

**ONGAR WAR MEMORIAL HOSPITAL
FYFIELD ROAD
CHIPPING ONGAR
ESSEX**

HISTORIC BUILDING SURVEY



**Essex County Council
Field Archaeology Unit**

June 2010

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Prepared by: Andrew Letch Position: Project Officer	Signature: Date: 22nd June 2010
Approved by: Adrian Scruby Position: Project Manager	Signature: Date: 22nd June 2010

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Please contact the Archaeological Fieldwork Manager at the

Field Archaeology Unit

Fairfield Court, Fairfield Road, Braintree, Essex CM7 3YQ

Tel: 01376 331431

Fax: 01376 331428

Email: fieldarch@essexcc.gov.uk

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**THE ONGAR WAR MEMORIAL HOSPITAL
FYFIELD ROAD
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HISTORIC BUILDING SURVEY

Client: Murphy Phillipps Architects on behalf of West Essex Primary Care Trust

FAU Project No.: 2197

NGR: TL 5523 0433

OASIS No.: essexcou1-77969

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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 a 1930s hospital prior to demolition. The work was commissioned by Murphy Phillipps Architects on behalf of West Essex Primary Care Trust, and carried out in accordance with a brief issued by the Historic Environment Management team of Essex County Council (ECC HEM), who also monitored the work.

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

The hospital is one of only two War Memorial hospitals to remain in Essex, built to honour the dead of the First World War. Presently redundant, the hospital has developed over the past eighty years and is now to be replaced with a state of the art Primary Care Centre housing doctor's surgeries and out-patient facilities beneath one roof. Its importance is outlined in a comparative survey of Essex hospitals (Garwood and Gould 1999).

2.0 BACKGROUND

2.1 Site location and description

The Ongar War Memorial Hospital stands in a largely residential area at the southern end of Chipping Ongar, on the boundary with the neighbouring parish of Shelley (NGR TL 5523 0433). The main facade faces onto Fyfield Road, with a car park at the front and lawns at the back. These formed part of the hospital gardens that originally extended further to the west (fig. 1). Various additions ranging in date from the late 1930s to c.1999 have been added over the years. Two outbuildings stand at the back beside the current boundary.

The hospital is classified as a 'cottage hospital' in the ECC hospital survey (1999). It is built of red brick with a slate roof in a rather austere style with two floors containing an administration block at the north end and wards on each level. Additions have largely been made sympathetically to the original building to form an inverted 'C'-shaped plan open to the west. As a public building it has been well-maintained up to the point of closure, though at the time of the survey the hospital was vacant, stripped of equipment and most furniture, and the site surrounded by blue hoarding in preparation for demolition works to begin. The building is not Listed.

2.2 Planning background

An application to demolish the hospital and erect a three-storey primary care centre was submitted to Epping Forest District Council in January 2010 (EPF/0015/2010). In view of its local value as one of only two publicly-funded war memorial hospitals to remain in Essex, and its resonance with the local community, ECC HEM advised Epping Forest District Council that a historic building record should be made before demolition takes place (ECC HEM 2010).

2.3 Historical background & development

Cartographic and documentary research was undertaken at the Essex Record Office, Chelmsford (ERO) and references are supplied in the text. Information was also taken from the Essex County Council Comparative Survey of Essex Hospitals (Garwood & Gould 1999) and a local history written for the millennium by the Ongar Millennium History Society (OMHS 1999). The Ongar Millennium History Society supplied copies of postcards from the 1930s, two of which are featured in Appendix 1, and informed us that the League of Friends have a photograph album started in the 1930s by one of the Sisters (John Root pers. comm.).

A decision to build a War Memorial Hospital was made at a public meeting in December 1918. The idea of such hospitals was to celebrate peace and commemorate those who had given their lives (ERO AHW 4/1/1). Before the hospital was built a cottage hospital was established at the south end of Fyfield Road (fig. 1) that grew from a single rented bungalow (No. 71) to three other bungalows and cottages (Nos. 63, 65 and 69), providing 22 beds by 1933. However, the hospital was closed by 1939 due to financial mismanagement by the doctor in charge (Garwood & Gould 1999).

The Ongar and District War Memorial Hospital was opened by the Lord Lieutenant of Essex on August Bank Holiday Monday 1933 (OMHS 1999; Appendix 1, plate 1). It was built by local building contractors, Nobles, from a War Memorial fund of £3,765 and proved to be a great success (OMHS 1999). Before the National Health Service such hospitals were funded by voluntary contributions. In this case, money was raised from annual subscribers, donations, house to house collections, the weekly activities of the Drum and Monkey Club (a fancy dress troupe) and an annual garden party held at 'The Wilderness'. In addition, collections of food were made from the town and neighbouring villages.

A postcard of the original hospital is shown in Appendix 1, plate 2. It had a typical pavilion design layout of three conjoined blocks: a main entrance and administration block at one end, including treatment rooms (casualty, operating theatre, etc), service rooms for the ward in the middle (sluice, toilets, etc), and the wards themselves at the far end. There were two six-bay open wards on each floor providing 12 beds in all, plus a maternity unit on the first floor. A new wing was added to the west in 1939 at a cost of £1,723, to provide a flat for the matron, new kitchens, staff rooms and four extra beds (OMHS 1999). The drawings for the new wing are kept in the ERO (D/ROn 5/2/106) and the plans and sections are shown in figure 2

In 1944 the Government Emergency Hospital Treatment Scheme for wounded soldiers funded the enlargement of the operating theatre and the provision of a new sterilising/scrub-up room. An air-raid shelter was built (now demolished) together with several out-buildings, one of which may be the shed along the western boundary (fig. 1).

By 1947, shortly before the National Health Service was founded, the hospital like many others was on the brink of bankruptcy (OMHS 1999). Under the National Health Service many services passed to neighbouring hospitals. The last major operation was performed in 1952, x-ray facilities withdrawn once the machinery became obsolete and in 1969 maternity provision was removed. A proposal by the North-Eastern Metropolitan Hospitals Board to

close the hospital in 1969 met with fierce local resistance, but in 1970 the Secretary of State agreed in principle to its closure.

In 1971/72 the hospital was taken over by the County Council for use as elderly and mentally infirm accommodation. Funded by the League of Friends, a day room and lift were added in 1979, which was followed by a rear extension in 1988, together with the addition in 1995 of a three bay physiotherapy department onto the southern end in 1995, also constructed by the original builders, Nobles. Plate 1 was taken in 1999, before the lift was replaced.

In its final years, the hospital was used for up to 14 elderly in-patients, primarily for palliative care. Out-patients services offered physiotherapy, a baby clinic, ante-natal and post-natal checks, speech therapy and chiropody until its closure in October 2008.

3.0 OBJECTIVES

The purpose of the historic building survey was, as stipulated in the brief (ECC HEM 2010), to record the structure to RCHME Level 3 standard (1996) prior to demolition, addressing materials and method of construction, function, room status and internal spatial layout, fixtures and fittings, along with producing a full photographic record to 'preserve by record' the structure. In saying so, evidence for early spatial layout is sparse and there are few original fixtures and fittings, which is to be expected from such a public building that needs to be well-maintained, safe and modern.

4.0 DESCRIPTION OF WORKS

Keys were provided by the client enabling full access around the site and within the hospital and outbuildings. Only the basement was not recorded, due to flooding, and no plans are available of it. As part of the survey, external and internal architectural descriptions were made and plans and elevations supplied by the consultants were annotated for the record.

A series of photographs (digital and 35mm black & white print) were taken internally and externally. Specific shots were taken of any areas of architectural detail, fixtures and fittings. A representative selection of photographs is reproduced at the back of the report as plates 1-30. The remainder can be found in the archive.

A location/block plan was produced to show the context of the hospital within its surrounding area (fig.1) and documentary and cartographic research undertaken to investigate its origins and development (section 2.3).

5.0 BUILDING DESCRIPTIONS

5.1 General description

The 1933 hospital is a two-storey ten-bay linear range laid out on a north to south axis and built with hard red bricks (with some burnt headers) bonded in a lime mortar and arranged in Flemish bond. The roof is covered in grey slate, low-pitched and hipped either end. A hipped administration/entrance block project outwards from the north end (fig. 1), with treatment and service rooms in the centre and wards to the south. Windows on the wards were built facing each other for good ventilation and have been replaced with UPVC double-glazing units in the same style. Internally the partition walls are plastered over studwork and brick. The upper floor is carried on boxed steel joists that in most cases are hidden from view.

Extensions to the back of the main building are largely brick-built except for the day care block, which is pre-fabricated. More modern additions have been made to the front in the form of a two-bayed gabled projection at the south end (1996) and the lift building protruding from bays four and five (c.1999) (plates 1 and 2).

5.2 External description

The main façade is the **east elevation**, facing onto the road, with the former car park at the front. It is of a consistent build, in Flemish bond, except for modern additions comprising the lift housing and 1996 extension, which that are in stretcher bond but in a similar tone of brick. Ground floor windows in the main part have stone sills and concrete lintels, whilst those on the first floor are built into the eaves (plate 2).

The three bay reception/administration block protrudes slightly at the north end where the main entrance is located, accessed by a modern glazed entrance bearing the name of the hospital at the front. An original stone plaque in the centre of the block bears the inscription 'ONGAR AND DISTRICT WAR MEMORIAL HOSPITAL' (plate 2). A large post-1999 lift structure is built on part of the administration block whose large scale and tall recessed panelled sides dominate the front elevation (plate 2). Other modern features include a fire door off the stair immediately south of the lift, cut into the window that formerly lit the base of the stair, which is now blocked (fig. 3). At the south end is the physiotherapy extension built

in 1996, with gable end and matching windows and green fascia boards that are the same colour as the cast iron rainwater pipes (plate 2).

The **north elevation** (plates 3 & 4) stands alongside a tarmac drive leading to the rear, close to the boundary hedge (fig. 1). This represents the north end of the original hospital plus the 1939 kitchen extension (fig. 2). There are few features to the 1933 building part from a sole window on the ground floor located above the steps to the (now flooded) basement, which is identical to those on the front. Those above it are more plainly presented, with utilitarian tile sills and soldier heads, as with the extension. The extension begins at the side (tradesman's) entrance whose doorway has 'modernist' design influences unusual in this building, with definite geometric themes to the door surround: glazed and unglazed oblong panels and a column of three circular vents in the top left corner (plate 4). Echoes of modernist design are also reflected in the four-bayed 1939 flat-roofed kitchen extension, whose windows are in two horizontal recessed panels, with continuous soldier heads and tile sills to the top and bottom (plate 4). The bottom panel continues into the single storey mortuary room that is lit by a single window.

Viewed from the grounds at the back of the hospital, the most visual aspects of the **west elevation** are the 1939 and 1979 extensions that project outwards from the main core (fig. 1, plate 6). A small south-facing patio area stands at the back of the 1939 extension, connecting to the staff room, which is a later addition (1988?) built onto the earlier part in stretcher bond along with the screening wall in front of the mortuary which appears to be contemporary. Semi-circular concrete steps lead down to the patio from modern French doors. Closer to the main part of the hospital is the presumed 1944-45 operating theatre extension, which is now staff changing rooms (figs. 1 and 2). Construction is in the same Flemish bond and a scar marks the position of the original west wall (fig. 2). One of the windows was blocked when the changing rooms were introduced (plate 7). Over the extension, the first floor is stepped back from the ground floor and contains no features of note, with its flat roof, plain chimneys and metal air vent leading off from the kitchen below (plate 4). Between the extensions part of the main hospital is visible, showing window ranges to service rooms on the left of the smaller toilet windows and the wards to right (plate 8). All of the original cast iron vents, rainwater goods and waste pipes (painted green) are still present. The flat-roofed single storey 1979 day room extension protrudes from the south end of the elevation. Typically it has a boarded exterior and large aluminium windows to maximise light levels (plate 9). Above it, the change in build between the 1933 hospital and three-bay 1995 south wing can be clearly seen (plate 9).

Viewing the **south elevation** (plate 10) was difficult because of the overgrown hedge between the building and the tarmac car park to the south that perhaps once was used by the hospital. This side consists of later extensions, principally the 1979 day room and 1995 physio block, which have been sympathetically constructed and blend in well with the main structure.

5.3 Internal description

Essentially the hospital was built with an administration block/entrance and treatment rooms at the north end, stairs and service rooms supplying the ward (sluice, toilets, bathroom, etc), and wards to the south. This pattern was repeated on both floors, with the exception of the maternity ward over the administration block. The 1939 extension contained service rooms on the ground floor (kitchen, mortuary, etc) and staff areas above (primarily the matron's rooms). Their functions are shown in grey in figures 3 and 4. In the later period the main duties were taken over by larger hospitals and the memorial hospital was used for elderly and palliative care, physiotherapy, and out-patients clinics.

Internal configuration has changed over time as alterations and extensions have been made but the principle rooms and much of the spatial layout remains. Floor plans showing the 1939 extension and the north three bays of the original hospital (up to and including the operating theatre) were a useful discovery and show room function from this time (fig. 2). However, alterations to the internal fabric and continuous updating of the facilities have meant that a lot of the original 1930s fixtures, fittings and equipment (doors, flooring, etc) have been removed or replaced as part of the natural progress of a modern hospital. The primary objective of the survey was therefore to record the 1930s hospital in the context of the modern hospital, rather than simply create a record of a modern hospital.

Before the survey the rooms had been cleared of most equipment except for some office furniture and patient lockers. More permanent fixtures and fittings (cupboards, etc) remained. Almost all the doors had been removed.

5.3.1 Ground floor (fig. 3)

1933 Hospital

The main entrance was, and still is, on the east side of the administration block. A covered porch was added in the modern period, but the former entrance may be viewed in plate 1. The entrance leads into the hall, latterly linked to a corridor into the 1939 extension at the west end of the building (plate 11), and southwards as a long corridor to the ward and latterly the physio dept. (fig. 3). Chamfered beams pass along the ceiling (fig. 3), providing some

slight 'mock Tudor' decorative effect to the administration block. Further decoration here is minimal, and this is a feature throughout the building, with plain architraves around the doors, simple 6 inch chamfered skirting boards and tiled window sills, all typically 1930s features. The **chiropody** room has no early features. High 1930s cupboards remain in the **office** and enquiries room (plate 12), which otherwise contain modern office furniture and fixtures. The office formed the west wall of the 1933 hospital (fig. 3).

Much of the equipment in the **operating theatre** has been removed and replaced by filing cabinets, but the old theatre light remains (plate 13). Opposite is the **stretcher** store (figs. 2 & 3). The current **motor room** was formerly the dispensary but now provides power to the modern (post 1999) **lift**. It is possible the former lift was located in the corridor leading to the current lift, although the earlier façade photograph (plate 1) shows a single mid-height window more suggestive of a stair light.

The various rooms in the central part of the hospital originally serviced patients on the ward, prior to the physiotherapy (physio) department being established (fig. 2). The **pharmacy**, **sluice** (with butler's sink, plate 14), **laundry** (ex. WC but now fitted with a washing machine and dryer) and **public WC** have modern fittings although the WCs retain original plain four-panel doors. Since the ward closed, one has been set aside for public use (day patients) (plate 15). The **stairs** are in a dog-leg form and made of steel beneath modern carpeting (plate 16). The blocked window on the lower flight (fig. 3, plate 1) suggests they are a modern replacement, perhaps when the fire door was inserted (post-1999).

The former 6-bed ward at the south end is now a waiting room (plate 17) and treatment room for the physio dept, augmented by a 4-bay physio ward for in patients and an office in the **1995 extension** (fig. 3). All fixtures in the **waiting room** and **treatment room** are modern (vinyl floors, etc) and much has been cleared out, although the ward windows, set opposite each other, retain their 1930s window pelmets and metal curtain tracks.

1939 Extension

A side entrance (labelled as tradesman's entrance in figures 2 and 3) links to a corridor from the 1933 entrance hall that extends the length of the west extension (fig. 2). It has a red quarry tile floor. The side door, hidden from view from the outside, is split into two glazed panels at the top and a single board panel below and is fitted with a Yale lock. The glazed door surround can be seen on the left of plate 18 but the other parts are hidden by a modern electricity cupboard that carries conduits and relays to power the lift. Leading from this is the **kitchen**, partly stripped-out but still containing freezers and other modern features (plate 19).

The larder is long gone. The present **corridor** was formerly two connecting rooms: a sewing room and bulk store. The current corridor retains a utilitarian aspect with its bare painted brick walls, chains for gas bottles on one side and modern shelf fixtures on the other (plate 20). According to the plans of the 1939 extension, the **mortuary, sterilising room and store** at the far end were only accessible from the outside (fig. 2). However, this seems unlikely as there is no evidence for doorways where they should be and it is uncertain whether the plans were fully-adopted. Certainly an internal route to the mortuary would seem a good idea, as well as the discrete rear exit that still exists (fig. 3), with a utilitarian pair of ledged braced and battened doors (plate 6). All three rooms are stripped-out and display no features relating to function.

The **staff changing room** is likely to represent the 1944-45 operating theatre extension mentioned in the HER summary and there are clear comparisons with the main building in form and construction (see section 5.2), suggesting it was built not long after. It was likely adapted to provide staff facilities when the adjacent **staff room** was built, believed to be in 1988. The large **day room** was constructed opposite in 1979 and has its own kitchen and other facilities (fig. 3).

5.3.2 First floor (fig. 4)

1933 Hospital

The stairs open onto the broadly central utility area, including a bathroom and small kitchen, etc. A **corridor** leads between the main ward to the south and separate wards to the north, accompanied by their own day rooms. The **ward** to the south ((fig. 3, plate 21), the main ward on this level, shares the same design and features as the one below, namely fixtures around the windows: pelmets, metal curtain fixings and tile sills. The floor is modern vinyl against 2 inch-wide skirting boards, both later additions and the furniture is modern. The doors have been removed but there are rebates for the large roller hinges. A **single bed ward**, located at the southern end within the 1995 extension, was screened-off from the main part for privacy. On the other side, the recess of the former south window now functions as a shelf in the modern day room (fig. 4).

The layout of the central rooms appears much the same as those downstairs and appears to conform to the original form. Upstairs the only variation is the addition of a **bathroom** to replace the former sluice and WC (fig. 2). As one would expect, the fittings are modern except for the plain brass knobbed four panel WC door, which is the same as those below.

The north end of the hospital, above the administration block, comprises the modern male ward, based on the male WC being close by, and attendant facilities. In the 1930s design these were the maternity wards, and again their functions in 1939 are shown in grey in figure 4.

Along the corridor between the wards is the **loft hatch** (fig. 4), which is accessed by a wooden stair ladder fastened to the ceiling by a hook (plate 22). The loft door has four panels. Up in the loft is the usual array of water tanks, insulation and wiring. The roof structure comprises purlins supported by wide collars and lapped raking struts over some of the bays (plate 23), though the original drawings show a more basic form (fig. 2b). At the south end is a doorway into the loft over the 1995 extension (plate 23).

The **male ward** was originally built as a three bed maternity ward (fig. 4). The room retains its skirting board and a 2" picture rail, a less common decorative feature found only on this level (plate 24). Of particular interest are the triangular shelves fitted to each of the four corners (fig. 4, plate 24), surviving in this room only. On the opposite side of the corridor is the former **one-bed ward** whose size was doubled during the 1944-45 extension to hold two beds. It is lit by a large canvas canopied window that gives a good view to the rear. It is interesting to note that the doorways into the rooms off the corridor at this end are situated in the corners of the rooms in order to maximise available room for trolleys and hospital beds in the busy corridors (fig. 4, plate 22), a likely design feature of many hospital interiors.

Along the north wall of the original hospital are three rooms. The first is presumably a single room for palliative care that was formerly the labour room (figs. 2 & 4). Next door is the male WC, formerly the sink room for cleaning bed pans, etc, and a bathroom, formerly with separate baths for mother and baby (fig. 2). The fixtures and fittings in these rooms are largely modern and the only historic features to remain are the picture rail in the **single room** and the old cistern in the **sink room** (plate 25).

1939 Extension

The extension is linked to the main hospital by 'corridor no.1' (fig. 4). In the modern hospital this part provided a day room, plus facilities, and a staff meeting room (fig. 4) but originally provided accommodation for the matron and maid. Matron's rooms were quite generous (fig. 2), reflecting her position in the nursing hierarchy. Some changes to the layout have occurred since the 1930s, primarily the enlargement of rooms to the north of corridor no.1 and the day room and toilet facilities (figs. 2 & 4). The **meeting room** is a later development with all modern fittings, including fixings on the west wall for shelving more akin to storage. It adjoins

the day room through a four-panelled 1930s style door (plate 25), though the doorway is now sealed and does not feature in the 1930s plans. The **day room** is quite spacious and receives plenty of afternoon sun. The wall to the bathroom has been roughly inserted at an angle to the door (fig. 4), with a chamfered skirting board and ovolo-moulded dado rail fitted around the edges. The windows have tiled sills and fixtures for blind cords (plate 27) but are currently fitted with curtains

5.4 Outbuildings

Two outbuildings remain on the western side of the hospital, a garage and shed (fig.1). The **garage** is a modern pre-fabricated concrete type with a corrugated asbestos roof (plate 28). Grills on the sides and vacant pipe fixtures inside show it held an engine of some sorts, probably a generator in the event of power cuts.

The **shed** is more interesting and probably dates to the 1930s or 40s. It has a timber-clad exterior, gabled ends and three bays laid south to north. The north end has panelled garage doors (plate 29) and there is a single semi-glazed door at the opposite end. A long timber vented window range occupies the eastern side, facing the hospital (plate 28). The interior is lined-out in hardboard, partitioned into three rooms along the lines of the three bays, each connecting to the other along the length of the building. Some 1930s/40s shelving and doors remain (plate 30), and there is an interesting *ad hoc* list of some of the vegetable and flowers grown in the 1960s when hospitals grew their own food and the patient's natural environment was considered part of the treatment.

6.0 DISCUSSION AND CONCLUSION

Ongar and District War Memorial Hospital was established in 1933 to commemorate the lives of those lost in the First World War, and is one of only two memorial hospitals to remain in the county. The other is the Fryatt Memorial Hospital (Harwich and District Cottage Hospital), dedicated to a steamship captain who attempted to ram a German U-boat. Memorial hospitals were a type of cottage hospital, a form designed in the mid-19th century to care for those who were unable to get to the main hospitals in the towns (Garwood and Gould 1999). Their name comes from the fact that they were often built to resemble country cottages, more appropriate for the genteel country-dwelling types and often they were converted from existing houses, a good example being the Ongar Cottage Hospital (1928-39), also located on Fyfield Road. Such hospitals were laid out like a typical house downstairs (kitchen, living room, etc), perhaps with operating and x-ray rooms (Garwood and Gould 1999) and well-ventilated bedrooms on the top floor. From the 1860s cottage hospitals were also built on the pavilion plan. Like the Memorial Hospital they were funded by voluntary contributions and subscriptions, but patients also paid a weekly 'rent'. By the late 19th century cottage hospitals were being styled on the prevalent vernacular revival and this continued into the early 20th century. In the inter-war years, many cottage hospitals, such as the War Memorial Hospital, were built on a larger scale on a pavilion plan form and with increased facilities similar to the urban general hospitals (Garwood and Gould 1999).

The layout of Ongar Hospital was based on established principles, notably the pavilion plan form, pioneered by Florence Nightingale and others in the years after the Crimea War (1860s onwards). As a basic form it was to dominate the design of British and European hospitals until the latter half of the 20th century (Cooper-Reade 1998). The pavilion plan comprised a long open hall (ward) with a connecting square block for service rooms. In the early examples there may be one or several pavilion units, arranged in separate columns or emanating from a central entrance (Richardson 1998). The wards were laid out on a south to north axis and plenty of free space was recommended around the hospital so that bad air could not linger and so convalescents could use the grounds. Ward design was heavily-influenced by Florence Nightingale, leading to the development of the 'Nightingale ward'. She, and others, believed that good ventilation was necessary to help cure and prevent further sickness; the air inside the ward should be as clean as possible and all efforts should be made to expel foul air from the patients. Therefore ceilings were high and as much area as possible was given over to windows, ideally one third of the wall space and one window for every bed, which is the case at Ongar. Indeed the Fyfield Road photograph in Appendix 1

shows almost all the windows open. In keeping with this concept, wall vents were also part of the design at Ongar.

Form and function are important concepts to the arrangement of all public buildings. Ongar Hospital had an entrance/administration block at one end, leading to treatment/service rooms, and a ward at the opposite end of the building, following the natural flow of patients from admission through treatment and onto recovery and convalescence. The first floor was laid out in the same way, with a maternity ward located over the admin block. A separate kitchen block was located away from the main working areas, with the mortuary to the rear. Above were live-in rooms used by the matron and maid, reflecting not only the position of matron in the hierarchy of the hospital but the responsibilities and vocational sacrifices required of the position. In more recent years a house was provided for the matron across the road from the hospital. The layout of the modern hospital conforms in many ways to the original but as the focus of the hospital has changed from comprehensive health care to specialist out-patient clinics room function has inevitably changed. Despite such changes and the modern needs of hospitals to provide good facilities, some interesting original features remain.

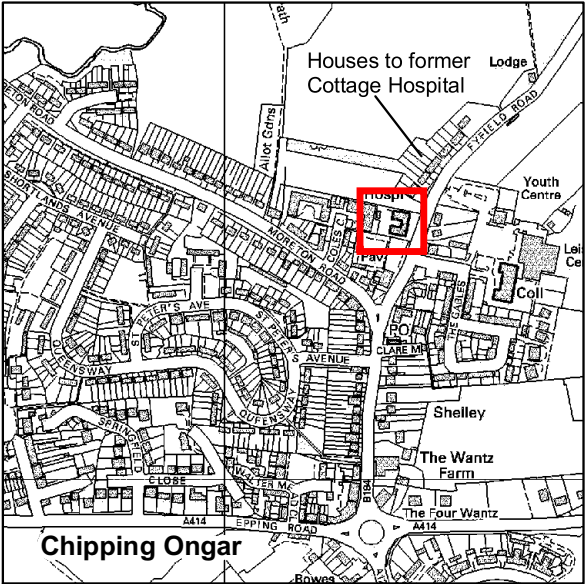
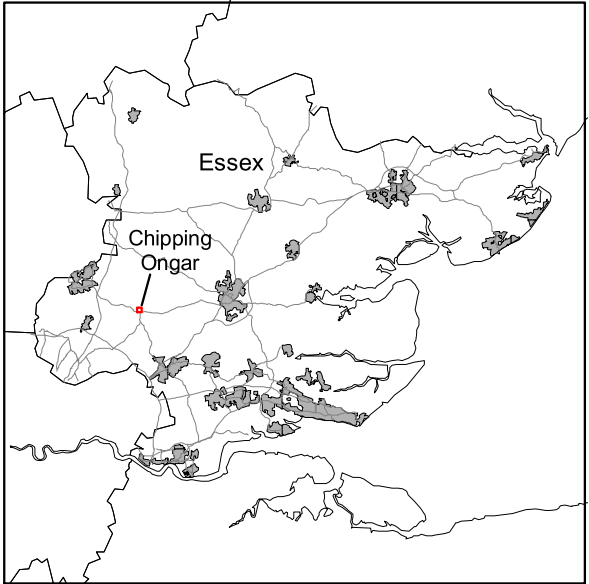
Architecturally the hospital adopts an austere traditional style of red brick and slate roof that conforms to the cottage hospital ethos of providing comfortable surroundings for the patients. Through its relatively brief history, it has served three generations of Ongarians, in some cases literally 'from cradle to grave' and has great local significance as a fondly-remembered part of the community.

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Fig.1. Site location and phased block plan

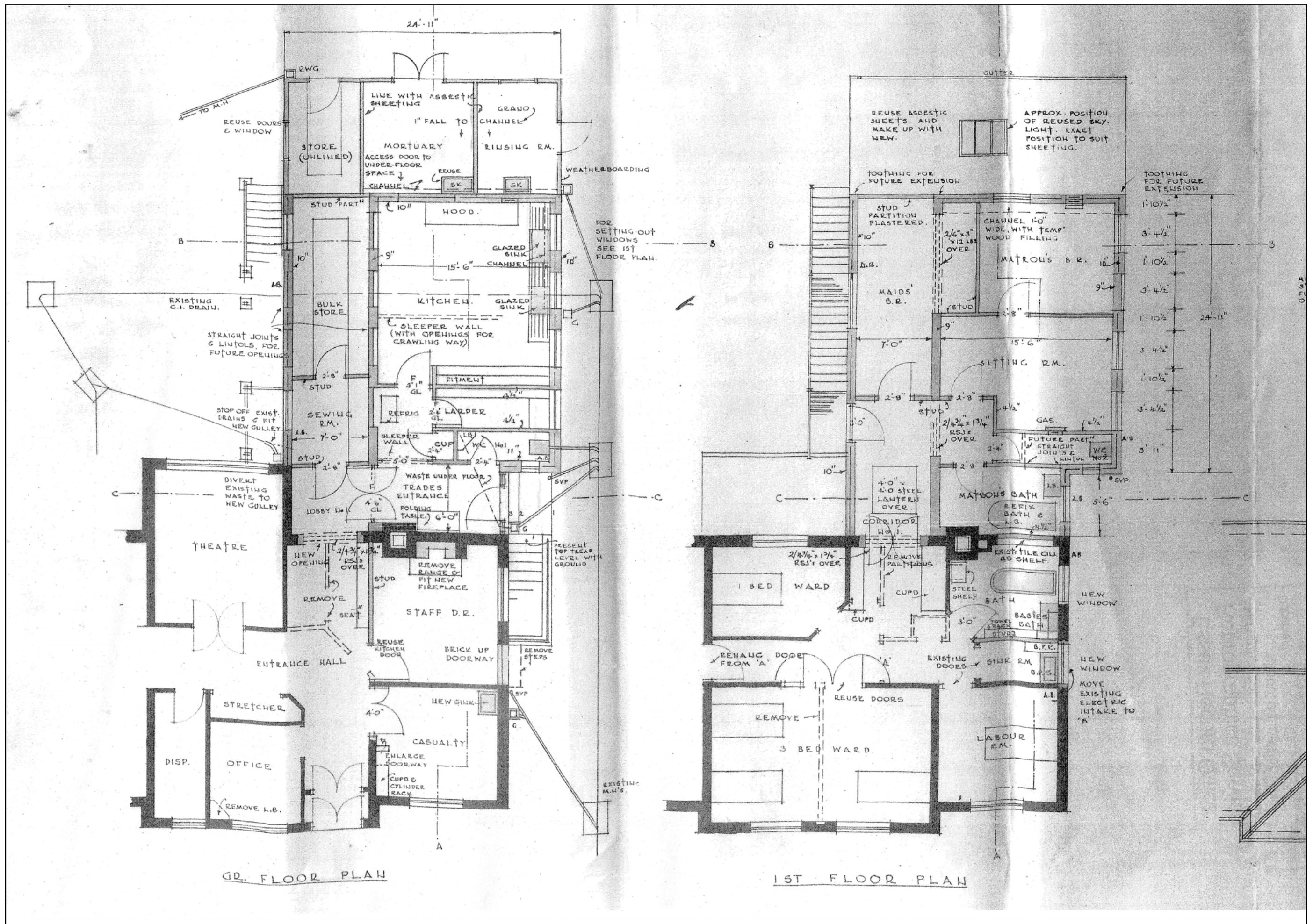
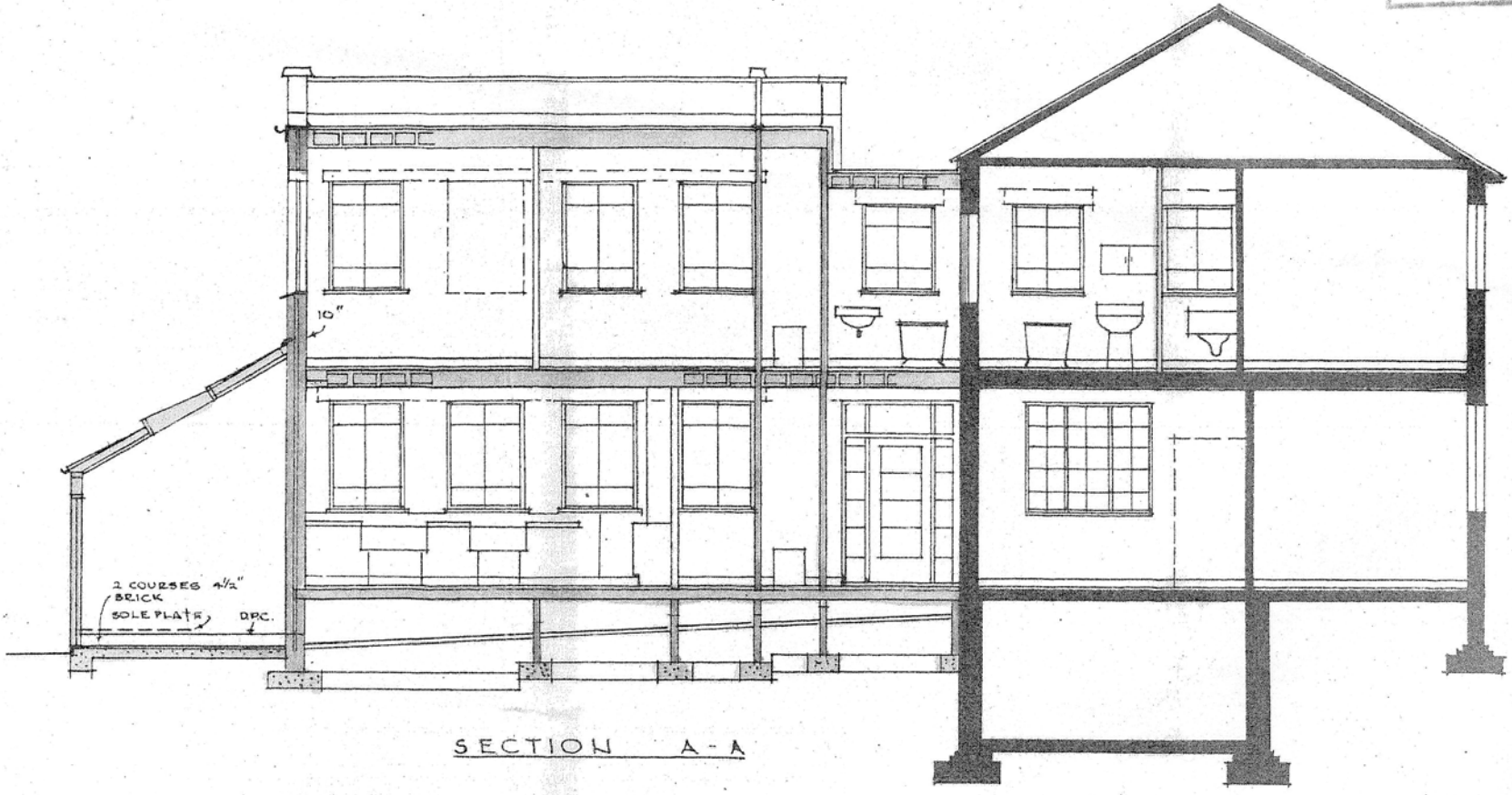
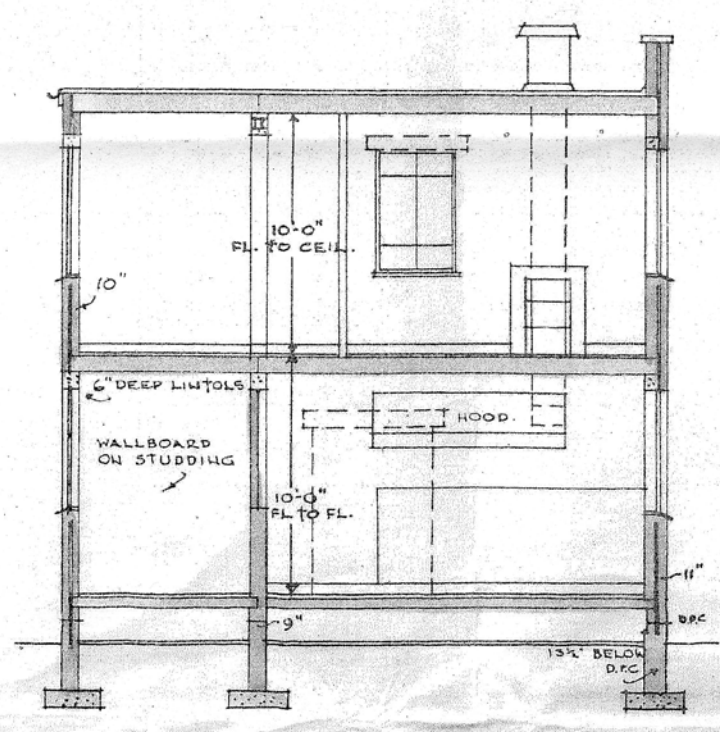


Fig. 2 1939 Extension drawings (a) Plans (c.1:100)

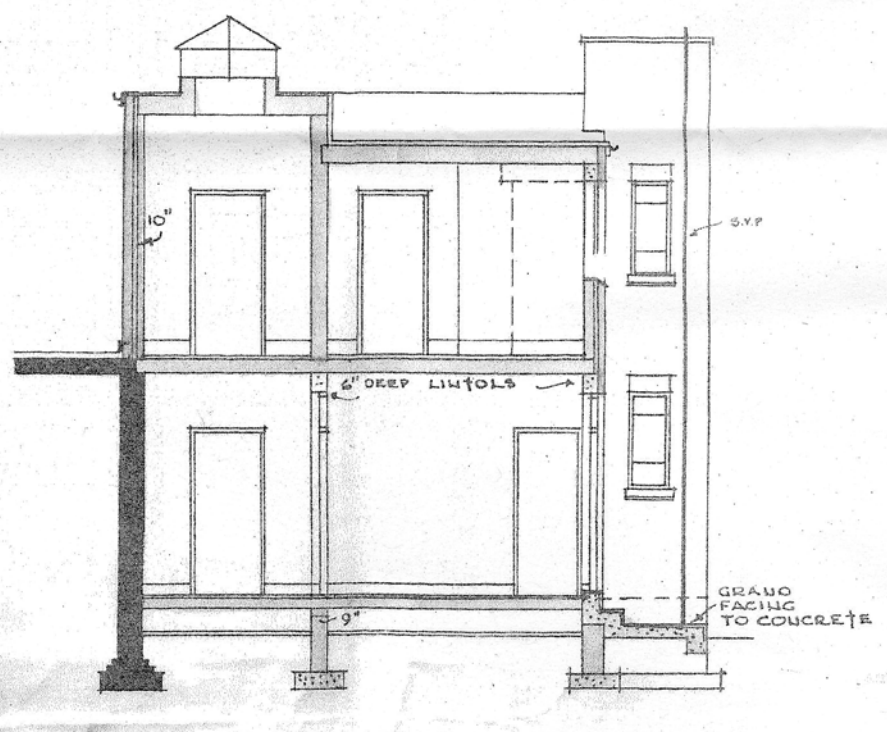
ONGAR R.D.C.
 20 DEC. 1936
 BUILDING SURVEYOR.



SECTION A-A



SECTION B-B



SECTION C-C

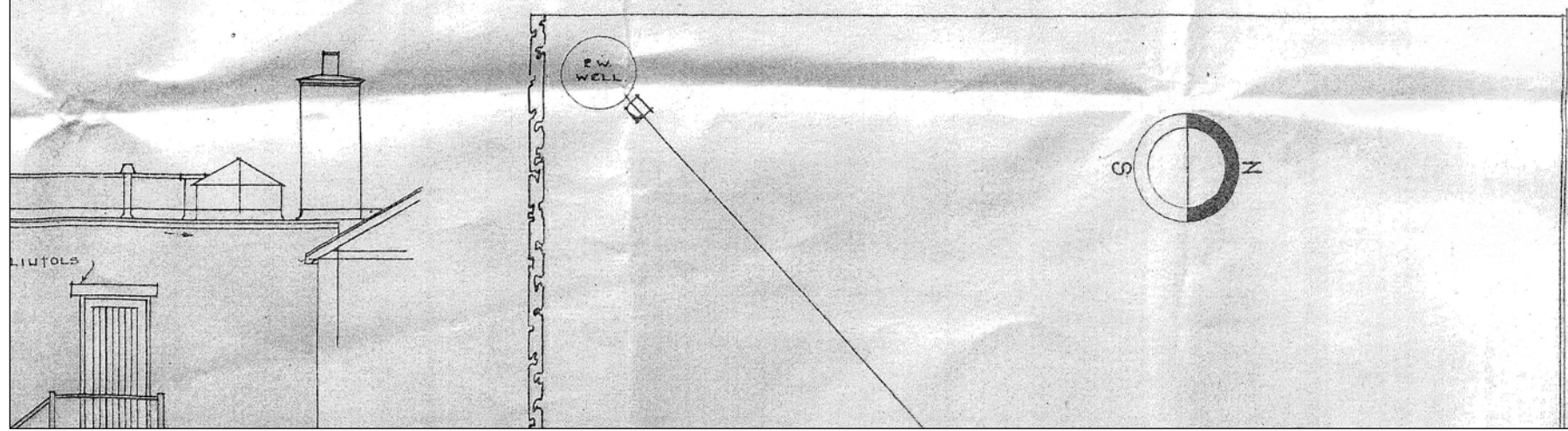


Fig.2 1939 Extension drawings (b) Sections (approx. 1:100)

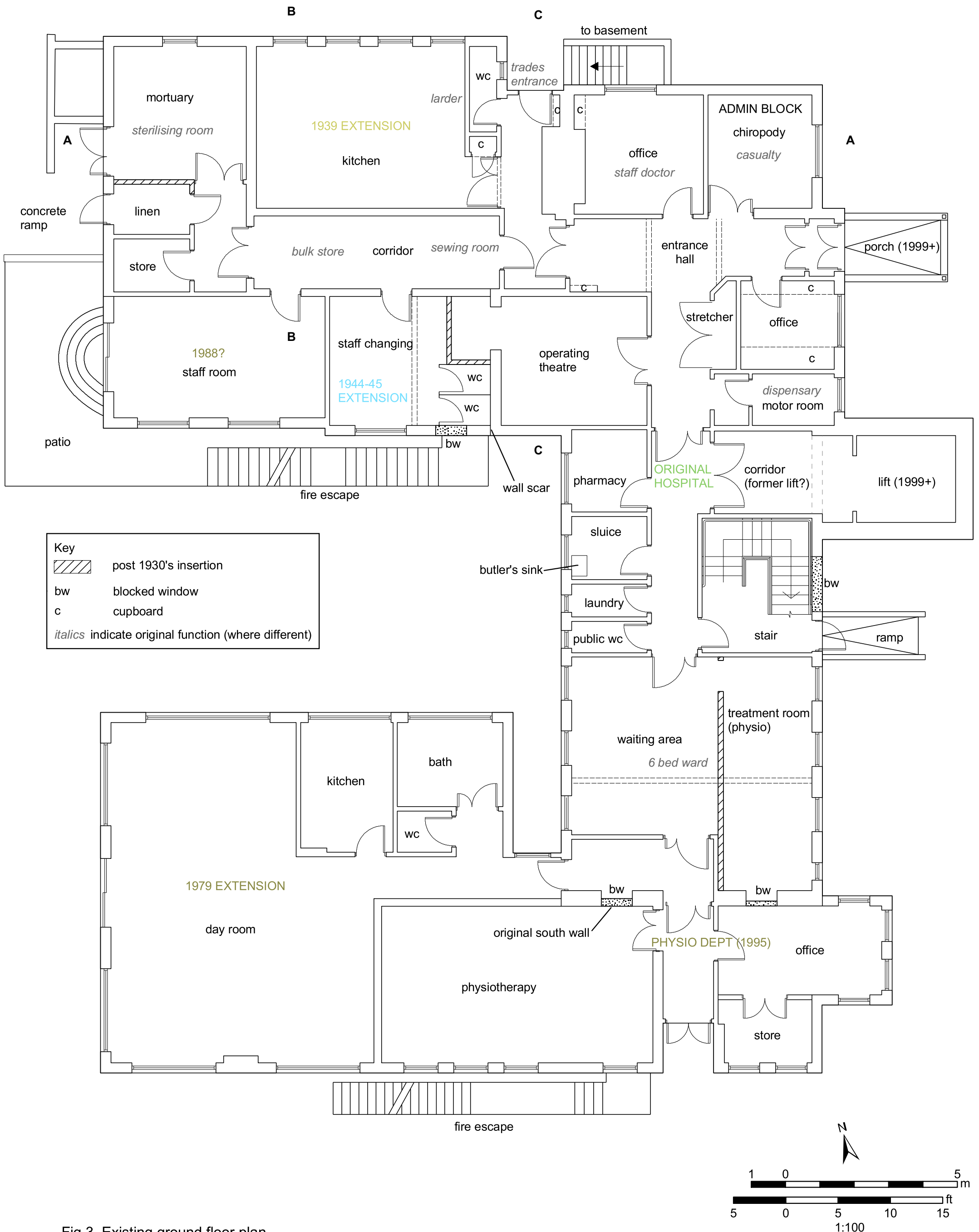


Fig.3. Existing ground floor plan

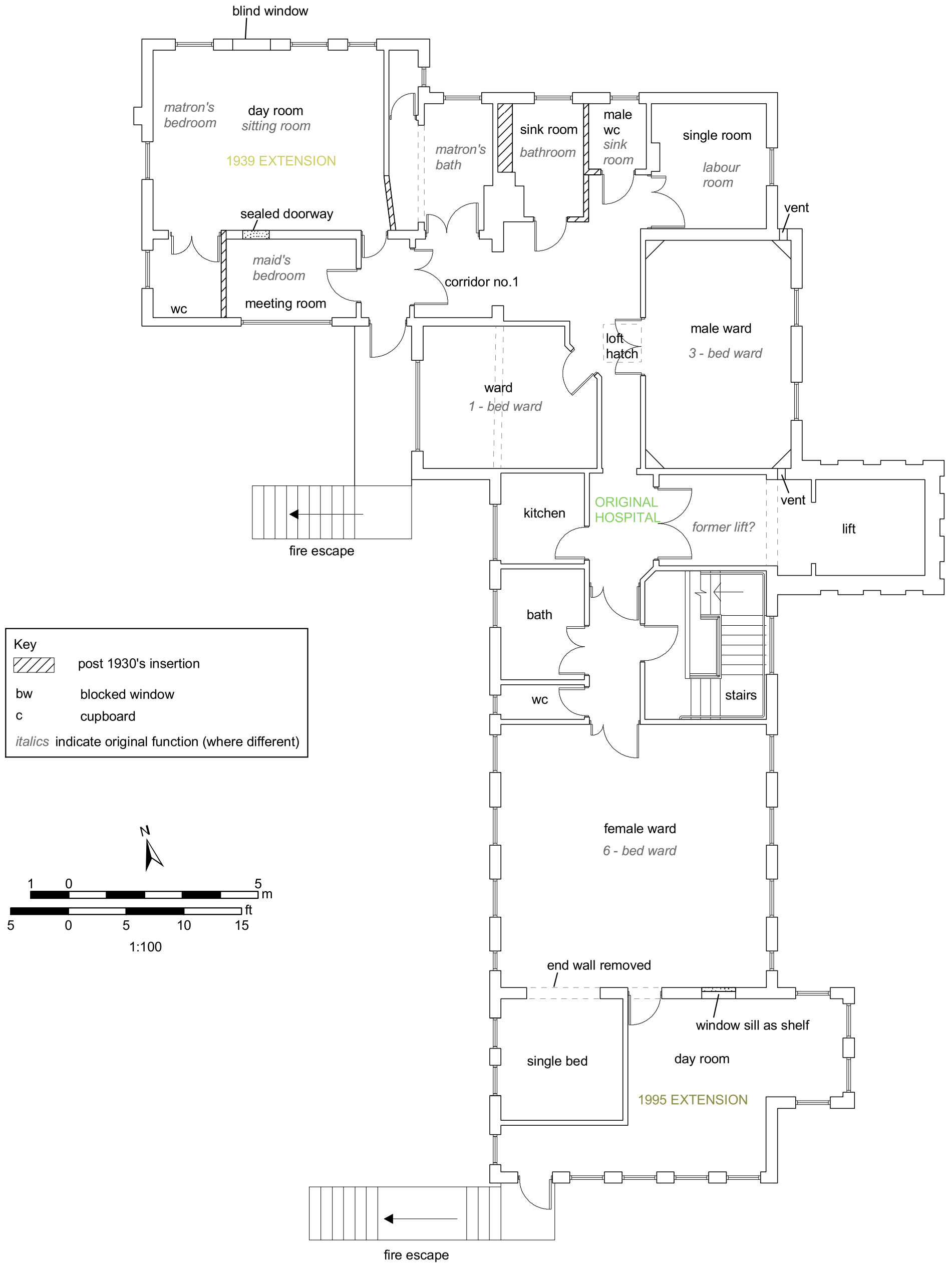


Fig.4.Existing first floor plan



Plate 1 View from Fyfield Road in 1999



Plate 2 View from Fyfield Road in 2010



Plate 3 North elevation viewed to south-west



Plate 4 North elevation viewed to south-east



Plate 5 1939 Tradesman's entrance



Plate 6 West elevation



Plate 7 South side of 1940s and 1980s extension



Plate 8 West elevation of hospital between later extensions



Plate 9 West elevation viewed to north-east



Plate 10 South elevation from adjacent car park



Plate 11 Entrance hall viewed to west corridor



Plate 12 Office in admin. block



Plate 13 Operating theatre



Plate 14 Sluice



Plate 15 Original door to ground floor public toilet



Plate 16 Refurbished stairs



Plate 17 Waiting room viewed to south (physio. Dept.)



Plate 18 Tradesman's door



Plate 19 Kitchen

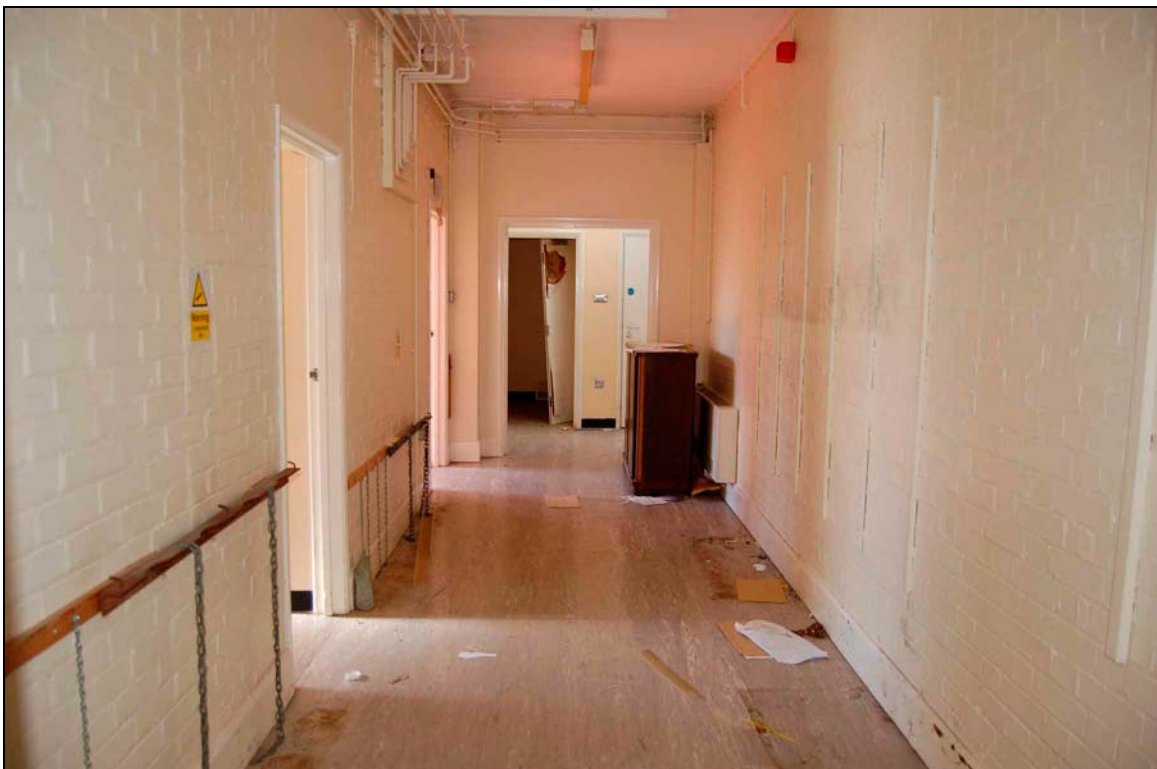


Plate 20 Western corridor viewed to west



Plate 21 Female ward viewed to north



Plate 22 1933 corridor and loft hatch



Plate 23 Roofspace viewed to south



Plate 24 Male ward



Plate 25 Sink room



Plate 26 Day room viewed to south-west



Plate 27 Window in day room



Plate 28 Garage and shed in remains of grounds to west



Plate 29 Shed viewed to south-west



Plate 30 Interior of shed viewed to north from southern bay

Appendix 1: Archive plates



Opening of the hospital in August 1933 (view from garden)



The Fyfield Road frontage in 1934

Appendix 2: Contents of Archive

Site name: The Ongar War Memorial Hospital, Fyfield Road, Chipping Ongar Essex

Project no.: 2197

Index to the Archive:

Document wallet containing:

1. Introduction

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

2. Site Archive

- 2.1 Photographic record (digital prints & monochrome 35mm prints & negatives)
- 2.2 Photographic registers
- 2.3 Site notes, annotated architect's plans, & elevations

Appendix 3: EHER Summary Sheet

Site Name/Address: The Ongar War Memorial Hospital, Fyfield Road, Chipping Ongar	
Parish: Chipping Ongar	District: Epping Forest
NGR: TL 5523 0433	OASIS Record No.: 77969
Type of Work: Building recording	Site Director/Team: Andrew Letch ECC FAU
Date of Work: 2nd & 3rd March 2010	Size of Area Investigated: N/A
Curating Museum: Epping Forest	Funding Source: West Essex Primary Care Trust
Further Work Anticipated? No	Related HER Nos. 15644
Final Report: Summary in EAH	
Periods Represented: 20th century	
<p>SUMMARY OF FIELDWORK RESULTS:</p> <p>The hospital is one of only two War Memorial hospitals in Essex, opened in 1933 to honour the dead of the First World War. Its importance is outlined in a comparative survey of Essex hospitals (Garwood and Gould 1999). Presently redundant, the hospital is to be demolished and replaced with a Primary Care Centre housing doctors surgeries and out-patient facilities beneath one roof. It is not Listed.</p> <p>The hospital is built of red brick with a hipped slate roof in a rather austere style over two floors. Its design was based on the established pavilion plan form, with wards one end, treatment /service rooms in the centre and entry/administration at the other, following the natural functional flow of patients from reception to treatment, recovery and convalescence. Wards were designed with facing windows for cross-ventilation, known as 'Nightingale wards'. In the 1930s it had its own operating theatre and maternity ward. In 1939 it was extended to create a matron's flat and new kitchens. The operating theatre was extended in the 1940s. In the modern period further extensions were added to create an inverted 'C plan', though in the 1960s its services were diminished, leading to later use for elderly and palliative care and out-patients, before closure in 2008.</p> <p>Although classed as a cottage hospital, its size, range of services and more 'institutional' appearance is more typical of larger general hospitals of the period. It retains much of the early room layout but few historic fixtures and fittings and has limited architectural significance. Rather, its importance lies with its rarity value as a memorial hospital and its service over three generations to the people of Ongar.</p>	
Previous Summaries/Reports: <i>Essex Hospitals 1800-1948: A Study of their History, Design and Architecture. Comparative Survey of Modern/Industrial Sites and Monuments No. 9</i> (Garwood, A. & Gould, S.1999.)	
Author of Summary: Andrew Letch	Date of Summary: 22nd June 2010