

Consultee Response



ENGLISH HERITAGE

SOUTH EAST REGION

25 MAY 2011

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Dear Ms Aird

KING EDWARD VII HOSPITAL - SIGNIFICANCE

While you are amassing the evidence for your consideration of the enabling case, you have asked for an assessment of the significance of the listed buildings, which has tended to be seen as a 'given' in the negotiations. The following is a very brief appreciation, which can be expanded on if necessary (though such material would normally be provided in the first instance by the applicants).

The Values of the Site

As you know, the two principal buildings on the site, the main hospital building and the chapel, are both listed at Grade II*. This puts them in the top 7% of listed buildings across the country, and indicates exceptional interest. The landscape is registered at Grade II, technically a lower grade, but far fewer landscapes are registered than buildings are listed so the grounds are not thereby unworthy as a setting for the buildings. The upgradings are fairly recent, and reflect the current perspective on this period which I discuss below.

Using the methodology of *Conservation Principles*, the values which build up to this significance can be analysed as follows. The site has little *evidential value* in the strict sense of potential for knowledge which has yet to be unlocked, but it has high value as evidence for the evolution of health care in the twentieth century, which could more properly be called *historical illustrative value*. It also has in a considerable degree the other form of historical value, *historical associative value*, in the foundation by Edward VII, the patronage of Sir Ernest Cassel and the Brickwoods, and the collaboration of Charles Holden and Gertrude Jekyll. Above all it has exceptional *aesthetic value* as a major work of the Arts & Crafts Movement by a very talented architect. It also has considerable *communal value* for the many human stories that could be told about it.

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The Significance of the Site

The aggregation of these values is not a matter of mathematics, but clearly the average of them, if taken, would be considerable. In fact the impact of the buildings when experienced physically today is made up chiefly of the illustrative and aesthetic values. Synthesising these we might say that Adams and Holden had the problem of how to house and cure a large number of individuals for whom fresh air and beauty were considered crucial. They responded to this programme by spreading the main block along a contour and cranking it to embrace the huge southern prospect. To humanise this great length, they differentiated the storeys, nodes and stairs by stretching the domestic vocabulary of the Arts & Crafts style as far as it would go, and called Jekyll in to order the adjacent landscape in a profusely-planted, more intimate foil to the long blocks.

The result is a very far cry from the cottages which inspired the vocabulary, but it is plainly successful in its own terms, thanks to the invention, attention to detail and craftsmanship which the buildings show. It shows that Holden could certainly handle a very large building, and in this respect makes a fascinating comparison with a number of his other celebrated projects, mostly on more confined sites, such as the Belgrave Hospital, Broadway House or Senate House, all in London. The chapel was a separate gift and commission, and here Holden's invention both in form and detail rises to a peak, with significant contributions also from the great designer C R Ashbee. One can only theorise that the beauty of the surroundings had its effect on the patients, but we know that they took an active part in maintaining the Jekyll grounds which was built into the scheme, so this part of the ensemble also has direct historical importance for its therapeutic character.

The Significance of the Site in the National Park

The views I have heard recently on this complex suggest some local unwillingness to accept that this remarkable set of buildings could be of the highest significance. It is true that the aesthetic, which was experimental, sometimes has a gawkiness which is not to everyone's taste; and it is hard at the moment to look beyond the innumerable slights the building has suffered to its essential qualities, which restoration would bring out (at a price). Nevertheless there can have been few more life-affirming buildings ever designed for long-term medical care in this country. That it was incongruous in its setting when built in 1907 there is no doubt: comparatively few large institutions of that date are found within the National Park's boundaries because the Downs were not sought out for these.

But even though its location here could be said to be an accident of the state of medicine then prevailing, the hospital belongs to incomparably the most exciting era of architecture to mark Sussex profoundly: the age in which the Downland came to be

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appreciated for its topography and traditions, its ways of building among them. The hospital is therefore one of the buildings which shows how this topography was used and this tradition was adapted and taken forward. It thus has a good claim to be seen as one of the pivotal sites of its time and place. It is not 'out of place' any more.

Please let me know if you would like me to develop any of these points.

Yours sincerely



DAVID BROCK

Team Leader (Hampshire, Surrey, West Sussex, Isle of Wight)



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