NAA

BUILDING RECORDING

VOLUME I

BERWICK INFIRMARY,

BERWICK-UPON-TWEED,

NORTHUMBERLAND

prepared for

Lichfields on behalf of Northumbria Healthcare NHS Foundation Trust

NAA **20/103**
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BERWICK INFIRMARY, BERWICK-UPON-TWEED, NORTHUMBERLAND
HISTORIC BUILDING RECORDING

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BERWICK INFIRMARY, BERWICK-UPON-TWEED, NORTHUMBERLAND
HISTORIC BUILDING RECORDING

Summary

Northern Archaeological Associates Ltd (NAA) was commissioned by Nathaniel Lichfield & Partners on behalf of Northumbria Healthcare NHS Foundation Trust to undertake historic building recording prior to the demolition of a set of 20th-century buildings at Berwick Infirmary, Infirmary Square, Berwick-upon-Tweed, Northumberland. None of the individual structures were listed. However, the infirmary site as a whole is considered a non-designated heritage asset. The survey was conducted as part of a mitigation programme associated with the redevelopment of the site.

The demolition of several disused former hospital buildings located within the northern half of the Infirmary site was required as part of the first phase of the redevelopment. These once housed the main entrance and day clinics, wards, operating theatre, physiotherapy department, mortuary, and ancillary buildings.

Although the infirmary has earlier origins, the present site was acquired in 1872 for the construction of a purpose-built Dispensary and Infirmary, which opened in 1874. It was run as a charitable institution by a voluntary committee and funded by subscriptions, fundraising and bequests. The infirmary continued to expand and adapt over the following 120 years to meet the changing needs of the town and advances in medical science.

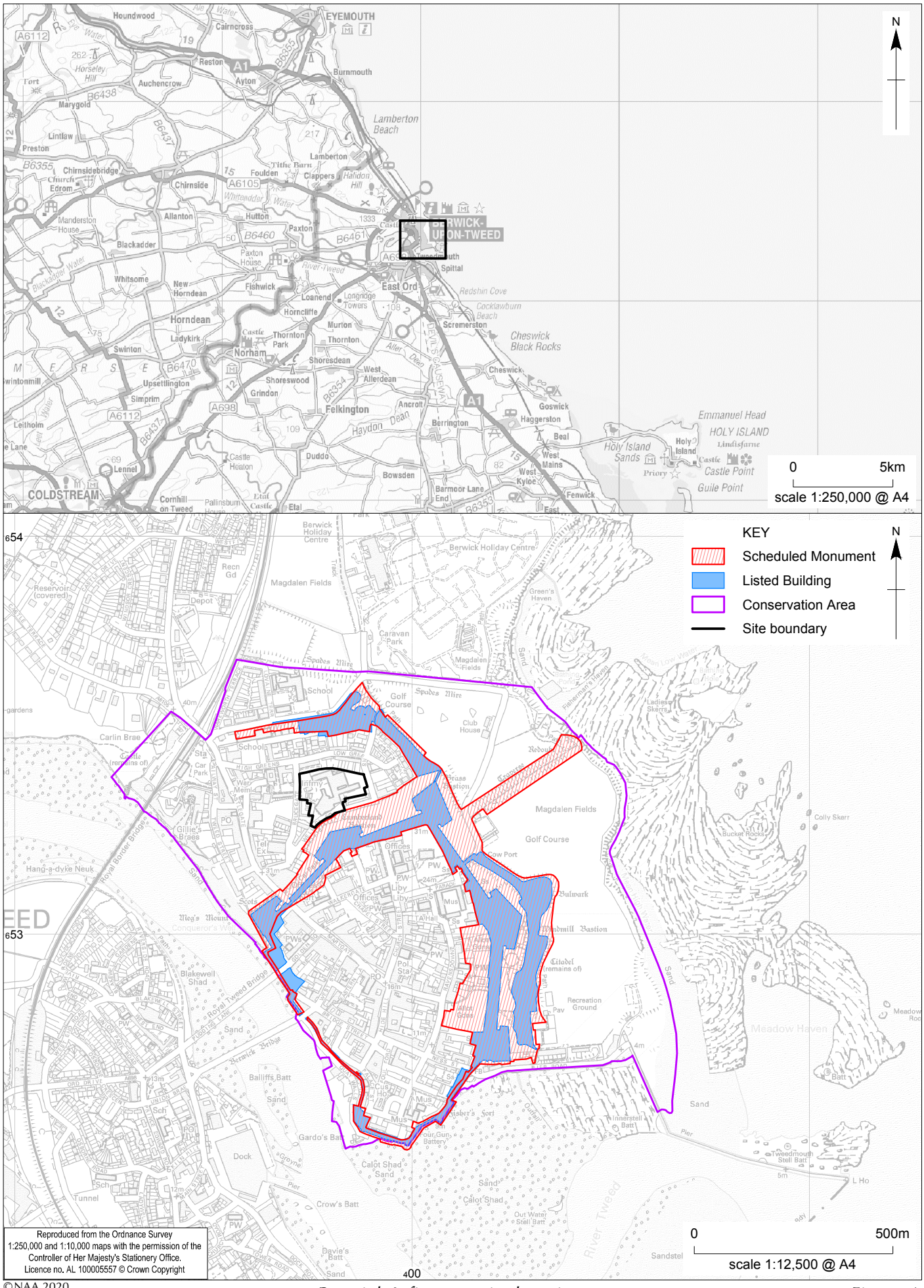
The buildings surveyed, although relatively modern, span the infirmary's transition from a charitable institution to NHS provider. They illustrate a number of the key developments in hospital architecture over the course of the 20th century, from the 1920s through to the 1980s. Each of the building projects demonstrate how the infirmary responded to changes in the organisation and funding of healthcare, the breadth of medical services and advances in engineering and building materials.

The group of structures built by the charity during the 1920s and 1930s utilised traditional building materials, incorporating red sandstone plinths and Welsh-slate roofs. While those built following the transition to the NHS incorporated the use of brick and prefabricated structures. Changes in ward layout and design linked to changing medical theories can also be seen in the difference in style between the 1927 Jane Richardson Ward and the 1980s Tweed and Cheviot Wards.

This report presents the results of a Level 2 survey, focusing on the exteriors of the buildings. It comprises a written and photographic record suitable to mitigate against the loss of heritage significance arising from the demolition of the non-designated heritage assets and it has facilitated a greater understanding of the form, layout and development of the Berwick Infirmary.

Acknowledgements

NAA would like to thank the staff at the Berwick Infirmary for facilitating this survey especially during a time of heightened safety protocols within such settings. Thanks, are also due to Eric the engineer and Barry Malecki the estate manager.



Berwick Infirmary: site location *Figure 1*

BERWICK INFIRMARY, BERWICK-UPON-TWEED, NORTHUMBERLAND HISTORIC BUILDING RECORDING

1.0 INTRODUCTION

1.1 Northern Archaeological Associates Ltd (NAA) was commissioned by Nathaniel Lichfield & Partners on behalf of Northumbria Healthcare NHS Foundation Trust to undertake historic building recording (HBR) prior to demolition of a set of 20th-century buildings at Berwick Infirmary, Infirmary Square, Berwick-upon-Tweed, Northumberland (NT 399792 653363; Fig. 1).

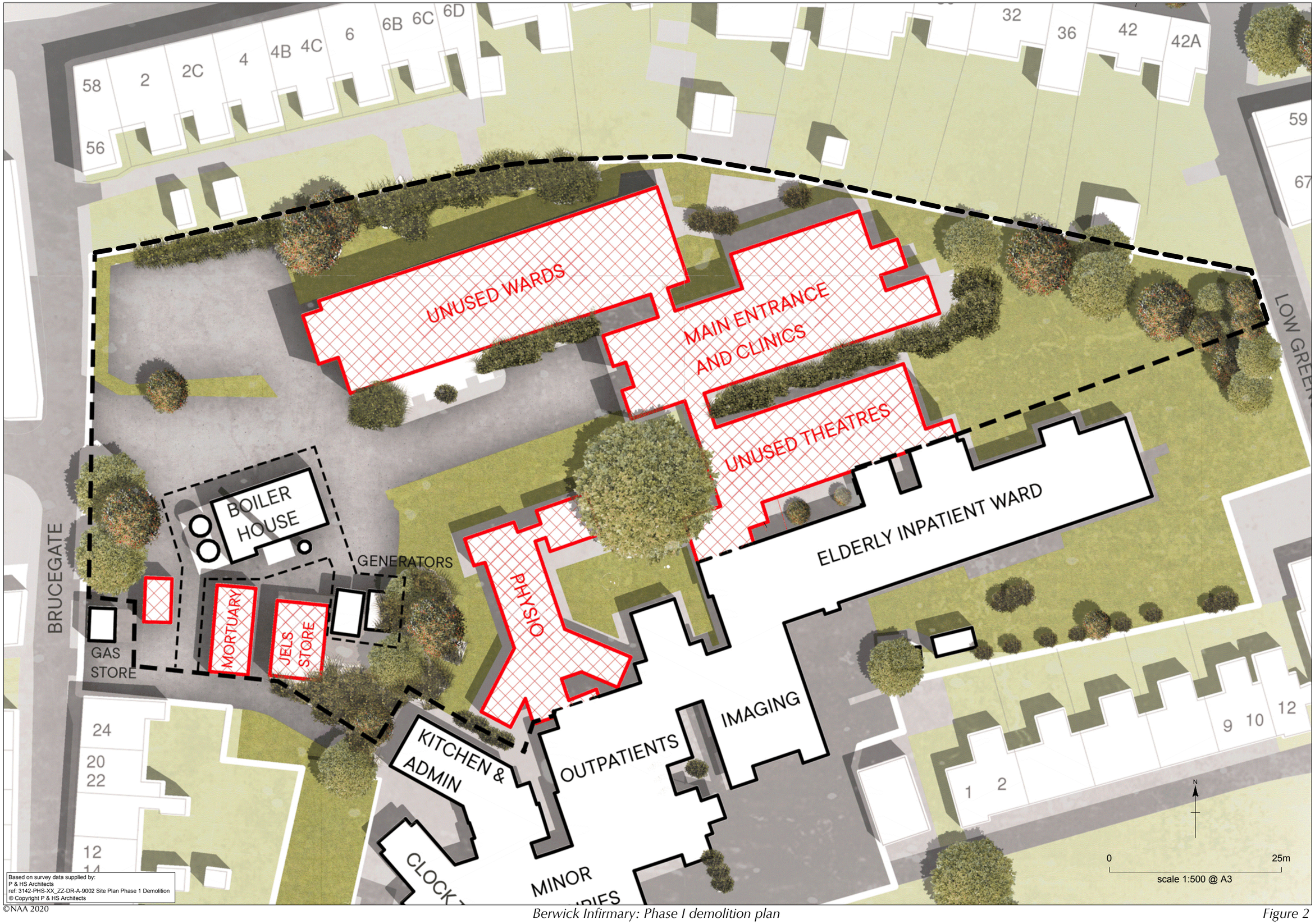
1.2 The Berwick Infirmary site is being redeveloped to allow for the creation of a purpose-built hospital. The first phase of development involves the demolition of several disused former hospital buildings located within the northern half of the site (Fig. 2). These once housed the main entrance and clinics, wards, operating theatres, physiotherapy, mortuary, and ancillary buildings, which are all now largely vacant. The purpose of the survey was to provide a record of the buildings, including their contribution to the Berwick townscape, before demolition. None of the individual structures were listed. However, the infirmary site as a whole is considered a non-designated heritage asset (HER no. 25418).

1.3 The historic building recording was completed in response to a Condition no. 11 of approved planning consent (Planning ref: No: 20/00665/FUL, 20/01882/FUL). It comprised an Historic England Level 2 descriptive survey, carried out in accordance with the relevant standards and guidance as published by Historic England (2016) and the Chartered Institute for Archaeologists (CIfA 2020).

1.4 The following report uses both documentary and physical evidence to explore the origins and development of the buildings. The nature of this work was approved in advance by Northumberland County Council (NCC).

Scope

1.5 The buildings being recorded were all located within the northern part of the site, and were 20th century in date, spanning a period from the 1920s to the 1980s, with some later additions and modifications. Based on a preliminary assessment, it was considered unlikely that any significant internal design schemes or features were retained, and therefore only an external record of the complex was required. This was confirmed and clarified by the NCC Assistant County Archaeologist who advised that:



Berwick Infirmary: Phase I demolition plan

Figure 2

1.6 '*since the buildings are no longer in use, a record of their (empty) interiors is unlikely to inform an understanding of their former use. The HBR should therefore focus on the exterior of the hospital buildings to a Historic England "Level 2" standard to provide a record of the existing hospital buildings and their contribution to the Berwick townscape before their demolition. The HBR should draw on relevant drawings of the existing buildings where available (architect's drawings or drawings prepared to inform the present development) and any relevant archives or photographs held by the Foundation Trust, including internal details if available.'* (NCC Planning 2020)

1.7 Where time allowed, and access was available, some internal photographs of the buildings were taken. A survey of the broader area surrounding the property was also undertaken to inform a general understanding of the setting and associated curtilage, as well as the contribution made by the group to the overall significance of the infirmary.

Aims and objectives

1.8 The primary aim of the historic building survey was to provide a 'descriptive record' (Level 2) of the exterior of the buildings to act as a permanent record of the complex to mitigate against any subsequent loss of heritage significance resulting from the proposed demolition.

1.9 The objectives of the survey were to provide:

- a written and photographic record of the buildings and their structural features, providing details of their form, function, date and significance, as well as key structural features;
- a basic photographic record of the wider complex (exterior only) to inform a greater understanding of the site as a whole;
- an annotated site plan, based on existing architects' plans, depicting the location of all photographs;
- a labelled and catalogued digital photographic archive of all structures; and
- preparation of an illustrated report on the results of the investigations to be deposited with the NCC Historic Environment Record (HER);

1.10 In accordance with *The North-East Regional Research Framework for the Historic Environment*, the work has the potential to provide a greater understanding of 20th-century settlement and planning, as well as the development of architectural styles (Petts and Gerrard 2006, 89).

2.0 METHODOLOGY

Documentary evidence

2.1 A rapid assessment of readily available documentary and cartographic material was made to inform an understanding of the development and history of the site. This included online source material along with historic Ordnance Survey mapping. Previous reports on the property, were also consulted including the previous desk-based assessment and archaeological evaluation conducted by NAA (NAA 2015).

2.2 The following sources were used to inform this report:

- Tyne and Wear Archives;
- census data;
- historical newspapers;
- published historical studies; and
- historic Ordnance Survey (OS) maps.

At the time of the survey the Tyne and Wear Archives were closed due to Covid-19 restrictions. It was therefore not possible to visit in person to view potential documents. However, the staff were consulted via email. Information previously gathered for the desk-based assessment (NAA 2015) at the Berwick-upon-Tweed Record Office (BRO) was also reviewed.

Building recording

2.3 Fieldwork was carried out on 4th and 5th November 2020. The focus of the survey was the exteriors of the buildings due for demolition (Fig. 2). Full access to the site was provided by the client. Where appropriate, and when time allowed, access to the interiors of some of the buildings was also gained. Most of them had been emptied and stripped of any fittings or features of significance.

2.4 Copies of architects' plans from 2009 were annotated on site and additional sketches of the elevations were made, incorporating basic measurements taken with a hand tape or a hand-held DISTO.

2.5 A full photographic record of the exterior of the building was made. All elevations were photographed as parallel to the buildings as possible in order to avoid distortion. Oblique shots were also taken. General shots were taken of a representative sample of

the interiors as well as detailed photographs of any internal and external features of note (see Volume 2 and figures 4 to 9).

2.6 Each building was given a unique identification number (context number), 1000, 2000, 3000 etc. All external elevations were numbered in sequence according to their building number, 1100, 1200, 1300 etc. Features of note such as doors and windows were incorporated into the sequence, 1101, 1102, 1103 etc. A complete list of all archaeological features can be found in the gazetteer (Appendix A). Figure 3 is a plan showing the main building, room and elevation numbers.

3.0 GENERAL BACKGROUND INFORMATION

Location and topography

3.1 Berwick-upon-Tweed, is the most northerly town in England, lying almost equidistant between Newcastle and Edinburgh. The medieval town sits on the northern bank of the River Tweed, although later development means it now extends on both side of the river to incorporate Tweedmouth, Spittal and East Ord.

3.2 Berwick Infirmary is situated to the north of the old town, just outside the Elizabethan defences. It is located within a built-up area, surrounded by late 19th- and 20th-century housing and residential streets, apart from a small stretch to the south of the hospital, which looks out onto the Elizabethan fortifications. The buildings and grounds cover approximately 1.6ha, centred at NGR 399792 653363 (Fig. 1). The site is currently owned by the Northumbria Healthcare NHS Foundation Trust.

3.3 The complex is bound to the north, east and partially to the south by mature trees and a stone boundary wall, associated with residential housing and the infirmary grounds off Low Greens. The remainder of the southern boundary is formed by the Well Close Square hospital access route. A substantial stone wall also runs along the western boundary, to the rear of residential housing situated on Brucegate. This, and the associated hospital access, defines the remainder of the boundary.

3.4 The complex is situated on gently undulating ground, at an approximate height of 37m above Ordnance Datum (aOD) at the northern extent, sloping to 32m aOD at the southern end. The centre of the site forms a plateau at 35m aOD.

3.5 The buildings surveyed occupied the northern part of the infirmary site, bounded to the south by the 19th-century and mid-20th-century infirmary buildings that remain in use

today.

Geology and building materials

3.6 The geology of the eastern and central areas of the site comprises limestone, sandstone, siltstone and mudstone of the Alston Formation to the east, with a band of Tyne Formation limestone across the centre. The western extent of the site comprises limestone of the Dun Limestone Member. The bedrock is overlain by superficial deposits of Devensian till, previously deposited in an environment dominated by ice age conditions (British Geological Survey Sheets 1 and 2 – Berwick-upon-Tweed (BGS (2020)). Both sandstone and limestone have been quarried locally and used in construction (NCC 2009, 6).

3.7 Superficial geological deposits along the valley of the Tweed consist of extensive spreads of alluvial clays and sands. These later clay deposits were exploited during the 18th and 19th centuries to make bricks and tiles (*ibid.*).

Historic landscape character

3.8 The historic landscape of the area has been studied in detail as part of several large projects including the Northumberland Historic Landscape Characterisation Project (NHLC) (NCC 2008), The Berwick-upon-Tweed Conservation Area Character Appraisal (Berwick-upon-Tweed Borough Council 2008) and the Berwick-upon-Tweed Northumberland Extensive Urban Survey (NCC 2009).

Designations

3.9 The modern buildings being surveyed have not been listed nationally or locally, but do lie adjacent to the 19th-century elements of Berwick Infirmary. The infirmary as a whole has been classified locally as a non-designated heritage asset (HER no. 25418).

3.10 The infirmary lies within the Berwick-upon-Tweed Conservation Area, designated in 1970 (NCC 2020). Conservation areas are '*areas of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance'.* (NCC 2008). The boundary was originally based on the Elizabethan walled town, but was enlarged in 1988 to encompass the areas to the north and east, including the open spaces outside the walls on the headland between the River Tweed and the North Sea.

3.11 The site also falls within the wide townscape setting of a Classical Statue (Grade II Listed Building NHLE 1393926) and the medieval and post-medieval fortifications of Berwick-

upon-Tweed (Grade I Listed Building and Scheduled Monument NHLE 1015968 and 1290222) (Nathaniel Lichfield & Partners 2020a).

Previous work

3.12 In 2015, NAA undertook a desk-based assessment and archaeological evaluation of Berwick Infirmary in support of a previous planning application. This comprised a programme of intrusive test-pitting and evaluation trenching. In support of the 2020 main application for redevelopment of Berwick Infirmary, NAA has prepared a below ground archaeology impact assessment for the site based on the results of the earlier investigations (NAA 2020).

3.13 An assessment of impact on built heritage assets (including the infirmary and scheduled monuments) has been undertaken by Lichfields and is dealt with in both a Heritage Impact Assessment prepared in support of the 2020 demolition application for the disused northern block of hospital buildings (Nathaniel Lichfield & Partners 2020a) and also in ES Chapter E 'Cultural Heritage' (Nathaniel Lichfield & Partners 2020b) submitted in support of the main planning application.

4.0 HISTORICAL BACKGROUND

Medieval

4.1 Documentary evidence suggests that a settlement at Berwick-upon-Tweed may have been established between the 6th and 7th centuries AD (NAA 2015). It was situated in the Anglian kingdom of Bernicia, which, along with the kingdom of Deira formed the Kingdom of Northumbria. The nature of the settlement during this time can be inferred by its place-name etymology, which is derived from the Old English *bere-wīc* for 'barley farm', or trading settlement. It is recorded as *Berewich* around 1167, which becomes *Berewicum super Twedam* by 1229 (Mills 2011, 54; Nicholaisen 1976). Tweedmouth derived from *Tuedemue* c.1208, meaning mouth of the River Tweed, which itself is a derivation of the river name *Tweoda*, believed to have earlier Celtic origins possibly meaning 'powerful one' (Mills 2011, 470).

4.2 Following the battle of Carham in 1018, when the Scots were defeated by the Earl of Bernicia, the River Tweed was claimed as a new territorial border (Duncan 1999). By the early 12th century the settlement had become a Royal Burgh, and by the 13th century the surrounding terrestrial and marine resources saw the town develop as a substantial economic centre (Pattison 2011). However, the town's economic prosperity

and strategic border position saw both the English and Scottish forces mount military campaigns to seize control of it. As a result, the town changed sovereignty 14 times between the 11th and 15th centuries. The town was finally recaptured from Scotland in 1482 and, in spite of intermittent warfare between the two countries, Berwick has remained under English control since then (Pattison 2011).

4.3 Due to the substantial number of military engagements and sieges, the medieval town was largely confined within the limits of the town walls and fortifications constructed in 1296, following its capture by King Edward I of England (Lepage 2011, 272). The area now occupied by the infirmary was within the limits of the town walls at this time. Results from the test pitting undertaken by NAA in 2015 suggest that the area was situated outside the limits of the main medieval urban foci and within an area of medieval 'backland' or open space, possibly used for horticulture, agriculture or industry (NAA 2015, 13).

Monastic hospitals

4.4 Between the 11th and 13th centuries the town became home to no less than 15 religious houses, many of which were involved in the wool trade. The rich agrarian pastures in the town's hinterland, coupled with its proximity to the River Tweed, facilitated a thriving international wool trade (Pattison 2011). Several of the religious orders established hospitals. These were founded by monks or priests out of a sense of Christian charity, predicated on the belief that the holy relics the monastic houses possessed had healing powers. The hospitals cared for the elderly of the parish as well as the sick (Wilkinson and Ashley 2006, 318–19).

4.5 The location of at least four hospitals are known within Berwick-upon-Tweed. Domus Dei (or Maison Dieu), Domus Pontis (St. Edward's Hospital), St. Mary Magdalen and St .Mary the Virgin (Ellison 1976, 162; NCC 2009, 28–9).

4.6 Following the dissolution of the monasteries in the 15th century the hospitals were disbanded, and the care they provided disappeared. Hospital provision remained sparce through to the late 17th century (Wilkinson and Ashley 2006, 320).

Post-medieval

4.7 Ownership and administration of Berwick-upon-Tweed continued to be contested by the English and the Scottish authorities through into the post-medieval period. The changing nature of 16th-century warfare, with the development of heavier artillery, led

to the construction of the extensive Elizabethan fortifications which remain visible within the town today. Following the English loss of Calais to French forces in 1558 it was feared Berwick would again be vulnerable to Scottish attack (Pattison 2011).

4.8 The site later occupied by the infirmary lay between the old medieval town walls and the new fortifications. A plan of the town dated to 1564, appears to depict the town during the construction of the fortifications (NCC 2009). The northern extent of the town is shown as being moderately populated during this period. The infirmary site is an undeveloped, open area known as 'The grenes', demarcated with an 'F' on the plan (Plate 1).

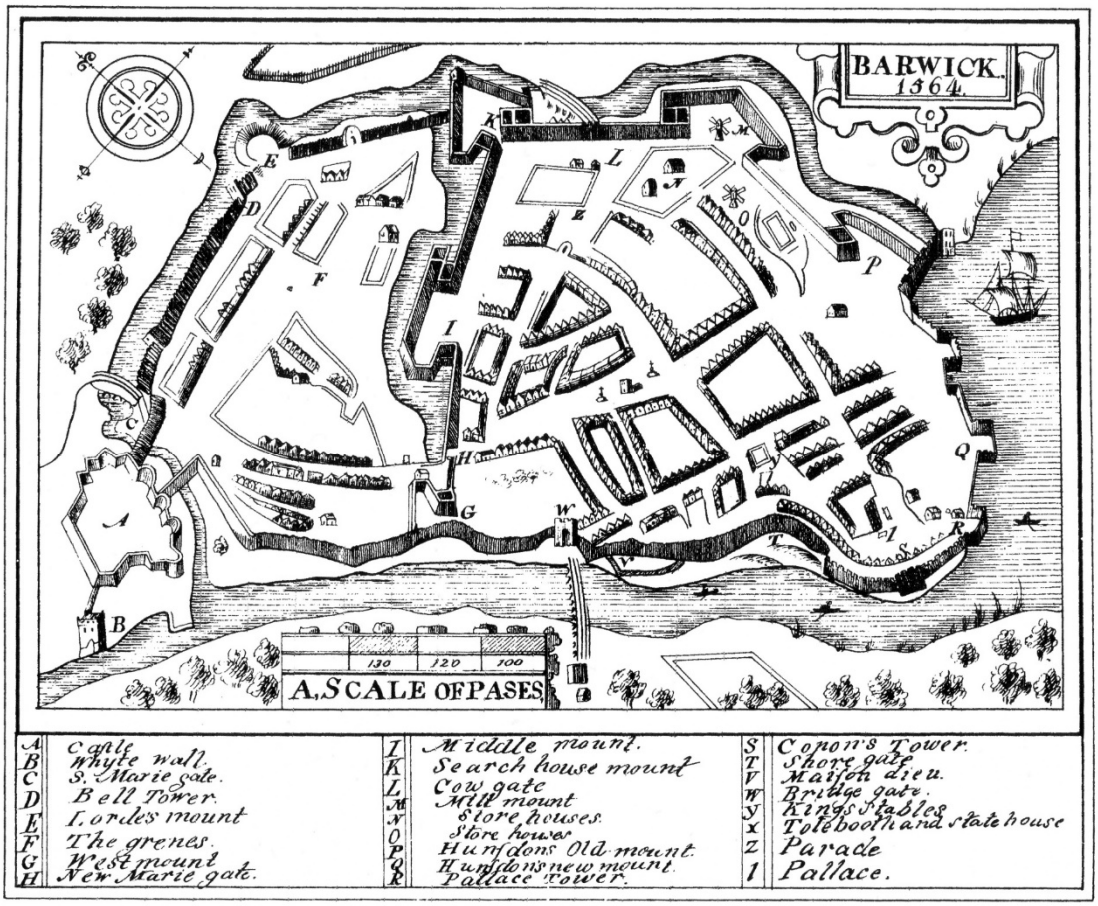


Plate 1: 1564 plan of Berwick-upon-Tweed, attributed to John Speed (extract from Ellison 1976).

Hospitals of the 17th century

4.9 At the start of the 17th century there was very little hospital provision in England until, inspired by the impressive provision in Europe, the Crown invested in the construction of military hospitals in London at Greenwich and at Chelsea. In addition, small local hospitals were established by charitable institutions. These increased in number as the

availability of funds and land permitted. As such, these intuitions were frequently haphazard in form, as physicians and builders learned what was needed (Wilkinson and Ashley 2006, 320).

4.10 Berwick remained without a hospital throughout this period, as possession of the town remained contested. The volatile political climate also had an impact on the once substantial international trade market of the 14th and 15th centuries which had all but disappeared by the 18th century (NAA 2015).

The 18th and 19th centuries

4.11 A rise in population in the 18th century saw Berwick experience an economic resurgence, with the emergence of thriving salmon, grain and agrarian produce markets. This saw the expansion of the town and construction of new properties. However, Lieutenant Andrew Armstrong's 1769 Plan of Berwick shows the infirmary site remained comparatively undeveloped during this period, the area is marked as 'Town Fields' (Plate 2).

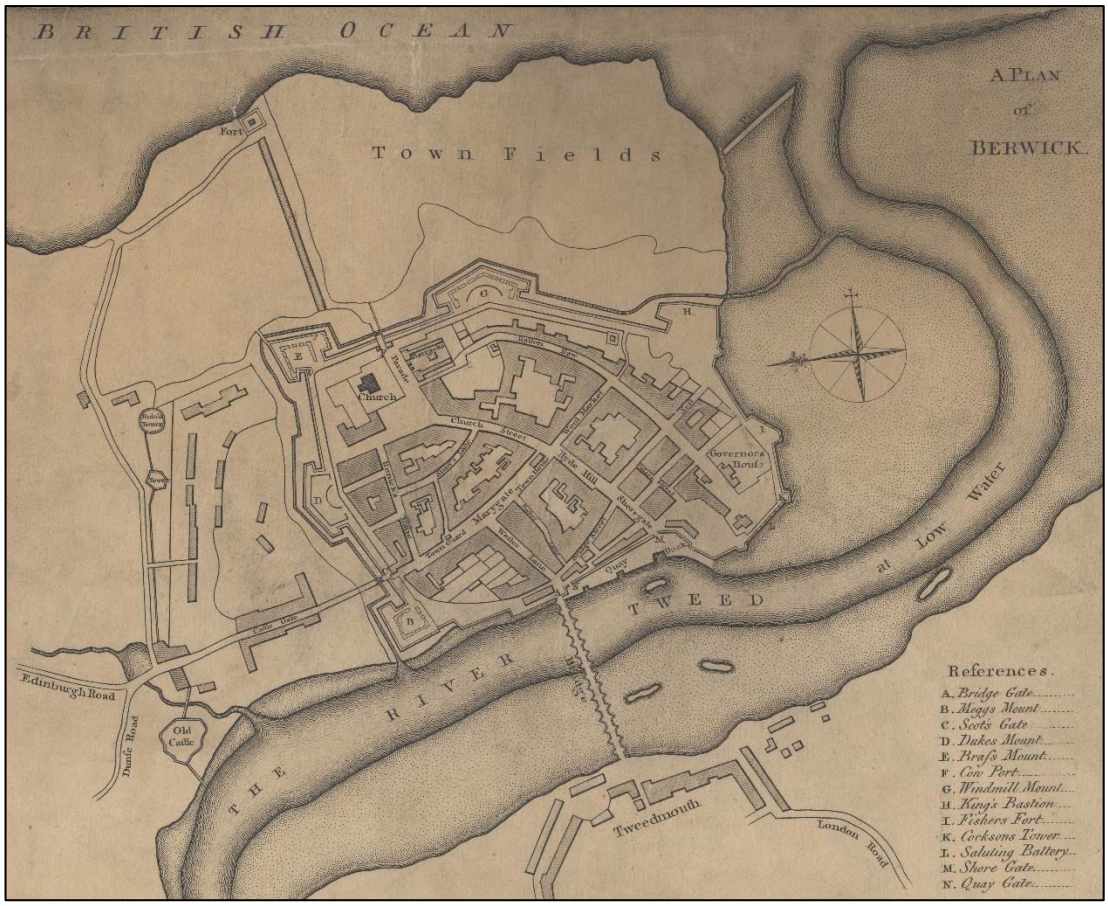


Plate 2: 1769 Armstrong's Plan of Berwick (NCC 2009).

4.12 Armstrong retired from the army on half pay in 1763 and set up a map publishing business, which his son, Mostyn, later joined. The Armstrong's are best known for their large-scale county maps of both England and Scotland, many of which were produced on a subscription basis (Strawhorn n.d., 232).

Establishing a dispensary

4.13 At the start of the 19th century as Berwick continued to develop, there was considerable demand for the foundation of a dispensary to serve the needs of the expanding population. On 11th December 1813, 22 gentlemen of the town signed a petition presented to the Mayor of Berwick, which stated:

'We the undersigned being deeply impressed with gratitude to Almighty God for the signal downfall of the great enemy to humanity and thinking that the most proper way to evince that gratitude is by doing good to our fellow creatures do request you would as early as possible have the goodness to call a general meeting of the inhabitants of this Town and the vicinity to consider of the propriety of commencing a subscription for the support of a Public Dispensary for distributing medicines and medical advice gratuitously to the industrious poor of this town and vicinity.' (*British Gazette* and *The Berwick Advertiser* (TBA), reproduced in Herbert n.d.)

4.14 Later that month a committee was established to advance the creation of the new dispensary. It appointed the Duke of Northumberland as patron of the charity and set about raising funds and finding a building suitable for the dispensary. By January 1814, a house in a yard off church street was being rented for the purpose (*ibid.*).

4.15 The dispensary was duly opened on Sunday 6th March 1814 at 12 o'clock noon, '*for the distribution of medicine and medical advice gratuitously to the poor of the town and neighbourhood who were properly recommended*' (TBA 22nd November 1934). The dispensary proved an immediate success, and by 1815 the medical attendants were requesting the provision of a room that could be used for operations and one for recovering patients (Herbert n.d.). However, by 1819 the demand for services was overwhelming the modest dispensary and the charity was prompted to look for larger premises.

4.16 After exploring various options, in 1826 the committee finally purchased the former home of Colonel Hall at 18 Quay Walls (now known as the Customs House). Money

was borrowed from Dr. Cahill, one of the town's pre-eminent medics, to complete the purchase (*ibid.*).

4.17 As well as providing consultations the new dispensary now had the space to look after those recovering from operations. Accommodation was also provided for the dispenser and a nurse. In 1834, and again in 1854, the committee expressed their desire to transform the dispensary into an infirmary (*ibid.*).

Funding the charity

4.18 The Berwick Dispensary and Infirmary operated as a charitable institution that was funded in part by the generosity of the League of Subscribers. They helped to organise various fundraising events, which included a collection in churches on 'Hospital Sunday' in the spring, and in the autumn, there was a 'Hospital Saturday'. Collection sheets were sent out to local businesses who encouraged their employees to donate. Anyone who contributed a guinea or over was entitled to nominate one of their work colleagues to join the Board of Governors. The most famous event was, and still is, the yearly football competition for the Infirmary Cup. This was renamed the Charities Cup in 1948 (Herbert n.d.).

4.19 The institution's charitable status meant there was a constant drive to encourage people either to start or continue to subscribe. The fundraising events were key to providing the income required to run the dispensary and then the infirmary. Any new addition, be that a building or a new piece of equipment, required further funds above and beyond the expected yearly income. As a result, the local community frequently engaged in extra fundraising events. Money also came in the form of bequests.

A new purpose-built dispensary and infirmary 1872–1874

4.20 In 1870 the dispensary committee again explored the idea of a purpose-built infirmary. Committee members entered discussions with the Board of Guardians of the Berwick Poor Law Union to explore the possibility of a joint venture. However, negotiations ultimately failed. The Board of Guardians wanted to build a fever hospital, as opposed to the dispensary committee's aim of constructing an infirmary so that patients requiring an operation did not have to travel by train and cab to the infirmary in Edinburgh (Herbert n.d.).

4.21 In 1872, the dispensary at Quay Walls was sold and a temporary one established in Eastern Lane. Meanwhile, a site for the new infirmary was secured in the 'Greens' area.

Plans for the infirmary were prepared by the architect John Starforth of Edinburgh, which was constructed between 1872 and 1874 (*ibid.*).

4.22 Located to the south of the present infirmary grounds, the original building was a skewed H-plan (Plate 3), with single-storey pavilion wards to the east and west, which were based on the 'pavilion plan' devised by Florence Nightingale (see section 6 '*The pavilion plan and Nightingale wards*') and a kitchen and corridor in the middle. To the front of the infirmary was a two-storey administration block with an attached bell tower (Plate 7). The first floor of the two-storey section is thought to have housed bedrooms for the nurses. A separate washhouse was situated to the north (PastScape 2011, HeritageGateway 2012). It is interesting to note that the Berwick-upon-Tweed Union Workhouse was also established within the 'Greens' area. To the north-east of the site, shown on the 1897 OS map, there is also a 'Port Hospital' (Plate 3).

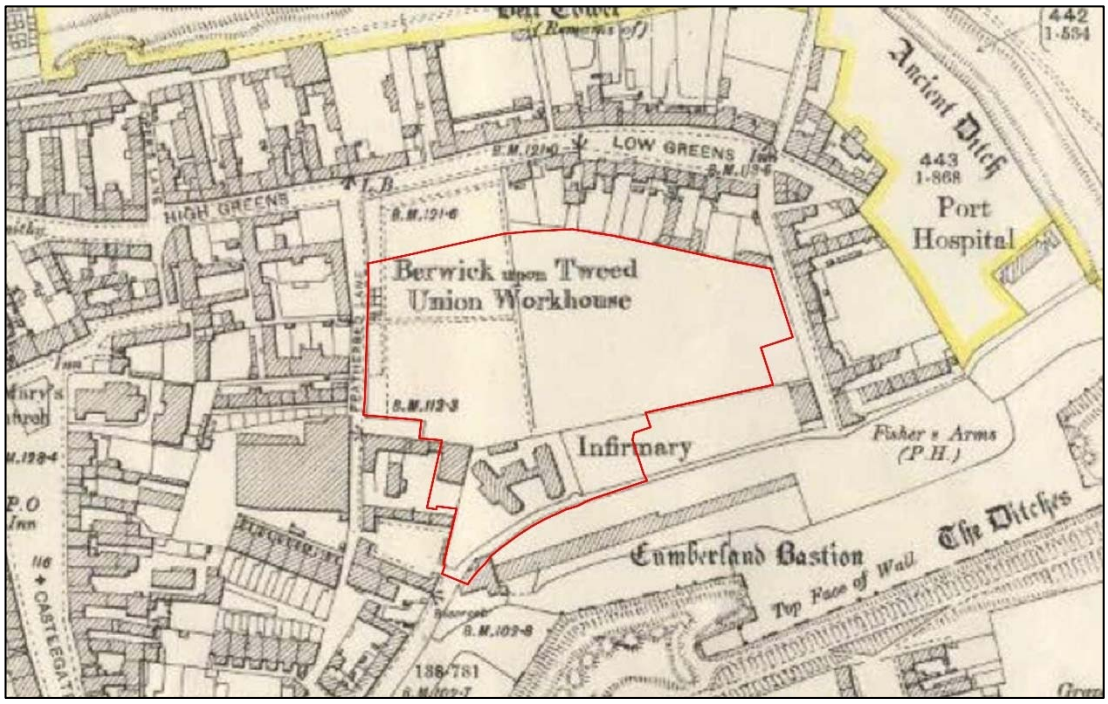


Plate 3: 1897 Berwick-upon-Tweed Second Edition Ordnance Survey plan, with the outline of the present infirmary grounds demarcated in red.

4.23 Entrance into the infirmary was at the base of the bell tower (Plate 4). This was eventually blocked up and a new entrance to the north was created from two of the original window openings (PastScape 2011; HeritageGateway 2012).

4.24 The first four wards were named after those who had made considerable contributions to the whole project, be that financially or through their service (Plate 5). Mrs Jerningham of Longridge Towers donated £2000 and a ward was named after her late

husband Captain Mather. Dr. Kellock, who retired in 1841, was one of the last original medical attendants and his daughter donated £500 in his memory. The final two wards were named after Dr. Philip Whiteside Maclagan, and James C. Weddell who became secretary of the charity in 1859 and held the position until his death in 1882 (*ibid.*). There is also a classical statue of Hygieia outside the infirmary dedicated to Dr. Maclagan (Plate 6).

Plate 4: The original two-storey section with the attached bell tower, with single-storey wards either side.

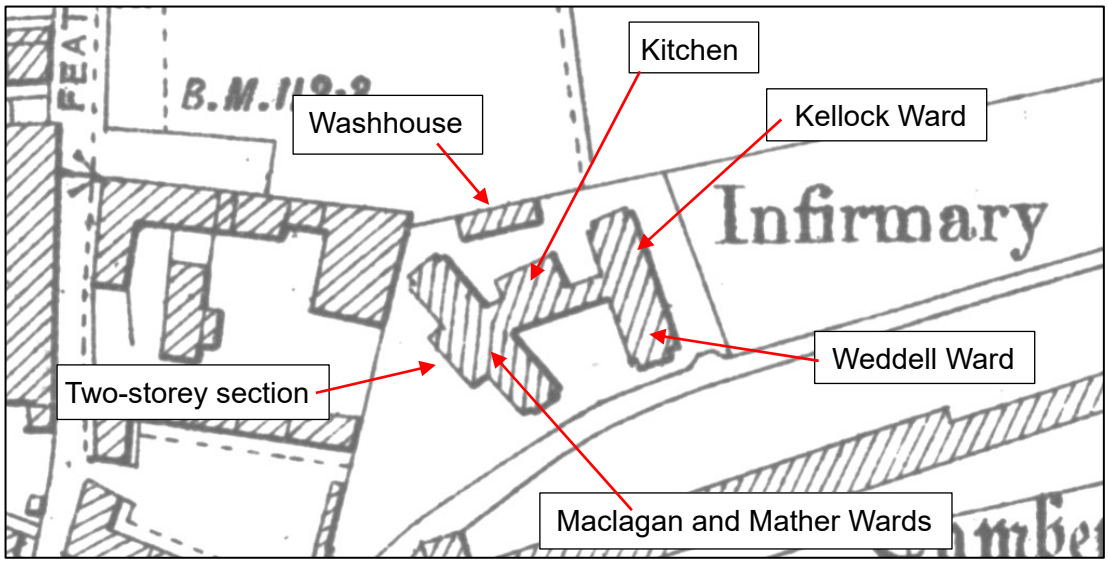


Plate 5: extract from the 1897 Ordnance Survey plan.

4.25 Once the infirmary was completed, long-term investments were set up to provide an annual income towards the future running of the institution. By 1881, further buildings had been added in Infirmary Square (Plate 7). Rental fees from these provided a means to expand the infirmaries facilities (Herbert n.d.).

4.26 Alterations to the sanitary arrangements were proposed in 1895. These included the insertion of toilets and washing facilities within the wards (PastScape 2011; HeritageGateway 2012). In 1897, radiators described as a 'low-pressure hot water apparatus' were installed (TBA 10th April 1908).

Plate 6: classical statue of Hygieia dedicated to Dr. Philip Whiteside Maclagan.

Continual funding for the charity

4.27 An insight into the funding of the hospital in the early 20th century is provided by the minutes of the 1905 Annual General Meeting (AGM). At this time, the state of the charity's bank balance appears to have been a constant concern:

'The treasurer reviewing the finances of the year, said that the expenditure had been only about £2 more than that of the preceding year. He would point out that the deficiency was more than accounted for by loss of donations, that being £70. One thing which struck him was the amount of money received as aliment £50 17s, £36 of which had been paid by one patient. Out of 113 patients treated only 13 had paid anything for aliment, the remaining hundred having subscribed nothing at all. There was no doubt that some of the number could have subscribed something, and if they had given 10s a-piece, it would have very much increased the subscriptions of the institution.' (*Berwickshire News and General Advertiser* (BNGA) 18th April 1905).

4.28 Fundraising events continued, the minutes noting that:

'"Hospital Sunday" and "Hospital Saturday", having now become permanently recognised institutions, will take place, until further notice, on the last Sunday in May and the last Saturday in September.' (*ibid.*)

4.29 People in the community also donated their time and services:

'The Committee have again to express their thanks to those kind supporters of the institution who send supplies of fruit, potatoes, milk, fish, game, flowers, books, periodicals, etc., for the use of in-patients…. and to Mr Geo. Macadam, plumber Berwick, for gratuitously keeping the whole of the spouting and the gulleys, traps etc., of the Infirmary buildings clean during the year.' (BNGA 18th April 1905)

4.30 One of the charity's rules was that any patient who was able should pay a weekly sum for maintenance and medical relief. This would depend on their respective circumstances and be fixed by the House Committee. However, it was felt that such a rule was not easy to enforce. Instead, patients were given a notice on leaving of the amount of money that had been spent on them and it was then up to them what they decided to donate (*ibid.*).

The need for an operating theatre 1904–1908

4.31 In 1927 when Colonel Mackay the senior on the medical staff of the Infirmary was reminiscing about his time at Berwick he recalled how:

> *'For surgical operations in those days we had no theatre – only a room 12 feet square and filled with furniture; a room which served as a Board room, dining room, sitting room, out-patients room, and everything. When we wanted to operate on a patient we cleared out the furniture and took the patient in, and, as often happened when we had to operate at night, there was scarcely any light to do it by. I myself have performed a primary amputation by the light of 12 candles stuck in jam jars.*' (TBA 31st March 1927)

4.32 Electric lights were installed in the Maclagan ward and the Board Room in 1905. Without a dedicated operating theatre, those operations not performed in the Board Room were conducted on the wards in the presence of other patients (TBA 10th April 1908). In 1906 the medical attendants discussed the need for adequate operating and sterilising facilities at the charity's AGM. As a result, hospital architects Newcombe and Newcombe of Newcastle were commissioned to draw up plans for new operating facilities. These were presented and approved at the AGM the following year. The annex was to be built to the east of the original infirmary on a site that was known as the Drying Ground (Plate 7). The town council granted the charity a new lease for 150 years from 11th November 1907, at a rent of £1 per annum (TBA 10th April 1908).

4.33 Local firm Gray and Boyd undertook the construction project, and the new building was formally opened on Thursday 9th April 1908 by Mr. C. J. Layland of Haggerston Castle, one of the vice-presidents of the institution, in the presence of a large and fashionable gathering. The annex was joined to the original building by a 10ft (3m) corridor which acted as a waiting room for outpatients (Plate 7). The building itself consisted of an operating theatre with an anaesthetic room and a surgery (*ibid.*).

4.34 The exterior was constructed as far as possible in a style similar to the old infirmary, but the interior was finished in accordance with the requirements of an up-to-date hospital, including electric lighting and heating provided by radiators. The approximate cost of the building project, including the fitting out of the building, was thought to be in the region of £1000, with £726 spent on the building costs alone (TBA 10th April 1908). By 1911, 98 operations with anaesthetic had been performed at the new unit (Herbert n.d.).

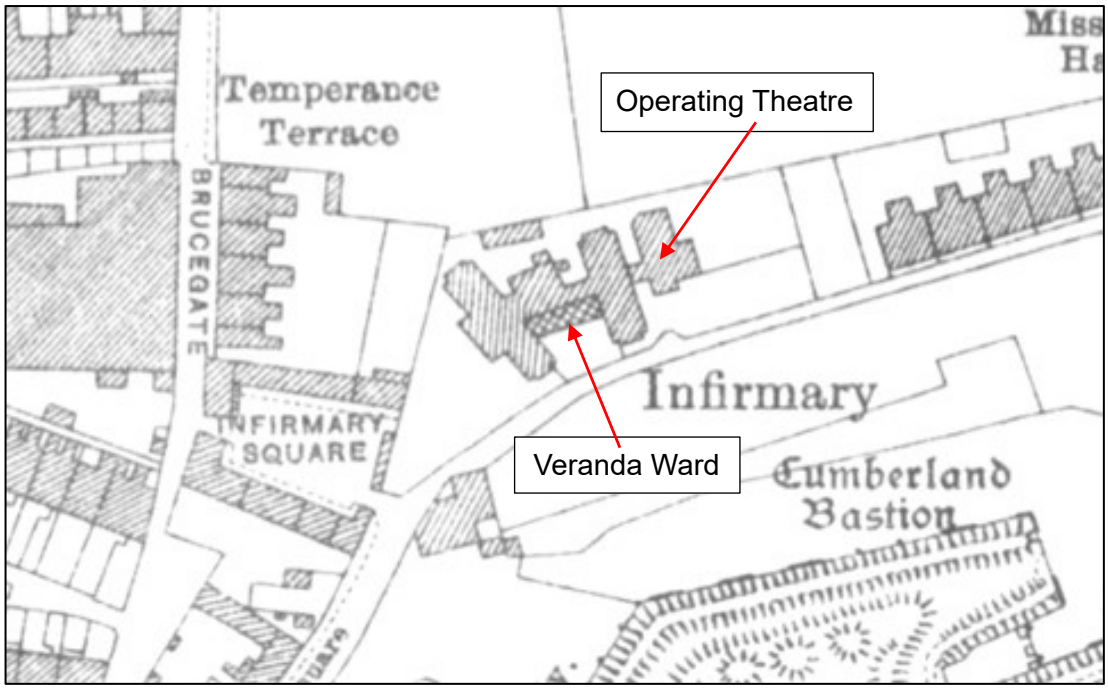


Plate 7: extract from the 1922 Berwick-upon-Tweed Ordnance Survey plan showing the location of the new theatre and Veranda Ward.

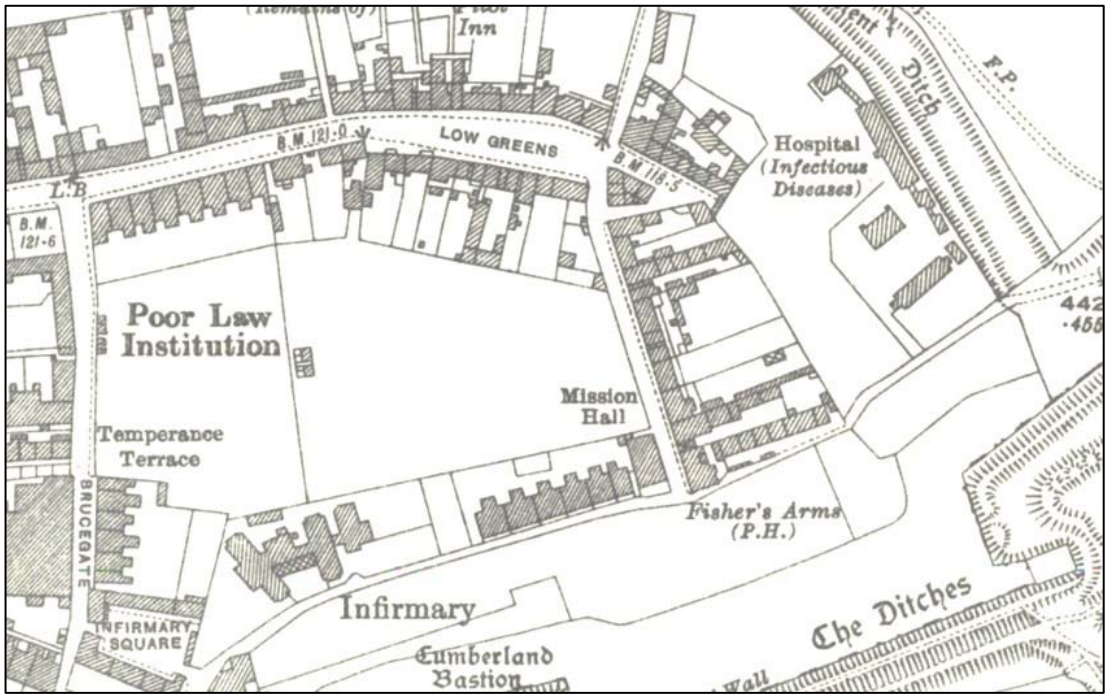


Plate 8: to the north-east of the infirmary site, the location of the Port Hospital has been expanded and developed into an Infectious Diseases Hospital.

4.35 In 1911, the Tweedmouth Co-operative Society funded the construction of the Veranda Ward to mark the golden jubilee of the company. The new ward was a timber-and-glass structure designed by Gray and Boyd to open to the fresh air. Its flat roof was also used

as a roof garden by the nurses. The building was opened in 1912 by Earl Grey, a pioneer of the co-operative movement (Herbert n.d.).

4.36 Extensions to the infirmary kitchen had also been added by the time the revised 1922 25-inch Ordnance Survey map was published. Notably the nearby Port Hospital had become a hospital for infectious diseases by this period. The site had been redeveloped on a similar scale to the infirmary, with the addition of new buildings (Plate 8).

The Jane Richardson Ward 1923–1927

4.37 In 1923 it was reported that:

'By the will of the late Mr Robert Richardson, superintendent engineer of the Harrison Line, Liverpool, Berwick Infirmary receives an immediate legacy of £6000 for the building of a new wing, to be named after his wife. On the death of the beneficiaries in the will the residue of his estate goes to the infirmary for the upkeep of the new wing (*Southern Reporter* 19th April 1923).

4.38 This bequest appears to have generated much debate as the immediate legacy provided only for the building of the ward and not for its fitting out and running. There were those who felt that such a project should not be embarked upon without careful consideration as to where the additional funds required for its running were to come from as the residue of Mr Richardson's estate, although considerable, might not materialise for many years (TBA 9th April 1925). It was eventually agreed that an additional income of £300 per year would be required to run the ward and maintain it (TBA 28th April 1927).

4.39 In 1924 the Committee noted that they welcomed '*the addition of this new Ward to the Institution, as they feel it will be a boon to the community but, at the same time, they realise the heavy additional annual expense which will be incurred thereby. They hope, therefore, that special efforts will be made to increase the income to meet this additional expenditure, so that the full benefit can be derived, and Berwick Dispensary and Infirmary utilised to its utmost extent* '(BNGA 22nd April 1924).

4.40 In the end the bequest was dealt with in the Court of the Duchy of Lancaster. The infirmary committee was directed by the Court to build the ward as per the bequest and it had to be completed within two years (TBA 31st March 1927). Building had to commence on or before the 31st March 1926. In the end, work started on 6th March 1926 and was completed within the year (TBA 8th April 1926).

4.41 In 1925 it was decided that to help raise the additional funds for the new ward a two-day bazaar would be held on the 23rd and 24th September in the Corn Exchange. The object of the bazaar was to raise £2000 to equip and furnish the new ward, to liquidate an overdraft at the bank, and to provide funds for other necessary improvement. Taking advantage of a popular craze, the committee also ran a crossword-puzzle competition (TBA 9th April 1925; TBA 16th April 1925; TS 24th September 1925). The auction on the first day of the bazaar generated a huge amount of interest as Her Majesty the Queen had donated twelve pots of jam (red currant and blackcurrant) from Balmoral. Each went for a guinea a pot, with the last one selling for two guineas (*The Scotsman* 24th September 1925). A total of £2,676 15s 7d was eventually raised (TBA 8th April 1926).

4.42 In addition to raising funds the charity also needed to secure land to build the new ward as there was no space available within the bounds of the infirmary. The committee entered discussions with the Board of Guardians of the Workhouse who owned land adjoining and immediately to the north of the original Infirmary. The guardians decided to sell the workhouse gardens to the infirmary committee provided that the sanction of the Ministry of Health could be obtained. This was duly granted, but the Ministry stipulated that the purchase price should be fixed by the District Valuer which was set at £2200 (TBA 9th April 1925). The additional three acres of land secured the potential for future extensions beyond the new Richardson ward (TBA 31st March 1927).

4.43 The Jane Richardson Ward was duly opened by Viscount Grey, K. G. Hon. President of the Infirmary on Wednesday 30th March 1927 (Plate 9). The ward provided nine additional beds and three children's cots; there was increased bathroom accommodation, a new surgery, a waiting room, and an outpatients department (TBA 31st March 1927).

4.44 The new ward necessitated an increase in staff numbers and, as a result, additional sleeping accommodation was required. The committee took the decision to convert one of the old wards into nurses' cubicles. This work was undertaken by Mr. W. L. Trainer of Tweedmouth. Despite the loss of the old ward, overall there was still increased accommodation for patients within the infirmary (TBA 23rd June 1927).

4.45 During the 1930s a further extension was added, nestled in the space between the old infirmary building and the Richardson ward. This included a purpose-built kitchen and bedroom accommodation for the staff (Herbert n.d.). Externally it was built in a similar style to the Richardson ward. The extension was made possible by a bequest from the

late Miss Hay Scremerston, and funds for the fittings etc. were raised by the local Boy Scouts at their 21st birthday appeal (BNGA 13th July 1984).

4.46 X-ray equipment was installed in 1930.

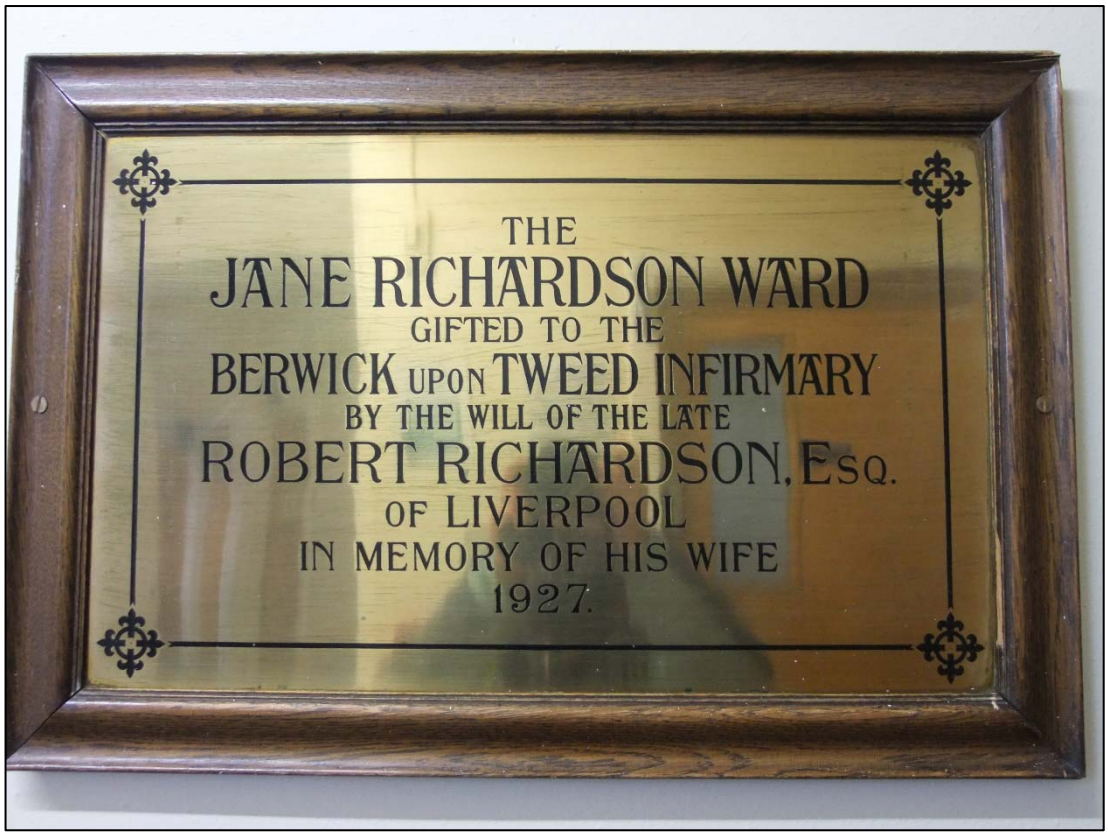


Plate 9: memorial plaque in the entrance to the Jane Richardson Ward.

1948 and the NHS

4.47 In July 1948 the National Health Service (NHS) was launched and the running of the infirmary was transferred from the Board of Governors to the new Newcastle Regional Health Board. The Chairman of the Governors, Mr College Place Martin, thanked everyone for the admirable service they had given, and that he hoped the League of Subscribers might in some way continue their work. They did, and continue to do so, as the League of Friends (Herbert n.d.).

4.48 The momentous change on Monday 12th July 1948 was recorded in the *Berwickshire News and General Advertiser* thus:

'On Monday, Berwick Infirmary entered into a new regime in its 134 years of healing history. To the patients it was probably just another Monday morning, meals were the same, served at the usual times, doctors paid their routine visits, but in the

administration offices there was an air of change. For from midnight on Sunday the infirmary became a State hospital, its revenue being derived from the National Health contributions of the taxpayer.

'During the whole of its existence Berwick Infirmary has faithfully served the town. Also, during the whole of its existence, its management has been carried out by local gentlemen, who, carrying on the tradition of those who started the institution, have given their time and services ungrudgingly for the promotion of its welfare. Although it is now 'under new management' the ideals and service for now will continue (BNGA 13th July 1948)

The second half of the 20th century

4.49 During the second half of the 20th century further development took place, with the construction of connected wards wrapping around the east and north side of the site. The original and early 20th-century sections of the building were also extended during this period (PastScape 2011; HeritageGateway 2012).

The 1950s

4.50 During the 1950s there was a drive to create large purpose-built modern facilities; however, the Hospital Management Committee felt that the Newcastle Regional Health Board was prioritising other towns within the region. The Mayor, Mr Evans, pointed out that there were then 32 beds (the same number as there had been at the turn of the century) yet in Ashington provisions were being made for 200 beds when 10 years previously there had been only 40. The lack of beds meant patients from Berwick could find themselves sent as far afield as North Shields, Edinburgh, Glasgow or Newcastle (Herbert n.d.).

4.51 Eventually it was decided to build a new outpatients clinic (Fig. 3). This housed the physiotherapy department and had facilities to treat orthopaedics, speech therapy, general surgery, tuberculosis, and ear, nose and throat cases. While the trenches were being dug for the foundations, human leg and foot bones were discovered. It was thought that they were the remains from mid-19th-century amputations which were buried rather than incinerated at that time (BNGA 31st January 1950).

4.52 The new outpatients building cost £8000 and was opened without ceremony on 23rd July 1951. It was described as smart and business-like and one of the most modern buildings in the region. Its ultra-modern design provided a startling contrast to the old

infirmary buildings a few yards away. Externally it was painted white. Internally the waiting room was described as being as charming as a ballroom, due largely to its rather impressive floor:

'It looks on first glance as if it were done in stripped wood panels, but on closer inspection it will be found that the floor is made up of hundreds of strips of beautiful wood about an inch thick and nine inches long that have been arranged to give the patterned design.

'The hall itself is lofty and numerous windows that look out on to pleasant allotments give plenty of light. Heating is well catered for with three radiators for the winter days. If ever extra heating is needed electric fires can be plugged in at special attachments at the base of the walls.

'Housewives will envy the design, for the walls curve off into the floor to eliminate dust collection, and modern electric bowls have been designed for the same purpose.

'Toilet accommodation is slick and neat with chronium fittings and liquid soap attachments. The doors which are oak-faced, are sprung so that they close themselves but can be pushed right back where a ball and socket attachment keeps them open.' (TBA 26th July 1951)

Plate 10: 1951 RAF aerial photograph of Berwick-upon-Tweed (RAF 540611 9).

4.53 RAF aerial photography from 1951 (Plate 10) shows the infirmary set within an extensive tract of allotment plots and gardens. The distinctive Y-shaped Richardson ward and subsequent extensions can clearly be discerned.

The late 1960s to early 1970s

4.54 The late 1960s to the early 1970s saw the building of the long single-storey Dewar ward and the addition of a new operating theatre (Fig. 3). These can clearly be seen in an aerial photograph from 1972 (Plate 11) and were built to the east of the original infirmary. The photo also shows that the area to the north of the infirmary had been cleared of the allotments and gardens seen in the 1951 aerial photograph (Plate 10). The new buildings greatly increased the capacity of the infirmary.

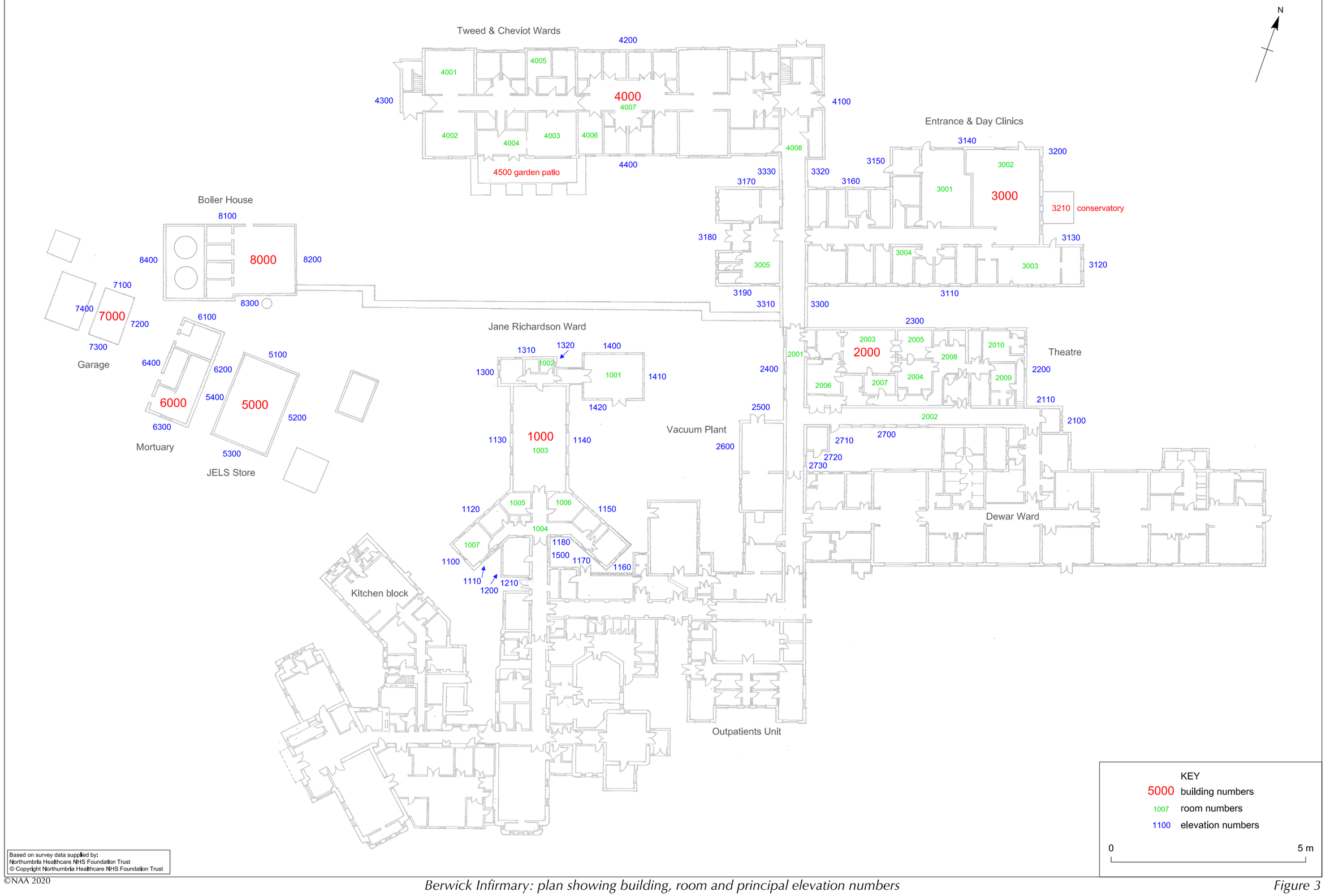
Plate 11: 1972 aerial photograph of Berwick-upon-Tweed (TWAS: DT.TUR.7.45).

The 1980s

4.55 The 1980s saw the creation of a new main entrance which lead to a day clinic in a building to the north of the site. A two-storey building containing the Tweed ward on the ground floor and the Cheviot ward above was then built to the north of this. Eventually there was accommodation for more than 100 beds at the infirmary (Herbert n.d.).

Post-1980s

4.56 Internally the public areas of the hospital were updated in line with modern healthcare standards. This included the removal of earlier sanitary provisions, fixtures and fittings, and the replacement of flooring throughout. Partition walls and ceilings were also



Berwick Infirmary: plan showing building, room and principal elevation numbers

Figure 3

inserted, while openings and doors were created in other areas (PastScape 2011; HeritageGateway 2012).

4.57 Surviving original or early features were limited to doors, architraves, cornicing and plain staircases. The entrance hall contained plaques commemorating the enlargement and improvement of the hospital in 1897, memorial funds bequeathed c.1898 and c.1938, and a public conscription for the cost of the X-ray chamber in 1913 (PastScape 2011; HeritageGateway 2012).

5.0 BUILDING SURVEY

5.1 The building survey primarily focused on the exterior of the buildings located within the northern half of the Infirmary site (Table 1, Figs 2 and 3). This section presents a general discussion on the form and layout of each of these. Details of each individual elevation is provided in the site gazetteer (Appendix A). All of the photographs are presented in Volume 2 along with photographic location plans (Figures 4 to 9).

Table 1: the buildings included within the survey.

Building no.	Description	Date
1000	The Jane Richardson Ward	1920s with later additions
2000	Operating theatre	Late 1960s–early 1972
3000	Main entrance and day clinics	1980s
4000	Tweed ward and Cheviot ward	1980s
5000	JELS store	Late 1960s–early 1970s
6000	Mortuary	1930s
7000	Garage	Late 1960s–early 1970s
8000	Boiler house	1980s

The Jane Richardson Ward (1000)

Layout and form

5.2 The original ward has a distinctive Y-shape plan (Fig. 4). It is a single-storey building, but the two arms of the Y are lower in height. It is principally aligned north-west to south-east, with the arms of the Y to the south-east. The building is linked to the rest of the infirmary by a corridor.

5.3 Originally the main body of the building contained the ward; bathroom accommodation, surgery, waiting room and the outpatients department were housed within the two arms. Prior to closure, the main ward housed the physiotherapy

department and the arms accommodated treatment rooms, oral surgery rooms and an X-ray room along with a bathroom.

5.4 Later additions to the building include an office (**1200**, **1210**) inserted between the corridor and the western arm, and to the north a staffroom, a changing room and store. Linked by a small corridor, an additional freestanding building, a day room (**1001**), was constructed in 1969. This was later converted to a gym for the physiotherapy department. A plaque above the door of the day room commemorates the opening of the building (Plate 12).

Plate 12: commemorative plaque above the door into the extension to the east of the ward.

5.5 The Richardson ward is of a sandstone construction. It has a rusticated red sandstone plinth of between five and six courses, depending on the slope of the ground. Above the plinth the walls are rendered in pebbledash and painted cream.

5.6 The original Y-shaped building has a hipped roof set with blue Welsh slates and is similar in style to the original infirmary buildings to the south. It has moulded-collared ridge and hip tiles and a single chimney. Both arms of the building contain rooflights on their outer-facing rooflines (**1120**, **1150**). The ward block has rooflights on the east-facing elevation (**1140**). The last couple of courses of roof tiles are at a shallower pitch to the rest of the roof which helps to slow rain before it reaches the gutter. This is a typical design feature of this period (Yorke 2009, 56).

Plate 13: photo looking south, showing the later additions to the Richardson ward in the foreground and the original ward in the background.

*Plate 14: northwest-facing elevation showing examples of original windows within one of the arms of the Jane Richardson Ward – elevation **1120**.*

5.7 Several stretches of the painted fascia have date plaques with 5/8/29 carved into them (**1130**, **1139**, **1140**, **1149**, and **1170**, **1179**).

Plate 15: date plaque.

5.8 The majority of the windows in the original building are wooden one-over-one vertical sliding sashes with horns, recessed into the wall with moulded red sandstone sills (Plate 14). The exception are the windows within the main ward, which include an additional hopper window that tilts inwards, above the main one-over-one sash (Plate 16).

*Plate 16: southwest-facing elevation showing the original windows within the main part of the Jane Richardson Ward – elevation **1130**.*

Extensions to the Jane Richardson Ward

5.9 The initial extensions (**1300**, **1310** and **1320**) to the north of the building were built in a style similar to that of the original ward, with rusticated red sandstone plinths and the upper walls rendered in pebbledash and painted cream (Plate 17). The style of the

rustication is marginally different from the original ward and the sandstone is a slightly different colour. This extension has a flat asphalt roof and appears to have been built in two phases, indicated by the change in the height of the red sandstone plinth and interruption to the roof line (Plate 17). There is a straight joint at the point where the red sandstone plinth changes from five courses to four. The windows in the extension consist of a variety of wooden casements with hoppers and moulded red sandstone sills.

*Plate 17: northern extensions to the Jane Richardson Ward elevation **1310**.*

5.10 The day-room structure (**1001**) attached to the east of the building, and the office (**1200**, **1210**), nestled between the corridor and the western arm of the building, both appear to be later additions featuring vertical wooden weatherboarding. The style of the weatherboarding is different on each structure, possibly indicating that they were built at slightly different times (Plates 18 and 19).

5.11 The office is built on a concrete platform and has a modern PVC casement window and a flat asphalt roof (Plate 18).

5.12 The day room, later used as a gym, is also built on a concrete platform. High up, just below the fascia board in the north and east elevations (**1400**, **1410**), there are long horizontal wooden windows (**1402**, **1412**) (Plate 19). These windows provided the room with light but would have shielded those inside from the gaze of anyone walking

past outside. The south-facing elevation (**1420**), which faces towards the main infirmary buildings, is almost completely glazed consisting of three large single-pane windows and double doors that open onto the patio (Plate 20). This building also has a flat asphalt roof.

*Plate 18: the office extension **1200**, **1210**.*

*Plate 19: the gym and day room, elevations **1400** and **1410**.*

*Plate 20: the day room, elevations **1410** and **1420**.*

The mortuary (6000)

5.13 The mortuary (**6000**) was set off to the west of the infirmary site (Fig. 3), and was built at some point between 1930 and 1935 (HeritageGateway 2012). It eventually closed in 2016 (TBA 18th February 2016).

5.14 The mortuary is a simple rectangle in plan, divided into three rooms. It was built in a style similar to the earlier infirmary buildings, most notably the Jane Richardson Ward (1926) and the kitchen extension (1931). The main similarities being the hipped roof with blue Welsh slates and moulded-collared ridge and hip tiles. The roof pitch also decreases towards the gutters. There are at least three windows with moulded red sandstone plinths. The walls were rendered with pebbledash and painted cream. There is no red sandstone plinth.

5.15 The windows all have wooden frames. The south-facing elevation (**6300**) contains a simple stained-glass window within a wooden frame. There are four doors, two in each of the long elevations **6200** and **6400**. Each door has a single window-light above. Those in the eastern elevation (**6200**) are more decorative with additional wooden panelling (Plate 22), and the door in the centre is protected by a small porch. The doors on the west side (**6400**), in contrast, are simple plain wooden doors (Plate 23). The difference in style between the two elevations may relate to the purpose of these doors, with bereaved family members entering the building on the east side and the mortuary

attendants, gurneys and coffins entering from the west through the double doors. There is room for a vehicle to be parked on the western side of the building. The interior was not inspected during the survey.

*Plate 21: the mortuary, elevations **6300** and **6400**.*

*Plate 22: mortuary doors in the eastern elevation **6200**.*

*Plate 23: mortuary doors in the western elevation **6400**.*

The operating theatre (2000)

5.16 The operating theatre is rectangular in plan with linking corridors on the south (**2002**) and west (**2001**) sides of the building (Fig. 5). It is a wedge-shaped two-storey building, which reduces in height from the west to the east, resulting in a smaller floor plan, and reducing headroom, on the first floor. It is principally aligned north-east to south-west. The building lies to the east of the Richardson ward and to the north of the Dewar ward and is clearly shown on a 1972 aerial photograph of the infirmary site (Plate 11). The distinctive wedge-shape is also evident from a second aerial photograph (Plate 24).

5.17 An historic plan of the building indicates it was a purpose-built unit. The operating theatre and associated ancillary rooms (prep, scrub, anaesthetic, recovery and changing rooms, linen stores and office) were on the ground floor, while the first floor was divided into two rooms of indeterminate function.

5.18 The operating theatre has a sloping roof and is brick built, set in stretcher bond; the bricks are a buff yellow colour and have a rough textured finish (Plate 26).

5.19 The casement windows have wooden frames, which have been painted white, and concrete sills. The majority of the windows have a section that opens outwards. The

north-facing elevation (**2300**) also contains a number of low-level vents that align with the approximate location of the operating theatre, and the anaesthetics room. These rooms do not have windows and would have relied solely on artificial lighting.

Plate 24: aerial photograph of Berwick-upon-Tweed exact date unknown (displayed in Berwick YHA 2020).

*Plate 25: part of elevation **2700** showing the sloping roof.*

Plate 26: the bricks used to construct the operating theatre.

Corridor and vacuum-plant room (2400, 2500, 2600)

5.20 Visible at the western end of the theatre building are the corridor and the vacuum-plant room which were built of the same bricks as the rest of the structure (Fig. 5). On top of the vacuum-plant room there are two wooden shed-type structures that contain water tanks (Plate 27). There appears to be a change in the brickwork halfway along the west-facing elevation (**2600**). This corresponds with a division in the room that can be seen on plans of the building. There is also a small brick-blocked opening which may have accommodated a vent.

5.21 The first floor of the theatre has a set of double doors that open outwards onto the flat roof of the corridor below. There is a ladder attached to the exterior wall of the corridor, at the end nearest the vacuum-plant room, which provides access to the roof from the ground (Plate 28).

5.22 The corridor's casement windows are constructed of wood and metal painted white. The upper panes tilt outwards and are opened by means of a winding mechanism. The sills are concrete.

*Plate 27: vacuum-plant room (**2500** and **2600**) with water tanks on top.*

*Plate 28: the east end of the operating theatre building showing its full height (**2400**), and the single-storey corridor (**2001**), the vacuum-plant room (**2500**) can be seen to the right.*

The main entrance and day clinics (3000)

5.23 The single-storey building is essentially rectangular in plan (Fig. 6). The eastern half is wider, stepping out towards to the north in order to accommodate a large day room (**3002**) and gym (**3001**). An office (**3003**) also protrudes from the eastern elevation (**3120**, **3130**, **3200**). The building is principally aligned north-east to south-west, following approximately the same alignment as those downslope to the south, namely the operating theatre (**2000**) and the Dewar ward.

5.24 A long straight corridor, running north to south downslope (**2001**, **4008**), links all the buildings at this end of the infirmary site. Building **3000** straddles the corridor. To the west is the main entrance (**3005**). To the east of the corridor are the day clinics.

5.25 The main entrance area (**3005**) comprised a reception, post room and porter's lodge, waiting room and toilets. The remainder of the building contained offices, consultation, and treatment rooms. Occupational therapy, community rehabilitation and physiotherapy were also accommodated. As previously mentioned, there was space for a gym and a day room. A conservatory was later added to the east of the day room (**3200**, **3210**). A plaque records this was built '*with great affection for the memory of Violet Patterson*'.

5.26 The building has a pitched tiled roof with gables at either end and collard ridge tiles. The bargeboards, soffits and fascias are all of wood, painted brown. The building is brick built, set in stretcher bond; the bricks are pale yellow in colour, with dark speckled inclusions and a smooth finish (Plate 29) compared to those used for the operating theatre (Plate 26).

5.27 The casement windows are of wood and metal, while the sills and lintels are all constructed from moulded brick. Those windows to the east of the main corridor are painted brown and generally have an upper pane that opens outwards. There are three identical doors to the rear of the building, which have moulded brick lintels.

5.28 The window frames of the main entrance, at the west end of the building, are painted white. The main entrance (**3180**) presents a symmetrical front with three single-pane windows, which open outwards, set on each side of the main front doors.

5.29 Centrally located beneath the pitched roof, the front doors are set back from the front of the main elevation, creating a porch area with a tiled floor (Plate 30). The entrance features double sliding-doors, each with two panes of glass. Either side of the doors are

full height windows, again of two panes mirroring the doors. Above the windows and doors are three further single-pane windows.

Plate 29: the bricks used to construct the main entrance and day clinics.

*Plate 30: the main entrance **3180** showing the recessed doors.*

5.30 The conservatory (**3210**) (Plate 31) to the rear has a brick plinth of approximately 11 courses. The brick is of a similar type to the main building, but slightly more orange in colour. The upper part of the conservatory is constructed from glass and uPVC with metal finials.

*Plate 31: the eastern end of the building showing elevations **3120**, **3130** and **3120**.*

The Cheviot and Tweed wards (4000)

5.31 This building is rectangular in plan with a protruding stairwell (**4300**) at the west end and a linking corridor (**4008**) at the east end (Fig. 7). This building is principally aligned north-east to south-west following the same alignment as those downslope to the south. It is situated to the north-west of the main entrance and day clinic (**3000**).

5.32 This building is two storeys high. The ground floor contained the Tweed ward, and the first floor contained the Cheviot ward. The plan for each floor appears to have been the same with each providing space for up to 22 beds. Showers, bathrooms, and toilets were also provided along with storerooms, offices, kitchens, and day rooms.

5.33 The wards were built of red bricks that had been fired in a way to produce a grey/purple/brown textured finish (Plate 32). They were set in stretcher bond. The building has a pitched pantile roof with collard ridge tiles and gables at either end. The soffits appear to have regularly spaced holes in pairs along their length. The four corners of the building also have decorative brick kneelers (Plate 33).

5.34 To break up the line of the long elevations facing north and south (**4200** and **4400**), three recessed areas, roughly a brick and a half deep, have been included (Plate 34). This design feature helps to create a rhythm to the exterior of the building. The windows all have metal frames with sloping windowsills made from square tiles. Many of these are modern one-over-one sash windows. The two entrances to the building are metal-framed double-doors with glass panes.

Plate 32: the bricks used to construct the wards.

Plate 33: showing the soffits and the kneelers on the ward building.

5.35 To the south of the building there is a small brick-walled patio, with brick planters (**4500**), which can be accessed internally from the day room.

5.36 At the east end of this building, and to the north of the main entrance building, there is a triangular area once used as a garden. This may be the area created by a group from the Prince's Trust in 2006.

*Plate 34: north-facing elevation **4200**, showing some of the recessed areas and some of the windows.*

The JELS (Joint Equipment Loans Service) Store (5000)

5.37 This building has a simple rectangular plan and is located to the east of the mortuary (**6000**) (Fig. 3). The structure is aligned north to south and divided into three rooms, two to the north and one to the south. Each room can only be accessed from the outside. The northern rooms were used to store equipment ready for loan and equipment that had been returned, respectively. The room to the south was used for storing large pieces of equipment.

5.38 It is a single-storey prefabricated building constructed from wooden panels (Plate 35). The wooden structure sits on a brick base of at least three courses. The base also contains several breeze blocks to provide ventilation. The structure has a shallow-pitched asphalt roof.

5.39 The north-facing elevation (**5100**) contains two identical wooden doors, each approached via a flight of concrete steps. The room to the south is entered via wooden double doors in the western elevation (**5400**). There is an access ramp leading up to it. The doors and the wooden panels have been painted brown. There are three identical wooden six-light windows, painted white; one is in the western elevation (**5400**) and two in the eastern elevation (**5200**).

*Plate 35: the JELS store (**5000**).*

Garage (7000)

5.40 Structure **7000** has been adapted for the purpose of a bin store; however, it is a classic example of a 1950s/1960s prefabricated garage (Domestic Surveys 2017; Jones 2020). The garage has a simple rectangular plan and is located to the west of the mortuary (**6000**) (Fig. 3). It is a single-storey, one-room structure, aligned north to south. It is built on a raised concrete platform with a shallow ramp at the front (north) of the structure (Plate 36).

5.41 The structure is constructed of evenly spaced reinforced concrete pillars with reinforced moulded concrete panels slid into groves in the pillars. Internally, the pillars are spanned by concrete asbestos panels (Plate 37). The structure has a shallow-pitched corrugated cement asbestos sheet roof, with a corrugated cement asbestos ridge, supported internally on a metal framework. Externally there are brackets just below the

eaves on the east (**7200**) and west (**7400**) elevations, which suggests that the garage once had guttering.

*Plate 36: former garage (**7000**).*

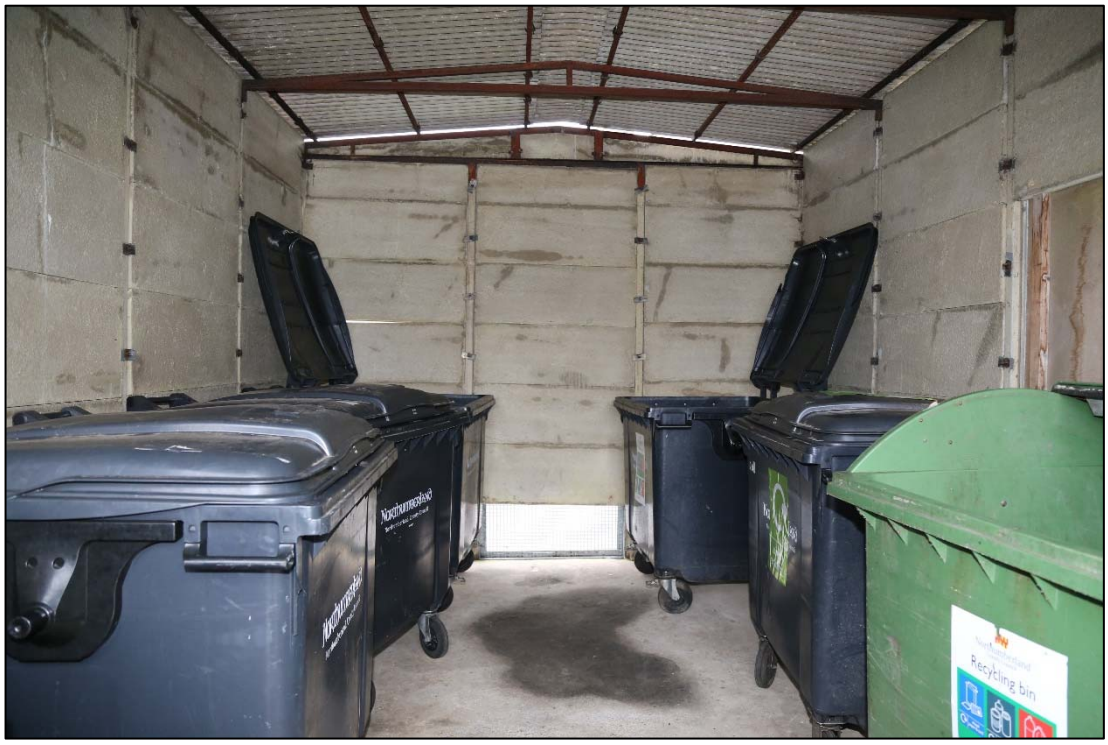


*Plate 37: inside structure **7000**.*

5.42 The front (north elevation **7100**) comprises panels of wire mesh held within a metal

framework. A central door provides access and there may have originally been two windows in the west elevation (**7400**). Originally, the structure may have had a traditional double garage door.

The boiler house (8000)

5.43 The boiler house building is rectangular in plan (Fig. 3). Externally there are two large cylindrical water tanks at the west end and a tall chimney to the rear on the south side (**8300**). The building is single-storey, aligned north-east to south-west, with a flat roof (Plate 38).

5.44 The west end of the building is brick built, set in stretcher bond. The bricks are similar to those used for the two-storey Cheviot and Tweed ward building (**4000**). The remaining three-quarters of the building sits on a brick plinth and has been constructed from corrugated metal sheeting that has a rectangular profile.

5.45 The front (north) elevation (**8400**) contains a row of five large single-pane windows in wooden frames. There is a half-glazed double wooden door set between the third and fourth windows. The area beneath the windows and the lower half of the doors consist of wooden vents. The window frames and wooden vents have been painted white. The wooden doors are blue.

*Plate 38: the boiler house, elevation **8400**.*

5.46 A large iron girder protrudes from the elevation, set just below the eaves and central to the door. This may have originally had a pulley system connected to it.

5.47 There is a wooden casement window within the brick-built section of the structure. It is a large single-pane window with two smaller panes above, which are hinged along the top to open outwards. Above and below the window there is horizontal wooden weatherboarding.

6.0 PHASING AND DISCUSSION

Table 2: the buildings surveyed according to their date of construction.

Building no.	Description	Date
1000	The Jane Richardson Ward	1920s with later additions
6000	Mortuary	1930s
2000	Operating theatre	Late 1960s–early 1972
5000	JELS store	Late 1960s–early 1972
7000	Garage	Late 1960s–early 1972
3000	Main entrance and day clinics	1980s
4000	Tweed ward and Cheviot ward	1980s
8000	Boiler house	1980s

The inter-war period and architecture 1918 to 1939

6.1 All of the buildings covered by the survey date to the 20th century, the earliest being the Jane Richardson Ward, opened in 1927. The period of the First World War through to the start of the 1920s saw experiments with new building materials and techniques such as prefabrication and Crittall or steel-framed windows. The drive to find new and cheaper building materials was because of inflation which had pushed up the cost of traditional building materials (C20 2014, 12).

6.2 At Berwick, the mid-1920s through to the mid-1930s saw a series of building projects come to fruition, largely funded by a series of bequests left to the infirmary. Rather than utilising new materials and adopting new styles, the infirmary buildings at this time were designed to complement the original H-plan infirmary, in particular with the use of hipped Welsh slate roofs and red sandstone plinths and walls.

6.3 The inter-war period from 1918 to 1939 has often been seen as one of compromise as well as of experiment with no prevailing or dominant style. Thus, traditional buildings that echoed the past were built alongside those that were more modern in style. The Jane Richardson Ward (1000) and in turn the kitchen wing and the mortuary (6000) (Fig. 3) were all constructed in the Georgian style of the original infirmary buildings; internally they demonstrated the technical developments of their day. The neo-Georgian form was a popular style of the period, described as a reticent, gentlemanly manner of

building rooted in tradition while also providing a basis for universal modern architecture (Stamp 2014, 27–9).

6.4 Construction started on the Jane Richardson Ward (**1000**), with its distinctive Y-shaped plan, in 1926 and was completed a year later in 1927. At some point before 1951 the building was extended to the north to create additional rooms. Although this extension had a flat roof it was largely built in a sympathetic style which echoed the original ward building, incorporating the same red sandstone plinth and cream-painted render to match the earlier structure.

The pavilion plan and Nightingale wards

6.5 The Richardson ward – along with the wards of the main building – was based on a classic Florence Nightingale Pavilion Ward design, developed in the mid-19th century. The plan was characterised by a greater degree of separation and segregation than earlier designs. The pavilion plan remained popular through to the 1930s and is considered to be one of the most important developments in hospital design. It significantly improved patients' chances of successful treatment and recovery while creating an environment which was both sanitary for patients and convenient for nurses (Richardson 1998, 5 and 27).

6.6 Florence Nightingale stated that there were five essential points to securing a sustainable, health-promoting environment: pure air; pure water; efficient drainage; cleanliness; and natural daylight. She championed the provision of fresh air circulating within a bright, cheerful open ward (Verderber 2010, 20–9). At that time it was believed that disease was caused by foul air, and thus removing the foul air became very important with 'cross-ventilation' becoming the watchword for hospital architects of the period (Richardson 1998, 9). Notably, the Richardson ward has a series of large opposing windows that could easily provide the cross-ventilation required as well as creating a well-lit ward.

6.7 Nightingale, however, was only one of a group of people, including John Roberton, a Manchester surgeon, and George Goodwin, editor of the weekly architectural journal *The Builder*, responsible for the introduction of the 'pavilion ward' plan to England in the mid-19th century (Richardson 1998, 5).

6.8 The swift and widespread adoption throughout the country was aided by the adaptability of the plan, which could be accommodated in almost any architectural

style. At its most basic it could also be implemented cheaply, which was an advantage for those institutions relying on fundraising and bequests. In general, traditional building materials were used and ward blocks could be easily added to existing hospitals without extensive reconfiguration (*ibid.*, 8). Both aspects of the design clearly exhibited in the construction of the Richardson ward at Berwick.

6.9 Specific rules needed to be applied to the design of the interiors of wards. Surfaces had to be non-absorbent and easily cleaned, as a result there was a preference for glazed bricks, tiles, hard plaster, Parian cement, and scrubbed Deal or terrazzo floors. These were all perceived as vital weapons in the fight against infection. Wallpaper was shunned, because it might be pervious to foul air, and angles were rounded to avoid nooks and crannies where dirt and disease could lodge (*ibid.*, 10).

An extended kitchen block, extra accommodation and a mortuary

6.10 In 1931 a new kitchen and accommodation block was built (Fig. 3). This was constructed as a new wing off the original kitchen and as a result was designed with a kink to the west in order to fit it into the space between the Richardson ward and the old infirmary building. By 1935 the mortuary (**6000**) had also been added to the group. This was set off to the west, a short distance away from the main Infirmary buildings. The 1951 aerial photograph (Plate 10) shows that apart from an access route and an area to the immediate east, the building was surrounded by allotments.

6.11 In the inter-war period, sanitary facilities were finally subsumed within the main body of the hospital. Berwick Infirmary previously had a detached washhouse, which was demolished when the Richardson ward was built. There are also records from various other periods recording improvements made to the 'sanitary' arrangements of the hospital. These were in part as a result of improvements in engineering and construction but were also prompted by a greater understanding of the role played by germs and bacteria in the spread of disease (Richardson 1998, 11).

6.12 Increasingly wide-ranging public health legislation gradually saw a decline in the number of charitable hospitals. By the outbreak of the Second World War, two-thirds of the 3000 hospitals in England and Wales were local-authority run, providing four-fifths of the beds (*ibid.*, 1). Berwick was still running as a charitable institution at this point.

The inception of the NHS and construction of the outpatients facility

6.13 State concern with, and intervention in, healthcare culminated in the inauguration of the National Health Service (NHS) on 5th July 1948. The NHS absorbed nearly all of the existing hospitals, although around 200 remained independent. These were mostly small institutions run by religious communities, or those that catered for a very particular section of society (*ibid.*).

6.14 The Berwick Infirmary buildings of the 1920s and 1930s represented the last major investment in building undertaken by the charity before the running of the infirmary was transferred to the Newcastle Regional Health Board, becoming part of the NHS on Monday 12th July 1948. After this point the money required for new building projects no longer came from bequests and fundraising but from local-authority budgets.

6.15 The first decade of the NHS was not without its problems, but it was successful enough to cements it into an institution. A free, universal service was a huge cultural change from what had preceded it, and only three years into the NHS, financial challenges became evident resulting in the introduction of charges for prescriptions, dental and optical services by the end of 1952 (Welch 2018).

6.16 Investment in the infirmary by the Newcastle Regional Health Board had initially been slow, prompting the Mayor of Berwick to accuse the Board of prioritising other areas above those of the town. In response, a new outpatients facility was proposed, which opened in 1951 (Fig. 3) (Herbert n.d.; TBA 26th July 1951).

6.17 While public housing and education were services evolved from legislation with well-established pre-war traditions of specialist design and operation by local authorities, the new NHS had to start from scratch. The Hospital Building Division at the Ministry of Health was eventually established in 1959. This was followed by the announcement of a major 10-year nationwide hospital-building programme in 1962 (Francis *et al.* 1999. 6–7; Welch 2018).

The 1960s and 1970s

6.18 During the 1960s and 1970s ideas for new District General Hospitals and Community Hospitals were formulated (Francis *et al.* 1999, 8). The 1960s saw a major building boom but shortages of building materials and labour eventually led to an inevitable downturn in the construction market in the 1970s. Inflation, economic instability, and declining industries all had their part to play in deterring investment in construction, or

severely lengthening the time it took to complete a project. As a result, the government encouraged investment in prefabrication (C20 2014; Harwood 2014, 90).

6.19 A number of buildings were constructed during this period at the infirmary. The two largest in the survey area were the Dewar ward and operating theatre (**2000**), along with the vacuum-plant room (**2500**, **2600**). Both were built at some point between the late 1960s and early 1972 and were constructed from brick rather than the more expensive traditional red sandstone that had previously been used.

6.20 The JELS store (**5000**) and the former garage (**7000**), were also around a similar date. Though small, both are examples of buildings constructed in response to investment in new materials and prefabrication. The JELS store was in wood and the garage in concrete and asbestos. The Richardson ward was also extended with the construction of the day room (**1001**) with a patio in 1969, connected to the ward by a small vestibule. This structure stands in complete contrast to the original building. It was erected on a concrete base and clad in vertical wooden weatherboarding. An office, again clad in wood, was inserted between the main corridor and the western arm of the ward.

6.21 The operating theatre (**2000**) illustrates the new practices that had developed by this point. Rather than going straight to the ward after an operation, patients were now moved to a recovery room adjacent to the theatre before being returned to the ward. In the critical immediate post-operative period, complications could be prevented or treated by nurses with all the equipment needed such as oxygen and suction supplies at hand in a purpose-designed recovery room (Francis *et al*. 1999, 17).

The 1980s

6.22 During the 1970s the post-war welfare state could no longer support the expectations placed on it. Margaret Thatcher's Conservative government came to power in May 1979, which is generally seen to herald the end of capital expenditure by public bodies and an increased reliance on private commercial investment. In terms of architecture style, this was a period that saw an escalation in the rivalry between high-tech and postmodernism (Harwood 2014, 90).

6.23 In 1982 a report was published entitled *Underused and Surplus Property in the NHS*. This led to the sale of NHS property in order to release capital for new projects. During the same period, two major studies were undertaken: 'Designing to Reduce Operating

Costs'; and 'Space Utilisation Studies'. These would help to shape the NHS buildings of the future (Francis *et al*. 1999, 9).

6.24 Despite the political climate, at some point during the 1980s, to the north of the operating theatre, the building containing the new main entrance and the day clinics (**3000**) was constructed. Following this, the two-storey building containing the Cheviot ward and the Tweed ward (**4000**) was built to the north-west. The boiler house (**8000**) was possibly constructed at the same time as the wards, as they both appear to have been built using the same type of bricks.

6.25 The layout and room configurations of the day clinics (**3000**) and the new wards (**4000**) illustrate the changes in medical practices and design that had occurred up to this period.

6.26 The layout of the day clinics represents a change in practice that had evolved in the way doctors and consultants worked. Previously there may have been up to four examination rooms beside each consultation room. After the initial interview, the patient undressed, and then waited for examination while the specialist consulted with other patients in separate rooms. It was found that patients could be waiting for 20 minutes before their examination. Consultants were persuaded to try an alternative approach whereby they used a consultation room attached to an examination room and they saw only one patient at a time, writing their notes up when the patient was getting undressed and dressed. By using this method, consultants found that they could see more patients in a session and they felt less fatigued (*ibid*., 17). This change can be seen in the use of single consultation and treatment rooms within the day clinics at the infirmary.

6.27 The layout of the new wards was in complete contrast to the traditional Nightingale wards. They comprised a mixture of single-bed rooms and small four-bed bays with centralised nursing stations. Single-bed rooms address some of the issues raised by multi-bed rooms, such as lack of privacy, risk of hospital-acquired infections and the experience of sharing a room with strangers. This type of room was also welcomed because they enabled family members to stay overnight occasionally (Wagenaar *et al*. 2018, 75).

6.28 At this time there was also a growing emphasis on the early ambulation of patients after surgery or an episode of illness. Patients were therefore encouraged to use the ward's sanitary facilities. The rooms were not usually ensuite so the patients could be observed

by the nurses from their central station as they went to and from the facilities, allowing the nurses to intervene if the patient was struggling. Beds were also arranged parallel to the window wall (Francis *et al*. 1999, 17).

6.29 The two-storey ward building, the main entrance, the operating theatre and the Dewar ward are all connected by one long corridor, which would appear to have been built in stages, and extended as each new building was constructed. The section in front of the operating theatre (**2400**) has been constructed from the same brick as the operating theatre, whereas those sections where it has been extended on either side of the main entrance (**3300**, **3320**, **3330** and **3400**) are clad in wooden weatherboarding.

The infirmary site as a whole

6.30 The buildings that make up the infirmary, especially those pre-1948, have changed their functions and been adapted, stripped out and refitted over many years. For example, the physiotherapy department seems to have been moved between the buildings, at one point forming part of the 1950s outpatients department before moving to the 1980s-built main entrance and day clinics, and finally the Richardson ward.

7.0 CONCLUSIONS

7.1 This report has examined the history and fabric of the buildings within the northern half of the Berwick Infirmary complex in an effort to understand more about the development and function of the site. Although there remain several unanswered questions, such as the exact dates of construction for a number of later buildings, it is considered that this report and accompanying archive provide a comprehensive record of the standing structures suitable to mitigate appropriately against any potential loss of heritage significance arising from the demolition of the structures.

7.2 Although the buildings within this study are considered to be relatively modern, they demonstrate the development of hospital architecture, design and planning throughout the 20th century, as well as changes in medical theory and practice and the evolution of a wider breadth or services. They also span the infirmary's transition from a charitable institution to NHS provider.

7.3 When it came into being in 1948 only about one-third of all NHS hospital buildings were less than 30 years old. Since then the NHS has managed a massive programme of addition and renewal and now most of the building stock of hospitals has been built since 1948 (Francis *et al*. 1999, 49).

7.4 When the NHS took over the running of Berwick Infirmary, it inherited a number of buildings that had been in use for over 70 years, and a small number that were less than 30 years old. Subsequently a new outpatients building was constructed in the 1950s, and this was followed by further developments in the 1960s, 1970s and 1980s.

7.5 These buildings reflect how the infirmary has responded to the changes in the organisation and funding of healthcare. They also demonstrate advances in engineering and building materials, with a move away from traditional sandstone walls and Welsh-slate roofs through to the use of bricks and prefabricated structures.

7.6 During the 20th century the infirmary has expanded and developed across the northern part of the site. This has, in part, been facilitated by the foresight of the infirmary's Board of Governors who purchased the land from the workhouse during the 1920s. The development of a new hospital on this site will therefore continue a long tradition of healthcare provision for the people of Berwick.

8.0 RECOMMENDATIONS

8.1 It is recommended that the various commemorative plaque recorded should be retained, including that relating to the opening of the Richardson Ward in 1927 (Plate 8), the day room in 1969 (Plate 12), and that in the conservatory dedicated to the memory of Violet Patterson. Other similar features may survive that were not recorded at the time of the survey. Given that the majority of the early buildings were built by public subscription or charitable donation these plaque form an important part of the building's historic value. They are also of communal interest, and represent a connection with the personal stories of hospital community and the people of Berwick.

8.2 The retained plaques should be incorporated within the new hospital complex in an appropriate and sensitive way that relates to their origin. Consideration might be given to mounting them as part of a small exhibition on the origin, history and development of the Infirmary, both in relation to the town and within the broader context of changes in hospital design over the decades. This would provide a meaningful link between the old and new parts of the hospital, setting the new development as continuation of the aims and ethos of the original Berwick Public Dispensary '*for distributing medicines and medical advice gratuitously to the industrious poor of this town and vicinity*.'

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1558 Plan of the proposed fortifications of Berwick upon Tweed, drawn by Rowland Johnson on behalf of Sir Richard Lee, circ. 1558 (extract from Pattison 2011)

1564 Plan of Berwick upon Tweed, attributed to John Speed (extract from Ellison 1976)

1580 'The true description of her Majesties towne of Barwick' from 1580 (extract from Pattison 2011)

1769 Armstrong's Plan of Berwick (NCC 2009)

1850 Berwick-upon-Tweed Tithe award plan (National Archive Ref No: IR 30/25/44)

1852 Berwick-upon-Tweed Board of Sanitation plan (Archive Ref No: BRO 10/1/233)

1897 Berwick-upon-Tweed Second Edition Ordnance Survey plan

1951 RAF aerial photograph of Berwick-upon-Tweed (RAF 540611 9)

1972 Aerial photograph of Berwick-upon-Tweed (TWAS: DT.TUR.7.45)

Will of Robert Herriott a 'Farmer of Featherbed Lane' dated from 1845 (Archive Ref No: BRO. 124 HB1/93)

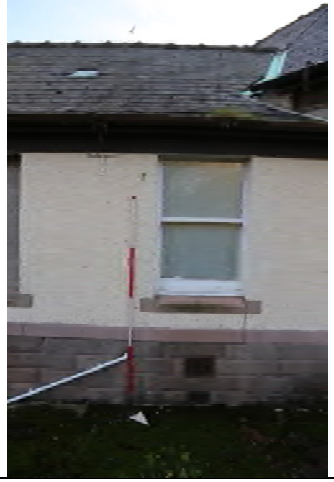
APPENDIX A: SITE GAZETTEER

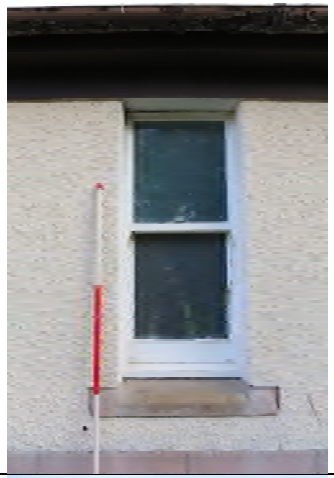
Figure 3 is a plan showing the location of the main elevations, along with building and room numbers.

Building number 1000 – The Richardson Ward and later Physiotherapy Department

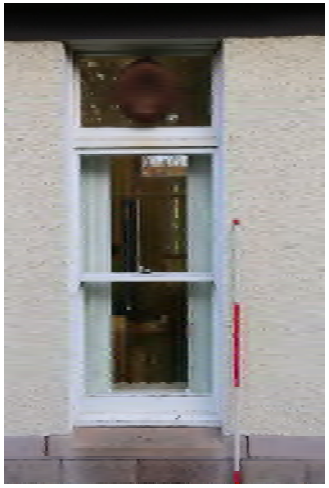
Context	Name	Description	Related Contexts	Photograph
1000	The Jane Richardson Ward and later Physiotherapy Department	A Y-shaped building that extends to the rear of the clocktower building. The building is covered in pebble dashed rendering above a rusticated red sandstone plinth. The roof is of blue Welsh slate with occasional skylights.	1100 - South-west elevation 1110 - South-east elevation 1120 - North-west elevation 1130 - West elevation 1140 - East elevation 1150 - North-east elevation 1160 - South-east elevation 1170 - South-west elevation 1180 - South elevation 1200 - West elevation - office 1210 - South elevation - office 1300 - West elevation - extension 1310 - North elevation - extension 1320 - East elevation - extension 1400 - North elevation – day room 1410 - East elevation – day room 1420 - South elevation – day room 1500 - East elevation - corridor	

Context	Name	Description	Related Contexts	Photograph
1100	South-west elevation (west arm of the Y)	Features a single window in the centre of the elevation. The window is now blocked. The elevation has a rusticated red sandstone plinth and is covered in pebbledash rendering below a smooth painted fascia below the roof. This elevation is similar to (1160).	1103 – Blocked window 1104 – Rusticated red sandstone plinth same as 1124 1107 – Ridge and hip tiles same as 1127 1108 – Blue Welsh slates same as 1128	
1110	South-east elevation (west arm of the Y)	Features two windows, one larger (1113) and the other smaller (1112). There is a rusticated red sandstone plinth above which is pebbledash rendering below a smooth painted fascia below the roof. This elevation is similar to (1170).	1112 – Window type 2 same as 1122 1113 – Window type 3 same as 1123 1114 – Rusticated red sandstone plinth same as 1124 1117 – Ridge and hip tiles same as 1127 1118 – Blue Welsh slates same as 1128	

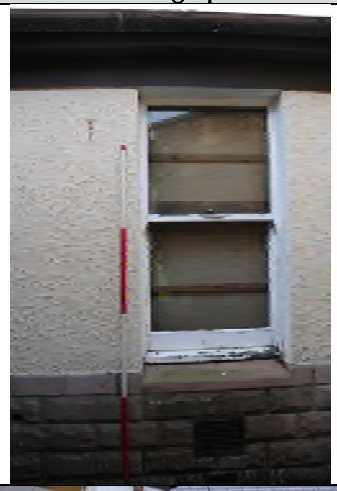
Context	Name	Description	Related Contexts	Photograph
1120	North-west elevation (west arm of the Y)	Features 5 windows. The south window is a type 3 window (1123) The middle three are type 2 (1122) and the north window is type 1 (1121). The elevation has a rusticated red sandstone plinth and is covered in pebbledash rendering below a smooth painted fascia below the roof. This elevation mirrors (1150).	1121 – Window type 1 1122 – Window type 2 1123 – Window type 3 1124 – Rusticated red sandstone plinth 1126 – Roof lights 1127 – Ridge and hip tiles 1128 – Blue Welsh slates	
1121	Window – Type 1	A wide two-pane sash window with a red sandstone sill and horns on the upper sash.	1120 – North-west elevation 1150 – North-east elevation 1151 – Window type 1	

Context	Name	Description	Related Contexts	Photograph
1122	Window – Type 2	A narrow two-pane sash window with a red sandstone sill and horns on the upper sash.	1120 – North-west elevation 1150 – North-east elevation 1152 – Window type 2	
1123	Window – Type 3	A long two-pane sash window with a red sandstone sill and horns on the upper sash. The red sandstone sill is set within the upper course of the rusticated red sandstone plinth (1124).	1110 – South-east elevation 1113 – Window type 3 1120 – North-west elevation 1150 – North-east elevation 1153 – Window type 3 1160 – South-east elevation 1163 – Window type 3 1170 – South-west elevation 1173 – Window type 3	

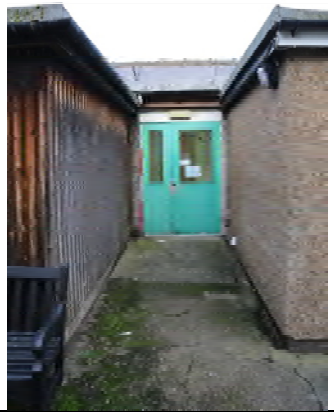
Context	Name	Description	Related Contexts	Photograph
1124	Rusticated red sandstone plinth	Five to six courses of rusticated red sandstone, the topmost course is of smooth ashlar. The plinth is interspersed with vents.	1104 - Rusticated red sandstone plinth 1114 - Rusticated red sandstone plinth 1134 - Rusticated red sandstone plinth 1144 - Rusticated red sandstone plinth 1154 - Rusticated red sandstone plinth 1164 - Rusticated red sandstone plinth 1174 - Rusticated red sandstone plinth 1184 - Rusticated red sandstone plinth	
1126	Roof lights	Square roof lights.	1146 – Roof lights 1156 - Roof lights	
1127	Ridge and hip tiles	Hipped roof with moulded-collared ridge and hip tiles. Similar to the original Infirmary buildings to the south.	1107 – Ridge and hip tiles 1117 – Ridge and hip tiles 1137 – Ridge and hip tiles 1147 – Ridge and hip tiles 1157 – Ridge and hip tiles 1167 – Ridge and hip tiles 1177 – Ridge and hip tiles 1187 – Ridge and hip tiles	See (1126) above
1128	Blue Welsh slates	Hipped roof set with blue Welsh slates. Similar to the original Infirmary buildings to the south.	1108 – Blue Welsh slates 1118 – Blue Welsh slates 1138 – Blue Welsh slates 1148 – Blue Welsh slates 1158 – Blue Welsh slates 1168 – Blue Welsh slates 1178 – Blue Welsh slates 1188 – Blue Welsh slates	See (1126) above

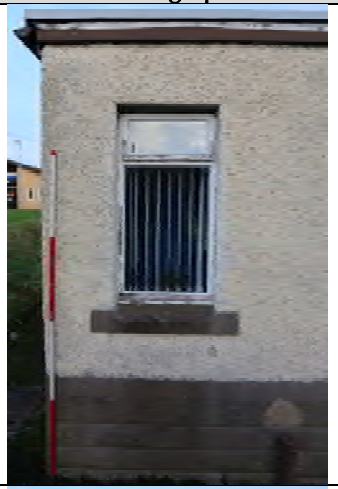
Context	Name	Description	Related Contexts	Photograph
1130	West elevation (main ward)	Features 4 type 4 windows. There is a rusticated red sandstone plinth above which is pebbledash rendering below a smooth painted fascia below the roof. This elevation mirrors (1140).	1131 – Window type 4 1134 – Rusticated red sandstone plinth same as 1124 1137 – Ridge and hip tiles same as 1127 1138 – Blue Welsh slates same as 1128 1139 – Date plaques	
1131	Window – Type 4	Long windows extending from the rusticated red sandstone plinth to the fascia. The windows are composed of a two-paned sash window with a hopper window above. One of the windows has a large round vent in an immovable pane above the sash window instead of a hopper window.	1130 – West elevation 1140 – East elevation 1141 – Window type 4	

Context	Name	Description	Related Contexts	Photograph
1139	Date plaques	Date plaques located in the fascia above the sash windows. The date is 5/8/29.	1130 – West elevation 1140 – East elevation 1149 – Date plaques 1150 - North-east elevation 1159 – Date plaques 1170 – South-west elevation 1179 – Date plaques	
1140	East elevation (main ward)	This elevation mirrors 1130. It includes 4 type 4 windows. There is a rusticated red sandstone plinth above which the wall is covered in pebbledash rendering below a smooth painted fascia below the roof.	1141 – Window type 4 same as 1131 1144 – Rusticated red sandstone plinth same as 1124 1146 – Roof lights same as 1126 1147 – Ridge and hip tiles same as 1127 1148 – Blue Welsh slates same as 1128 1149 – Date plaques same as 1139	
1150	North-east elevation (east arm of the Y)	This elevation mirrors 1120, but one of the type 2 windows is blocked. The south window is a type 3 (1153). The middle 3 are type 2 (1152) and the north window is type 1 (1151). There is a rusticated red sandstone plinth above which the wall is covered in pebbledash rendering below a smooth painted fascia below the roof.	1151 – Window type 1 same as 1121 1152 – Window type 2 same as 1122 1153 – Window type 3 same as 1123 1154 – Rusticated red sandstone plinth same as 1124 1156 – Roof lights same as 1126 1157 – Ridge and hip tiles same as 1127 1158 – Blue Welsh slates same as 1128 1159 – Date plaques same as 1139	

Context	Name	Description	Related Contexts	Photograph
1160	South-east elevation (east arm of the Y)	This elevation is similar to (1100). It has a single type 3 window in the centre of the elevation. The window is now blocked internally. There is a rusticated red sandstone plinth above which is pebbledash rendering below a smooth painted fascia below the roof.	1163 – Window type 3 same as 1123 1164 – Rusticated red sandstone plinth same as 1124 1167 – Ridge and hip tiles same as 1127 1168 – Blue Welsh slates same as 1128	
1170	South-west elevation (east arm of the Y)	This elevation is similar to (1110). It features two windows, one larger (1173) and the other smaller (1172). It has a rusticated red sandstone plinth and is covered in pebbledash rendering below a smooth painted fascia below the roof.	1172 – Window Type 2 same as 1122 1173 – Window Type 3 same as 1123 1174 – Rusticated red sandstone plinth same as 1124 1177 – Ridge and hip tiles same as 1127 1178 – Blue Welsh slates same as 1128 1179 – Date Plaque same as 1139	

Context	Name	Description	Related Contexts	Photograph
1180	South elevation (corridor)	South elevation with a single long type 4 window. The elevation has a rusticated red sandstone plinth and is covered in pebbledash rendering below a smooth painted fascia below the roof.	1181 – Window type 4 same as 1131 1184 – Rusticated red sandstone plinth same as 1124 1187 – Ridge and hip tiles same as 1127 1188 – Blue Welsh slates same as 1128	
1200	West elevation of office	Possible 1960s addition. It sits on a concrete base and is made of vertical wooden weatherboarding. A single casement window (1201) lies in the centre of the elevation. The building has a flat asphalt roof.	1201 – Window 1210 – South elevation	
1201	Window	A 6-paned UPVC casement window lies in centre of elevation.		See (1200) above

Context	Name	Description	Related Contexts	Photograph
1210	South elevation of office	An uninterrupted elevation consisting of vertical wooden weatherboarding, sitting on a concrete base with a flat asphalt roof.	1200 – West elevation	
1300	West elevation of extension	Extension to the north of the Richardson Ward. Building has a flat roof and an elevation to match the main building. It has a rusticated red sandstone plinth with pebble-dash walls above. The elevation has two windows (1301) and (1302). The sandstone used for the plinth is a slightly different colour to that of the original ward building and the rustication is slightly different.	1301 – Small window 1302 – Large window 1304 – Rusticated red sandstone plinth similar to 1124, but not exactly the same.	

Context	Name	Description	Related Contexts	Photograph
1301	Window	Narrow casement window on north end of the elevation, painted white. Casement window has two sections, one large pane below, with a hopper window above. Moulded red sandstone sill.	1300 – West elevation of extension	
1302	Window	Casement window on south end of the elevation, painted white. Casement window has three sections; to the left one large pane below, with a hopper window above and a single large pane to the right. Moulded red sandstone sill.	1300 – West elevation of extension	

Context	Name	Description	Related Contexts	Photograph
1304	Rusticated red sandstone plinth	Five courses of rusticated red sandstone. The top course is of smooth ashlar. Made to match (1124) but greyer in colour with different rustication.	Similar to 1124 – but not the same	
1310	North elevation of extension	Two phases of building are visible divided by a straight joint (1316). To the right (west), there is a higher 5 course red sandstone plinth (1314) and a single 2 pane casement window (1311). To the left (east) of the straight joint the red sandstone plinth is lower and only consists of 4 courses (1315). There is one high up, small single pane casement window (1312). The fascia is also different between the two halves.	1311 – Big window 1312 – Little window 1314 – Rusticated red sandstone plinth similar to 1124 but not exactly the same 1315 – Rusticated red sandstone plinth only 4 courses similar to 1124 but not exactly the same 1316 – Joint between the two buildings	

Context	Name	Description	Related Contexts	Photograph
1311	Big Window	Similar to (1301). Narrow casement window with a larger lower pane and an upper hopper window. Moulded red sandstone sill.	1301- window in west elevation	
1312	Little Window	Small single paned window between joint (1316) and a gutter coming down from the flat roof	1310 – North elevation	See (1311) above
1315	Rusticated red sandstone plinth	A shorter rusticated red sandstone plinth only 4 courses high.	1310 – North elevation	
1316	Straight joint	Straight join running vertically down the north elevation (1310). The location of the joint is indicated by a change in the fascia, and a change in the rusticated red sandstone plinth. There is also a change in the roofline.	1310 – North elevation 1311 – Big window 1312 – Little window 1314 – Rusticated red sandstone plinth similar to 1124 but not exactly the same 1315 – Rusticated red sandstone plinth only 4 courses similar to 1124 but not exactly the same	See (1311) above

Context	Name	Description	Related Contexts	Photograph
1320	East elevation of extension	Short elevation with a single window similar to 1311. The elevation has a rusticated red sandstone plinth with pebble-dashed rendering above and a short parapet.	1310 – North elevation 1311 – Big window 1315 - Rusticated red sandstone plinth only 4 courses similar to 1124 but not exactly the same	
1400	Day room and later gym – north elevation	North elevation of the day room and corridor accessing (1320). The main elevation is formed of vertical wooden weatherboarding. There are 4 horizontal rectangular (1402) windows and one large window (1401) in the hallway. The elevation has a flat asphalt roof.	1401 – Large corridor window 1402 – Horizontal windows	
1401	Large window	The corridor has a large casement window with two sections in wooden frames, the upper pane has similar dimensions to (1402).	1400 – Day room north elevation 1402 – Horizontal windows 1420 – Day room south elevation	See (1400) above
1402	Horizontal window	Four horizontal windows with wooden frames located just below the fascia.	1400 – Day room north elevation 1401 – Large corridor window 1410 – Day room east elevation 1412 – Horizontal window	See (1400) above

Context	Name	Description	Related Contexts	Photograph
1410	Day room and later gym - east elevation	The east elevation of the day room is similar to (1400), but only has 3 horizontal windows (1412) with wooden frames.	1400 – Day room north elevation 1412 – Horizontal windows same as 1402	
1420	Day room and later gym – south elevation	This elevation is composed of three large windows (1421), with a double door (1422) set between the 2nd and 3rd windows (left to right). The façade is covered in large wooden panels. The corridor contains a window (1423) which mirrors (1401).	1421 – Large windows 1422 – Double doors 1423 – Corridor window same as 1401	
1421	Large window	Three large windows with wooden frames. These are similar in dimension to the lower section of window 1401.	1401 – Large corridor window 1423 – Corridor window same as 1401	
1422	Double doors	Double doors with each door composed of a large glass pane set in a wooden frame.	1421 – Large windows	See (1420) and (1421) above

Context	Name	Description	Related Contexts	Photograph
1500	East elevation of corridor	East elevation of the corridor that connects the ward to the original Infirmary buildings. There is a 2-course red sandstone plinth of smooth ashlar (1504) above which is pebbledash rendering below a smooth painted fascia. There is a single casement window with six panes (1501). The roof is of blue Welsh slate, with moulded-collared ridge tiles.	1501 – Window 1504 – Red sandstone plinth of smooth ashlar 1507 – Ridge tiles same as 1127 1508 – Blue Welsh slates same as 1128	
1501	Window	A modern 6-pane window composed of three sashes has a red sandstone sill and stretches up to the weatherboard.	1500 – East elevation	See (1500) above
1504	Red sandstone plinth	Red sandstone plinth of smooth ashlar, only two courses high.	1500 – East elevation	See (1500) above

Building number 2000 – The Theatre

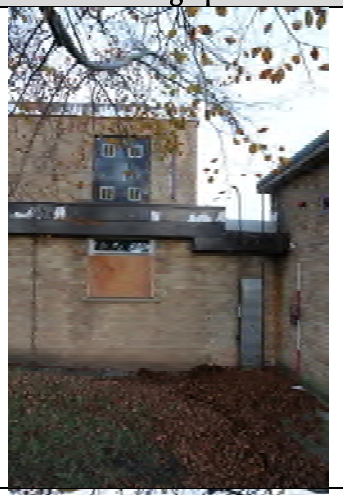
Context	Name	Description	Related Contexts	Photograph
2000	Operating Theatre	A wedge-shaped building in profile. At its west end it is 2-stories. The roof slopes downwards towards the east, at which end the building is a single storey. The building is of textured buff brick.	2100 – East elevation of southern corridor 2200 – East elevation of operating theatre 2300 – North elevation of operating theatre 2400 – West elevation of operating theatre and western corridor 2500 – North elevation of vacuum plant room 2600 – West elevation of vacuum plant room 2700 – South elevation of operating theatre and corridor	

Context	Name	Description	Related Contexts	Photograph
2100	East elevation of southern corridor	Square elevation of buff brick in stretcher bond. It has three square windows (2101) across the top just below a white-painted fascia board below a flat roof. It is placed on a concrete foundation.	2101 – Window 2700 – South elevation of operating theatre and corridor	
2101	Window	Three square windows in wooden frames with a metal interior. They are located above concrete sills.	2100 – East elevation of southern corridor.	
2200	East elevation of Operating Theatre	Buff textured brick elevation in stretcher bond below a shallow slant roof with white plastic fascia. One large window is in the middle with two shorter windows in the north end of the elevation. Two square vents sit below the roofline.	2201 – Window 2202 – Windows	
2201	Window	Large 2-paned casement window set in the centre of elevation with a concrete sill. The window is in a wooden frame and does not open.	2202 - Windows	See (2200) above

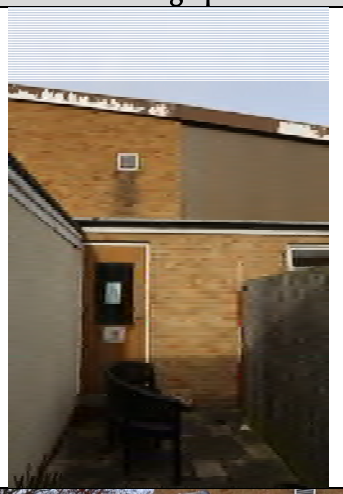
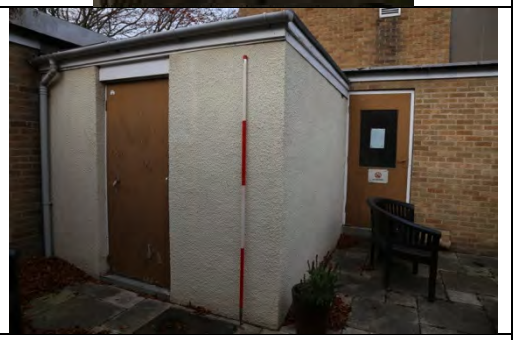
Context	Name	Description	Related Contexts	Photograph
2202	Window	Two narrow windows on north end of elevation. Windows are in wooden frames and open outwards with concrete lintels.	2201 - Window	
2300	North elevation of operating theatre	Long elevation of buff textured brick in stretcher bond with three windows in the east end and a series of vents along the west end.	2301 – Window 2302 – Windows 2303 – Slatted Window 2304 – Vents	
2301	Window	Large casement window in the east end of the elevation. Window has 4 panes; the upper right pane is larger than the remaining three. Only the upper left pane opens. The window frame is of wood and it has a concrete lintel.	2300 – North elevation of operating theatre 2302 – Windows 2303 – Slatted Window	See (2300) above

Context	Name	Description	Related Contexts	Photograph
2302	Small windows	Small, single pane, rectangular windows with concrete lintels in a wooden frame.	2300 – North elevation of operating theatre 2301 – Window 2303 – Slatted Window	
2303	Slatted window	Square wooden slatted window above a concrete lintel in the west end of the elevation.	2300 – North elevation of operating theatre 2301 – Window 2302 – Windows	No photo
2304	Vents	Three square metal vents in a concrete frame. These line the base of the wall and correspond to interior vents in the operating theatre.	2300 – North elevation of operating theatre	

Context	Name	Description	Related Contexts	Photograph
2400	West elevation of operating theatre	Two storey elevation of textured buff brick in stretcher bond. The lower storey consists of a corridor with a flat roof. The remainder of the elevation rises up over the operating theatre forming a slanted attic. The lower storey corridor has three windows (2401). There are double doors to the second storey. A ladder with access to the roof is located at the south end.	2200 – East elevation of operating theatre 2300 – North elevation of operating theatre 2700 – South elevation of operating theatre and corridor	
2401	Window	Three windows opening onto the corridor. Each window is divided into two sections: a single pane below with long hopper window above. Set in a wooden frame with a concrete lintel. Lower pane of south window boarded up.	2701 – window 2731 - window	

Context	Name	Description	Related Contexts	Photograph
2408	Double door	Double metal door with two square panes at the top and bottom of each pane.	2400 – West elevation of operating theatre and corridor.	
2500	North elevation of vacuum plant room	Vacuum plant room with water tanks in wooden sheds sat on top of a flat roof. Elevation is of textured buff brick in stretcher bond. The bricks are the same as those used for the operating theatre. A single square vent is to the east above the door.	2501 – Doors 2600 – West elevation of the vacuum plant room	
2501	Doors	Industrial metal double doors in a metal frame set on a concrete threshold.		See (2500) above

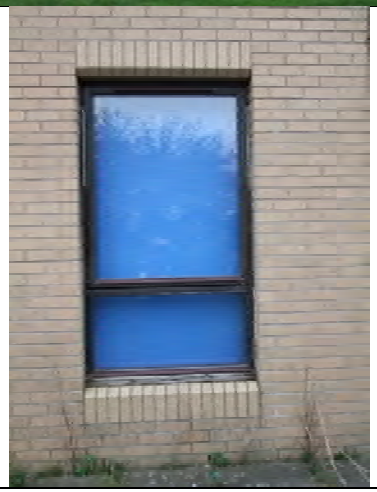
Context	Name	Description	Related Contexts	Photograph
2600	West elevation of the vacuum plant room	Plain textured buff brick wall in stretcher bond. A narrow black pipe sticks from the top of the wall on the north end. There is a change in the brickwork (at the point of the ranging rode in the photo) which corresponds with an internal division. There is a small brick-blocked opening at the northern end of the elevation which may have been for a vent.	2500 – North elevation of the vacuum plant room	
2700	South elevation of corridor and operating theatre	Corridor and 1st floor of the theatre as seen from the courtyard. The elevation is of buff brick in stretcher bond. has four square windows (2701) and a plain wooden door (2702) with access to the Operating Theatre corridor. Corridor has a flat roof with the second storey slanted roof of the operating theatre to the rear lined in metal panels.	2701 – Windows same as 2401 2702 – 1st floor door	

Context	Name	Description	Related Contexts	Photograph
2702	Corridor door	Single wooden door with a large upper pane. Door is set in a white-painted wooden frame.	2700 - South elevation of corridor and operating theatre 2701 – Windows same as 2401	
2710	East elevation of switch room	Plain pebble-dashed elevation with a white-painted fascia and a flat roof.	2720 – South elevation of switch room	
2720	South elevation of switch room	Plain pebble-dashed elevation with a white-painted weatherboard and a flat roof and a single door (2721).	2710 – East elevation of switch room 2721 - door	See (2710) above
2721	Door	Plain wooden door set into wooden frame with a large wooden header.	2710 – East elevation of switch room	See (2710) above

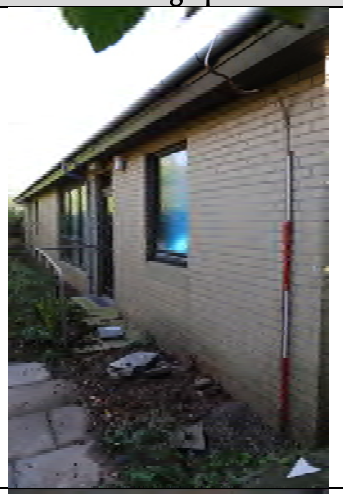
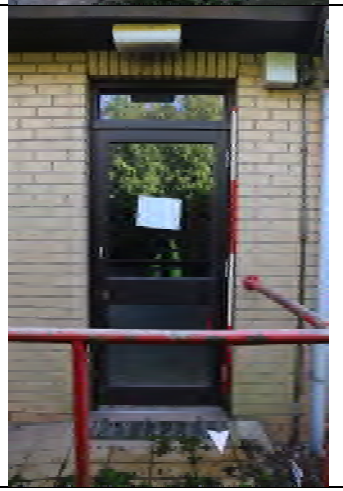
Context	Name	Description	Related Contexts	Photograph
2730	East elevation of corridor	East elevation of corridor to operating theatre. Elevation is of buff brick in stretcher bond with a single window (2731).	2731 – Window same as 2401	

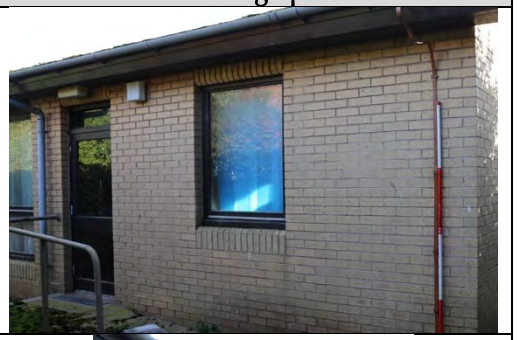
Building number 3000 – Main Entrance and Day Centre

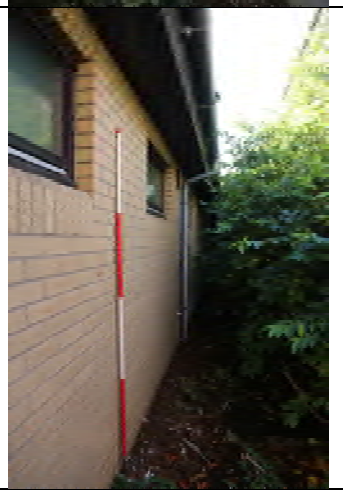
Context	Name	Description	Related Contexts	Photograph
3000	Main entrance and day clinics	Single storey building in pale yellow bricks with dark speckled inclusions and a smooth finish. Stretcher set. The building has a pitched tiled roof with gables at either end and collard ridge tiles.	3110 – South elevation 3120 – East elevation of office 3130 – North elevation of office 3140 – North elevation of day room and gym 3150 – West elevation of day clinics 3160 – North elevation of day clinics 3170 – North elevation of main entrance 3180 – West elevation of main entrance 3190 – South elevation of main entrance 3200 – East elevation of day room 3210 – Conservatory 3300 – East elevation of corridor 3320 – East elevation of corridor 3330 – West elevation of corridor 3340 – West elevation of corridor	

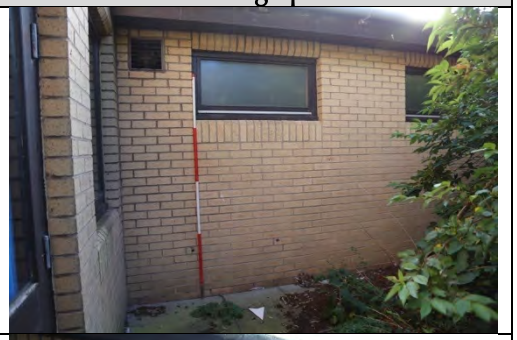
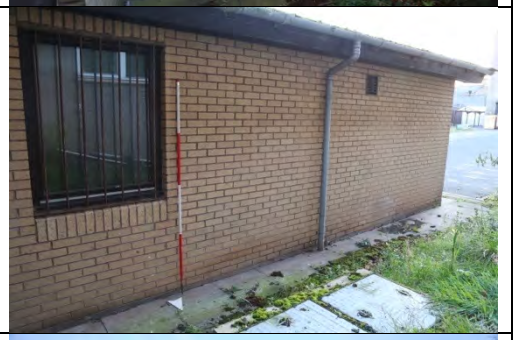
Context	Name	Description	Related Contexts	Photograph
3110	South elevation	Long elevation of buff brick in stretcher bond. Elevation has a pitched roof sloping to the south. It has 7 large windows (3111), 5 in the east end of the elevation and 2 in the west end. Between these are four smaller windows (3112).	3111 – Type 1 window 3112 – Type 2 window	
3111	Type 1 window	Large windows with moulded brick lintels and sills. Windows have two sections. The smaller lower pane does not open, the upper opens out. The window is of a wood and metal construction.	3121 – Type 1 window same as 3111 3161 – Type 1 window same as 3111	

Context	Name	Description	Related Contexts	Photograph
3120	Elevation	Elevation with a south-sloping roof. Elevation is of buff brick in stretcher bond with two large windows (3121).	3121 – Type 1 window	
3130	East addition of north elevation	Plain buff-brick elevation with a single door (3131) in south corner.	3131 – Door same as 3141	

Context	Name	Description	Related Contexts	Photograph
3140	North elevation	Composed of buff brick in stretcher bond. It has 2 small windows (3142) on either side of the elevation, both to the west of doors (3141) both with access ramps and rails. In the centre of the elevation is a large window.	3141 – Door 3142 – Type 2 window 3143 – Large window	
3141	Door	Metal door comprised of two large glass panes. Above the door is a rectangular door light. The door has a straight brick lintel just below the roof.	3131 – Door same as 3141 3151 – Door same as 3141	

Context	Name	Description	Related Contexts	Photograph
3142	Type 2 window	Smaller single paned window of a wood and metal construction, with a moulded brick lintel and sill.	3112 – same as 3142 3152 – same as 3142	
3143	Type 3 window	Long window with 6 panes. The upper panes are double the height of the lower pane. Window has a brick sill, but no lintel, as the frame reaches up to the roof. They are of a wood and metal construction	3140 – North elevation	

Context	Name	Description	Related Contexts	Photograph
3150	West elevation	Elevation of buff brick in stretcher bond below a north-slanting roof. A door (3151) sits in the north end of the elevation with a window (3152) to the south against elevation (3160). A large round vent sits above the window	3151 – Door same as 3141 3152 – Type 2 window same as 3142	
3160	North elevation	Plain elevation of buff brick in stretcher bond. Elevation has 3 type 4 windows, and 1 type 1 window on the west end.	3161 - Type 1 window same as 3111 3162 – Type 4 window	

Context	Name	Description	Related Contexts	Photograph
3162	Type 4 window	Long thin horizontal windows in a metal frame with brick headers and sills.	3160 – North elevation	
3170	North elevation or main entrance	Plain buff-brick elevation with a Type 2 window and a small vent. Window has bars on it, unlike the other type 2 windows.	3171 Type 2 window same as 3142	
3180	West elevation of main entrance	The west elevation was the main entrance to the Infirmary and the day clinics. It is symmetrical with the double doors (3181) below wooden cladding leading to the apex of the roof and the wooden fascia boards. On either side of the doors are buff-brick walls, each with three windows (3182).	3181 – doors 3182 – Type 5 windows	

Context	Name	Description	Related Contexts	Photograph
3181	Main Doors	Modern glass sliding double doors with long windows on either side, forming a window with 4 bays. Above each window is a smaller door light set into the metal frame.	3180 – West elevation of main entrance	
3182	Type 5 windows	Narrow single-pane windows in a white painted wooden frame, with moulded brick sills and lintels.	3180 – West elevation of main entrance	

Context	Name	Description	Related Contexts	Photograph
3190	South elevation of main entrance	A buff brick elevation in stretcher bond with 2 Type 1 windows (3191) on the east end of the elevation. Set in a wood and metal frame.	3191- Type 1 windows same as 3111	
3200	East elevation of the day room	Brick elevation of buff brick in stretcher bond beneath a gable roof. The elevation has 2 Type 1 windows (3201) and a 1 Type 2 window (3202) on either side of a conservatory (3210). A round vent is located south above the Type 2 windows.	3201 – Type 1 window same as 3111 3202 – Type 2 window same as 3142	
3210	Conservatory	A conservatory built on a brick plinth in similar brick to the rear elevation (3200), but slightly more orange. The conservatory is of glass in UPVC with metal finials along the crest of the conservatory roof.	3200 – East elevation of the day room	

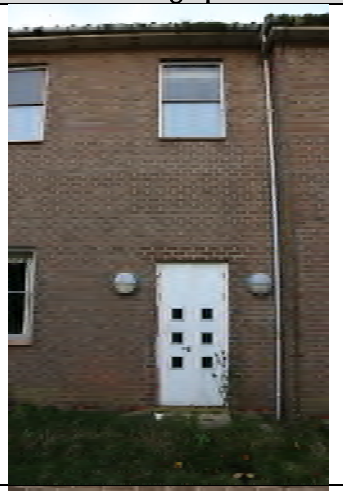
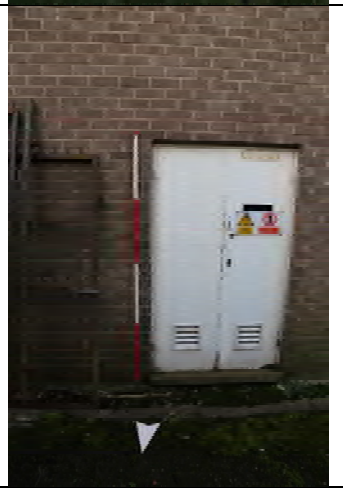
Context	Name	Description	Related Contexts	Photograph
3300	East lower corridor elevation	The elevation is composed of wooden weatherboarding on a red brick plinth. The plinth projects beyond the wooden weatherboard and is capped in plastic sheeting. The elevation is a sloping corridor with 2 windows (3301) in a wooden frame. The roof is flat.	3301 – Window type 6	
3320	East upper corridor elevation	Obscured by vegetation, this elevation is composed of wooden weatherboarding with a single window (3321). This elevation mirrors elevation (3330) and is part of a sloping corridor.	3321- Window type 6 same as 3301	See (3330) below
3330	West upper corridor elevation	The elevation is part of a sloping corridor. It is composed of wooden weatherboarding with a single window (3331). The roof is flat with a wooden painted fascia. The elevation is built on a red brick plinth which projects beyond the wooden weatherboard and is capped in plastic sheeting.	3331 – Window type 6 same as 3301	

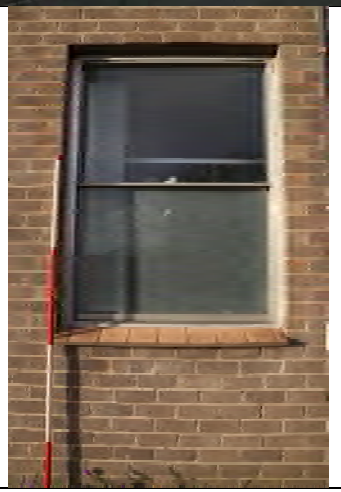
Context	Name	Description	Related Contexts	Photograph
3400	West lower corridor elevation	This elevation mirrors (3300). composed of wooden weatherboarding on a red brick plinth which projects beyond the weatherboarding and is capped in plastic sheeting. The elevation is a sloping corridor with 2 windows (3401) in wooden frames. The roof is flat.	3401 – Window type 6 same as 3301	

Building 4000 – 2 Storey Ward building

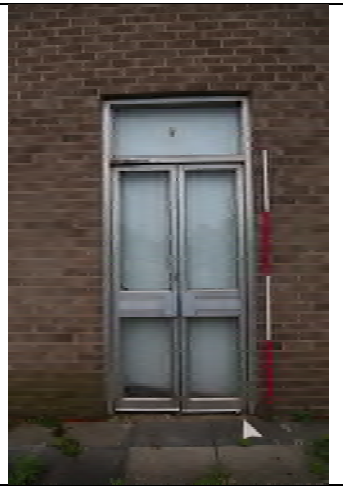
Context	Name	Description	Related Contexts	Photograph
4000	Tweed and Cheviot Wards	Two storey brown brick building. It has a small garden (4500) in front (south). The eaves and roof have brick stepped kneelers.	4100 – East elevation 4200 – North elevation 4300 – West elevation 4400 – South elevation 4500 - Garden	

Context	Name	Description	Related Contexts	Photograph
4100	East elevation	The east elevation is of plain brown brick in stretcher bond. A single double door (4101) is centrally located on the ground floor. There is a centrally located window (4102) located beneath a vent under the gable roof on the first floor.	4101 – Double doors 4102 – Window type 5	
4101	Double Doors	Double-paned glass double doors in a metal frame. The door is recessed into the wall.	4406 – Double doors	
4102	First floor window	A two-paned window similar in width to the doors (4101) The window is in a metal frame.		See (4100) above
4200	North elevation	Long elevation of brown-brick in stretcher bond. There are 15 type 1 windows, and twelve type 2 windows along with two different door types (4408, 4409)	4201 – Window type 1 same as 4401 4202 – Window type 2 same as 4402 4208 – Double doors 4209 – Double doors	

Context	Name	Description	Related Contexts	Photograph
4208	Double doors	Narrow double doors with three small panes on each door. The door is of white painted metal.	4200 - North elevation 4209 – Double doors	
4209	Double doors	White painted narrow double doors with no glass panes but two small square vents at the bottom of each door.	4200 - North elevation 4208 – Double doors	

Context	Name	Description	Related Contexts	Photograph
4300	West elevation	An offset elevation of brown brick in stretcher bond. The offset is formed by the stairwell which juts out from the remainder of the elevation. The elevation has no windows and only one single door (4300) of metal with three square glass panes.	4301 – Door	
4400	North elevation	The main elevation of the building it looks south onto the remainder of the complex. It is of brown brick in stretcher bond. The entrance door (4406) is set back from the remainder of the elevation	4401 – Window type 1 4402 – Window type 2 4403 – Window type 3 4404 – Window type 4 4405 – Window type 5 4406 – Entrance door 4408 – Single doors 4409 – Double doors	
4401	Window type 1	A double-paned window in a metal frame with a tile sill.	4201 – Window type 1	

Context	Name	Description	Related Contexts	Photograph
4402	Window type 2	Window in a metal frame with tile sills. The window has three panes, one long pane, beside two smaller ones set atop each other.	4202 – Window type 2	
4403	Window type 3	A bay window built around a single glass door. The window has 4 bays, each with two panes, the upper pane being significantly smaller.	4400 – South elevation	
4404	Window type 4	A window with three square panes set next to each other in a metal frame with a tile sill. Located at the eastern end of the elevation. There is one on the ground floor and one on the first floor.	4400 – South elevation	

Context	Name	Description	Related Contexts	Photograph
4406	Entrance door	Double glass doors in a metal frame. Each door has two panes of with a horizontal door light above.	4101 – Double doors	
4408	Single doors	A single glass door is located within the bay window (4403). The door has two glass panes set into a metal frame.	4400 – South elevation 4403 – Window type 3	See (4403) above
4409	Double doors	Narrow double doors set into a metal frame with a horizontal door lights above.	4400 – South elevation	

Context	Name	Description	Related Contexts	Photograph
4500	Garden	A small terrace or garden lies south of the elevation and is solely accessed from doors (4409) and (4408). It is rectangular with rectangular planters extending south from a low red brick wall in stretcher bond forming a crenelated design as seen from above.	4400 – South elevation 4403 – Window type 3 4408 – Single door 4409 – Double doors	

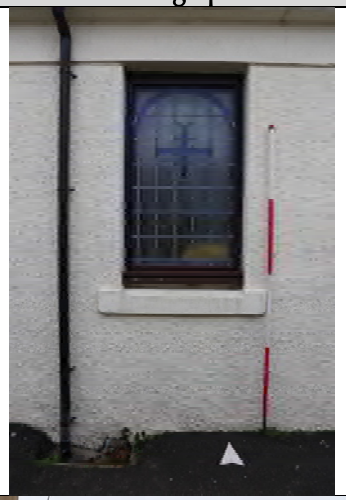
Building 5000 – Jells Store

Context	Name	Description	Related Contexts	Photograph
5000	JELS Store	Single-storey prefabricated building behind the boiler house now serving as a JELS store. It has a shallow pitched asphalt roof and walls are formed of wooden panels above a red brick base.	5100 – North elevation 5200 – East elevation 5300 – South elevation 5400 – West elevation	
5100	North elevation	Wooden panelled elevation with a clear division down the centre, indicating it was likely put together from two similar halves. It has two wooden doors accessed via concrete steps leading up onto the brick foundation.	5200 – East elevation 5300 – South elevation 5400 – West elevation	

Context	Name	Description	Related Contexts	Photograph
5200	East elevation	Wooden panels above a brick foundation. The elevation has a divide in the middle splitting the elevation into two sections. The southern half is in worse disrepair than the north. Each section has a six-paned window in a white-painted wooden frame (5201).	5100 – North elevation 5201 - Windows 5300 – South elevation 5400 – West elevation 5401 – Window same as 5201	
5300	South elevation	The rear elevation could not be evaluated due to the vegetation cover.	5100 – North elevation 5200 – East elevation 5400 – West elevation	
5400	West elevation	This elevation consists of wood panels above a brick foundation. The elevation is again split into two sections. The south section is accessed via a double wooden door above a shallow concrete access ramp. The north section has a six-paned window in a wooden frame (5401).	5100 – North elevation 5200 – East elevation 5201 - Windows 5300 – South elevation 5401 – Window same as 5201	

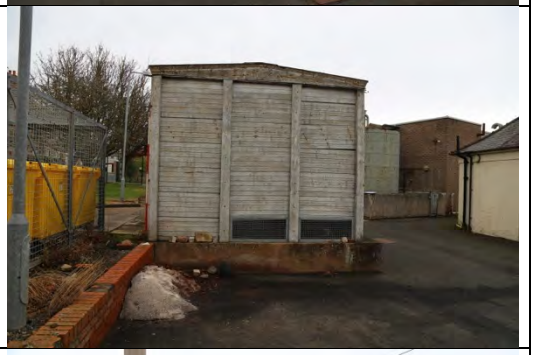
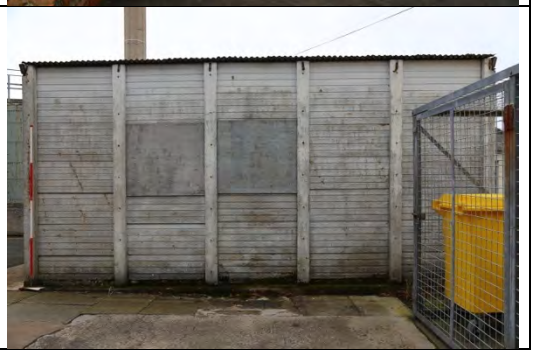
Building 6000 – Mortuary

Context	Name	Description	Related Contexts	Photograph
6000	Mortuary	A single-storey white rendered pebble-dashed building similar in style to (1000) with a similar hipped roof, ridge tiles, slates and fascia boards. A small chimney rises from the centre of the roof.	6121 – Window similar to 1121 6025 – Fascia boards similar to 1125 6026 – Ridge and hip tiles similar to 1127 6028 – Blue Welsh slates similar to 1128 6100 – North elevation 6200 – East elevation 6300 – South elevation 6400 – West elevation	
6100	North elevation	This elevation is plane with a single window similar in style to (1121) but with a white painted sandstone sill. The window is in a wooden frame beneath a white-painted fascia board.	6121 – Window similar to 1121 6300 – South elevation	
6200	East elevation	This elevation is white-rendered pebble dash. The elevation has two doors, similar in style but the one to the north has a small porch. The doors are of wood with glass panels. Two narrow horizontal windows compose the north end of the elevation.	6201 – Door 6202 – Door with porch 6203 – Horizontal windows 6400 – West elevation	

Context	Name	Description	Related Contexts	Photograph
6300	South elevation	The south elevation is plain, with a single window composed of a simple stained-glass cross. The window is in a wooden frame above a white painted sandstone sill.	6100 – North elevation 6321 – Stained glass window similar to 6121	
6400	West elevation	This elevation is similar to the east elevation, with two doors. One is a single wooden door, the other is double. A boarded up square window lies between both doors with a white-painted sandstone sill.	6200 – East elevation 6401 – Single door 6402 – Double doors 6421 – Window	

Building 7000 – Garage

Context	Name	Description	Related Contexts	Photograph
7000	1960s Garage now used as a bin store	Prefabricated garage composed of reinforced concrete pillars with reinforced moulded concrete panels. Internally there are concrete asbestos panels. It has a shallow pitched corrugated cement asbestos sheet roof, with a corrugated cement asbestos ridge, supported internally on a metal framework. Entered from the north (7100) through a wire mesh door. There is a shallow ramp and the whole structure sits on a concrete base.	7001 – Reinforced concrete pillars 7002 – Reinforced moulded concrete panels 7100 - North elevation 7200 – East elevation 7300 – South elevation 7400 – West elevation	
7100	North elevation	This elevation is entirely covered in wire panels with a single wire door in the centre of the elevation.	7101 – Door 7200 – East elevation 7300 – South elevation 7400 – West elevation	

Context	Name	Description	Related Contexts	Photograph
7200	East elevation	This is a plain elevation of 5 bays, divided by reinforced concrete pillars with reinforced moulded concrete panels slotted into grooves in the pillars.	7100 - North elevation 7300 – South elevation 7400 – West elevation	
7300	South elevation	This is a plain elevation of 3 bays, divided by reinforced concrete pillars with reinforced moulded concrete panels slotted into grooves in the pillars. Two of the moulded panels are missing at the bottom of the east two bays.	7100 - North elevation 7200 – East elevation 7400 – West elevation	
7400	West elevation	This is a plain elevation of 5 bays, divided by reinforced concrete pillars with reinforced moulded concrete panels slotted into grooves in the pillars. There are two possible blocked windows.	7100 - North elevation 7200 – East elevation 7300 – South elevation 7401 – Blocked windows	

Building 8000 – Boiler House

Context	Name	Description	Related Contexts	Photograph
8000	Boiler house	The boiler house is of a brick and corrugated metal sheet construction. The bricks are similar to the 2-storey ward building (4000). Externally there are 2 large cylindrical water tanks at the west end (8100) and a tall chimney to the rear of the south elevation (8300).	4000 – Tweed and Cheviot Wards 8100 – West elevation 8200 – East elevation 8300 – South elevation 8400 – North elevation	
8100	West elevation	Plain brick-built elevation. Bricks similar to (4000) and set in stretcher bond. Partly obscured by the two water cylinders.	8200 – East elevation 8300 – South elevation 8400 – North elevation	
8200	East elevation	Plain corrugated metal sheet elevation.	8100 – West elevation 8300 – South elevation 8400 – North elevation	

Context	Name	Description	Related Contexts	Photograph
8300	South elevation	This elevation is two-thirds corrugated metal sheeting and the western third is of brick set in stretcher bond and similar to (4000). The brick section protrudes and contains a single wooden door in the return. There is also a single door in the middle of the corrugated metal sheeting. The chimney stands opposite this door. A pipe connects the chimney to the building just above the door.	8100 – West elevation 8200 – East elevation 8400 – North elevation	
8400	North elevation	Front elevation, west end is of brick with a single window. The east end is of corrugated metal on a brick base with a row of 5 large single pane windows in wooden frames. There are a set of half glazed wooden double doors. A large iron girder protrudes above the doors.	8100 – West elevation 8200 – East elevation 8300 – South elevation 8401 – Window in the brick section 8402 – Large single-pane windows 8403 – Double doors 8404 – Iron girder