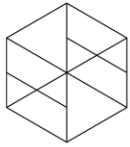


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Heritage Appraisal - Amended  
The Former Italian Hospital, Queen Square, London,  
Proposed Altar Relocation  
WC1N 3AJ  
August 2018





## 1 Introduction

1.1 The following Heritage Appraisal has been prepared to support an application by Great Ormond Street Hospital (GOSH) for listed building consent in respect of the proposed removal and rehoming of the existing chapel altar within the former Italian Hospital, Queen Square, London, WC1N 3AJ (LB Camden). This report should be read in conjunction with the drawings and Design and Access Statement prepared by Sonnemann Toon Architects and the Planning Statement prepared by Forward Planning and Development. This amended version of the report includes details of an assessment carried out by a stonemason in respect of the altar as part of investigations in relation to the feasibility of relocation. This is discussed in more detail in sections 3 and 4 below.

1.2 The former Italian Hospital is a grade II listed building and is located within the Bloomsbury Conservation Area.

1.3 Applications for the refurbishment and alterations to the grade II listed building were submitted and approved in 2017 (2017/3938/L and 2017/3933/P). The main focus of the approved scheme is to create provision for the building to be a dedicated outpatients' facility connected to Great Ormond Street Hospital (GOSH). As set out during the application process, the former Italian Hospital represents a once in a lifetime opportunity for GOSH to develop an outstanding clinical environment for ophthalmology and audiology outpatient care.

1.4 The approved scheme had developed following pre-application advice from LB Camden. The pre-application scheme proposed the removal of the existing altar from the building's chapel so that the chapel could be used as a more religiously neutral public waiting room by outpatients, their families and staff. Further, the altar itself could once more be used for worship but in a different location.

1.5 LB Camden initially advised at pre-application stage (email of 19 June 2017) that while there was some concern about the proposed relocation of the altar, the LB Camden Conservation Officer was 'encouraged by the apparent progress made on finding the altar a new home and would recommend that this is progressed into a firm proposal (with a letter of confirmation from the intended recipients) for relocation to support the forthcoming planning and listed building consent applications.'

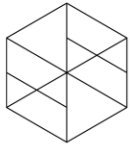
1.6 The ultimate feedback from LB Camden was that the relocation would not be supported under the consented scheme and it was therefore subsequently removed from the proposals with the chapel no longer having an identified use or being a publicly accessible and usable space.

1.7 Since the applications for the wider scheme were consented, GOSH has undertaken further research into how the chapel could be used. It has also carried out a detailed tender process to identify a suitable home for the altar of the chapel as initially recommended during the pre-application process. This has evolved into a letter of confirmation from the proposed recipient, Our Lady & St Joseph Catholic Church in Matlock, and the appointment of a stone mason by the Church to develop a method statement and undertake the removal and reinstallation of the altar. The proposals to relocate the altar are supported by the private secretary to Cardinal Vincent Nichols, the Archbishop of Westminster.

1.8 The proposals for the relocation of the altar are discussed in more detail below.

### Research and report structure

1.9 The purpose of this report is to set out the history and significance of the altar as it contributes to the former Italian Hospital (the site) and to consider the effect of its relocation against significance and relevant historic environment policy considerations. As noted above, the former Italian Hospital was listed at



grade II in January 1992 and also forms part of the Bloomsbury Conservation Area. As a listed building and element of a conservation area, the former Italian Hospital is clearly a building of some significance and special interest and the level of research undertaken into the building's history is reflective of its status in historic building terms.

1.10 It should be noted that in common with many historic buildings, sites and places, it is not possible to provide a truly comprehensive analysis of the site's historic development. The research and analysis set out in this report is as thorough as possible given the type and number of archival resources available. Research has been undertaken at the London Metropolitan Archives and the London Borough of Camden's Local Studies and Archive Centre. A number of online sources have also been used including British History Online, and the London Borough of Camden's historic planning records. Historic England's national archive has also been consulted.

1.11 This desk-based and archival research has been combined with a visual assessment and appraisal of the existing building and its context. Further sources and evidence that add to our knowledge and understanding of the site and its history may become available at a future date.

1.12 Rather than reiterate the historic development of the entire listed building as set out in relation to applications 2017/3938/L and 2017/3933/P, the pertinent sections are set out in the main body of the report with the full history of the building set out at Appendix A.

1.13 The report is divided into three main sections. The first (section 2) sets out the historic development and outlines the significance of the altar and its context. Section 3 provides a brief description of the proposals and explains how they have evolved since the initial pre-application process. Section 4 provides an assessment of the proposals as they now stand against significance and

relevant historic environment policy (set out at Appendix B).

### Author

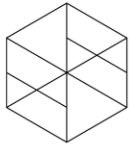
1.14 This appraisal has been prepared by Kate Graham MA (Hons) MA PG Dip Cons AA of The Heritage Practice. Kate Graham is a skilled and knowledgeable historic environment professional with extensive employment experience in the sector and a strong academic background in history and building conservation. Kate was most recently the Design and Conservation Team Leader at the London Borough of Islington and prior to that was a Senior Historic Buildings and Areas Advisor for Historic England's London Region. In both cases, Kate has dealt with a variety of schemes and proposals for a broad range of listed buildings and conservation areas. Kate has also worked for the Architectural Heritage Fund and in the policy team at English Heritage. Kate has an extensive background in research, listed building assessment and analysis and understanding policy and its application. She is also experienced in dealing with new design and build in and around historic buildings and areas both in London and across the UK. Kate is a member of the Islington Design Panel.

1.15 Historical research for this report was undertaken by Dr Ann Robey FSA, a conservation and heritage professional with over twenty years experience. She has worked for leading national bodies as well as smaller local organizations and charities. She is a researcher and writer specialising in architectural, social and economic history, with a publication record that includes books, articles, exhibitions and collaborative research.

### Designations

1.16 As noted above, the former Italian Hospital was statutorily listed at grade II in 1992. Its list description reads as follows:

*Hospital on a corner site. 1898-9 by TW Cutler with c1910 Boswell Street extension by JD*



*Slater. Channelled Portland stone ground floor; upper floors red brick with stone dressings. STYLE: English Baroque. EXTERIOR: 4 storeys and basement. 6 windows to Queen Square; left return to Boswell Street, 19 window range. Central projecting canted portico with concave returns, each with a narrow light; Tuscan pilasters support a broken pediment with elaborately foliated coat of arms of the Italian Royal Family above the round-arched entrance having cast and wrought-iron gates with cross motifs and Art Nouveau influenced overthrow. Plain 4-pane sashes to ground floor. Plain band at 1st floor level above which a wide band forming the podium for giant Corinthian pilasters articulating the bays and rising through 1st and 2nd floors to support an entablature with projecting modillion cornice, the frieze inscribed "The Italian Hospital"; clasping pilasters at angles. Architraved 1st and 2nd floor 4-pane sashes with rectangular light above; 1st floor has segmental pediments, 2nd floor with scrolled architraves and scrolled pediments with swags and keystones. Attic storey articulated by plaster strips supporting a blocking course, broken forward above pilasters; lugged architraves to 4-pane sashes. Left hand angle has cartouche inscribed "John Ortelli/ founded/ 1884/ Rebuilt/ 1898/ this/ hospital". 3 return bays similar, then a projecting circular brick stair tower (flanked by single recessed bays) the 4th storey of stone with pilasters flanking round-arched windows in round-arched recesses with keystones: this denotes the Chapel. Ribbed lead dome surmounted by a stone lantern with ball and cross. Remainder of Boswell Street facade in red brick with blue brick base. Gauged red brick flat arches to recessed sashes. Plain band at 1st floor, continuous 1st floor sill band and moulded brick cornice. Late C20 slate mansard roof with flush windows. Extension in similar style but ground floor yellow brick with dentil cornice at 1st floor level. INTERIOR: mostly altered; plain chapel. SUBSIDIARY FEATURES: attached stone walls to areas and sweeping in to portico; cast-iron railings.*

*HISTORICAL NOTE: the Italian Hospital was founded in 1884 by Giovanni Ortelli, originally in*

*converted back-rooms of No.41 Queen Square. It was run by the Sisters of Charity of St Vincent de Paul for the Italian community in London, most of whom were concentrated in the Clerkenwell and Holborn areas. The hospital closed in 1990.*

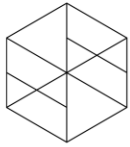
1.17 The building also forms part of the Bloomsbury Conservation Area which was first designated in 1968. Given that the current application relates only to a single internal alteration, there would be no further effect on the character and appearance of the Bloomsbury Conservation Area. It is therefore considered that relevant conservation area policy does not apply in this case.

#### Site and context

1.18 The former Italian Hospital is situated on the south side of Queen Square on its junction with Boswell Street and close to the western end of Great Ormond Street. The building is in close proximity to the Great Ormond Street Hospital Estate and numerous other buildings in medical and hospital use. It is situated immediately to the east of the grade II listed Mary Ward Centre.

1.19 The building itself comprises of three principal elements. The first, built in brick and partly stuccoed, addresses Queen Square and rises to four storeys over a basement. The main entrance to the building is situated centrally within an ornamental porch at the centre of the ground floor. The coat of arms of the Italian royal family (as at the time of construction) is depicted over the main entrance doors. The principal elevation to Queen Square has lost its signage that identified the building as being in hospital use. This block was the original hospital building.

1.20 The building's main staircase and chapel are outwardly expressed on the Boswell Street elevation – the curved form of the stairwell and chapel are obvious in the townscape. The chapel is further articulated with stained glass windows, architectural

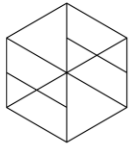


embellishment and a dome above. The original building continued six bays along Boswell Street, rising to three storeys.

1.21 The second element of the building runs from the principal block along Boswell Street. This is constructed in brick and reads as a relatively seamless extension of the original hospital building. This element was originally four storeys high but has since been given a consistent parapet line with the original hospital building at three storeys. It has then been extended with a mansard type roof extension. The third part of the hospital building was originally built as a public house and while also constructed in brick, its levels are slightly different to the Edwardian Boswell Street extension.

1.22 The interior of the building has been altered over time, most recently during works of alteration, extension and conversion in the 1990s. The original internal layout has been altered and parts of the original or historically extended building have been demolished. In later years, infill development has taken place within the building plot.

1.23 The following section provides more detail on the development of the chapel and its purpose within the former Italian Hospital building with, as noted above, the account of the hospital's historic development set out at Appendix A.



## 2 Historic development and significance

2.1 The historic development of the former Italian Hospital is set out in full at Appendix A. The following section makes specific reference to the altar and its role within the building and provides an overview of significance for the building as a whole. Appendix A includes a number of images of the original building taken soon after opening in 1903.

2.2 The key phases of the hospital development are summarised as follows:

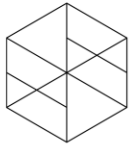
- The Italian Hospital opens in 1884 at no. 41 Queen Square and later extends into no. 40 Queen Square – both buildings owned by Commendatore Giovanni Battista Orтели;
- Nursing care provided by the Sisters of the Charity of St Vincent de Paul who owned properties elsewhere in Queen Square;
- In 1898-1899, nos. 40 and 41 and other properties redeveloped with a purpose built hospital building to the design of Thomas W Cutler;
- In 1910, an enlarged operating theatre was added to the site and the hospital was extended along Boswell Street with a five-storey building (including basement) to the design of J. Dench Slater;
- In 1928, the Brown Bear Public House, to the rear of the Boswell Street extension, was acquired and converted into a nurse's hostel (presumably this was secular provision in addition to the serving nuns);
- In 1935, alterations were made to the hospital;
- The hospital closed during WWII but reopened soon after – the hospital did not join the NHS;
- In 1948, the third floor was extended to include the new wing along Boswell Street;

- In 1950, the Order of St Vincent de Paul left the hospital and the Sisters of Verona took over the running of the building;
- During the 1980s, a number of alterations were made to the hospital building;
- In 1990, the hospital closed and the building was sold to GOSH;
- The building was converted into offices, a nursery and flat accommodation for parents whose children were GOSH patients;
- In 2017, applications for planning permission and listed building consent were granted for the refurbishment and alteration of the existing building in order to create a world-class ophthalmology and audiology outpatient unit.



Figure 1: The Italian Hospital in 1903.

2.3 The chapel formed part of the 1898/9 building, incorporated into the design by Cutler. The chapel is clearly expressed externally (figure 1). As noted in the list description, immediately behind the Queen Square frontage block, a circular projection (in plan its springing points are recessed so that its outer curve



remains consistent with the building line) contains the impressive, but altered, semi-circular staircase which rises to the second floor of the building (figure 2). Above third floor level externally, the plain brick tower becomes stone with pilasters flanking windows in round-arched window recesses. This clearly denotes the chapel. The chapel is topped with a dome.

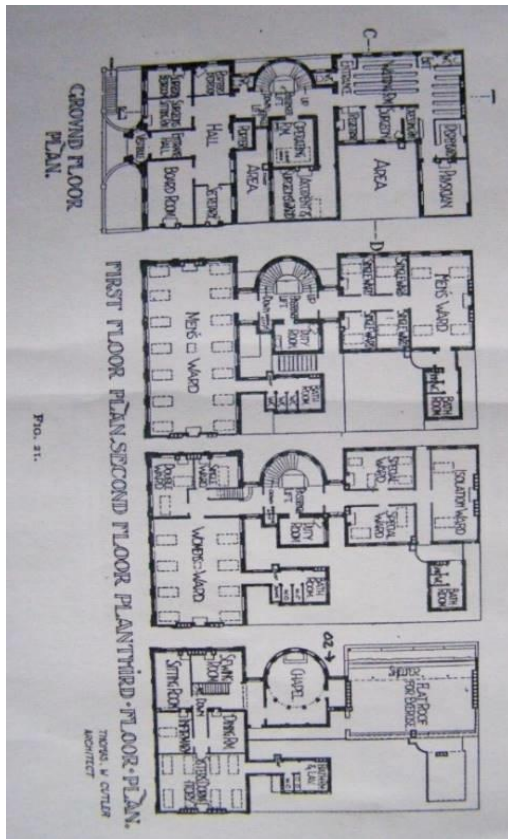


Figure 2: Early plans of the hospital in 1901.

2.4 Internally, the chapel was originally accessed by a small secondary staircase that ran from the wards at second floor level in the range fronting Queen Square up to the nuns' accommodation on the third floor. This staircase has been removed and access is now via a modern stair accessed from the uppermost landing of the original semi-circular stair (or of course by lift). New access arrangements were approved under the 2017 approved scheme.

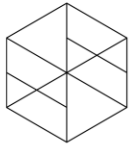
2.5 The Chapel originally had a number of fixtures and fittings that have since been removed as shown in figure 3 (compare to the existing photographic survey submitted as part of the application). These include altar rails, flooring, furniture and statuary. The chapel is shown with the altar dressed with icons, coverings, plants and flowers and candles reflecting its role in active worship. Comparing figure 3 and the photographic survey of the chapel, it is also evident that the fenestration has been altered in part – the altar historically was centred on a window with a cross design, it is now centred on one with a different symbol and meaning.



Figure 3: The Chapel, 1903.

2.6 Since the sale of the building, many of the fixtures and fittings that adorned the chapel space have been removed. The list description refers only to the interior of the chapel as 'plain' and makes no reference to specific features. Since GOSH has owned the building (from the early 1990s), the chapel has not been used for formal Christian worship. The space had been available to staff and parents resident in the building but there was little evidence that people chose to use the space and the focus of Christian prayer and worship for GOSH has always been the historic chapel of St Christopher in the main hospital building. The third floor of the building is now vacant.

2.7 The altar, as shown on the drawings submitted with the application, is substantial



(approximately 2850mm x 2550mm at its widest and, at its tallest, reaches 2500mm in height). It contains a relic, is decorated with the emblem of the order of the Sisters of the Charity of St Vincent de Paul (the original order to run the former hospital) and there is a tabernacle located within the reredos of the altar (it is currently locked and the location of the key is unknown). The maker/sculptor of the altar is unknown.

2.8 The original positioning of the chapel in close proximity to the nuns' living accommodation clearly suggests that while patients could use the chapel, the main users were intended to be the members of the religious order that ran the hospital. While the chapel was accessible from patient wards, the space is segregated somewhat from the building as a whole, suggesting a degree of 'ownership' over the space by the nuns themselves.

2.9 The chapel would very much have been central to the spiritual needs and practices of the nuns' day to day lives and an element of privacy and separation is likely to have been beneficial. The Sisters of Charity of St Vincent de Paul would have used the Chapel for private prayer and praying the Liturgy of the Hours in community. Access to the chapel by patients and visitors was of course possible. The size of the chapel suggests that it was not used for services with significant numbers of worshippers.

2.10 The altar has a clear connection to the Sisters of the Charity of St Vincent de Paul in its symbolism. This order left the former hospital in 1950, almost seventy years ago. The chapel would have continued in religious use, with the altar being very much part of that use, by the Sisters of Verona who ultimately sold the building in 1990.

2.11 In effect, the sale of the building and the end of a period of leadership by a religious order has made the chapel and the altar redundant. Given that GOSH serves a multi-

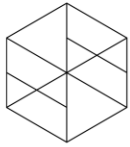
faith community, the overtly Christian symbolism and meaning of the altar very much restricts the potential for the chapel to be a publicly accessible area that forms part of the day to day life of the new clinical facilities.

### Significance

2.12 The former Italian Hospital is clearly a building of architectural and historic interest as acknowledged by its grade II listing in 1992. It is a building that has a long and interesting history and connection with London's Italian community and is illustrative of the development of health and social care for particular communities from the later 19<sup>th</sup> century. It also contributes to the strong medical tradition that defines much of the area around Queen Square and immediately beyond. The building's social history and value is therefore of importance.

2.13 The building was constructed primarily as a medical facility – it was a hospital and from the photographs used above, it is very clear that this set the tone for the building's character and appearance. Its principal historic purpose, and therefore interest, was to treat and make well the sick of the Italian community (while also treating patients from other communities as necessary).

2.14 The nurses that helped achieve this objective happened to be two communities of nuns (later operating alongside nurses from a secular background). For the nuns, the original building was constructed with accommodation at third floor level. This accommodation included a chapel. The hospital building was not designed as a religious building or with overt religious expression – it was not a place of worship *per se*. However, a chapel with associated fixtures and fittings did form part of the building planning. The chapel was principally intended to serve the community of nuns. This has to underline the fact that the primary focus of the building's significance lies in its medical purpose and delivery of this service over and above its religious connotations. The historic interest of the



building as a hospital is greater than the building's historic interest as a place of worship.

2.15 Similarly the former chapel, illustrated at figure 3, has been stripped of the fixtures and fittings that supported worship and the use of the space for the celebration of liturgy. In terms of fittings, the altar is all that remains. Internally, the space remains legible as a chapel in its form, volume, detailing and domed ceiling. As can be seen in the 1903 photographs in Appendix A, architecturally the chapel was differently and distinctly detailed in comparison to the wards, offices and other areas of the building. These details, reinforced by remaining stained glass windows and inscriptions, give definition to the chapel as an area of distinct character and meaning.

2.16 The altar is of course a remnant of the use of the chapel by the nuns and also gives some additional meaning to the chapel, its presence underlining the space's purpose.

2.17 But the purpose of the altar is not simply to give meaning to the chapel in which it is located. It is also an object in its own right which is loaded with religious significance and purpose. While it gave a prominent physical focus within the chapel, its liturgical and spiritual purpose is absolutely key to its significance. Its redundancy, segregation and being obscured from view and use (as consented under the approved scheme) diminishes its significance in how it relates to the chapel as a whole and also, and perhaps most importantly, its importance as a religious and artistic object, once central to prayer and worship.

2.18 It no longer has that purpose in its current location and does not fulfil its primary function and hasn't for some time. Indeed, the nuns for which it was originally intended left the building approximately 70 years ago. There is an argument that the altar should continue in ecclesiastical use and for the purpose for which it was intended. Its connection was to a religious community rather than to the primary

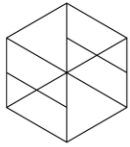
function of the building in which it is now located.

2.19 Outside, there is clearly more of architectural interest to be seen as the external envelope of the building is largely unchanged despite minor alterations. The principal elevations of the building, which best commemorate the former use and historic associations of the building in their signage and other details, also tell the story of the growth of the hospital in the early 20<sup>th</sup> century and also identify in part how the building functioned.

2.20 The drum of the chapel and semi-circular stair set behind the main entrance block are very much legible components of the structure. Also of interest is the later extension to the building which has a more subservient prosaic character together with the former public house that was ultimately subsumed within the hospital's use and layout.

2.21 The special interest and significance of the building as a whole is therefore focussed on its social history as a hospital for the Italian community and its external appearance – it is perhaps principally for these reasons that the building was listed rather than for the quality of its interior. This had of course changed fundamentally by the time of listing. The only identifiable original spaces internally are the semi-circular stone cantilevered staircase that runs from lower ground to second floor level and the simple chapel. As noted above, even these areas have been stripped back and undergone alteration and change.

2.22 The altar is clearly an item of historic and artistic value that has formed part of a small and comparatively simple place of worship in the years between the construction of the building in 1898/9 and its sale c. ninety years later. However, for reasons outlined above, and given the importance and purpose of the altar as being the centrepiece of worship and liturgical practices, its significance is diminished through redundancy, removal from worship and visual segregation from the chapel as a whole.



### 3 The proposals

3.1 The following section provides a brief overview of the proposals and how they have developed since initial pre-application discussions in 2017. This section should be read in conjunction with the drawings submitted with the application and accompanying Design and Access Statement and other documentation.

#### Background

3.2 As set out in the note provided by GOSH, the hospital considers that the spiritual care of patients, their families and staff are of paramount importance. GOSH is committed to providing support to all families and staff regardless of which faith group or philosophy they identify with. The multi-faith chaplaincy team are therefore available to all families and staff for emotional support and spiritual care.

3.3 GOSH has made significant investment in built facilities to support spiritual care over the years. The historic St Christopher's Chapel, constructed in 1875 and relocated in 1991 in an ambitious engineering project, is the focus of Christian prayer and worship for patients, families and staff. However, the increasing diversity of the UK population, reflected in the demographic of GOSH's patient and staff population, has resulted in the development of additional facilities to meet the needs of families and staff of other faiths.

3.4 GOSH also has a Shabbat room available to Jewish families, used for the preparation of meals and rest over the Sabbath. A new Muslim Prayer Room was opened in June 2018 to provide an appropriate facility for Islamic worship. This facility provides the necessary ablution rooms and segregated facilities for men and women, as required by Islamic custom and rituals.

3.5 A room available for families or staff of all faiths has also been provided for meditation and reflection as part of the June 2018 works.

#### Effect of the approved scheme (2017)

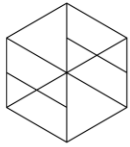
3.6 Given the extent of provision for multi-faith worship across the site, under the approved scheme, it was not proposed to provide faith services within the new ophthalmology and audiology unit.

3.7 Also under the approved scheme, the Chapel was intended to become a usable space with the altar screened from view and segregated from the space as a whole. In order to make the space usable for a multi-faith community of staff and patients, it was considered that the altar, overtly Roman Catholic in its design and iconography, had the potential to restrict the use of the chapel by other faiths in what is now an approved healthcare environment.

3.8 Initially, during the pre-application stage, it was proposed to relocate the altar to an alternative location where it could be used in regular worship. It was advised that this was unacceptable and the screening option was instead proposed and consequently approved.

3.7 Importantly, the approved applications ((2017/3938/L and 2017/3933/P) allowed the change of use of the former Italian Hospital from Non-Residential Institution (D1), offices (B1 Business) and parents accommodation (sui generis) to D1 Non-Residential (healthcare). This effectively means that the entire building now has a clinical use, including the chapel, and that it is no longer classified as a place of worship but as part of wider healthcare provision.

3.8 The Committee Report prepared for the above applications noted that the various pre-existing uses support the main hospital but 'they are considered to be standalone uses in their own right rather than being ancillary.' The report goes on to note at paragraph 7.1 that the 'uses within the building are considered to be independent planning units rather than ancillary uses to the main GOSH campus. Justification



for their loss/relocation is therefore required before the proposed outpatient use can be considered.'

3.9 At paragraph 7.18, the report notes that 'Officers consider the proposed use of the space to be acceptable, as it has been demonstrated that the existing chapel is no longer required and that a superior facility is currently provided within the main GOSH site, which is heavily used by staff, patients and visitors for worship.'

3.10 The acceptability of the change of use of the chapel for healthcare purposes means that there is no likelihood for the altar being used for its original intended purpose.

3.11 This is clearly at odds with the intrinsic communal and historic value of the altar as a religious object and focus and detracts from its significance.

### The proposals

3.12 The proposal is to remove the altar from the chapel in order to create a genuinely inclusive space. The altar will be relocated to a church that has been identified as a result of a full tender process (as detailed below) and will be used in regular, active worship.

3.13 As noted in the introduction, initial advice from LB Camden (email from Sarah Freeman dated 19 June 2017) at pre-application stage set out that:

*'Further justification has been provided within the document received on 13 June regarding the proposed altar removal, which considers alternative configurations of the space that would allow for its retention or on-site storage, as well as options for the relocation of the altar to an alternative place of worship within the Roman Catholic Dioceses of Westminster and Southwark. It is argued that the latter is preferable as it would allow for the long-term conservation of the altar to be secured by its reuse elsewhere and it would also allow for the*

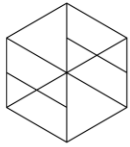
*use of the Chapel as a sub-wait area and therefore relieve spaces pressures elsewhere. While my previous concerns remain to a certain extent, I am encouraged by the apparent progress made on finding the altar a new home and would recommend that this is progressed into a firm proposal (with a letter of confirmation from the intended recipients) for relocation to support the forthcoming planning and listed building consent applications.'*

3.14 Ultimately however, pre-application advice changed and the proposed removal and relocation of the altar was considered unacceptable.

3.15 The GOSH Chaplaincy Service continues to feel that the altar should be in regular, active use in a place of worship as was originally intended. To not allow its use in this way is neglectful of its religious meaning and purpose and harmful to its significance as a historic and artistic object. The purpose of the altar is to be used in liturgy and worship and there is no longer provision for this to be the case. In terms of its long-term conservation, which should encourage a use appropriate to its significance, the altar has no possible use and simply becomes an artefact hidden from view. For an important piece of religious art and furniture, this future is not considered to be appropriate.

3.16 With this in mind and taking initial pre-application advice into account, GOSH has undertaken a tender process in order to identify a suitable end user. GOSH has identified a suitable new home for the altar in the Roman Catholic Parish Church of Our Lady and St Joseph in Matlock, Derbyshire (Roman Catholic Diocese of Nottingham), where it would be placed in a Lady Chapel, used for the celebration of Mass on weekdays (a letter from the Church is included at Appendix C).

3.17 GOSH has undertaken widespread searches for a possible new home for the altar which started with GOSH's own estate, the Italian Church in Clerkenwell and various others



across the Diocese and beyond. A wider search was initiated with a number of responses which welcomed the opportunity to bring the altar back into liturgical use.

3.18 The Church of Our Lady and St Joseph was selected over all respondents as the proposed altar would fit well within their existing Lady Chapel and relate to nearby fittings. Perhaps most importantly, the church serves an active parish and Mass is celebrated in the Lady Chapel on four weekdays (Mass is also celebrated in the main church three times at weekends) – if relocated, the altar would be publicly accessible by a far greater number of people and would be used regularly in worship. It would allow the significance of the altar to be sustained and its long-term use and conservation to be guaranteed.

3.19 The chapel within the former Italian Hospital would be refurbished as appropriate and its legibility as a chapel could still be appreciated. Information regarding the altar and the chapel would be produced for the GOSH archive (and can be recorded by condition as necessary) and a display will be provided both in the Italian Hospital and the Parish Church of Our Lady and St Joseph in Matlock. Its provenance would be explained and understood.

3.20 A Stonemason (Stone and Marble Ltd of Derby) has been engaged by the Parish Church of Our Lady and St Joseph to assess the feasibility of relocating the altar. Having assessed the altar, Stone and Marble have reported back to GOSH. Their findings highlight that:

- A white cement mortar or grout has been used on the altar, indicative of the altar having been moved previously from its original position (most likely from another building, suggesting that it wasn't purpose designed for the chapel space);

- This explains the fact that the altar has a very rough finish to the rear, indicating that it would have been let into a wall;
- The altar could be relatively easily dismantled by raking out joints using a thin blade and using a rubber mallet to loosen the pieces. Each piece would be numbered and recorded prior to transportation.

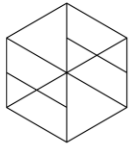
3.21 This information is clearly of interest as the Stonemason's inspection concluded that the altar had almost certainly been relocated previously from another church or chapel. There are a number of infill pieces of marble that are different to the original fabric of the altar and the upper part of the altar to the rear is completely open and unresolved (figure 4).



Figure 4: The rear of the altar which is clearly unresolved with the adjacent structure.

3.22 These are clear signs that the altar has been relocated and was not designed for the chapel. The Stonemason also concluded that the altar can be easily dismantled and re-erected without causing damage to the fabric. It is also understood that the altar could benefit from repair to certain areas.

3.23 As listed fabric, the altar has significance in its own right. It does also of course contribute to the significance of the former Italian Hospital and the former chapel. Under the approved scheme, the altar is retained but screened and unable to be used for



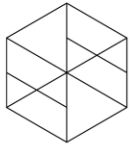
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the regular worship that was once conducted in the building. While the screen is in effect reversible, the altar is hidden and doesn't form part of the experience of the chapel. The proposal would see the removal of the altar from the chapel but this would allow the altar as listed fabric to be enhanced and used for its original intended purpose. The implications of this in historic environment policy terms are discussed in the following section.



## 4 Effects of the proposals

4.1 The following section provides an assessment of the proposals against the significance of the listed building and its composite parts and also against the relevant historic environment policy context. Relevant policy is set out at Appendix B.

4.2 The general thrust of national and local historic environment policy seeks to protect the special interest of designated heritage assets such as listed buildings. In this regard, such policy, which aligns with the statutory duties set out in the 1990 Act, seeks to protect designated heritage assets and their setting. Section 66(2) sets out that 'In considering whether to grant listed building consent for any works the local planning authority or the Secretary of State shall have special regard to the desirability of preserving the building or its setting or any features of special architectural or historic interest which it possesses.'

4.3 As set out above and at Appendix A, the altar is an original feature of the grade II listed former Italian Hospital, intended to serve the managing religious order (and embellished with the original order's iconography) and patients as necessary. It has however not been used for active worship since the early 1990s, a gap of almost thirty years. Under the approved scheme, there is no prospect of the chapel being used as such and the altar is hidden from view.

4.4 While its presence, albeit obscured, within the chapel does retain an element of historic fabric of interest on site, the significance of the altar itself is substantially diminished. The proposals allow for the significance of the altar itself to be enhanced and for its long-term use and conservation to be secured.

4.5 The Act sets out that special regard should be paid to the desirability of preserving a listed building and any features of special architectural or historic interest which it

possesses. It is clear that the altar is of special interest in this context.

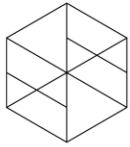
4.6 In this case, under the terms of the Act, weight should be given to retaining the altar in situ. However, while this may be desirable, there is clearly the opportunity for other circumstances to also be given weight and to be factored into the decision making process.

4.7 The National Planning Policy Framework (NPPF) sets out that 'when considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation. The more important the asset, the greater the weight should be. Significance can be harmed or lost through alteration or destruction of the heritage asset or development within its setting. As heritage assets are irreplaceable, any harm or loss should require clear and convincing justification.'

4.8 It goes on to note that where less than substantial harm to a heritage asset results from proposals, any such harm should be weighed against the public benefits of the proposals.

4.9 Local policy continues in the same vein, setting out that proposals for alterations that would cause harm to the special architectural and historic interest of the building would be resisted.

4.10 As noted above, the former Italian Hospital was built as a hospital and not as a place of worship. The chapel is clearly a place of interest within the building that contributes to the significance of the building as a whole and to its communal value. In turn, the altar makes its own contribution to the chapel but this is more limited than previously understood given the findings of the Stonemason's assessment. The altar makes some contribution to the significance of the chapel but as it was relocated there from elsewhere and was not evidently designed for the space, its contribution can only be limited. The



significance of the hospital is not predicated on the presence of the chapel within the building (or indeed predicated on the presence of the altar) but on much wider issues and other factors – particularly for its origins, social history and external architectural expression.

4.11 The removal of the altar from the existing chapel is related to its origins and historic development but given that the significance and special interest of the listed building are based on wider considerations, it is considered that its removal from the building would cause less than substantial harm to its significance. This is particularly the case given that it was relocated to the former Italian Hospital from elsewhere. The chapel would remain legible as such and the history of the space and the altar would be recorded and celebrated within the building. The chapel would not therefore lose its meaning or architectural distinction that renders it a unique space within the hospital building.

4.12 What also needs to be very much taken into account is that under the approved scheme, the altar will no longer be used (with no possibility of being used) and would be hidden from view. While the screen may be reversible, given that the altar, and indeed the chapel, is completely redundant, there would be no foreseeable reason as to why the screening would be removed. While the altar would be preserved *in situ*, the circumstances dictate that it would not be used for the use for which it was originally intended which in itself harms the significance of the altar.

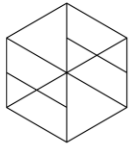
4.13 Relocating the altar to an active parish and allowing it to be used once again in regular worship will enhance the significance of the altar itself. Its relocation will bring benefits to an active church community and church building, provide public access, ensure its continued use and reinvigorate the altar as a key part of liturgy, Mass and regular worship. These matters should be considered as public benefits. Relocation has also formed part of the altar's history, movement and use.

4.14 While a degree of harm would be caused to the significance of the former Italian Hospital, this would be offset by the public benefits generated by the relocation of the altar to an active parish where it can be given a long-term sustainable use and its conservation for the use for which it was intended can be secured.

4.15 On this basis, it is considered that the benefits that would be derived from the proposals would outweigh the less than substantial harm caused to the chapel and would therefore meet the policy requirement of paragraph 134 of the NPPF. The current arrangements as to its redundancy and separation through screening are unsatisfactory both to the chapel as a whole and to the altar itself. It is considered that there is adequate justification for the altar to be relocated. Recording the altar and setting out its history and its provenance both at the Italian Hospital and the Church of Our Lady and St Joseph will ensure that its memory and contribution to history and worship will be protected.

4.16 The removal and relocation of fixtures and fittings, such as altars and other items, from churches is relatively commonplace. The reordering and reconfiguration of churches follows liturgical changes and also for very practical reasons. It is perhaps uncommon for the removal of altars and other similar items to come through the planning process. There are many examples of the conversion of redundant churches and chapels for other uses where altars, fonts and other items have not formed part of the proposals for reuse. This is often because such fittings and fixtures have been removed through the faculty system prior to church closure. As already noted, relocation has formed part of the altar's history.

4.17 The removal of the altar would be undertaken by an appropriately qualified contractor (a method statement to follow) who would then undertake the installation of the altar in its new home. The work would obviously be appropriately undertaken and no harm would be



caused to the fabric of the altar or its integrity. The chapel floor and walls would then be made good as necessary.

4.18 The contractor selected to undertake the relocation of the altar (if consented) has identified that the altar has almost certainly been relocated from another church or chapel and the evidence provided by the fabric of the altar itself underlines this professional opinion. This is in line with the fact that religious fixtures and fittings and items used in worship often move from place to place, part of the common practice of reusing redundant pieces of ecclesiastical furniture.

4.19 The evidence provided by the altar also suggests that it was not designed for the chapel of the former Italian Hospital. This is an important point as it establishes that when designed it was not originally intended to be accommodated in the listed building and that the chapel was not designed to accommodate this particular altarpiece. The altar is clearly large in height and scale and it has no sense of proportion to the volume in which it is located. Its size feels slightly awkward within the chapel.

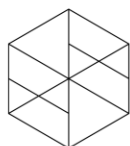
4.20 Local policy sets out that alterations to listed buildings will be resisted where they cause harm. Policy D2 states that 'The Council will not permit development that results in harm that is less than substantial to the significance of a designated heritage asset unless the public benefits of the proposal convincingly outweigh that harm.

4.21 The conclusion of this report is that while the removal of the altar would cause less than substantial harm to the listed building, for the altar itself, the proposals would result in enhancements and public benefits. The present circumstances, where the altar will no longer be used for worship and it will be hidden from view detract from its significance and to a degree, that of the chapel itself. It can be said that the existing arrangements and that of the approved scheme also cause harm to the significance of the altar.

4.22 It is therefore considered that the proposed relocation of the altar to an identified end user would outweigh the less than substantial harm caused to the former Italian Hospital.

4.23 The significance of the altar is partly connected to the history of the hospital but it lies principally in its role in regular worship and liturgical practices. It is intimately associated with the Roman Catholic faith and this has to factor in a consideration of its significance and continued use. The community that once worshipped here has long gone and the opportunity for the altar to be used once more by an active parish will ultimately be of benefit to the historic altar.

4.24 For these reasons, and for those set out above, it is therefore considered that the proposed relocation of the altar complies with local and national historic environment policy.



## Appendix A

### Historic Development

#### Early history

The area on which Queen Square was built was largely rural until the end of the 17th century, being located on what was then the periphery of built-up London. Queen Square itself was developed between 1713-25, by Thomas Barlow and others, on land formerly belonging to Sir John Cutler baronet (1608-1693) that was previously given over to the garden of his house. It was planned as an aristocratic residential square with its central garden laid out in 1716. It formed an elongated rectangle that was originally open on the north side, allowing a view to the landscape formed by the hills of Hampstead and Highgate.

It is a hybrid square, part piazza and part square, with the southern part paved and the remainder laid to grass (see figure 1). It was originally called Devonshire Square in 1703 by the landowner, Sir Nathaniel Curzon of Kedelston, but was later changed to Queen Square in honour of Queen Charlotte whose lead statue adorns the square. She was the wife of George III who was confined for a period in a house in the square while he was treated for insanity.



Figure 1: Queen Square c.1790, looking north from the paved piazza.

Maps from 1746 and 1799 show how the square and the surrounding area were

developed in the 18<sup>th</sup> century (figures 2 & 3). The later map of 1799 highlights the rate of change in the local area – the fields of Rocque map were clearly intensively developed during the second half of the 18<sup>th</sup> century. Horwood's map of 1799 also shows some detail of the houses on the south side of the square, two of which (nos. 40 and 41), were later to become the first home of the Italian Hospital.

In the late eighteenth century, the Curzon family sold the freeholds of a large number of the square's houses enabling more freedom in its future development. Queen Square became a less fashionable and wealthy residential area during the 19<sup>th</sup> Century, although in the 1840s the square was still occupied by solicitors and barristers. During the second-half of the 19<sup>th</sup> century, many of the square's original houses were replaced by educational buildings and hospitals.<sup>1</sup> The square's first hospital was the short-lived Private Spinal Institution at no. 31 which survived until about 1850. In 1860 the National Hospital for Nervous Diseases opened at no. 24 and expanded into no. 23 by 1866. Philanthropist Louisa Twining moved in to no. 20 in 1866 and took in epileptic and incurable women patients in her home, which she called St Luke's Home, during the 1860s and 1870s.<sup>2</sup>

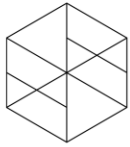
#### The Italian Hospital

In 1884 the Ospedale Italiano (as it was originally planned to be called but was ultimately generally known as the Italian Hospital) opened in the converted back rooms of no. 41 Queen Square, expanding later into no. 40 next door (see figure 4). Both properties were owned by Commendatore Giovanni Battista Ortelli, a successful Italian businessman who founded the Italian Hospital in 1884 after witnessing a fellow Italian struggling to be treated in an English-speaking hospital in North London.<sup>3</sup>

<sup>1</sup> Gary Powell, *Square London: A Social History of the iconic London Square*, (2012), p. 398

<sup>2</sup> <http://www.ucl.ac.uk/bloomsbury-project/institutions/svp.htm>

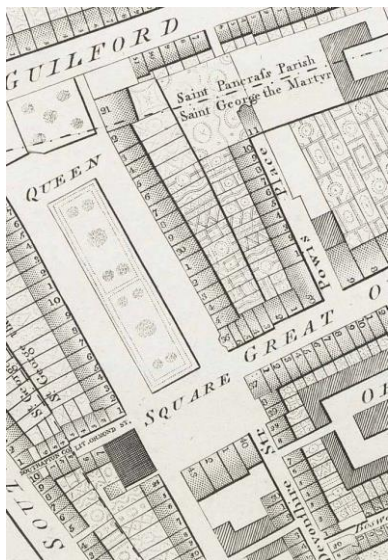
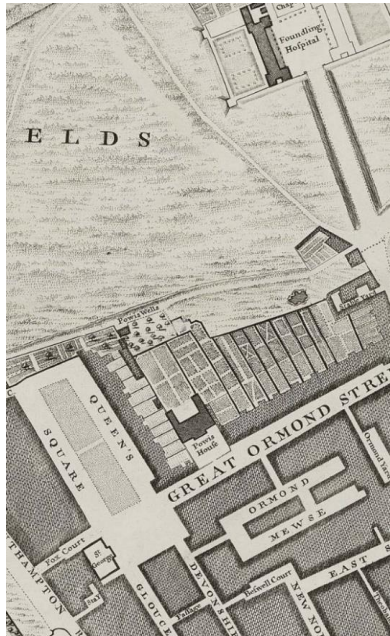
<sup>3</sup> Lost Hospitals of London website  
<http://ezitis.myzen.co.uk/italian.html>



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Figures 2 & 3: Rocque's plan of 1746 (left) and Horwood's Map of London of 1799 (right) showing the site of the Italian Hospital and the surrounding area. In both cases, Boswell Street is identified as Devonshire Street.

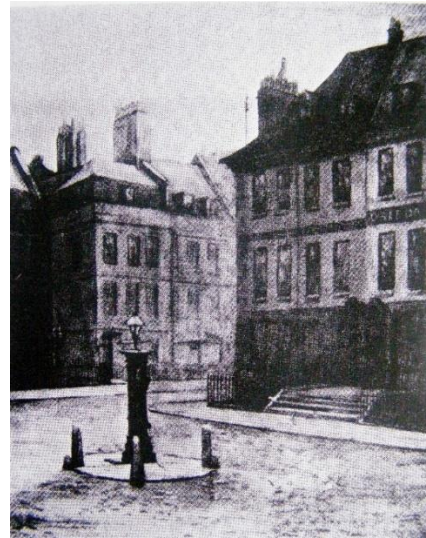
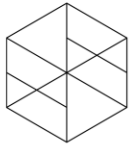


Figure 4a: Sketch of the original premises of the Italian Hospital at nos. 40-41 Queen Square.

Figure 4b: Unidentified houses in Queen Square that would appear to correlate with the accompanying sketch. It is likely that these houses were therefore nos. 40 and 41 Queen Square and the original hospital building.

The nursing care was given by the Sisters of the Charity of St Vincent de Paul which owned properties elsewhere in Queen Square.<sup>4</sup> An inscription on the building records that John

<sup>4</sup> From the 1860s to at least 1881, no. 31 housed the Catholic charities of the Aged Poor Society and the Society of St Vincent de Paul. In 1881, a Home for Youths was run by the nuns at no. 41 and housed mostly teenage boys who were employed as clerks, servants, and in various trades.



Ortelli originally founded the hospital in 1884, and that it was rebuilt in 1898.

By the late 19th century, London's French, German and Italian communities each had their own dedicated hospital. The Italian consul published a report in 1895 estimating there were 12,000 Italians in London, with southern Italians traditionally making their home in Little Italy in Clerkenwell and Holborn. A second community comprising of Italians from the more northern regions of Italy had established a base in Soho.

#### Cutler's Hospital Building – 1897

By 1897, additional properties in Devonshire (later Boswell) Street had been acquired by Ortelli and a redevelopment scheme for the entire corner group was proposed. In 1898–1899 Ortelli oversaw the demolition of both the houses on the south side of the square (nos. 40–41) and replaced them with a purpose-built hospital building designed by Thomas W. Cutler (figures 5 and 6).<sup>5</sup>

In March 1900, the Italian Ambassador opened the hospital. It was a small but complete general hospital, providing all the facilities needed for the Italian Community. Although preference was given to Italians, almost half the patients treated there were British. Funds for the hospital were raised from subscribers in Britain

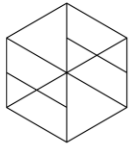
and Italy, and it became a well-respected institution attracting excellent doctors.



Figures 5 & 6: The original houses on the south-east corner of Queen Square where the hospital was at first located shown on the OS Map of 1875-78, and the new hospital of 1900, with the 1910 extension as shown on the OS Map of 1916.

<sup>5</sup> Thomas William Cutler (1842-1909) worked in his father's office in London for six years and studied at King's College, the Royal Academy Schools and the South Kensington Schools. He began independent practice in 1866, and was working with John Salmon Quilter and John Farrer at 9 Conduit Street c.1873 when he was admitted ARIBA. He was elevated to FRIBA in 1879. <http://archiseek.com/2009/thomas-william-cutler-1842-1909>. His buildings included a short-lived covered ice rink in Roland Gardens, South Kensington, the Kursaal in Ramsgate and the Metropole Hotel in Folkestone. He also designed the Princess Alice Memorial Hospital at Eastbourne and Avery Hill House for Colonel North. He is most remembered for his book, *The Grammar of Japanese Ornament and Design* (1880), which has been republished in many additions.

The elegant new hospital, designed in an appropriately classical Italian style, was constructed by Holloway Brothers in 1898-9 in Portland stone and red brick (see figure 7). The design was clever, utilising the confined corner



site to its best advantage. The main wards (for both men and women), were placed on the first and second floors along the narrow Queen Square frontage, extending over the whole width, while the sanitary annex was attached via a short disconnecting passage to the rear.

Special wards (including private ones), were provided in a rear section along Boswell Street, with a flat roof for exercise at the third-floor level (figure 8).<sup>6</sup> The roof could be used by convalescents or by such patients as could be carried up there on stretchers. The original passenger lift (now lost), housed within the void of the semi-circular staircase, did not originally go up to the third floor – the space at this level is taken up by a small chapel set over the semi-circular staircase below. Cutler was especially proud of his design for the hospital chapel as he displayed the design for it at the Royal Academy in 1902.<sup>7</sup>



Figure 7: The Italian Hospital in 1944.

The chapel formed part of the accommodation occupied by the serving nuns. They were accommodated on the third floor of the building with patients occupying the lower floors. The rooms for the nuns' use included a sitting room, sewing room, dining room, infirmary and

dormitory (figure 8)<sup>8</sup>. There was also a bathroom and WC in the small sanitary wing to the south and of course, the chapel (figure 15).

The chapel had a number of fixtures and fittings that have since been removed as shown in figure 15. These include altar rails, flooring, furniture and statuary. The chapel is shown with the altar dressed with icons, coverings, plants and flowers and candles reflecting its role in active worship.

For infectious cases, there was a separate block at the back of the building with its own bathroom, kitchen and bedroom for the nurse in attendance.<sup>9</sup> In G. A. T. Middleton's, *Modern Buildings, Their Planning, Construction And Equipment* first published in 1906, it was said that at Cutler's Italian Hospital 'The normal arrangement of opposite windows, and windows between the beds, has been possible except in two places, where windows are replaced by doors, the only departure from the customary arrangement being the placing of fireplaces at the two ends of the ward, and the omission of the sunning balcony, for which there was no room'.<sup>10</sup> The entire hospital building was heated by fireplaces in the wards and other rooms.

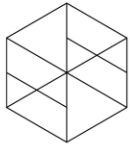
<sup>6</sup> Historic England Archive, RCHME Report NBR No. 101063 (1993)

<sup>7</sup> *The Builder*, 5 April 1902; Historic England Archive, RCHME Report NBR No. 101063 (1993)

<sup>8</sup> G. A. T. Middleton, *Modern Buildings, Their Planning, Construction And Equipment Vol 3* (1921 ed.)  
<http://chestofbooks.com/architecture/Modern-Buildings-Construction-V3/Chapter-VII-Hospitals-On-Restricted-Sites.html>

<sup>9</sup> Lost Hospitals of London website  
<http://ezitis.myzen.co.uk/italian.html>

<sup>10</sup> G. A. T. Middleton's, *Modern Buildings, Their Planning, Construction And Equipment*, (1921 ed.)  
<http://chestofbooks.com/architecture/Modern-Buildings-Construction-V3/Chapter-VII-Hospitals-On-Restricted-Sites.html>



The second floor was mainly intended for the use of women patients although there was a small ward for children at the rear with glazed partitions so that they could be overlooked from the corridor. Men were accommodated on the first floor of the building with a large ward overlooking Queen Square and smaller wards to the rear along Boswell Street.

The ground floor contained a fine entrance and main hall with a Porter's office and adjoining bedroom. There was also a board-room, secretary's office and surgeon's room. The operating-room with top-lighting was immediately opposite the passenger lift to allow easy access to the wards above. Beyond the staircase was a small accident ward and an out-patients' department which was described as 'though small, is perfectly complete, with separate entrance and exit and a very large waiting-room, and with registrar's office and consulting-rooms both for surgeons and physicians, with the necessary surgeon's dressing-room and physician's dispensary'.<sup>11</sup>

Soon after construction in 1903, a series of photographs were commissioned by the hospital from Bedford Lemere & Co., a firm of architectural photographers who pioneered the photography of new buildings. About 20 images survive in the Historic England Archive that show the building in use and some are reproduced in this report (figures 9-13).

In 1901, *The Nursing Record & Hospital World* reported that 'The Italian Hospital, Bloomsbury, is a cheerful place in which to be ill, and the sunny wards looking on to Queen Square, though occupied mainly by Italians, yet contain patients of many nationalities'.<sup>12</sup> It praised the skills of the nursing sisters with their quaint

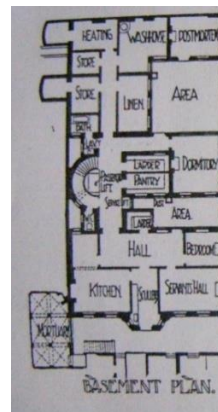
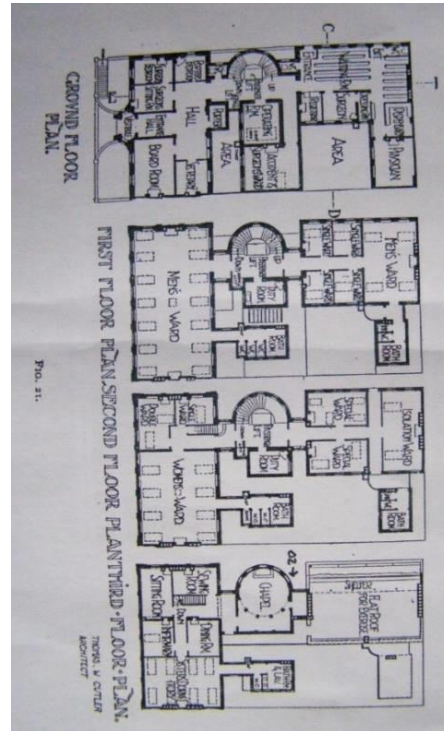
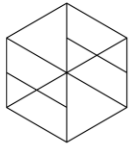


Figure 8: Plans of the hospital in 1901 [unknown source but reproduced in Historic England Archive, RCHME Report NBR No. 101063 (1993)].

habits and head-dresses (see figure 13). By 1905 there were 50 beds in the hospital.

<sup>11</sup> G. A. T. Middleton, *Modern Buildings, Their Planning, Construction And Equipment Vol 3* (1921 ed.)  
<http://chestofbooks.com/architecture/Modern-Buildings-Construction-V3/Chapter-VII-Hospitals-On-Restricted-Sites.html>

<sup>12</sup> *The Nursing Record & Hospital World*, 21 Dec, 1901.



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Figure 9: Interior view of the Women's Medical Ward in 1903, with patients in their beds and nurses in distinctive uniforms [© Historic England BL17920/010].



Figure 12: The male surgical ward (1903).



Figure 10: The Outpatients' Hall in 1903.



Figure 13: The female surgical ward (1903).



Figure 11: The Boardroom in 1903.



Figure 14: The operating theatre (now demolished).

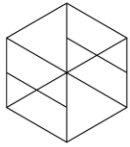


Figure 15: The chapel (1903).

### Extension to the main building - 1910

From the start the hospital had two main objectives - to provide a comprehensive free service to both Italian people and all others in need, and to encourage fee-paying patients.<sup>13</sup> During the first decade of the 20<sup>th</sup> century the hospital attracted patronage from both the British and the Italian royal families. In 1910, Ortelli's widow Angiola endowed an extension which had an enlarged operating theatre (see figure 14), and further isolation facilities.<sup>14</sup>

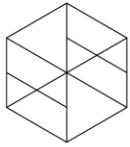
<sup>13</sup> Camden Local Studies and Archives Centre, cuttings file 47.17, Italian Hospital.

<sup>14</sup> A surviving Bedford Lemere image of 1903 [Historic England Archive BL17920/004], shows a smaller operating theatre which was lit by a sky light of slightly different design to that remodelled in 1910.

Two houses behind the original hospital building on Boswell Street were acquired and the hospital was extended to the rear. The rear wing comprised a basement and four upper storeys and was designed by J. Dench Slater (in red brick and stone as a continuation of the existing frontage to Boswell Street). The Queen Elena block, as it was at first known, was opened in January 1910 (see figures 21 & 22). In 1912, Signora Ortelli died leaving a final bequest of £10,000, which was used to create an X-ray department.<sup>15</sup>

In World War I, the hospital was affiliated to the Fourth London General Hospital, and sixty beds were reserved for sick or wounded servicemen.

<sup>15</sup> Italian Hospital, Annual Report 1987.



Twenty-five beds remained in use for civilians. In the 1920s, and again in the 1930s, financial difficulties and the withdrawal of the Order of St Vincent de Paul from providing nursing services at the hospital in 1923 meant that the hospital operated with fewer beds or was actually closed to in-patients for periods of time.

#### Further extension - 1928

The sisters returned in 1926 and in-patient services were resumed with 58 beds in 1927. In 1928, the hospital acquired the Brown Bear Public House which was located to the south of the hospital on the corner of Boswell Street and Gage Street and was extended once more. The premises were converted into a nurse's hostel (see figures 16a and 16b).

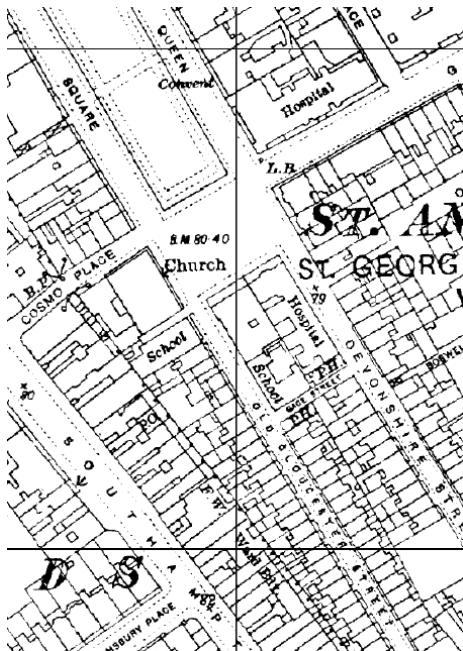


Figure 16a: The hospital site prior to the acquisition of the pub in the 1920s.

In 1935, the entire medical staff resigned because it was felt that doctors were being appointed without suitable qualifications.<sup>16</sup> A series of plans were drawn up by Burnett Brown, the official surveyors to the Italian

Hospital, showing the layout of the hospital at that time. The plans for the basement, first and second floors are shown below (figures 18 – 20).

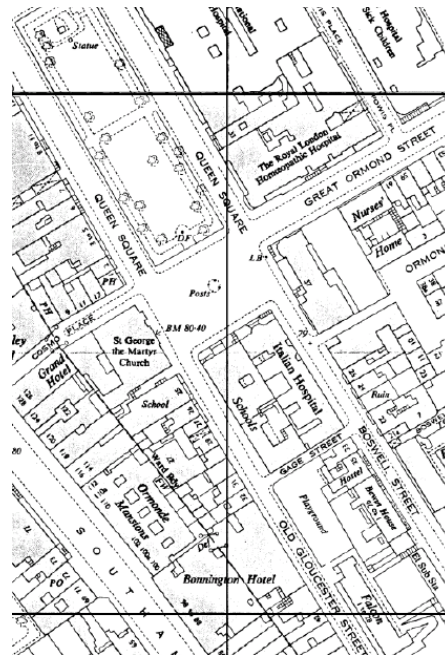
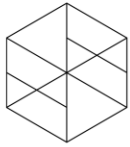


Figure 16b: The hospital in 1953 after being fully extended.



Figure 17: The LCC Bomb Damage Map – showing the building didn't sustain any significant damage during WWII.

<sup>16</sup> Lost Hospitals of London website  
<http://ezitis.myzen.co.uk/italian.html>



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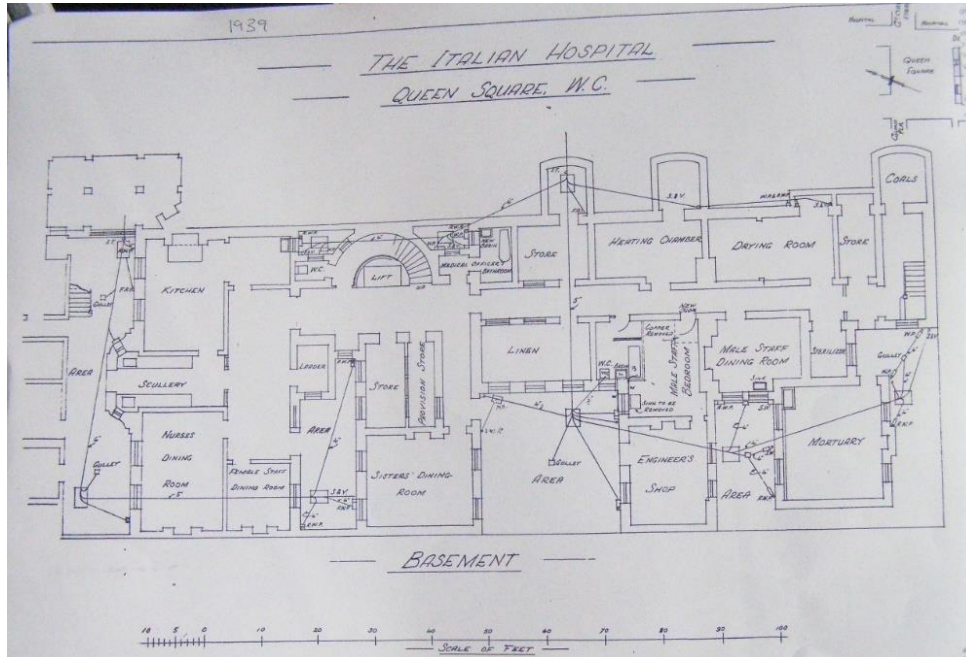


Figure 18: Basement plan in 1935.

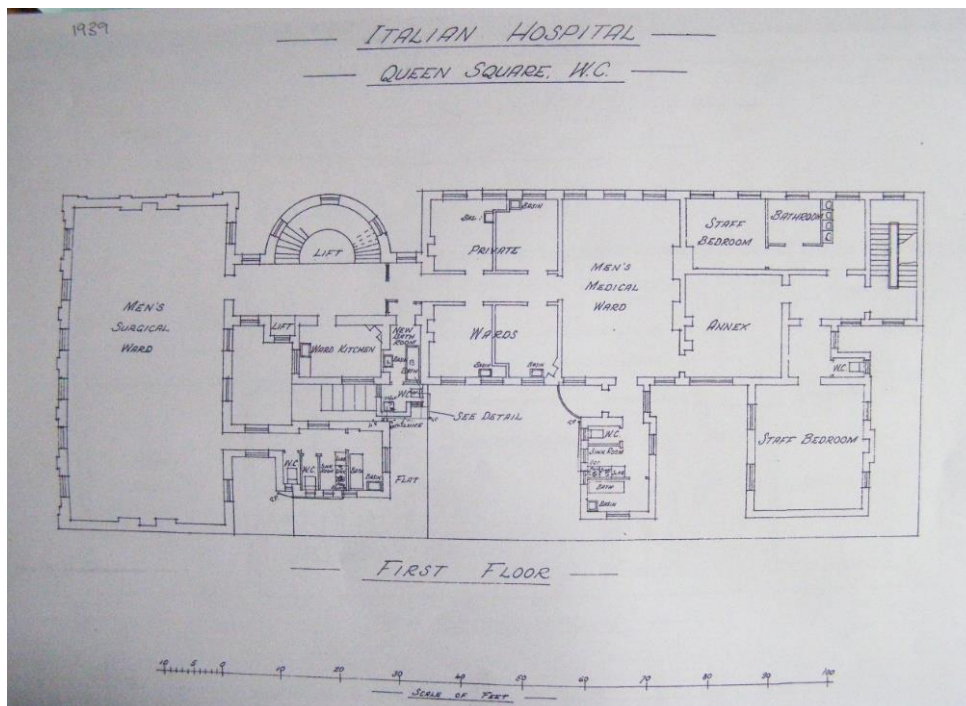


Figure 19: First floor plan in 1935

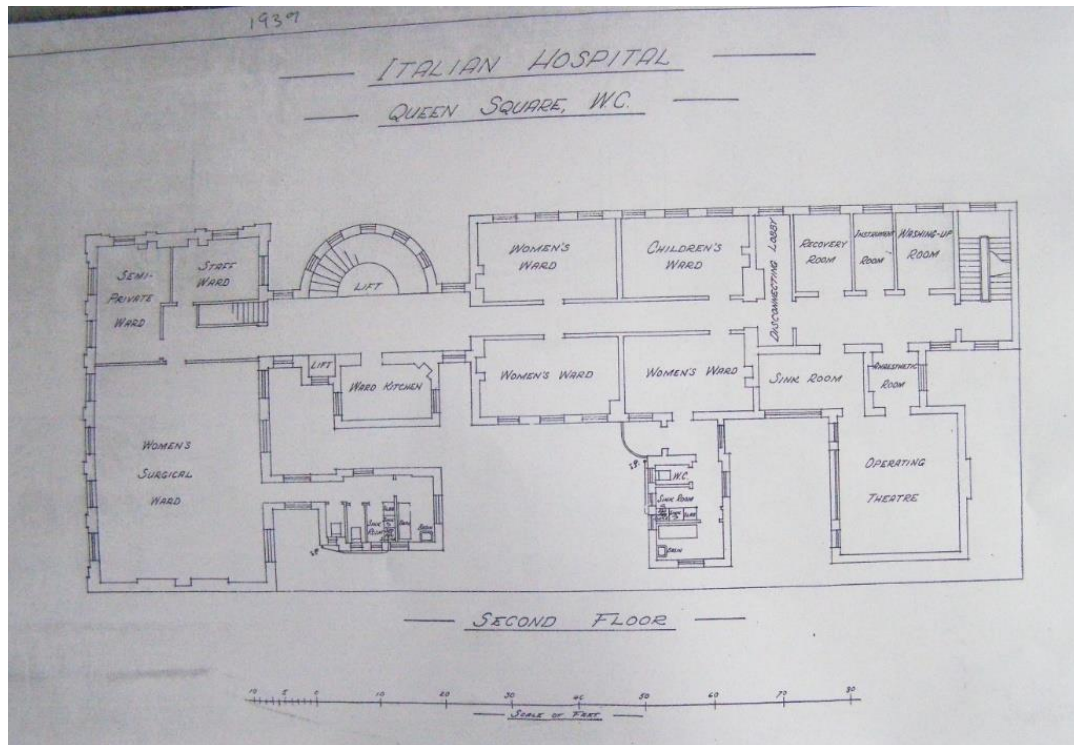
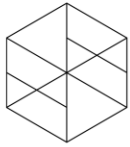


Figure 20: Second floor plan in 1935.

World War II caused a crisis as Italy was now Germany's ally and following extensive but relatively superficial bomb damage in 1940, the hospital was closed between 1940 and 1948. As seen from the LCC bomb damage map, the area around the hospital was very badly bombed (figure 17). During the war years, the Italian Hospital was utilised as a polling station, and the windows and doors bricked-up.

The hospital re-opened after the war but did not join the NHS, continuing as an independent hospital. By 1948, the third floor had been extended to include the new wing along Boswell Street (figure 21). The layout of the nuns' accommodation remains as shown in the earlier plans with the addition of a separate bedroom for the Hospital Sister and Matron. The extension along Boswell Street includes Nurses Cubicles suggesting that nurses, in addition to the nuns, staffed the Hospital. This was presumably due to the increase in size of the Hospital.

### The Sisters of Verona

A formal reopening took place in 1950. The hiatus in medical services during this time may have prompted the Sisters of the Charity of St Vincent de Paul to move on as from 1950, the Sisters of Verona apparently took over the care of the Hospital. The Sisters of Verona was founded in 1840 in Verona, Italy. By 1990, the Hospital was suffering severe financial problems and closure soon followed. It seems reasonable to assume that the nuns occupied the building until closure.

In 1956, a new external boiler chimney stack was added by Tyler & Co., Surveyors. By not being under the NHS umbrella, the hospital was able to take private paying patients to subsidise its charitable work. It was described in 1978 as a 'cosmopolitan cottage hospital' and a 'homely place, as far as hospitals allow, with old-style

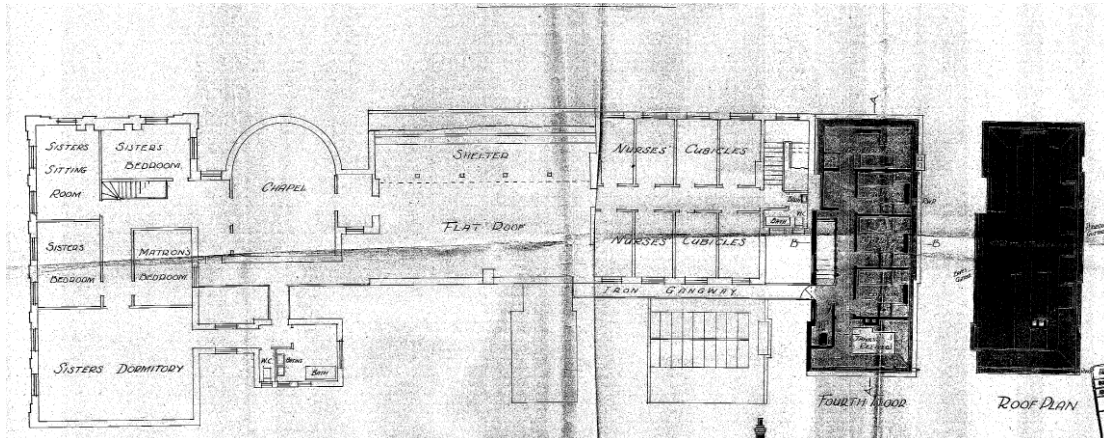
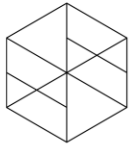


Figure 21: The third floor in 1948.

washbasins and brass taps, Italian tourist brochures and many Madonna's'.<sup>17</sup>

In the 1980s it was reported that 'extensive development had taken place, including the creation of a new third floor with fifteen inpatients rooms, two new operating theatres, an intensive care unit with six beds, an updated pharmacy, physiotherapy, outpatients' department, kitchen and dining facilities'. In addition, on-site pathology facilities had been made available.<sup>18</sup> The works were undertaken by architects, Burns, Guthrie & Partners of Tunbridge Wells, who designed the new wards in the roof on the third floor (removing existing staff accommodation), and created private rooms on the second floor.<sup>19</sup> The listing description describes the roof extension as 'Late C20 slate mansard roof with flush windows.' A new lift shaft was added. In 1984, the drainage was also refurbished.

### Closure of the Hospital

Ultimately, the changing requirements of the Italian community, and its gradual dispersal from central London, meant that the hospital

suffered severe financial problems and finally closed in 1990. It was sold to the Great Ormond Street Hospital Children's Charity (which now leases the building to the NHS Trust) and the funds transferred to a charity, 'The Italian Hospital Fund', which still exists today providing grants to those in need.<sup>20</sup> The building was Grade II listed in 1992.

Following the departure of the Sisters and the closure of the hospital, the building was subject to a major programme of works and reconfiguration. The third floor became part of the wider function of the building and the layout was altered. The third floor has not been used for nun's accommodation and worship for almost 30 years. In addition, the nuns to which the altar has its original iconographical links have not occupied the building for approximately 70 years.

In the 1990s the building was converted into offices, hostel and flat accommodation for Great Ormond Street Hospital. In 2010, renovations were undertaken at the building, which at that time also offered accommodation to staff of Great Ormond Street.<sup>21</sup> It has recently been renamed the Italian Wing or the Italian Building and contains office accommodation and parent rooms and flats. The building is also occupied

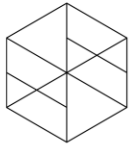
<sup>17</sup> *New Society*, 21/28 Dec 1978

<sup>18</sup> Italian Hospital Annual Report, 1987

<sup>19</sup> Camden Local Studies and Archives Centre, Drainage Plans on microfiche (1981, 1982)

<sup>20</sup> <http://www.italianmedicalcharity.co.uk/index.html>

<sup>21</sup> Gary Powell, *Square London*.



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by a nursery at ground and lower ground floor (in part).

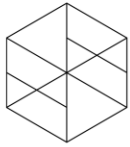


although the division of the hospital into its three composite parts (including later extensions and additions) is loosely legible.



Figure 22: The original building in 1903 from Boswell Street.  
Figure 23: The building after the extension of 1910,  
photographed in 1911.  
[© Historic England Archives BL 179920/002 and BL 21075]

The work undertaken in the 1990s was fairly extensive and resulted in the demolition of parts of the building and infilling in other areas. The plan form of the building has been altered



## Appendix B

### Relevant Policy Context

The following paragraphs briefly set out the range of national and local policy and guidance relevant to the consideration of change in the historic built environment. The relevant statutory provision for the historic environment is the Planning (Listed Buildings and Conservation Areas) Act 1990.

#### The National Planning Policy Framework (2012)

The National Planning Policy Framework (NPPF) was published in March 2012 and sets out the government's approach to dealing with the historic environment. Section 12 of the NPPF deals specifically with this area of policy. Policies relevant in this particular case are as follows.

**Paragraph 128** states that applicants should describe the significance of any heritage assets affected, including any contribution made by their setting. 'The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance.' A history of the site and its context and a statement of significance are presented in this report at section 2.

**Paragraph 132** sets out that 'when considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation. The more important the asset, the greater the weight should be. Significance can be harmed or lost through alteration or destruction of the heritage asset or development within its setting. As heritage assets are irreplaceable, any harm or loss should require clear and convincing justification. Substantial harm to or loss of a grade II listed building, park or garden should be exceptional.'

**Paragraph 133** goes on to say substantial harm or total loss of significance may be acceptable

in very exceptional circumstances which are set out in the policy.

**Paragraph 134** deals with cases where a proposal does cause less than substantial harm to the significance of a designated heritage asset such as a listed building. Any such harm should be weighed against the public benefits of the proposals.

#### London Borough of Camden Local Plan

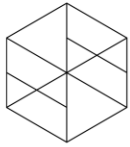
Camden's Local Plan was adopted in June 2017. The most relevant policy in this case is Policy D2: Heritage.

With regard to Conservation Areas, the policy states that the Council will:

- Require that development within conservation areas preserves or, where possible, enhances the character and appearance of the area.

With regard to Listed Buildings, the policy sets out that the Council will:

- Resist proposals for a change of use or alterations and extensions to a listed building where this would cause harm to the special architectural and historic interest of the building.



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## Appendix C

Letter of Intent from the Church of  
Our Lady & St Joseph, Matlock,  
Derbyshire

Reverend Robbie O'Callaghan  
Our Lady & St Joseph Catholic Church  
1 St Joseph Street  
Matlock  
Derbyshire  
DE4 3NG

7<sup>th</sup> August 2017

Mr Crispin Walkling-Lea  
Head of Healthcare Planning  
Development & Property Services  
Great Ormond Street Hospital for Children  
NHS Foundation Trust  
Mezzanine Floor  
40 Bernard Street  
London  
WC1N 1LE

Dear Crispin Walkling-Lea,

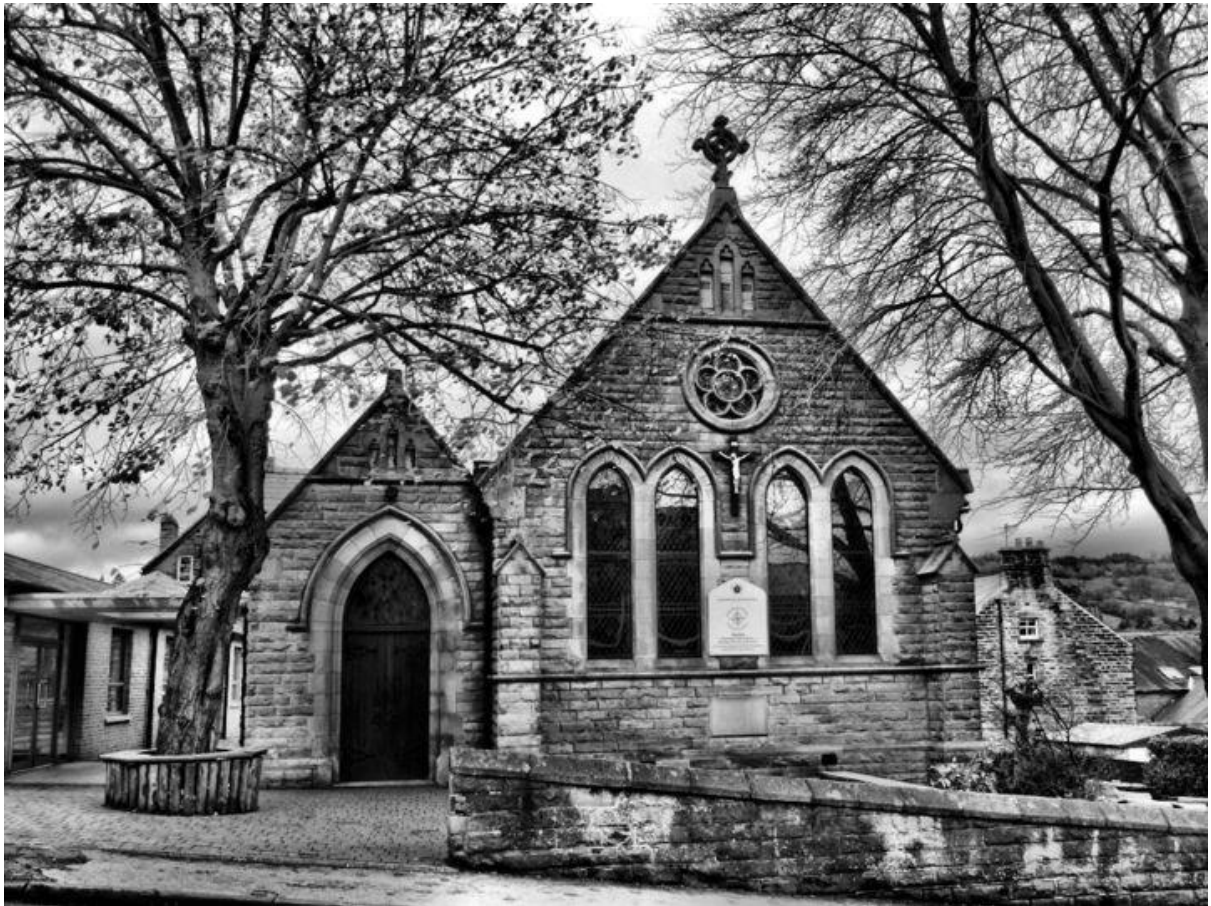
I am writing in response to the information you sent me in reference to The Italian Hospital Chapel and its said marble altar dedicated to St Christopher. I have read the beautiful background of the use of the chapel and understand the space is no longer heavily used as a Christian worship space.

I wish to submit an application on behalf of Our Lady & St Joseph to acquire the altar from the Trust and bring it back to liturgical use. Our side Lady Chapel within the church has never had over the many years a descent altar, even now it has a wooden altar surround not in keeping with the age of our building. We have behind our main altar the most beautiful reredos (see photograph) which would be complimented by an ornate matching Lady Chapel altar. We could accommodate the altar and steps after removing our wooden structure and clearing and facing up the site to receive it. It would then be re-consecrated by our Bishop. I have sought to contact a local firm which works nationally after speaking to the network of stonemasons here in Derbyshire and there is one company that specialises in such large and fragile ventures. They have quoted an estimate of £4000.00 to remove and reinstitute the altar here in Matlock. Of course the site would need inspecting and the practicalities of how they might remove the numbered stones from the hospital site. All Health & Safety aspects would also need to be discussed.

The altar would be brought to life once more and be respected and loved for the future prayers of the Church. We would place a plaque on the side wall highlighting your kindness and write and thank the Italian community. I attach photographs of the church and its history. It would be my hope as a priest to transfer daily Mass from our main altar to the Lady altar a few times a week and on her feast days. You shall be in my prayers for all the great work your Trust does for so many.

Yours faithfully

Fr Robbie O'Callaghan





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# Our Lady & St Joseph, Matlock

## Parish History

### **Before 1895**

Matlock, originally known as Metesford, a name derived no doubt from the circumstances of being a ford across the Derwent where Matlock now stands, can boast a record in the pages of the Domesday Book.

There is scant evidence of Catholicism in the Matlock area during the years immediately following the Reformation, although Hathersage and Hassop were more fortunate probably due to the presence of notable catholic families. It is thought Mass was celebrated on a regular basis in Matlock by a priest who travelled on horseback from Derby.

In 1880 a house in Holt Lane was rented and a Chapel opened on the first floor. The first Mass was celebrated there on April 23rd 1880.

During 1880 a site on Bank Road Matlock was bought. Building began to the design of a Mr E. Fryer an Architect from Derby. The construction was undertaken by the Matlock firm B. Askew at a cost of approximately £700.

On July 16th 1883 the Church of Our Lady and St. Joseph was opened in a ceremony attended by the Bishop of Nottingham. High Mass was celebrated and the choir from St. Mary's in Derby sang Mozart's Mass No. 1

The catholic population in Matlock and District at this time is not known but it is interesting to note that between the years 1880-1920 there were only two occasions when baptisms for any one year reached double figures. Indeed between 1887- 1895 no baptisms were recorded at all.

There are two main factors which might have influenced the sparse baptisms, one being that the majority of the congregation were over child-bearing age or unmarried, the other that the greater part of the congregation would consist of visitors to the then popular hydros, whose baptisms would have been recorded elsewhere. Whatever the cause, the indication is that the Catholic numbers were small compared within the indigenous local population.

For the first ten years the church was served from Saint Mary's Derby, but in 1890 Father Robert Browne became the first resident Priest.

In 1884, a further piece of land had been secured for the purpose of a presbytery but the house was not completed until 12 years later, in September 1896.

### **1895 to 1965**

Father George Le Roy, a native of Belgium came to the parish in 1895. It was he who was largely responsible for the success of the funding for the church in these early days. He used to appeal to visitors to Matlock to help pay the interest on the money borrowed for the church and presbytery buildings. This financial struggle continued up to and shortly after Father Le Roy's death in 1920. A stained glass window is dedicated to the memory of Father Le Roy.

The priest following Father Le Roy in 1920 was Father Crowther. Little has been recorded about Father Crowther. It is known he left the parish in 1926 and was succeeded by Father Cossins.

Father Charles Cossins came to Our Lady & Saint Joseph's church in 1926. He was a dedicated priest. Parishioners spoke highly of his capacity for hard work in the parish.

It was during this time that the Presentation Sisters came to Matlock. The Convent was opened in 1927 in the former Chesterfield House Hydro. The foundation was made by members of the community who had spent many years in the mission fields in India. The Presentation Sisters had built up a high reputation for the quality of their education in Madras. Father Cossins assisted in the purchase of the house and grounds where the Presentation Convent now stands. Father Cossins stayed for five years.

Father Hugh Atkinson came to the parish in 1931. During his period as Parish Priest Father Hugh Atkinson made several improvements to the church including an extension to the nave to extend the sanctuary in 1934. A dated stone can be seen on the outside of the church.

The extension was made financially possible by the generosity of Mrs Wildsmith.

Father Cyril Restieaux (later Bishop of Plymouth) came to Matlock in 1934. Father Restieaux continued to improve the church building and its contents. He renewed the seating and had the main aisle tiled. He also installed Stations of the Cross. Three stained glass windows were put in and a new high altar and organ installed. The original wooden altar and organ were moved to Saint Theresa's Church in Wirksworth.

Father Restieaux was parish priest for 12 years. He moved to Nottingham Cathedral in 1948.

Father John Goodwin came to the parish in 1948. It was his great desire to build a school for the Catholic children of the parish. Although a piece of land was selected for the building project the number of children in the parish was too small to warrant the building of a new school. He died in 1965.

A special day for the parish and especially the Johnson family was February 23rd 1955. The then Bishop of Nottingham, The Right Reverend Dr. Edward Ellis, visited the church to baptise a sister for seven brothers. Bishop Ellis made a practice of travelling to any part of his diocese to baptise the eighth and subsequent children of Catholic families.

### **The Parish since 1965**

Father Hugh O'Brien succeeded Father Goodwin and came to the parish in 1965. Father O'Brien continued with the task of building a Parish Hall. He was successful and the hall was opened in 1967.

From 1969 to 1971 the parish was served by Canon Thornhill assisted by Father Michael Bell.

An important event in the church was the placing of a new Liturgical altar in 1969. The altar, made from Stancliffe Darley Dale Stone, was designed by Smith and Roper, Architects for the Sanctuary alterations. The altar was donated by the sons of Mary Katherine Smith, in memory of their mother who died on 5th June 1960. The relics of Saint Hedwig, taken from the original wooden altar, were subsequently embedded in the new altar by the Right Reverend James McGuinness, Bishop of Nottingham, on the 1st October 1978. In 1983 Saint Joseph's Church celebrated its centenary. During this centenary year Father Anthony Colebrook became Parish Priest.

Farther Jonathan Cotton became Parish Priest in 1990. Father Cotton was ordained in 1976 and was assistant director at the Diocesan residential Youth Training Centre at the Briars, Crich, for four years before becoming Parish Priest at Matlock and Wirksworth.

### **Saint Joseph's Primary School Matlock.**

On 6th September 1990 Saint Joseph's School was opened. The Headmistress Sister Dolores Cooney a member of the Presentation Order, opened the school with 116 children. It was a very important and long awaited day by the Catholic Community in the Matlock area. The following year

on 7th November 1991 the school was officially opened and blessed by Bishop James McGuinness. The school flourishes and presently has two hundred children enrolled.

In 1995 Father Jonathan was released from the parish and appointed the first full time director of the Nottingham Pilgrims working with Sister Angela Murphy a member of the Presentation Order.

Father Paul Newman came to Matlock in 1995. Father Paul was Assistant Vocations Director and Ecumenical Officer for North Derbyshire linking with other Christian churches. In 2000 he was transferred to Ripley and from there appointed Diocesan Youth Officer in residence at the Briars Residential Youth Centre, Crich.

Canon Bernard Needham succeeded Father Newman as parish priest in 2000. Work had just begun on demolishing the old parish hall and a fine replacement made possible by a grant from the Community Fund. The new hall was blessed by Bishop Malcolm McMahon, O.P., Bishop of Nottingham and officially opened by the Rt. Hon. Michael Martin, Speaker of the House of Commons on 7th September 2001. Father Bernard retired in 2016 after serving 16years as parish priest.

Father Robert O'Callaghan succeeded Father Bernard in September 2016.

#### **Parish Priests of Our Lady & St Joseph's**

1890	Father Robert Browne
1895	Father George Le Roy
1920	Father Aloysius Crowther
1926	Father Charles Cossins
1931	Father Hugh Atkinson
1934	Father Cyril Restieaux
1948	Father John Goodwin
1965	Father Hugh O'Brien
1969	Canon Robert Thornhill
1971	Father Gerald Collins
1983	Father Anthony Colebrook
1990	Father Jonathan Cotton
1995	Father Paul Newman
2000	Canon Bernard Needham
2016	Father Robbie O'Callaghan