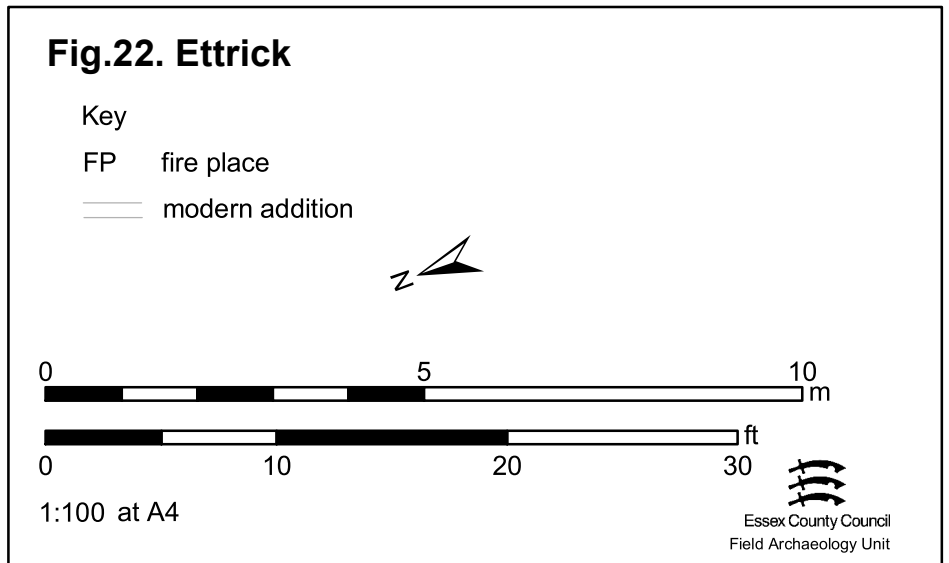
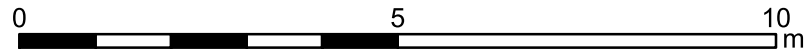
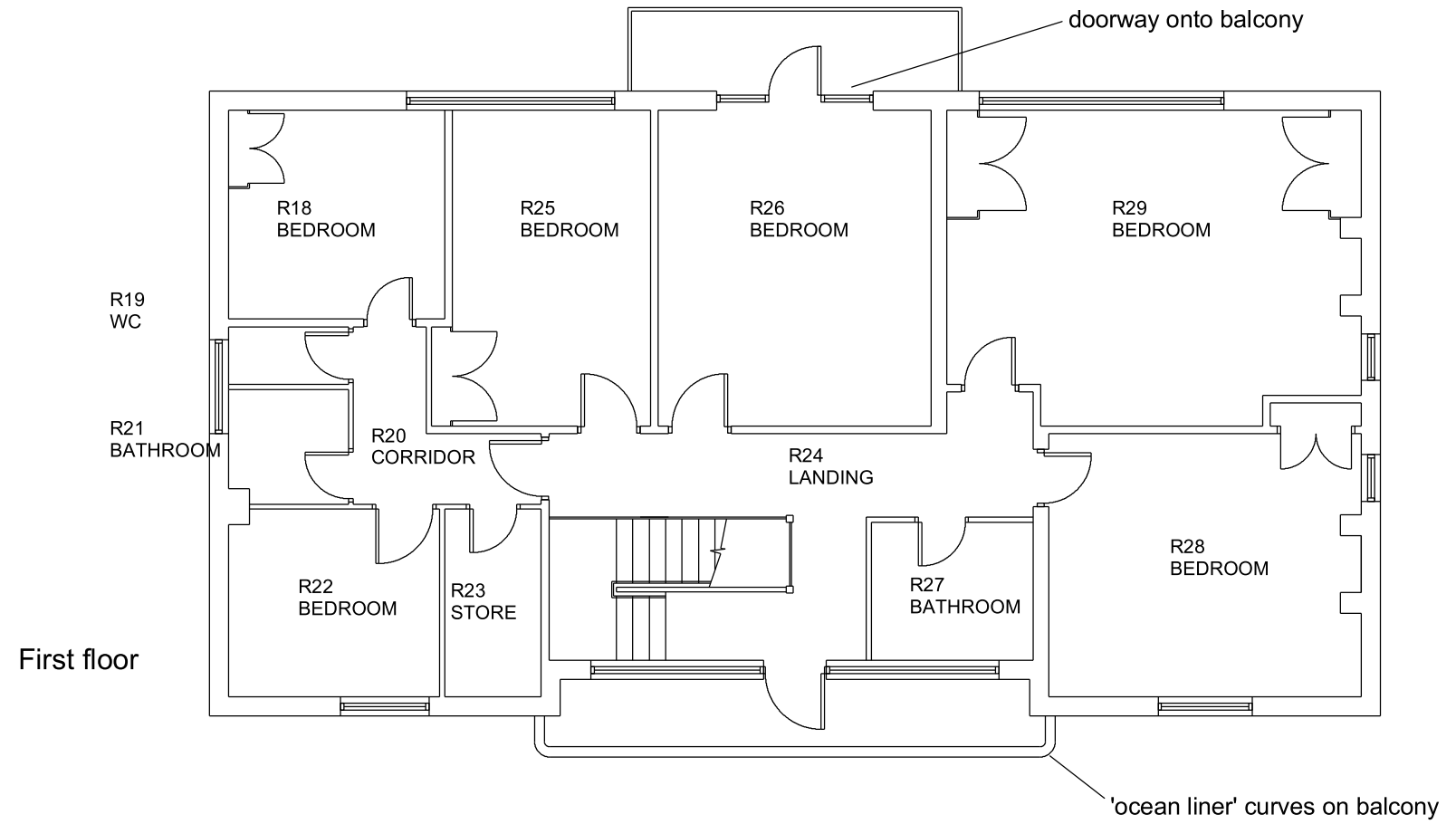


Fig.23. Charters



1:100 at A3



Ground floor

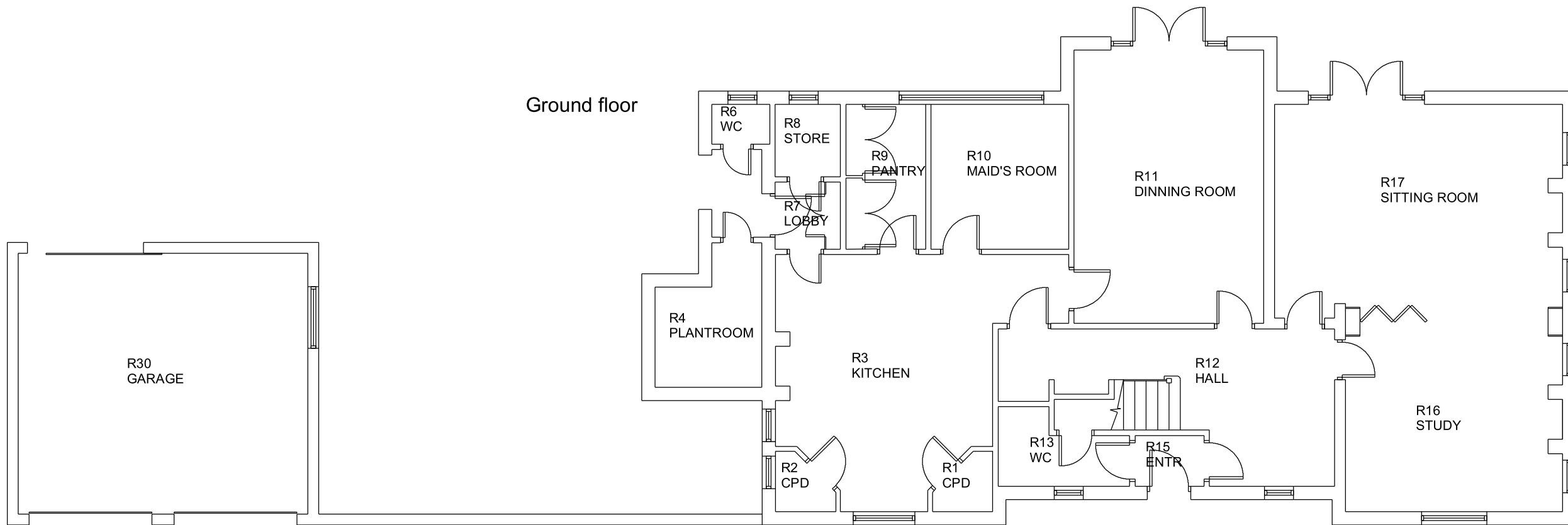
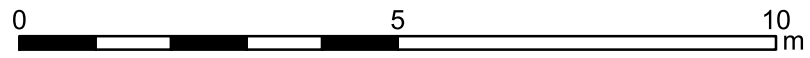


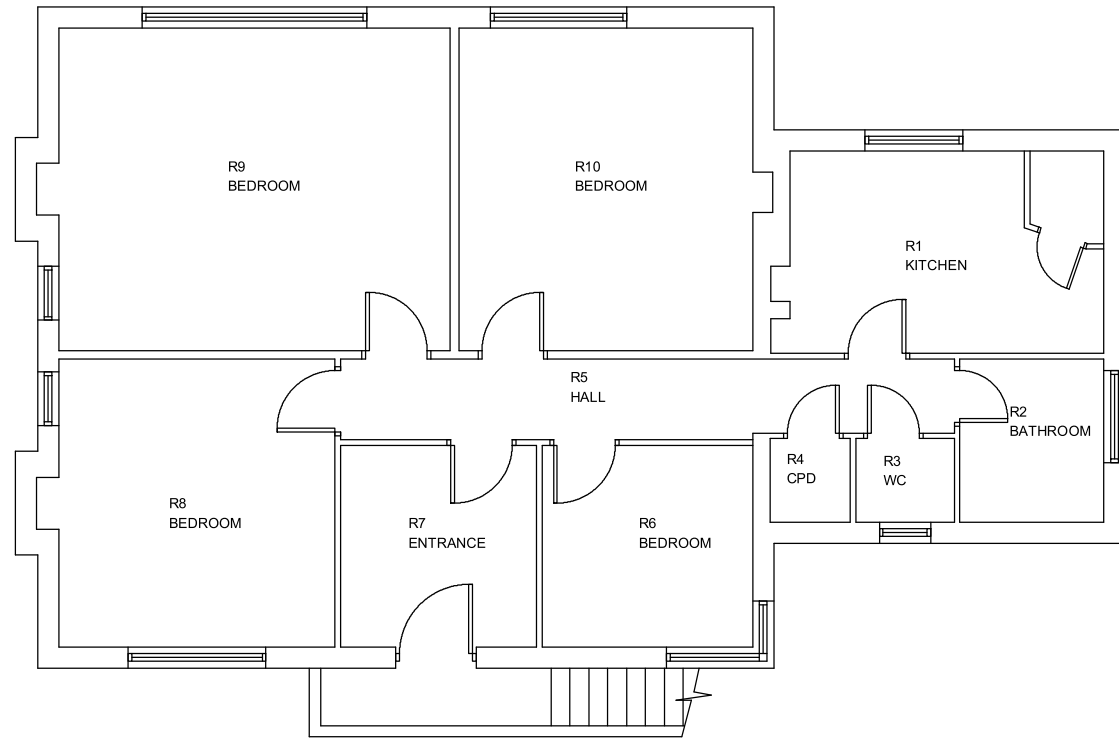
Fig.24. Penarth

Key

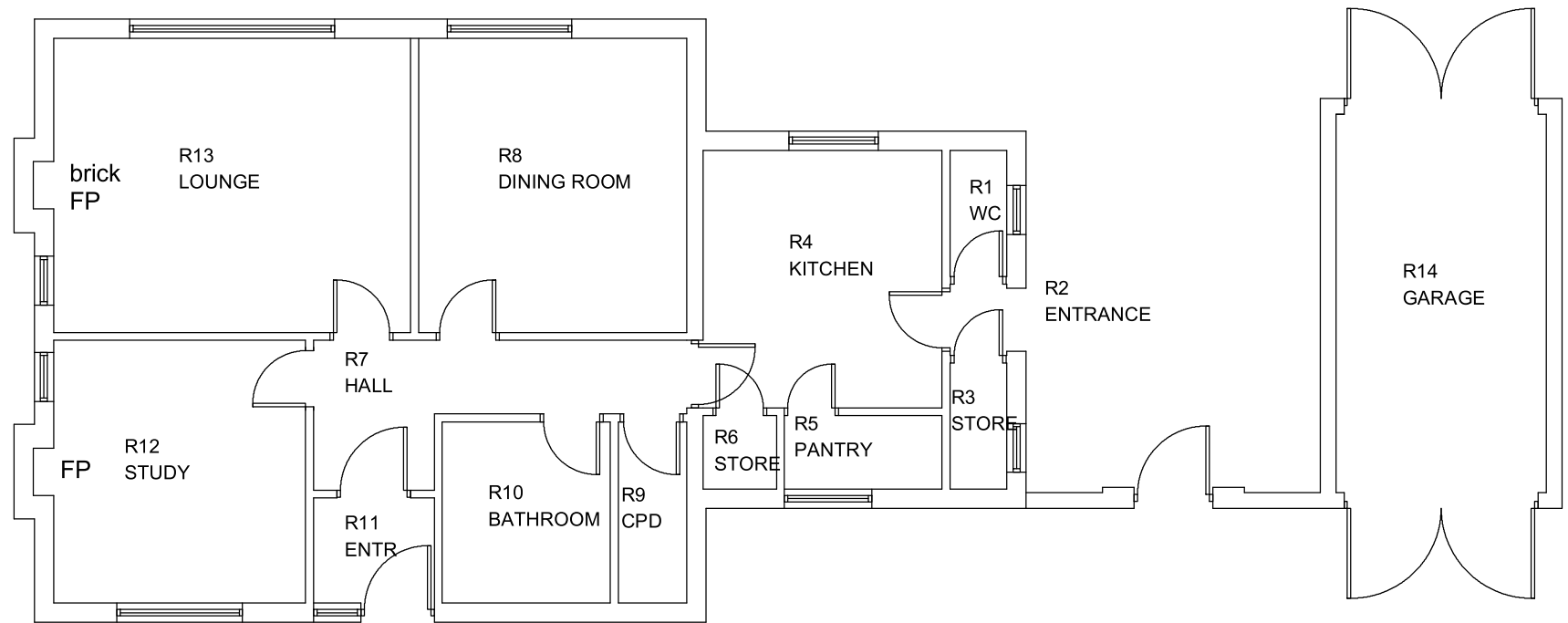
FP fire place



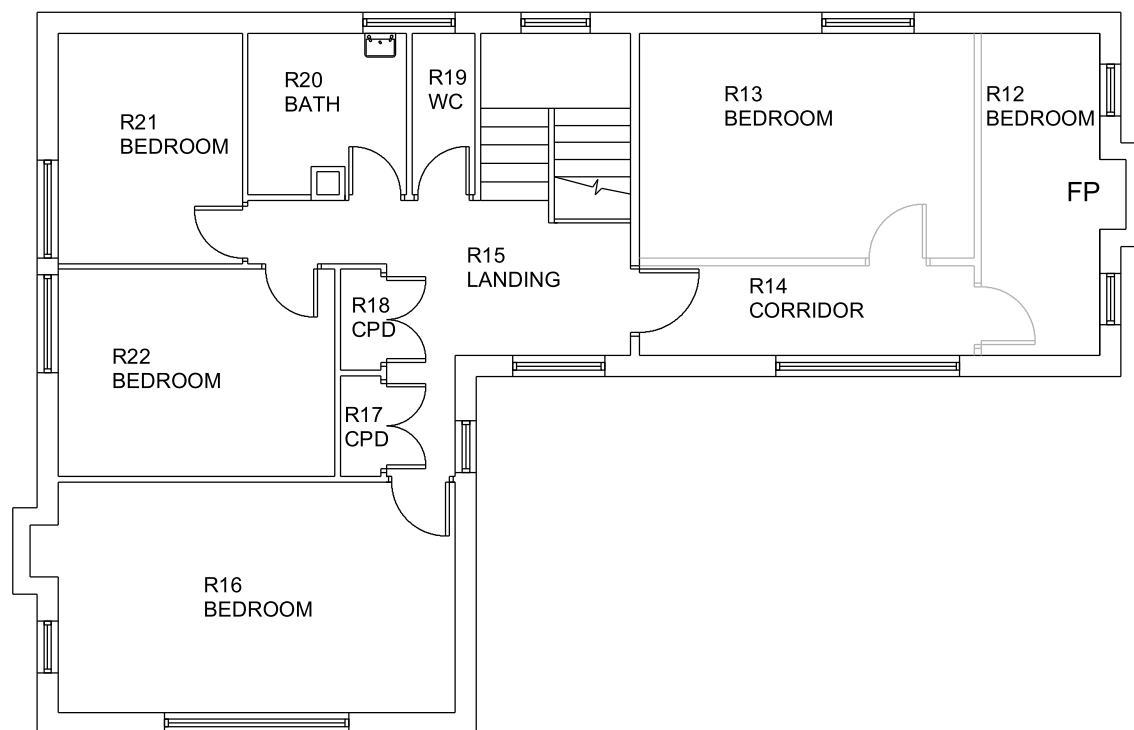
1:100 at A3



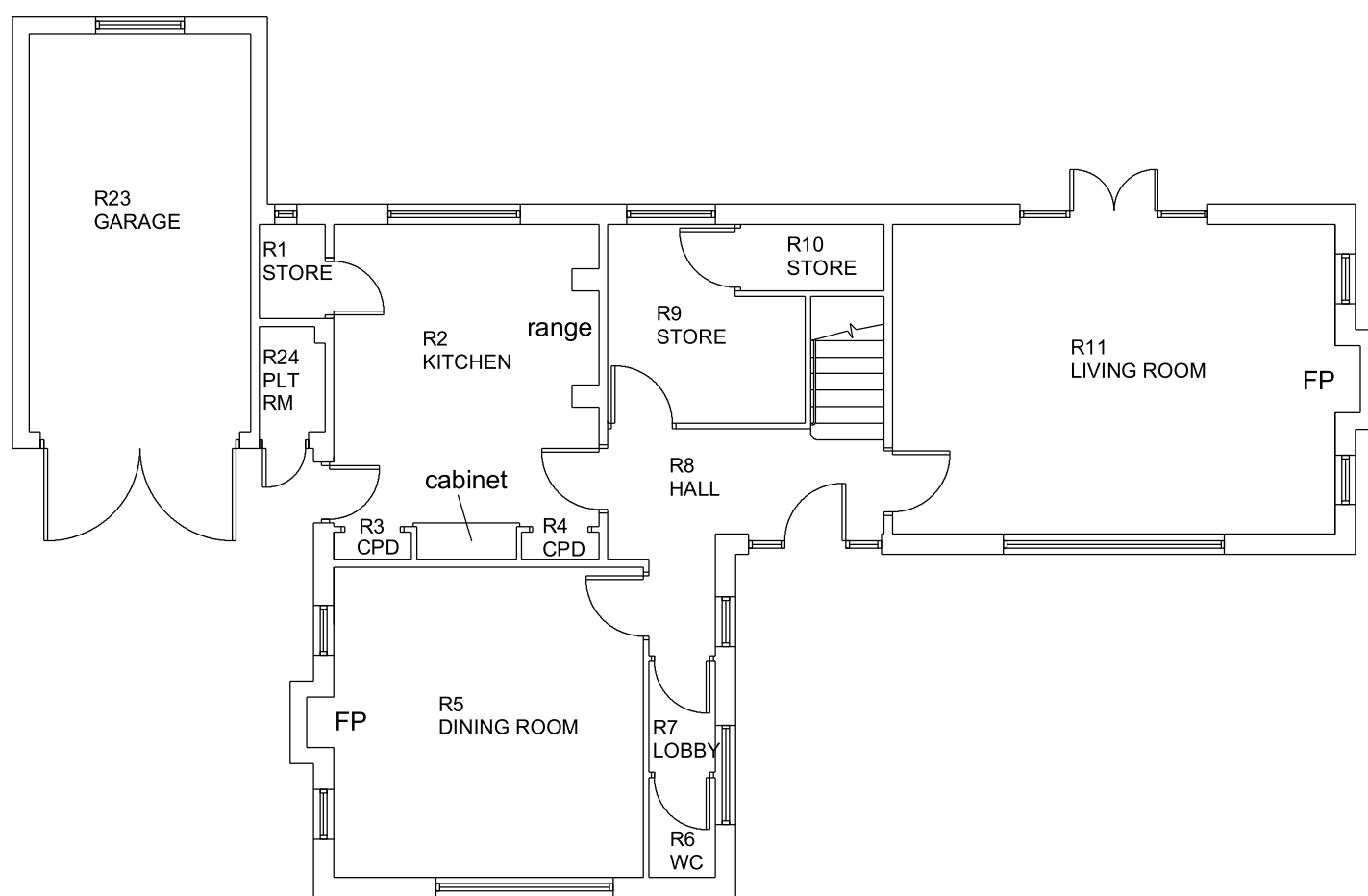
FIRST FLOOR (NO ACCESS)



GROUND FLOOR



FIRST FLOOR



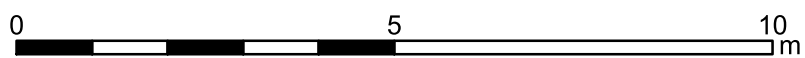
GROUND FLOOR

Fig.25. St Davids

Key

FP fire place

— modern addition



1:100 at A3



Plate 1 South elevation of admin block



Plate 2 Detail around main entrance



Plate 3 West wing of admin block



Plate 4 West elevation of administration building



Plate 5 Reception area of east side of administration building



Plate 6 Detail of reception area doorway



Plate 7 Administration block viewed to north-west from reception area



Plate 8 RC chapel viewed to south-west



Plate 9 West elevation of administrative building



Plate 10 Kitchen area viewed to south from yard



Plate 11 Main entrance corridor



Plate 12 Physiotherapy R 1(former meeting room)

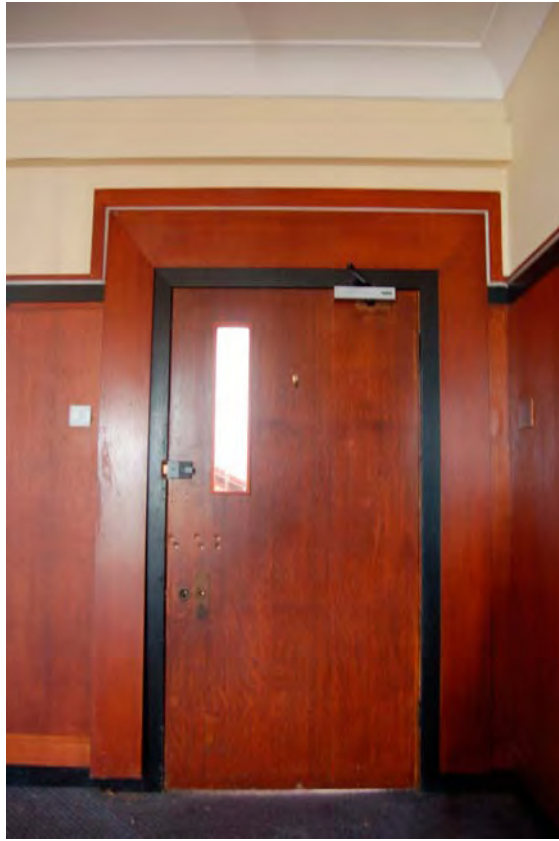


Plate 13 Door detail in R1



Plate 14 Boardroom



Plate 15 Detailing around stack in meeting room



Plate 16 Electric fire in office R21



Plate 17 Stairs in administration building

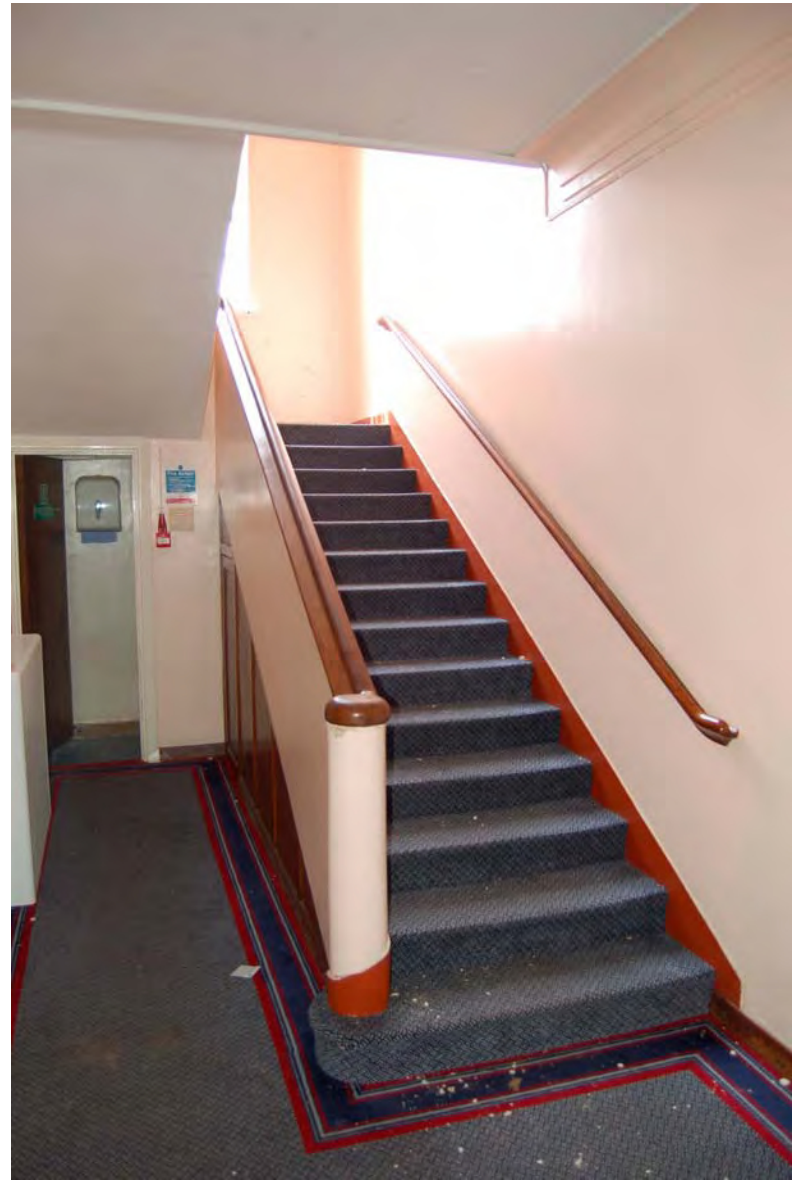


Plate 18 Administration building stairs



Plate 19 Modern reception area



Plate 20 Office R28 leading to medical records store



Plate 21 R20 store



Plate 22 Telephone booth



Plate 23 Cleaner's store R42



Plate 24 Corridor R47



Plate 25 Hall viewed to stage



Plate 26 Hall viewed to former cloakrooms



Plate 27 Door detail in hall



Plate 28 Radiator detail in hall



Plate 29 The stage



Plate 30 Kitchen



Plate 31 Spiral staircase beside shop R47



Plate 32 RC chapel



Plate 33 Lecture room



Plate 34 Library



Plate 35 Office R40



Plate 36 Office R46



Plate 37 Admissions unit viewed to south-east (X-ray & Glendale)



Plate 38 Main entrance into X-ray



Plate 39 Admissions unit viewed to south-east (Ambleside, X-ray & Glendale)



Plate 40 Strom Olsen verandah (c.1960s)



Plate 41 Isolation rooms and former verandah (Ambleside)



Plate 42 South end of Ambleside ward



Plate 43 Dayrooms and verandah (Ambleside)



Plate 44 X-ray department lab beside entrance lobby



Plate 45 Female admissions ward



Plate 46 Isolation room viewed from corridor



Plate 47 Extant spy-hole and ventilation grill over isolation door



Plate 48 Typical isolation room interior



Plate 49 Female admissions dining room



Plate 50 Harper Unit viewed to south-east (Harper Suite)



Plate 51 Typical Harper Unit doorway



Plate 52 Harper Unit viewed to south-east (Dove & Oakview)



Plate 53 Sick hospital verandah (Dove)



Plate 54 East side of TB hospital verandah (Oakview)



Plate 55 TB hospital verandah (Oakview)



Plate 56 TB hospital verandah (Medical Secretaries)



Plate 57 Harper Suite corridor



Plate 58 External corridor between Harper Unit & Dove



Plate 59 Original door signage (R16)



Plate 60 Examination booths



Plate 61 Courtyard corridor R21



Plate 62 Nurse station



Plate 63 Woodside viewed to north-east



Plate 64 Woodside viewed to west



Plate 65 Parole Unit dayroom



Plate 66 Dayroom fireplace



Plate 67 Nurse station



Plate 68 Pantry



Plate 69 Cupboards in ablution block



Plate 70 Dormitory



Plate 71 Shrouded heating pipes



Plate 72 South elevation of Belfairs



Plate 73 Decorative brick banding (Belfairs)



Plate 74 Courtyard area of Belfairs



Plate 75 Isolation rooms



Plate 76 Sluce



Plate 77 Boleyn viewed to north-east



Plate 78 Boleyn viewed to north-west



Plate 79 Detailing below stair window



Plate 80 South elevation of Harman



Plate 81 Harman viewed to south-west



Plate 82 Kitchen



Plate 83 Floor detail



Plate 84 Elm viewed to north-west



Plate 85 Elm viewed to north-east



Plate 86 Dayroom (Elm)



Plate 87 Laburnum viewed to south-west



Plate 88 South elevation of Laburnum



Plate 89 View along verandah



Plate 90 Ward R11



Plate 91 South elevation of Hullbridge



Plate 92 Hullbridge viewed to south-west



Plate 93 Modern nurse station and dayroom R27



Plate 94 Chalkwell viewed to north-east



Plate 95 Chalkwell verandah



Plate 96 Chalkwell viewed to south-west



Plate 97 Kitchen



Plate 98 Pantry



Plate 99 Modern bed bay (R8)



Plate 100 Dayroom R10



Plate 101 Dayroom R13



Plate 102 Isolation door rebate



Plate 103 Leigh viewed to north-east



Plate 104 Leigh viewed to north-west



Plate 105 Private dayroom



Plate 106 Leigh viewed to south-west



Plate 107 Isolation room



Plate 108 South elevation of Hillview



Plate 109 Oakfield viewed to south-west



Plate 110 Hillview ward (ground floor)



Plate 111 Oakfield ward (first floor)



Plate 112 General roof construction (Hillview)



Plate 113 Boundary House (Nightingale & Margaret) viewed to south-west



Plate 114 Door detail (Nightingale & Margaret)



Plate 115 Boundary House (Elizabeth & Sherrington) viewed to south



Plate 116 Boundary House (Windsor & Sandringham) viewed to south



Plate 117 Boundary House terrace (Nightingale)



Plate 118 Elizabeth & Sherrington viewed to north-west



Plate 119 Windsor & Sandringham viewed to north-west



Plate 120 Dayroom R21



Plate 121 Dormitory R2



Plate 122 Typical Boundary House bathroom



Plate 123 Chapel viewed to north-east



Plate 124 East end of chapel



Plate 125 Western doorway



Plate 126 Chapel interior



Plate 127 Wall light



Plate 128 Pulpit



Plate 129 Alter frail and marble flooring



Plate 130 Nursery viewed to north-east



Plate 131 Classroom R20



Plate 132 Workshops viewed to west



Plate 133 Workshop interior (R9)



Plate 134 Workshops R13/14 & R38 viewed to south-west



Plate 135 South elevation of Boiler house



Plate 136
Tower viewed to south-east



Plate 137 Boiler room



Plate 138 Plant room



Plate 139 Upper tank room



Plate 140 Mortuary viewed to north-west



Plate 141 Chapel of Rest



Plate 142 North elevation of kitchen stores



Plate 143 Storage area and stair



Plate 144 View from first floor office



Plate 145 Laundry viewed to south-east



Plate 146 R4 laundry room



Plate 147 Sewing Room viewed to south-west



Plate 148 Room R3 & supervisor's office



Plate 149 West elevation of Ettrick



Plate 150 1930s Hall light



Plate 151 Living room



Plate 152 Stairs



Plate 153 West elevation of Charters



Plate 154 Penarth viewed to north-west



Plate 155 Newick viewed to north-west, & garages



Plate 156 Newick viewed to south-east



Plate 157 St Davids viewed to north-west



Plate 158 St Davids viewed to south-east



Plate 159 Living room



Plate 160 Kitchen



Plate 161 Fireplace in room R12



Plate 162 Bus shelter



Plate 163 Porter's Garage viewed to south-east



Plate 164 Garage 33 viewed to north-east



Plate 165 Fire point on east wall of garage



Plate 166 Air-raid shelter



Plate 167 Sun house



Plate 168 Nurse's home viewed to north



Plate 169 Nurse's home viewed to south-east



Plate 170 Modern Occupational Therapy/Neuropathology unit viewed to south



Plate 171 Modern Occupational Therapy/Neuropathology unit viewed to west



Plate 172 Canteen & Social Centre viewed to north-west



Plate 173 Bungalows 3 & 4 viewed to south-east



Plate 174 Sports Hall viewed to north-east