



WYAS
**Archaeological
Services**

**Former Castleford Hospital
Castleford
West Yorkshire**

Building Recording

Report no. 3053
December 2017

Client: Prospect Archaeology



**Former Castleford Hospital,
Castleford
West Yorkshire
Building Recording**

Summary

Set between Castleford and Normanton, the former Castleford hospital was constructed in 1926, with an additional outpatients department added in 1938. Subsequent additions from 1953 onwards were very different in form.



Report Information

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1 Introduction

Archaeological Services WYAS (ASWYAS) were commissioned by Prospect Archaeology Ltd, on behalf of their client Wakefield Metropolitan District Council, to carry out a building survey at the Former Castleford Hospital, West Yorkshire. The works were carried out in accordance with a specification, prepared by West Yorkshire Archaeology Advisory Service (WYAAS, Appendix 1).

Site location and topography

Castleford, Normanton and District Cottage Hospital stands on the south side of Lumley Street in the Hightown area of Castleford, on the road to Normanton (Fig. 1 and 2). The site is generally flat with open areas of hard standing used as car parking towards the north and west of buildings of interest.

The survey was required as part of the specification prepared by the West Yorkshire Archaeology Advisory Service (Appendix 1). This detailed the need for an archaeological and architectural photographic record of the former early 20th-century Castleford and Normanton District Hospital prior to its demolition.

Soils, geology and land-use

The underlying geology comprises the Pennine Middle Coal Measures Formation, described as mudstone, siltstone and sandstone sedimentary bedrock formed approximately 310 to 318 million years ago in the Carboniferous Period (BGS 2018). The overlying soils are unclassified (SSEW 1983).

2 Archaeological and Historical Background

The specification (Appendix 1) produced by WYAAS has been used as the basis of the background information provided below.

The Castleford Normanton and District Hospital is a relatively late example of a small medical facility established by subscription and donation to support an industrial community. Although of a simple design its late date make it worthy of recording prior to demolition. The hospital was established by the later 1920s - various accounts state that it opened in 1926, 1928 or 1929. Prior to its establishment, during the later 19th and early 20th centuries, local medical services were based around general practitioners, dispensaries and general hospitals in larger towns. Services were funded by various charitable bequests and subscriptions. Cottage hospitals came into existence to fulfil the need for better medical care in smaller towns and rural areas and to treat the sick and injured closer to their homes and families. The gift of £10,000 by a local colliery owner allowed the construction of the hospital whilst the project may also have benefited from monies arising from the Mining Industry Act of 1920 and the establishment of the Miners' Welfare Fund. The welfare fund was supported by a levy on coal.

The original hospital comprised a long north-west to south-east two storey building constructed in red and yellow brick with stone dressings and provided 38 beds. Four further wards, in two V shaped pavilions or veranda wards, are shown attached to the southern side of the original building by the Ordnance Survey in 1948. A storage building to the north of the hospital has a ventilated roof and may have housed utilities connections, backup generators or a morgue.

With the foundation of the National Health Service in 1948 the building was used as a geriatric and then general hospital.

3 Aims and Objectives

The principle aim of the work was to identify and objectively record by means of photographs and annotated measured drawings any significant evidence for the original and subsequent historical form and functions of the building.

4 Methodology

Documentary research

Recorded information on the site was reviewed alongside a rapid map-regression based on available mapping and photographic evidence held by the Local History Library and West Yorkshire Archive Service, Wakefield.

Building recording

A detailed measured and photographic survey of both the internal and external areas of the former hospital, was undertaken in the areas to be affected by the proposed works these were undertaken prior to demolition. All plans and elevation drawings were produced at an appropriate scale, and to the standards laid down in the English Heritage guideline publication *Understanding Historic Buildings: A Guide to Good Recording Practice* (2006). Photographs were taken to record general views of the building in its setting and the relationship with other structures within the locality, with detailed shots taken of specific architectural and structural elements. A series of oblique and square-on views were taken to aid the photographic record. Where individual elevations include complex historical information was necessary to take views at right angles to the plane of the elevation.

Photographs were taken by an experienced professional with experience in historic building recording. Photographs were colour digital images, utilising a Nikon D200 DSLR. Pictures were taken in natural light wherever possible with artificial light used where necessary. General and detail photographs included a metric scale where practicable. A photographic register was produced detailing the location and direction of the photograph as well as a photograph reference number.

A full index with the location and direction of each photograph is marked on an annotated plan (Figs. 12-18). An inventory of the building recording archive is provided in Appendix 2. All images and plans will be archived with the ADS.

5 General Description and Analysis of the Building

Documentary evidence

The earliest part of the Hospital was erected in 1926, according to an inscription above its main entrance (Photo 7). The surviving early buildings are oriented southeast to northwest, but for convenience of description they are here treated as if oriented east to west. The original buildings of 1926 comprise an east-west administration block (Eastern half of Building 6 on Fig. 2), with short wings projecting northwards at each end, and two (inverted) V-shaped pairs of wards projecting southwards from the west (Building 7) and the east (Building 8) ends. The only other building erected in 1926 was a laundry building, now described as the generator building (Building 4).

A second phase of construction – the only other one covered by this report – was undertaken in 1938, when the administration block was extended westwards to form an outpatients' department (Western half of Building 6 on Fig. 2). Though the plans for the 1926 building have not been located, the plans and other records of this extension have survived among the archives of what is now Wakefield Council (WYAS: Wakefield WMT/CA/4171, plans 1-5). Figure 3 is one of these plans (no. 5), dated August 1938. It shows the original hospital in grey, the proposed new outpatients' department in red and further projected extensions to the West – never in fact built – in blue and yellow:

The subsequent extensions to the hospital were of very different form and date from 1953 and 1960-72 (WYAS: Wakefield WMT/CA, plan 6592; C412/4/4-5).

Plan 5 records some of the main functions of the original buildings, as can be seen from the enlargement (Fig. 4). It shows that the central, east-west block was the administration block, with the main entrance in the centre of its north side and the board room opposite the main entrance on the south side, projecting from the block. The function and layout of the rooms within the wings are not recorded, but the slightly narrower single-storey block at the end of the west wing was a kitchen, and the equivalent at the end of the eastern wing was the operating theatre.

Building 7, projecting south from the western wing, contained the women's and girls' wards, and Building 8, the equivalent at the east end, contained the men's and boys' wards. The adult wards contained more beds and were therefore slightly longer than the children's wards.

The plans provide no further detail on the administration block, the east wing or the wards forming Building 8, but they do for the west wing and Building 7. Figures 5-7 show, respectively, the basement, ground-floor and first floors. Figure 5 shows the heating chamber in the basement below the kitchen, with flues in its south wall and storage rooms beyond:

At ground-floor level (Fig. 6) were the kitchens, scullery and pantry, lavatories and maids' dining room, with the nurses dining room in the adjacent end of the administration block, at first-floor level (Fig. 7) were staff bedrooms.

The western ward (Building 7: Fig. 8) is also shown in more detail. The lobby running from the end of the administration block had a small private ward (with a canted bay window) on its west, before leading into the main women's and girls' wards which had small lavatory blocks on their northwest and northeast sides, verandahs on their southeast and south-western sides, and partitioned off 'sun rooms' with two further beds each, at their ends. The ward kitchens were at the junction of the two wards. Though there is no equivalent plan for the men's and boys' wards, the structural evidence confirms that it was a mirror image and therefore would have had a similar functional layout.

The outpatients' department, added to the western end of the administration block in 1938, is shown at ground and first-floor levels in Figures 9 and 10. The building is symmetrical, with the centre part projecting northwards and having in its east and west walls respectively, the entrance and the exit, next to lavatories. The entrance and exit gave access to and from the outpatients' waiting room, which had on its northern side the doctors' room and to each side the male and female examination room. To the east, the block contained stores; to the west, specialist rooms. Above were bedrooms, the sister's sitting room and the nurses' recreation room.

Both the original buildings and the 1938 outpatients' department use the same materials and have similar detailing with regard to the styles of door and window openings, the patterned brickwork, and other fittings. This was intentional: the drawing showing the proposed northern elevation of the outpatients' building (Fig. 11) includes a note that as far as possible, the new building will match the existing hospital.

All these buildings were photographed externally, and many internal spaces were also photographed. Some were inaccessible because of health and safety concerns (asbestos, structural damage etc) and some parts of the interior had been blocked off for security reasons. Most of the accessible rooms had been modernised in recent decades, and provided no evidence of earlier internal arrangements. Only a representative sample of these were included in the photographic record. Those which retained significant original fittings were, however, photographed where possible.

The description of the buildings starts with the main block, Building 6, and then covers the two V-shaped pairs of wards, Buildings 7 and 8. The final description is of the laundry block, Building 4.

Building 6 description

External description

The original, eastern half of Building 6, framed by its two northern-facing wings, is of 13 bays, with the main entrance in the central bay. The building is constructed in red brick, with

three courses of stretchers to one course of alternating headers and stretchers. At first floor level the walling within the bays is slightly recessed, and formed by yellow bricks, framed by the pilasters of red brick which continue upwards from the ground floor (Photos 1 and 2). The window openings have shallow, segmental arches formed by brick voussoirs with projecting 'keystones' also constructed of brick. The sills are sandstone, with three courses of projecting brick below them at both ground and first-floor levels. The windows are 4-pane sashes, and the roof covering is slate (Photo 3).

The wider central bay and the two on each side project slightly from the main face of the building (Photo 4). The bays to each side of the entrance bay have chequer decorated parapets formed by blocks of three yellow brick set vertically, alternating with three red-glazed bricks set horizontally. This chequer pattern is a feature of both the original 1926 building and the 1938 outpatients' range.

The entrance bay has a round arched opening with jambs and voussoirs formed by sandstone ashlar blocks alternating with 'blocks' of brickwork (Photo 5). At first floor level is a pair of panelled and part-glazed doors which formerly opened out on to an iron balcony. Though the balcony has gone, the positions of the ends of a waist-high railing are evident in the walling to either side of the doors, and the main joists for the balcony floor are marked by the ends of I-section girders cut off flush with the wall. The balcony floor was supported on each side by metal brackets which rested on sandstone corbels to either side of the entrance (Photo 6).

Above the balcony is a gable, again decorated with contrasting brickwork, and within the pediment an inscribed stone tablet recording foundation of hospital (Photo 7). It reads:

1926
CASTLEFORD
NORMANTON &
DISTRICT
COTTAGE
HOSPITAL

The bays to each side of the entrance framed windows at both ground and first floors, except for the third bay to the east which was originally a doorway (the sandstone door sill is still in place: Photo 2); this was subsequently also reduced to a window.

The wings to each side, projecting northwards, are similar in form but not identical. They extend at full height for a distance of two bays, with the outer bay under gambrel roof. The inner bay has, on the west, an original (tradesmen's) entrance with a narrow window beside it (Photo 8). On the east the equivalent bay also has an entrance but no sign of a former window (Photo 9).

Attached to their northern walls are contemporary, tall single-storey rooms under flat roofs with chequer-decorated parapets and tall segmental-arched windows. The block on the west has one window on its eastern side, lighting the kitchen (Photo 10), with steps down to the

boiler house at basement level (Photo 11). The kitchen was originally furnished with a chimney set against the southern wall, but this had subsequently been capped off with a gabled roof (Photo 12). A large tablet of stone set in the northern wall of the chimney appears to have been intended for another inscription, but there is none. The northern wall of the kitchen has three tall windows (Photo 13), and a further opening below the centre one which lit the basement and may originally have been a coal chute (Photo 14). The boiler house chimney seems to have been contrived in a pilaster on the western wall which projects further than the others and is associated with a number of metal-sheathed vents (Photo 15), though Figure 4 indicates this was a later alteration.

The eastern end of the 1926 building group was set on downward sloping ground, and the floor level was consequently raised significantly above the surrounding ground (Photo 16). The tall, single-storey room at the northern end of the east wing was originally the operating theatre. It has narrow modern brick additions on each side, forming plant rooms (Photos 17 and 18) but seems originally to have been an identical structure to the one at the northern end of the west wing. The only major differences now are that its windows have been blocked, and that the east wing retains its original chimney stack (Photo 19). An inscription on the chimney's stone tablet records that this was called the 'Peake Memorial Wing'.

The east side of the Peake Memorial Wing is of five unequal-sized bays (Photo 20), the second and fifth from the north being fronted by flights of steps (with original handrails) giving access to the doorways at raised ground-floor level (Photos 21 and 22). The canted bay window indicates that the ground-floor rooms were of relatively high status, probably used by the surgeons working in the adjacent operating theatre. Beneath the window is an original, latched wooden cover providing ventilation to the basement area (Photo 23). Similar ventilators were formerly set beneath many other windows to ventilate the basement or the sub-floor areas, but the rest have all been bricked up.

The southern side of the eastern (original) half of Building 6 has been largely obscured by later brick extensions, though the 4-pane sash windows can be seen at first floor level (Photo 24). Parts of the original board room, extending south from the centre of the main block, flat-roofed and with the usual chequer parapet, are visible behind later extensions (Photos 25, 26, 27 and 28).

The western end of the 1926 administration block had originally been similar to its eastern end, with a canted bay window, but this was removed when the block was extended westwards to accommodate the outpatients' department (see Fig. 5). The 1938 department is constructed of similar materials, and in a similar style to the 1926 administration block. On the northern side it has four projecting central bays (Photo 29), marked at first-floor level by the usual recessed panels of yellow brick separated by red-brick pilasters. The windows were originally again 4-pane sashes.

The northward projecting bays have flat roofs behind parapets decorated with the usual chequer-pattern brickwork. The two central bays are combined into one room at ground-floor

level, forming the doctors' room, with the next two ground-floor bays on each side forming the male and female patients' examination rooms. The outer bays of the examination rooms are single-storey only, and beyond them are single-storey projections containing the entrance and exit doorways for patients (inscribed thus on their sandstone lintels) with lobbies and w.c.s to one side (Photos 30, 31, 32 and 33). Behind the doctors' room and examination rooms, under the main roof, was the outpatients' waiting room.

To either side of the projecting bays are four unequal-sized bays to each side, the innermost fronted by the projecting single-storey blocks. On the western side the outer bays formed the specialists' rooms, with a narrow bay between them for storage, including a fire-proof storage room for X-ray films (Fig. 8 and Photo 34); on the eastern side there was an office and stores room (heated by a fireplace), and the matron's medical stored beyond it (Fig. 8 and Photos 35 and 36). The western end of the outpatients' department looks unfinished (Photos 37, 38 and 39) – as it is, since it was intended to receive a further pair of wards at its western end, which were never built. At ground-floor level the southern side of the outpatients' department is obscured by later additions, but the first-floor bays and windows can be seen (Photos 40 and 37).

Internal description: eastern half, ground floor

As noted above, the eastern half of Building 6 is the original 1926 administration block. At its centre is the main entrance hall with a screen forming a lobby (Photo 41). The arch of the screen contains stained glass, featuring the West Riding rose (Photo 42) which externally also ornaments the original rainwater hoppers. Immediately opposite the main entrance was the board room, now largely removed to create a corridor leading to later buildings to the south. One of the original board room doors, 9-panelled with a pair of overlights, survives on the east (Photo 43).

At the eastern end of the administration block, few original features survive, except at the junction of the main block and the east wing, where the water main rises from the basement beside a store room with original panelling set beneath the staircase (Photos 44 and 45).

Further original panelled cupboards are set beneath the staircase at the western end of the administration block (Photos 46, 47 and 48). A corridor running through the administration block on the south side of the main run of rooms was formerly lit by a row of 4-pane sash windows in its south wall, and one of these is intact (Photo 49). On the opposite side of the corridor the former nurses dining room was not accessible; but the two rooms to its east retain 9-panel doors with pairs of overlights (Photos 50, 51 and 52), indicating high-status offices. The east office contains a wall safe (Photos 53, 54 and 55). The next office to the east also has a 9-panel door (Photos 56 and 57).

The western end of the 1926 administration block originally contained a room with a canted bay window, and was apparently the maids' dining room (see Fig. 6). Its original parquet floor is visible (Photo 58); elsewhere parquet flooring is thought to survive extensively, beneath the present carpeting.

Internal description: eastern half, first floor

At the eastern end of the administration block there is an original staircase with moulded wooden handrail and newel posts, and square-section metal balusters (Photo 59). The room to the south is one of the few areas retaining original panelled cupboards. These are set against its northern wall, and include a dumb waiter (Photos 60, 61, 62 and 63). The room is described as a kitchen on the recent plans, but it seems to be too small to be a kitchen for patients or nurses, who in any case are known to have had their kitchen facilities elsewhere. The dumb waiter presumably delivered meals to the ground floor of the east wing, where the surgeons probably had their accommodation near the operating theatre.

In the centre of the administration block are the part-glazed doors on the northern side which formerly gave access to the balcony over the main entrance (Photo 64). Halfway between the balcony and the west wing are rooms which were formerly bedrooms, with surviving doors with paired overlights (Photos 65, 66 and 67). The bedrooms themselves contain small 'ward rooms' for storing clothes, like those shown on the plan of the outpatients' department bedrooms (compare Figs 7 and 10); the ward rooms also have panelled doors and parquet flooring (Photos 68 and 69). One of the bedrooms contains another wall safe, its door painted over but bearing a coat of arms (Photos 70 and 71).

At the western end of the administration block, the stairs are original and identical to those at the eastern end: the hand-rails and newel posts are of timber, but the balusters are metal (Photo 72). Also original are the doorways into the rooms at the north end of the wing: these are set diagonally to the corridor's axis, and formerly gave access to the cook's and maid's bedrooms (Photo 73).

Internal description: western half, ground floor

The western half of building 6 is formed by the 1938 outpatients' department, but the original fixtures and fittings are modelled on those in the 1926 building to the east. The main rooms were again furnished with 9-panel doors (Photos 74 and 75), and the lavatories and w.c.s with 6-panel doors and pairs of overlights where needed (Photos 76 and 77). The original swing doors (part-glazed double doors) between the corridor and waiting room remain, though damaged (Photos 78 and 79), as does the glazed partition wall in which they are set (Photos 80, 81, 82 and 83).

Internal description: western half, first floor

The first-floor corridor of the outpatients' department (Photo 84) retains its original panelled cupboards with sliding doors: the linen stores for the nurses' bedrooms (Photos 85, 86 and 87). Behind the cupboards were the nurses' bathrooms, personal utility room and w.c.s, entered from 4-panel doors with pairs of overlights which again survive (Photo 88). The w.c. retains its green and white tiling (Photo 89). The bedroom doors are similar to those of the utility room (Photo 90).

The sister's sitting room, set in the middle between the nurses' bedrooms, still has its parquet floor (Photo 91), and the nurses' recreation room, on the opposite side of the corridor above

the doctors' room, had fireplaces in its east and west walls and was entered through 6-panel doors (Photos 92, 93 and 94). Towards the western end there is a further linen store in front of a second group of bathroom and w.c. facilities; this store has outward-opening panelled double-doors with two pairs of overlights above (Photos 95 and 96).

Building 7 description

External description

Block 7 is the original 1926 pair of women's and girls' wards, the former projecting south-west, and the latter southeast (Fig. 8). The structure at the apex of the wards, linking them to the administration block, contains a room with a canted bay window (Photo 97), marking the location of one of the private wards. Nearby, a low-level pipe extending out from the block presumably drained waste water from the ward kitchen; it issued into an original rainwater hopper decorated with a West Riding rose (Photo 98) before entering the sub-surface drainage system. This rather peculiar arrangement is presumably secondary, introduced because of difficulties in rodding the kitchen waste pipe.

The wards have projecting lavatory and w.c. blocks, with flat roofs and chequer-decorated parapets, on their external sides (Photos 99, 100, 101 and 102), and a continuous verandah along their facing sides (Photos 103 and 104). Parts of the verandah have been converted into rooms, but much of the original structure remains, including the decorative metal stanchions supporting horizontal girders which themselves supported the outer edges of the glazed roof. The metal handrails are also original (Photo 105). More details of construction are provided in the description of the identical verandah on Building 8, below.

At the end of each main ward is the 'sun room', set under a roof hip which has, at its apex, a ventilated gablet, and beyond it a chimney serving fireplaces in both the main ward and the sun room (Photos 106 and 107: see Fig. 8). The three southward facing windows of each sun room are divided into three areas of glazing by two brick columns, but otherwise take up the whole of the wall (Photos 108 and 109).

To provide shade, each of the southward facing walls of the sun rooms is provided with a pair of retractable fabric awnings, which still apparently survive. Though the awnings cannot be seen, the boxes containing the rolled-up awnings are still in place against the wall just below the eaves, each pair separated by a central external light fitting. Each awning has a pair of iron stays on each side, bolted into the wall, to provide support, and is furnished with chains to limit movement (Photos 107 and 110).

Internal description

Part of the door surround of the entrance to the wards of the women's and girls' block remains, although much altered. It probably had two pairs of overlights, subsequently turning into a single overlight (Photo 111). As with Building 8 below, original fittings are rare but most commonly include 4-panel doors giving access to lavatories, w.c.s, and what were

probably store rooms, some furnished with pairs of overlights to illuminate spaces with little external glazing (Photos 112, 113 and 114).

Also remaining (as with Building 8 below) are some of the panelled and glazed double doors with pairs of overlights leading from the main wards to the verandahs (Photos 115, 116 and 117).

Building 8 description

External description

Building 8, housing the men's and boys' wards, is almost a mirror image of Building 7. Its main differences are due to its location on the downward sloping ground surface at the eastern end of the hospital site. The private ward is located between the main wards and the administration block, its position marked by a canted bay window facing outwards from the hospital site (Photo 118). The main wards are furnished with the flat-roofed lavatory and w.c. projections (Photos 119 and 120), and the end walls of the sun rooms have extensive glazing (Photos 120 and 121). Below the men's ward, where there is a greater depth of sub-floor space, a window has been inserted to light the basement below the raised ground floor (Photo 122).

As with Building 7, the ends of the veranda have been turned into rooms, but much of the centre survives, approached by flights of steps from the lower ground surface (Photos 123 and 124). The steps are flanked by original handrails of the same design as the rails running along the outer edge of the verandah; they have scrolls at the outer ends of the handrails (Photo 125).

The horizontal girders supporting the leading edge of the glazed roof, themselves set on the decorative stanchions, are (as with Building 7) tied back into the main walls by horizontal transverse girders. These are fastened to metal plates bolted on to the walls, except at the ends and the centre where they are lodged within the wall. A few of the inclined steel rafters which originally supported the glass roof are intact, but most have been replaced with aluminium (Photos 126, 127 and 128).

Internal description

Few original fittings remain in the two main wards – the men's and boys' wards (Photos 129 and 130). The sun room of the men's ward formerly had an opening into the end of the verandah, but this part of the verandah has been turned into a brick-walled room, and only the two pairs of overlights for the original wide double-doorway remain (Photo 131). One of the verandah's horizontal iron girder ties also remains in place (Photo 132). The glazed double doorway from the main ward into the verandah is in better condition (Photo 133).

As for the boys' ward, the most notable survival is the panelled door giving access to the lavatory and w.c. block (Photo 134). The original panelled door into the w.c. opposite the private ward also remains (Photo 135).

Building 4 description

External description

The remaining original 1926 building on the hospital site is Building 4, described in 1938 as a laundry (Fig. 3: Photos 136 and 137). This seems to be the function it was designed for, given the clerestory dividing the upper roof from the lower roof: though now boarded up, this presumably contained louvres allowing steam to escape. The laundry's SE side wall has three large windows in the centre flanked by doorways with overlights and smaller windows to each end. Much of the detailing, including the slightly projecting courses of brickwork below the sandstone window sills, is in keeping with the rest of the 1926 buildings.

There are two substantial chimney stacks in each gable. The lower roof is carried around the building's north-eastern end, enclosing the gable stack at that end. It contains a much larger doorway in its southeast wall, and another in its north-eastern end wall, presumably to provide vehicular access.

The northwest side of the building could not be accessed. Nor could its interior.

6 Conclusions

All the buildings erected in 1926 – the administration block with its two wings and two pairs of wards, together with its laundry – survived at the time of the photographic survey. So, too, did the outpatients' department added to the hospital in 1938. As indicated in the specification of works (Appendix 1), cottage hospitals such as this were created to provide medical care in smaller towns and rural areas where the sick and injured could be treated close to their homes. The erection of the Castleford, Normanton and District Cottage Hospital was funded by a local colliery owner and may also have benefited financially from the Mining Industry Act of 1920 and the establishment of the Miners' Welfare Fund. Set on high ground between Castleford and Normanton, it was presumably located to escape the worst effects of smog and industrial pollution, perhaps offering, to miners and their families, comparatively clean air and exposure to the sun.

The provision of beds in the original hospital is recorded on one of the plans (WYAS: Wakefield WMT/CA/4171, plan 1). In Building 7, the women's and girls' wards contained respectively 10 beds, including two in the sun room, and 8 beds, including two in the sun room. One further bed in the private female ward brought the total to 19. Though the details are not specified for Building 8, the total number of beds for men and boys was the same (including one private), giving an overall capacity of 38 beds. The 1938 extension did not increase this number, as it served only outpatients, but the proposals for further expansion, involving the creation of another pair of wards broadly similar to the earlier ones (Fig. 3), would have added a further 10 beds for men and 10 for boys (including two beds in each sun room) plus a further two beds in private wards. This would have increased capacity by almost 60 per cent.

The planned further expansions were evidently anticipated when the outpatients' department was erected, as its western end was not treated architecturally as a gable end: it was simply cut off with what was undoubtedly envisaged as a temporary end wall. That further expansion did not take place along the lines intended can be ascribed to two unanticipated developments: one short-term and one long-term. The Second World War began just over a year after the outpatients' department plans were approved, and the construction industry no doubt found itself directed to more pressing tasks. Then in 1948 the National Health Service was created, and the further development of the Castleford site since then has reflected the wider requirements of the NHS. What the unrealised plans offer is a glimpse of what local hospital provision might have looked like if the NHS had *not* been created at that time.

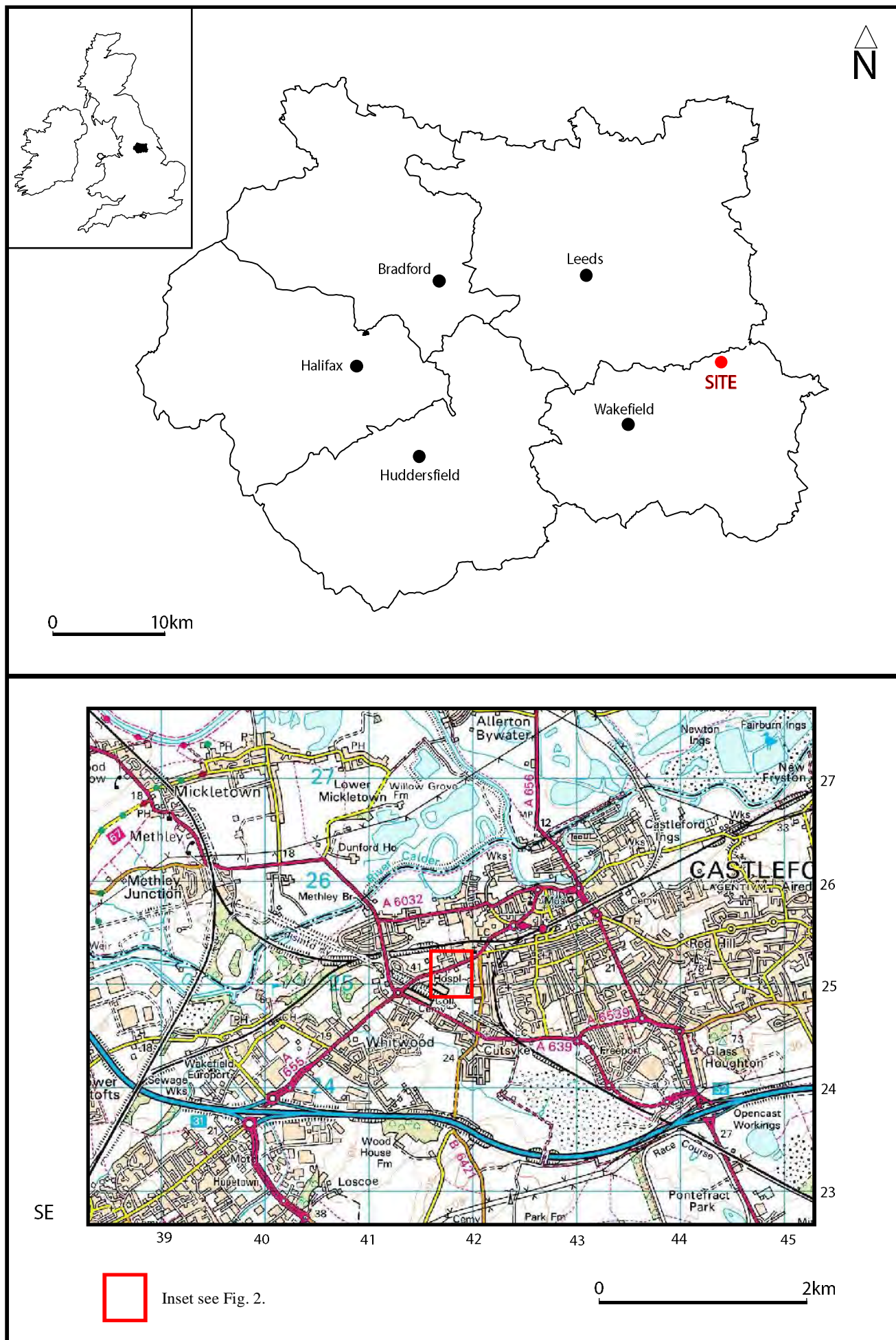


Fig. 1. Site location

Reproduced with the permission of the controller of Her Majesty's Stationery Office © Crown Copyright. Archaeological Services WYAS: licence LA076406, 2018.



Fig. 2. Site location (1:1000 @ A4)

0 30m

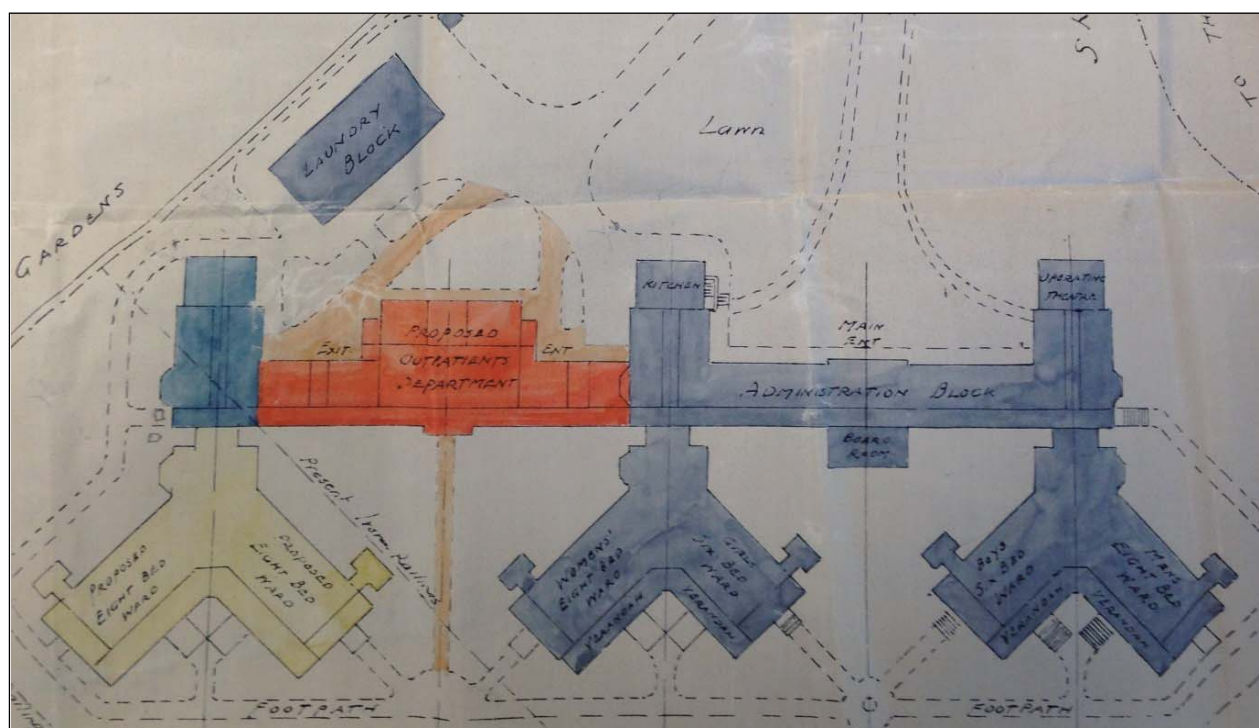


Figure 3. Overall plan of the hospital – existing and projected buildings – dated August 1938 (WYAS: Wakefield WMT/CA/4171, plan 5). The existing buildings are coloured grey on the right and top left (laundry block). The outpatients' department is in red. The proposed blue and yellow blocks to left were not built.

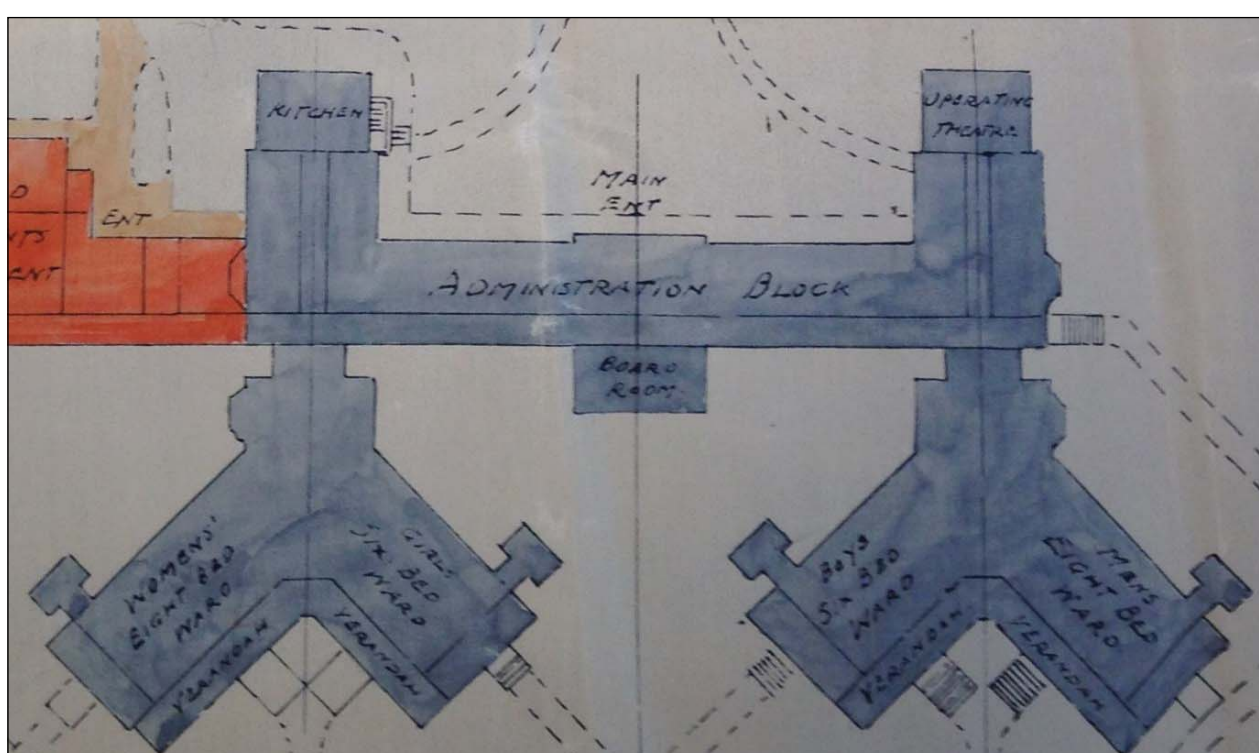


Figure 4. Close-up of original building shown on plan 5 (WYAS: Wakefield WMT/CA/4171, plan 5).

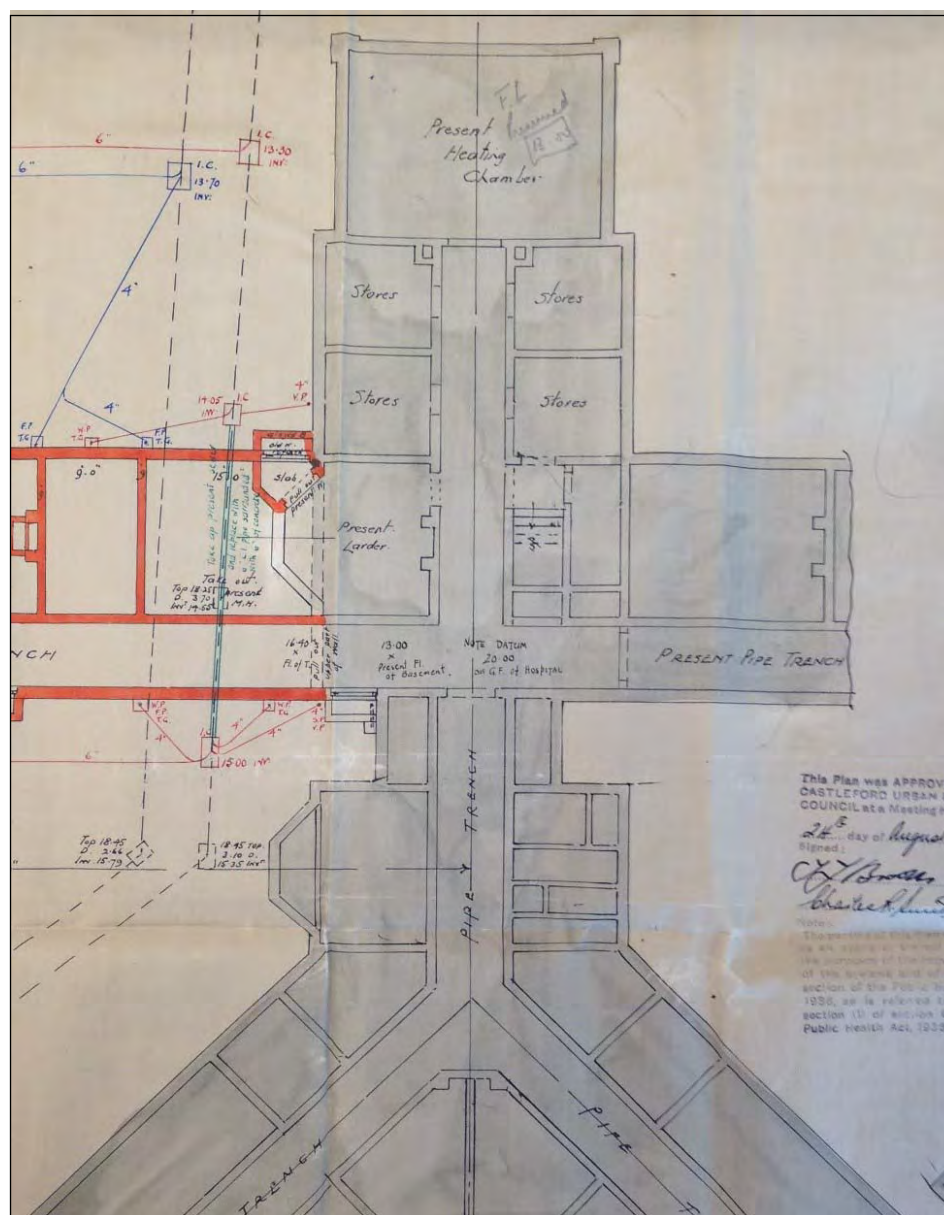


Figure 5. West wing of original building at basement level (WYAS: Wakefield WMT/CA/4171, plan 3).

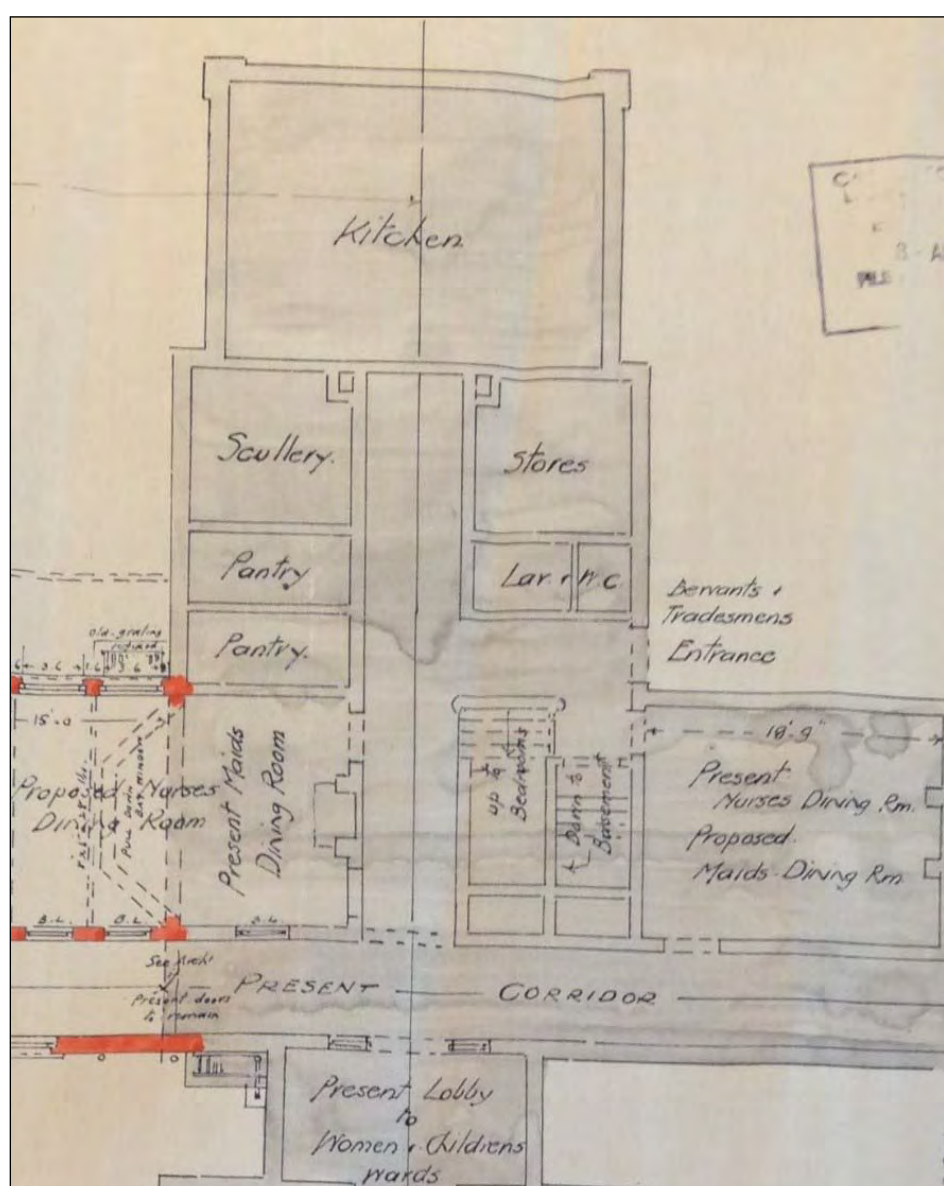


Figure 6. West wing of original building at ground-floor level (WYAS: Wakefield WMT/CA/4171, plan 1).

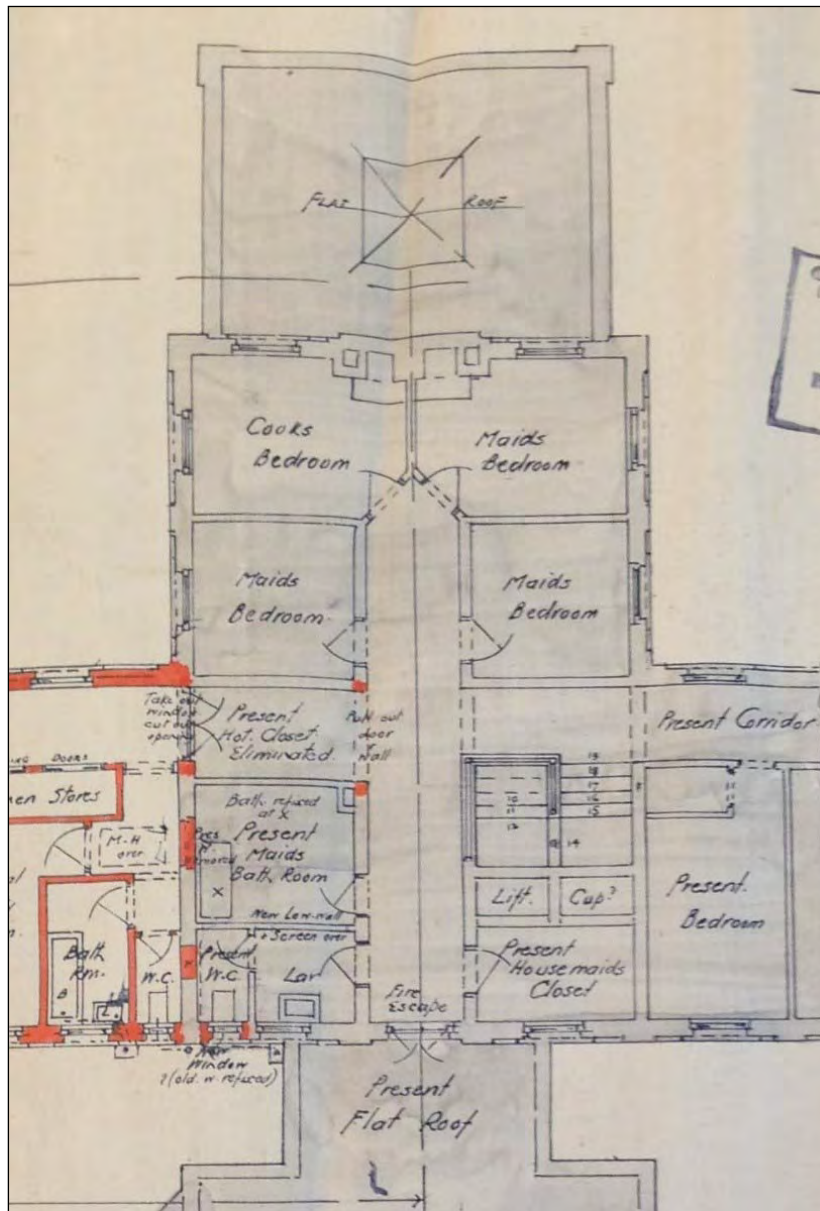


Figure 7. West wing of original building at first-floor level (WYAS: Wakefield WMT/CA/4171, plan 2).

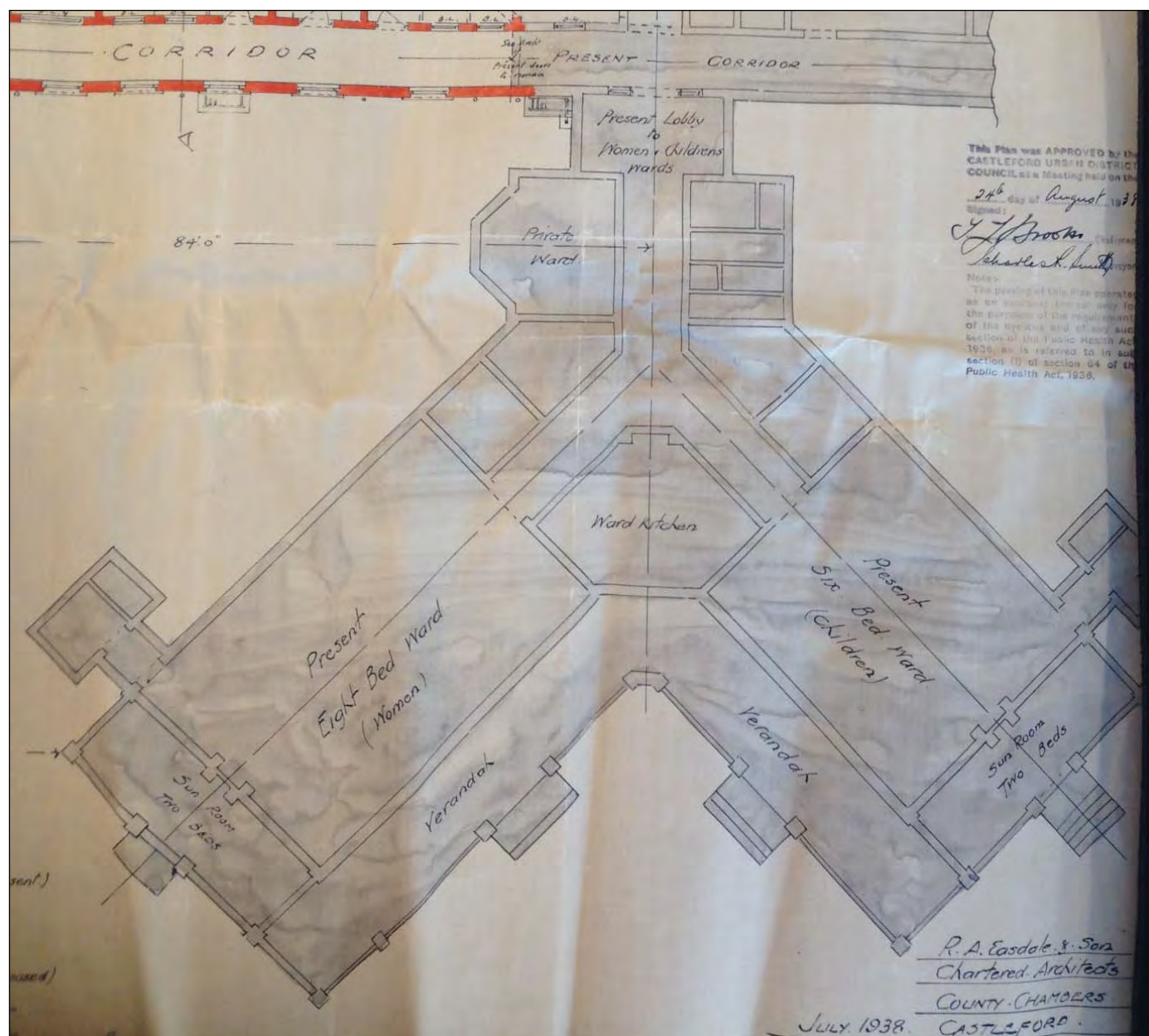


Figure 8. West wards of original building at ground-floor level (WYAS: Wakefield WMT/CA/4171, plan 1).

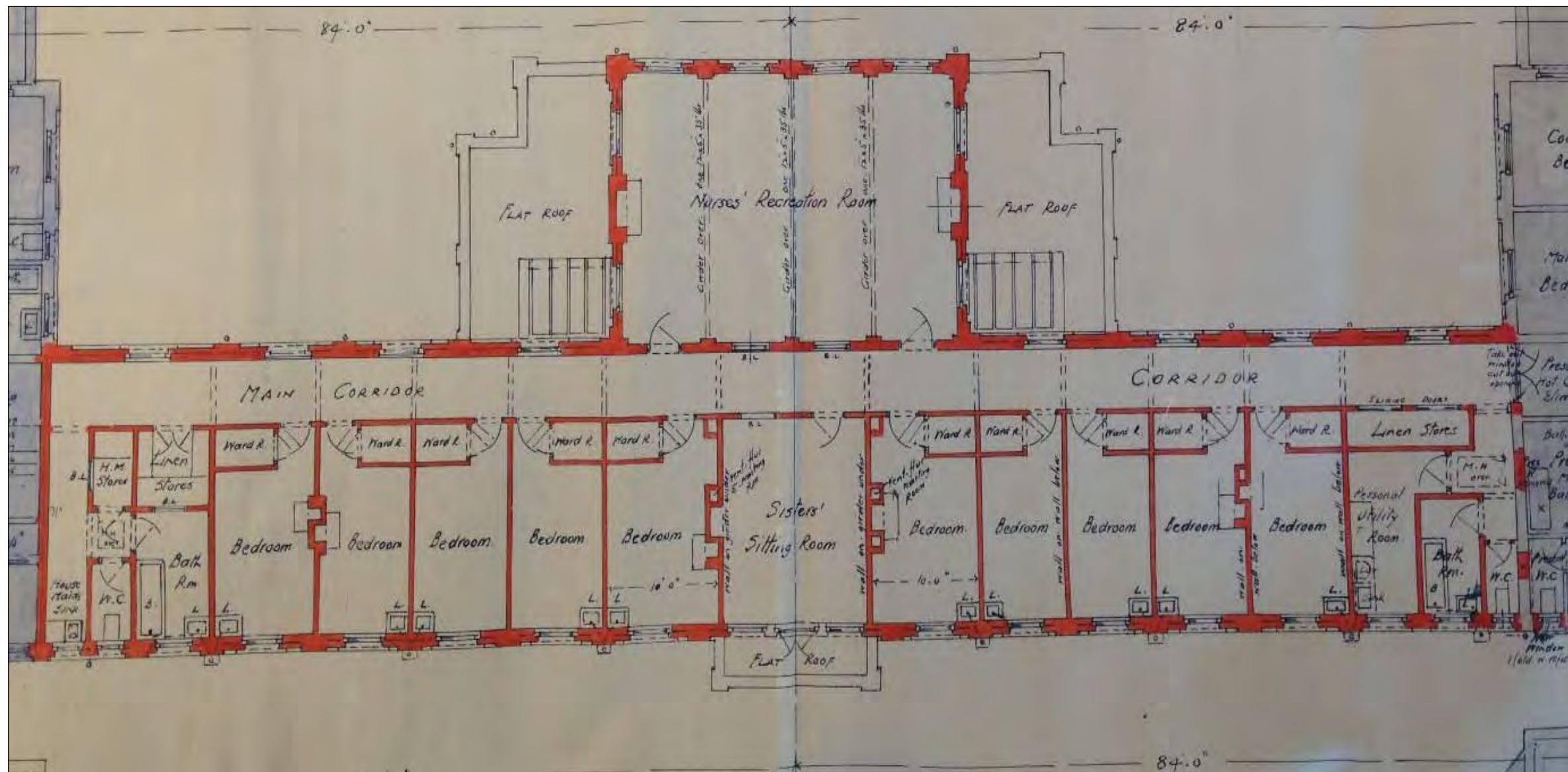


Figure 10. The first-floor plan of the outpatients' department (WYAS: Wakefield WMT/CA/4171, plan 2).

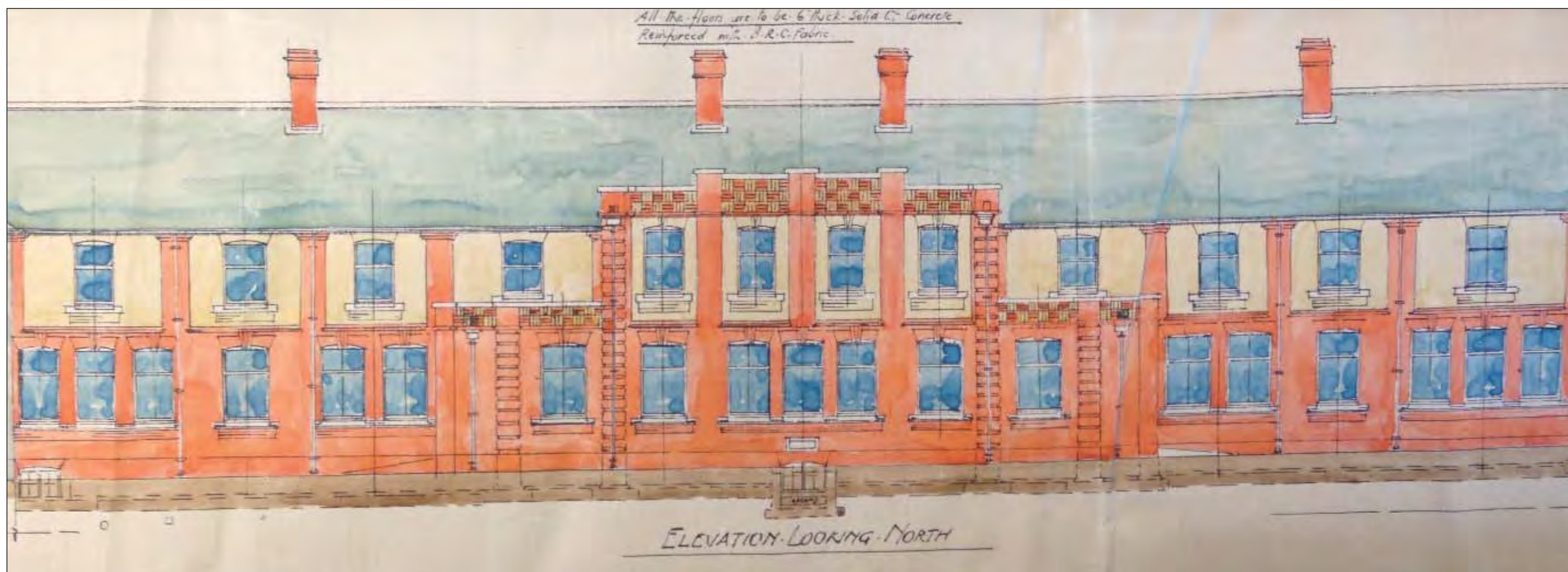


Figure 11. The North elevation of the outpatients' department (WYAS: Wakefield WMT/CA/4171, plan 4).



Figure 12. Photo locations, Block 6 Administration - ground floor

NOT TO SCALE

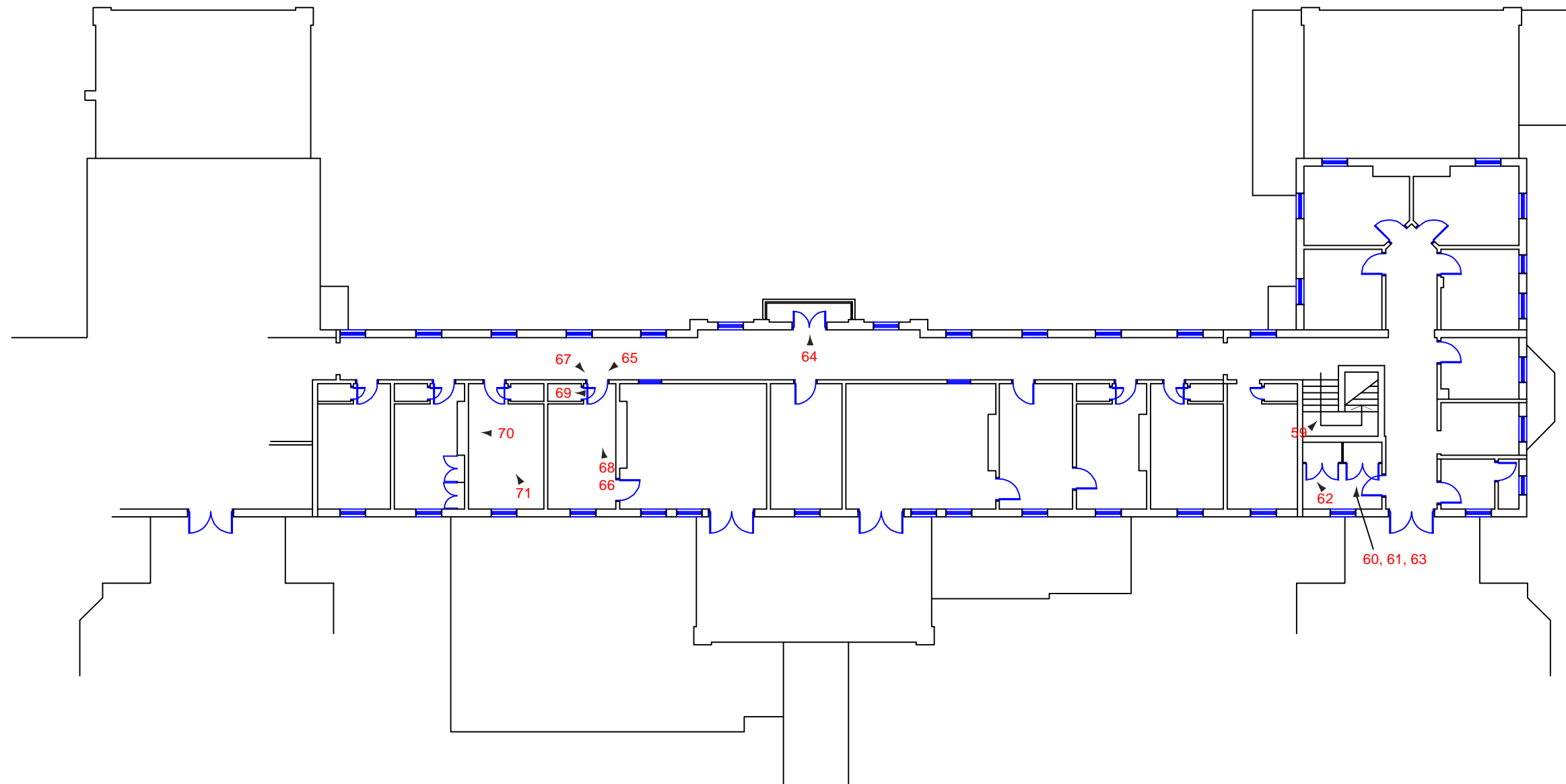


Figure 13. Photo locations, Block 6 Administration - first floor

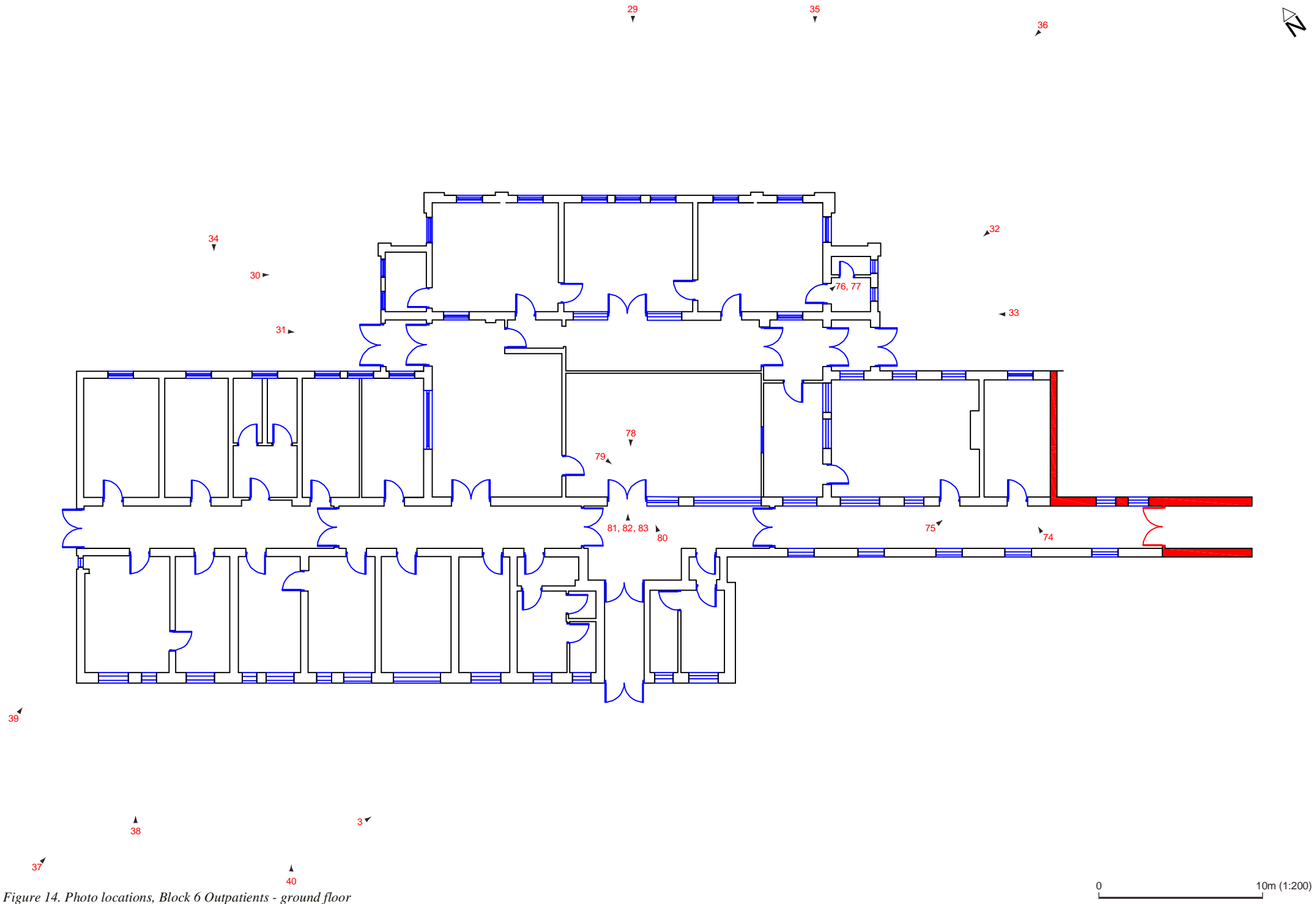


Figure 14. Photo locations, Block 6 Outpatients - ground floor

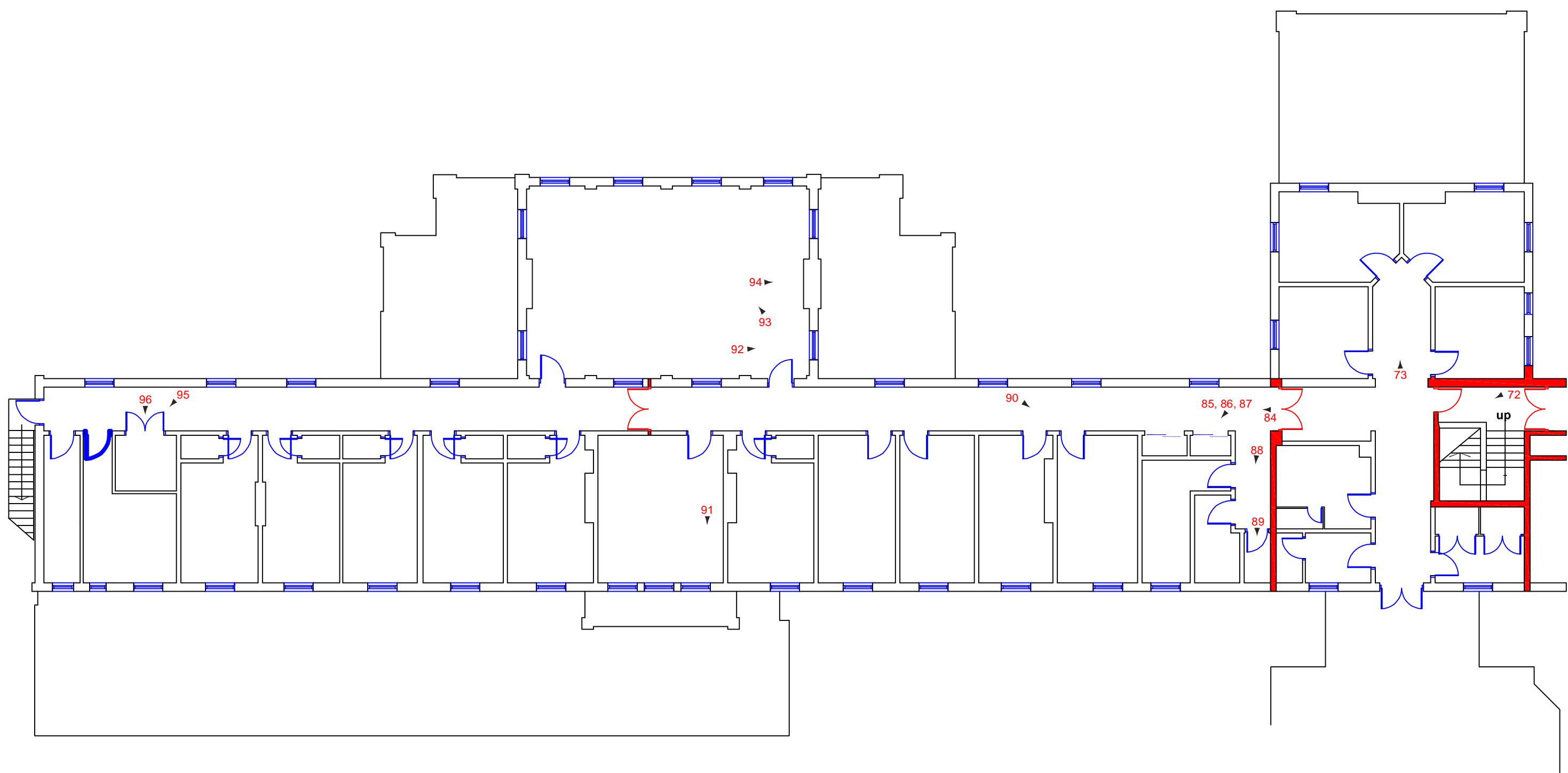


Figure 15. Photo locations, Block 6 Outpatients - first floor

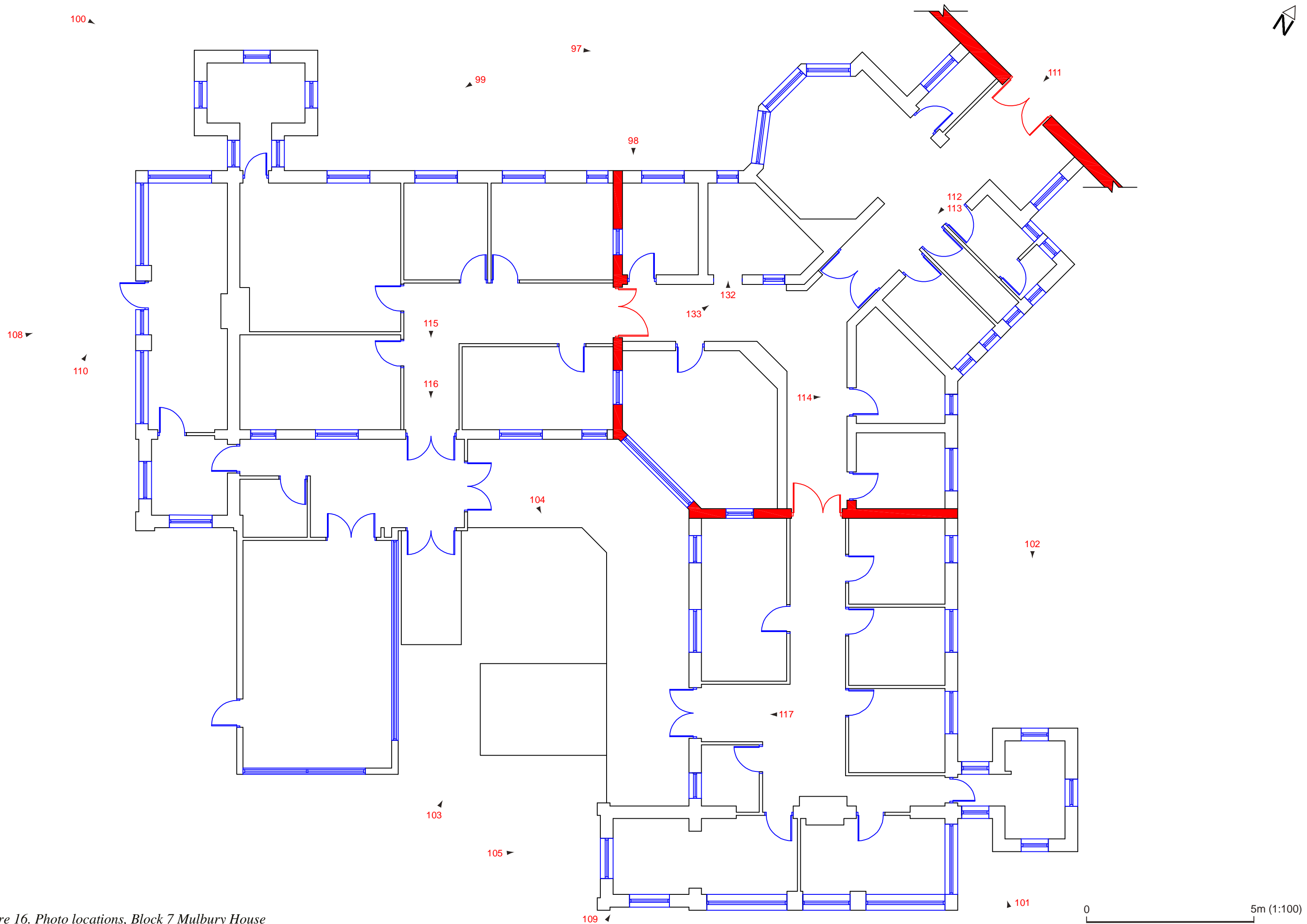


Figure 16. Photo locations, Block 7 Mulbury House

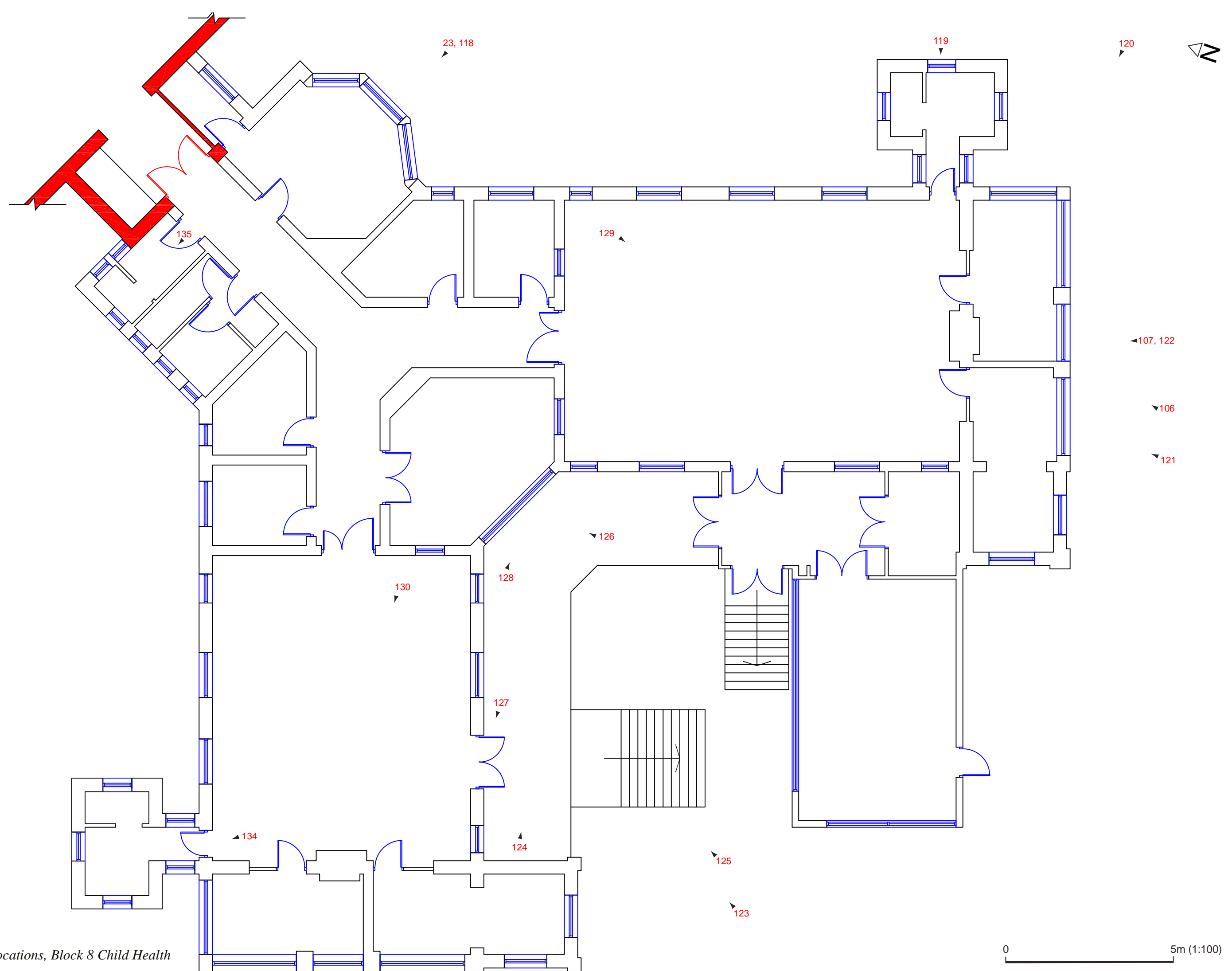


Figure 17. Photo locations, Block 8 Child Health

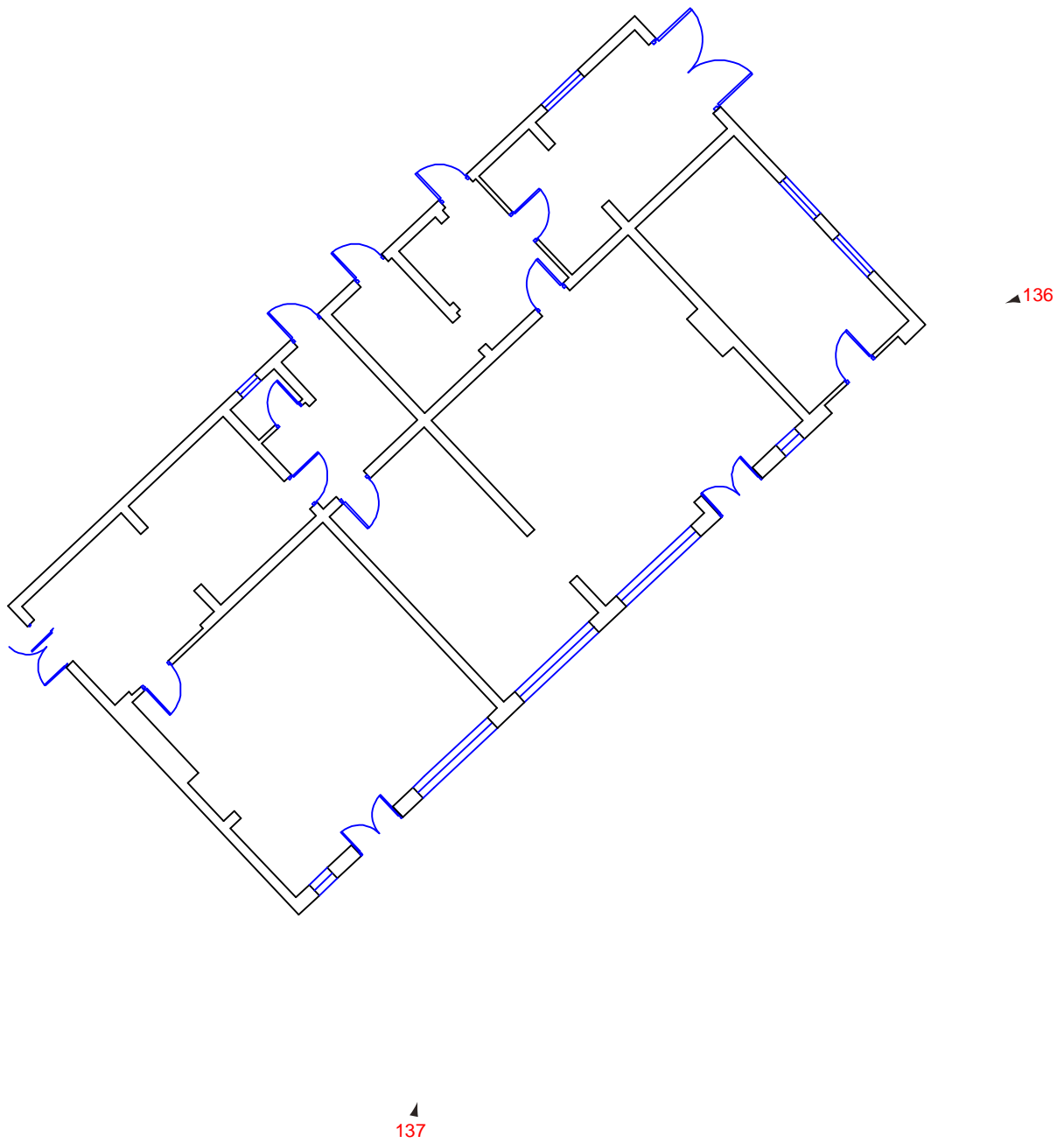


Figure 18. Photo locations, Block 4 Generator House/Workshops

NOT TO SCALE

Appendix 1: Specification

SPECIFICATION FOR ARCHAEOLOGICAL PHOTOGRAPHIC RECORDING AT THE FORMER CASTLEFORD HOSPITAL, CASTLEFORD, WEST YORKSHIRE

SE 41699 24939

This specification details the general requirements for an archaeological and architectural photographic record of the “The Former Castleford and Normanton District Hospital” in response its demolition.

This specification was produced for Nansi Rosenberg of Prospect Archaeology (Prospect House, Garden Lane, Sherburn-in-Elmet LS25 6AT Tel.: 01977 681885) on behalf of Wakefield Metropolitan District Council (planning permission 15/00772/OUT).

- 1.1 This specification covers the requirements for an archaeological and architectural photographic record of the former early 20th Castleford and Normanton District Hospital prior to its demolition.
- 1.2 This specification has been written by the West Yorkshire Archaeology Advisory Service (WYAAS), the holders of the West Yorkshire Historic Environment Record.
- 2.1 The Castleford Normanton and District Hospital was established by the later 1920s. Various accounts state that it opened in 1926, 1928 or 1929.
- 2.2 During the later 19th and early 20th centuries local medical services were based around general practitioners, dispensaries and general hospitals in larger towns. Services were funded by various charitable bequests and subscriptions. Cottage hospitals came into existence to fulfil the need for better medical care in smaller towns and rural areas and to treat the sick and injured closer to their homes and family. The gift of £10,000 by a local colliery owner allowed the construction of the hospital whilst the project may also have benefited from monies arising from the Mining Industry Act of 1920 and the establishment of the Miners’ Welfare Fund. The welfare fund was supported by a levy on coal.
- 2.3 The original hospital comprised a long north-west to south-east two storey building constructed in red and yellow brick with stone dressings and provided 38 beds. Four further wards, in two V shaped pavilions or veranda wards, are shown attached to the southern side of the original building by the Ordnance Survey in 1948. A storage building to the north of the hospital has a ventilated roof and may have housed utilities connections, backup generators or a morgue.
- 2.4 With the foundation of the National Health Service in 1948 the building was used as a geriatric and then general hospital.
- 2.5 The Castleford Normanton and District Hospital is a relatively late example of a small medical facility established by subscription and donation to support an industrial community. Although of a simple design its late date make it worthy of recording prior to demolition.

2.6 For an understanding of relevant archaeological research priorities for hospital buildings in West Yorkshire please see the historic buildings research agenda available as a PDF document to download from the WYAAS website:

<http://www.wyjs.org/archaeologyuk-advisory/>The aim of the proposed work is to identify and objectively record by means of photographs any significant architectural features and evidence for the original and subsequent historical form and functions of the hospital complex, and to place this record in the public domain by depositing it with the West Yorkshire Historic Environment Record (West Yorkshire Archaeology Advisory Service, West Yorkshire Joint Service, Nepshaw Lane South, Morley, Leeds LS27 7JQ tel. 0113 393 9959; email wyher@wyjs.org.uk). The building recorder on site should give particular attention to recording as far as possible the functional arrangements and division of the hospital.

4.1 Health and Safety

4.1.1 The building recorder on site will naturally operate with due regard for Health and Safety regulations. Prior to the commencement of any work on site the building recorder may wish to carry out a Risk Assessment on the building / structure in accordance with the Health and Safety at Work Regulations. The building recorder should identify any contaminants which constitute potential Health and Safety hazards (e.g. chemical drums) and make arrangements with the owner / developer for decontamination/making safe as necessary and appropriate. The WY Archaeology Advisory Service and its officers cannot be held responsible for any accidents or injuries which may occur to outside contractors engaged to undertake this survey while attempting to conform to this specification.

4.2 Confirmation of Adherence to Specification

4.2.1 Unauthorised variations are made at the sole risk of the building recorder. Proposed modifications presented in the form of a re-written specification/project design will not be considered. For technical queries see para. 8.1.

4.3 Confirmation of Timetable and Contractors' Qualifications

4.3.1 Prior to the commencement of any work, the building recorder must provide the local planning authority and WYAAS in writing with:

- a projected timetable for the site work
- details of the staff structure and numbers
- names and CVs of key project members (the project manager, site supervisor, any proposed specialists, sub-contractors *etc.*)

4.3.2 All project staff provided by the building recorder must be suitably qualified and experienced for their roles. In particular, staff involved in building recording should have proven expertise in the recording and analysis of hospital buildings. The timetable should be adequate to allow the work to be undertaken to the appropriate professional standard.

4.4 Notification and Monitoring

- 4.4.1 The Local Authority and WYAAS should receive at least one week's notice in writing of the intention to start fieldwork.

5 Recording Methodology

5.1 Site preparation

- 5.1.1 Prior to the commencement of work on site the building recorder should identify all removable modern material (including late 20th and 21st-century partitions, dry-boarding, suspended ceilings etc.) which may significantly obscure material requiring a photographic record, and should contact the developer in order to make arrangements for its removal. It is not the intention of this specification that large-scale removal of material of this type should take place with the building recorder's manpower or at that contractor's expense.

5.2 Documentary research

- 5.2.1 If no detailed heritage statement has been submitted for the building / structure, then prior to the commencement of work on site, the building recorder should undertake a rapid map-regression exercise based on the readily-available map and photographic evidence held by the relevant Local History Library and the Wakefield office of the West Yorkshire Archive Service (WYAS Wakefield, 127 Kirkgate, WF1 1JG Tel: 01924 782030), and a rapid examination of the available 19th- and 20th-century Trades and Postal directories, the appropriate census returns and all other available primary and relevant secondary sources. This work is intended to inform the building recording by providing background information with regard to function and phasing. Please note that this exercise is not intended to be a formal desk-based assessment, and should not represent a disproportionate percentage of the time allowed for the project overall.

5.3 Site/building plans

- 5.3.1 If as "existing plans" of the hospital have been located then, if appropriate, these plans may be used for any annotation relative to the photographic record (permission of the copyright holder must be sought).
- 5.3.2 Failing this, an accurate sketch plan of the hospital layout, marked with a north pointer, should be derived from the most appropriate large-scale historic mapping and reproduced at an appropriate scale (not smaller than 1:100). This plan should then be used for any annotation relative to the photographic record.

6 Photographic Record

6.1 External photographs

- 6.1.1 An external photographic record should be made of all elevations of the original hospital complex, from vantage points as nearly parallel to the

elevation being photographed as is possible within the constraints of the site. The contractor should ensure that all visible elements of each elevation are recorded photographically; this may require photographs from a number of vantage points. A general external photographic record should also be made which includes a number of oblique general views of the hospital from all sides, showing it/them and the complex as a whole in its setting. In addition, a 35mm general colour-slide survey of the building should also be provided (using a variety of wide-angle, medium and long-distance lenses). While it is not necessary to duplicate every black-and-white shot, the colour record should be sufficiently comprehensive to provide a good picture of the form and general appearance of the hospital. The colour slide record should also include some internal shots. (See para. 6.5 below for possible use of digital photography in place of colour transparency)

6.2 Internal photographs

- 6.2.1 A general internal photographic record should be made of the hospital. General views should be taken of each room or discrete internal space from a sufficient number of vantage points to adequately record the form, general appearance and manner of construction of each area photographed. In areas which are wholly modern in appearance, character and materials, a single shot to record current appearance will suffice.

6.3 Detail photographs

- 6.3.1 In addition, detailed record shots should be made of all features of archaeological and architectural interest identified during the process of appraisal. Typically, items of interest would include:
- All original structural elements, roof structures / trusses
 - Any inscriptions, dedications or date stones
 - Original doors and window frames
 - Evidence of original floor coverings
 - Evidence of original wall coverings e.g. glazed brick
 - Original staircases and other access arrangements
 - Evidence of the original heating and ventilation arrangements, e.g. central heating, open fires etc.
 - Evidence of original specialist rooms or structures, e.g. operating theatres, morgue, convalescence wards, etc.

But this list should not be treated as exhaustive. The building recorder on site should also identify and note:

- any significant changes in construction material – this is intended to include significant changes in stone/brick type and size
- any blocked, altered or introduced openings
- evidence for phasing, and for historical additions or alterations to the building.

- 6.3.2 Elements for which multiple examples exist (e.g. each type of roof truss, column or window frame) may be recorded by means of a single representative illustration. N.B. Detail photographs must be taken at medium-to-close range and be framed in such a way as to ensure that the element being photographed clearly constitutes the principal feature of the photograph.

6.4 Equipment

- 6.4.1 General photographs should be taken with a Large Format monorail camera (5" x 4" or 10" x 8"), or with a Medium Format camera that has perspective control, using a tripod. The contractor must have proven expertise in this type of work. Any detail photographs of structural elements should if possible be taken with a camera with perspective control. Other detail photographs may be taken with either a Medium Format or a 35mm camera. All detail photographs must contain a graduated photographic scale of appropriate dimensions (measuring tapes and surveying staffs are not considered to be acceptable scales in this context). A 2-metre ranging-rod, discretely positioned, should be included in a selection of general shots, sufficient to independently establish the scale of all elements of the structure.

6.5 Digital photography

- 6.5.1 As an alternative for colour slide photography, good quality digital photography may be supplied, using cameras with a minimum resolution of 10 megapixels. Digital photography should follow the guidance given by Historic England in Digital Image Capture and File Storage: Guidelines for Best Practice, July 2015. Note that conventional black and white print photography is still required and constitutes the permanent record. Digital images will only be acceptable as an alternative to colour slide photography if each image is supplied as both a JPEG and a TIFF versions. The latter as an uncompressed 8-bits per channel TIFF version 6 file of not less than 25Mbs (See section 2.3 of the Historic England guidance). The contractor must include metadata embedded in the TIFF file. The metadata must include the following: the commonly used name for the site being photographed, the relevant centred OS grid coordinates for the site to at least six figures, the relevant township name, the date of photograph, the subject of the photograph, the direction of shot and the name of the organisation taking the photograph. **Any digital images are to be supplied to WYAAS on archive quality "gold" CDs by the archaeological contractor accompanying the hard copy of the report.**

6.6 Film stock

- 6.6.1 All record photographs to be black and white, using conventional (not chromogenic) silver-based film only, such as Ilford FP4 or HP5, or Delta 400 Pro that is replacing HP5 in certain film sizes (such as 220). Dye-based films such as Ilford XP2 and Kodak T40CN are unacceptable due to poor archiving qualities.
- 6.6.2 Also see alternative for archiving digital images below.

6.7 Printing

- 6.7.1 Record photographs should be printed at a minimum of 5" x 7". In addition a small selection of photographs (the best of the exterior setting shots and interior shots with important detail) should be printed at 10" x 8". Bracketed shots of identical viewpoints need not be reproduced, but all viewpoints must be represented within the report.
- 6.7.2 Prints may be executed digitally from scanned versions of the film negatives, and may be manipulated to improve print quality (but not in a manner which alters detail or perspective). All digital prints must be made on paper and with inks which are certified against fading or other deterioration for a period of 75 years or more when used in combination. If digital printing is employed, the contractor must supply written details of the paper/inks used in writing to the local authority with supporting documentation indicating their archival stability/durability.

6.7.3 Use of Digital Archiving in Place of Film

- 6.7.3.1 In response to the mounting costs and decreasing numbers of practitioners offering professional photographic building recording on large and medium format chemical film the WYAAS have investigated other means to secure the long term preservation of photographic images. The WYAAS are satisfied that it is now feasible to substitute digital photography for this aspect of building recording in some projects as an alternative to monochrome photography as specified above.
- 6.7.3.2 The long-term archiving and curation of image captured during building recording will be carried out by the Archaeological Data Service (ADS). The ADS charge for this service and it is the contractor's responsibility to pay for this long term curation. See:

<http://archaeologydataservice.ac.uk/advice/chargingPolicy.xhtml>

- 6.7.3.3 An estimate of the cost of archiving digital images and reports using the ADS Easy service can be obtained from the ADS website:

<http://archaeologydataservice.ac.uk/easy/costing>

- 6.7.3.4 The buildings archaeologist should be aware of the ADS' policies and requirements for metadata accompanying digital files. Comprehensive guidance can be found on the ADS website dealing with planning for the creation of a digital archive, collecting data, selection and discard policies, file structures, licencing and the transfer of material to the ADS.

6.7.4 Equipment

- 6.7.4.1 A digital SLR with a resolution of at least 10 megapixel should be employed. Cameras with an FX sensor, which is close to equivalency with 35mm film, are preferable to DX sensor equipped cameras. A variety of lenses should be used to best capture the subject and its setting

- 6.7.4.2 Care should be taken to ensure sharply focused well composed photographs are taken and when appropriate the camera should be set up and levelled on a tripod, e.g. when recording facades and larger interior spaces. The use of perspective shift lenses or pan and tilt adaptors may be necessary in some situations to achieve an acceptable image. Alternatively lens distortion may be removed post-capture by software but this must be recorded in the photographic catalogue and details of the software used given in the report. Original pre-correction images should be included in the site archive.
- 6.7.4.3 Photographs should be taken with a low ISO setting to reduce noise in the images captured.
- 6.7.4.4 The camera should also be Exchange Image File (EXIF) compliant and accurate time, date and, where applicable, GPS information and other metadata set up prior to commencing recording work on site. Further requirements relating to metadata are described below.

6.7.5 Archiving Digital Photographs

- 6.7.5.1 Photographs and reports should be archived using the ADS Easy online service. (<http://archaeologydataservice.ac.uk/easy/home>). An estimate of the cost to archive digital images and reports using the ADS Easy service can be obtained from the ADS website

<http://archaeologydataservice.ac.uk/easy/costing>

- 6.7.5.2 The buildings archaeologist should be aware of the ADS' policies and requirements for metadata accompanying digital files. Comprehensive guidance can be found on the ADS website dealing with planning for the creation of a digital archive, collecting data, selection and discard policies, file structures and naming conventions, licencing and the transfer of material to the ADS

<http://archaeologydataservice.ac.uk/advice/guidelinesForDepositors.xhtml>

- 6.7.5.3 Meta data: in addition to the EXIF data stored in each image the contractor should create Project Level meta data. The coverage field in this document should include the historic township, site name and grid reference of the site (http://guides.archaeologydataservice.ac.uk/g2gp/CreateData_1-2).

- 6.7.5.4 A raster data meta data file, cataloguing the digital photographs, should also be prepared. A template for this spreadsheet is available to download from the ADS (a template & examples of the latter are available from the ADS at:

<http://archaeologydataservice.ac.uk/advice/FilelevelMetadata.xhtml>

- 6.7.5.5 When depositing files with the ADS the contractor should enable the automatic notification of the completion of this process and have an email sent from the ADS to the WYAAS at the following address wyher@wyjs.org.uk.

- 6.7.5.6 The WYAAS will only recommend the discharge of planning conditions upon receipt of a notification from the ADS that photographs have been archived.
- 6.7.5.7 Please note the WYAAS still require hard copy of the report accompanied by laser prints of the photographs on archivally stable paper and a facsimile copy of the report in PDF format and the images on a “gold” archive quality CD.

7 Documentation

- 7.1.1 A photographic register and photo location plan are required. The photographic register should (as a minimum) include location, direction and subject of shot must accompany the photographic record; a separate photographic register should be supplied for any colour slides and digital photographs. Position and direction of each photograph and slide should be noted on a scaled copy of the building plan (minimum acceptable scale 1:100), which should also be marked with a north pointer. Separate plans should be annotated for each floor of the building/ structure. (See also para. 5.3 above.)

8 Post-Recording Work and Report Preparation

8.1 Report Preparation

8.1.1 Report format and content

- 8.1.1.1 A written report should be produced. This should include:

- an executive summary including dates of fieldwork, name of commissioning body, planning application reference and condition number and a brief summary of the results including details of any significant findings
- an introduction outlining the reasons for the survey
- a brief architectural description of the hospital presented in a logical manner (as a walk around and through the complex, starting with setting, then progressing to all sides of the structure in sequence, and finally to the interior from the ground floor up)
- a discussion placing the hospital in its local and historical contexts, describing and analysing the development of individual structures and of the complex as a whole. This analysis should consider the historical plan form, and layout of the hospital building.

Both architectural description and historical/analytical discussion should be fully cross-referenced to the photographic record, sufficient to illustrate the major features of the site and the major points raised.

8.1.2 Report Illustrations

- 8.1.2.1 Illustrations should include:

- a location map at a scale sufficient to allow clear identification of the building(s)/structure in relation to other buildings in the immediate area

- a complete set of site drawings at a legible scale, on which position and direction of each photograph has been noted
- any relevant historic map editions, with the position and extent of the site clearly indicated
- any additional illustrations pertinent to the site
- a complete set of good-quality laser copies of all photographs. All photographs should be accompanied by detailed captions clearly locating and identifying any pertinent features.

8.1.2.2 The latter should be bound into the report, appropriately labelled (numbered, and captioned in full) and fully referenced within the report. When captioning, contractors should identify the individual photographs by means of a running sequence of numbers (e.g. Plate no. 1; Plate no. 2), and it is this numbering system which should be used in cross-referencing throughout the report and on the photographic plans. However, the relevant original film and frame number should also be included in brackets at the end of each caption.

8.2 Report deposition

- 8.2.1 The report should be supplied to the client and to the local planning authority and an identical copy (but also including the photographic prints and any colour slides) supplied to the West Yorkshire HER – see para.7.3 below for details). A facsimile copy of the report in .pdf format should also be supplied on an archive quality “gold” CD. The finished report should be supplied within twelve weeks of completion of all fieldwork unless otherwise agreed with the local authority. The report will become publicly accessible once deposited with the West Yorkshire Historic Environment Record, unless confidentiality is explicitly requested, in which case it will become publicly accessible six months after deposit.
- 8.2.2 The West Yorkshire HER supports the Online Access to Index of Archaeological Investigations (OASIS) project. The overall aim of the OASIS project is to provide an online index to the mass of archaeological grey literature that has been produced as a result of the advent of large-scale developer funded fieldwork. The building recorder must therefore complete the online OASIS form at <http://ads.ahds.ac.uk/project/oasis/>. Contractors are advised to contact the West Yorkshire HER officer prior to completing the form. Once a report has become a public document by submission to or incorporation into the HER, the West Yorkshire HER may place the information on a web-site. Please ensure that you and your client agree to this procedure in writing as part of the process of submitting the report to the case officer at the West Yorkshire HER.
- 8.2.3 With the permission of the client, the building recorder is encouraged to consider the deposition of a copy of the report for this site with the appropriate Local History Library.
- 8.2.4 Deposition with WYAAS (as holders of the West Yorkshire Historic Environment Record)

8.2.5 The report copy supplied to the WY Archaeology Advisory Service (see address at the base of this document) should also be accompanied by both the photographic negatives and a complete set of labelled photographic prints (mounted in KENRO display pockets or similar, and arranged in such a way that labelling is readily visible) bound in a form which will fit readily into a standard filing cabinet suspension file (not using hard-backed ring-binders). Labelling should be on the back of the print in pencil giving film and frame number only (taking care not to damage the print) and on applied printed labels stuck on the front of the relevant photographic sleeve and which should include:

- film and frame number
- date recorded and photographer's name
- name and address of building
- national grid reference
- specific subject of photograph.

Negatives should be supplied in archivally stable mounts (KENRO display pockets or similar), and each page of negatives should be clearly labelled with the following:

- national grid reference
- Site name and address
- Date of photographs (month/year)
- Name of archaeological contractor
- Film number

8.2.6 Colour slides should be mounted, and the mounts suitably marked with the 'Castleford Hospital' the site name at the top of the slide; grid reference at the bottom; date of photograph at the right hand side of the mount; subject of photograph at the left hand side of the mount. Subject labelling may take the form of a numbered reference to the relevant photographic register. The slides should be supplied to the WY Archaeology Advisory Service in an appropriate, archivally stable slide hanger (for storage in a filing cabinet). In all other respects, standards for archive compilation and transfer should conform to those outlined in Archaeological Archives – a guide to best practice in creation, compilation, transfer and curation (Archaeological Archives Forum, 2007).

8.2.7 7.3.3 Copyright - Please note that by depositing this report, the contractor gives permission for the material presented within the document to be used by the WYAAS, in perpetuity, although The Contractor retains the right to be identified as the author of all project documentation and reports as specified in the Copyright, Designs and Patents Act 1988 (chapter IV, section 79). The permission will allow the WYAAS to reproduce material, including for use by third parties, with the copyright owner suitably acknowledged.

9 Technical Queries

9.1.1 Any technical queries arising from the specification detailed above, should be addressed to WYAAS without delay.

10 Valid Period of Specification

10.1.1 This specification is valid for a period of one year but may then need to be revised to take account of changing techniques and approaches.

**West Yorkshire Archaeology Advisory Service
West Yorkshire Joint Service,
Nepshaw Lane South,
Morley,
Leeds
LS27 7JQ**

October 2017

**Telephone: 0113 393 9715
E-mail: david.hunter@wyjs.org.uk**

Appendix 2: Building recording photographic plates, directions on plans and registers

Photo Number	Building	Direction	Description
1	6E	S	General view of bays
2	6E	S	Bays in E half of admin block
3	6W	NE	Slate roof
4	6E	S	Projecting central bays of admin block
5	6E	S	Main entrance with balcony doors above
6	6E	S	Main entrance with remains of iron balcony
7	6E	S	Inscription above main entrance
8	6E	SW	W wing with tradesmen's entrance
9	6E	SE	Operating theatre and adjacent entrance
10	6E	W	W wing with flat-roofed kitchen
11	6E	N	W wing external steps to basement heating chamber
12	6E	SW	Original chimney stack later capped & gabled
13	6E	SE	Kitchen with windows in end wall
14	6E	SW	Opening into basement heating chamber
15	6E	E	Later boiler flue
16	6E	SW	Later plant room
17	6E	NE	Later plant room
18	6E	SW	Operating theatre and chimney in E wing
19	6E	SW	Inscription on chimney
20	6E	W	E wing with raised ground floor
21	6E	SW	E wing steps
22	6E	NW	E wing steps and canted bay window
23	6E	W	Cover for ventilation duct below canted bay window
24	8	E	Added toilet block; original block behind
25	8	NE	Later toilet block with original board room to left
26	8	N	E end of board room with chequer pattern to parapet
27	8	NW	W end of board room with chequer pattern to parapet
28	6E	N	Corner of board room beyond later toilet block
29	6W	S	Doctors' room and nurses' recreation room above
30	6W	E	Outpatients' exit and lavatory
31	6W	E	Inscriptions above outpatients' exit
32	6W	W	Outpatients' entrance and lavatories
33	6W	NW	Inscriptions above outpatients' entrance
34	6W	SW	Three bays at W end
35	6W	SW	Outpatients' entrance and lavatory
36	6W	W	General view
37	6W	E	Added ground-floor rooms and original FF
38	6W	NE	End bays
39	6W	E	W gable wall
40	6W	NE	S side added row of rooms at ground-floor level
41	6E	NE	Main entrance hall with screen for lobby

42	6E	NE	Coloured glass in arch of lobby screen, main entrance
43	6E	W	Original 9-panel door into E end of board room
44	8	N	Panelled cupboards under E end staircase
45	8	NW	Mains water rising from basement
46	7	E	Panelled doors to cupboards under W staircase
47	7	E	Panelled doors to cupboards under W staircase
48	7	NE	Cupboards under W staircase
49	6E	W	4-pane external sash window in corridor
50	6E	E	Original pair of overlights admin block
51	6E	NE	Modified door, admin block
52	6E	NE	Original 9-panel door, admin block office
53	6E	SW	Wall safe in admin block office
54	6E	SW	Wall safe in admin block office
55	6E	SW	Wall safe in admin block office
56	6E	E	Original 9-panel door, admin block office
57	6E	W	Internal face of above door
58	6E	SE	Parquet flooring, former nurses' dining room
59	6E	E	Original staircase at E end of admin block
60	6E	NE	Mechanism for dumb waiter
61	6E	NE	Cabinet for dumb waiter
62	6E	N	Original panelled cupboards
63	6E	NE	Detail of pulley for dumb waiter
64	6E	NE	Original glazed double door to balcony
65	6E	W	Original panelled door to former bedroom
66	6E	N	Same door with pair of overlights
67	6E	S	Original panelled door to former bedroom
68	6E	N	Same door with pair of overlights
69	6E	NW	Parquet floor in former bedroom ward room
70	6E	NW	Wall safe in room 417
71	6E	N	Wall safe in W wall of former bedroom
72	6E	W	Original staircase in W wing of admin block
73	6E	NE	Doors to cook's and maids' bedrooms
74	6E	NW	Original door to matron's medical store
75	6E	E	Original door to office
76	6W	E	Original door to w,c, next to outpatients' entrance
77	6W	E	Original door to w,c, next to outpatients' entrance
78	6W	SE	Double doors to outpatients' waiting room
79	6W	S	Glazed door to outpatients' waiting room
80	6W	N	Glazed partition wall into outpatients' waiting room
81	6W	NE	Double doors into outpatients' waiting room
82	6W	NE	Glazed partition wall into outpatients' waiting room
83	6W	NE	Glazed partition wall into outpatients' waiting room
84	6E	NW	Corridor in outpatients' department
85	6E	W	Original panelled sliding doors to E end linen stores
86	6E	W	Original panelled sliding doors to E end linen stores

87	6W	W	Sliding doors and shelves to E end linen stores
88	6W	SW	Original panelled doors to w.c. and bathroom
89	6W	SW	Former w.c. at E end of outpatients' block
90	6W	S	Original panelled doors to former bedrooms
91	6W	SW	Parquet floor in sister's sitting room
92	6W	SE	Former nurses' recreation room
93	6W	N	Former nurses' recreation room
94	6W	SE	Chimney breast in former nurses' recreation room
95	6W	W	Original door to W end linen store
96	6W	SE	Two pairs of overlights to W end linen store
97	7	NE	Private and women's wards
98	7	E	Rainwater hopper with rose reused for kitchen drain
99	7	S	Lavatory and w.c. block, women's ward
100	7	E	General view of women's ward
101	7	W	Lavatory block attached to girls' ward
102	7	SE	Lavatory block for main girls' ward
103	7	N	Iron verandah structure retained in room conversion
104	7	E	Verandah iron structure and rails
105	7	N	End of verandah converted into brick-walled room
106	7	NE	Hipped roof of run room, women's ward
107	7	N	Chimney and gable, women's ward
108	7	NE	Canopy fittings for women's sun room
109	7	N	Similar verandah conversion outside girls' ward
110	7	N	Verandah fronting girls' ward
111	6E	S	Entrance to ward lobby
112	6E	S	Doorway to lavatory and w.c. opposite private ward
113	7	S	Original door to w.c. opposite private ward
114	7	NE	Original overlights to above doorway
115	7	SE	Recent corridor formed out of women's ward
116	7	SE	Original verandah doors at end of above corridor
117	7	SW	Original doors from former girls' ward to verandah
118	8	W	Canted bay window of private ward
119	8	W	Lavatory and w.c. block, men's ward
120	8	W	Sun room at end of men's ward
121	8	NE	Sun room and later room created in end of verandah
122	8	N	Inserted opening to space below sun room
123	6E	N	Verandahs of Building 7
124	8	NE	General view of verandah structure
125	8	N	Steps with handrail to verandah
126	8	N	Verandah structure at junction of two wards
127	8	W	Girders tying verandah to wall
128	8	NE	Verandah roofing
129	6E	S	General view of men's ward
130	8	W	General view of boys' ward
131	8	E	Overlights of doors from sun room to verandah

132	8	SW	Horizontal girder for verandah within later room
133	7	N	Further doorway to reception, original overlights
134	8	NW	Doorway into lavatory block of boys' ward
135	6E	E	Original w.c. panelled door with pair of overlights
136	4	W	Laundry block with clerestory and end outshot
137	4	N	General view of laundry block



Photograph 1 Direction: S Building: 6E
General view of bays



Photograph 2 Direction: S Building: 6E
Bays in E half of admin block



Photograph 3 Direction: NE Building: 6W
Slate roof



Photograph 4 Direction: S Building: 6E
Projecting central bays of admin block



Photograph 5 Direction: S Building: 6E
Main entrance with balcony doors above



Photograph 6 Direction: S Building: 6E
Main entrance with remains of iron balcony



Photograph 7 Direction: S Building: 6E
Inscription above main entrance



Photograph 8 Direction: SW Building: 6E
W wing with tradesmen's entrance



Photograph 9 Direction: SE Building: 6E
Operating theatre and adjacent entrance



Photograph 10 Direction: W Building: 6E
W wing with flat-roofed kitchen



Photograph 11 Direction: N Building: 6E
W wing external steps to basement heating chamber



Photograph 12 Direction: SW Building: 6E
Original chimney stack later capped & gabled



Photograph 13 Direction: SE Building: 6E
Kitchen with windows in end wall



Photograph 14 Direction: SW Building: 6E
Opening into basement heating chamber



Photograph 15
Later boiler flue

Direction: E

Building: 6E



Photograph 16
Later plant room

Direction: SW

Building: 6E



Photograph 17 Direction: NE Building: 6E
Later plant room



Photograph 18 Direction: SW Building: 6E
Operating theatre and chimney in E wing



Photograph 19 Direction: SW Building: 6E
Inscription on chimney



Photograph 20 Direction: W Building: 6E
E wing with raised ground floor



Photograph 21 Direction: SW Building: 6E
E wing steps



Photograph 22 Direction: NW Building: 6E
E wing steps and canted bay window



Photograph 23 Direction: W Building: 6E
Cover for ventilation duct below canted bay window



Photograph 24 Direction: E Building: 8
Added toilet block; original block behind



Photograph 25 Direction: NE Building: 8
 Later toilet block with original board room to left



Photograph 26 Direction: N Building: 8
 E end of board room with chequer pattern to parapet



Photograph 27 Direction: NW Building: 8
W end of board room with chequer pattern to parapet



Photograph 28 Direction: N Building: 6E
Corner of board room beyond later toilet block



Photograph 29 Direction: S Building: 6W
 Doctors' room and nurses' recreation room above



Photograph 30 Direction: E Building: 6W
 Outpatients' exit and lavatory



Photograph 31 Direction: E Building: 6W
Inscriptions above outpatients' exit



Photograph 32 Direction: W Building: 6W
Outpatients' entrance and lavatories



Photograph 33 Direction: NW Building: 6W
 Inscriptions above outpatients' entrance



Photograph 34 Direction: SW Building: 6W
 Three bays at W end



Photograph 35 Direction: SW Building: 6W
Outpatients' entrance and lavatory



Photograph 36 Direction: W Building: 6W
General view



Photograph 37 Direction: E Building: 6W
 Added ground-floor rooms and original FF



Photograph 38 Direction: NE Building: 6W
 End bays



Photograph 39
W gable wall

Direction: E

Building: 6W



Photograph 40

Direction: NE

Building: 6W

S side added row of rooms at ground-floor level



Photograph 41 Direction: NE Building: 6E
Main entrance hall with screen for lobby



Photograph 42 Direction: NE Building: 6E
Coloured glass in arch of lobby screen, main entrance



Photograph 43 Direction: W Building: 6E
Original 9-panel door into E end of board room



Photograph 44 Direction: N Building: 8
Panelled cupboards under E end staircase



Photograph 45 Direction: NW Building: 8
Mains water rising from basement



Photograph 46 Direction: E Building: 7
Panelled doors to cupboards under W staircase



Photograph 47 Direction: E Building: 7
Panelled doors to cupboards under W staircase



Photograph 48 Direction: NE Building: 7
Cupboards under W staircase



Photograph 49 Direction: W Building: 6E
4-pane external sash window in corridor



Photograph 50 Direction: E Building: 6E
Original pair of overlights admin block



Photograph 51 Direction: NE Building: 6E
Modified door, admin block



Photograph 52 Direction: NE Building: 6E
Original 9-panel door, admin block office



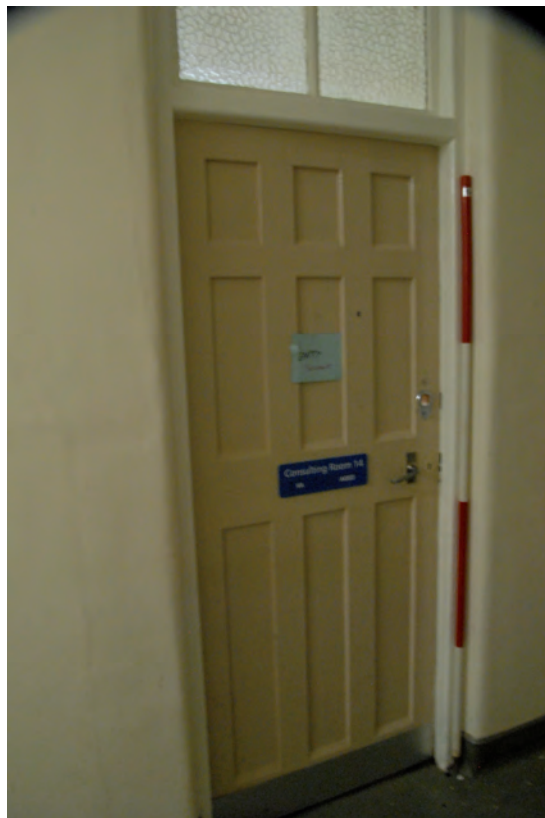
Photograph 53 Direction: SW Building: 6E
Wall safe in admin block office



Photograph 54 Direction: SW Building: 6E
Wall safe in admin block office



Photograph 55 Direction: SW Building: 6E
Wall safe in admin block office



Photograph 56 Direction: E Building: 6E
Original 9-panel door, admin block office



Photograph 57 Direction: W Building: 6E
Internal face of above door



Photograph 58 Direction: SE Building: 6E
Parquet flooring, former nurses' dining room



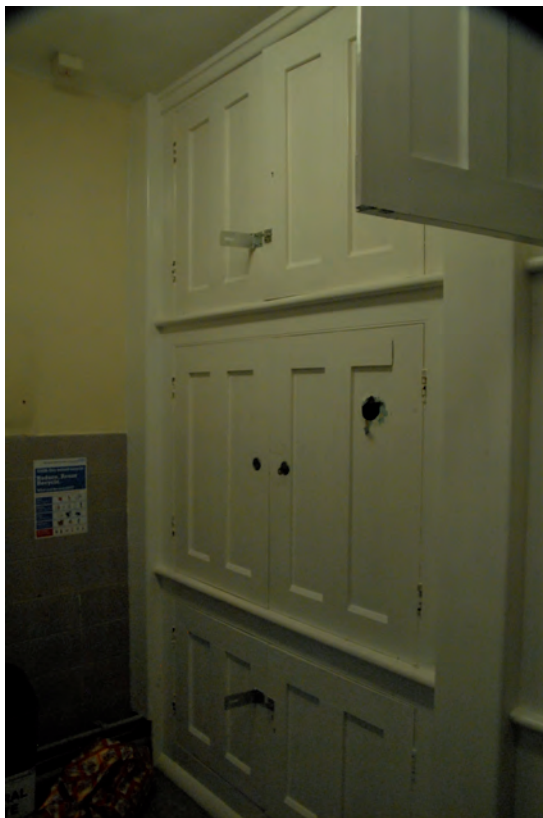
Photograph 59 Direction: E Building: 6E
Original staircase at E end of admin block



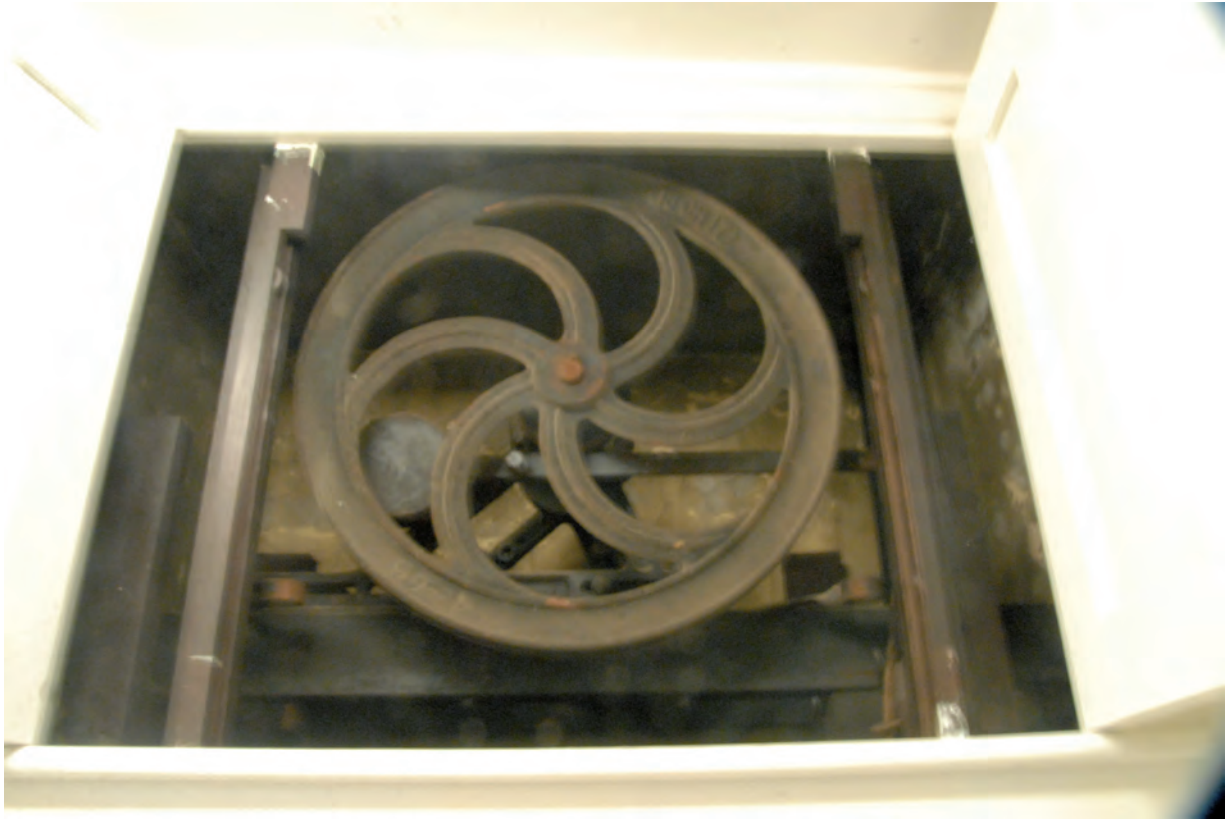
Photograph 60 Direction: NE Building: 6E
Mechanism for dumb waiter



Photograph 61 Direction: NE Building: 6E
Cabinet for dumb waiter



Photograph 62 Direction: N Building: 6E
Original panelled cupboards



Photograph 63 Direction: NE Building: 6E
Detail of pulley for dumb waiter



Photograph 64 Direction: NE Building: 6E
Original glazed double door to balcony



Photograph 65 Direction: W Building: 6E
Original panelled door to former bedroom



Photograph 66 Direction: N Building: 6E
Same door with pair of overlights



Photograph 67 Direction: S Building: 6E
Original panelled door to former bedroom



Photograph 68 Direction: N Building: 6E
Same door with pair of overlights



Photograph 69 Direction: NW Building: 6E
Parquet floor in former bedroom ward room



Photograph 70 Direction: NW Building: 6E
Wall safe in room 417



Photograph 71 Direction: N Building: 6E
Wall safe in W wall of former bedroom



Photograph 72 Direction: W Building: 6E
Original staircase in W wing of admin block



Photograph 73 Direction: NE Building: 6E
Doors to cook's and maids' bedrooms



Photograph 74 Direction: NW Building: 6E
Original door to matron's medical store



Photograph 75 Direction: E Building: 6E
Original door to office



Photograph 76 Direction: E Building: 6W
Original door to w,c, next to outpatients' entrance



Photograph 77 Direction: E Building: 6W
Original door to w,c, next to outpatients' entrance



Photograph 78 Direction: SE Building: 6W
Double doors to outpatients' waiting room



Photograph 79 Direction: S Building: 6W
Glazed door to outpatients' waiting room



Photograph 80 Direction: N Building: 6W
Glazed partition wall into outpatients' waiting room



Photograph 81 Direction: NE Building: 6W
Double doors into outpatients' waiting room



Photograph 82 Direction: NE Building: 6W
Glazed partition wall into outpatients' waiting room



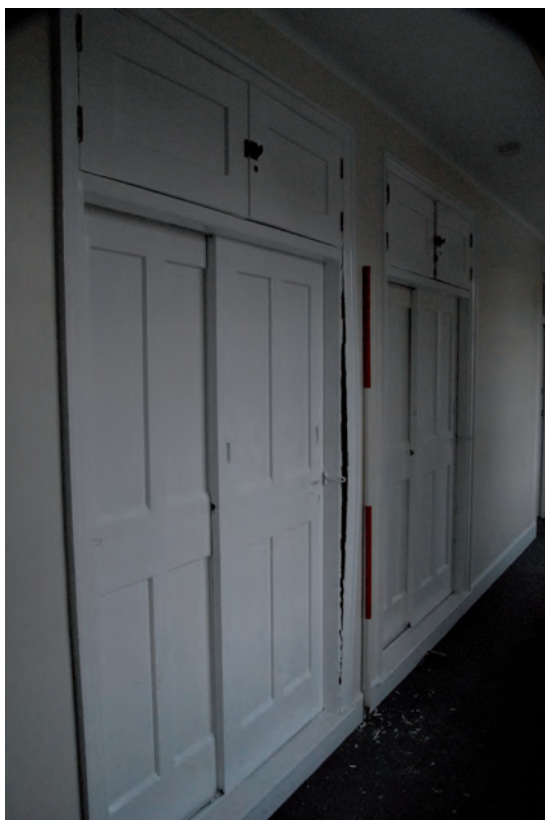
Photograph 83 Direction: NE Building: 6W
Glazed partition wall into outpatients' waiting room



Photograph 84 Direction: NW Building: 6E
Corridor in outpatients' department



Photograph 85 Direction: W Building: 6E
Original panelled sliding doors to E end linen stores



Photograph 86 Direction: W Building: 6E
Original panelled sliding doors to E end linen stores



Photograph 87 Direction: W Building: 6W
Sliding doors and shelves to E end linen stores



Photograph 88 Direction: SW Building: 6W
Original panelled doors to w.c. and bathroom



Photograph 89 Direction: SW Building: 6W
Former w.c. at E end of outpatients' block



Photograph 90 Direction: S Building: 6W
Original panelled doors to former bedrooms



Photograph 91 Direction: SW Building: 6W
Parquet floor in sister's sitting room



Photograph 92 Direction: SE Building: 6W
Former nurses' recreation room



Photograph 93 Direction: N Building: 6W
Former nurses' recreation room



Photograph 94 Direction: SE Building: 6W
Chimney breast in former nurses' recreation room



Photograph 95 Direction: W Building: 6W
Original door to W end linen store



Photograph 96 Direction: SE Building: 6W
Two pairs of overlights to W end linen store



Photograph 97 Direction: NE Building: 7
Private and women's wards



Photograph 98 Direction: E Building: 7
Rainwater hopper with rose reused for kitchen drain



Photograph 99 Direction: S Building: 7
Lavatory and w.c. block, women's ward



Photograph 100 Direction: E Building: 7
General view of women's ward



Photograph 101 Direction: W Building: 7
Lavatory block attached to girls' ward



Photograph 102 Direction: SE Building: 7
Lavatory block for main girls' ward



Photograph 103 Direction: N Building: 7
Iron verandah structure retained in room conversion



Photograph 104 Direction: E Building: 7
Verandah iron structure and rails



Photograph 105 Direction: N Building: 7
End of verandah converted into brick-walled room



Photograph 106 Direction: NE Building: 7
Hipped roof of run room, women's ward



Photograph 107 Direction: N Building: 7
Chimney and gable, women's ward



Photograph 108 Direction: NE Building: 7
Canopy fittings for women's sun room



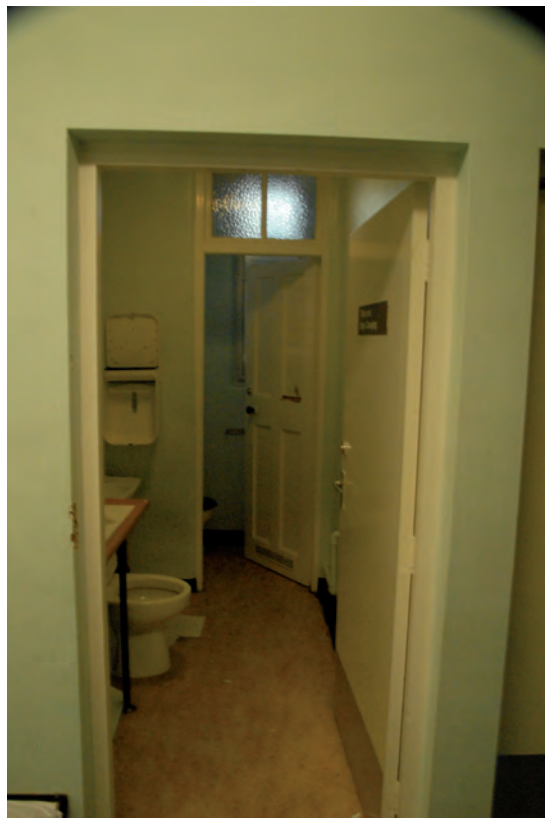
Photograph 109 Direction: N Building: 7
 Similar verandah conversion outside girls' ward



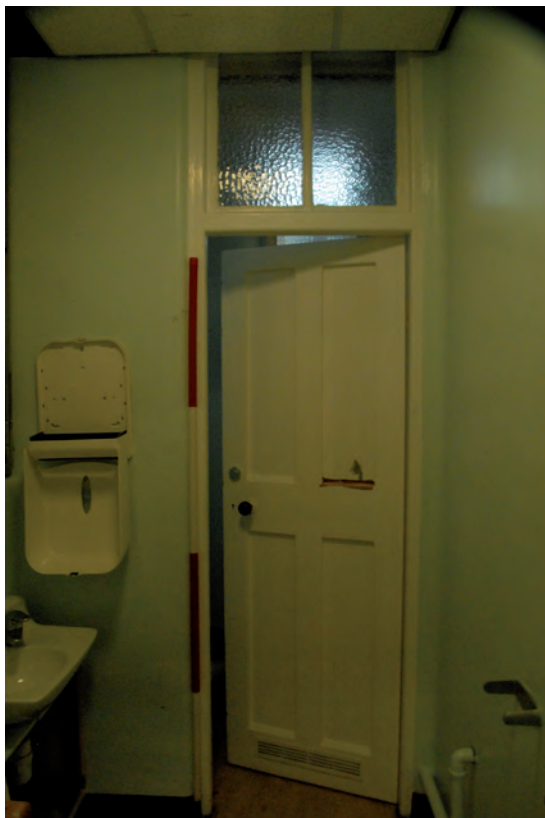
Photograph 110 Direction: N Building: 7
 Verandah fronting girls' ward



Photograph 111 Direction: S Building: 6E
Entrance to ward lobby



Photograph 112 Direction: S Building: 6E
Doorway to lavatory and w.c. opposite private ward



Photograph 113 Direction: NE Building: 7
Original door to w.c. opposite private ward



Photograph 114 Direction: NE Building: 7
Original overlights to above doorway



Photograph 115 Direction: SE Building: 7
Recent corridor formed out of women's ward



Photograph 116 Direction: SE Building: 7
Original verandah doors at end of above corridor



Photograph 117 Direction: SW Building: 7
Original doors from former girls' ward to verandah



Photograph 118 Direction: W Building: 8
Canted bay window of private ward



Photograph 119 Direction: W Building: 8
Lavatory and w.c. block, men's ward



Photograph 120 Direction: W Building: 8
Sun room at end of men's ward



Photograph 121 Direction: NE Building: 8
Sun room and later room created in end of verandah



Photograph 122 Direction: N Building: 8
Inserted opening to space below sun room



Photograph 123 Direction: N Building: 6E
Verandahs of Building 7



Photograph 124 Direction: NE Building: 8
General view of verandah structure



Photograph 125 Direction: N Building: 8
Steps with handrail to verandah



Photograph 126 Direction: N Building: 8
Verandah structure at junction of two wards



Photograph 127 Direction: W Building: 8
Girders tying verandah to wall



Photograph 128 Direction: NE Building: 8
Verandah roofing



Photograph 129 Direction: S Building: 6E
General view of men's ward



Photograph 130 Direction: W Building: 8
General view of boys' ward



Photograph 131 Direction: E Building: 8
Overlights of doors from sun room to verandah



Photograph 132 Direction: SW Building: 8
Horizontal girder for verandah within later room



Photograph 133 Direction: N Building: 7
Further doorway to reception, original overlights



Photograph 134 Direction: NW Building: 8
Doorway into lavatory block of boys' ward



Photograph 135 Direction: E Building: 6E
Original w.c. panelled door with pair of overlights



Photograph 136 Direction: W Building: 4
Laundry block with clerestory and end outshot



Photograph 137 Direction: N Building: 4
General view of laundry block

Appendix 3: Inventory of building recording archive

Description	Quantity
CD containing all images and report	1

Bibliography

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