



## **St Ita's Hospital and Portrane Demesne Architectural Conservation Area**

### **Statement of Character**

## Preface

This assessment of the special character of the Portane Demesne and St Ita's Hospital Architectural Conservation Area was prepared by Lotts Architecture and Urbanism.

The study was commissioned by Fingal County Council and its progress was guided by Helena Bergin, Architectural Conservation Officer and Fionnuala May, Senior Architect.

## Acknowledgements

Section 2 on the historical development of the site has been based on research undertaken for this project by Dr Michael O'Neill.

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Extract of the Down Survey map (Fig. 3) was sourced from the Royal Society of Antiquaries of Ireland.

The historic maps by John Rocque (Fig. 4), Duncan's map of 1821 (Fig. 5) and early versions of the Ordnance Survey (Figs. 7, 8 & 11) are available from The Map Library at Trinity College Dublin.

The image of Portrane House (Fig. 6) comes from Peadar Bates *"Donabate & Portrane - A History"* (2001)

The following journals were sourced in the Irish Architectural Archive:

- Plan and perspective view of Portrane Asylum (Figs. 9 & 10), reproduced in a supplement to *The Irish Builder*, 15 July 1900 (taken from *The Building News*, 27 April 1900)
- Ground Floor Plan of Portrane Asylum by G.C. Ashlin RHA (Fig. 13) was published in *The Building News*, 5 April 1895
- Plan of West Riding Asylum at Menstone in Yorkshire (Fig. 12) from an article by G. T. Hine on "Asylums and Asylum Planning" published in the *Journal of the Royal Institute of British Architects* in 1901

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## 1.0 Introduction

### 1.1 Architectural Conservation Areas

Many of the towns, villages and landscapes of Fingal contain areas of architectural, historical, and/or cultural interest, which have a particular distinctive character considered worthy of retention and enhancement. Planning legislation allows a planning authority to include objectives in the County Development Plan to preserve the character of places, areas, group of structures or townscapes that:

- are of special architectural, historical, archaeological, artistic, cultural, scientific, social or technical interest or value, or
- contribute to the appreciation of protected structures.

Such areas or places are known as Architectural Conservation Areas, or for short, ACAs, and a number of such areas have been designated in Fingal.

An ACA could be a terrace of houses, a streetscape, a town centre, or a cluster of structures associated with a specific building such as an historic mill or country house. Most structures in an ACA are important in how they positively contribute to the character of the area. Historic building materials and features,

heights and building lines, and the scale and arrangement of streets and open spaces all make a contribution to the character of an ACA. Therefore, it is the external appearance of structures and the open space which are protected in an ACA. Planning permission is required for any works that would have a material effect, or impact, on the character of an ACA. Even works which in other locations would meet the criteria for Exempted Development as outlined in the Planning Regulations will require planning permission if they are within an ACA. This does not prevent alterations, extensions or new build within ACAs but the designation seeks to ensure that any new development respects or enhances the special character of the area and is carried out in consultation with the Planning Department and Conservation Officer, usually through a planning application.

This document is one in a series that set out to identify the special character of each individual ACA and give guidance to homeowners, developers and planning professionals on the type of works that would require planning permission in that specific area.

## 1.2 Location of the Architectural Conservation Area

St Ita's Hospital is located in Portrane Demesne on the coastline of the Donabate peninsula, with the Rogerstown Estuary to the north and the Malahide Estuary to the south. It is south of the seaside village of Portrane, just 3km east of the larger town of Donabate and 25km north of Dublin.

Portrane lies at the end of the R126 which connects it to Donabate and the M1 motorway, the main arterial route to Dublin city. The area is served by Dublin Bus with a regular service linking Swords directly to St Ita's Hospital. A railway station on the Dublin-Belfast line is located nearby in Donabate.

Formerly known as Portrane Asylum, St Ita's has been a mental health hospital since its inception at the end of the 19<sup>th</sup> century and was considered in the early 20<sup>th</sup> century as a model of how psychiatric care should be provided. The impressive collection of Victorian red brick buildings dominate the peninsula and are visible across the Malahide Estuary over 4km away.

The Landscape Character Assessment (LCA) for the area included in the Fingal Development Plan 2011-2017 characterises the setting as a 'Coastal Landscape Character Area'. St Ita's lies within 'Landscape Group 8 - Donabate', an area dominated by two

substantial demesnes, Portrane Demesne and nearby Newbridge Demesne, now a park run by Fingal County Council.

The landscape character of the area is defined by the woodland of these demesnes and the proximity to the coast. Portrane Demesne is particularly significant because of its raised elevation overlooking the sea. The current land use of the ACA is subdivided into four broad categories: designed landscape, settlement, recreation and enclosure.

## 1.3 Extent of St Ita's Hospital and Portrane Demesne ACA

The Architectural Conservation Area covers the same area as the townland of Portrane Demesne excluding the former burial ground of the hospital in the north-eastern corner and an area around it which has been carved out of the demesne and developed for housing. Grey Square, a separately designated ACA close to Portrane village, has also been excluded. The demesne stretches east from Donabate south of the R126 road to Portrane. It does not include the easternmost tip of the peninsula but extends onto the coastline on its south-eastern side. The south-western boundary of the demesne runs through farmland to the south of the original house of Portrane Demesne following the line of the field boundaries.

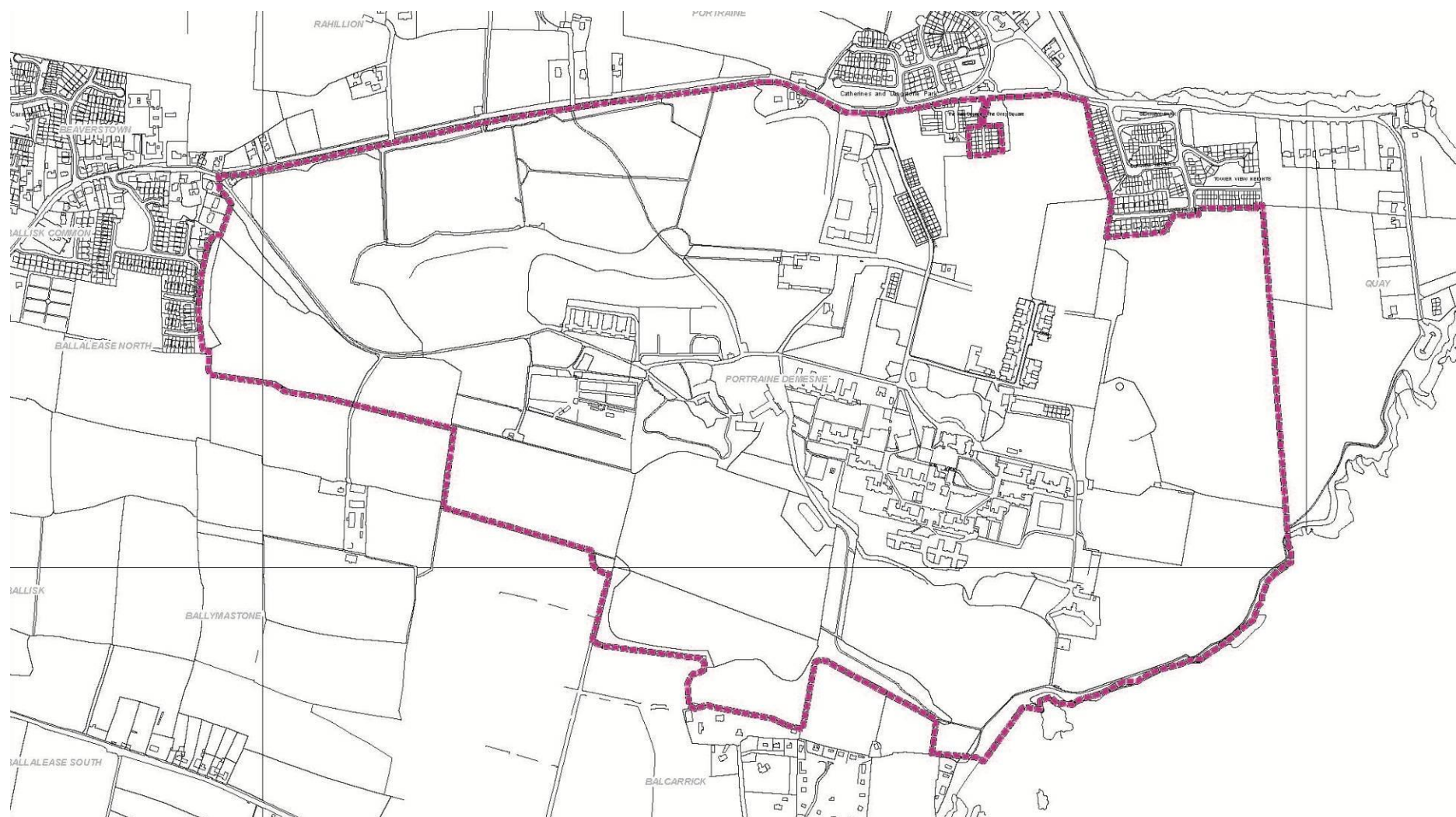


Fig. 1: Boundary of St Ita's Hospital ACA, Portane





Fig. 2: Aerial view, Bing Maps 2013

## 2.0 Historical Development of the Area

### 2.1 Origins and Early Modern period

The medieval and civil parish of Portrane, also spelt Portraine, was a possession of the Church by the mid-twelfth century. In c.1185 possession transferred from Christchurch Cathedral to the archbishop of Dublin, and the archbishop's interest continued until Portrane Demesne was purchased outright by the Board of Control in 1894 to build the hospital.

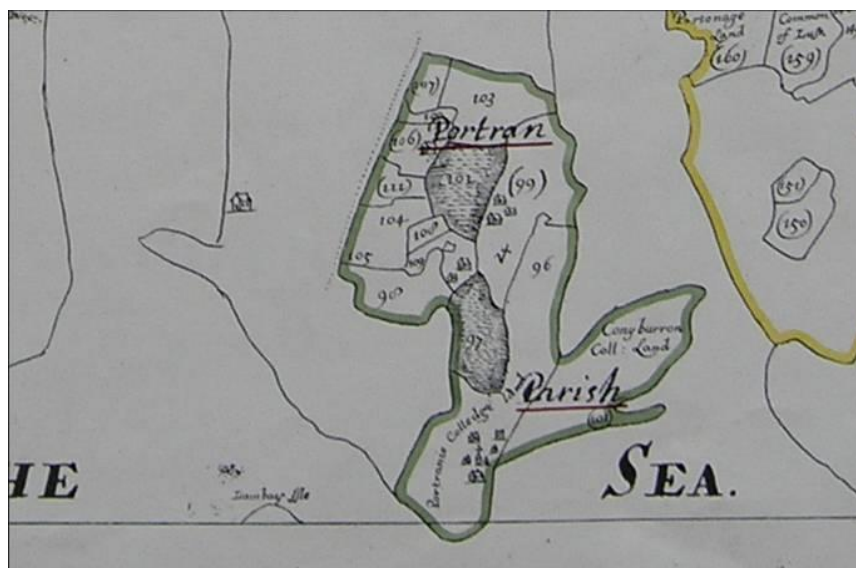


Fig. 3: Extract from Down Survey map of the barony of Nethercross, c. 1654 (north to right of image)

The Civil Survey of 1654 records that 'The farme of Portrane', of 160 acres was the possession of the Archbishop of Dublin while a thirty-acre parcel of land called the Parsonage Land had fourteen acres within the land of Portrane. Here was an old castle with an adjoining thatched hall, a small barn, a stable and a cowhouse. In 1641 these were the possession of Thomas Ball of Dublin, and in 1654-6 by Mr Ralph Wallis, a Protestant. Also in the parish of Portrane were four small cabins, an old parish church and one Connyberry. Trinity College Dublin was granted some of the lands of Portrane in 1649. The Down Survey shows the northern part of the Burrow and the grounds around the old church as being Protestant College lands.

### 2.2 Eighteenth and Nineteenth Centuries

In 1709, Charles Wallis was the tenant of Portrane estate and in July 1728, Ralph Wallis sold his interest in Portrane to Eyre Evans MP from County Limerick.

Eyre Evans was the second son of George Evans of Caherass County Limerick, brother of the first Lord Carbury. He or his son built the house at Mount Evans, Portrane and laid out the demesne. Eyre Evans was succeeded by his son George Evans, MP for Queen's County (now Co. Laois), who, having no family, was succeeded by



his surviving brother Hampden. Hampden built a pier at the quay in Portrane in 1775 with the aid of a Parliamentary grant of £500.

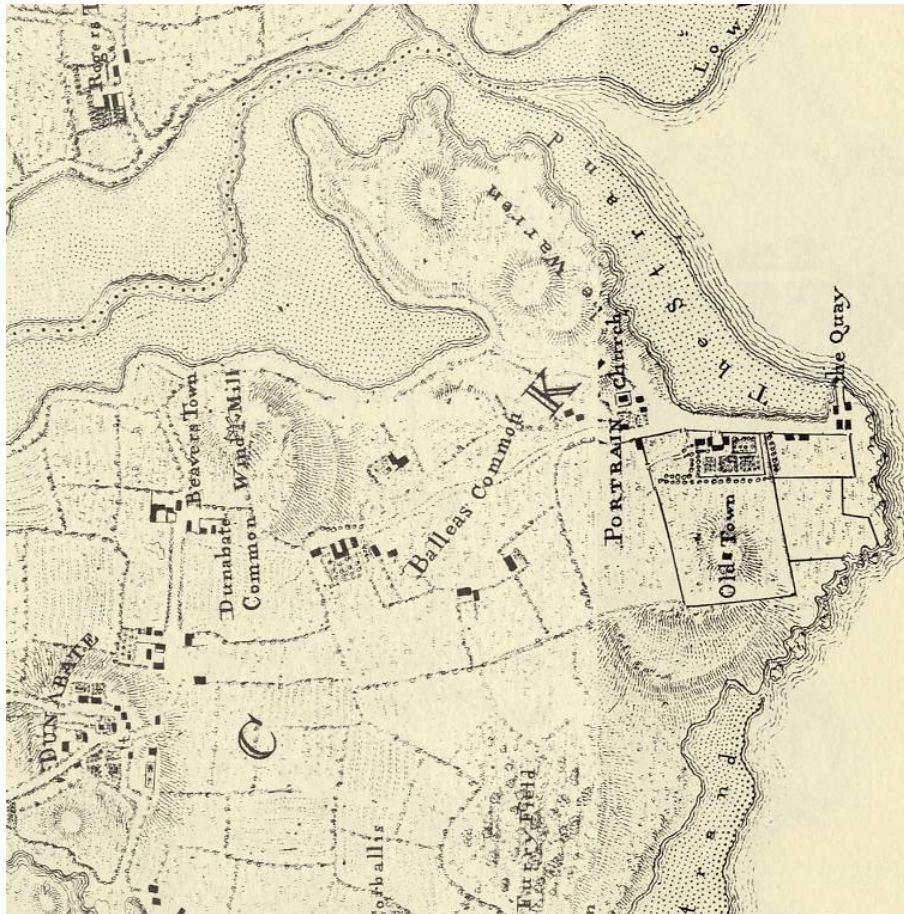


Fig. 4: Extract from John Rocque's map of county Dublin of 1760

John Rocque's map of 1760 (Fig. 3) shows the site before the landscape demesne was laid out. The focus of Portrane at that time was around the church, and a larger dwelling amongst rectilinear gardens and rows of trees is shown facing the north strand on the corner of the former demesne which is now redeveloped for housing. The hill to the south of this dwelling is marked as 'Old Town' on Rocque's Map and as a pigeon house on Duncan's Map of 1821 (Fig. 4). It is now the site of the round tower. Two houses are shown on the 1760 map within the area which later became the centre of the demesne, one of them likely to be a precursor of Portrane House. To the west the hamlet of Balleas, later Ballisk and now at the eastern edge of Donabate is shown, and Balleas Common, today reflected in the town land name Ballisk Common, is shown to extend across the road into what is now Portrane Demesne.

Hampden Evans was succeeded in 1820 by his son George, MP and Sheriff for County Dublin, who married Sophie Parnell, a relation of Charles Stewart Parnell. Duncan's map of 1821 shows the demesne smaller than it is now confined to the western part, which lay within the civil parish of Donabate. The entrance avenue to the house is from the northwest corner. The walled garden is visible to the west of the house adjoining a small section of

woodland, the outbuildings to the east and a pigeon house are denoted east of the demesne.



Fig. 5: William Duncan's Map of 1821

The first edition Ordnance Survey map circa 1837 (Fig. 7) shows the demesne to have expanded to its present extent, taking in land then part of the civil parish of Portrane, the two sections delineated as separate townlands both called 'Portrane Demesne', between them totalling an area of 470 acres. A curving belt of trees in the western part of the demesne enclosing the parkland to the north of the house marks this division and thereby reflects the historical expansion of the demesne. The house is shown in parkland setting approached by an entrance drive through a wide swathe of woodland which envelops the house, outbuildings and walled garden. A second service entrance leads directly to the outbuildings from the Portrane road in the north, a curving line in the field pattern north of this suggesting that the road may have been straightened since Rocque's 1760 map. Farmland is shown extending along the public road towards Portrane, while the parkland to the south front of the house opens out towards the coastline. A large deer park and rabbit warren are located on the eastern side of the demesne with the site of a chapel and well along the coastline.

Samuel Lewis in his publication "*A Topographical Dictionary of Ireland*" from 1837 describes Portrane House as 'a spacious brick building in the centre of a fine demesne of 420 acres, well stocked with deer, and commanding extensive and splendid views'. He



states that 'some of the best land in the county is within this beautiful demesne', 'its large plantations more thriving than is usual' in such an exposed location.

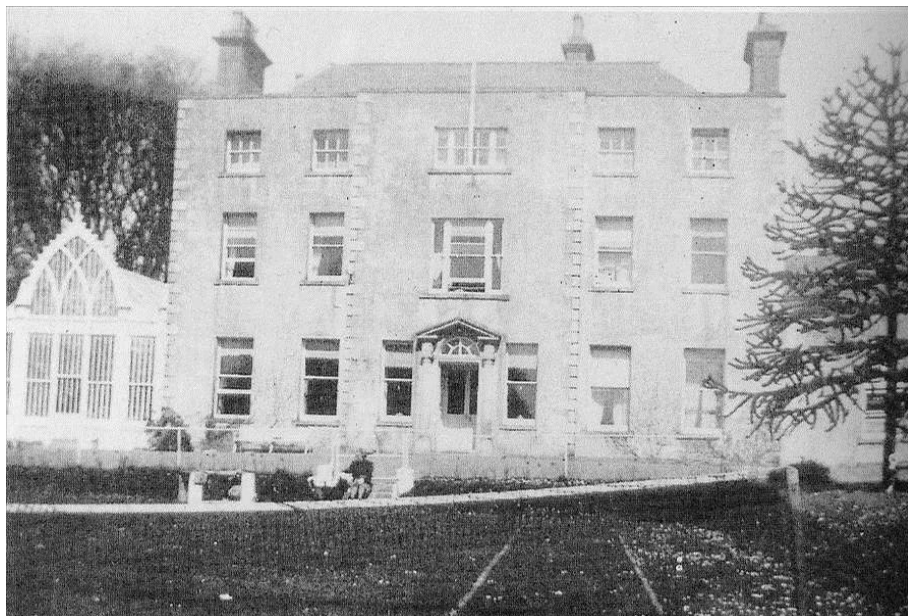


Fig. 6: Mount Evans, Portrane House (reproduced from Peadar Bates, "Donabate and Portrane - A History", Dublin 1992).

When George Evans died in 1844 his wife Sophie erected a Celtic Revival round tower in the grounds of the demesne. When Sophie herself died in 1853, she bequeathed Mount Evans and the Portrane estate to her nephew George, who remained in Portrane until 1864, when he left for the continent for health reasons.

Portrane was rented for some years to St John Butler, Sheriff for Dublin County and son of James Butler 13<sup>th</sup>/23<sup>rd</sup> Baron Dunboyne.

Frictions arose amongst the extended Evans family and 461 acres of the Evans' lands including Mount Evans were put up for auction on 26<sup>th</sup> April 1884. In the prospectus issued at the time of sale, which is reproduced in Peadar Bates' "Donabate and Portrane - A History", the following description is given to the house, outbuildings and lands:

*The Mansion House stands on an elevation in the central part of the Demesne, commanding magnificent views seawards of Lambay Island, Ireland's Eye, Howth and the Bay of Dublin, and the coast and mountains to Bray Head. It is remarkably dry and in excellent repair. The Basement story, which is large and commodious, is sunk, so that the first floor is on a level with the ground. The house contains large dining and drawing rooms, library and large hall. Opening off the hall there is a large and lofty conservatory and well shaped and lighted billiard room, both heated with hot water pipes. The second and third floors contain numerous bedrooms, opening off corridors, water closets and bathroom attached. Also, principal and back stairs and servant's apartments in wing attached to the house. There is a Turkish bath opening off the back hall.*



*The offices in connection with the house contain coach-house and stabling for several horses, stable-servant's, steward's and herd's house, spacious lofts etc., and a pump and large rain water tank in an enclosed yard, which is connected with the Mansion House by an underground passage. There is a lodge at entrance and a gamekeeper's cottage within the Demesne.*

*The lands all in grass of a very superior quality, containing 470 acres, almost 355 of which has produced over £500 on grazing lettings for the past seasons, when such lettings were exceptionally low.'*

In the resulting sale, which took place in November 1885, James Considine, a Clare landowner of the Junior Travellers Club, 96 Piccadilly, London, bought the house and lands for £9,000. A few years later Considine agreed to sell the lands to the Board of Governors of Lunatic Asylums in Ireland and an architectural competition was held in 1894 for designs for a new asylum at Portrane.



Fig. 7: Extract from Ordnance Survey first edition of 1837 (enlarged from original scale of 6" to 1 mile)





Fig. 8: Extract from Ordnance Survey first revision (or 'second edition') of 1874, enlarged from original scale of 6" to 1 mile

### 2.3 Planning of the Portrane Asylum

The 'Inspector of Lunatic Asylums' report of 1891 demonstrates the philosophy which underpinned the planning of what was to become St Ita's Hospital:

*'The answer is simple: liberal feeding, picturesque sites, attractive surroundings and amusements are recommended because they are considered in many cases essential to the patients' care.'*

The Richmond District Lunatic Asylum, located in Grangegorman within Dublin city, had been opened in 1815. By 1891 it had a population of over 1,398 patients and was severely overcrowded. In 1892, it was decided that a new hospital was needed to relieve the Richmond and to receive all the insane patients then in the various workhouses in the district. After examining various sites Portrane Demesne, containing 470 acres was determined to be the most suitable location. The first patients moved to the site in 1898 and were accommodated in Portrane House and an auxiliary asylum of a temporary character for 400 patients.

In August 1894 the Board of Control invited sixteen Dublin architectural practices to submit designs in an architectural competition for an asylum for 1,200 patients. This was by far the largest asylum ever commissioned in Ireland. G.T. Hine (architect

of Claybury Asylum 1887-93) was one of three adjudicators, the others being Sydney Mitchell of Edinburgh, another noted asylum architect, and Dr. James M Moody, medical superintendent of the London County Asylum.

A book of 'Suggestions and Instruction' was provided. One of the recommendations, that the public approach, principal entrance and the offices should be on the north side of the building complex, was derived from contemporary English practice. The Irish principle of allowing accommodation on the third storey remained, as did the old principle of a symmetrical separation of the sexes, together with some newer ones like having detached chapels. Architects were reminded that 'as the building is intended for the accommodation of pauper patients, all superfluous decoration should be avoided, both on the exterior and interior of the building, there, however, should be rendered as cheerful and attractive as due consideration of economy will permit'.

The winner of the competition was the late Gothic Revival design of George Coppinger Ashlin (1837-1921), the noted church architect and former partner of E.W. Pugin. A truncated version of his design entitled 'Aspect' was chosen from three finalists, despite being the most expensive, because it offered the most space and could be realised with few modifications. Alfred J.



McGloughlin (1863-1940s) was involved in the preparation of the designs and went on to oversee the work on site.

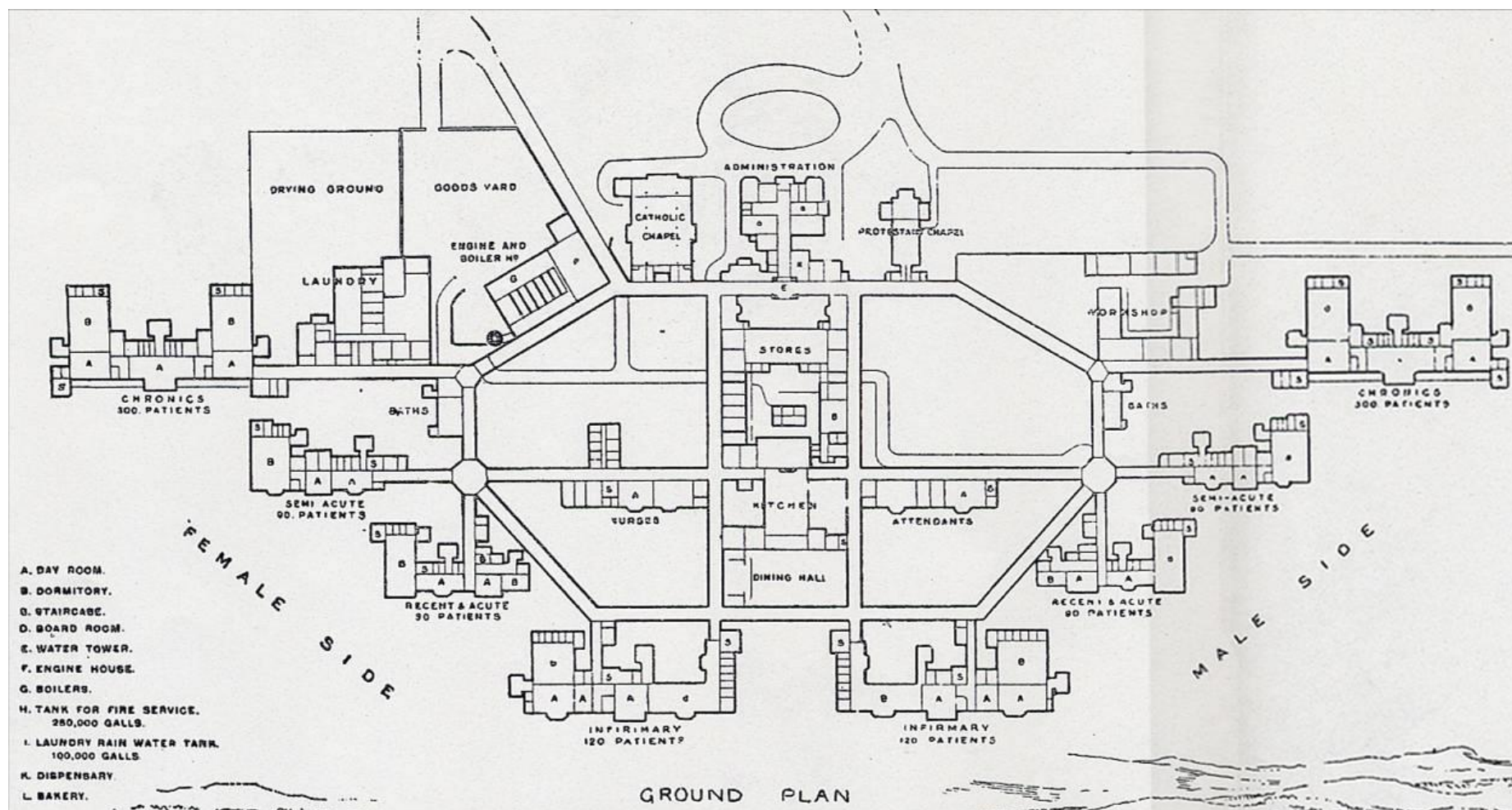
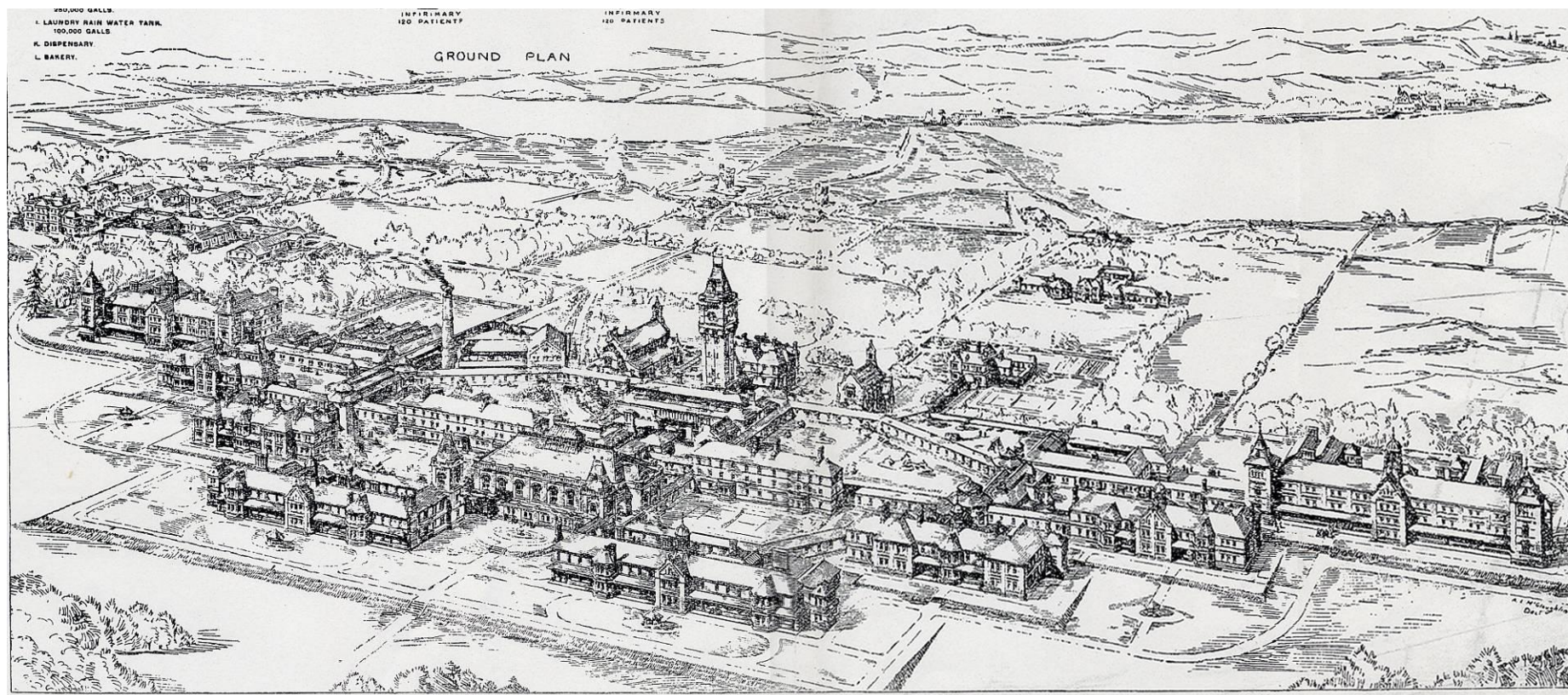


Fig. 9: Plan of Portrane reproduced in a supplement to The Irish Builder of 15 July 1900 (taken from The Building News, 27 April 1900)





**Fig. 10:** Perspective view from on the same drawing sheet as the plan above (supplement to Irish Builder 15 July 1900).  
Two smaller clusters shown to the right of the entrance drive were not built. Note formal terracing to the front of the hospital.





Fig. 11: Extract from Ordnance Survey of 1906, reduced from original scale of 25" to 1 mile

## 2.4 Influences on the Hospital Design.

The book of 'Suggestions and Instruction', and the selection of Ashlin's modified design of the echelon or 'broad-arrow' format, suggests that G.T. Hine was the more influential member of the selection board. It also seems clear that Ashlin or the on-site architect A.J. McGloughlin had studied or visited contemporary asylum buildings in England. Scottish asylum practice was leaning towards two building types, the two-block type, with separate asylum and hospital sections, and the colony-type based on Altscherbitz in Saxony. A contemporary design for a new asylum near Edinburgh for 1,000 patients would have the patients housed in 39 villas around an estate. Hine preferred an aggregated pavilion design laid out on the 'echelon plan'. This type was gaining popularity in England and the winning Portrane design conformed to this plan.

The second county asylum in Gloucestershire is thought to have originated the broad arrowhead plan layout that was commonly adopted in asylum architecture. While the West Riding third asylum at Menstone in Yorkshire is planned also on the broad-arrow principle and introduced improvements to the layout in the way of centralisation and arrangement of corridors.

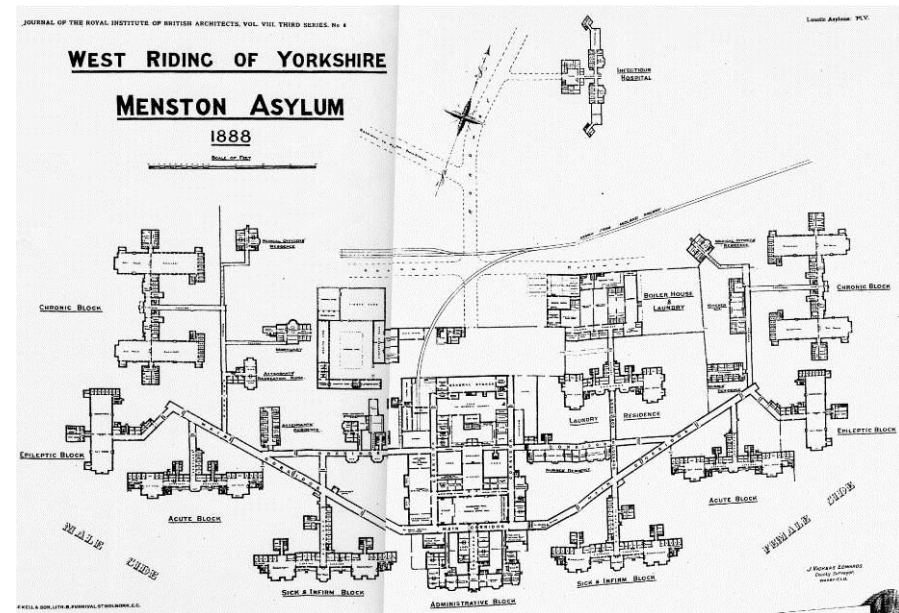


Fig. 12: Plan of West Riding Asylum at Menstone in Yorkshire (reproduced from George T. Hine, 'Asylums and Asylum Planning', *Journal of the Royal Institute of British Architects*, 3rd series, 8 (1901), 161-84)

An article by Hine on 'Asylums and Asylum Planning' published in the RIBA Journal in 1901, is a prescriptive document describing an ideal asylum layout and many of these criteria were observed in Portrane, which was nearing completion at the time of its publication. He believed that the architect "*must rely on the external effect of the skilfull grouping of his buildings and their fair proportions, and must aim at attaining simple dignity to compensate to the lack of elaborate detail*".



His beliefs on asylum design incorporated into St Ita's include the levelling of the site to avoid the need for stairs at ground floor; the layout of the wards with the infirmary wards nearest to the administrative centre and the chronic wards at the extremities of the hospital; sanitary facilities approached by a cross-ventilated corridor; inclusion of a general bath-house and rooms adjoining the wards for attendants with further accommodation in a separate block. His discussion of facilities at the New East Sussex Asylum at Hellingly might equally describe those at Portrane and include a chapel, the superintendent's and steward's houses, a small isolated hospital for infectious diseases, a lodge, and a number of cottages for married attendants and artisans. The workshops, laundry buildings, recreation hall, and the boiler and engineering houses, are all attached to the main asylum, where the principal kitchens and stores are also located.

## **2.5 Construction and Development of St Ita's Hospital**

The building contract was awarded to the Collen Brothers of Portadown in July 1896. At the time of construction this was the largest building contract ever let to a single contractor in Ireland. The management of the works for the general contractors was entrusted to Mr H. N. Leask CE, and the clerk of works was Mr E. Twist, assisted by Mr J. Bennett. The value of the contract was

£167,000, though The Building News reported in 1900 that the total cost would be about £250,000. Collen claimed £220, 826 in the final account in 1903, a figure disputed by Ashlin. The figure was reduced after a 35 day arbitration process in 1905. Plans and elevations of the building held in the National Archives appear to be the quantity surveyor's copy, generally dated to October 1900.

Several buildings detached from the hospital including the Resident Medical Superintendent's residence, the mortuary and gate lodge were built during the construction of the hospital and the site continued to be developed after the completion of the main hospital complex to meet the changing needs and requirements of the hospital. The isolation hospital southeast of the main complex designed by George Tighe Moore was built in 1908-9, where formerly there had been a belt of trees.

During the early part of the 20<sup>th</sup> century, a number of terraces of residential houses were built around the hospital grounds. A concrete handball alley built in the middle decades of the 20<sup>th</sup> century to the east of the hospital complex is potentially the only one now surviving in Fingal.

From the mid 20<sup>th</sup> century the hospital was expanded by the construction of detached hospital buildings. The two pavilion blocks designed by Vincent Kelly were completed in 1956. The sculptural form of the concrete water tower influenced by the

Modernist architecture of Le Corbusier, is one of the last major features of the demesne, designed by engineers Clifton Scannell Emerson Associates in 1967 to replace a reservoir built at the same time as the hospital.

Portrane House, the hospital gate lodge and temporary hospital buildings were demolished in the latter half of the 20<sup>th</sup> century. Towards the turn of the 21<sup>st</sup> century the number of psychiatric patients housed in the hospital complex dramatically reduced and large parts of the original building complex fell into disuse. Some functions were accommodated in temporary prefabricated structures, notably the kitchens. New developments were built within the grounds such as Crannog Nua High Support Unit (opened in 2002), the special children's care centre to the west of the entrance gate on the main avenue, and Knockamann (opened 2010), a new bungalow development close to the water tower that houses patients of St. Joseph's Intellectual Disability Service.

In 2010 the Health Service Executive announced the closure of all remaining 19<sup>th</sup> century public psychiatric hospitals within a set period of time. In relation to St. Ita's, the Mental Health Commission ordered a stop on the admission of acute patients by early 2011 and the decommissioning of the remaining adult mental health units by the end of 2013. This has now taken place and as of late 2013 there are no longer any patients in the original

buildings of St. Ita's Hospital. Some buildings are still in use for administration purposes. A programme of "moth-balling" has been devised for the un-used parts as a temporary measure while potential new uses are being examined.

Outside of the ACA area is a cemetery associated with the hospital. Between 1922 and 1989, approximately 5,000 asylum residents were buried in unmarked graves in the hospital's private cemetery along Seaview Park Road. In 1989, a headstone was erected in the field in memory of all who were buried there.

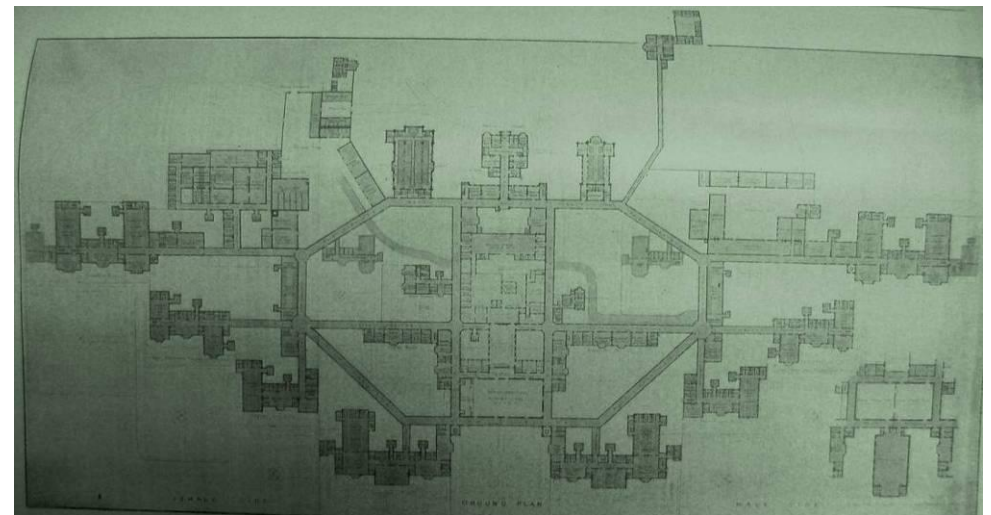


Fig. 13: Ground Floor Plan of Portrane by G.C. Ashlin RHA, published in The Building News, 5 April 1895

### 3.0 Other Designations and Planning Objectives

#### 3.1 Protected Structures in and adjoining the ACA

A number of Protected Structures lie within the boundary of the Architectural Conservation Area. These are listed in Fingal County Council's Record of Protected Structures (RPS) and are protected in their own right under Part IV of the Planning and Development Act 2000. They are as follows:

- RPS No. 524-534 Nos. 35-45 Red Square
- RPS No. 536 St Ita's Hospital Complex
- RPS No. 537 Round Tower (Memorial)
- RPS No. 538 Church & St Kenny's Well (sites of)

The Protected Structure entry for St. Ita's Hospital complex covers a range of original hospital buildings & ancillary structures but the designation does not extend to more recent construction from the latter part of the 20<sup>th</sup> century onwards. The ACA Character Map at the end of this document clarifies exactly which buildings are deemed Protected Structures and which are not.

Further protected structures lie outside the boundary of the ACA that are either visible from the ACA or closely connected to the ACA and make a positive contribution to its character. These are as follows.

- RPS No. 521 Stella's Tower (Portrane Castle in ruins)

- RPS No. 522 St. Catherine's Church
- RPS No. 540 Chink Well
- RPS No. 541 St Ita's Hospital Burial Ground
- RPS No. 542 Former Martello Tower
- RPS No. 539 Priest's Chamber

#### 3.2 Recorded Monuments in and adjoining the ACA

The following archaeological sites, features and artefacts within the St Ita's Hospital and Portrane Demesne ACA are listed as Recorded Monuments in the Record of Monuments and Places (RMP) and are therefore protected by the National Monument legislation;

- RMP No. DU012-009001 Church
- RMP No. DU012-009002 Ritual Site - Holy Well
- RMP No. DU008-058 The Farm

The following archaeological sites are located outside the ACA however the archaeological potential in the area around them may have implications for the ACA and there is always the potential for unknown archaeological feature or sites to exist within the site;

- RMP No. DU012-007 Ritual Site - Holy Well
- RMP No. DU08-032 Burial
- RMP No. DU012-041 Balcarrick House

- RMP No. DU008-031001 Church
- RMP No. DU008-030 Castle - Tower House
- RMP No. DU012-010 Martello Tower

### 3.3 Grey Square ACA

Grey Square, a small street of terrace houses built within the northern part of the demesne close to St Catherine's Church and Portrane village, has been designated as a separate ACA.

### 3.4 Development Plan Zoning & Objectives

The Fingal Development Plan 2011 - 2017 zones the majority of the area within St Ita's Hospital and Portane Demesne ACA with Objective HA, to 'protect and enhance high amenity areas'. The vision for such areas is to *'protect these highly sensitive and scenic locations from inappropriate development and reinforce their character, distinctiveness and sense of place. In recognition of the amenity potential of these areas opportunities to increase public access will be explored'*.

A portion in the north-eastern corner bounded by the entrance drive and the Portrane road is designated as Objective RS, to *'provide for residential development and protect and improve residential amenity'*. The land adjoining the west of the demesne

at the eastern periphery of Donabate has been zoned with Objective RA to *'provide for new residential communities in accordance with approved local area plans and subject to the provision of the necessary social and physical infrastructure'*.

Three local map based objectives have been adopted that are relevant to the demesne. These are:

- 243 Prepare a development and design brief for the undeveloped residential zoned land to the south of Portrane village and ensure that future development shall provide for the protection of the visual amenities and special character of this area which is located within an ACA (at St. Ita's hospital) and adjoining another ACA (at Grey Square).
- 245 Undertake a feasibility study of St Ita's, in conjunction with the Health Service Executive, to determine the optimal future sustainable use of this complex. The study will explore the development of new modern psychiatric health care and ancillary facilities taking cognisance of the cultural, visual and ecological sensitivities of the site. The study will also prioritise the re-use of the existing buildings, including protected structures on site and also maintain and provide for an appropriate level of public accessibility through the site.

- 247    Encourage a Woodland Management Programme for  
        Portrane Demesne.

The feasibility study outlined in Objective 245 was in train in late 2013, to go on public display in early 2014.

## Character of the Architectural Conservation Area

### 3.5 General Characteristics

The physical form of the ACA results from a layering of significant designed elements on an underlying natural landscape. The two primary layers are an eighteenth-century landscape demesne associated with Portrane House, and the large architectural set-piece of St Ita's Hospital built in the years 1896-1902.

The defining characteristics of the St Ita's Hospital and Portrane Demesne ACA are described under the following headings:

- Natural landscape and topography
- The eighteenth century Portrane Demesne
- The architectural set-piece of St Ita's Hospital
- Other significant buildings
- Social intention and use

#### 3.5.1 Natural Landscape and Topography

St Ita's and Portrane Demesne are set on a natural promontory in an expansive coastal landscape. The estuaries to the north and south of this peninsula are protected by natural heritage designations such as Special Areas of Conservation and Special Protection Areas. Within the lands of St. Ita's Nature Development Areas are delineated, as shown on Sheet No. 15 of

the Fingal Development Plan 2011-2017 maps. The layout and planting of the demesne exploits the natural contours of the site, and the sloping terrain is a defining feature of the ACA.

Portrane House, formerly the focus of the designed landscape, was set on high ground to take advantage of the sloping site, sheltered by tree belts and expanses of woodland.

The hospital complex of 1896-1902 oriented itself more specifically to the sea. It was laid out to take full advantage of the coastal setting, giving rise to the arrow-head arrangement, which afforded sea views from all of the accommodation blocks. The prominence of the hospital is emphasised by its elevated position and the complex is clearly visible across the Broadmeadow Estuary from Malahide on the southern side.

On the northern landward side the ground rises from the road to a ridge along the centre of the demesne. The 1960s nurses' accommodation block, standing prominently on this ridge almost at the centre of the demesne, is extremely close to the position of the original outbuildings and to where Portrane House once stood.

From this side the hospital complex of St Ita's is hidden from view behind the ridge, and its presence is made evident only by the main central tower of red brick, which along with the stone round

tower and concrete water tower form three landmarks rising above the trees which surround the hospital.

### 3.5.2 Portrane Demesne

The western portion of Portrane Demesne, in which the core features of the designed landscape were historically concentrated, has survived the later development of St Ita's Hospital. The 'arrowhead' complex encroached slightly into the woodland, but was mainly positioned on farmland in the eastern part of the site.

The eighteenth-century demesne has lost some of its historical coherence, partly due to the superimposition of the hospital development and subsequent health-care buildings, but principally due to the loss of Portrane House and its outbuildings which formed the core architectural features of the demesne.

Nonetheless, the surviving features of the demesne - the original main entrance to the house in the northwest corner with gate lodge and entrance drive, the memorial round tower, the productive garden complex, a large amount of woodland and perimeter shelter belts - are sufficiently numerous and coherent to constitute a designed landscape of heritage interest. This earlier landscape enriches the setting of the more significant hospital complex, and thus enables a better appreciation of the historical development of the site.

Some key areas within the designed landscape have been developed with buildings of lesser heritage interest which now stand empty.

### 3.5.3 Architectural set-piece of St Ita's Hospital

The original late 19<sup>th</sup> century St Ita's Hospital complex is the focal point of the ACA almost centrally located and approached directly by the current main entrance drive to the north. The original entrance and avenue to Portrane House was accessed from the northwest corner but a new entrance and avenue was constructed for the psychiatric hospital and remains in use today. St. Ita's was originally known as the Portrane Asylum and was built from 1896 and 1903 to the design of G C Ashlin (1837-1921). It was the largest building in Ireland in its day and remains a highly significant cluster of buildings for architectural, historical, artistic, technical and social heritage reasons.

The late Victorian building complex is an ensemble of red-brick accommodation buildings arranged in an echelon arrangement, or in a diagonal arrowhead formation, facing the sea with communal facilities centrally located and workshops, churches and administration buildings on the landward side, the complex having a network of indoor single-storey links forming a loosely octagonal

circuit, criss-crossed by more direct orthogonal connections, with top-lit octagonal nodes.

Though symmetrical in its organisational principle, the complex is characterised by a varied roofscape and a picturesque skyline, having a number of towers, pinnacles, cupolas, lanterns and other roof forms of visual interest. The buildings are typically two-storey and employ decorative detail from a design palette that includes red brick detailing and red-tinted concrete for lintels, cills, dentillated cornices, string courses and copings, gables stepped

near the apex, flower motifs, and finials as well as timber sash windows with smaller panes to the upper-storey windows and overlights with margins of stained glass. Despite the abundance of forms, the decorative detail is modest in its execution, generally utilising standard rather than special bricks, and employing tinted concrete rather than more expensive terracotta. The recurring details lend a homogeneity to the design across buildings of different scale, type and function.



**Fig. 14:** St Ita's Hospital from the seaward side





**Fig. 15:** Original sash windows and stepped gable with flower motif

#### 3.5.4 Ancillary Buildings to the Original Complex

The following building types are associated with the original hospital:

- Detached red-brick two-storey dwellings of Victorian suburban type for senior hospital staff. Decorative details show that these are elements of the original hospital scheme.
- Terraces of single-storey dwellings, of brick or rendered with a projecting central bay, side entrance door. Red tinted

concrete embellishments, most typically lintels and cills, show that these are elements of the original hospital scheme.

- Farm outbuildings associated with the hospital complex, embellished with modest ornamental detail, no longer in use and generally in dilapidated condition.

#### 3.5.5 Later Buildings

Buildings within the ACA which are not part of the original hospital scheme include:

- Staff residences built over the course of the twentieth century after completion of the original complex.
- The water tower forming a striking landmark along with the earlier round tower
- Mid 20<sup>th</sup> century concrete hospital buildings of utilitarian design.
- Early 21<sup>st</sup> century healthcare buildings, 'Crannog Nua' and 'Knockamann'

### 3.5.6 Social intention and use

The designation as an ACA is in part due to the social heritage significance of the site. Both the historic demesne and the former asylum may be seen as documents of Irish social history in built form.

Despite the rigid separation of the sexes, the layout and massing of St Ita's Hospital demonstrates progressive design objectives in the late Victorian period for the accommodation of the mentally ill, motivated by belief in the beneficial value of fresh air and views, and the wish to break down what was an enormous institutional complex into a more human scale, permeated with constant visual contact to green open spaces.

The complex provides a good record of life in an institution during the early 20th century, when St Ita's Hospital accommodated up to 2,000 patients and over 300 live-in staff. The hospital was divided between the sexes, with men occupying the eastern side and women the western side. The hospital operated effectively as a self-sufficient small town and services in the hospital included a bakery, a butcher, tailor, hairdresser, laundry, shoe-repair service as well as a fire station, two churches and a morgue. Food was produced from the surrounding 300 acres of farmland and

extensive gardens with farming viewed as a form of occupational therapy for the patients.

However, as new models and practices for patient care developed the structures of St. Ita's were no longer viewed as fit for this purpose and by the end of 2013 there no patients remaining in the original hospital buildings of St Ita's.

### 3.5.7 Ownership

The ACA is currently divided in three principal ownerships. The western side of the demesne is owned by Fingal County Council and the football pitches are leased to St. Patrick's GAA Club. However, the vast majority of the site incorporating St Ita's Hospital and grounds are managed by the HSE. A part of the eastern side of the ACA is in private ownership. Red Square, Grey Square and several of the residential houses along the main drive have been sold by the HSE in recent years and are now in individual private ownership with the common areas taken into charge by Fingal County Council.

### 3.6 Appraisal of the Landscape Demesne

This section describes the character of the designed landscape and its built features, following the headings used by the National Inventory of Architectural Heritage for the survey of Historic Gardens and Designed Landscapes. Views and vistas, integral elements essential to the understanding of the historic landscape in its larger setting are described separately in Section 4.5. A character map showing the main features of the demesne is included with this Statement of Character (see map at end of document).

#### 3.6.1 Explanation of the term “demesne”

Until the land reforms of the early twentieth century agricultural land in Ireland was held in large estates and leased by the landowner to tenant farmers in holdings varying from sizeable farms to tiny holdings. The term ‘demesne’ refers to that part of the estate which landlords retained for their own use. Although their original function was as a large ‘home farm’, these demesnes formed the setting for the landlord’s residence and were typically embellished with designed landscape features such as ornamental parkland and pleasure grounds alongside the farmland, as well as productive gardens to serve the house, deer parks, woodland, etc.

Under the influence of the Romantic Movement, the favoured style for landscape demesnes from the mid-eighteenth to the mid-nineteenth centuries was the picturesque, naturalistic manner known as the English Landscape style. This style emerged in England in the first part of the eighteenth century as a reaction to the rigid symmetry of seventeenth century gardens, and was derived from an idealised conception of ‘natural’ landscapes from classical antiquity depicted in the work of French and Italian landscape painters such as Claude Lorraine and Nicholas Poussin. The style was further developed and popularised by English landscape designers such as Capability Brown and Humphrey Repton.

The English style was enthusiastically adopted throughout Ireland between 1760 and 1840. Country houses set aside wide expanses of park with curving naturalistic forms dotted with clumps of trees, generally secluded from the outside world by plantation belts and perimeter walls. Characteristic features of the landscape style were uninterrupted views to and from the house, often with sunken walls known as ha-has, winding circuit walks and rides leading through orchestrated pastoral scenes with winding streams, woodlands and bodies of water reflecting the landscape and the sky. The views created were often embellished with picturesque classical and Gothic follies. Farmland was an essential

part of this landscape and grazing flocks and herds contributed to the idealised pastoral scenery.

The English style worked with, rather than against nature, but often involved considerable remodelling of the topography, transplanting of mature trees and damming of rivers to form new lakes and streams. Naturalistic parkland provided ideal conditions for the integration of pre-existing landscape features, and small ringforts, ruins and other archaeological features were often incorporated. Productive gardens were banished out of view to walled gardens.

### 3.6.2 Layout of the Demesne

Although Portrane House was demolished c.1950 and the associated stables and outbuildings some time later, the layout of the woodlands and farmland is markedly similar to that shown on early Ordnance Survey maps from the 19<sup>th</sup> century (Figs. 6 & 7).

The evolution of the historic demesne has resulted in three different geographical areas of distinctive character, which combine to create a unique identity, individual to the ACA. These consist of: 1) the western part of the demesne, 2) the hospital site on former farmland, and 3) the former deerpark in the eastern coastal section of the site.

Surviving features of the historic Portrane Demesne are most clearly visible on the western side. This core area of the designed landscape located in the more sheltered part of the site survives today in coherent form despite loss of the main house, its stable and farm outbuildings and the construction of mid-twentieth century buildings of little aesthetic interest.

The principal features of interest to survive in this area include:

- The main entrance, gate lodge and entrance drive from the Donabate side with associated woodland belt;
- a large swathe of woodland which enclosed the productive gardens and lawn to the north of the house;
- a straight belt of trees extending north from this to a smaller wood at the Portrane road;
- woodland and perimeter tree belts enclosing the parkland south of the site of the former house, with some free-standing clumps in the parkland, and extending eastwards towards the shoreline south of St Ita's;
- the extensive walled gardens, albeit in poor condition.

Farmland in the eastern part of the demesne provided the site for the gigantic St Ita's Hospital, having its own entrance drive, farmyard complex and a series of smaller contemporaneous and subsequent ancillary buildings dotted across the parkland and farmland.

In the more exposed eastern portion of the demesne the Deer Park retains its open coastal character, with the round tower and water tower providing striking landmarks.

### 3.6.3 Boundary of Portrane Demesne

The Ordnance Survey maps of 1838 and 1872 (Figs. 7 and 8) show the historic form of Portrane Demesne at its largest extent, encompassing two townlands, both called Portraine Demesne, one being the part of the demesne shown on Duncan's map of 1821 (Fig. 4) in the parish of Donabate, the other being in the parish of Portrane to the north and west. By 1907 both townlands are shown as one (Fig. 10).

The historic demesne boundary is the same as the ACA boundary, the only adjustment being an area in the north-east corner which has been developed as a small housing estate.

The coastal section of the southern demesne boundary is delineated by stone and concrete walls along a narrow path by the coastline.

### 3.6.4 Entrances and Gate Lodge

The demesne entrance shown on the first edition Ordnance Survey of 1838 is still in place on the eastern outskirts of Donabate. The entrance is formed as a cast-iron gate screen embellished with alternating anthemion and spear finials without plinth, the gates held in cast-iron piers. Ornamental planting inside the gates forms an attractive setting.



Fig. 16: Main entrance gates

The gate lodge inside the gates on the northern side of the entrance drive is a four-bay single-storey rendered dwelling with brick dressings and canted bay, built c. 1915 to serve the hospital complex. It replaces an earlier lodge that was positioned on the opposite side of the avenue. It is ornamented with decorative slate courses, ridge tile finial with flower motif, red corner quoins, hood moulding to door and red tinted concrete lintel and cills that identify it with the St Ita's Hospital complex buildings. It is set back from the avenue behind a modern timber post and rail fence with surrounding ornamental planting.



Fig. 17: Gate lodge

### 3.6.5 Access Routes

The original access avenue to Portrane House from the Donabate side of the demesne survives in the historic course shown on the Ordnance Survey maps of 1838 and 1872, and on the earlier Duncan map of 1821. It follows a straight south-easterly alignment, which curves to the east towards the former Portrane House entering the woodlands for the second half of its length.

The drive originally ran through parkland over the first half of its length, parallel to a separate belt of trees and entered the woodland at about half way, corresponding to the inner demesne in the parish of Donabate, to emerge again very close to the house. By 1909 the parallel belt of trees in the outer section of the avenue had widened to the edge of the drive, and today the drive is fully enveloped by trees. The orchestrated nature of the approach drive has as a result been lost to a degree, and many of these trees are in poor condition. However, several fine specimen trees, once possibly free-standing, survive to recall the historic grandeur of the avenue. The surface of the avenue is of utilitarian tarmacadam.

A 20<sup>th</sup> century branch to the south west provides access to vernacular farm buildings and sports playing pitches outside the ACA to the south.





**Fig. 18:** Entrance drive in the outer section



**Fig. 19:** Entrance drive through the woodlands

The current main entrance serving the hospital site is in Portrane. It is on the northern side of the hospital complex and was laid out c. 1896 when the asylum was built. The gateway is however of later date and undistinguished design, formed of modern red-brick piers and wings with steel railings, and a gate lodge shown on the OS map of 1907 has also disappeared. The character of the entrance avenue is enhanced by some mature trees lining the avenue inside the gates, and further on by terraces of staff dwellings of picturesque design lining the drive.

The historic maps show a farm access road from the north leading to the former outbuildings of Portrane House.



**Fig. 20:** Main entrance drive looking towards the gates



**Fig. 21:** Post box at entrance

### 3.6.6 Former Portrane House

Portrane House, the Georgian house which was once the focus point of the demesne (see Fig. 5) was replaced in the 1950s by a bland three-bay two-storey pebble-dashed house of undistinguished character, known as St. Vincent's. The scenic setting, surrounded by woodland, is all that remains of Portrane House.



Fig. 22: Portrane House shown on the aerial perspective of 1900, with outbuildings and temporary hospital buildings in northern parkland



Fig. 23: St. Vincent's on the site of former Portrane House

### 3.6.7 Parkland

Historically, expansive areas of open park were located to the north and south of the house, and around the outer section of the western approach drive, each of these areas permeated with specimen trees and tree clusters in the manner of the English Landscape style.

The parkland north of the house adjacent to the historic entrance drive has been built on in the mid 20<sup>th</sup> century with a single-storey concrete hospital building of functional appearance, now disused and boarded up, comprising of five rectangular blocks connected by a linking corridor (known as Reilly's Hill). Temporary buildings were built before the construction of the main asylum and it is inferred from buildings shown on the 1900 perspective view (Fig. 22) that these were located to the north of Portrane House, but have since been demolished. This area today invokes an abandoned atmosphere detached and isolated from the main hospital complex. The undulating topography and freestanding trees preserve an impression of its former parkland character.

A new Waste Water Treatment Plant (see Fig. 90) was opened in June 2012 on lands south of the site of Portrane House. This land was formerly parkland which sloped down towards the sea. The area retains its perimeter belts of trees, though little evidence



remains of the freestanding clumps of trees which once gave this area its parkland character.

The former parkland around the north western corner has lost its trees and today resembles pastureland. The Donabate Distributor Road, a proposed eastern bypass of the town, is routed through this section of the demesne.

### 3.6.8 Woodland

A large swathe of woodland survives enclosing the area around the site of Portrane House and outbuildings, the walled garden to the west of this, and sweeping around to define parkland to the north. A straight belt of trees extends north from this to a smaller wooded area the borders the Portrane Road and was once part of a perimeter belt along this road. Other significant woodland and perimeter tree belts are located enclosing former parkland south of the site of the former house, there are some free-standing clumps in the parkland, and woodland also extends eastwards towards the shoreline south of the hospital complex (see ACA character map at end of document).

The woodlands around the site of Portrane House rise above the flat terrain of the surrounding farmland. The planting within much of the woodland has changed in character with straight rows of

trees being characteristic of commercial forestry rather than ornamental or natural woodland.



Fig. 24: Woodland seen from the avenue

### 3.6.9 Walled Garden

Enclosed within the wood due west of the site of Portrane House, the expansive walled garden stands as one of the oldest surviving built elements of the demesne. The garden was subdivided historically into three sections, and traces of these divisions may still be seen. The northern wall is lined on the inner south-facing side with red and blue bricks, pointed in sections with lime mortar and continues to support the remnants of fruit trees. Sections of the rubble stone eastern and western walls also survive with a brick-lined segmental-arched entrance and decorative wrought-iron gate to the eastern wall.



Fig. 25: Wall of walled garden & Entrance to walled garden

#### 3.6.10 Walled Garden Buildings

Within the confines of the nursery and gardens are several dilapidated 20<sup>th</sup> century buildings and glasshouses, constructed when St Ita's Hospital produced its own food. The buildings are mainly utilitarian in appearance, however the decorative detail which permeates the St Ita's Hospital complex is evident on a ruinous slate roof with decorative clay ridge tiles and finial. These buildings along with several fruit trees form an important part of the social history of the demesne, the production of food being integral to the economy of Portrane House and later to the asylum and St Ita's Hospital. There was a house at the entrance to the walled garden (Fig. 27), however it was demolished a number of years ago on health and safety grounds when it became a dangerous structure.



Fig. 26: Derelict buildings in the walled garden



Fig. 27: House at entrance to walled garden that was demolished after it fell into a dangerous condition



### 3.6.11 Farmland

The first edition Ordnance Survey map shows a patchwork of agricultural fields to the north, south and east beyond the woodland which enclosed the main designed landscape. The enclosed farmland in the eastern half of the demesne that is shown on this mid-19<sup>th</sup> century map was to become the site for St Ita's Hospital.

Low-lying farmland still exists today along the northern boundary with field boundaries intact, except in the area west of the hospital entrance drive which is now laid out as St Patrick's GAA football pitches, and also further east where housing serving the hospital was built and a later housing estate was carved out. A section of original farmland also survives south of the walled garden. The land is typically flat and marshy and features such as gate posts and forged gates reinforce its agricultural character, alongside vernacular farm buildings seen from the ACA.

There is also an area of farmland south of the hospital site that extends to the seashore. The shoreline has a short stretch of sandy beach at the southern extremity of the demesne, changing to a rocky coastline along the shore of the Deer Park further east.



Fig. 28: Section of strand adjoining eastern farmland

### 3.6.12 Former Deer Park

The more exposed eastern portion of the demesne was historically used as the Deer Park, as stated on the historic maps, and was an unenclosed expanse rising to high ground with an expansive rabbit warren in the lower coastal part. The wide expanse of open terrain remains largely unchanged and retains its coastal character, despite the presence of a recreation ground dating from c. the 1940s. These grounds contain soccer pitches of St Ita's Amateur Football Club, enclosed by concrete walls overlooked by two small concrete pavilions on a raised embankment with pine trees lining the northern and eastern sides of the pitch. A concrete handball alley incorporated into the walls

is one of the last, perhaps the only, remaining examples in Fingal. These alleys represent a uniquely Irish building type which became widespread across the country when the ancient game was revived by the GAA, and often formed focal points of rural communities.

Two landmark structures located within the former Deer Park, the water tower and the Evans monument in the form of a round tower, are significant features of the ACA. The Celtic Revival roundtower was built c. 1844 by Sophia Evans of Portrane House, aunt of Charles Stewart Parnell, in memory of her husband George. The tower is an early example of Celtic Revival architecture. It has a base circumference of 17m and rises over 30m to a conical stone roof corbelled at the eaves. The first bottom section formed of granite ashlar incorporates a high-set round-headed doorway, and the remainder is of roughly coursed greywacke sandstone. Round-headed openings in the upper section are larger than in medieval round towers and have granite surrounds. The tower originally housed a bust of George Evans.

The nearby tapered cylindrical water tower, built in 1967, provides an interesting visual foil to the round tower, built of in-situ concrete with c. 8 flat recessed vertical strips in the lower part. This water tower is at the site of the original reservoir for the hospital complex which was filled in but the remains of it should survive below ground.

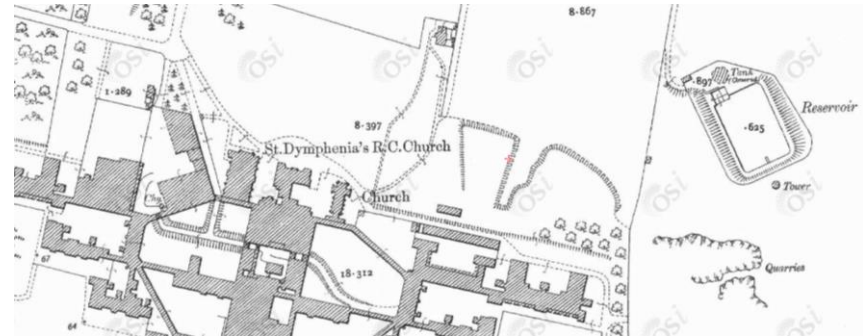


Fig. 29: Extract from 1906 OS Map showing location of reservoir

The two towers add to the visual appeal of the landscape, tapered in different directions, their height relative to each other varying from different vantage points in the ACA.



Fig. 30: Round tower



Fig. 31: Water tower



Two archaeological sites are located close to the Isolation Hospital in the lower coastal section of the Deer Park. They consist of the site of a chapel, and the site of a well known as St Kenny's Well. There are no clear structural remains of these sites above ground. These archaeological sites are also protected structures.



**Fig. 32:** View of round tower from the south



**Fig. 33:** Boundary wall to south of demesne



**Fig. 34:** Recreation ground with St Ita's AFC grounds



**Fig. 35:** View to eastern Chronic block with handball alley

### 3.7 Appraisal of St Ita's Hospital Complex



Fig. 36: View of St Ita's Hospital from the south east

#### 3.7.1 Arrowhead or 'Echelon' layout

St Ita's Hospital, the focal point of the ACA, is on the southern slope of the promontory and commands fine coast views to the south. It is a large almost symmetrical complex comprising of stepped blocks in a plan layout sometimes referred to as 'en-echelon' or 'broad-arrow' radiating from an octagonal shaped linking corridor that encloses courtyards, and is bisected by a spine of service buildings (see Fig. 9).

The principal entrance is in the centre of the north front through the administration block, which continues to function in this capacity and accommodates a board room and offices. To the west and east side of the administration block are the detached

Catholic and Church of Ireland chapels and to the rear the Clock Tower.

The patient's accommodation comprises of eight blocks arranged in a stepped plan which enables continuous southerly views as well as an east or west aspect from each block. The two identical sides were divided between the sexes with the blocks arranged according to classes of illness: 'chronics', 'melancholic and suicidal', 'recent and acute' and the 'epileptic and infirm', the chronics being to the extreme east and west and the infirmaries towards the centre. To the rear of each block are projections incorporating the sanitation requirements of each ward. Each floor was intended to constitute a fully equipped self sufficient ward.



An octagonal system of corridors provides access to all the blocks with hexagonal top-lit structures at the junctions of the corridors. The octagonal circuit is bisected by a spine of buildings for the provision of food to the surrounding complex, flanked by two corridors running in a north-south direction and serviced by means of sunken roadways passing underneath the corridors. To the rear of the administration block within this spine the former general stores are located, with the former free-standing slaughter house in an enclosed courtyard on its south side. The buildings on the opposite side of the courtyard accommodate the former kitchen, sculleries, and bakery. The kitchens directly adjoin the old dining hall, the architectural centrepiece of the south front.

To the east and west of the service spine on a central transverse corridor were the quarters for nurses and attendants. Adjoining the chronics to the north of the connecting corridor on the west side is the former laundry, electric power and boiler houses, goods yard and coal stores and in the corresponding position on the eastern side are workshops arranged around a courtyard with the fire station adjacent to the church. At the east and west of the octagon corridor are the former bath houses for the chronic patients.

### 3.7.2 Building Form and Materials

The buildings are of red brick with cast concrete dressings and slate roofs. The Building News in 1900 referred to the style of the buildings as adopting a 'simple type of Tudor'.

The hospital is of high architectural quality, its character is largely dependant on its grouping and arrangement and its modest ornamental detail. Sections of the building of the most significant architectural merit include:

- Admissions block
- Clock tower
- Two chapels
- Dining hall
- Towers of the infirmary blocks flanking the dining hall, and
- Towers ending the long outer (chronic) blocks

The facades of the patient accommodation blocks are articulated with a range of devices including broad pilasters to define bay divisions, projecting bays both hipped and gable, stepped gables, bay windows, blind arches, corbel tables, dentilled cornices and chimney stacks with decorated panels.

The Romanesque-style entrance arch and blind round-headed arches of the towers are examples of Ashlin's use of the Irish Romanesque style in the latter part of his career. A flower motif is prevalent throughout the complex as a finial surmounting the apex of gables and imprinted on the cast-iron rainwater goods.



Fig. 37: Images of decorative details

### 3.7.3 Administration Block

The main administration block forms the centrepiece of the north elevation and is the main public entrance to the hospital.

It is a handsome Victorian red-brick building that succeeds in achieving a domestic rather than institutional appearance. The front elevation is two storeys with projecting and canted end bays flanking the advanced and gabled entrance porch with a step near the apex bearing a decorative dragon finial. The important function of the building as the main entrance to the hospital complex is marked by the late-Romanesque style entrance portal with multiple orders of brick.

The decorative detail of the building is amongst the most elaborate amongst the hospital buildings and it introduces many of the stylistic attributes that enliven the architectural treatment of the complex.

The forecourt is now configured as a car park surfaced with tarmac, which detracts from the setting for the building. A high clipped hedge forming an arc enclosing the forecourt to the north obstructs views into the surrounding grounds.



Fig. 38: Administration block



Fig. 39: Approach to administration block





Fig. 40: Carparking to the front of administration block

#### 3.7.4 Clock Tower

The clock tower, directly to the rear of the administration building, is an important landmark and reference point within the complex.

Formerly a water tower, it is elegantly proportioned with terracotta detail to its red-brick shaft and a clock face in each elevation. Stylistically it draws a parallel with the clock tower at Hine's Claybury Asylum and to the tower housing 'Big Ben' at the Palace of Westminster. Its axial position over the entrance point to the octagonal circuit corridor reflects its key role as a fire protection measure and time keeper for the institution.



Fig. 41: Clock tower

#### 3.7.5 Chapels

Flanking the main admission block to the west and east respectively are the Catholic and Church of Ireland chapels, each



entered off the octagonal corridor. The larger Catholic church seats 800 and the Church of Ireland church accommodates 250. Both are executed in vibrant red-brick and have the appearance of traditional churches, the considerable disparity in their size being cleverly disguised by the use of aisles in the larger Catholic church.



Fig. 42: St Dymphenia's Catholic church

The simple Tudor Gothic style of the hospital finds its freest expression in the chapels and the elaborate decorative detail similar in both churches is an extension of the characteristic ornamentation throughout the hospital complex. The churches reflect the social history of the complex and express the self-sufficiency of the hospital in the early 20<sup>th</sup> century.



Fig. 43: Church of Ireland church



Fig. 44: Windows in Catholic Church



Fig. 45: Windows in Church of Ireland Church

### 3.7.6 Dining Hall



Fig. 46: Dining hall

The Dining Hall is the centrepiece of the seaward elevation, set back facing a forecourt flanked by stair towers serving the male and female infirmary blocks to either side. The towers have steeply pitched roofs with decorative ironwork cresting. These towers and the dining hall form an imposing composition marking the centre of the uncompromisingly symmetrical seafront of the hospital. One of the most finely detailed buildings in the complex, the dining hall displays a combination of features characteristic of the hospital buildings alongside unique elements. The southern façade repeats many of the decorative features

found on the clock tower and stair turrets, including gabled and panelled merlons to the parapets, and tall round-headed windows springing from moulded imposts with 16<sup>th</sup> century style traceries of triple round-headed lights with supermullions, with leaded glazing. The proper appreciation of the former Dining Hall is prevented by temporary Portocabin structures erected in the forecourt which obscure the ground floor and significantly detract from its character.



Fig. 47: Windows in dining hall



### 3.7.7 Infirm and Epileptic Blocks (Units F and 6)



**Fig. 48:** Infirmary block (Female side)

The Infirm Blocks, female to the west and male to the east, are the most prominent part of the seaward elevation of the hospital complex being the most forward of the diagonal 'echelon' formation of accommodation blocks.

Despite their great length, the blocks mitigate the institutional scale by maintaining two-storey height and by varying the façade with different projections, using forms and details common to Victorian domestic housing of the period. In these details decorative elements common throughout the complex are used, such as terracotta lintels and cills, dentillated eaves and string course and terracotta finial surmounted by three flowers. The side of the buildings facing the forecourt in front of the Dining Hall terminate with impressive towers, referred to in Section 4.3.6.



The windows in both male and female blocks have been replaced with aluminium which are a poor alternative to the historic windows and disrupt the sense of homogeneity with the other blocks.

The Epileptic blocks are later single-storey additions which partially enclose the forecourt in front of the dining hall, and thereby detract from the reading of the historic building complex. Two new blocks, dating from the latter half of the 20<sup>th</sup> century, are in the same architectural style as the single storey extensions. These blocks are located opposite the historic buildings to the south without any formal relationship and detract from the character of the site. A site layout drawing of 1953 by Vincent

Scully shows a formal layout of paths to the front of the blocks which have now disappeared.



Fig. 49: Forecourt side with tower and epileptic block extension



Fig. 50: Long frontage modulated with varying projections

### 3.7.8 Recent and Acute Blocks (Units 5 and E)

The second tier in the diagonal formation is formed by the Recent and Acute Blocks, the plainest of the four accommodation blocks, each comprising of a central canted projection and two wide four-bay hip-roofed projections. Ornamentation is restricted to the tinted lintel and cills and dentillated cornice and string course. Both blocks have replacement aluminium windows, with reinstated sash windows in a section of the eastern male block.



Fig. 51: Female Recent and Acute Block (west)



Fig. 52: Side elevation of Recent and Acute block





**Fig. 53:** View of Infirmary Blocks with Recent and Acute in foreground



**Fig. 54:** Rear of Chronic block

### 3.7.9 Melancholic and Suicidal Blocks (Units D and 4)

The third tier in the diagonal formation is formed by the Melancholic and Suicidal Blocks. Though much shorter than the Infirmary Blocks, these blocks employ the similar features, characterised by a gable-fronted projecting central bay flanked by canted bays, and enlivened by characteristic detail including decorative gable with terracotta coping and finial, original multi-pane windows, tinted lintels and cills, dentillated eaves and brick courses and moulded string course.



**Fig. 55:** Melancholic and Suicidal block

### 3.7.10 Chronic Blocks (Units 1, 2, 3 and A, B, C)

The fourth and outermost tier in the diagonal formation is made up of the massive three-storey Chronic Blocks. The blocks are flanked by large four-storey towers with steep-pitched roofs and have a central gabled projection to the same detail as the Infirm and the Melancholic and Suicidal blocks. Brick pilasters frame recessed double bays with a dentillated brick corbel to the eaves and moulded string courses. The original sash windows have stained glass overlights and are framed by red-tinted lintels and cills. The openings in the square towers are of particular interest, the windows surmounted by blind arches with herringbone pattern brick work and decorative slate patterns. The extra storey, considerable length and the austerity of the end towers lend a distinctly institutional appearance, which was successfully avoided in the buildings in the rest of the complex.



Fig. 56: Chronic block

### 3.7.11 Circulation System

The single-storey red-brick octagonal linking corridors connect the entire complex of buildings with distinctive double-height octagonal towers at the nodal points where the corridors join, providing appealing punctuation to the monotony of the long corridors. The towers serve a functional use providing ventilation to the corridor system, whilst the stained-glass lanterns add to the decorative quality of the complex, their octagonal form being key features in the picturesque roofscape.



Fig. 57: Corridors joining the tower junction

The corridor system follows the natural gradient of the site and avoids the need for stairs on the ground floor. The corridors are glazed and look into the green open spaces which permeate the hospital with constantly changing views of the variety of building forms in the complex.

### 3.7.12 Building Interiors

The interiors of a number of spaces are of considerable significance. Of particular note is the architecturally impressive double-height old dining hall with shallow curved barrel-vaulted and coffered ceiling of fibrous plaster, and the chancel of the Catholic Church which retains a remarkable collection of early 20<sup>th</sup> century furnishing. The dichromatic timber joinery and stained glass lanterns of the hexagonal towers are distinctive to the hospital. Beautiful stained glass windows and pitched pine joinery are widespread throughout the public spaces.

The lavish ornamental detail of the public spaces contrasts strikingly with the sparse muted decorative scheme of the private areas such as the dormitories, wards and nurses stations. These are relatively plain and utilitarian but are elevated above banal with simple pitch pine joinery and herringbone pattern parquet floors.



Fig. 58: Dining Hall



Fig. 59: Chancel of Catholic Church



### 3.7.13 Service Network

A sunken service route provides access to the former supplies department and kitchens located in the central spine between the administration building and old dining hall. The service route passes under the internal circulation corridors in several places to enter the two enclosed courtyards in the service tract in the central spine of the complex.

The ramps, underpasses and tunnels carrying building services clearly display the function of these routes as a secondary circulation system, their functional purpose made apparent by surviving features such as pulleys, winches and brackets.



Fig. 60: Sunken roadway with the engine house and Catholic Church



Fig. 61: Entrance to sunken roadway



Fig. 62: Supplies department





**Fig. 63:** Service road to slaughter house court

#### 3.7.14 Attendants and Nurses Blocks

The former nurses and attendants accommodation is provided within the circuit of the octagonal corridor in three-storey blocks on the transverse internal corridor extending out from the central service zone to the west and east respectively. These are large buildings of functional appearance, and their greater height is successfully merged by their proximity to the large volume of the Dining Hall.



**Fig. 64:** Nurses' block



**Fig. 65:** Attendants' block

### 3.7.15 Service Facilities

To the east of the Catholic Church is the industrial area of the hospital complex in which the laundry along with several former industrial buildings such as the electric power and boiler houses, goods yard and coal stores are located, now generally in a dilapidated condition. The enclosure is bounded by brick walls with high quality cut stone gate piers. A tall red-brick chimney dominates the typically single-storey buildings which surround it. Plainer than the main hospital buildings, their design is enlivened by oculi in gable-fronted elevations and dentillated brick eaves courses. The remains of rail tracks are reminders of the busy environment of the complex when functioned at full capacity.

To the west of the Church of Ireland Church are single-storey workshops and outbuildings encircling two courtyards. The entrance to both courtyards through cut-stone gate piers of high quality. The picturesque red-brick buildings of the eastern courtyard stylistically relate to the main hospital buildings through their painted concrete lintels and cills. A small gable-fronted building with elliptical-headed door opening and timber sheeted double doors near the entrance to the western courtyard is the former hospital fire station.



Fig. 66: Boiler and engine house



Fig. 67: Workshops



Fig. 68: Fire station



### 3.7.16 Internal Courtyards

The octagonal circuit corridor and the connecting corridors which cross it give rise to a series of internal courtyards of varying size, generally with one angled side, bounded by the corridors and the rear elevations of hospital buildings of varying scale and configuration. Further open spaces are formed behind the diagonally arranged accommodation blocks. Decorative detail of a high quality is maintained in these areas and unique features lend individuality to each space, in particular the bathhouses which are located on the eastern and western sides of the octagonal corridor, lit by long ridge lantern lights and with small red-brick ventilation towers with louvred upper stage, surmounted by the flower motif finial.

The open space is generally formed as grassy areas with some shrubs.



**Fig. 69:** Courtyard with Bath House in eastern male side of hospital



### 3.8 Ancillary Buildings

#### 3.8.1 Former Mortuary

The single-story red-brick former mortuary close to the workshops and male chronic block are an integral element of the overall scheme and further reinforce the high quality of workmanship and attention to decorative detail throughout the hospital complex.



Fig. 70: Former mortuary now an office

#### 3.8.2 Isolation Hospital

Two further hospital buildings remote from the main complex in the south-eastern windswept corner of the demesne close to the coastline were built after the 1909 OS map was surveyed, as the Isolation Hospital. The larger of these is a single-storey building of similar red-brick style to the main hospital facing towards the sea, with two wings at oblique angles flanking a central block with tall

chimney stacks. The smaller block to the landward side is of plainer character. Though not part of the original scheme, these buildings follow the design principles of the main hospital and are a key element of the overall ensemble.



Fig. 71: Isolation hospital

#### 3.8.3 Farm Buildings

The farm buildings part of which survive today, were built c. 1900 to serve the hospital, and should not be confused with earlier farm outbuildings associated with Portrane House, which do not survive. Originally a complex composed of two principal parallel ranges, only the southernmost of these ranges still stands, now in derelict condition. This range is articulated by a central projecting gable and has a grey render finish enlivened by red-tinted quoins,



lintels, cills, corbels and decorative ridge tiles. A number of later farm buildings also lie in ruinous condition and the farmyard is now overgrown. The farm buildings are encircled to the south and west by farmland and to the north by the football pitches. As the former functional nucleus of the surrounding farmland the farm buildings add context to the landscape and are evidence of the extensive farm necessary to support the operation the hospital.



**Fig. 72:** Range of farm buildings

#### 3.8.4 Senior Staff Residences

A number of substantial staff residences belong to the original scheme. Fern Lodge is a two-storey red-brick L-plan house close to the farmyard (see Fig. 72), possibly the farm manager's house, with half-hipped gables, canted corners and bay windows displays

many details seen throughout the complex, including the rainwater goods with floral motif and terracotta cills and lintels identify the house. It is not currently in use and has been boarded up.



**Fig. 73:** Fern Lodge, residential house near farmyard (now boarded up)

A semi-detached pair of Victorian red-brick houses, called Woodview House (see Fig. 73a), are located on a branch off the main entrance avenue leading west towards the former Portrane House. Their appearance is that of typical suburban houses of the era in Dublin, with ground level bay windows recessed entrance porch and brick dog-tooth eaves course and string courses,

decorative details which demonstrate that they belong to the overall hospital scheme.

The neighbouring house (see Fig 73b), named Woodview Lodge, is near the entrance to the laundry and is evidently also an element of the original hospital design as it has an asymmetrical design with tinted concrete coping and corbels to the gable fronted elevation and recessed entrance bay surmounted by two small windows.



**Fig. 74:** (a) Woodview (b) Woodview Lodge

Brook House is a terrace of three Victorian red-brick houses (see Fig. 74) which are located to the northeast of the hospital. Similar in design to the other red-brick buildings in the ACA, they incorporate characteristic design features of the hospital complex such as the gables with step near the apex, tinted concrete coping, corbels, lintels and cills and decorative chimney stacks.



**Fig. 75:** Brook House

### 3.8.5 Avenue Cottages and Houses

A section of the main entrance drive is lined on both sides with single-storey terraces of staff cottages with small front gardens. The houses are built of brown-brick with a gabled central projecting bay and side entrance door, a type common to other single-storey houses in the ACA, and incorporate decorative details characteristic of St Ita's Hospital complex including moulded lintels and red-tinted concrete coping and corbels. The subdued brown-brick contrasts the vibrant red-brick characteristic of the hospital buildings, but the houses do not appear on the 1909 OS map and appear to date to the 1920s. The row of houses significantly enhances the visual appeal of the avenue, the triangular gables lend a picturesque quality to the drive, while the

high quality workmanship and decorative detail are an enrichment of the ACA.



**Fig. 76:** Avenue Cottages along main entrance drive



**Fig. 77:** Houses along main entrance drive



**Fig. 78:** Avenue Houses on the north of main entrance drive

Adjoining these to the north the drive is lined on the eastern side only with two-storey rendered houses of slightly later date, possibly of the 1930s or 1940s, arranged in two groups of three with a semi-detached pair between. These are two-bay houses with hipped roof, with traditional multi-pane Wyatt windows, coupled with plain concrete entrance canopies, the roughcast render in two tones divided by a string course, characteristic much suburban housing of the period in Dublin. The houses are set back from the drive by roughcast rendered walls surmounted by geometric pattern railings.

The area to the rear of the western terrace has been taken up by the extensive special children's care centre, Crannog Nua High Support Unit, a relatively recent development and beyond this the football pitches of St. Patrick's GAA club. An open field extends to



the rear of the eastern terrace with views towards the two towers.



**Fig. 79:** Elevation of houses on the west of the drive

Accessed from the road to the west of the main entrance a vernacular complex in private ownership known as The Farmhouse (see Fig. 79) is of particular significance. This modified vernacular building is highly unusual in Fingal in that it the deed for the house, dating from 1722, survives. The house is of social and historical interest due to its association with smuggling in the area in the past. The Farmhouse is a recorded monument (RMP ref DU008-058) and is protected under National Monument legislation.



**Fig. 80:** The Farmhouse

### 3.8.6 St Anne's & St. Josephs' Terraces

Set back from the western side of the drive, on a lower elevation and adjacent to the farm buildings is St Anne's Terrace, a row of six farm worker's cottages, similar to the other single-storey residential houses in the ACA with central projecting bay and side entrance door, the gable fronted with twin sash windows surmounted by a vertical louvre and with red-tinted concrete coping and corbels. The original lined and ruled render is visible beneath the white painted finish and the openings are accentuated by red-tinted concrete lintels and cills. The woodland backdrop provides a scenic setting for the picturesque terrace.



St. Joseph's is another terrace of cottages which are sited to the west of the water tower. They are of almost identical appearance to St. Anne's Terrace and convey the same inherent charm. On a site plan from 1953 by Vincent Scully architect St. Anne's are marked as "Farm Cottages" and St. Joseph's as "Waterworks Cottages"



**Fig. 81:** St. Anne's cottages seen from the entrance drive



**Fig. 82:** St. Anne's cottages



**Fig. 83:** St. Josephs with the water tower

### 3.8.7 Red Square and Grey Square

Visible to the east of the drive are Red Square and Grey Square, both attractive schemes were built as staff accommodation and reached from outside the demesne off the Portrane Road. Red Square consists of three terraces of decorative red-brick single-storey cottages built at the same time as the hospital, all protected structures, arranged around a green square, the fourth side formed by a red-brick terrace of houses of c. 1950 of less distinguished design. The historic cottages are a part of the original hospital ensemble of buildings and have projecting porches similar to the other staff cottages around the site, decorated chimneys, and chamfered lintels of the same tinted detail as employed in the hospital complex.

Grey Square consists of two opposing terraces of mass concrete houses which were constructed as staff accommodation. These terraces are a separate ACA to St. Ita's ACA.



Fig. 84: Grey Square seen from the farmland east of the entrance drive



Fig. 85: Red Square, east terrace



Fig. 86: Red square, later houses on western side

### 3.8.8 Other Residential houses

“Failte” and “Wayside” are two detached houses of nondescript design dating from c. 1950 are located on the eastern side of the drive, one close to St Anne’s Cottages, the other close to the forecourt of the hospital. These houses do not contribute to the architectural quality of the ensemble.



Fig. 87: (a) Failte (b) Wayside



### 3.8.9 Later Hospital Buildings

In the drawing of a bird's eye perspective of the complex from 1900 (see Fig. 10) and on a site drawing of 1953 by the architect Vincent Scully there is a formally laid out terraced embankment across the seaward frontage of St Ita's but this has now disappeared to make way for two single-storey red-brick auxiliary hospital buildings of the 1960's or 70's, which obstruct the view outwards to the sea, and prevent the proper appreciation of the symmetrical south elevation of the historic complex. These buildings are known as Dun na Ri, Hillview & St. Claire's.



**Fig. 88:** Hillview & St. Claire's

To the north of the female Chronic block on a branch road leading to the western part of the demesne a concrete building, known as Willowbrook, comprising of five rectangular blocks connected by a long linking corridor which are attribute to Vincent Scully, architect, who was architectural advisor to the Hospital's Commission. This pavilion block dates from the mid 1950s.

Though typical of hospital buildings of the period these can not be

said to contribute to the overall significance of the hospital ensemble.



**Fig. 89:** Willowbrook

Another single-storey pavilion block, known as Reilly's Hill, of a similar design and plan to Willowbrook is located within the dense woodland area to the west of the complex, directly north of the walled garden. This building though is unoccupied and in disrepair. Due to its isolated location it is subject to vandalism.

The T-planed nurses' home is a five-storey building built in 1963. It is set within a wide expanse of lawn, on a raised elevation and is the most visible element of the hospital complex from the road. Though it contains some design elements of interest, it detracts significantly from the architectural character of the ACA due to its siting. Its location is close to the site of Portrane House and its original outbuildings.





**Fig. 90:** Nurses' home

A new hospital development of ten individual orthogonally arranged bungalows was constructed on the farmland north of the main hospital complex as a residential development for clients of St. Joseph's Intellectual Disability Service. It was opened in 2010 and is known as Knockamann, which is named after a hill north of the village in the townland of Burrow, the site of a battle in the Viking period.



**Fig. 91:** Knockamann - Modern hospital development

### 3.8.10 Portrane Wastewater Treatment Plant

The new waste water treatment plant combines previously separate waste systems for Portrane, Lusk and Rush. It opened in June 2012. Located to the south west of the main hospital complex it is a large single-storey development of utilitarian character, consisting of a small administration building, a larger process building and an expansive treatment facility all within a perimeter wall. It is screened from St. Ita's by mature planting.



**Fig. 92:** Aerial with Portrane Wastewater Treatment Plant the white buildings in the foreground and St. Ita's in background

#### 4.5 Views

The natural beauty of the coastal landscape, the designed landscape of the demesne and the imposing architecture of the hospital combine to create many striking views within the ACA.

Important views and vistas include:

1. Views from the south towards the hospital, which allow an appreciation of the enormous scale of St Ita's Hospital with the extensive red brick buildings, round tower and water tower being the most prominent features of the peninsula of Portrane. St Ita's Hospital is the centrepiece of views from Malahide across the estuary and coast road and can also be seen from areas in Howth. Closer to it the hospital forms a dramatic backdrop to the coastal walk from Balcarrick (Donabate) to Quay (Portrane).
2. Views from areas in the north of Fingal towards the hospital and its towers such as from southern parts of Rush across the estuary and from high parts of the northern county like Baldongan.
3. Sea views from the diagonal formation of accommodation blocks, which are a significant aspect of the design intended to promote the well-being of patients. Only a limited section of the site extends to the shore line, and the sea views from the

St Ita's complex are in the main across adjoining lands to the south. The spectacular views towards Lambay Island and Howth, and across the estuary to Malahide emphasise the natural beauty of the site and are of crucial importance to the character and significance of the ACA.

4. The view of the hospital from the entrance drive, a striking composition of the administration building, the more elaborate of the two churches and the clock tower within a landscape setting.



Fig. 93: South elevation of St Ita's Hospital



**Fig. 94:** View across estuary from Malahide



**Fig. 95:** Main approach to the hospital



**Fig. 96:** View of clock tower and chimneys from demesne



**Fig. 97:** Round tower in eastern demesne

5. The red-brick clock tower forms the central landmark within the hospital complex and is a focal point of distant views across the ACA and from the road to the north.
6. The round tower and water tower also form focal point of views across the demesne and from the road to the north, with a natural backdrop.





**Fig. 98:** Southern coastline with view to Lambay Island



**Fig. 99:** Path along coast line

## 4.0 Summary of Special Character

St Ita's Hospital and Portrane Demesne constitute a coherent, layered grouping of built and landscape features and have been designated an Architectural Conservation Area by virtue of their special architectural, historical, archaeological, artistic, scientific, social and technical interest.

### 4.1 Architectural Interest

St Ita's Hospital is a vast complex of Victorian red brick buildings of high architectural merit which dominates the coastal landscape of the Portrane Peninsula. Through its size and distinctive layout it is unique in Ireland, and is of further special interest as one of a series of asylum complexes, derived from a design developed in Great Britain in the late 19<sup>th</sup> century, characterised by the 'echelon' or arrowhead formation of separate but connected blocks with modest decorative detail. It is notable as one of the largest building projects of the period in the country and in 1900 was the largest building contract ever awarded to a single contractor in Ireland. The outcome of an architectural competition, the design was the work of a distinguished architect G.C. Ashlin (1837-1921), and was heavily influenced by G.T. Hine

(1841-1916), an architect well established in the design of asylum buildings in Great Britain.

The boundaries correspond closely to the extent of the 19<sup>th</sup> century country demesne of Portrane, and the origin of the site is still apparent in surviving features of this designed landscape, particularly in the western section of the site, including the entrance drive and lodge, woodlands, paths and walled garden. This overlaying of historic layers enriches the architectural quality of the ACA and adds to its significance. In addition the site contains a number of buildings of the 1950s by the prominent hospital architect Vincent Kelly, which though of some interest conflict in certain cases with the appreciation and coherence of the overall site.

The high architectural merit of the original hospital extends throughout the dispersed ancillary buildings including picturesque cottages and larger houses, farm and industrial buildings the design aesthetic of which is elevated above the mere functional, and all buildings display decorative features from the same design palette which demonstrate the group nature of the site.

The carefully selected scenic location of St Ita's Hospital is a defining element of its character, with the hospital orientated to

take full advantage of its setting. Its prominent position dominates the ACA and enables panoramic views to and from the hospital.

#### **4.2 Archaeological Interest**

The coastal fringe of the site incorporates a number of archaeological features which attest to the long history of settlement on the Portrane Peninsula. These include the site of a holy well, a chapel site, a 'priest's chamber' and in close proximity to the north, the ruins of a medieval church of St. Catherine's and the 15<sup>th</sup> century tower house, known as Stella's Tower.

#### **4.3 Artistic Interest**

The architectural detail of the buildings displays a high level of craftsmanship and of artistry, in particular in the chapels and dining hall interiors, but also in the external architectural detail.

#### **4.4 Scientific Interest**

The complex of St Ita's Hospital is of particular interest in the history of psychiatric health and its treatment in Ireland. The site demonstrates evolving developments in the layout of mental

hospitals, and the attitude of the period to the treatment of mental health. At the time of construction the hospital was seen as a model for the care of the mentally ill. The historic buildings show on the one hand the highly institutionalised and segregated approach, but also the progressive notions of the benefits to the patient of an isolated location with sea views and clean air.

#### **4.5 Social Heritage Interest**

Both the historic demesne and the former asylum may be seen as documents of Irish social history in built form.

The historic buildings of St Ita's Hospital are a physical record of the treatment of mentally ill patients in Ireland and serves as a testament to the lives of the thousands of patients who were committed to live there.

The vast scale of the complex shows the level of resources set aside for the provision of such buildings. Despite the rigid separation of the sexes, the layout and massing of the hospital demonstrates progressive design objectives in the late Victorian period for the accommodation of the mentally ill, motivated by belief in the beneficial value of clean air and views, and the wish to break down what was an enormous institutional complex into a more human scale using motifs from Victorian domestic



architecture, permeated with constant visual contact to green open spaces.

The complex provides a good record of life in the institution during the early 20th century, when St Ita's Hospital accommodated up to 2,000 patients and over 300 live-in staff. The hospital was rigidly divided between the sexes, and it operated effectively as a self-sufficient small town with a full range of services including a bakery, a butcher, tailor, hairdresser, laundry, shoe-repair service as well as a fire station, two churches and a morgue. Food was produced from the surrounding 300 acres of farmland and extensive gardens with farming viewed as a form of occupational therapy for the patients.

The Burial Ground associated with the hospital, formerly within the demesne has been separated from the ACA by a 20<sup>th</sup> century housing development built between the two. Despite its remote position this burial ground remains an important aspect of the social heritage of the site.

#### **4.6 Technical**

As a huge complex of buildings of varied uses St Ita's constitutes a rich source of knowledge on building practices at the turn of the 20<sup>th</sup> century, including brick, steel timber and a variety of forms

of architectural decoration. Innovations such as tinted concrete to simulate more expensive terracotta are examples of the technical interest of the building complex.

#### **4.7 Historic Landscape**

St Ita's Hospital and the demesne are the key defining character feature of the of the area of Portrane and the surrounding Donabate peninsula.

The eighteenth century demesne retains many interesting features and is a valuable amenity to the people of Donabate.

## 5.0 Implications for Planning and Development

The objective of Architectural Conservation Area (ACA) designation is to protect the special character of an area through rigorous control and positive management of any changes made to the built environment. The following sections provide guidance on works to various features which would or would not affect the character of the ACA. The ACA Annotated Character Map at the end of this document identifies on it the structures within the ACA which are Protected Structures (marked in red) and those that positively contribute to the character of the ACA (marked in blue) and so the guidance outlined in Sections 6.1, 6.2 and 6.3 relate to these. The remaining buildings within the ACA, listed below, should be treated as ordinary structures that are subject to normal planning requirements and restrictions:

- 5-storey Nurses' Home
- Single storey pavilion blocks of Willowbrook and Reilly's Hill
- Single-storey late 20th century buildings to south of original hospital complex of Dun na Ri, Hillview & St. Clare's
- The Epileptic Blocks which are late 20th century single storey extensions to the Infirmary Blocks.
- Two-storey houses on western side of Red Square

- Detached houses of "Failte", "Wayside" and "St. Vincents"
- The residential development of Knockmann
- The High Support Unit known as Crannog Nua
- Portrane Waste Water Treatment Plant

### 5.1 Works not affecting the Character of the ACA

#### 5.1.1 Restoration of Character

The restoration and reinstatement of original materials or features, that have been removed and replaced with modern or inappropriate materials, will not require planning permission where the method, materials and details for the works have been agreed with the Conservation Officer.

#### 5.1.2 Maintenance & Repairs

Planning permission is not required for regular maintenance works and genuine repairs to buildings within the ACA (such as roof, rainwater goods or window repairs) as long as original materials are retained where they exist, or, where replacement is necessary, that it is on a like-for like basis. In such works, highest

standards must be applied to avoid incremental erosion of character of the features of the demesne.

#### 5.1.3 Internal Alterations (not materially affecting the character of protected structures)

The ACA designation does not prevent internal changes or re-arrangements to structures within the ACA which are not listed as protected structures (see the ACA character map) and provided that these changes do not impact on the exterior of the structure.

With regard to the historic hospital buildings that are Protected Structures some of the internal spaces are very plain and utilitarian and so certain alterations may be possible without materially affecting the character of the Protected Structure, depending on the design of the works or type of intervention proposed. A determination though would need to be made by the planning authority on this through the Section 5 Declaration process and so prior consultation should take place with the Conservation Officer and Area Planner. However, where these works would give rise to a change of use then planning permission is required, irrespective of the protected structure status.

#### 5.1.4 Renewal of Historic Planting

The re-instatement or renewal of the historic planting is welcomed but care needs to be taken with any such scheme as considerable damage can be done to the balance of the historic planting if this does not have regard for the historic intention of the design. All infill planting within the ACA should have regard to the principles embodied in the ICOMOS Florence Charter on the Conservation of Historic Gardens. Replanting should be carried out in consultation with the Conservation Officer and the Parks Superintendent, preferably based on professional advice from a suitably qualified historic landscape consultant. It must serve to renew and reinforce existing planting and be of a species found in the relevant parts of the historic landscape.

### 5.2 Works by Fingal County Council within the ACA

A portion of the ACA is the property of Fingal County Council, and any development within that area would be carried out by the local authority, on its behalf or in partnership with it, and would therefore be subject to the procedures set out in Part 11 of the Planning and Development Act 2000 & Part 8 of the Planning and Development Regulations 2001. This requires the local authority to notify prescribed bodies and follow public consultation



requirements. Works could also be carried out for the council under Part 3 of the Planning and Development Act but these would need to apply for planning permission in the normal manner. To ensure the protection of the character of the ACA, the Conservation Officer should be consulted regarding any proposed works, including minor works not covered by the requirements of Part 8.

### **5.3 Works affecting the Character of the ACA**

Works which affect the character of the ACA and which are located in parts of the demesne in the ownership of the HSE or in private ownership, such as the terraced houses on the main avenue, will generally require planning permission.

#### **5.3.1 Reuse of Existing Hospital Buildings**

The many buildings forming the large-scale historic asylum complex are to a large extent disused. Identification of suitable new uses will be important to ensure their long-term conservation. It is therefore a priority to promote appropriate new uses within the existing Protected Structures of St. Ita's hospital complex and demesne where such activities will secure

viable sustainable re-use of the complex into the future and which will provide for the proper conservation and sustainable development of St. Ita's.

Alterations to facilitate new uses though could potentially materially affect the character of the buildings and complex and so would need to be adjudicated through the planning process. Irrespective of the protected structure or ACA status the change of use requires planning permission.

The form of the hospital buildings is very flexible and adaptable, being composed of readily subdivisible open-plan interiors, each building having a secondary rear elevation which allows for addition of stairs or lift shafts without harmful impact on the architectural ensemble. The attractive siting of the buildings with sea views, and the direct access of each to open spaces of high quality, remain a strong inherent feature of the buildings and, if adapted could result in an even higher quality as can be achieved in a new build on a site which lacks these unique benefits.

The self-sufficiency of the complex in its original use with residential areas, churches and assembly spaces, sporting facilities, service buildings and industrial facilities, once resembled the complexity of a small town. The diverse scale and nature of buildings on the site could therefore accommodate a

wide diversity of uses, including residential, cultural, commercial, educational and ancillary hospital uses.

Rethinking the use of redundant building complexes has been one of the prevailing themes of the architecture of recent decades across the world, which has seen railway termini and power stations become museums, churches become libraries, industrial complexes become homes and offices. The reuse of St Ita's presents a challenge of this type and will require ingenuity in design as well as open-mindedness in terms of the development of a brief. To safeguard the integrity and significance of the complex it is important that adaptation seeks to retain key components of the ensemble. This is the first principle to be considered when alterations or adaptations to facilitate re-use/new use are proposed. Deviation from this first principle will require strong justification but will be adjudicated by the planning authority if proposed.

### 5.3.2 Works to Exteriors or Elements of Buildings

Repairs and works to the exterior of the hospital buildings, or to any of the ancillary structures, houses, demesne structures or any structure within the ACA will not require permission if they do not affect the special character of the ACA or of an urgency that requires immediate action but correct materials, methodologies

and detailing should be used. In such a case there must be full consultation of all details with the Conservation Officer and approval granted for all such repairs.

However, the following works to the exterior or elements of the buildings would be deemed to impact on the character of the Protected Structures or buildings in the ACA:

#### Walls

- Repointing of brickwork must follow the historically correct detail to preserve the uniformity of the hospital complex. Pointing in a style or manner other than the historic would be deemed unacceptable by the Planning Authority.
- Sand-blasting of external surfaces can lead to porosity and water ingress and would also be deemed unacceptable by the Planning Authority
- Painting of brickwork, tinted concrete lintels or natural stone features, would be deemed unacceptable by the Planning Authority. Painting of historically unpainted render finishes can alter or negatively affect the intended character of a building, and would therefore require permission. Painting of any historic structure with modern paints can impair the breathability of the structure and is detrimental to the building fabric, therefore the Planning Authority will require

that breathable mineral paint or lime-based paints be used where painting deemed appropriate.

- Historic render should never be removed from façades to expose rubblework or brickwork. This practice removes a protective outer layer and thereby exposes the building to decay and damage. In addition it significantly alters the intended architectural character of a historic structure. Where historic renders have been removed, restoration of suitable render will be encouraged.

### Roofs

The roofs of buildings within the hospital and the wider demesne are important in defining the special character of the ACA. Original elements should be retained where possible, and repaired and reused rather than replaced.

- Original roofing material such as natural slate, ridge tiles, ridge cresting or flashings must be retained or reinstated in any repairs. Replacement with modern materials such as fibre-cement tiles will not be deemed acceptable.
- The removal of chimney-stacks, historic chimney pots, rainwater goods, historic bargeboards, eaves details or other features of the roofscape, or their replacement in a material other than the historic, will not be deemed acceptable.
- The insertion of roof lights, dormer windows or any other projections on the roofs of front or prominent elevations of the hospital complex, would upset the symmetry of the architectural set-piece. Planning permission would be required for such works but most likely would not be deemed acceptable. Rooflights on other visible slopes may be less damaging and might be open to consideration but would require an analysis of the impact and so planning permission would be necessary.
- The erection of, or alterations to, externally mounted signs and advertisements at roof level, including banners would require permission.
- The provision of awnings, canopies, flags and flagpoles would require permission.
- The erection of solar panels, TV satellite dishes, communication antennae or support structures for same are considered to have a highly negative impact on the character of the ACA and should be avoided when visible from any area within the landscape. Where existing aerals have become redundant they should be removed.

### Window and door openings

Many of the hospital buildings and ancillary buildings within the ACA retain historic window and doors. Historic windows whether exposed to view, on hidden sides or in secondary buildings should always be retained. Where timber windows are decayed or corroded these can generally be repaired and reused, and decay will not be a valid reason for replacement.

Where windows have been replaced with modern replacements or where historic opening sizes have been enlarged, reinstatement of the historic design will be encouraged, and may be made a condition of planning for related works. The following works to windows will require planning permission:

- Alteration or enlargement of original openings
- Removal of original windows, fanlights or timber doors. Replacement with modern, artificial materials such as uPVC and aluminium will not be deemed acceptable.
- Fitting of awnings, shutters, security grilles or any other fixture to the outside of windows. For permission to be granted, materials used must be traditional in appearance and must not compromise the special character of the window.

### 5.3.3 Demolition works

Proposals to demolish structures of architectural merit within the ACA, whether protected structures or not, will always require planning permission. There will be a presumption in favour of retaining structures that make a positive contribution to the character of the area. Demolition will normally only be permitted where (i) the structure makes no material contribution to the character or appearance of the ACA, or (ii) in exceptional circumstances where it can be strongly demonstrated that it is essential to the long term sustainable development, reuse or change of use of the historic building complex.

### 5.3.4 Extensions and Alterations to Buildings

Designation as an ACA puts an obligation on building designers to produce a very high standard of design.

Any extension or alteration, however small, should respect the physical character of the ACA and should contribute to the visual enhancement of the building which is extended and to its context, whether that building is part of the hospital complex, ancillary buildings, demesne structures, dwellings, or any other building within the ACA.



The re-use of unoccupied areas should be examined before submitting proposals to extend but should any alterations for the re-use be needed they should of a sensitive and appropriate design. If the changes are too invasive then extension may be the better option.

Extensions and all new build that impacts on the external elevations of buildings that are visible from any area within the ACA especially those which impact on the curtilage of any of the protected structures will require permission. Extensions and alterations to existing buildings should be directed by the following principles:

- The suitability of the existing building stock to accommodate the use has first been examined
- The extension and alteration can be justified by its contribution to a long-term viable and sustainable use of a historic building in the ACA
- It can be demonstrated that the impact on the historic appearance and fabric of the buildings has been kept to an absolute minimum.
- The extension is subordinate to the building it extends, appropriate in scale and built with suitable materials and finishes of high quality.
- Direct imitation of historic styles is not appropriate for such extensions or alterations, but modern interpretations of historic forms may in certain cases be the most fitting.
- The elevational treatment of any new development should be well-proportioned and built with respect for the scale of the adjacent buildings and for the designed landscape.
- Materials should be of good visual quality and durability. Features which are not found amongst the historic buildings of the demesne should be avoided. These include standard-issue concrete cills or copings, pressed aluminium gutters, uPVC windows, or uPVC features of any kind. Roofs should be covered with natural slate, lead or other roofing which enhances the character of the ACA.
- High quality contemporary architectural design that is complimentary to the character of the demesne ACA may be acceptable, but any development will require a very sensitive design approach and should positively contribute to the character of the demesne. A design impact statement providing justification for the proposal in terms of choice of site, design concept, scale, materials and proportions, should accompany any application within the ACA.

### 5.3.5 New Build Proposals

The following fundamental principles should guide new-build developments within the ACA:

- A high design standard should be used for any development within the ACA.
- New buildings should be sited in positions which are screened from view or on sites which are already built on, once it can be established that the location is not damaging to the integrity of the ACA.
- It is desirable that the area to the south of St Ita's, i.e. between the hospital and the sea remains open to preserve these views (see views listed in Section 4.5) which are essential to the integrity of the complex.

An area in the north east of the ACA has been zoned for residential development. Any housing proposal for this area should avoid generic housing-estate styles and should be set out in compact streets. The layout should be designed to allow views of the clock tower, water tower and round tower from the public spaces. Any housing proposal should respond to the context of its setting. See also Local Objective 243 of the Development Plan.

### 5.3.6 Preservation of views

It is vital to the special character of the demesne that the significant views outlined in this document (see Section 4.5) are preserved and any works within the ACA should not adversely impact on these views in any way.

The Planning Authority will aim to improve these vistas by encouraging screening measures which would restore the balance of impaired prospects to their original state.

### 5.3.7 Boundary Treatments

Historic boundary walls, railings, gates or gate piers are important historic features of the demesne and any proposal to alter or remove them will require planning permission. Where historic boundaries still exist they should be retained where possible.

### 5.3.8 External Lighting

Due to its location within a High Amenity Zoning any lighting proposals would need to be careful consideration with regard to appropriateness of its insertion in the first place and potential impact on the character of the area and also on protected species such as bats. Any proposals for the illumination during night-time hours of certain buildings and landmark features within the ACA

should be agreed beforehand in consultation with the planning authority. The method of lighting, i.e. type of fitting or post, fixing method and type of light should be designed so that it compliments the character of the ACA and does not result in light pollution. Street lighting within the complex should be carefully designed so does not compete with or detract from the historic building stock and ideally should be plain, simple design.

#### 5.3.9 Signage

Care should be taken that signage does not detract from the historic setting. New and replacement signage should be appropriately sized and any opportunity should be taken to consolidate necessary signs and eliminate duplication to minimise their impact. If attached to historic buildings, care should be taken to avoid damage to historic fabric and should be closely supervised.

#### 5.3.10 Car parking and Vehicular Access Routes

Further car parking sites or alterations to access routes need to be assessed regarding their impact on the character of the ACA and so would require permission. Car parking should be discreetly sited in positions naturally screened from view by the topography or by existing planting. Screening, earthen banks or other

mitigation measures to conceal the presence of car parks should be used as a final resort as they can distort the perception and intention of the historic landscape design. Car parks should be well landscaped to reduce their impact when car are not present. Consideration should be given to renewable surface materials that positively contribute to the surrounding landscape rather than modern hard surfaces.

#### 5.3.11 Erection of Fences or Other Items

The integrity of the landscape can be compromised by fences and insertions into the landscape. Such interventions will therefore require permission.

### 5.3.12 Landscape and Planting

- Designed landscape features. The surviving features of the designed landscape in the western half of the demesne should be retained as far as possible, and as far as is compatible with the insertion of the proposed high-security facility. This should include the woodland areas and perimeter belts, historic structures in the walled garden, paths, main approach avenue, etc. New interventions should aim to reinstate historic parkland areas where possible.
- Parkland and woodland. Any new development within the ACA must be carefully sited and designed to minimise negative impacts on the setting of structures, on the designed and natural landscape, or on mature trees which contribute to the character of the ACA. Where new structures are needed, careful siting is the best way to minimise impact on the designed landscape. Screening, earth embankments and other mitigation features can distort the historic design intention, and should play a secondary role to siting as a means of reducing impact. No development inside or adjacent to the ACA may be permitted where any of the views or vistas, which contribute to its special character, would be compromised or altered.
- Heathland and Former Deerpark. The area to the east of the St Ita's complex is characterised by an open exposed nature. Due to its visibility from a great distance, and the presence of the landmark round tower and water tower, any new-build development on this expanse would have a substantial impact on the architectural and landscape character of the ACA.
- Hedgerow Clearance or Felling of Trees. Any felling of trees along the avenues, or in perimeter and internal woodland belts will require a tree felling license. In order to protect the integrity of the historic landscape, clearance of hedgerows should be avoided as this will diminish the historic landscape significance of the demesne.
- New Planting. New tree planting, hedge-laying or shrubs, which do not constitute a renewal of historic planting, can significantly impact on the special character of the ACA and so may require permission. A landscape plan should be drawn up for any such landscaping proposal. Any proposal within the historic parkland should be in keeping with the design intention of the historic designed landscape and should have regard for the principles embodied in the ICOMOS Florence Charter on the Conservation of Historic Gardens. Proposed designs should be prepared in consultation with a suitably qualified historic landscape consultant.



**NOTE:**

*Please note that some of the works listed in Section 6 and all its subsections above require planning permission irrespective of whether the area is protected or not, but are included to highlight the need for careful consideration of the design of the proposed works. This is to ensure that they do not impact negatively on the special character of the ACA. The list is not in itself a comprehensive list of all works, in all circumstances that require planning permission, but identifies those works that would impact on the character of the ACA. Development works would still have to adhere to the general provisions of the Planning and Development Acts 2000-2012 and Planning Regulations. The area planner and conservation officer of Fingal County Council can be consulted if there is any doubt as to whether planning permission is required or not.*

Sources for Design and Construction of the Asylum:

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- The Building News
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ST. ITA'S ACA ANNOTATED CHARACTER MAP

