Historic England

Assessment

The Fever Wards, Stamford Hospital Lincolnshire

Kathryn A Morrison

Discovery, Innovation and Science in the Historic Environment

Research Report Series

97-2015

Research Report Series 97-2015

The Fever Wards
Stamford Hospital
Uffington Road, Stamford

HISTORIC BUILDINGS ASSESSMENT

Kathryn A Morrison

NGR: TF 03774 07511

ISSN 2059-4453 (Online)

For more information contact Res.reports@HistoricEngland.org.uk
or in writing to:
Historic England, Fort Cumberland, Fort Cumberland Road, Eastney, Portsmouth PO4 9LD

SUMMARY

The three fever ward blocks at the Stamford Hospital (formerly Stamford & Rutland Infirmary) were built in 1876-79 and are listed (Grade II) as 'wings to east by E. Browning, 1879'. The present report seeks to enhance the current level of understanding of these buildings. In particular, it attempts to highlight key aspects of their historical significance and value by defining their position within the development of English hospital architecture, including both voluntary and public sectors.

Fever wards – either within the main hospital building or within a detached structure – were a common adjunct to general infirmaries throughout the 19th century (see Appendix), but few examples survive today. The symmetrical trio of ward blocks at Stamford forms the most complete survival of its type in the country, retaining many original features, and is one of very few 19th-century infirmary fever complexes to be listed. Across all hospital typologies, it is one of just six fever hospitals/ward blocks to be listed: two of these were self-contained institutions (one voluntary and one local authority institution); four were ancillary to larger institutions (two general infirmaries and two mental hospitals).

The Stamford ward blocks incorporate the views of the resident surgeon, Dr William Newman (1833-1903), who should be credited with their design alongside the architect, Edward Browning (1816-82). As a result of Dr Newman's input, aspects of the layout were unique and experimental, notably the centralised arrangement of the ward interiors and the glazed internal walls. Following their completion in January 1879, the fever wards were deemed worthy of publication, most significantly by Henry C. Burdett, who presented them as models of separate-block planning for small-scale hospitals. Additionally, the wards preserve in situ the earliest known examples of hospital pictorial tiles, and include staircases by Walter Macfarlane & Co., an important firm of Scottish ironworkers.

In their present condition, the Stamford fever wards are the most eloquent surviving testament to how the voluntary hospital sector – dependent as it was on bequests, donations and charitable fundraising rather than the public purse – dealt with contagious epidemics in the 19th century.

CONTRIBUTORS

Kathryn A Morrison (research and report) and Pat Payne (photographs of tile pictures and general views).

ACKNOWLEDGEMENTS

I would like to thank Sue Brookes and John White for guiding me around the Stamford fever wards (in the company of Dale Dishon and David Walsh of Historic England) and allowing me to consult the hospital archive. I would also like to thank Nigel Wilkins and his colleagues for helping me to access relevant material in the Historic England Archive in Swindon. Thanks, too, to Pat Payne for photographing

the tile pictures, and to Harriet Richardson and Emily Cole for checking the text. Jo Bradley very kindly helped me with the layout of this report.

ARCHIVE LOCATION

Historic England Archive, The Engine House, Fire Fly Avenue, Swindon SN2 2EH.

DATE OF RESEARCH

November-December 2015.

CONTACT DETAILS

Kathryn A Morrison

Historic England

Brooklands

24 Brooklands Avenue

Cambridge

CB2 8BU

Kathryn Morrison 01223 582777; kathryn.morrison@HistoricEngland.org.uk

CONTENTS

1 BACKGROUND

The Peterborough and Stamford NHS Foundation Trust is planning the redevelopment and modernisation of part of the site of the Stamford Hospital, and is currently involved in pre-application discussions with Historic England and South Kesteven District Council. In August 2015, Beacon Planning Ltd completed a heritage assessment of the site and a research report on the fever wards for PM Devereux on behalf of the Peterborough and Stamford NHS Foundation Trust.

At the request of Dr Helen Woodhouse, Inspector of Ancient Monuments for Historic England, the present report complements the Beacon study, and aims to inform decisions on the future of the fever ward blocks by further assessing key aspects of their significance within the context of English hospital architecture.

This report is based on desk-top research, a site visit (5 November 2015), and a study of relevant comparative material collated in the course of the RCHME Hospitals Project (1991-1993) and housed in the Historic England Archive, Swindon. In addition, Dr Thorne Thorne's report on infectious hospital provision, published in 1882, was consulted (Thorne 1882).

2 HISTORY OF STAMFORD HOSPITAL

Henry Fryer, a surgeon by profession, bequeathed £7,477 for a local hospital in Stamford in 1823. At a public meeting held on 2 July 1825 it was decided to build an infirmary of local stone, with no fewer than 20 beds. To that end, four architects (J.P. Gandy, L. Vulliamy, H.E. Kendall and J. Ireland) submitted designs; a fifth architect, George Basevi, was also invited but, claiming that Fryer had promised him the job, refused to participate in the competition.[1] Gandy's neo-Tudor/Gothic scheme was adopted.

The site of the infirmary was bought from the Marquess of Exeter in 1826 for £250. Before the dissolution of the monasteries, this land had been occupied by a Franciscan friary (Greyfriars, founded c.1230), but only the gatehouse survives above ground.[2] The site was acquired by the Cecil family in 1561. Queen Elizabeth was lodged here rather than at Burghley House during her progress of 1566, because Lord Burghley's daughter was suffering from smallpox at the time.

Fig 1 A general view of the Stamford & Rutland Infirmary (J. P. Gandy, 1826-28). (Historic England, Pat Payne, DP178509)

The infirmary was erected by the contractors Messrs Crowe of Peterborough in 1826-28 and opened on 5 August 1828. It cost £8,700. The south-facing building (fig 1) stood two storeys high. It assumed the common institutional plan-form of an inverted 'T', with central services (kitchen, etc.) in the stem to the rear. A single-storey block at the north end of the kitchen, containing the laundry, wash-house, brew-house and dead-house, was an afterthought, initiated in April 1828 but no doubt completed in time for the opening in August 1828. The bar of the 'T'

comprised a central entrance/stair hall, flanked by rooms (probably including the surgeon's room, matron's room, nurses' rooms and water closets, and perhaps also the first-floor wards referred to at various dates as 'the middle wards') opening off the south side of an access corridor, with end cross-wings containing a six-bed ward on each floor. Plans published in 1894 (fig 3) show men's wards on the ground floor on both sides, suggesting that the women's wards were on the first floor at that date. However, from contemporary accounts of the building it is likely that the men's wards were always to the west and the women's to the east. The operating room was reportedly in the centre, on the first floor.

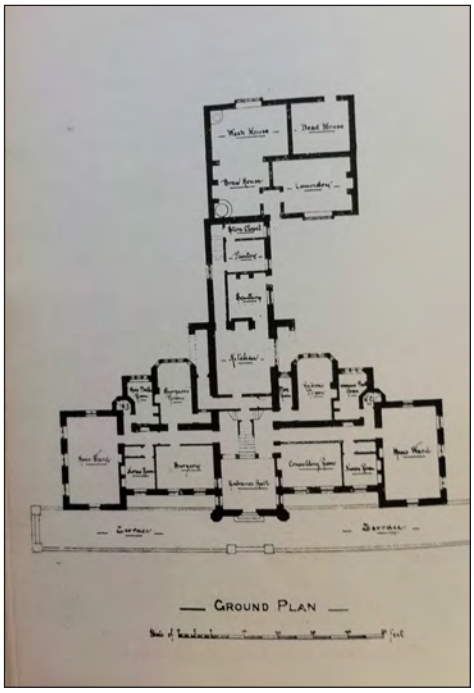
A fever ward block may have been added to the infirmary in the 1840s, though this was not mentioned in Dr Newman's history of the establishment published in 1879, and no trace of such a building has been found in the hospital archive. The main evidence comes from 1841, when Edward Brown left £5,000 for a fever ward and £6,000 for its support.[3] According to Burton, writing in 1846, a fever block was added in 1844.[4] However, when a large bequest of £11,362 was received from Stephen Rowles in 1846 the *Gentleman's Magazine* commented: 'It is therefore pretty certain that fever wards will be added'.[5] The Rowles bequest ended up with a suit in Chancery which was not settled until 1849. The outcome, regarding the fever wards, is not clear, but an unreferenced note on the RCHME Hospitals Project Database describes the 1876-79 fever blocks as lying 'south of the original fever block'.[6] It would be interesting, if more information about the 1840s fever wards emerges, to know if their design and the experience of using them – if, indeed, they were ever built – influenced the later fever wards of 1876-79 (see below).

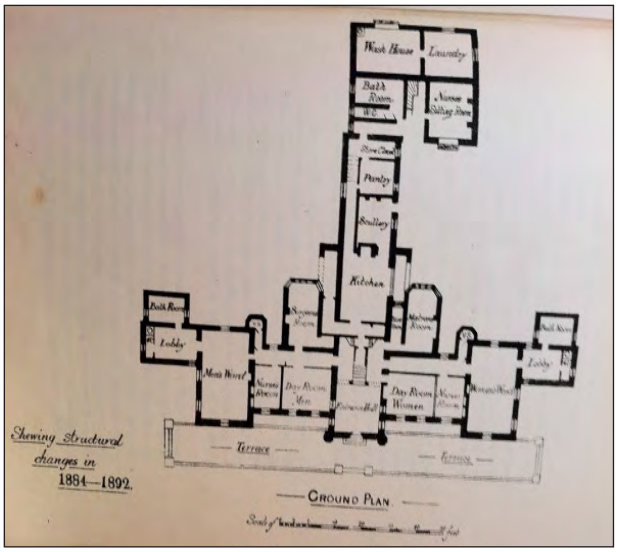
When the infirmary kitchen was enlarged in 1842, the work was entrusted to a local architect, Mr Browning. This was probably Bryan Browning (at that time also working for the Earl of Westmorland at Apethorpe Hall, Northamptonshire), rather than his son Edward, who later became the hospital's architect.[7] This work involved converting the dead-house into a scullery and building bedrooms over the kitchen offices for the house surgeon and porter.[8] In 1849, as a result of a bequest from a Mrs Hodson, a porter's lodge was erected behind the façade of the medieval gatehouse, to a design by Mr Clutton. The wash-house block was enlarged in 1852.

In 1861 rooms were constructed on the north side of the access corridors in the east and west wings (fig 2). Designed by Edward Browning, these included a surgeon's room (west) and a matron's room (east), followed on each side by a bathroom, squeezed up against an earlier (but possibly not original) polygonal water closet. Newman complained in 1879 that the new bathrooms had:

> . . . the very serious drawback of blocking up the cross ventilation of all the water closets and of limiting materially the access of air and light to the lower corridor on each side; while the middle wards, very convenient in position, were yet made without provision for effective cross-air currents, and a far too narrow corridor completed the plan.[9]

Other work carried out in 1861 included the enlargement of the board room (over the kitchen) and of the middle wards on the first floor. Gas was introduced in 1867, and





Figs 2 and 3 Plans of the Stamford & Rutland Infirmary published in 1879 (left) and 1894 (above). (Newman 1879 and 1894)

the first-floor access corridors were aligned with the entrances to the end wards in 1873.

The fever wards were erected on newly-acquired land – again part of the former Greyfriars' site – to the east in 1876-79 (discussed in detail below). The archaeological sensitivity of the infirmary site was highlighted in 1881, when excavations for a new outpatients' department close to the entrance lodge unearthed a stone coffin of Barnack rag, 4½ feet long; plain, glazed medieval paving tiles; skeletons, and a stone quarry.[10] The single-storey outpatients' department, or reception rooms, included a waiting room, a surgery and two consulting rooms.

In 1883 it was reported that a new dispensary had been created; chimneys and the stone stair were repaired.[11] Shortly after this a sanitary engineer was asked to report on the hospital following occurrences of typhoid fever. He criticised the position of the sanitary facilities and the lack of light and air to the lower access corridor. As a result, in 1884, a modern sanitary annexe was added to the wards at either end of the infirmary, and the ill-advised bathrooms of 1861 were removed (compare figs 2 and 3). Each of the new annexes had a very spacious lobby and a water-closet on both floors, with the addition of a single-storey bathroom opening off the north side of the ground-floor lobbies.

The rear range was extensively remodelled in 1891.[12] As reported in the local newspaper:

> The governors of the Infirmary have just made some structural alterations and additions of an important character at this Institution. The work has been done under the direction of Mr Geo. W. Johnson, a member of the committee, and the contractor was Mr S. F. Halliday. The old wash-house, brew-house, and laundry

> have been converted into rooms for the nurses. Up to the present time the nurses have dined in the kitchens, but now a new sitting and dining room has been provided, and a bath-room has been erected. The roof has been raised one storey, and thus bed-rooms have been built for the nurses, who previously had to sleep in the attics. These are two single bed-rooms and one double bed-room, besides a lumber-room over the wash-house and a room for the storage of crockery. The old mortuary has been turned into a laundry. Several other alterations have been effected. . . . It is now intended to increase the staff of nurses from three to five.[13]

A detached mortuary (fig 4) was built in 1910.[14] Like the laundry, this mortuary would have served the main infirmary only, the fever wards having their own facilities to avoid the possibility of cross-contamination.

The hospital received Army casualties during the Great War, and a recreation hut ('New Hut') was built to the south in 1917. This was removed in the 1920s. Later 20th-century additions included a two-storey maternity and children's wing (the Greenwood, Princess Mary and Newman wards, by H.F. Traylen & F.J. Lenton),[15] which was built to the east of the female wards in 1924-26 and included sun balconies (enclosed 1978). The children's ward was decorated with hand-painted friezes of nursery rhyme characters. Single-storey general wards with a half-butterfly plan (fig 5; Exeter and Ancaster, flanking a central block, again by H.F. Traylen & F.J. Lenton) were built to the west of the male wards in 1929.[16] A nurses' home (fig 6) by F.J. Lenton was erected in 1939 at a cost of £8,270,[17] forming an extension to a smaller nurses' home which had been built to the rear of the fever ward blocks in 1908 (see below). An upper storey was added to the nurses' home in 1956-57. In 1948 the governors ceded control of the infirmary to the National Health Service, and in 1949 the institution was renamed, becoming the Stamford & Rutland Hospital.

Fig 4 The mortuary, built in 1910. (K. Morrison)

Fig 5 Ward blocks to the west of the original Infirmary building, added in 1929. (K. Morrison)

A new laundry went up to the north of the fever wards, replacing the original laundry and mortuary, in 1958-59 (extended 1969) and a new medical staff residence was built in 1964. The operating

Fig 6 Nurses' home, built in 1939. (K. Morrison)

Fig 7 The operating suite of 1973-74. (K. Morrison)

suite of 1973-74 (fig 7) was erected on a conspicuous site on the south front, blocking the vista created in the 1870s when the fever ward blocks were built in alignment with the main building. This suite has been described as 'incorporating the latest modular design in which a steel hexagonal-shaped framework is fitted with an inner cladding'.[18]

The hospital spread onto a new site to the east in the 1980s, with the construction of an outpatients' department in 1989 and a rehabilitation unit in the 1990s.

Part of the site is a Scheduled Ancient Monument,[19] and the hospital was listed in 1974.

3 THE FEVER WARD BLOCKS OF 1876-79

3.1 History of Fever Hospitals/Wards

Following a number of epidemics in the 1860s and 1870s, there was a growing awareness nationally of the need to provide fever hospitals to isolate infectious cases.[20] This was especially true of infectious cases arising amongst the poor, who lived in crowded conditions which aggravated the spread of disease. Because isolation was designed to contain epidemics for the benefit of society, and because patients were often unwilling to leave their own homes and families, those suffering from infectious diseases usually had to be persuaded (or occasionally forced) to enter isolation hospitals at the expense of the local authority or poor-law union. Although ratepayers – who ultimately funded the bill – were less frequently affected by infectious diseases, they were assured that expenditure on isolation was necessary to prevent disease spreading from the poorer to the better-off classes.

Fever hospitals were not a new invention in the 1870s, though provision was patchy. Pest houses had existed for centuries, in large numbers. These were often detached houses in remote locations, provided on a parish basis and fitted up as and when required.[21] By and large, rural pest houses went out of use in the 19th century, as workhouses and infirmaries began to provide fever wards. Epidemics were always more rife in urban areas, and in the early years of the 19th century several large cities erected a substantial fever hospital or house of recovery (that is, a house specifically for recovery from infectious diseases). Pioneers included Manchester (1798), London (1801), Liverpool (1801) and the earliest surviving example, Newcastle (1804).

Some general infirmaries had provided fever wards since the 18th century, catering for cases of fever arising within the general wards, and for direct admissions. Some of the earliest wards were in the Chester Infirmary (1783, for typhus), Liverpool Infirmary (1787), Manchester Infirmary (1792), and the North Staffordshire Infirmary, Etruria (1819). The list description for the Chester Infirmary specifically mentions that it was the first hospital of its kind to open fever wards. From the early 19th century, however, general hospitals found it more convenient to build detached fever blocks close to the main infirmary building (see Appendix), especially for cases of erysipelas, gangrene and sepsis. Robert Taylor has provided an unpublished account of the development of these buildings (figs 8, 9 and 10) in the early to mid-19th century:

> . . . These were on the same site, usually fairly close to the main building, two-storeyed, and with small wards and a duty room on each floor. The earliest buildings were simple and domestic in scale. Addenbrooke's Hospital at Cambridge (NBR 88551) had a two-storey building of 1833 with a cross-lit eight-bed ward on each floor, and stair, water closet and duty room at one end. Leicester Infirmary in 1819 built a three-storey fever hospital with central duty room with a ward on either side, and toilets opening off the central staircase, in what was to become a conventional arrangement. At Worcester the hospital of 1872 has a central

> stair with wards opening off, and a duty room projecting behind, the generous stair-well doubtless being seen as a ventilated lobby separating the wards.
>
> By 1870 a fever hospital plan resembling a miniature pavilion hospital had been developed, consisting of two small pavilions linked by a corridor from which opened a kitchen. This plan was used at the Radcliffe Infirmary, Oxford in 1876 and the Royal Berkshire Hospital at Reading (NBR 100412), and also the wards added at Carlisle in 1872. The plan had a short period of vogue among voluntary hospitals, for although based on sound contemporary principles the plan was probably inappropriate to such small hospitals. It was more usual, and economical, to build a small ward block with central duty room.[22]

As this account implies, there were no model plans for fever wards at infirmaries, and no two examples were identical. In most cases the medical staff were involved in determining the design. Surviving documentation is sporadic, but it is clear that building committees (reporting to the board of governors) often sent delegations to inspect fever wards in other towns before briefing their own architect or announcing an architectural competition. No 19th-century architect specialised in fever wards, and so the final design was usually produced by a local architect, guided by the infirmary's building committee. Once fever wards were built, they admitted all social classes. In many places, from 1852, the poor-law union subscribed to a general infirmary and sent paupers to the fever wards there, rather than to fever wards on the workhouse site. Their status was often concealed to avoid offending other patients.

By 1880 a small number of voluntary fever hospitals (in a sense resuming the tradition of the earlier houses of recovery) had been built on separate sites from the local general infirmary. These were usually the result of a specific donation or bequest, often to the infirmary governors. Examples include the architecturally plain Bradford Fever Hospital (1872; Andrews & Pepper) and the rather elaborate Delancy Hospital in Cheltenham (1877; J. Middleton & Son). Both survive, but the Delancy has recently been redeveloped as housing.

By the late 1860s there was an evident need for a well distributed national network of self-contained isolation hospitals which incorporated modern 'Nightingale' or 'pavilion' principles: essentially, separate blocks with cross-ventilated wards and sanitary annexes. The Metropolitan Asylums Board started to build large fever hospitals for London's poor from 1867. Elsewhere, the Public Health Act of 1875 encouraged newly-created urban and rural sanitary authorities (in Stamford this was the Town Council) to erect local infectious diseases hospitals of this type, and enabled them to borrow money for the purpose. Subscribing to the fever wards of the local general infirmary – as happened in Stamford – was an option, but was not always possible. In December 1876 the Local Government Board (LGB) published its first Memorandum with model plans for local authority infectious diseases hospitals.

Just seven months before this was issued, the design of the new fever wards at the Stamford & Rutland Infirmary had been determined by the infirmary's building committee, led by Dr William Newman, and its architect, Edward Browning.

No documents survive to reveal whether Dr Newman visited other fever wards when planning the new building at Stamford, but it is possible to speculate about which buildings he might have seen or read about. He may have had personal knowledge of the wards at Cambridge, Oxford and Reading, all well-known hospitals. The two-storey wards at Cambridge and Oxford have been demolished. The single-storey Reading wards survive: these have less architectural impact than their counterparts in Stamford. By the time the LGB Memorandum was distributed in December 1876, a few local authorities had already built infectious diseases hospitals. One of the largest of these was the Darlington Fever Hospital in Co. Durham of 1872-74 (demolished), designed by G. G. Hoskins with guidance from the LGB.[23] Newman might have seen published accounts of this institution. Darlington was

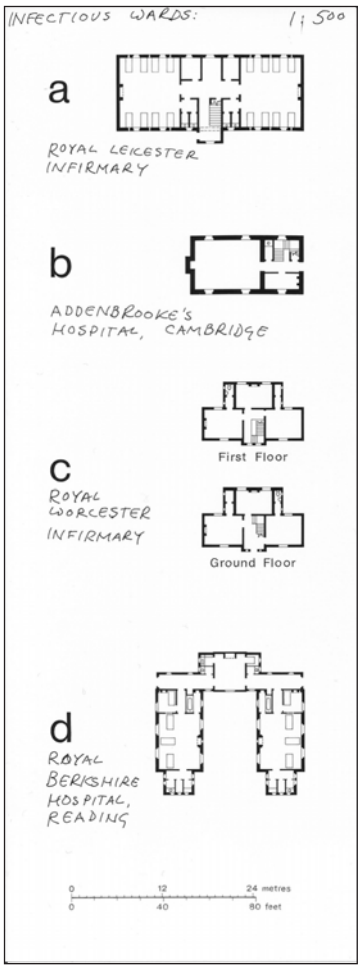


Fig 8 (above left) Comparative plans of fever blocks on general infirmary sites: Leicester (1819), Cambridge (1833), Worcester (1872) and Reading (1875-78) (RCHME 1993, unpublished). Fig 9 (top right) Fever wards, Radcliffe Infirmary Oxford (1875-76; A. Blomfield) (Historic England Archive). Fig 10 (bottom right) Fever wards, Royal Berkshire Infirmary, Reading (1875-78) (K. Morrison)

Fig 11 (left) Darlington Fever Hospital (1872-74, demolished). (Thorne Thorne 1882, 110)

a complete hospital, with three two-storeyed ward blocks, each one for a different disease, and each having a six-bed ward on each floor, one for men and the other for women. These blocks were connected by a covered way, and had corner sanitary annexes (often referred to as 'angle turrets'). The listed Borough Fever Hospital built in Sheffield in 1877-81 (see below) is contemporary with Stamford and should be seen as a parallel development, unlikely to have influenced Newman but reflecting similar ideas. It also had two-storeyed ward blocks, but with a higher number (eight) of beds per ward.[24]

Following the publication of the LGB Memoranda, most local authority and poor-law infectious diseases hospitals (with the exception of the large institutions provided by the Metropolitan Asylums Board in London) were built with smaller, single-storey ward blocks – more like Reading than Oxford or Stamford – although the same basic sanitary principles underpinned the designs. Buildings of this pattern were also erected on some general infirmary sites in the last decades of the 19th century, a good surviving example being at Derby Infirmary (see Appendix).

Margaret Currie has written: 'In some ways, the charitably endowed voluntary hospitals provided a model for municipal isolation hospitals'.[25] She was specifically thinking of medical care, but the same statement may apply to the architecture of fever wards. Before c.1880, houses of recovery and infirmary fever ward blocks were usually two storeys high, and some of the first and largest municipal fever hospitals followed that approach. A small number of infirmary fever wards, the notable survivor being Reading, were small and single-storeyed, and it was this model that became ubiquitous from the 1880s.

3.2 Listed Fever Hospitals/Wards

Several pest houses are listed. Some of these were probably built as houses, but were used at some point in their history for the isolation of people with contagious diseases, examples being Godstone, Woodhouse, Cranbrook, Guildford and Potterspury. Purpose-built listed pest houses range in date from the 16th to the late 18th centuries. The earliest is probably the 16th-century pest house in the grounds of Scadbury Manor (list entry 1099203). Others are: West Malling, c.1760 (list entry 1218795); Bengeo, c.1763 (list entry 1268981); and, the only institutional example on the list, Henley Workhouse pest house, c.1790 (list entry 1390531).

The earliest purpose-built fever hospital in the country to be included in the National Heritage List for England (NHLE) is the House of Recovery, Newcastle, of 1804

(Grade II; list entry 1299316). This closed as a hospital in 1888 and was restored in 1988 for the North of England Museums Service. A later house of recovery, built c.1841-44 as the south-east wing of the Sheffield Infirmary, is listed Grade II* (list entry 1270452).[26] This was on the corridor plan that was popular before pavilion principles were introduced in the late 1850s, and was not used for its original purpose for very long. It has been converted into offices and is known as Heritage House. Because Newcastle and Sheffield pre-date the watershed of pavilion planning they are not directly comparable with the Stamford wards. Moreover, the interiors of both buildings have been modernised. The same is true of the London Fever Hospital of 1849, Grade II, now converted to housing.

Few isolation hospitals built after the introduction of pavilion planning, and thus comparable with the Stamford fever ward blocks, are designated heritage assets.[27] One early local authority isolation hospital, built as a direct result of the Public Health Act of 1875, is listed.[28] This is the Borough Fever Hospital (now part of St George's Hospital), Sheffield (1877-81; list entry 1254576), which resembles the Stamford wards in many respects.[29] As explained above, with its large, two-storey ward blocks this was not typical of local authority infectious diseases hospitals erected in the wake of the 1876 Memorandum but, like Stamford, harks back to an earlier approach pioneered by the voluntary hospital sector. The buildings, which have been converted, are discussed and illustrated in the Beacon report.[30] Two examples of Victorian isolation hospitals on mental hospital sites are also listed: at the Three Counties Lunatic Asylum (later Fairfield Hospital, now redeveloped), Stotfold, Bedfordshire (1878; list entry 1376805), and at Bristol Lunatic Asylum (later Glenside Hospital), Bristol (c.1898; list entry 1202005).

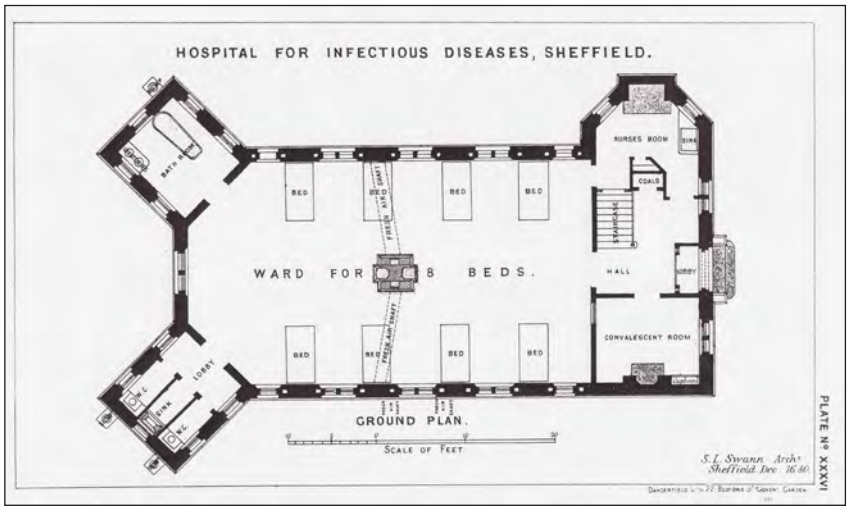


Fig 12 A ward block at Sheffield Borough Fever Hospital (1877-81; listed Grade II) (Thorne Thorne, 1882, 242)

So, taking the 19th century as a whole, the only isolation hospitals or isolation ward blocks on a general infirmary site to be listed are the Sheffield and Stamford examples, dating from c.1841-44 and 1876-79 respectively. These were built at different periods in the development of hospital planning and are good representatives of the building typology.

3.3 Planning, Building and Opening the Stamford Fever Ward Blocks

Unlike some other general hospitals, the Stamford & Rutland Infirmary had no explicit rule against admitting infectious cases prior to 1876, but it 'had not been customary to receive such cases'.[31] This was stated despite evidence (see above) that a fever block had been added to the site in the 1840s. This early fever block – if it ever existed – must have gone out of use long before the 1870s. Whatever the explanation, by 1876 the idea of building wards for fever and infectious cases was again under consideration, motivated by a legacy of £4,000 from Arthur Clay, a local surgeon who died in Japan.

A Special Committee, convened from the Board of Governors, was formed on 18 January 1876 'to consider the best means of providing accommodation for persons suffering from fever and other infectious diseases'.[32] The inevitable concerns of the Stamford populace were addressed at a Committee meeting in March 1876:

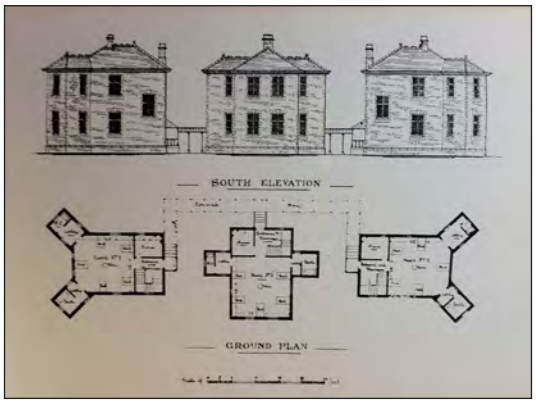
> . . . it having been stated there was a strong objection in the town to fever cases being brought into Stamford from the surrounding district, Dr Newman read a long list of places where fever hospitals are established in connection with General Hospitals and Infirmaries, and he stated that in no case had fever been brought from the fever wards to the other wards.[33]

Residents were further reassured that doctors treating patients in the fever wards were unlikely to spread disease through home visits, and that smallpox cases would be excluded. In practice, itch (venereal disease) was also excluded. Newman's public comments emphasise his awareness of fever hospitals as common adjuncts to general infirmaries.

The layout of the new wards (figs 13 and 14) was determined at a Special Committee meeting in May 1876.[34] The concept of three separate two-storey blocks, each with two five-bed wards, appears to have originated with Dr Newman, replacing an earlier proposal for a single ward block with 30 beds. The Committee – most probably Dr Newman himself – also came up with the recommendation that the internal walls be clad in glazed tiles rather than the usual Parian cement. It was then decided to ask the local architect Edward Browning to produce plans.

Edward Browning (1816-82) was a prominent and prolific local architect who had inherited his father's practice in 1856, designing a wide variety of buildings from country houses to schools, but never achieving national repute. Edward's father, Bryan Browning, had designed the workhouses at Bourne, Spalding and Stamford in 1836-37, at a time when his son may have been working with him as an apprentice. This would have given Edward a strong grounding in the health and welfare sector, and specifically in principles applied to institutional buildings. He and his father appear to have been the Stamford & Rutland Infirmary's preferred architects for many years, and Edward was responsible for the extensive alterations made to the main building in 1861.

The design of the fever ward blocks, however, should perhaps be attributed



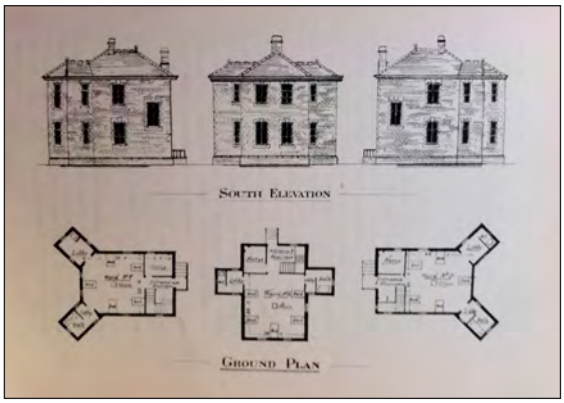


Fig 13 (left) Plan of the Stamford Fever Wards published by Dr Newman in 1879. (Newman 1879); Fig 14 (right) Plan of the Stamford Fever Wards published by Dr Newman in 1894. (Newman 1894)

to Edward Browning and Dr Newman jointly. Indeed, Newman's criticism of Browning's sanitary arrangements of 1861 (see above) suggests that he would have been ill-advised to leave the design of the new buildings entirely to the architect. It was fairly common for resident medical officers or surgeons at voluntary hospitals (rather like Florence Nightingale herself) to have strong ideas about the design of hospital buildings, and this degree of personal intervention adds greatly to the interest of designs. When fever wards were added to the Royal Berkshire Infirmary in Reading, for example, the architect is known to have worked closely with a member of the medical staff, a Dr Shea. The extent of Dr Newman's involvement at Stamford is revealed by the detail of his account of the fever wards in his *History of the Stamford & Rutland Infirmary*, a pamphlet produced for the opening of the fever wards in January 1879 and reprinted as a revised edition in 1894. Moreover, in its report of the formal opening of the fever wards, the *Stamford Mercury* noted that Dr Newman '. . . has taken the leading part in establishing and planning this important addition to the hygienic advantages of the institution'.[35]

Dr William Newman (1833-1903) had studied at St Bartholomew's Hospital and worked at the Salop Infirmary, Shrewsbury, before taking up the post of Surgeon at the Stamford & Rutland Infirmary in 1863. Active on a national stage, he delivered lectures on various matters to national medical conferences, and published articles in the *Lancet* and other professional journals. In addition he served on the council of various national bodies such as the Obstetrical Society of London. As suggested above, he may have visited fever blocks at other general infirmaries to garner ideas. He certainly had a deep interest in buildings; particularly in designs that promoted good health. This is reflected in several of his publications, in addition to his history of the Stamford infirmary. Following a serious outbreak of typhoid fever in Stamford in 1868-69, and an outbreak of scarlet fever in 1870, he was spurred into publishing *Notes on the Sanitary State of Stamford*. In 1880 he published *Healthy Homes or the Sanitary Needs of a Dwelling House*. This book explored all aspects of the construction, lighting, heating, ventilation and sanitation of dwelling houses. Of particular interest with regard to his role in the design of the fever wards was his advocacy of damp-proof courses, of including cellars beneath floors as 'a great

Fig 15 The Fever Wards, general view from south-east. (Historic England, Pat Payne, DP178508)

sanitary safe-guard to the building',[36] and hot-air heating and ventilation systems. It seems clear that his ideas strongly influenced the design of the 1876-79 fever wards.

The site of the fever hospital was donated by Lord Exeter. Browning worked up the drawings 'under the directions of the Building Committee', and drafted specifications in August 1876. His plans were approved by the Board of Governors on 17 January 1877. Four tenders were presented to the Special Committee in April 1877 and Mr Thompson of Peterborough (having quoted £5,789) was awarded the contract.[37] The foundation stone was laid by the Marchioness of Exeter in August 1877.[38] The delay was explained by the presence of an exhausted stone pit which had been backfilled with rubble, causing some trouble and expense. From Newman's history and the specifications, it is evident that the builder was required to take pains to damp-proof the buildings with asphalt. As well as having two storeys, each block had a cellar for coal, in keeping with Newman's opinions concerning the benefits of cellars (see above).

Fig 16 The Fever Wards, general view of Clay and Hurst from north-east. (K. Morrison)

The wards (figs 15-16) opened on 15 January 1879, as reported locally in *The Stamford Mercury* and nationally in *Building News*.[39] The buildings were complete, but the grounds were still to be laid out (ie: a belt of trees to the north-east), and most of the wards furnished. It was made clear that the wards would be open to all, rich or poor, though the poor-law union would have to pay for pauper admissions, the local authority for the independent poor, while those of means would be expected to pay a fee. A sliding scale was applied.

Rather tactlessly, at the opening the Mayor commented at surprising length on the lack of ornament on the new building:

> But I must not omit to say a word or two upon the exterior of the buildings, because I know it is thought by some that they are not very ornamental, or, I may say, that they are deficient in ornament. I must confess a little more ornament would have been an improvement; but I know the committee were guided by the means at their disposal, and that it was a question of ornament *versus* utility, and I think they have wisely set aside the ornamental for the useful.[40]

Again this implies that the Special Committee (ie: Newman) was the dominant force in determining the design, rather than Browning. It must be commented that, despite the local opinion voiced by the Mayor, it was quite usual for fever wards to be plain buildings. Plain surfaces were associated with health and hygiene, as well as economy. The Delancy Hospital in Cheltenham (referred to above) was unusually ornate.

The provision of fever wards at the infirmary was used as an excuse by Stamford Town Council to avoid building a separate infectious diseases hospital in compliance with Local Government Board directives under the Public Health Act. In 1881 it was reported:

> The Mayor observed that the Local Government Board could compel them to erect a place at very considerable cost indeed. When called upon by the authorities above, the Corporation's first excuse was that at the time the Governors of the Stamford and Rutland Infirmary were themselves building wards for the reception of infectious cases; and with that statement the Local Government Board appeared content, and so the matter remained. They were now hiring the infectious wards and paying according to a scale adopted by the Governors.[41]

Although Stamford Town Council did not operate its own infectious diseases hospital, it provided a smallpox hospital, with 'watching huts', on a site on the north-west side of the town. The main building appears to have been an iron structure manufactured by Humphreys.[42] This site now lies beneath housing on Elgar Way.

3.4 Description of the Fever Ward Blocks

The fever wards (fig 17) comprise a group of three very tall two-storeyed buildings. These were referred to as A. B. and C. until 1883, when they were renamed Cecil, Hurst and Clay.[43] The plan of the complex published by Dr Newman in 1879 (fig 13) shows an open-sided covered way connecting the three blocks to their north, but this feature did not appear on plans published by Newman in 1894 (fig 14), or on Ordnance Survey maps, and so it was probably never erected.

The buildings are faced in local stone, with Casterton and Clipsham dressings – the architect specified 'the best stone the locality will produce' – and they have timber mullion and transom windows.[44] The hipped roofs were originally covered in Welsh slates, with ventilating ridge tiles, but now have concrete tiles. Grilles in the boarded soffits of the wide eaves probably relate to the original heating and ventilation system; additional decorative iron grilles survive in the external facings of the walls.

Visually, the symmetrical arrangement of the three blocks – which stand 7 to 10 yards apart – is suggestive of a complete hospital, comprising an administration block flanked by wards, belying the true function of the central building (Hurst) as a third ward block. Given the shape and size of the site, alternative configurations would have been possible, but the symmetry of the adopted scheme produces an impressive effect when viewed from Uffington Road. This was no doubt calculated. The report prepared by the Special Committee for the Board of Governors in December 1876 noted that the buildings were 'in line with the front of the present Infirmary', revealing that the relationship between old and the new was, indeed, a consideration.[45] This effect was compromised in 1973-74 when an operating suite (see fig 7) was constructed on the hospital's frontage.

Fig 17 The Fever Wards from the south. (Historic England, Pat Payne, DP 178510)

The central ward block, Hurst, differs in design and layout from the flanking blocks. The Hurst sanitary facilities occupied square projections to either side of the ward entrances, rather than being in end corner annexes. This was an unusual arrangement, echoing the plan of the six-bed fever wards of the Radcliffe Infirmary in Oxford built in 1875-76 (fig 9). In all three of the Stamford blocks, however, water closets (Jennings closets) and baths (on wheels, for the use of those unable to leave their beds) were separated from the wards by cross-ventilated lobbies: a decided improvement on the annexes at the Radcliffe Infirmary. These lobbies

Fig 18 Door to sanitary annexe, Cecil, upper ward. Several doors of this type survive. (K. Morrison)

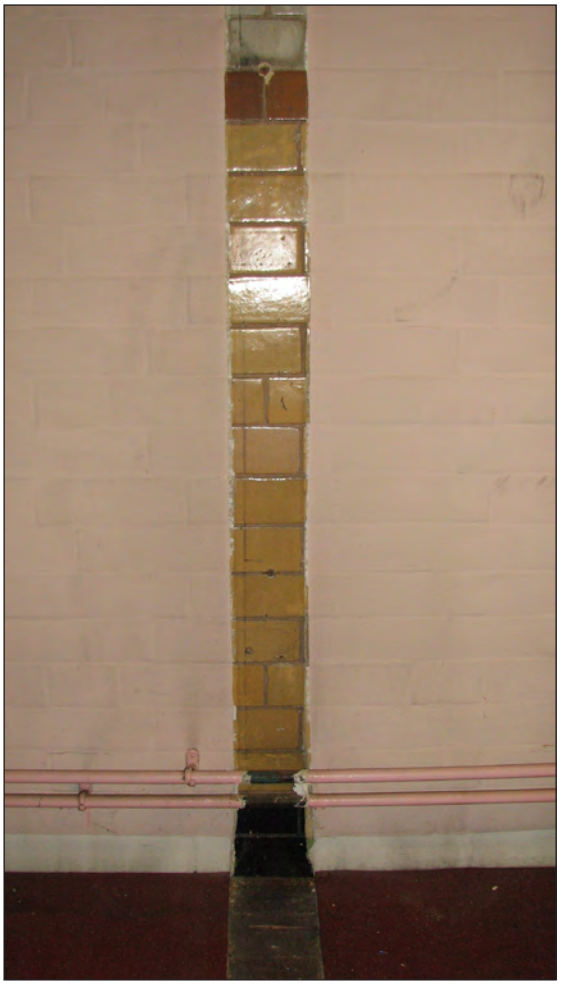


Fig 19 An exposed strip of glazed brickwork in Clay, first floor. (K. Morrison)

were not designed as narrow stems (cf: St Thomas's Hospital, London, 1871), but occupied the full width of the sanitary projections, which was normal practice at the time, seen, for example, in the listed fever wards at Sheffield (1877-81, fig 12). It is interesting to note that for reasons of hygiene the water closets were separated from the wards by much more spacious lobbies than the bathrooms, creating an almost imperceptible asymmetry in fenestration. As a result of modern alterations, most of the lobbies have been integrated with the closets/bathrooms. Nevertheless, an original water-closet cubicle survives, on the upper floor of Clay. The bathroom to the same ward retains timber dado panelling. No early sanitary fittings survive though some pipework could be of early date.

The wards had wooden floors and wide panelled doors, several of which survive. A double-leaf door, with four panels to each leaf, reset in the upper ward in Cecil, may be an original ward entrance doorway. Several wide, six-panel doors survive to sanitary annexes (fig 18). The wards held five beds apiece. Unusually, the rooms were square (25ft by 25ft) rather than rectangular, something that did not permit the consistent application of the recommended arrangement of opposing windows, with beds placed singly between windows. The wards in Cecil and Clay had just

one window pair, of the usual sash-and-hopper type, to produce the effect of cross-ventilation. The south-facing windows had double hoppers (ie: two superimposed transom lights, bottom hinged). The beds were arranged with their heads against all four walls. This rather extraordinary centralised arrangement may have been Dr Newman's own concept, or may have been influenced by wards which he had seen elsewhere, yet to be identified. Cleverly, it gave patients equal exposure to the heating/ventilation system. This was noted by Dr Neman at the opening ceremony: ' . . . the stove gives a uniform heat to every part of the ward'.[46] It was an ingenious, if unorthodox, arrangement analogous to the fashion for circular wards. The first of these was designed in Antwerp in 1878, but no examples were built in England before the early 1880s.

The wards were heated by free-standing Galton stoves with square tiled flues/ventilation shafts, placed centrally. All of these have been removed, but they can be seen in an archive photograph and their positions are represented by square patches in the 15-foot high ward ceilings. The inclusion of patent ventilation systems was common at this time, and the listed fever wards at Sheffield (where Captain Douglas Galton himself advised on the plan) also had central stoves.

A fascinating aspect of the ward design was the hygienic use of glazed brick for the cladding of the internal wall surfaces, something commonly restricted to corridors (often just to dado level), entrance halls, sanitary facilities, operating theatres and mortuaries. From floor to ceiling the glazed brick scheme involved: two courses of black brick; a 4ft dado of cream-coloured bricks; a band of chocolate-coloured bricks, and finally a field of greyish-white bricks. The tiling has been overpainted in every ward, but the removal of a partition on the upper floor of Clay has exposed a vertical strip of the original scheme (fig 19). Newman reported that the tiles had been jointed with Parian cement to make the walls 'impermeable and absolutely non-retentive of organic matters'.[47] Burdett, who in all other respects heaped praise upon the buildings, noted that: 'Dr Newman is in error here. Parian cement is probably the most pervious and absorbent for hospital walls with which we are acquainted'.[48] Nevertheless, Parian cement was the most common finish for hospital walls, on Florence Nightingale's own recommendation.

Even more notable than the glazed walls at this date was the inclusion of tile pictures (figs 20-27; 31-32). Dr Newman wrote:

> To break the uniformity and coldness of this colour [ie: greyish-white glazed brick], three tile pictures (three feet by two feet) have been placed, one on the inner face of each external wall. These pictures illustrate in each instance some agricultural or outdoor occupation, and are let in flush with the inner surface of the wall itself.[49]

In each ward the end panel was polychrome, while those on the side walls were of maroon-brown (sepia) and pale blue. Most of them appear to depict seasons. The draughtsmanship of the polychrome panels is quite different to that of the sepia panels. Their attribution to Albert Slater (for Minton, Hollins & Co.) can be confirmed, since a duplicate of Slater's 'Autumn' (Hurst, first floor, fig 32) is on display in Hanley

Fig 20 Tile picture (Winter): Clay, ground floor. (Historic England, Pat Payne, DP178506)

Fig 21 Tile picture (Ploughing): Clay, ground floor. (Historic England, Pat Payne, DP178523)

Fig 22 Tile picture (Shepherd): Clay, ground floor (Historic England, Pat Payne, DP178524)

Fig 23 Tile picture (Apple Picking/Summer): Cecil, first floor. (Historic England, Pat Payne, DP178517)

Fig 24 Tile picture (Horses): Clay, first floor. (Historic England, Pat Payne, DP178514)

Fig 25 Tile Picture (Reaping): Clay, first floor. This design was repeated in Cecil, ground floor. (Historic England, Pat Payne, DP178512)

Fig 26 Tile picture (Reaping): Clay, first floor. (Historic England, Pat Payne, DP178513)

Fig 27 Tile picture (Cows): Cecil, ground floor. (Historic England, Pat Payne, DP178520)

Museum.[50] This was one of four scenes entitled 'Four Seasons' which were made by Minton, Hollis & Co. for Longton Swimming Baths, Staffordshire, in 1886. Clearly the same designs were in production over a number of years.

The Stamford scheme was included by John Greene in his 1987 survey of hospital tiles. He described them as 'distinctive and of high quality'.[51] Greene noted: 'For a time some of the pictures were painted over but fortunately the appreciative hospital staff have had them cleaned and are justly proud of them'. Greene listed seven scenes; twelve (two duplicates asterisked) are now visible as follows:

- A winter scene with shepherd feeding sheep, sepia and blue-grey (Clay, ground floor, fig 22).
- *Men ploughing with a pair of horses, sepia and blue-grey (Clay, ground floor, fig 21, and, partially uncovered, Cecil, first floor)
- Two men and a woman apple picking, sepia and blue-grey (Cecil, ground floor, fig 31)
- *Two men and a woman scything, sepia and blue-grey (Cecil, ground floor and Clay, first floor, fig 25)
- Three men and a woman reaping corn, sepia and blue-grey (Clay, first floor, fig 26)
- Winter? Skating scene, polychrome (Clay, ground floor, fig 20 and cover)
- Spring? Rural scene with horses and ploughing, polychrome (Clay, first floor, fig 24)
- Autumn. Three shire horses and a wagon loaded with hay, polychrome (Hurst, first floor, fig 32)
- Summer? Apple picking, polychrome (Cecil, first floor, fig 23)
- Recumbent cow, with sheep and church, polychrome (Cecil, ground floor, fig 27)

Some of these tile pictures have been damaged by fixtures, but they nevertheless survive in good condition. They are of considerable interest, as the earliest known scheme of their type in Britain. Other relatively early examples are: Ballymona Hospital, Isle of Man (c.1878-80), Shrewsbury Ear Nose and Throat Hospital (1881), Derbyshire Children's Hospital (1883), Charing Cross Hospital, London (1890s), Paddington Green Children's Hospital, London (1895), Birmingham General Infirmary (1897) and Bedford Infirmary (1898). All of these post-date the Stamford examples. After 1897 – when many Jubilee hospitals were erected – tile pictures become fairly common, especially in children's wards.

Fig 28 Staircase to Hurst. (Historic England, Pat Payne, DP178519)

At the entrance of each ward was a staircase and a heated nurse's duty room. The staircases have decorative iron newel posts, twisted balusters and wooden handrails. The newels are in the form of columns with foliate capitals, moulded bases and chamfered plinths; the balusters have pronounced annulets. The design of both newels and balusters can be found in Walter Macfarlane & Co.'s catalogues from this period, and so the stairs were clearly ordered from the Saracen Foundry in Glasgow, along with the rainwater goods (mentioned in the Specifications) and probably also the ventilation grilles. Several of Macfarlane's works in Scotland and England have been listed in their own right (eg: the railings to King's Cross Hospital, Dundee). The staircase to Hurst survives intact for its full height (fig 28), while those to Clay and Cecil have been boxed in and partially removed. The duty rooms had corner fireplaces, none of which retains its surround. These rooms – which have been destroyed spatially – do not appear to have had windows overlooking the wards for supervisory purposes, a common feature in infectious wards elsewhere, for example at Sheffield. This is rather surprising considering the care lavished by Newman on other aspects of the planning, such as sanitation and ventilation. It is possible that they existed but were omitted from (or are not visible on) the published plans.

The fever wards were separated from the main infirmary (40 to 50 yards distant) by a continuous boundary wall, obviously to reduce communications between the two sites. The entire enclosure was laid with concrete (not visible, but perhaps surviving in places beneath modern surfaces) for reasons of hygiene. The wards were equipped with their own laundry and mortuary, rather than sharing the facilities of the infirmary, and these had independent access from Bourne Road (now Ryhall Road). The single-storey laundry – just possibly on or near the site of a 1840s fever block (see above) – included a disinfecting chamber, with an apparatus recommended by Dr Ransom of Nottingham that was used in several hospitals throughout the country. This was a very neat, practical arrangement made possible by the shape of the site, with its access to two roads. Nevertheless, it is notable that the fever wards were not fully independent, having no kitchen or nurses' accommodation. The complex was not, in other words, a self-sufficient hospital complex, but very much a dependency of the infirmary. This appears to have been rather unusual by this date, when many fever wards at general infirmaries were provided with all of their own central facilities. A space was left to the rear of the wards, should a kitchen or other offices be required in future.

3.5 Publication and Influence of the Fever Wards

The new Stamford fever wards were published in *Building News* in January 1979 and visited by the Northamptonshire and Midland Counties Sanitary Association in August 1879.[52] Shortly afterwards they were presented as a model for small hospitals by an esteemed authority, the hospital reformer Sir Henry Charles Burdett (1847-1920), who published his book *Cottage Hospitals, General, Fever and Convalescent* in 1880. He prefaced his account of the Stamford wards (in a chapter entitled 'Selected and Model Plans Criticised and Compared, with a Detailed Description of Various Hospitals') in the following manner:

> We include a description of these wards here, because, although attached to a general hospital, they are built as separate cottages or blocks, and have much to commend them. The description given by Dr. Newman in his history of the Stamford, Rutland, and General Infirmary is so full and interesting that it is reproduced below. Everything seems to have been thought of that care and ingenuity combined could discover to be likely to promote the efficient construction, arrangement, and administration of these excellent fever blocks. We commend them to the candid consideration of sanitary authorities throughout the country.[53]

Burdett included a plan and elevation of the ward blocks. Although he repeated his original text in the third edition of Cottage Hospitals, published in 1896, the plan was dropped from that edition. The Stamford fever wards were not discussed by Dr Thorne Thorne in his report on infectious diseases hospitals for the LGB, although he visited several infirmary fever wards whilst carrying out his research in 1880-81. At that time most local sanitary authorities still depended on temporary huts to isolate fever cases.

3.6 Later Development of the Fever Wards

Between 1887 and 1900, as shown on the Ordnance Survey maps of these dates, a small detached building was erected to the north-west of the fever ward blocks. Its purpose has not been identified. It had gone by 1972.

A nurses' home (fig 29) was built to the rear of the fever wards, on the site reserved for a 'kitchen or other offices', in 1908.[54] The architect was Henry F. Traylen, who

Fig 29 Nurses' home, 1908, by Henry F. Traylen. (K. Morrison)

had taken over Browning's practice, and the builders were Roberts Bros. of Stamford (cost: £2,265). The contract included 'sundry other works to the fever wards'. This included a covered way which connected the new building with the lateral wards. This is shown on the 1930 Ordnance Survey map. A new nurses' home (fig 6) was built to the west of the 1908 building in 1939-40: it was extended after the war and heightened in 1956-7.

The fever wards were used as a casualty station in August 1939. The central block (Hurst) was used for an outbreak of poliomyelitis in 1947. Clay was converted into accommodation for domestic staff in 1949. A pathological laboratory was formed on the ground floor of Hurst in 1951, and moved to the upper floor a few years later.

The appearance of the laundry and mortuary associated with the fever wards is not known. They were demolished in 1958-59 when a central laundry was erected on the site. This laundry was extended in 1969, but has itself been demolished to make way for a new development.

The three separate ward blocks of the fever hospital were connected to form ground-floor male and female medical wards in the 1960s.[55] This involved single-storey additions on the south elevation. The buildings were linked to one another and to the main infirmary by a covered way, and a first-floor bridge (fig 30) connected Cecil and Hurst. Most of these modern accretions are lightweight structures which have not caused fundamental damage to the original buildings. The ground floor of Cecil is now a museum, Hurst houses the pathology department and Clay is disused.

Fig 30 The first-floor bridge linking Cecil and Hurst. (K. Morrison)

4 ASSESSMENT OF SIGNIFICANCE

This section summarises aspects of the historic significance of the fever ward blocks, and does not attempt to be comprehensive.

4.1 A rare exemplar of a building type

The Stamford fever ward blocks are amongst a small number of such buildings to survive on general infirmary sites from the 19th century, though many are known to have been built (see Appendix). They are the only detached pavilion-plan fever wards on a general hospital site to be listed. The fever wing at Sheffield Infirmary, listed Grade II*, was built in the 1840s; it was on the short-lived and rather disreputable corridor plan, and has been converted into offices.

Amongst other surviving fever wards on infirmary sites (identified in the Appendix, see below), following the very recent demolition of the fever wards at the Radcliffe Infirmary in Oxford, the best examples are probably those at the Royal Berkshire Hospital, Reading (unlisted), which are single-storeyed. They do not have the architectural presence of the Stamford wards.

Casting the net wider to include all categories of hospital, the only other fever hospital of the period to be listed is the Borough Fever Hospital, Sheffield (Grade II), which was initiated a year after Stamford and not completed until 1881. The two complexes are broadly similar in many respects, although Sheffield was a self-contained hospital and Stamford was an adjunct to a general infirmary. Specifically, both complied with accepted pavilion principles and provided several small wards so that different diseases could be treated at the same time, whilst maintaining the separation of men, women and children.

4.2 Setting

The fever wards were built in alignment with the original Stamford Infirmary. As well as being complementary in function, these buildings were meant to be viewed together from the south, giving the impression of an extensive and handsome institution. Jointly, these buildings tell a rich story about the development of local general infirmaries; more than they would do separately. Their relationship is currently compromised by the 1970s operating suite, but this is reversible.

4.3 Involvement of an important local medical practitioner

The design of the Stamford fever wards can be reattributed to the surgeon Dr William Newman together with the hospital's architect, Edward Browning. Newman's involvement adds interest to the building. His concern for the health of buildings is well documented through his publications, and he may have visited a number of infirmaries to inspect their fever wards before cementing his ideas for Stamford. In particular, the ingenious (and unusual) centralised design of the wards and the glazed interior walls with tile pictures can be attributed to Newman. This centralisation pre-dates the construction of the first circular ward blocks in England by several years.

4.4 The earliest known examples of hospital tile pictures

The fever wards contain the earliest known examples of hospital tile pictures. Of the 18 pictures (three per ward), 12 have been uncovered. All 18 probably survive in situ, mostly in good condition (and of considerable intrinsic value).

4.5 A handsome design, deliberately plain

Despite the comments made by Stamford's Mayor, quoted above, lack of architectural adornment is typical of this building type, regardless of whether local authority or private, whether provincial or metropolitan. Indeed, the Stamford wards are rather superior in this regard, having high quality stone facings and window joinery, testified by the fact of its survival. Internally, the absence of 'mouldings and other projections' was absolutely deliberate, to avoid dust accumulating. The only ornamental features, other than the tile pictures, are the iron staircases.

4.6 A fine example of a Macfarlane iron staircase

Hurst retains a complete iron staircase made by Walter Macfarlane's Saracen Foundry in the late 1870s. Part of the stairs in Cecil and Clay also survive. Many of Macfarlane's creations are independently listed.

Fig 31 Tile Picture (Apple Picking): Cecil, ground floor (Historic England, Pat Payne, DP178521)

Fig 32 Tile Picture (Autumn): Hurst, first floor (Historic England, Pat Payne, DP178516)

5. APPENDIX: 19TH-CENTURY FEVER WARDS ON GENERAL INFIRMARY SITES

This list is not comprehensive; demolished examples are shaded grey to convey attrition rate

Institution	*Date of Fever Wards*	*Building Information*	*Survival/Listing*
Royal Buckinghamshire Infirmary, **Aylesbury**	1882	Isolation ward cost £1,000. Not identified on plan of site.	Listed as early pavilion hospital, 1859-60, D. Brandon. Convalescent ward called The Sanatorium 1870; dem. 1908.
Bedford General Hospital	1847	Fever block in own enclosure with laundry. Horsfield.	Dem.
Queen's Hospital, **Birmingham**	1840	Detached isolation block, 2st, H-plan, 28 beds.	Dem.
Birmingham General Hospital	1894-97	Infectious diseases block by Henman.	Entire hospital seems to survive.
Sussex County Hospital, **Brighton**	1887	Isolation block or Sanatorium, corridor plan with single wards. Large, 3st building.	Survives. Not listed.
Bradford Fever Hospital	1872	Infirmary received donation for a fever hospital but built it on new site. Andrew & Pepper architects; separate ward pavilions.	Survives and appears very intact. Not listed. Infirmary, however, Dem.
Addenbrooke's Hospital, **Cambridge**	1833	Cranmer Ward, later attached to S wing of hospital. Retained after rebuilding in 1866, becoming Eye Room.	Dem. when converted to Judge Business School
Addenbrooke's Hospital, **Cambridge**	1861-66	New 5-bed fever ward block built beyond old fever ward, Tennis Court Road. Single sanitary annexe.	Dem. when converted to Judge Business School
Cumberland Infirmary, **Carlisle**	1847 1872 1877	House (Crozier Lodge) near Infirmary purchased as voluntary fever hospital. 2 1st detached ward blocks added by town council for infirmary committee. Smallpox block.	Ward blocks of 1872 and 1877 recorded 1993; subsequently Dem. Only ward block surviving on site, early C20th date.
Chester Royal Infirmary, Original building listed; rest dem.	1867-68	Fever Hospital next to Infirmary: in-line ward pavilion with 1st wards and central 2st administration block. Laundry in basement of pavilion. 10 beds per ward. Also a 'fever house' (adjoining porter's lodge) and a mortuary.	Enlarged and heightened as nurses' home after Corporation isolation hospital opened 1899. Recorded 1993. Site subsequently redeveloped as housing.

Essex and **Colchester** Infirmary	1847	Block of two isolation wards and nurses' room, detached. Possibly adjoining laundry to SW.	Building on same footprint survives. Not checked on ground.
Derbyshire Royal Infirmary, **Derby**	1849	Detached 2st building (40 fever beds; 22 lock beds) close to infirmary, connected by underground passage. By H. J. Stevens. Included back-to-back wards. No cross-ventilation.	Dem. by 1899
Derbyshire Royal Infirmary, **Derby**	1900	Isolation block, Young & Hall.	Photo of 1993 BB93/35774. Survives.
Grantham Cottage Hospital	1876	Two 2 bed wards to rear formed fever hospital. A. Crane.	Dem. If correctly identified as block to rear.
Hartlepool Hospital	?	By 1881 a separate block used as a fever hospital.	Dem.
Hull General Infirmary	1874-75	New fever wards (William Watt Hospital for Contagious Diseases?) built to rear of Infirmary.	Dem., site of Prospect Shopping Centre.
Leeds House of Recovery	1846	2st building.	Dem.
Leeds General Infirmary Listed as early pavilion-plan hospital, 1864-8, G.G. Scott.	1889-92	Large addition 1889 including detached 1st isolation block. Arranged in-line with two wards and central administration, including single-bed wards.	Dem.
Leicester Royal Infirmary	1820	House of Recovery from Contagious Fever, built as SE wing. 2st with pediment.	Converted to dispensary/ward 1860-62. Dem. 1906.
Leicester Royal Infirmary	1860-62	Fever wards built at end of SE wing: 2st, with central entrance/administration flanked by 8-bed wards.	Dem. for new pavilion 1906-7
Royal Southern Hospital, **Liverpool** (1872)	By 1888		Site has been redeveloped.
London Fever Hospital	1849	Charles Fowler and David Mocatta.	Converted to housing. Grade II.
Newcastle House of Recovery	1804	Handed over to Corporation 1873. Later used by Rutherford College.	Survives, converted. Grade II.
Royal Victoria Infirmary **Newcastle**	1801	Addition to Infirmary: three wards, 18 beds, never used as fever house as intended. Superseded by House of Recovery of 1804 (handed over to Corporation 1873).	Dem.
Northampton General Hospital, Billing Road	1831 1847-49	Fever wards discussed 1831; not built. 'Convalescent' ward, probably for fever, over board room and museum.	Survives in hospital use.

Nottingham General Hospital	1828	Fever house. 2st detached with 20 beds.	Very altered when recorded 1993. Dem. and site redeveloped.
Radcliffe Infirmary, **Oxford**	1824	Hakewill, fever block, added on site of earlier laundry. Conv to nurses' accommodation 1869.	Dem. in 1898.
Radcliffe Infirmary, **Oxford**	1869-70	New fever block by C. Buckeridge with G. G. Scott. Converted to women's ward 1877.	Survived until very recently. Currently being redeveloped as Radcliffe Observatory Quarter.
Radcliffe Infirmary, **Oxford**	1877	Leased to Oxford Eye Hospital 1894. 2st.	Survived until very recently. Currently being redeveloped as Radcliffe Observatory Quarter.
South Devon and Cornwall Hospital, **Plymouth**	1881	Infectious block by Coe & Robinson.	Extant 1991. Site subsequently redeveloped.
Royal Berkshire Hospital, **Reading**	1875-78	Detached 1st infectious wards by Morris & Stallwood. Two 3-bed wards in parallel blocks. A good example of early single-storey infectious blocks on pavilion system.	Survives. Not listed (only main hospital block listed)
Royal Isle of Wight County Hospital, **Ryde**	1871	New fever block possibly modelled on Oxford example. Possibly rectangular block to rear.	Dem.
Sheffield Royal Infirmary	1841	House of Recovery (Norfolk Wing) added as south-east wing of infirmary. Use soon changed. List description is wrong in saying SE wing 1883-84 by J D Webster: this is documented as built 1841 and is on plan of 1863. What Webster added was the polygonal outpatients. (amendment to list suggested)	Infirmary of 1793-7 is Listed II*; description includes SE wing (fever block 1841) and 1883 polygonal outpatients block. Now offices ('Heritage House').
Sheffield Royal Infirmary	1872	Architect: Henry Curry. Detached block to NW with 4 wards for isolation. Connected by underground passage. Corridor plan. Soon changed use. Victoria Block.	Dem.
Staffordshire Infirmary, **Stafford**	1827-30	Fever block built in garden to S of main building, and linked by corridor. For 24 patients.	Dem.
North Staffordshire House of Recovery	1804		Dem.
North Staffordshire Infirmary, Etruria (1819)	1829	30-bed fever wards added.	Dem. Hospital moved to new site 1869.

North Staffordshire Infirmary, **Stoke-on-Trent** (1866-69)	1869	Two isolation blocks with square 6-bed wards designed as part of new hospital.	Not clear whether actually built; on architect's proposal.
North Staffordshire Infirmary, **Stoke-on-Trent**	1901	Isolation hospital erected to east.	Possibly remodelled as part of later hospital corridor?
Royal Albert Edward, **Wigan**	1900	Isolation block. By Thomas Worthington.	Not known.
Royal Hampshire County Hospital, **Winchester**	1882	Fever cottage opened 1882. Detached pavilion with in-line wards.	Dem.
Whitehaven and West Cumberland Infirmary	?	Wing for infectious cases by 1881.	Dem.
Wolverhampton and South Staffordshire Infirmary	1872-3	Separate block for infectious cases, Deanesly Ward. To east of infirmary, later connected by corridor.	Dem. Main building Grade II.
Worcester General Infirmary	1872	2st infectious diseases 'cottage'. Later probably Microbiology Dept.	Dem. Very recent loss – on Bing Bird's Eye View but not Google Earth.
York Infirmary	?	Fever block to rear of infirmary comprising two wards.	Dem.

6. SOURCES

Beacon July 2015

Beacon Planning, 'Research Report: Isolation Wards Stamford and Rutland Infirmary', July 2015

Beacon August 2015

Beacon Planning, 'Heritage Appraisal: Stamford and Rutland Hospital', August 2015

Burdett 1880 and 1896

Burdett, Henry C., *Cottage Hospitals. General, Fever, and Convalescent. Their Progress, Management, and Work*, J & A Churchill, London, 1880 (2nd edn., rev.) and 1896 (3rd edn, rev.)

Burton 1846

Burton, G., *Chronology of Stamford*, 1846

Currie 2005

Margaret Currie, ***F****ever Hospitals and Fever Nurses*, Routledge, London, 2005

Greene 1987

Greene, J., *Brightening the Long Days: Hospital Tile Pictures*, Alan Sutton/ TACS, Leeds, 1987

Newman 1880 (1st edn) and 1894 (revised 2nd edn)

Newman, William, *History of the Stamford & Rutland Infirmary*, 1880 and 1894

NBR No. 15576

NBR No. 15576, with Investigator Card written by Robert Taylor 1973, Historic England Archive

RCHME Hospital Project Database

RCHME Hospitals Project Database (1991-93), entry for NBR No: 15576

Richardson (ed.) 1998

Richardson, H (ed.), *English Hospitals 1660-1948*, RCHME, Swindon, 1998

Rogers & Quinlan 1978

Alan Rogers and John Quinlan, *A Short History of The Stamford and Rutland Hospital, 1828-1978*, The Friends of Stamford Hospital, 1978

Taylor 1991

Taylor, J., *Hospital and Asylum Architecture in England 1840-1914*, Mansell, London, 1991

Taylor c.1993-4

Taylor, R, 'Hospitals for Infectious Diseases: General Hospitals', draft text for Richardson (ed.) 1998, c.1993-94 (and unpublished accompanying plans of several infirmary fever wards drawn by Nicholas Hammond)

Thorne 1882

Thorne Thorne, 'Report and papers on the Use and Influence of Hospitals for Infectious Diseases submitted by the Medical Officer of the Local Government Board', 10th Report of the LGB, *Parliamentary Papers* 1882, XXX.II

7. NOTES

1 Rogers & Quinlan 1978, 4.

2 This history of the infirmary is based on Newman 1879 and 1894, unless otherwise noted.

3 Brown's own house, which had been remodelled by the local architect Bryan Browning (d.1856), was used as a fever hospital in the TV adaptation of *Middlemarch*.

4 Burton 1846, 201.

5 *Gentleman's Magazine*, v.182, 1846, 654.

6 RCHME Hospitals Project Database, c.1991-93 (only known copies held by Kathryn Morrison and Harriet Richardson).

7 Beacon, Appraisal, 4.

8 Specifications of 1842, Stamford Hospital Archive, 1840s box file.

9 Newman 1879, 28.

10 NBR: 15576, citing *Stamford Mercury*, 15 April and 30 May 1881.

11 *Stamford Mercury*, 19 January 1883, 4.

12 *Builder*, 2 May 1891, 360.

13 *Stamford Mercury*, 16 October 1891, 4.

14 *Builder*, 9 July 1910, 41.

15 *Builder*, 8 May 1925, 736.

16 *Builder*, 22 February 1929, 406.

17 *Builder*, 13 October 1939, 572.

18 Rogers & Quinlan 1978, 30.

19 SAM No. LI 107.

20 A brief note on terminology. Buildings or wards for the isolation of people suffering from contagious diseases have been given different names over time. The earliest were small, domestic-scale 'pest houses'. 'Fever wards' were designated within hospitals in the 18th century, but the first dedicated fever hospitals were called 'houses of recovery'. From the mid-Victorian period, fever hospitals were more generally called 'infectious diseases hospitals' or 'isolation hospitals'. Rarer terms were 'hospital for contagious diseases' or 'hospital for zymotic diseases'. The term 'sanatorium' was applied to hospitals for the treatment of TB from around 1900, but the same term was used for infirmary buildings on institutional sites, notably schools.

21 For an account of pest houses at workhouses see K. Morrison, *The Workhouse*, 1999, 156.

22 Taylor draft text c.1993

23 *Northern Echo*,18 December 1874, 3; Beacon July 2015, 18-19.

24 The Sheffield Corporation consulted Captain Douglas Galton on plans submitted by architects, appointing S. L. Swann.

25 Currie 2005, 5.

26 Misdated in list description.

27 Four of the listed examples cited in Beacon August 2015, 27, are not relevant and this requires explanation. Two were not built as isolation hospitals (the sanatorium, or school infirmary, attached to the Britannia Royal Naval College, 1899-1905, and the circular wards at Camberwell Workhouse, aka St Giles's Hospital). Another two date from the early 20th century (Marylands Hospital, Woburn; Isolation Hospital, Arne) and cannot be considered 'broadly contemporary' with the Stamford fever wards.

28 For a comparison of the Stamford fever wards with later Local Government Board model plans, see Beacon July 2015, 9-16.

29 For more on this see Beacon July 2015, 17-18.

30 Beacon July 2015.

31 *Stamford Mercury*, 10 March 1876, 4.

32 *Stamford Mercury*, 17 January 1879, 4; Newman 1879, 16.

33 *Stamford Mercury*, 10 March 1876, 4.

34 *Stamford Mercury*, 5 May 1876, 4.

35 *Stamford Mercury*, 17 January 1878, 4.

36 Newman 1880, 11.

37 *Stamford Mercury*, 17 January 1879, 4; *Stamford Mercury*, 13 April 1877, 4.

38 *Stamford Mercury*, 10 August 1877, 4.

39 *Stamford Mercury*, 17 January 1879, 4; *Building News*, 24 January 1879, 104.

40 *Stamford Mercury*, 17 January 1879, 4.

41 *Stamford Mercury*, 1 April 1881, 4. A fair copy of the correspondence between the Town Council and the LGB is preserved in the Stamford Hospital Archive, 1870s and 1880s box files.

42 http://historic-hospitals.com/2015/08/30/humphreys-hospitals/

43 *Stamford Mercury*, 19 January 1883, 4. The ground floor of Hurst was not entered during the visit on 5 November.

44 Specifications of August 1877, Stamford Hospital Archive, 1840s box file.

45 Report of 8 December 1876, Stamford Hospital Archive, 1870s box file.

46 *Stamford Mercury*, 17 January 1879, 4.

47 Burdett 1880, 420.

48 Burdett 1880, 420.

49 Beacon Appendix 3, 8.

50 http://www.stokesentinel.co.uk/Way-Tile-panels-display-Hanley-museum/story-19858569-detail/story.html (accessed 9 November 2015).

51 Greene 1987, 55-56.

52 *Building News*, 24 January 1879, 104,

53 Burdett 1880, 418.

54 *Builder*, 17 October 1908, 420.

55 Information from RHS East Anglia, NBR: 15576. Beacon reports this happening in the late 1950s (Beacon August 2015, 23).

Historic England Research and the Historic Environment

We are the public body that looks after England's historic environment. We champion historic places, helping people understand, value and care for them.

A good understanding of the historic environment is fundamental to ensuring people appreciate and enjoy their heritage and provides the essential first step towards its effective protection.

Historic England works to improve care, understanding and public enjoyment of the historic environment. We undertake and sponsor authoritative research. We develop new approaches to interpreting and protecting heritage and provide high quality expert advice and training.

We make the results of our work available through the Historic England Research Report Series, and through journal publications and monographs. Our online magazine Historic England Research which appears twice a year, aims to keep our partners within and outside English Heritage up-to-date with our projects and activities.

A full list of Research Reports, with abstracts and information on how to obtain copies, may be found on www.HistoricEngland.org.uk/researchreports

Some of these reports are interim reports, making the results of specialist investigations available in advance of full publication. They are not usually subject to external refereeing, and their conclusions may sometimes have to be modified in the light of information not available at the time of the investigation.

Where no final project report is available, you should consult the author before citing these reports in any publication. Opinions expressed in these reports are those of the author(s) and are not necessarily those of Historic England.

The Research Reports' database replaces the former:

Ancient Monuments Laboratory (AML) Reports Series
The Centre for Archaeology (CfA) Reports Series
The Archaeological Investigation Report Series and
The Architectural Investigation Reports Series.

ISSN 2059-4453 (Online)