BETHEL HOSPITAL, NORWICH CONSERVATION MANAGEMENT PLAN ISSUE 3 SEPTEMBER 2016

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#### DOCUMENT ISSUE

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Landscape

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# **EXECUTIVE SUMMARY**

Bethel Hospital is a Grade II\* listed building in the centre of Norwich which has been on the Heritage at Risk Register since 2008. The site includes a complex of buildings:

- 1713 U-shaped building;
- Two 1750s wings to the south, the eastern one containing the double height Boardroom;
- 1789-1830 north extensions and cell ranges along Bethel Street, which may incorporate earlier fabric and also late nineteenth century underbuilding;
- 1789-1830 central passage, which was refashioned in the 1900s;
- 1789-1830 South-east Range, which was extended vertically in the 1830s and extended in footprint in phases in the later nineteenth century;
- Mid-nineteenth century single storey block to the west of the 1713 building;
- Late nineteenth century single storey covered walkway to the east of the 1713 building;
- 1899 range by Edward Boardman; and
- Modern rebuild of earlier single storey corridors along the south side of the internal courtyards.

All the buildings are red brick with hipped or pitched roofs of clay tile or slate. The Boardman Range and the south elevations of the I750s wings are augmented with stone dressings.

To the south of the buildings are recently laid out but mostly unkempt gardens and a car park. The trees to the south of the main building are also specifically protected by Tree Protection Orders. Bethel Hospital is located in the Civic Character Area of the Norwich City Centre Conservation Area. The former hospital is prominent in views, particularly from the east end of Bethel Street.



Site Plan (©2016 Infoterra Ltd and Bluesky)

Study Site Boundary Historic site of Bethel Hospital between Bethel Street and Theatre Street This report has been commissioned by Historic England to provide a baseline understanding of the historical development and significance of the site as well as an overview of its condition and potential for change in order to inform future decision-making about the Bethel Hospital site. It is also intended to be used by Norwich City Council to inform their oversight of the site.

The study site for the report does not include 33 Bethel Street, a Grade II listed building that was formerly part of the hospital, or Little Bethel Court, except when considering the historical development of the site.

The Bethel was founded in 1712 by Mary Chapman specifically for the treatment of 'lunatics' as she and her deceased husband had had experiences of family members with mental health issues. The purpose-built hospital was constructed on a waste site that had earlier been occupied by the Committee House, which was destroyed in the 'Great Blow' during the Civil War. The building was completed in 1713 and its treatment of lunatics was compassionate and based on Christian principles. Following her death in 1724, the Bethel was run by Trustees who included important local political figures and in the nineteenth century members of the Nonconformist banking and manufacturing families who dominated Norwich. The hospital expanded with a particularly rapid period of growth, seen in an expansion of buildings, in the late seventeenth and early nineteenth century in a bid to improve the financial position of the Bethel. By the mid-nineteenth century, the Bethel was no longer seen as pioneering and was criticised by the Lunacy Commissioners for its poor conditions. A series of smaller alterations took place in the second half of the nineteenth century to improve conditions and in 1899 local architect Edward Boardman built a new range on Bethel Street to provide a new frontage. In 1948, the Bethel was handed over to the new National Health Service and in 1974, it was used as the Child and Family Psychiatry Unit, which occupied only a fraction of the

building and did not accommodate in-patients. By 1995, it had been sold and various proposals ranging from a hotel to residences were given planning permission. Little Bethel Court was refurbished as residential units whilst part of the main building was redeveloped for offices and residential dwellings.

The former hospital is in multiple ownership and much of it is occupied. However, the areas which are not on the eastern side of the site, include the Boardroom range, are in very poor condition with extensive water ingress, rot and vegetation growth resulting in parts of the building being structurally unsound. There are also urgent works required to the occupied parts of the building, including to the Boardman stair in the north range and some of the windows in the same range. The complexity of the ownership pattern is compounding the condition issues.

The Bethel was the first purpose-built institution for the treatment of lunatics outside of London, being second nationally after the Bethlem in London. It was the only place specifically for the treatment of the mentally ill in Norwich until the construction of the Norfolk County Asylum in 1814. Given the loss of historic fabric in the second half of the twentieth century and more recently, the value of the built fabric lies primarily in its plan form and also in the external façades and important interiors, namely the Boardroom and central passage. A summary statement of its significance is reproduced on the following page.

The issues and opportunities relating to the site are discussed in Section 4 of the report. The complex ownership pattern is causing issues of uncertainty about the division of the site, the communal areas and the maintenance of the building. The condition of the building is a significant concern with structural instability threatening the Boardroom, extensive dilapidation on the east side of the site and water ingress causing suspected structural

problems with the east staircase in the Boardman Range amongst other issues. The condition threatens to further erode the heritage value of the site, already depleted by the loss of the Trust and its implementation of Mary Chapman's will, the change of use and redevelopment to date. The heritage value of the site is vulnerable and any future development of the site needs to be carefully considered to avoid further loss of significance. It is not desirable for there to be any additional building on the site and should any additional buildings be constructed they should be no more than two storeys with the same eaves height as the eastern cell ranges. It is imperative that the unrefurbished parts of the site are made weathertight in the short term and brought back into good repair and use as soon as possible. The careful conservation of all the buildings offer the opportunity to enhance the site's heritage value. It would significantly enhance the heritage value of the site were the Boardroom repaired and its collection returned, the central passage restored and both opened to the public.

Section 4 also sets out a conservation framework for the site and a set of policies. The conservation framework specifies the need to conserve and repair the derelict and incomplete parts of the building and bring them back into use either through sale to private individuals or through legal mechanisms. Thereafter conservation should be based on the pre-eminence of maintenance, a principle that should be applied to the remainder of the site henceforth.

Given that this CMP has been commissioned by Historic England, rather than one or all the owners or occupiers of the site, the policies proposed, whilst specific to the site are high-level and not assigned to specific organisations or individuals. They include policies relating to the potential for archaeology, the condition of the site, ownership management and use of the site, and its heritage value and potential for change.

## SUMMARY STATEMENT OF SIGNIFICANCE

The Bethel Hospital was the first purpose-built lunatic asylum constructed outside of London and it remains the longest functioning purpose-built asylum, which gives the site high significance at a national level. It is also of high significance at a local level, particularly with the survival of the Boardroom and its collection, as a representation of the social provision that was the product of Norwich's reforming tendencies in politics and religion.

The Bethel is atypical in the history of psychiatric buildings in the country, founded by an individual and maintained in accordance with her wishes by seven Trustees or Governors. When founded, it was significantly in advance of the prevailing treatment of lunatics in its compassionate approach but by the mid-nineteenth century, it was considered behind the times. However, changes were made to ensure its continued functioning. The core of the building survives from the original early eighteenth century as well as fabric from several phases of the hospital's expansion. However, little is known of the eighteenth century layout whilst much of the nineteenth century layout, particularly the smaller rooms on the upper floors, has been lost in the recent refurbishment. Nonetheless, the illustrative value of the site overall is medium whilst the evidential value is high. The Bethel has strong connections with the founder, Mary Chapman, and a range of important local figures as well as with craftsmen and architects, many of whom reinforce the importance of dissenting religion in various forms. This extends to the site's previous owner, Francis Wyndham and the destruction of the Committee House in the 'Great Blow'. The associative value of the site is high.

The quality of the buildings and their design reflect the changing fortunes of the Bethel as well as the changing tastes in architecture. As a result the aesthetic value of the different elements varies from high for the unaltered elements of the original building and the Boardman Range to the low/medium for the late eighteenth and early nineteenth century elements.

Though located in the city centre, the Bethel was historically inward-looking though it provided an important function. Since the addition of the Boardman Range in 1899 it has made an important contribution to the streetscape on Bethel Street. The communal value is deemed to be medium.

# INTRODUCTION

## I.I BETHEL HOSPITAL OVERVIEW

Bethel Hospital is the first purpose-built lunatic asylum to be built outside London and the oldest surviving purpose-built lunatic asylum in the country. When it opened in 1713, its approach to treating those affected by mental illness was unusual in its compassion. During its lifespan, it was important locally both for being the only specific charitable institution in Norwich for the treatment of the mentally ill for a century and also for its association with important and influential local people.

The former Bethel Hospital is now a complex of Grade II\* listed buildings located on Bethel Street in the Civic Character Area of the Norwich City Centre Conservation Area. The trees to the south of the main building are also specifically protected by Tree Protection Orders.

#### Historical Development Summary

The early history of the site is unclear but it is thought to have been the site of the Committee House, later the County Armoury, which was destroyed in the 'Great Blow' during the Civil Wars. The original U-shaped hospital building was constructed in 1713 by Mary Chapman who founded the Bethel as a godly asylum for lunatics. The building was extended in the early 1750s with two southern ranges to form an H-Block; the eastern range contains the double height Boardroom.

In the early nineteenth century, the hospital was considerably expanded with extensions to the north of the H-Block, as well as a central passage, so that it ran up to Bethel Street. Further wings connected to the H-Block were constructed to the east whilst to the west was built a separate four-sided block around a courtyard with a long range along Little Bethel Street. The hospital continued to evolve with regular alterations and additions through the nineteenth century.

In 1899, local architect Edward Boardman designed a new range on Bethel Street, incorporating some of the existing ground floor structures, building two floors of additional accommodation over and refurbishing the central passage. Further changes in the early twentieth century included the addition of the south range of Little Bethel Court by Grahame Cotman, an architect at Boardman & Son.

Having continued as a lunatic asylum since its foundation, the Bethel was incorporated into the National Health Service in 1948 and ceased to provide in-patient accommodation in 1974. After serving as a Child and Family Psychiatry Unit, it was sold in 1995. After proposals for a variety of uses including a hotel and offices, a large proportion of the site was converted into residential units although a significant amount remains in various states of disuse. The site has been subject to a number of planning applications since 1992, many of which are thought to have been partially implemented.



#### **Condition Summary**

The western south range forms a three storey house which has been fully refurbished and is generally in good condition apart from an area of failed flashing over a single storey lean-to roof. The ground floor of the west range of the H-Block (addressed as 9 Little Bethel Court) and the L-shaped first and second floor flats (45A and 45B Bethel Street) are inhabited and generally in good repair. The first and second floor flats at the eastern end of the Boardman Range (39A and 39B) are also in good repair apart from severe condensation to the north windows and some mould growth. The communal stair to these flats is severely cracked as a result of water ingress through an open window in the basement which is causing the cast iron stair newel to rust and the stair to subside. At ground floor level of the Boardman Range are two offices; the eastern one completed and in good repair, the western one has not been finished.

The Bethel Street elevation of the Boardman Range is generally in satisfactory condition although there are is evidence of damp in a number of areas including the plinth, stone around the door, stone string course and the brickwork of the gables as well as around the rainwater goods. The redevelopment of the eastern south range is also in a state of partial completion with severe structural problems to the south elevation which has resulted in temporary shoring and the removal of plaster from the southern wall of the Boardroom. The poor condition of the gutter along the west elevation is causing water ingress onto the second floor rooms and areas of damp and mould growth. There are a number of cracks in the brickwork of the south elevation of the central section of the H-Block. The eastern range of the H-Block has been stripped of most internal finishes. The elevation is in a poor condition. The ground floor lean-to building has lost the roof at the south end and is missing slates and sections of guttering. Above at first and second floor levels there are areas of green brickwork and rotten windows and frames with broken glazing.

The Eastern Cell Range is in a stable condition though the external brickwork is extremely damp and the first floor is supported on props. The gutter to the ground floor lean-to and areas of the lead flashing are missing. The South-east Range, which comprises several linked structures, is in a derelict state with some areas inaccessible due to rot affecting floor joists. It is infested with pigeons, the roofs are missing large areas of slates and gutters in places and some of the roofs have collapsed onto the single storey structures on the north side. The chimney is severely cracked and could collapse without warning, therefore the risk area below should be made inaccessible without delay. The owner has been informed.

#### Summary of Maintenance and Management Issues

The site has been partially refurbished and whilst that refurbishment has impacted on the historic plan form of the site, the occupied parts of the site are generally in reasonable repair. Nonetheless there are some areas of concern such as the substantial water ingress to the basement below the Boardman stair and the condition of some of the windows in the north elevation.

Of the remainder of the site, the south-east unit of the H-Block is unoccupied and urgent works are required to the south gable façade and repairs to the Boardroom interior, which is the most significant surviving interior in the listed building. The East Cell Range and South-east Range are derelict although the former is at least in a relatively stable condition. Urgent works are required to stabilise these parts of the building and facilitate safe access for further inspection.

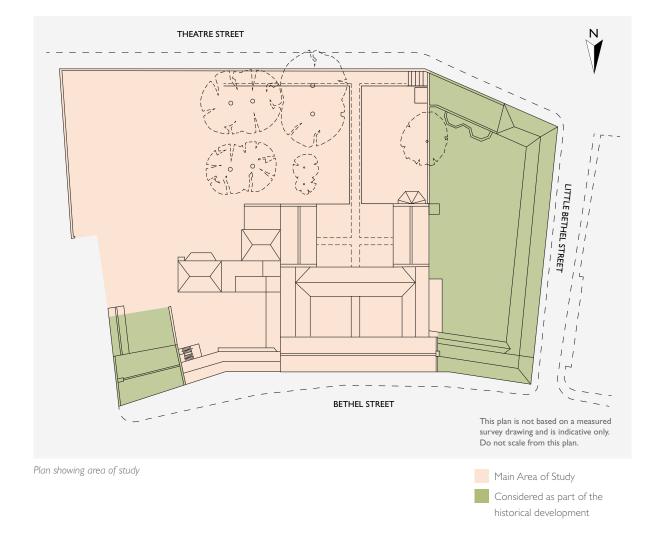
Much of the exterior of the building is not being adequately maintained and nor is its setting. The freeholder employs a management company, which is believed to be responsible for maintenance of the communal areas. However, as this CMP has been commissioned by Historic England rather than the owners, the authors have not had access to information about the management of the site.

## I.2 PURPOSE AND SCOPE OF THE CMP

This Conservation Management Plan (CMP) has been commissioned by Historic England to provide a baseline understanding of the historical development and significance of the site as well as an overview of its condition and potential for change in order to inform future decision-making about the Bethel Hospital site. It is also intended to be used by Norwich City Council (NCC) to inform their oversight of the site. The CMP has been prepared by Purcell, architects and heritage consultants, specifically by Rowenna Wood, Senior Heritage Consultant, and Hattie Mulhearn, Assistant Heritage Consultant, with input from Heather Jermy, Associate. The condition elements have been contributed by Charlotte Dunne, Architect, and David Bissonnet, Architect.

The CMP assesses the significance of the site, evaluates its issues and opportunities, particularly with regard to condition and potential for change, and provides conservation policies to guide the future development and use of the site. It is a tool to facilitate the ongoing understanding and long-term general upkeep of the site and should be reviewed regularly, especially when change occurs.

The principal focus of this study is the uninhabited areas of the buildings and the associated areas of the grounds. However, these exist within the context of the wider Bethel Hospital site and therefore the study of the historical development of the Bethel includes the whole of the Bethel Hospital site between Bethel Street and Theatre Street and No.33 Bethel Street. The analysis, statement of significance and outline survey of condition extends to the whole of the H-Block and the Boardman Range in addition to the unoccupied areas. Little Bethel Court, whilst included in the historical survey, has been excluded from these more detailed areas of study because it has been wholly refurbished as eight private residences and is fully occupied. The collection associated with the Boardroom, currently in storage off-site, was recently surveyed by Norwich City Council and has not been assessed as part of this report.



# I.3 STRUCTURE OF THE DOCUMENT

The following table outlines the information that can be found in each section of the CMP, based on three main aims:

- I. Understanding the Site
- 2. Assessing Heritage Value
- 3. Creating a positive future

Executive Summary	This provides an overview of the CMP, including its overarching aims and conclusions.	
		-
Introduction (Section I)	This outlines the scope of the CMP, why it has been written, its structure and how it should be used. Understanding the Site	UNDERSTA S
Understanding (Section 2)	This describes the site and its setting, summarises its history, analyses the circulation, uses and key architectural features and describes its wider heritage context.	ITE

Significance (Section 3)	This provides an understanding of what makes the site important, why and to whom.	ASSESSIN HERITAG VALUE
× /		ᄪᇛᄼ

Issues,	This describes the issues and opportunities associated with a range of aspects of the site, such as condition, access and	
Opportunities and	ownership, and then provides specific guidance and	LA IS LA
Policies	recommendations for the site's future maintenance and use.	TING URE
(Section 4)	An overarching conservation framework and the site's	ĥ ĥ Ω
	potential for change are included in this section.	≥

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## I.4 EXISTING SOURCES

The principal secondary source on the history of the hospital is *The History of the Bethel at Norwich* (1906), which was written by one of the Governors, Sir Frederick Bateman, and completed by Walter Rye, though it is not an entirely reliable source. There are other short histories on websites and a useful article on the Bethel in the eighteenth century by Mark Winston. The best primary sources are the archives held in the Norfolk Record Office, both the Bethel Hospital archive and the Boardman archive, although these are not complete.

As part of the planning applications, there were several short documents commissioned relating to the historic fabric and contents of the site:

- Inventory of the Contents of the Boardroom by John Maddison;
- Observations on opening up works by Robert Smith;
- Record of the historic features by Robert Smith.

These have been reproduced as appendices to this document.

## I.5 GAPS IN KNOWLEDGE

The records of the Bethel survived thanks to the diligence of the Trustees and Governors until the mid-twentieth century when they were deposited in an outbuilding at the Bethel. Unfortunately by the time they were recovered, some documents were irretrievably damaged. The original of the Building Agreement transcribed in Bateman's *History*, for example, has not been found amongst the documents deposited at the Norfolk Record Office.

There are no early plans of the site beyond what is shown on maps of the city until the second half of the nineteenth century. The first surviving plan is undated but post-dates 1850 and pre-dates the 1884 OS map. There also seems to be a dearth of publically available information regarding the NHS period of occupation, particularly the period between 1948 and 1974.

There are no current measured survey drawings of the site. The plans included in this report are diagrammatic and based on digital tracings of photographs of survey plans drawn in the late 1990s that have then been amended based on site observation.

Some of areas of the site were deemed unsafe to access during the site visit, namely the basement west of the central passage, the east end of the first floor of the East Cell Range and the first floor of the South-east Range. Access to much of the site has been brief.

## I.6 ACKNOWLEDGEMENTS

The preparation of this report has greatly benefitted from the assistance of Chloe Canning-Trigg of Norwich City Council, who has provided access to information held by NCC and organised site visits to the various properties. The co-operation of the different owners and occupiers in facilitating access to the properties is also acknowledged. Thanks also to Jo Bissonnet, who worked at the Child and Family Psychiatric Unit whilst it was located at the Bethel, for providing information regarding the uses of the rooms during this period.

The draft of this report has been reviewed by David Eve of Historic England in consultation with Chloe Canning-Trigg of NCC. Their comments have been incorporated into the final document.

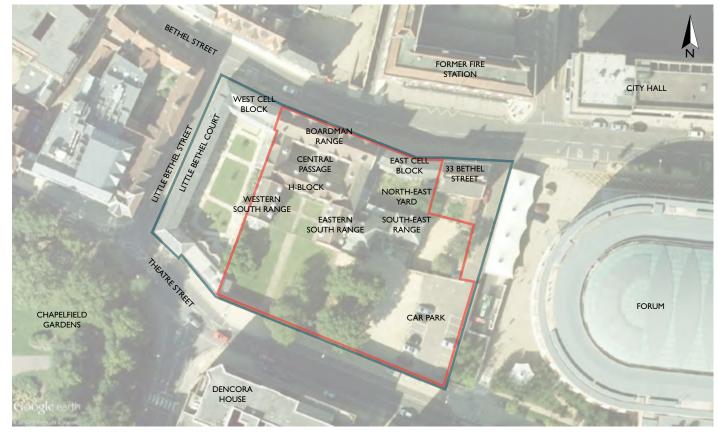
## I.7 ABBREVIATIONS

CMP	Conservation Management Plan
NCC	Norwich City Council
NHER	Norfolk Historic Environment Record
SPD	Supplementary Planning Document

# 2 UNDERSTANDING THE SITE

## 2.1 SITE OVERVIEW

2.1.1 BETHEL HOSPITAL LOCATION AND CONTEXT



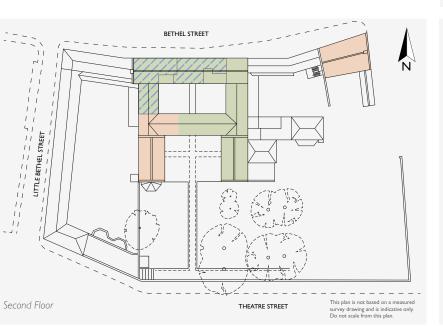
Site plan with the study site boundary outlined in red (©2016 Infoterra Ltd and Bluesky - Base plan out of date)

 Study Site Boundary
 Historic site of Bethel Hospital between Bethel Street and Theatre Street Bethel Hospital is situated in Norwich's city centre and within the Civic Character Area of the Norwich City Centre Conservation Area. The site fronts onto Bethel Street and is bounded by Little Bethel Street, Theatre Street and Will Kemp Way.

#### Ownership

A Land Registry search carried out by NCC shows that 33 and 43 Bethel Street and all of Little Bethel Court are all in various freehold ownerships with 1, 3 and 9 Little Bethel Court being tenanted. A large portion of the freehold of Bethel Hospital site is owned by Elliot Finance Ltd, a company registered in The Grenadines. Flats 39, 39A, 39B, 45A and 45B, which are mostly within the Boardman Range, are leased by various tenants from Elliot Finance. The south-east corner plot of land is freehold owned by Elliot Finance with leashold owned by Oleria Investments Ltd with Investec Bank being proprietors. The site is managed by Watsons, who are believed to be responsible for the communal areas and services.

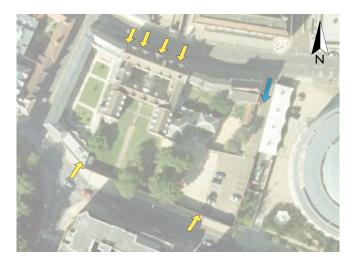




Plans showing site ownership based on Land Registry Search

#### Access

Vehicular access to the site is from Bethel Street via a driveway at the east of 33 Bethel Street, which leads into a private car park in the south-east corner of the site. Pedestrian access from Bethel Street is via four entranceways. The entrance at the far east of the frontage provides access to flats 39A on the first floor and 39B on the second floor. At the centre of the Boardman frontage is another entrance, which enables access to the two offices and the two properties at the south of the site. To the west of this central door is the entrance to Flats 45A and 45B, which are on the first and second floors respectively. Little Bethel Court is accessed via a door to the west of the Boardman Range and through a gated entrance at the south of the site.



#### Plan showing access to the site (baseplan ©Infoterra Ltd & Bluesky)

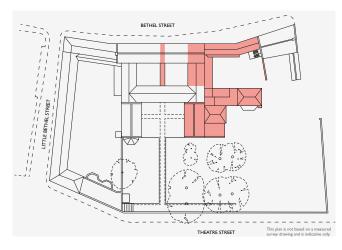
Vehicular Access
 Pedestrian Access

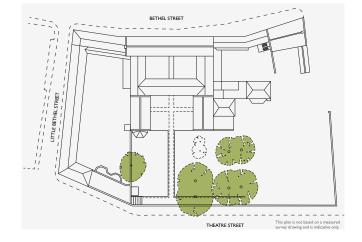
#### Heritage at Risk

The cottages of Little Bethel Court at the west of the site have been refurbished and are occupied. Whilst parts of the H-Block building have been refurbished, only the western side of the H-Block and the upper floors of the central Boardman Range has been completed and occupied. There have been no repairs or refurbishment of the Boardroom, the South-east range or the East Cell range and their deterioration has continued. The north-east wing of the H-Block has been stripped but no further work has been carried out. The building has been listed on the Heritage at Risk Register since 2008. Since this time an Urgent Works Notice has been served on the owner(s) which resulted in the structural shoring of the south gable of the Boardman. The service of further Urgent Works Notices is being considered by NCC to stabilise and waterproof parts of the building.

#### **Protected Trees**

Whilst the garden of Little Bethel Court is walled off to be separate from the rest of the grounds, the main area to the south of the hospital buildings is laid to grass with seven protected trees. One of the trees falls within the garden to No.43 whilst the others are within the garden of No.41.





Plan showing the protected trees

Plan showing the areas principally at risk

## 2.2 SETTING

The setting of a heritage asset is an important contributor to its significance as the asset will be affected by any changes within the setting. Equally any changes to Bethel Hospital may impact beneficially or negatively on the setting of other nearby heritage assets. Therefore any changes to Bethel Hospital's setting will need to be taken into account during the design process and the impact assessed in accordance with the National Planning Policy Framework.

There are 16 conservation areas located within the city of Norwich. Bethel Hospital is situated within the Norwich City Centre Conservation Area. The Norwich City Centre Conservation Area covers the whole of the city within its medieval walls and the 13 character areas into which the

Area is subdivided are assigned a significance based on the concentration of historic buildings; presence of features from historical period(s); townscape/landscape guality; quality of details; and concentration of negative features.

Bethel Hospital is situated within the Civic Character Area, which is designated as being of High Significance. This area of Norwich is the civic centre of the city and the site of the majority of Norwich's main public buildings, including the Millennium Library, City Hall, and Castle Museum. This part of Norwich developed predominantly after the arrival of the Normans in the eleventh century.

The Civic Character Area Appraisal does not note any important views looking towards the Bethel Hospital site, although the long views of St Peter Mancroft from Bethel Street and Theatre Street are mentioned as positive vistas. The Bethel Hospital gardens are also highlighted as a significant area of open space.

On the south side of Theatre Street, opposite the Bethel Hospital, is the modern front of the Theatre Royal, a building noted in the Conservation Area Appraisal as being of negative significance. To the west of the Theatre Royal is Dencora House, a large late twentieth century building of brown brick and render, visible from the Bethel garden. The Conservation Area Appraisal describes this area of Theatre Street as 'slightly dead', due in part to the size and height of these two buildings.<sup>01</sup>



Plan showing the Civic Character Area within the City Centre Conservation Area (baseplan © Infoterra Ltd & Bluesky)

Norwich City Centre Conservation Area

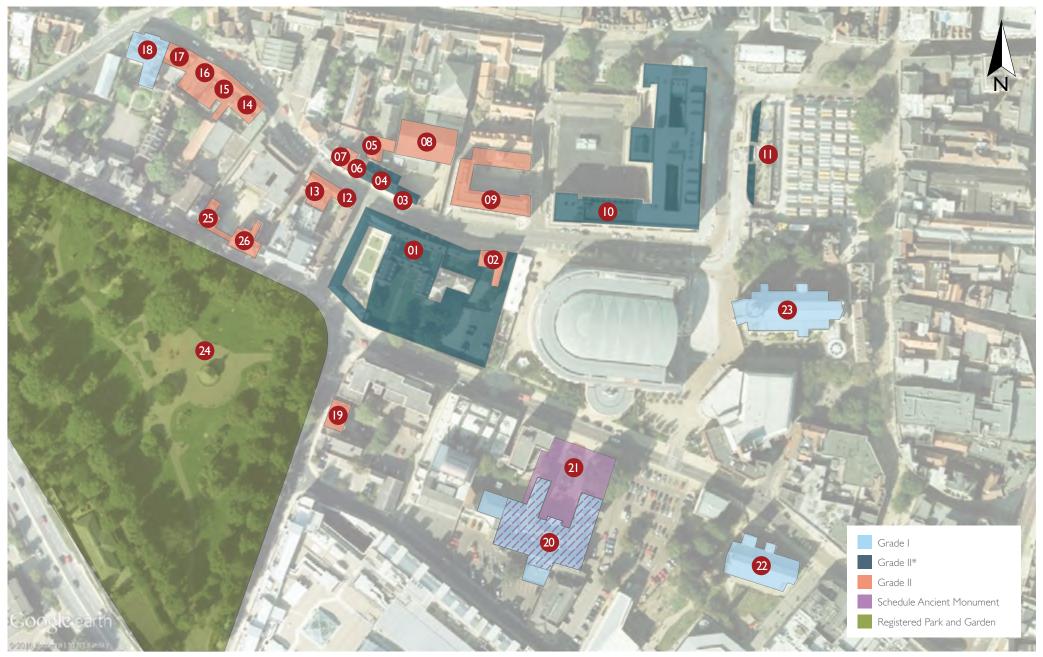
<sup>01</sup> Qube Planning Ltd, Norwich City Centre Conservation Area Appraisal, (Norwich City

## 2.3 LISTED BUILDINGS

There are a large number of listed buildings located in the vicinity of Bethel Hospital. These are listed in the table below and shown on the adjacent plan.

No.	Feature	Designation
01	Bethel Hospital	Grade II*
02	33, Bethel Street	Grade II
03	38 and 40, Bethel Street	Grade II*
04	42-48 Bethel Street	Grade II*
05	Rear of 48, Bethel Street	Grade II
06	50 and 52, Bethel Street	Grade II
07	York House	Grade II
08	Rear of number 38	Grade II
09	The Fire Station	Grade II
10	City Hall including Police Station	Grade II*
	War Memorial and War Memorial Garden Terrace	Grade II*
12	49, Bethel Street	Grade II
13	Coach and Horses	Grade II

No.	Feature	Designation
14	59, Bethel Street	Grade II
15	6 I, Bethel Street	Grade II
16	67A, Bethel Street	Grade II
17	69, Bethel Street	Grade II
18	Churchman House	Grade I
19	15, Chapelfield East	Grade II
20	The Assembly Rooms	Grade I
21	Old Assembly Rooms and the remains of St Mary's College	Scheduled Monument
22	Church of St Stephen	Grade I
23	Church of St Peter Mancroft	Grade I
24	Chapelfield Gardens	Grade II Park and Garden
25	12, Chapelfield North	Grade II
26	St Mary's Croft	Grade II



Plan showing listed buildings in the vicinity of the site (baseplan  $\odot$  Infoterra Ltd & Bluesky)

Adjoining Bethel Hospital to the east is the Grade II listed 33 Bethel Street. This three storey eighteenth century house is of red brick with a pantile roof. The main façade features fluted Doric columns and sash windows. It was purchased by the Bethel's Trustees in 1825 for use as the doctor's house, as which it is believed to have remained until at least 1947. It is now in separate ownership.

On the north side of Bethel Street is a row of listed buildings of various grades. Directly opposite the Hospital is 38 and 40 Bethel Street, a Grade II\* former house with lonic columns supporting a pulminated frieze and pediment, and a surviving seventeenth century window in the rear wall.

Another Grade II\* building adjoins this house. 42-48 Bethel Street, a former printing works features a red brick ground floor and stucco first floor with 'Elizabethan' decoration. The building dates from the late nineteenth century with a fifteenth century undercroft and comprises three bays plus a carriage entry.

Further west is 50 and 52 Bethel Street, an early nineteenth century red brick terrace of three storeys with two doors set in rusticated pilasters. This Grade II building is of a similar age to the house adjoining it. York House, single bay shop, is of red brick and is largely dominated by a twentieth century shop front.

To the west of Bethel Hospital is 49 Bethel Street, an early nineteenth century red brick house. Adjoining this small building is The Coach and Horses, a sixteenth century timber-framed public house with later additions. The eastern half of Bethel Street is dominated by the twentieth century Fire Station, Police Station and City Hall. The Grade II Fire Station is currently in use as a sixth form college but retains its vehicular access at ground floor level. The building's frontage is framed by stone pilasters and is of red brick with 28-light Crittall windows.

In the same grouping is the Grade II\* listed Police Station and City Hall. Built between 1932 and 1938 by CH James and SR Pierce, the buildings dominate the eastern half of Bethel Street. City Hall's main frontage faces the market and is of a classical style with Art Deco detailing, and features a prominent portico framed by a pair of bronze lions.

To the south of City Hall and situated within its own grounds is the Gothic Church of St Peter Mancroft, a large fifteenth century building, built on a Norman foundation. The Grade I listed building's most prominent feature is its three stage tower, complete with nineteenth century spire.



33 Bethel Street
 49 Bethel Street



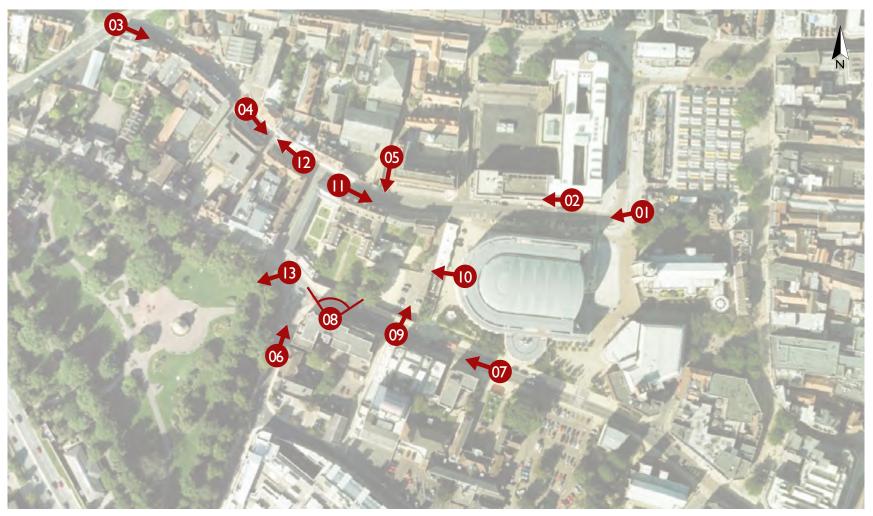
- 3 38 and 40 Bethel Street4 Rear of 38 Bethel Street
- 5 City Hall





# 2.4 VIEWS

This section identifies the views to and from the Bethel Hospital, particularly in relation to other nearby listed buildings.



Plan showing the location of viewpoints (baseplan © Infoterra Ltd & Bluesky)

#### 2.4.1 VIEWS TOWARDS THE SITE



### View I looking west from St Peter's Street

The site's north frontage can be viewed from both ends of Bethel Street. Looking westwards, distant views of the site are offered from St Peter's Street, situated immediately to the north of the Grade I listed Church of St Peter Mancroft. From this angle, the north frontage of the site is framed by the Forum to the left and City Hall to the right.



View 2 looking towards the site from City Hall

The angle of Bethel Street means that Bethel Hospital is prominent in dynamic views moving west along Bethel Street.



A glimpsed view 3 of the site from the Church of St Giles

There are limited views of the site from the easternmost Bethel Street, owing to the angle of the road and the obstruction of other buildings along the Street. However, glimpsed views of the west gable end of the Boardman Range can be gained from the Grade I listed Church of St Giles.



View 4 looking towards the site from the Grade II listed

Further along Bethel Street, close to the Grade II listed 67A Bethel Street, the angle of the street reveals a greater portion of the site's north frontage. This view is enhanced by the site's raised position although unlike views from the west, Bethel appears to be part of the streetscape rather than a landmark.



View 5 of Bethel Hospital's frontage from the access road between the Fire Station and Old Skating Rink

A head-on view of Boardman's Bethel Street frontage is offered from an access road between the Old Skating Rink Gallery and former Fire Station, although the view is partially obscured by a wall to the west.



View 6 looking down Chapelfield East towards the site

The site can be viewed from Chapelfield East, a view that is dominated by the rear elevation of the south-west wing of the 'H' Plan and Little Bethel Court's glazed balcony. Buildings on the east side of Chapelfield East and mature trees on the west side obstruct views of the east and west sections.



View 7 looking towards the site from Theatre Street Views of the site can also be obtained from the south of Theatre Street, although these are largely restricted to the Hospital's tall red brick boundary wall. This feature is what dominates views looking west from Theatre Street, with the view largely being obscured by a row of trees at the south of the Forum site.



View 8 looking north from Theatre Street Despite the high perimeter wall, the second floor of Bethel is visible at street level from Theatre Street



#### View 9 of the site from the Theatre Royal balcony

The site is overlooked by buildings on all sides. The Theatre Royal's first floor balcony evades the Hospital wall and offers a public view of the site from the south, although views are obscured by mature trees within the Bethel grounds.



View 10 from the Millennium Library in the Forum Whereas the Theatre Royal looks onto the south of the site, the large windows on the first and second floor of the Millennium Library offer various views of the site's east elevations.

### 2.4.2 VIEWS FROM THE SITE



View 11 from the site towards the Church of St Peter Mancroft

The most significant views from the site are those looking east down Bethel Street towards the tower of St Peter Mancroft, which is visible behind the Forum. The view is framed by the Grade II\* listed 38 and 40, Bethel Street, which obscures the listed buildings at the far end of Bethel Street.



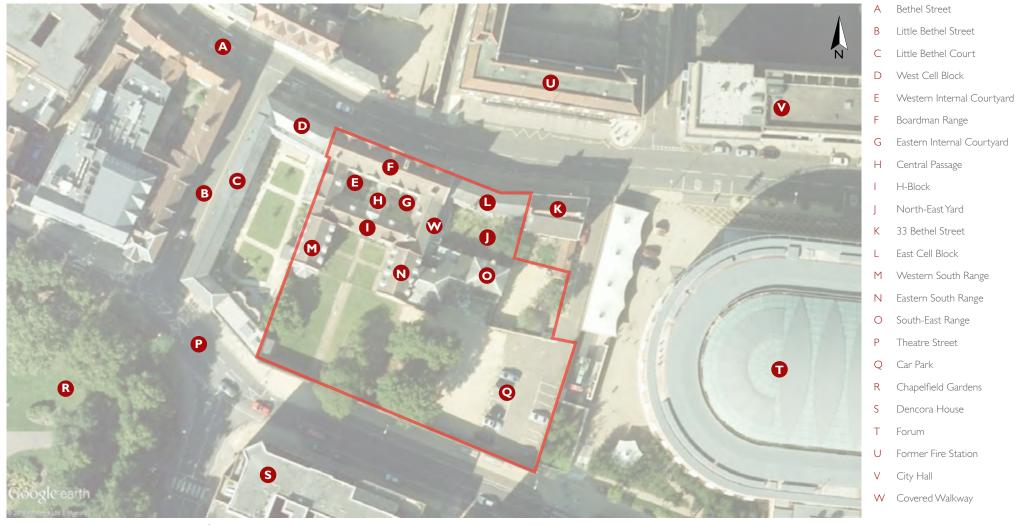
View 12 of St Giles from the north-west corner of the site The tower of the Church of St Giles is visible looking westwards from the site. This view is framed by the Grade II listed 49, Bethel Street to the south and 50 and 52, Bethel Street to the north. However, the view is partly obscured by the gable end of a large brick building

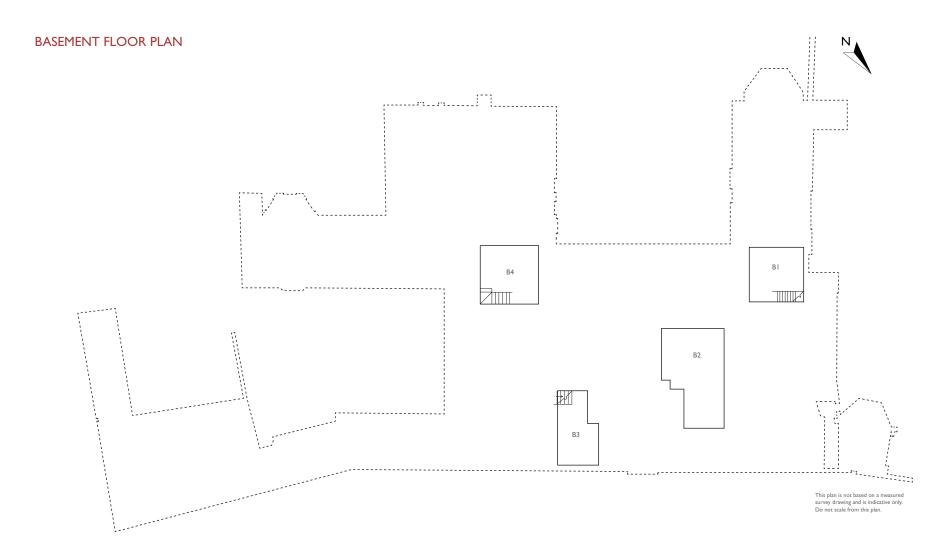


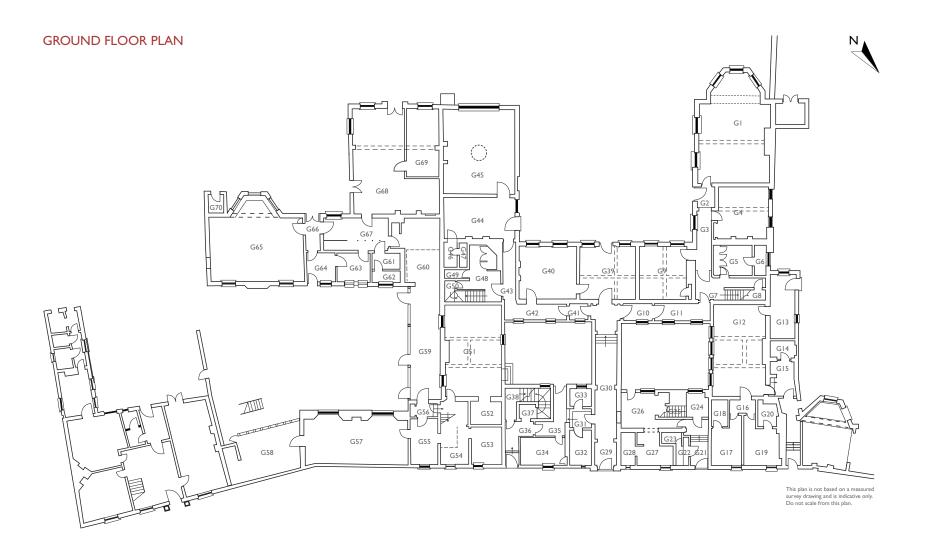
**View 13 of Chapelfield Gardens** A view of Chapelfield Gardens is also offered from the Theatre Street entrance to Little Bethel Court.

## 2.5 SITE DESCRIPTION

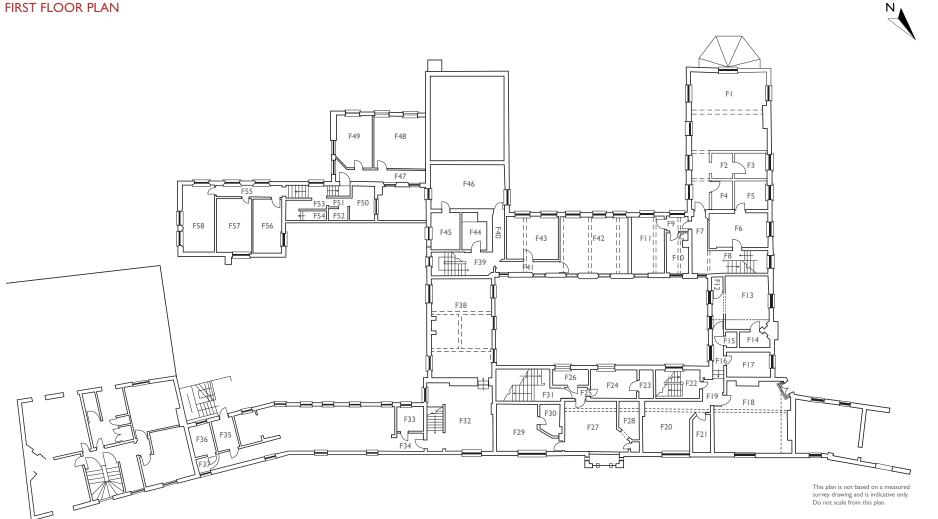
This section provides a brief overview description of the main buildings on the site. A more detailed description and analysis of these buildings are included in the individual component entries within the Bethel Hospital Gazetteer in Appendix N. For the respective ages of the different parts of the Bethel, see the historical development plans on pages 81 and 85.

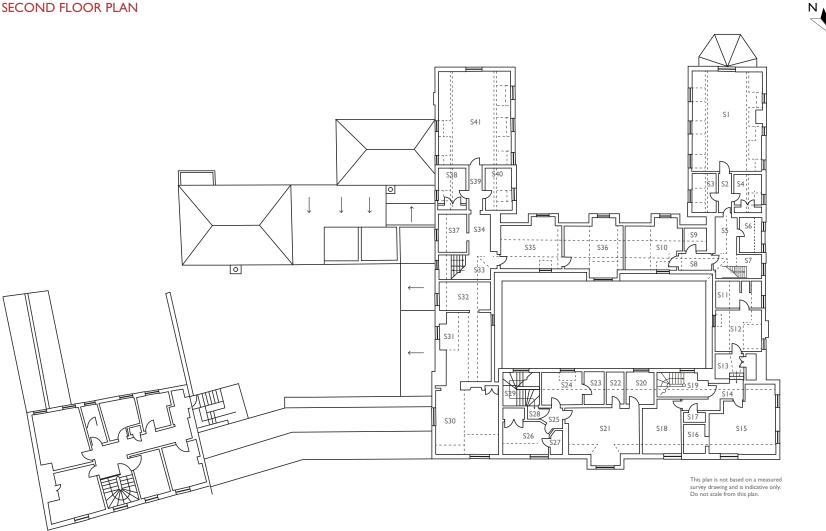












#### 2.5.1 BOARDMAN RANGE

#### Exterior

The Boardman Range, designed by Edward Boardman in the late nineteenth century, is a central block that joins the two north wings of the H-Block. The north exterior of the building fronts Bethel Street and is five bays wide and two storeys high, plus an attic with gable dormers. The façade is of a symmetrical design, with three four over four sash windows on either side of a central door at ground level. Two further doors are positioned at either end of the range. At second floor level two double and two triple sash windows sit either side of a central bay with Venetian window. There are five further double sash windows at second floor level.

The south exterior of the Boardman Range faces two courtyards. The ground floor has been altered, especially the western part, but a Boardman window has been retained on the east side (image 4). At first and second floor levels the walls have been faced with white horizontal tiles.

#### Interior

Internally, the range has been divided into two halves, on either side of a central corridor. A new staircase (G25) has been inserted in the west half to provide access to two flats on first and second floor level, whilst the original Boardman staircase (G37; image 6) has been retained on the east side. The interior layout of these flats have been significantly altered during this conversion, leaving few historic features of note. The ground floor has been partitioned into two small offices, although only the refurbishment of the east unit has been completed.





1 Bethel Street frontage

2 Central entrance



3 South exterior of Boardman Range

## 2.5.2 EIGHTEENTH CENTURY H-BLOCK

### Exterior

The oldest building is the early eighteenth century U-shaped plan, a two storey block with attic floor. This red brick building comprises a central range with two adjoining north wings. The south façade features seven irregular bays, three dormers, and a central door with a triangular pediment.

Two later wings adjoin the central range at the south to create an H-shaped plan. Both are two storeys plus attic floor. The gable end of the south-west wing features a canted bay, an arched recess and two lunettes. The east wing is of a similar design, with the addition of a tripartite window and masonry arch. Due to structural damage, the gable end of this wing is currently supported by scaffolding.

A covered walkway (image 7) runs along the east side of the H-Block, connecting the South-east Range with the East Cell Range. The timber walls of this passageway are in poor condition.

Two lean-tos (image 8) have been erected along the north wall of the central range of the H-Block. These are recent rebuildings of the corridors added earlier in the hospital's history. Another lean-to (image 6) runs along the west wall, in use as the kitchen of 9 Little Bethel Court.

- I South façade of the H-Block
- 2 Gable end of south-west wing
- 3 West elevation of south-east wing
- 4 East elevation of south-west wing









- 5 West elevation of the south-west wing
- 6 West elevation of the north-west range of the H-Block
- 7 Covered walkway on the east elevation of the H-Block
- 8 North elevation of the central range of the H-Block

#### Interior

Internally, the H-Block has been largely subdivided. The south-west wing and part of the central range have been converted into a residential unit and is in a well-maintained condition. The interior layout of this section of the building is largely unaltered, with the main alterations occurring at first and second floor levels, where cell walls have been removed and other rooms partitioned. Some historic features survive, including three eighteenth century cell doors at second floor level (S1, S3 and S4). The original south-west cellar is accessible. There are a large number of historic exposed timber beams.

The ground floor of the H-Block's north-west wing and a section of the Boardman Range forms the occupied flat addressed as 9 Little Bethel Court. The most historically significant room in this flat is the large former kitchen, which is currently in use as a sitting room, and contains a relocated eighteenth century fireplace.

Above 9 Little Bethel Court is an occupied, L-shaped unit, 45A Bethel Street. The rooms of this twobedroom flat have been largely altered during its refurbishment, with the addition of a number of partitions. The second floor of this wing has also been converted to a flat (45B) and has a similar layout to its first floor counterpart. These units account for the entire west half of the H-Block, as well as the west half of the Boardman Range.

Although some refurbishment work has been completed, the east side of the H-Block is unoccupied. The Boardroom, a large room occupying the ground floor of the H-Block's south-east wing (G45), is in poor condition and requires structural repair. This room is particularly notable for its stucco design work and fireplace (image 2). The floors above the Boardroom and the east half of the central range have been partially refurbished and subdivided to create one unit. The condition of this vacant unit has deteriorated since its initial refurbishment.

The north-east wing has been partitioned from the rest of the H-Block and is accessed via the walkway connecting the South-east Range and the East Cell Range. This section of the H-Block comprises of two principal rooms on ground and first floor level, both of which have been stripped of their finishes (image 5). The attic floor has not been refurbished and is inaccessible except via a ladder.

See plans on pages 102 to 105 for division of units.





East Stair
 Fireplace in Boardroom





- 3 Second floor rooms in the central range (S36)
- 4 Attic room over the Boardroom (S41)
- 5 Ground floor room in north-east wing (G51)

### 2.5.3 EAST CELL BLOCK

#### Exterior

The East Cell Block is a two storey red brick building adjoining the north-east wing of the H-Block. The north elevation of the early nineteenth century angled block fronts Bethel Street has four windows at first floor level with four blocked up, high level windows at ground floor level. The standard level window is an 1899 addition. The south elevation faces a courtyard and is nine bays wide. The ground floor of the eastern half is timber panelled whilst the western half is dominated by a single storey bay, with a central chimney stack and two large sash windows. A heavily corroded fire escape stairs provides access from 33 Bethel Street into the courtyard.





- - I Bethel frontage
  - 2 South exterior
  - 3 First floor windows

### Interior

The interior of the East Cell Block is unaltered since its last occupants left in 1995 and its condition has subsequently deteriorated. A large section of the first floor has been removed, resulting in the east section of the building becoming inaccessible. Three original cells remains at first floor level (F33, F35, F36). The ground floor is occupied by a former day room (G57), and adjoins a smaller timber panelled room (G58), which is currently only accessible from the courtyard.



- I East ground floor room (G58)
- 2 Timber panelled and glazed wall (G58)
- 3 Former Day Room (G57)
- 4 First floor interior (F34)

# 2.5.4 CENTRAL PASSAGEWAY

# Exterior

The exterior of the central passageway is visible from the two courtyards on either side. Evidence of blocked up windows are visible on the west side of the passageway.

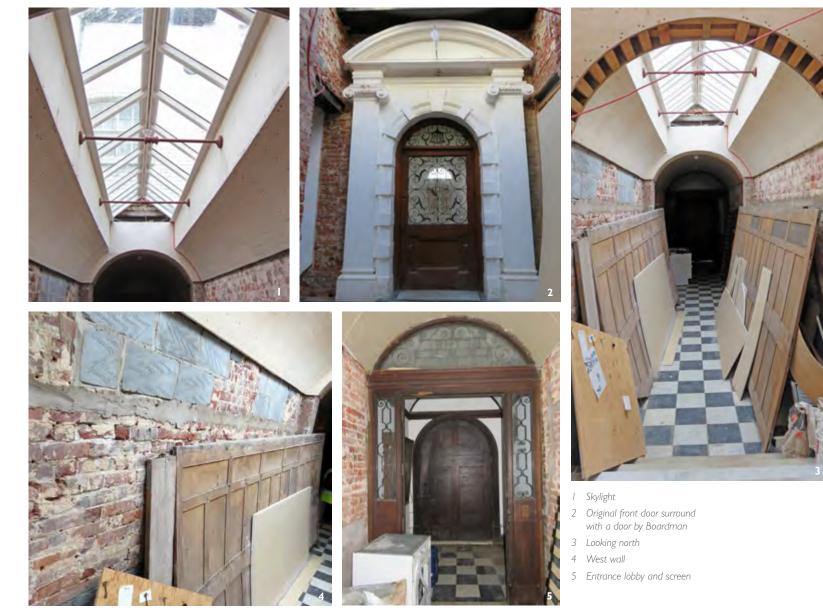


West wall
 East wall

#### Interior

The central passageway (G29/G30) connects the central range of the H-Block with the Boardman Range and is entered from Bethel Street. The passageway was redesigned by Edward Boardman & Son in the early twentieth century and includes a glazed roof and a marble floor. The timber panelling has been removed from the walls and remains in the corridor. The north end of the main entrance hall features the repositioned foundation stone, along with a large timber door.

The southern end of the corridor incorporates with an archway with Gibbs surround replicating the one around the original front door to the hospital, which is augmented with a segmental pediment and lonic pilasters. An opening has been created in the west wall passageway towards its northern end but it fails to be a doorway because of the change in floor height between the passageway and the western half of the Boardman Range. (See plans on pages 150 to 153 for level changes).



# 2.5.5 SOUTH-EAST RANGE

### Exterior

Adjoining the mid-eighteenth century Boardroom is an L-shaped building, the western section of which was extended with the construction of a single-storey bay to bring the room level with the neighbouring Boardroom. The south end of this building includes a large central doorway with sash windows on either side on the ground floor and three windows at first floor level. Adjoining this building is another mid-eighteenth century building with hipped roof and canted bay that was extended vertically in the mid-nineteenth century.



- I South elevation of the western part
- 2 East elevation of western part
- 3 North façade of the eastern part
- 4 South elevation of eastern part of the south-east Range



#### Interior

The ground floor of the South-east Range comprises a bay-fronted former day room (G65), leading onto a corridor linking a second, new partitioned, former day room and the covered passageway at the west. Four smaller rooms at the eastern end of the building are inaccessible and roofless (G61 to G64). The first floor is also largely inaccessible due to the unsound floor structure. The partition walls have mostly been stripped back to their timber battens and the area is infested with pigeons.



- I First floor rooms in the eastern part (F56 to F58)
- 2 First floor corridor (F55)
- 3 Balustrade to stair to eastern block (F53)
- 4 Former Day Room in eastern block (G68)

# 2.5.6 LITTLE BETHEL COURT

### Exterior

Adjoining the west of the Boardman Range and extending the length of Little Bethel Street and part of the way down Theatre Street, is Little Bethel Court. The Bethel Street elevation is of a simple design, with horizontal sliding sash windows at first floor only. The Little Bethel Street exterior features irregularly placed windows of various sizes. The exteriors facing the courtyard are of a more attractive design, with canted bays and white timber balconies, those on the west side having been added in the 1990s. A Boardman verandah runs along the north range over canted bays added probably in the early nineteenth century (image 6).

The interior was not inspected.



Bethel frontage
 Little Bethel Street elevation
 Theatre Street elevation



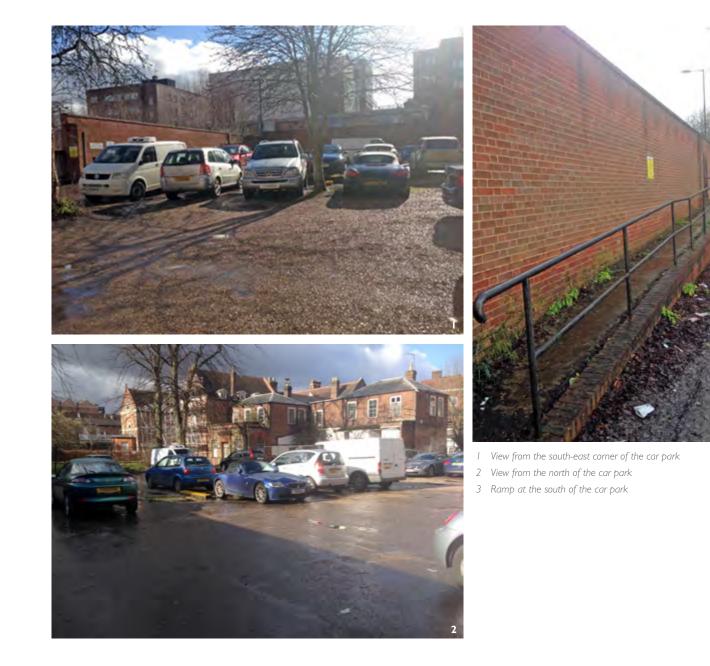




- 4 Little Bethel Street elevation
- 5 Theatre Street entrance
- 6 Little Bethel Court
- 7 Theatre Street range from the courtyard

# 2.5.7 CAR PARK

The car park is located at the south-east of the site and is partitioned from the rest of the grounds by Heras fencing. The poor surfacing of the car park is a combination of gravel and tarmac. A pedestrian access door to Theatre Street is accessed via a ramp at the south of the site.



# 2.5.8 GARDENS AND COURTYARDS

Historically, the Bethel Hospital's grounds were divided into four principal walled gardens with a fifth smaller courtyard garden and separate gardens for the Master and the Doctor (see plan on page 118). Two of the dividing walls have since been demolished and the car park now occupies the site of the eastern-most garden. The southern gardens were relandscaped c.2000. A central path, bordered by hedges and metal railings, runs north to south, from the central entrance to the H-Block to the south wall. A gravel path runs east to west along the south wall of the site. A stone tablet set in the south wall commemorates the Bethel's foundress, Mary Chapman (image 4). There are seven protected trees on the site, including a mature magnolia at the west of the site.

The Little Bethel Court garden (image 7) is separated from the main building by a brick wall. This garden is well maintained, with sections of lawn intersected with paving stones and flower beds.

There are three courtyards within the Bethel site. The east courtyard, surrounded on three sides by the East Cell Block, South-east Range, and the north-east range of the H-Block, is extremely overgrown (image 8).

Two further courtyards are located on either sides of the Boardman Passage. The western one is laid to grass (image 9) whilst the eastern one is paved with modern slabs (image 10).



- site. The door leads to Little Bethel Court. 3 Garden path separating the gardens of Nos. 41 and 43.
- 4 Mary Chapman commemorative tablet



- 5 Magnolia tree in the garden of No. 43 against the wall that forms the division with Little Bethel Court
- 6 Private garden in Little Bethel Court
- 7 Little Bethel Court garden
- 8 East yard
- 9 North-west courtyard
- 10 North-east courtyard

# 2.6 HISTORY OF THE SITE

2.6.1 KEY DATES

# 1712

Mary Chapman was granted land by city for the construction of a lunatic asylum.

# 1713

Bethel Hospital is completed. The original U-shaped plan comprised a central range with two north wings extending towards Bethel Street.

# 1724

Mary Chapman died. Her will stated that the Bethel is to be run by a board of seven trustees. Bethel Hospital became a public charity and the trustees held their first meeting.

## 1747

The Trust ordered Thomas Benning to erect a partition wall on each floor to separate the male and female wards.

## 1753 to 1756

Two wings were constructed to the south of the main range creating an H-shape plan.

#### 1765

The Trust is incorporated and the Hospital's seven Trustees become Governors.

#### Late Eighteenth to Early Nineteenth Century

Significant extensions to the Bethel.

Manning's map of 1830 showed a greatly expanded Hospital site. The north wings had been extended towards Bethel Street and a central passage had been constructed. New ranges around courtyards were added to the east and west of the 'H'-Block.

# 1825

Bethel Hospital purchased the neighbouring 33 Bethel Street for use as a Doctor's House.

# 1827

The Trustees recorded a tradesmen's bill, including "£872 for building at the Hospital".

# 1833

Demolition of part of the eastern ranges, vertical extension and new block to create the South-east Range, and the creation of an open shed at ground floor level of the East Cell Range.

## 1850s to 1880s

Small extensions and alterations in response to criticism by the Lunacy Commissioners.

# 1884

The 1884 Ordnance Survey Map showed further development at the Hospital site. A plan dating to around this time shows a divide between male and female accommodation, with ladies facilities in the west block and men's in the east.

## 1893

A plan of the Hospital's three floors showed the construction of a new extension to the early nineteenth century south-east wing housing a padded room and WC. The plans also show room uses for the first and second floors, showing men's bedrooms in the east half of the site and ladies in the west. The attic is occupied by ladies and staff bedrooms and storage space.

# 1899

Boardman remodels the Bethel Street frontage and constructs a five bay symmetrical north range.

#### 1900 to 1907

Boardman & Son remodelled the central passage. They also constructed a laundry room adjoining the north-west wing.

# 1913

Little Bethel Court was extended within a new wing including five cells, a dormitory, washroom and WC.

### 1948

Ownership of Bethel Hospital is handed over to the NHS.

# 1974

The In-patient facilities at Bethel close and the Hospital is converted for use as a Centre for Child and Adolescent Psychiatry.

# 1995

Bethel Hospital closes. Planning permission was granted for the conversion of the hospital to offices, nine residential units and the erection of a two-storey office building.

# 1999

Planning permission and Listed Building Consent was granted for conversion to a 20-bedroom hotel, restaurant, offices and nine residential units subject to a Section 106 Agreement relating to public use of the Boardroom.

The west of the site was redeveloped for residential use, including Little Bethel Court. Despite numerous planning applications the east of the site remained undeveloped with some minor alterations made to the interior layout.

### 2.6.2 HISTORICAL DEVELOPMENT

### EARLY HISTORY OF THE AREA

There is evidence to suggest that the site of Bethel Hospital has been settled since Saxon times. Extensive archaeological excavations on the site of the former Central Public Library unearthed a large collection of finds close to Bethel Hospital. Significantly, the discovery of Saxon postholes confirmed that the area had been settled before Norman times, whilst a rare Viking gold ingot, the first of its type found in the UK, can be roughly dated to the Viking occupation of East Anglia in the late ninth century.

#### MEDIEVAL HISTORY OF THE AREA

Over or Upper Newport, as Bethel Street was known in the Medieval period, stretched from St Peter Mancroft to St Giles Gate, or New-port, close to the surviving church of St Giles. Norfolk historian, Francis Blomefield, wrote in 1768 that this street was 'the ropery, where the cord and ropemakers formerly dwelt'.<sup>02</sup> During this period the Bethel Hospital site also fell in the shadow of St Mary in the Fields, a chapel and hospice founded by John Le Brun in 1248, the crypt of which survives below the Assembly House to the south-west of Bethel Hospital.

### THE COMMITTEE HOUSE

Blomefield notes that part of the Bethel Hospital is located on the site of the former Committee House, a meeting place and store for the county armoury. The building's importance is reflected in the renaming of the road from Over Newport to Committee Street.

Little is known about the Committee House construction. It is recorded as being the house of Francis Wyndham, who died there in 1592 and who is captured in a memorial at St Peter Mancroft. He had no children and left his property to his wife, Elizabeth, with the exception of the house here, which was valued at £400 and sold to pay his debts.<sup>03</sup>

The Committee House's demise is recorded in an incident known as the 'Great Blow'. Norwich was a hotbed of dissent on the eve of the Second Civil War, exacerbated by high taxes levied by Charles I and objections to the King's High Anglicanism, which stood in contrast to the Puritan values prevalent in Norfolk at the time. Tensions ran particularly high in April 1648, when a death warrant was placed on the head of the city's mayor. A crowd of residents, 'having a strong affection for the mayor', attempted to prevent the official's imminent capture. To prove their point further, a number of rioters plundered the houses of his suspected enemies. Royalist troops managed to disperse the crowds but not before a group of 100 rioters retreated to the Committee House. However, the standoff was short-lived when rioters accidently detonated more than ninety barrels of gunpowder, destroying the Committee House and causing considerable damage to neighbouring buildings.<sup>04</sup> The mayor turned himself in to Parliament the next day.

# FRANCIS WYNDHAM

Francis Wyndham was the second son of Sir Edmund Wyndham of Felbrigg, and Susan, daughter of Sir Roger Townsend of Raynham. Wyndham began his career as a magistrate and lawyer in both London and Norfolk, maintaining links to both areas throughout his life.

Wyndham was a particularly influential figure in Norwich, serving as Counsel to the City in 1563 and Recorder from 1575 until his resignation in 1580. Concurrent to these Norfolk commitments, Wyndham maintained a significant parliamentary presence. He was appointed a Justice of the Common Pleas in 1579, presiding over the trials of John Somerville and William Parry, both of who were accused of treason.

Francis Wyndham held strict Puritan convictions that were not always shared by his fellow officials at court. Wyndham was able to further cement his political connections in 1570 by marrying Elizabeth, daughter of Lord Keeper Nicholas Bacon. Wyndham died in 1592 at the Committee House, leaving no children.

<sup>02</sup> Francis Blomfield, An Essay Towards a Topographical History of the County of Norfolk: History, Volume 1. (W Miller: London, 1805), 235

<sup>03</sup> Christopher W Brooks, "Wyndham, Francis (d. 1592)", The Oxford Dictionary of National Biography, ed. H. C. G. Matthew and Brian Harrison (Oxford: Oxford University Press, 2004), http://www.oxforddnb.com/themes/theme.jsp?articleid=92747, Accessed 27/1/2016

<sup>04</sup> Anonymous, The History Of The City and County Of Norwich: From The Earliest Accounts To The Present Time, Volume 1 (1768), 267

# THE FOUNDING OF THE HOSPITAL

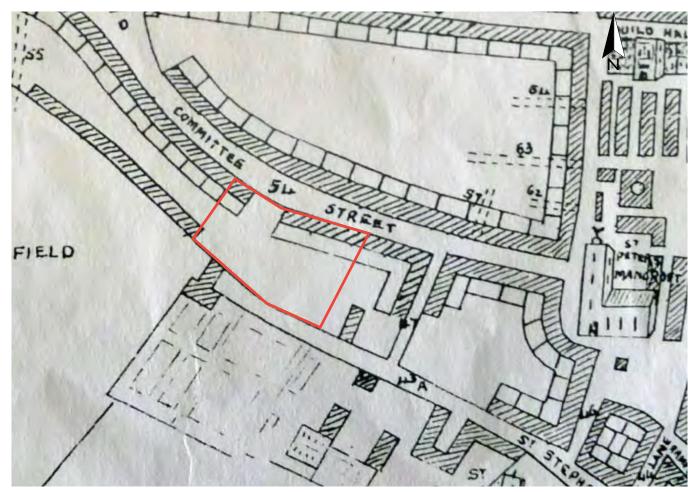
#### Mental Health Care in the Eighteenth Century

Before the eighteenth century the only dedicated facility in England for the care of those suffering from mental illness was the Bethlehem Hospital in London, which admitted its first mentally ill patients in 1407.

Before the Madhouse Act of 1774, treatment of the Insane was carried out by non-licensed practitioners, who ran their asylums as a commercial enterprise with little regard for the inmates. With the establishment of the Mad House Act, licensing was required for each property if it was to house mentally ill patients, with yearly inspections of the premises taking place.

As the century progressed, ideas surrounding the treatment of patients changed. One notable Georgian development was the belief that regular bathing in hot and cold water would help alleviate symptoms of mental illness. In 1797 the Master of Bethel was responsible for 'properly preparing the Bath and bathing of the patients, when ordered by the physicians', reflecting the adoption of bathing as a medical practice.<sup>05</sup>

Given Committee Street's recent history, it is perhaps unsurprising that in 1712 the Guardians described the site of the future Bethel Hospital as a '*wast peece of ground*'. Produced in 1696, Thomas Cleer's map was the first professionally surveyed scale plan of Norwich. It shows the site of the Bethel 17 years before the Hospital's construction. The row of buildings fronting the street was broken by an empty plot. It is likely that this plot was the site of the former Committee House that had been destroyed 50 years earlier. The south side of the Hospital site was undeveloped at this point and backed onto a street, to the south of which were gardens adjoining 'Chapply Field'.



Cleer's Map of 1696 (Norfolk Record Office)

05 Mark Winston, "The Bethel at Norwich: An eighteenth-century hospital for lunatics", Medical History 38 (1994), 36 The part dereliction of this area of Committee Street offers an explanation for why the City was willing to lease the land to Mary Chapman for the establishment of a lunatic asylum in 1712. Mary Chapman came from a background of wealth and influence; the daughter of a former mayor of Norwich and wife of Samuel Chapman, Rector of Thorpe. Although the Bethel was opened 14 years after her husband's death, Mary's will suggests that the project was the joint charitable venture of her and her husband, both of whom had experienced the effects of lunacy in their own families.

The name 'Bethel', meaning 'House of God', was apparently chosen by Samuel Chapman for its biblical connotations. His widow reinforced this sentiment by having a quotation from the book of Hebrews inscribed above the door: 'But to do good and to communicate forget not; for with such sacrifices God is well pleased'.<sup>06</sup>

#### MARY CHAPMAN

1647 - 1724

Mary Chapman was born during the Civil War to John Mann and Hester Baron. Her father made his fortune as a worstead weaver and went on to become Sheriff of Norwich in 1649 and Mayor four years later, before taking up the position of High Sheriff in 1671.

At the age of 35, Mary became the second wife of Rev. Samuel Chapman, Rector of Thorpe St Andrews. The marriage was childless and following Samuel's death in 1700, Mary devoted herself to the foundation of a hospital for 'poor distressed lunatics'.

Mary's staunch faith was the driving force behind the foundation of the Bethel. As well as inscribing a quotation from the Book of Hebrews above the door, Mary ensured that biblical texts were placed throughout the Hospital, such as "Let not the wise man glory in his wisdom" and "Surely oppression maketh a wise man mad".

Once the Bethel was founded, Mary Chapman continued to dictate the running of the Hospital. From specifying rules for admittance to carefully appointing her trustees, Chapman ensured that even after her death in 1724 the Bethel would continue to serve the purpose for which it was founded.

Mary Chapman is buried in the churchyard at Thorpe St Andrew.

Images from Bateman and Rye, 1906 are believed to be outside copyright. However, if anyone has any further information, please use the details at the front of this report to contact Purcell.

### THE DESIGN OF BETHEL HOSPITAL

After securing a 1000 year lease on the site of the proposed Hospital at a peppercorn rate, Mary Chapman and her trustees commissioned Carpenter Richard Starling and mason Edward Freeman to build the hospital, at a total cost of £314 2s. 6d. One trustee, John Morse, was responsible for overseeing the work.

The only surviving image of Mary Chapman's Bethel can be found on the Hospital's seal, which depicts the building's north façade and shows a two storey range with two adjoining wings.

A copy of the original building agreement in Bateman and Rye's *History of the Bethel Hospital* sheds more light on the building's original design (Appendix C). In it, the trustees ordered the construction of a building measuring



Bethel Hospital Seal from Bateman and Rye, 1906

89 foot in length with two 27 foot wings, as well as two cellars at the south-east and south-west corners of the main range.<sup>07</sup> Staircases ran from these cellars to the second floor.

Internally, the Hospital was to be divided by a passageway running 'from the dore in the middle of the fore front of the said building to the dore in the midle of the back front of the said house'. Each side would then be partitioned into three rooms. Every door was to include a six inch square hole covered by an iron grille and shutter, presumably as a means of ensuring proper ventilation whilst also enabling the observation of patients. Three of these seem to survive in an altered form on the second floor of the western 1753 wing. The agreement specified that 'good clear glass' was to be used for all windows except for the cellar and attic windows, which were to be glazed with 'quarrell glass'.<sup>08</sup> Windows were also to be fitted with 'two iron bands of three quarter inch barrs'.<sup>09</sup>

<sup>07</sup> Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 6

<sup>08</sup> Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 166

Whether or not these plans were enacted in their entirety, they nevertheless help to shed light on the building's function as a place of confinement. Mary Chapman herself stated that

"those put...into the said House shall be kept close and not suffered to wander abroad during their disorder".<sup>10</sup>

However, it was the inmates' care rather than their confinement that was at the forefront of Chapman's vision for the Bethel. In an inscription on the Hospital's foundation stone, now repositioned at the entrance of the building, Chapman laid out the Bethel's purpose:

'This house was built for the benefit of distrest Lunaticks Ano Dom. 1713 and is not to be alienated or employed to any other use or purpose whatsoever. Tis also requir'd that the Master, who shall be chosen from time to time, be a Man that lives in the Fear of God and sets up true protestant Religion in his Family and will have a due Regard as well to souls as bodies as those that are under his care.' In his history of the Hospital, Bateman describes how the Bethel was "bounded west by a house and east the school house of Bernard *Church*"." These buildings on either side of Bethel Hospital are shown on Kirkpatrick's 1723 map of Norwich, with Mary Chapman's House clearly set back from the street. Another terrace fronting Theatre Street falls within what is now the south west wing of Little Bethel Court. Produced four years later, James Corbridge's 1727 map clearly illustrates the U-plan of Mary Chapman's Hospital, showing the main range with its two adjoining north wings. Aside from this detail, the area around Committee Street appears relatively unchanged from Kirkpatrick's map published three years earlier.

It is interesting to note that the south elevation is different to the current façade. This depiction appears to show two doors as oppose to one central entrance.



Kirkpatrick's Map of 1723 (Norfolk Record Office)



Corbridge's 1727 Map of Norwich (Norfolk Record Office)

10 Mark Winston, "The Bethel at Norwich: An eighteenth-century hospital for lunatics", Medical History 38 (1994), 32

11 Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Walter: Norwich, 1906), 6

Little is known about the Hospital's early years, other than that Mary Chapman lived at the Bethel until her death in 1724. In her will, dated 22 October 1719, Chapman mentions that one Henry Harston was the master of the house at the time. The presumption that Harston was a layman with no medical qualification gives an indication of the type of care provided to those patients at the Bethel during its early years.<sup>12</sup> Chapman's will also specified that seven trustees were to be appointed to run the Hospital on the occasion of her death. This wish was enacted in January 1724, when a group of appointed trustees presided over the newly formed public charity for the first time.

## EIGHTEENTH CENTURY ALTERATIONS

The first major change to the Hospital under its new Board of Trustees was the commission of six new wards.<sup>13</sup> It is not clear if a purpose-built building was constructed or whether the Hospital was reconfigured to incorporate these new wards. The 1789 plan shows two L-shaped and one rectangular blocks that may have been hospital buildings.

Further changes were scheduled for 1747, when the Trust ordered that:

"Thomas Benning, Carpenter, do make a partition in each story in order that the Mens apartments may be wholly on one side of the Hospital and the Womens on the other. And also that he make a new Window on the South side of that Cellar where some of the Lunatics are lodged." The move away from mixed wards is a reflection of emerging Georgian attitudes, which saw an increased emphasis on male and female segregation. The use of the cellar for patient accommodation is also indicative of the conditions experienced by the twenty to thirty patients housed at the Bethel during this time. Evidence of the blocked windows can be seen in the original south-east cellar.

The Hospital was continually expanding, as seen in 1749 when a bathroom was converted to a cell, and strawroom to a "*Cellar for the worst of the Lunatics to be put in*". Meanwhile, a new strawhouse, bathroom and wash-house were to be built. As well as facilitating the intake of more patients, the conversion of the straw room to house "*the worst of the Lunaticks*" enforced further segregation on the Hospital's patients, this time between inmates deemed 'good' and 'bad'. The existence of the straw house is itself interesting. Straw was often used as a bedding material, particularly for those inmates who were incontinent, or those who deliberately soiled.

### THE LATE EIGHTEENTH CENTURY

By 1753 the inmates numbered twenty-eight.<sup>14</sup> At this time Bethel mainly housed private patients charged at four shillings per week, in addition to ten or more charitable cases.<sup>15</sup> There was then a steady increase in the number of patients, which continued throughout the decade. By 1760 numbers had risen to almost fifty.

This steady increase was facilitated by the construction of two new south-facing wings adjoining the main block between 1753 and 1756. William Foster was appointed as the mason and Christopher Lee as architect and carpenter for the building work. Lee's architectural credentials are evident in his plans for the Octagon Chapel in Colegate, which he submitted at the same time as working at the Bethel. Although his plans for this project were rejected, Lee did end up serving as a contractor for the Chapel.

Perhaps the most important room in this extension was the Boardroom, or Committee Room, as it was then known. The Boardroom's stucco was the work of eminent Norwich plasterer, William Wilkins, the grandfather of the famous architect of the same name, whose designs included the National Gallery and University College London. The Trustees also hired Thomas Rawlins as a stone mason during this period, and it is likely that it was Rawlins who was responsible for the Boardroom's impressive fireplace. The room, and its contents, has changed little since its creation, the most significant alteration being the replacement of the room's Venetian window with a tripartite window.

<sup>12</sup> Mark Winston, "The Bethel at Norwich: An eighteenth-century hospital for lunatics", Medical History 38 (1994), 30

<sup>13 15</sup> Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 27

<sup>14</sup> Angela Dain, "An Enlightened and Polite Society" in Norwich since 1550, ed. Carole Rawcliffe and Richard Wilson (Hambledon and London: London, 2004), 213

<sup>15</sup> Angela Dain, "An Enlightened and Polite Society" in Norwich since 1550, ed. Carole Rawcliffe and Richard Wilson (Hambledon and London: London, 2004), 273

As the Trustees noted in October 1763, the hospital had "since its foundation been greatly enlarged".<sup>16</sup> This expansion is evident in Samuel King's 1766 Map of Norwich, which shows the Hospital's new 'H' Plan, as well as a small building adjoining the south-west wing at its southernmost corner. The building adjoins a row of terraced buildings running from east to west. The map also shows two small square buildings at the south of the site.

Neither John Thompson's map of 1779 nor T Smith's plan of 1783 show any significant changes to this layout. However, the next ten years appear to have been a period of further development. Hochstetter's 1789 map suggests that the range of buildings fronting Bethel Street were extended to the south. The map also shows the first sign of building at the front of the Hospital, in the form of a small square structure at the west corner of the H-Block's north-east wing. The L-shaped building and rectangular building to the west of the H-Block and the L-shaped building to the east may have been hospital buildings. The L-shaped buildings may have been incorporated into the buildings shown on the 1830 map. Two trees in the Bethel's garden are also positioned in a way that frames the Bethel's central façade.

In the same year as Hochstetter's map was published the Trustees made the "purchase, for £150, of adjoining premises," "apparently at the back" of the Hospital. In 1795 two-thirds and one-third respectively of other adjoining premises were purchased, further expanding the Bethel Hospital site.<sup>17</sup> The Trust was incorporated in 1765, and Bethel Hospital's seven trustees became Governors, frequently referred to as Guardians. For over 100 years from the late eighteenth century, governors included members of the Gurney and Birkbeck families, both eminent Quaker families. The Bethel's association with the most influential members of Norfolk society suggests that the Hospital occupied a significant place amongst the city's institutions during the eighteenth century. The fact that such a large proportion of the Bethel's governors were members of the Nonconformist tradition is also revealing of the running of the Hospital as a place of piety. The change in street name from Committee Street to Bethel Street, as shown on Samuel King's map of 1766, suggests that by this time the Hospital had become something of a local landmark.



17 Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), p.6

<sup>16</sup> Mark Winston, "The Bethel at Norwich: An eighteenth-century hospital for lunatics", Medical History 38 (1994), 30

### MENTAL HEALTH REFORM

For a century, the Bethel was the sole public facility specifically for the mad or insane in Norwich. Andrew Halliday reported to the 1807 Select Committee that Norwich had 112 'lunatics and idiots', of whom only 27 were detained in poor law or penal institutions.<sup>18</sup> In 1808, the County Asylum Act was passed, which allowed counties to levy a rate in order to fund the building of county asylums. The intention was to remove the insane from the workhouses and provide them with a dedicated care system. Despite this legislation, only 20 county asylums were built around the country.

One such institution was the Norfolk Lunatic Asylum, opened in 1814 with beds for 104 patients. However, the city's provision of care for the mentally ill was severely inadequate. Of the few patients that were sent to Bethel Hospital, hundreds more were left in workhouses. Until the Lunatics Act of 1845, the number of patients at the Bethel remained between seventy and eighty, while those in the new asylum increased. This was sped up by the transferral of a number of Bethel's pauper patients to the County Asylum in 1814.

By 1845, the Lunatics Act had brought public asylums into line with each other. It made the provision of accommodation for pauper patients compulsory and required mental healthcare institutions with more than 100 patients to have a medically qualified superintendent at their head. It also took into account the moral treatment pioneered by William Tuke and saw the care of the lunatics being funded by the individual county.

I That he personally attends to and aprists in the getting up the Men Patients in a Morning and the propen preparing the Bath and bathing of the patients when ordered by the physicians \_ 2 That he personally attends to and afists in care their heals and seeing the same duly dishibuted. and that he inspects each Sunatick's Room every Night before go clock to see that they are properly secured and corry thing safe -That he personally attends to and africh the Patients on their going to Bed -That he personally attende to and afoists in

Rules and Orders of Bethel (BH24, Norfolk Record Office)

<sup>18</sup> Steven Cherry, Mental Health Care in Modern England: The Norfolk Lunatic Asylum/St. Andrew's Hospital C. 1810-1998 (Boydell Press, 2003), 30

### NINETEENTH CENTURY EXPANSION

According to Bateman and Rye, William Tuke, the influential asylum reformer, was a visitor to Bethel Hospital, though it may have been his grandson, Samuel, who had continued his grandfather's work. It was during this visit that he suggested that the galleries might be opened up to provide a variety of areas for exercise for the patients. This new emphasis on physical recreation was realised in August 1835 when Mr Fox was employed to construct a new exercise yard.<sup>19</sup> Another visitor to the Bethel was prison reformer Elizabeth Fry, who in 1828 accompanied her brother John Joseph Gurney, a governor at the Hospital. Two days later a Middlesex magistrate visited and pronounced himself 'much pleased' with the Hospital.

# WILLIAM TUKE

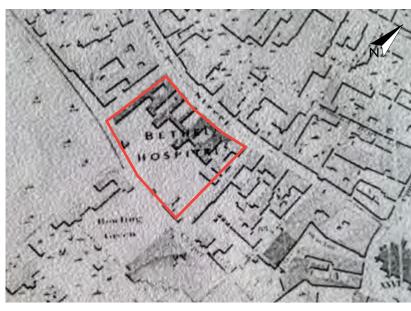
# 1732 - 1822

William Tuke was a prominent mental health reformer and philanthropist. Born into a leading Quaker family, Tuke embraced social activism in his youth, campaigning for the abolition of the slave trade. Towards the end of the century Tuke increasingly became involved in mental health reform and raised funds to establish his own Quaker asylum in 1796. The York Retreat was a religious and humane hospital for Quakers suffering with mental illness.

Tuke's model of moral treatment was adopted by asylums across the country and went on to become one of the most influential practices in nineteenth century asylums. Chains were removed from inmates, accommodation was improved, and patients were engaged in occupational work as a form of 'moral therapy'. Winston argues that in response to financial pressures, the Bethel Hospital underwent a period of expansion in the early nineteenth century. A tradesmen's bill for  $\pounds$ 1,088, including ' $\pounds$ 872 8s. for building at the Hospital', is included in the Bethel's financial statement for 1827, suggesting that a new building was constructed during this period.

Manning's 1830 map of Norwich shows the Bethel Hospital site following this period of expansion. The H-Block appears to have been extended to Bethel Street. A central passageway has been constructed stretching from the street to the central range. It would appear that the old School House was demolished following its purchase in 1825 with a new cell block constructed in its place. This new building includes a range extending the length of Little Bethel Street with a smaller range running adjacent to it. These two buildings are connected by a passage to the south, creating an enclosed courtyard with another adjoining building fronting Bethel Street. Along the south boundary of the site, a small two walled structure seems has been erected. There are also two buildings that fall within the current site boundaries that are not shaded on Hochstetter's map, suggesting that they were not part of the Hospital site at this point.

The small square building shown on the 1789 map had been demolished, as had the building adjoining the south-west wing of the H-Block. Further east a new building has been constructed between 33 Bethel Street and the main Hospital, which it is adjoined to by means of a narrow passage at the south and a range fronting Bethel Street, thus creating a new yard. The detail from an 1833 document suggests that these buildings were single storey apart from the range on Bethel Street.





Little Bethel Court street elevations

Manning's 1830 Map of Norwich (Norfolk Record Office)

<sup>19</sup> Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 44. Bateman and Rye record Tuke as visiting in 1830; either they mistook the date or the member of the Tuke family who visited.

The century also saw the Trust buy a number of properties surrounding Bethel. The most significant of these is an eighteenth century house to the east of Bethel Hospital, now 33 Bethel Street, which was purchased in 1825 for use as a Doctor's House. The School house to the west of the Hospital had also been acquired a year earlier.<sup>20</sup>

### New Cell Ranges and Alterations in the 1830s

Further change occurred in the early 1830s. In October 1835 the Trustees issued various payments for "alterations and new cells in yard", amounting to  $\pounds$ 762 3s. 6d.<sup>21</sup>

A building schedule dated 1833 for the construction of the new cells sheds light on the building work that took place during this period, and in particular the development of Bethel's north-east cell block. (A summary can be found in Appendix D.)

The specification instructed the ground floor south wall and cell partitions be removed in order to create an open shed. The specification also gave instructions for the removal of 'some cells on the north side' of the east yard and 'cells to the east of the yard'. Brick jambs and iron columns were constructed over the old foundations to support a girder to carry the cells above. The ground floor windows were probably bricked up at this time. The overall effect was to enlarge the yard, whilst still retaining the cells at first floor level.



Elements thought to have been demolished in the early 1830s are highlighted in red

20 Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 6

21 Sir Frederick Bateman and Walter Rye, The History of the Bethel at Norwich (Gibbs and Waller: Norwich, 1906), 42 The 1833 specification also created the south-east range as it exists today with the construction of dormitories above the two day rooms. The 1830 plan shows the day room that has the bay window as existing, but it was enclosed by other buildings so its north wall was rendered as set out in the building specification. It is possible the east wall was rebuilt. Minutes dated 1831 report on the construction of a new day room, most likely referring to the room adjoining the Boardroom. In 1833 a first floor was added to this building to create new dormitories. A new first floor lobby was also constructed to link the two dormitories.



Rendered ground floor of south-east range and 1833 vertical extension above

The 1833 specification also describes the cleaning and reuse of bricks, doors and stone slabs. This may explain why there are not always clear differences in building phasing evident in the extant fabric or joints exist in walls of apparently the same age.

### Improvements to Accommodation and Sanitation

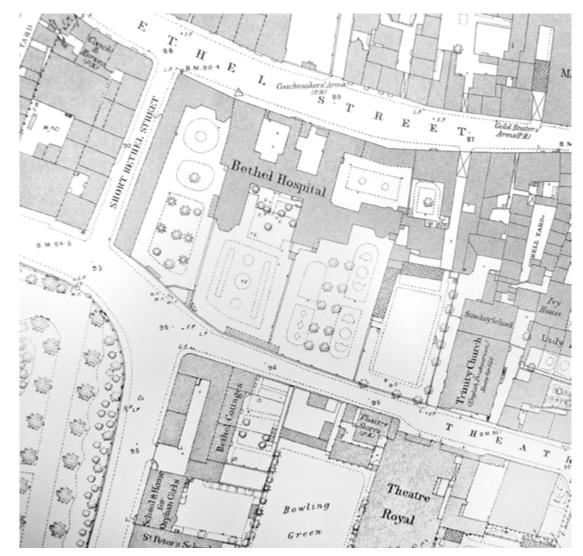
Changes were also made internally during this period. In December 1851 a washing place was commissioned for the male patients in the passage adjoining their Day Room and the following April the same was provided on the female side. Later that year, patient toilet facilities were upgraded. These improvements to sanitation were a direct response to the orders of the Lunatic Commission, who returned to the Bethel in September 1853 to inspect the changes. Whilst the commissioners noted the short-term benefits of the work, their conclusions on the long-term future of the Hospital were bleak.

"Since the last visit of the commissioners, a new laundry has been erected, water-closets have been fitted up, new window frames have been put in some of the day-rooms, and the woodwork, generally, throughout the house has been painted. The building has evidently been improved by these additions and alterations, and although the patients will, to a certain extent, derive benefit from the better description of accommodation afforded to them in consequence, we still think it is to be regretted that so considerable sum of money should be spent on a structure, the evidential (and possibly speedy) abandonment of which may be looked upon as a matter of certainty." <sup>22</sup> Although efforts were clearly made to improve the Hospital's accommodation and facilities, the disapproval of the Commission appears to reflect the improving standards of asylums at a national level. Where once the Bethel was at the forefront of mental health care, by the mid-nineteenth century the Hospital was falling behind. However, the refusal of the Govenors to abandon the site in the face of continued Commission pressure is a reflection of the building's continued significance in the city.

### Later Nineteenth Century Alterations

The Commission's concerns explain why the second half of the century saw further improvements to the site. The 1884 Ordnance Survey Map shows a number of changes to the building between 1830 and 1884. The H-Block shown in Manning's 1830 plan had been enclosed at the north end by the erection of buildings on either side of the passage, creating two enclosed yards. Within these yards are smaller structures adjoining the passage on both sides.

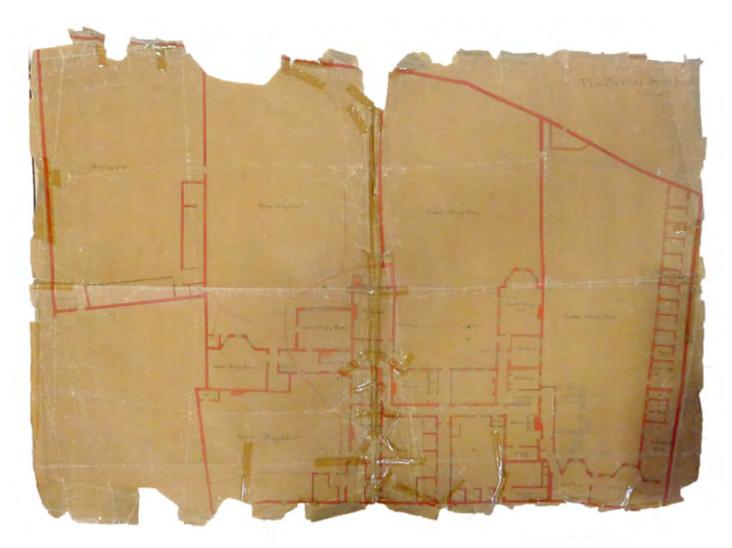
The cell block running parallel to the Little Bethel range had been demolished and replaced by gardens. Open shelters had been erected against the south wall on both the male and female sides of the garden whilst two glasshouses had been erected behind 33 Bethel Street. Walls divided the garden into four sections (see also plan on page 118).



1884 Ordnance Survey Map

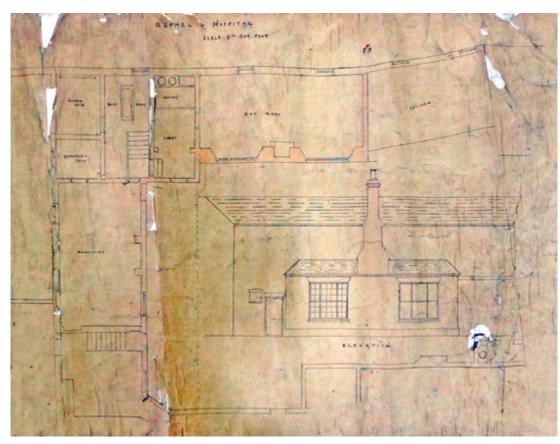
Although undated, the earliest plan appears to be derive from a similar period as the 1884 OS Map though pre-dates it. The plan shows the ground floor interior layout, with room functions labelled. The plan illustrates the division of the Hospital into male and female sides, with four Ladies Sitting Rooms, two Airing Courts, a Work Room and cells occupying the east portion of the site. The west of the Hospital incorporates two Gents Sitting Rooms and a Gents Airing Court. The centre block of the original 1713 building appears to be the Master's accommodation, through which access to the Boardroom is gained. The north-west of the site, including the 1713 wing, is in auxiliary use and includes the Hospital Kitchen and Pantry. The area now occupied by the car park is labelled as a bowling green with the Men's Airing Court adjoining it to the west.

It is difficult to say whether these additions and alterations to the Hospital site improved the overall success rates of treatment. Records for over 800 of the 1300 Bethel patients between 1760 and 1880 suggest that one-third were pronounced cured or relieved. For those who died in the Hospital, the average residency was fourteen years.<sup>23</sup>

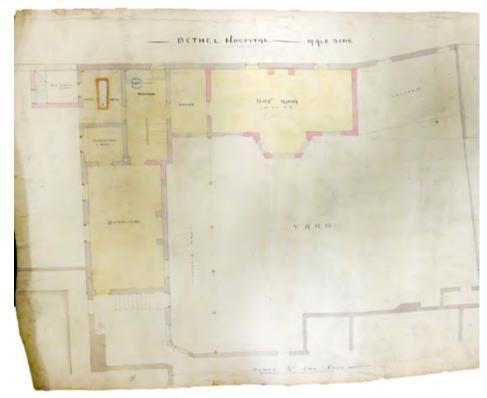


Undated plan. The presence of the Bowling Green suggests it was drawn after 1879 whilst the building layout suggests it predates the 1884 OS map (BR 35/2943, Norfolk Record Office). A larger version can be found in Appendix N.

<sup>23</sup> Angela Dain, "An Enlightened and Polite Society" in Norwich since 1550, ed. Carole Rawdiffe and Richard Wilson (Hambledon and London: London, 2004), 273



Proposed plan for the Men's Day Room (BR 27/6/17/31, Norfolk Record Office). A larger version can be found in Appendix N.



An early design for the proposed Day Room (BR 27/6/17/31, Norfolk Record Office). A larger version can be found in Appendix N.

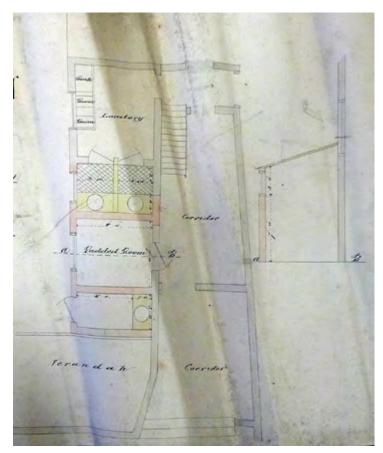
#### 1893 Survey Plan

Whilst an 1898 plan of proposed alterations to the site's waterworks (page 66) suggests further improvement to the Hospital's sanitation facilities, a survey plan produced by architect Edward Boardman provides evidence of changes to the site's layout (pages 64 and 65). One of the most significant changes at ground floor level was the erection of a large kitchen in the north-west yard. The exterior wall of the old kitchen (which, together with a scullery, occupied GI2) had also been rebuilt to include more windows. Inside the old kitchen, the partition wall had been demolished to create a larger room, described on an 1899 plan as the Attendant's Dining Room. Other alterations on the ladies side include the change of use from a Work Room to a bathroom and the removal of a Padded Room in the Bethel Street cell block.

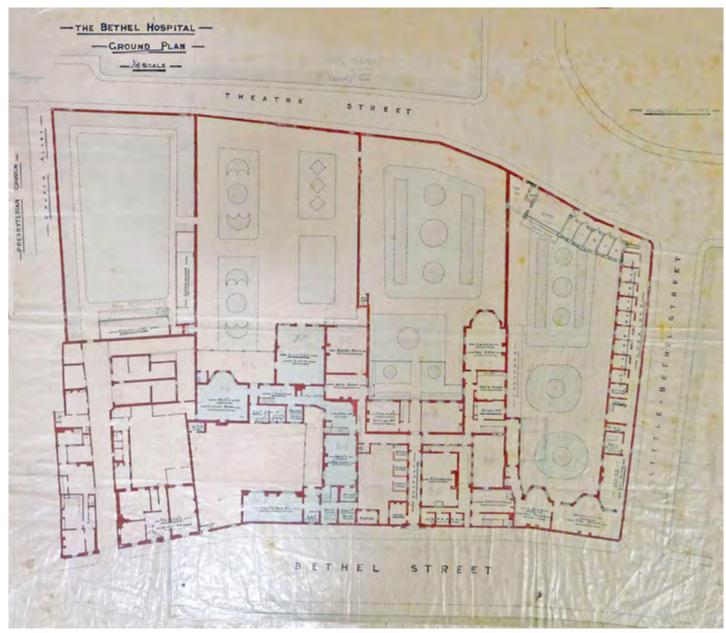
In the South-east Range the Gents Sitting Room had been extended to create a Billiard Room. The Minutes record that the architect for this work was William Wilkins. It is not known whether he is a descendent of the William Wilkins who worked on the Boardroom. Change continued apace with new water closets and padded rooms added to the South-east Range (see proposed drawing for new padded room). A new men's day room adjoined the north-east wing of the H-Block (see the earlier and later proposed plans for the Men's Day Room). The first floor layout was dominated by sleeping accommodation. The south-west wing of the H-Block was in use as a Ladies Dormitory whilst a further eight bedrooms were included in the Little Bethel cellblock, in addition to an Old Ladies Bedroom and Day Room. Dispersed between these rooms were small cells for attendants with the matron's sitting and bedroom occupying the 1713 north-west wing. This room adjoined a large work room.

On the male side, a range of cells adjoined 33 Bethel Street and extended along the north-east front of the Hospital, ending with a Sick Room. The 1713 north-east wing was in use as a men's dormitory whilst the Southeast Range provided further accommodation. Half of the H-Block's central range had been divided into cells with a corridor leading through to the Master's Room.

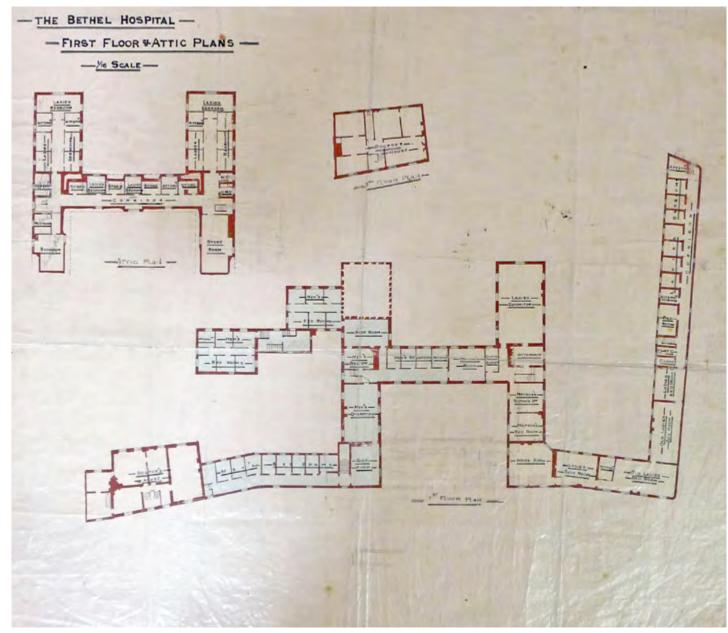
The entire attic floor was in use as accommodation for both ladies and staff, as well as a large storeroom in the north-west wing and a number of smaller stores in the central block. Boardman's plans also include his proposed changes, including an extension adjoining the Little Bethel cellblock running adjacent to Theatre Street to provide more female accommodation. Faintly shown on Boardman's plan are his proposals for a north block fronting Bethel Street that would connect the two north wings of the H-Block.



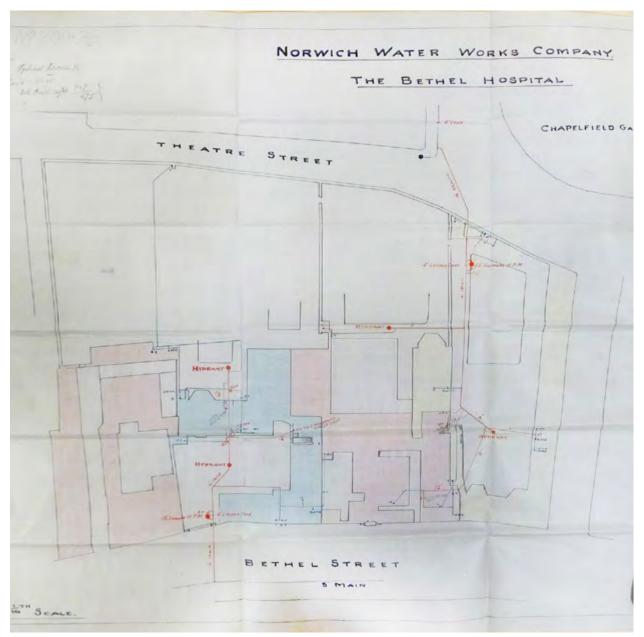
Proposals for new padded room and toilet facilities adjoining the early nineteenth century south-east wing c. 1884 (BR 2761731, Norfolk Record Office)



1893 ground floor plan of the Bethel Hospital site. The southern addition to Little Bethel Court was a later sketch added c. 1913 (BR 35/2/94/2, Norfolk Record Office). A larger version can be found in Appendix N



First floor and attic plans (BR 35/2/94/2, Norfolk Record Office). A larger version can be found in Appendix N



1898 Plan of Waterworks at Bethel hospital (BR 27/61/731, Norfolk Record Office)

#### WORKS BY EDWARD BOARDMAN & SON

Some of the most visible alterations to the site were made by Edward Boardman at the end of the nineteenth century. A prolific architect during this period, Boardman was responsible for a great number of Norwich's Victorian buildings. A Deacon at Princes Street Congregational Chapel, Boardman gained many of his commissions from or through other Nonconformists and it was most likely the influence of Bethel trustee Joseph John Gurney that secured Boardman's involvement at the Hospital.

Boardman's principal addition at the Hospital was the construction of a five bay symmetrical block joining onto the original north wings. Boardman built over the existing ground floor waiting room and kitchen though he demolished the existing boiler room to excavate a basement heating chamber. The imposing frontage was completed in 1899 and includes sash windows with flat arches and a large rusticated door surround. Internally, the plans show a division of the first floor of the new block into twelve rooms on either side of a corridor running from east to west. To improve circulation he also inserted a partition wall on the first floor of the north-west wing to create a corridor linking the new range and the southern part of the H-Block. The second floor plan survives; the only indication of the first floor plan is a pencil sketch on the 1893 survey plan. The first floor was inserted between the existing northern extension, unlike the second floor.

Boardman replaced the south-east 1713 staircase with a new set of stairs at ground, first and second floor level.



Boardman's proposed elevation for the north front ground floor. A window was placed between the two doors (BR 352943, Norfolk Record Office)



A drawing of the proposed north front in 1899 by Boardman. The gable end treatment was not what was built (BR 35/5/1, Norfolk Record Office)

#### EDWARD BOARDMAN

#### 1833 - 1910

Edward Boardman was born in Norwich in 1833. Along with George Skipper he was one of the principal architects in Norwich at the end of the nineteenth century.

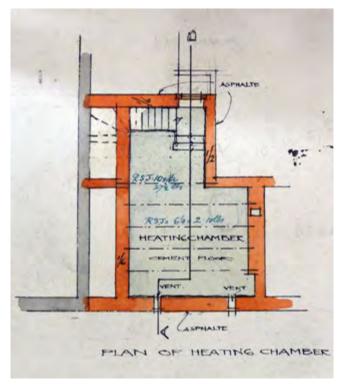
Boardman completed his early training in London with Messrs Lucas Brothers, a firm of Master Builders and Contractors. Among many other notable buildings, the Lucas Brothers were responsible for additions and improvements to Bethlem Hospital (now the Imperial War Museum) in the mid-nineteenth century. It is possible that Boardman himself was involved in this project whilst training with the firm.

Boardman returned to Norwich in 1860 to establish his own practice. From the firm's establishment until well into the twentieth century, his small family architectural practice was well known and respected for their architectural and social contributions to the city of Norwich. Boardman can be described as being defined by his versatility, designing several large and complex schemes including numerous chapels, Norwich Castle Museum, offices and several factories. Pevsner once commented that Boardman's style was 'fluid enough for him to copy anything'.<sup>24</sup>

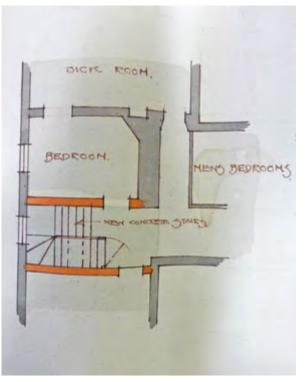
Edward Boardman retired c.1900 and the architectural practice was continued by his son Edward Thomas Boardman until 1933.

<sup>24</sup> Donald Insall Associates, Historical Recording of the Electric Light Company offices by Edward and E.T. Boardman (2007), 14.

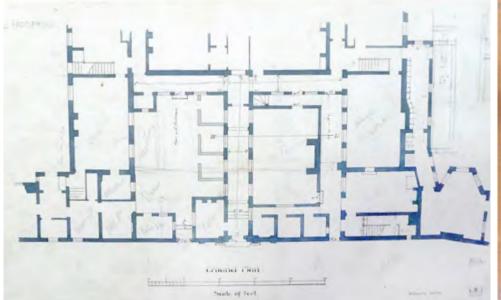
Boardman was also responsible for the infill of the eastern side of the internal courtyards. Plans dated January 1899 outline a proposed mortuary in the north-west corner of the yard. A timeline of entries from the Trustees meetings' minutes from the mid-eighteenth to the end nineteenth century can be found in Appendix D.



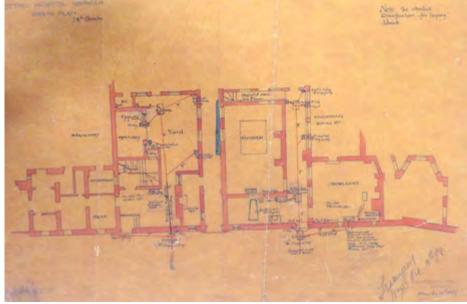
Boardman's proposed Heating Chamber located in a new basement to the west of the north-east extension to the H-Block (B3). The vents can still be seen at street level (BR 27/61/59/9, Norfolk Record Office)



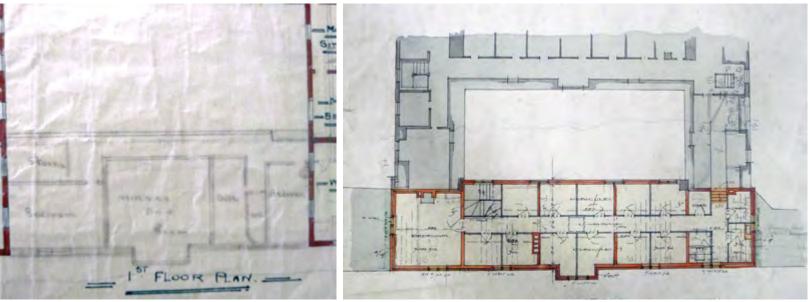
Boardman's plan for a new concrete staircase in the same location as the original 1713 stairs on the east side of the H-Block (F39) (BR 27/61/59/9, Norfolk Record Office)



Ground floor plan with proposed mortuary (BR 35/2943, Norfolk Record Office)

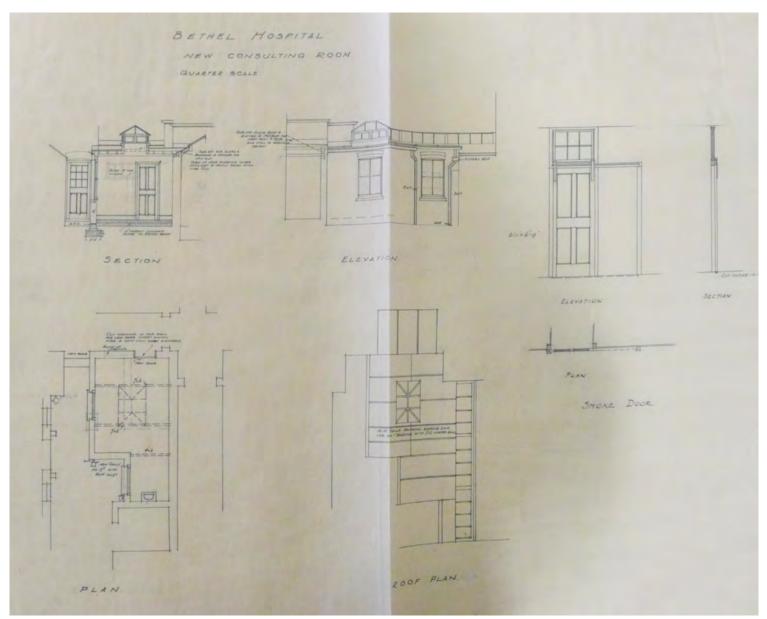


An 1899 ground floor plan (BR 35/2943, Norfolk Record Office). A larger version can be found in Appendix N.



Sketch of first floor plan on the 1893 survey plan (BR 35/2/94/2, Norfolk Record Office)

Boardman's proposals for the central block (BR 35/2943, Norfolk Record Office). A larger version can be found in Appendix N.



Undated plan for new Consulting Room (BR 35/2/94/3, Norfolk Record Office)

# TWENTIETH CENTURY DEVELOPMENT

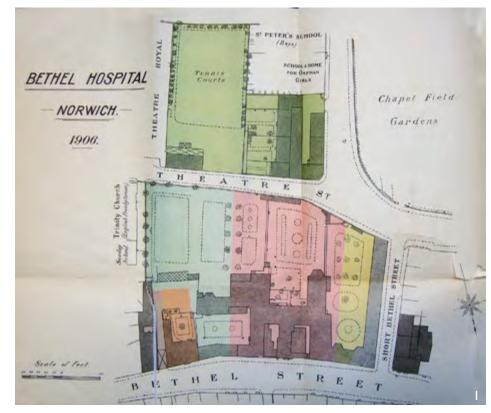
In 1894 Sir Frederick Bateman, one of the Govenors, was commissioned by his fellow Governors to write a history of the Hospital, which took over a decade and was completed posthumously by Walter Rye. Describing the 'comfort and excellence of the modern buildings', Bateman argues that 'in no private house in the city could one find better or more scrupulously clean accommodation<sup>125</sup> Bateman explains how 'patients are encouraged to engage in various forms of amusements' catered for by the provision of billiard tables, pianos, and a full library of books, periodicals and newspapers.<sup>26</sup>

Included in Bateman and Rye's history is a coloured site plan showing the Hospital site as it was in 1905. The plan shows the removal of the wall dividing the Bowling Green and the Men's garden and the demolition of the glasshouse running alongside it. Part of the verandah adjoining the south-west wing had also been removed.

These recreational facilities extended to the south of Theatre Street, where tennis courts had been erected on land owned by the Bethel Hospital. A set of Boardman plans dated December 1903 include designs for a new pavilion with a glazed veranda. To the west of this new building were a number of cottages, constructed by Boardman for the Bethel.



26 Bateman, iBid

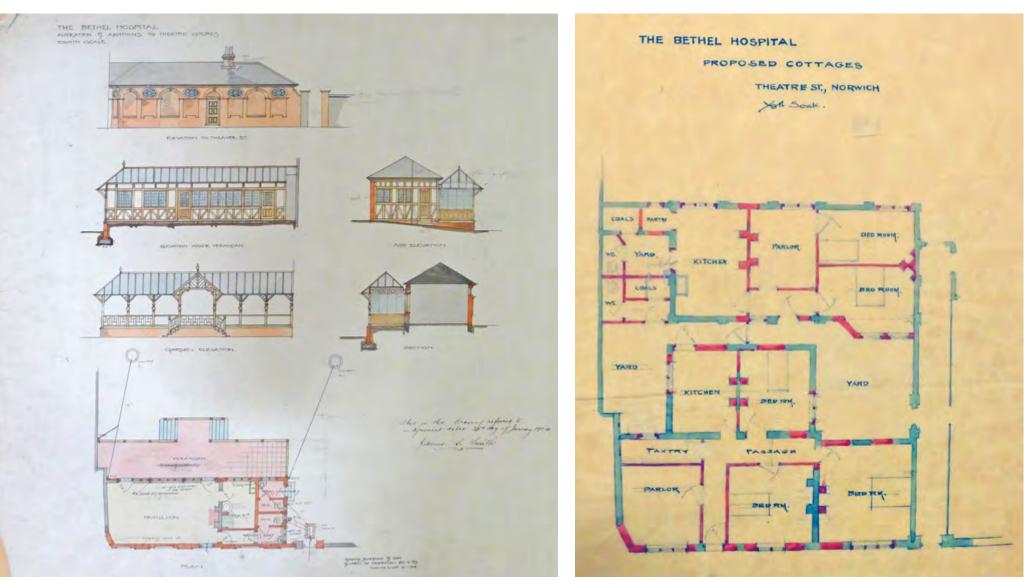


- I Bateman and Rye's 1906 plan of the Bethel (Bateman and Rye, 1906)
- 2 The Gentlemen's Garden in 1906 (Bateman and Rye, 1906)
- 3 The Ladies Gardens in 1906 (Bateman and Rye, 1906)

Images from Bateman and Rye, 1906 are believed to be outside copyright. However, if anyone has any further information, please use the details at the front of this report to contact Purcell.







Boardman's plans for the Theatre Street stores (BR 35/2/94/3, Norfolk Record Office)

Proposed cottages on Theatre Street (BR 35/2/94/2, Norfolk Record Office)

Boardman & Son Architects, by now headed by Edward Boardman's son, ET Boardman, made further alterations to the Bethel Hospital throughout the early twentieth century.

The first project was the remodelling of the central passageway connecting the north and south ranges. Boardman's plans, dated January 1900, propose blocking up existing windows on the west side of the passage and installing roof lights and a marble floor with steps leading up to the original entrance door. The 1713 foundation stone was also reset at the Hospital's entrance and a large archway was built. The passage's timber panelling is dated 1907 and records that Russel J Colman was chairman at the time. Photographs in Bateman and Rye's history show the remodelled passage before it was panelled.

Boardman also designed a new glazed verandah for the south side of the north range of Little Bethel Court in 1903.

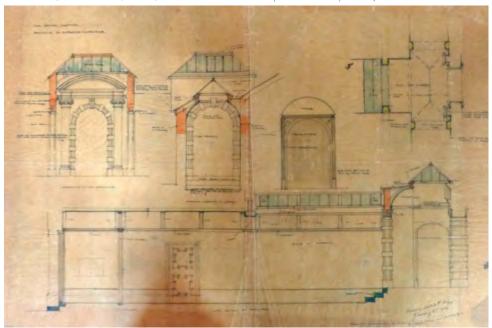
Another Boardman addition from this period was the construction of a glass-roofed consulting room in the north-east yard, resulting in the almost complete infill of this area (see proposed plans for the new consulting room). Further auxiliary space was also provided with the construction of a laundry room adjoining the north-west wing of the H-Block.

A 1904 plan includes proposals for raising the roof of the 1713 central block to increase the height of the attic floor. The roof was not raised but the dormers appear to have been at least partially rebuilt and refenestrated.

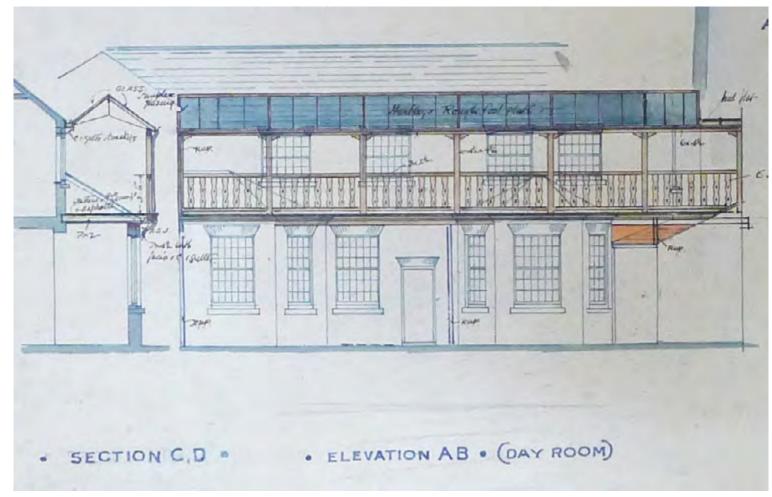


Boardman's remodelled Entrance Hall (Bateman and Rye, 1906)

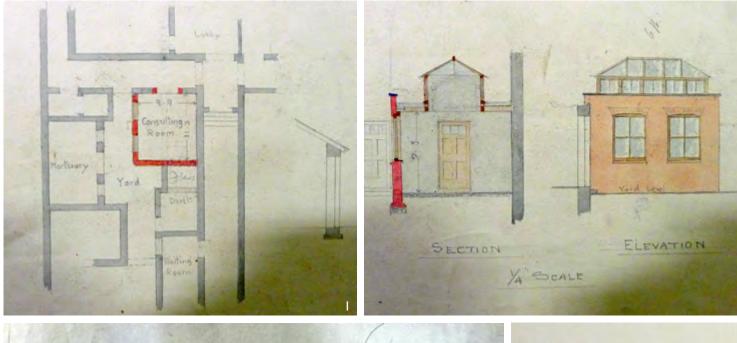
The Passage prior to the fitting of wood panelling, (Bateman and Rye, 1906)



Boardman's proposals for the remodelled passage (BR 35/2/94/2, Norfolk Record Office). A larger version can be found in Appendix N.



Proposed veranda over west cell block (BR 35/2/94/3, Norfolk Record Office)

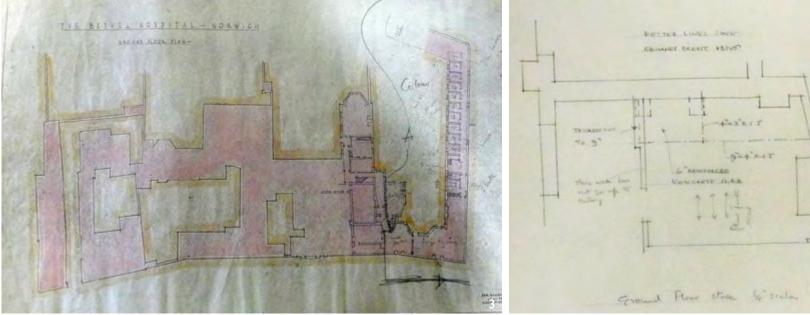




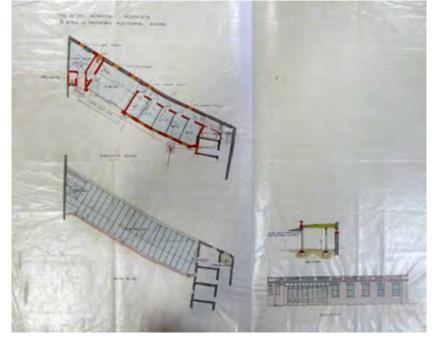
- 2 Boardman's proposed plans for the new Consulting Room (BR 35/2/94/3, Norfolk Record Office)
- 3 Boardman's proposed plan for a new laundry building (BR 35/2/94/3, Norfolk Record Office)
- 4 Plans showing the location of a dangerous a chimney in the north-west wing (BR 35/2/94/3, Norfolk Record Office)

4

2

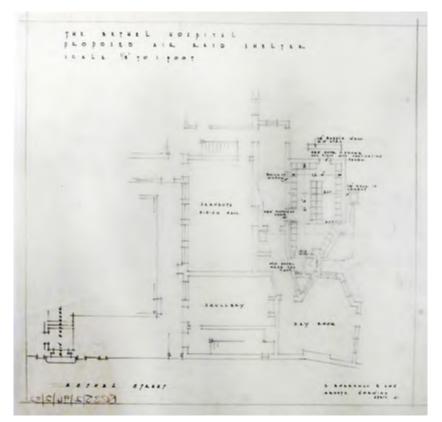


The Theatre Street extension to the Little Bethel cellblock was carried out by Grahame Cotman, an architect employed at Edward Boardman & Son, to provide five additional cells, a five bed dormitory, washhouse and WC.



Grahame Cotman's 1913 plans for the Theatre Street extension (BR 35/2943, Norfolk Record Office)

During the Second World War, the Bethel, or at least parts of it, served as an American Red Cross Club, providing dormitory accommodation and catering facilities for visiting off-duty American servicemen. The Hospital itself remained active during the war, although some patients were transferred to St Andrew's Hospital due to fears over bombing. To counter these concerns, Boardman was commissioned to draw up plans for an air raid shelter at the west of the site in 1941. However, it is not known whether this shelter was ever constructed.



Proposed Air Raid Shelter (BR 35/2/94/2/52, Norfolk Record Office)

In 1948, the Bethel Hospital was transferred to the National Health Service and later became an annexe of Hellesdon Hospital. From 1956 until the building's closure, Bethel was the home of the Mary Chapman Club, a community group for those suffering from mental health problems. The Bethel housed 122 patients in 1960 and in the Hospital Plan of 1962 the Bethel was stated to be: 'the oldest surviving hospital in the country specifically founded for the care of the mentally ill and currently the oldest building in the U.K. to have been in continuous psychiatric use.'



The north façade in 1961 (No. 465, George Plunkett, reproduced by kind permission of Jonathan Plunkett)

In February 1974 the in-patient facilities were closed and the remaining patients were transferred to St Andrew's Hospital.

In a Group Secretary's Report, dated 25 January 1974 note that the Board's scheme for converting the entire Hospital for use as a Child and Family Psychiatry Unit had been delayed by the government's restrictions on capital expenditure. Proposals were also put forward for the demolition of the Little Bethel cell block, although the enactment of the Town and County Planning Act of 1947 and the subsequent creation of the Norwich Conservation Area, saw these plans shelved.<sup>27</sup>

Following structural alterations, rewiring and installation of telephones in March, the decision was made to temporarily open the Unit as an out-patients' service only, under the direction of Dr Soddy.<sup>28</sup>

The Unit continued in this capacity until its closure, without ever having occupied the full site or accommodated in-patients. The Centre mainly operated in the eastern half of the Hospital, with the cell block extending along Little Bethel Court and Theatre Street left vacant. The second floor of the H-Block was also not in use. The larger rooms in the site were primarily used for group therapy sessions, including a Games Room in the former Men's Dormitory, a Play Room in the Billiards Room, and an Art Room in the Boardman Range. During this period, the Centre's main entrance was relocated to the south-east wing, with the reception housed in the former Men's Day Room. With the exception of a School Room in the former Ladies Day Room in the south-west wing, the west half of the H-Block comprised staff rooms and offices. The Mary Chapman Club, a group of former Bethel patients, held their meetings in the room directly above the School Room. (See plans on pages 85 to 87.)



The south façade in 1988 (No. 6505, George Plunkett, reproduced by kind permission of Jonathan Plunkett)

28 'The Bethel Hospital', Group Secretary's Report, 25 January 1974, Norfolk Record Office

<sup>27 &#</sup>x27;Meeting of Hospitals Management Committee', Group Secretary's Report, 31 January 1974

A series of photos, taken by Purcell Miller Tritton in 1992, show the Bethel hospital in various states of disrepair.



5 Possibly a room in Little Bethel Court

I Little Bethel Court, 1992 2 The north-east cell block

All photographs from ACC 2004/302, Norfolk Record Office





- I FII, Central Range of H-Block
- 2 Little Bethel Court
- 3 Boardroom fireplace
- All photographs from ACC 2004/302, Norfolk Record Office

#### 1992 TO PRESENT

The Bethel's future lay in doubt for a number of years before its eventual closure. By 1995 the whole of the hospital had been closed and discussions were underway for the conversion of the building.

The earliest plans for the Bethel site were submitted in 1992 proposing the conversion of the site to residential and office units, including the erection of a two storey office building with a car park at basement level, with designs by Purcell Miller Tritton. (A schedule of planning applications since 1992 can be found in Appendix E.)

Another scheme was proposed in 1997 for the conversion of the building to a 20 bedroom hotel, as well as a restaurant, offices and nine residential units. This proposal was approved and eventually resulted in the demolition of the nineteenth century single storey extensions in the two courtyards, along with the garage facing Theatre Street. The permission required the Boardroom in the H-Block to be retained with its panelling and furnishings in situ as part of a scheme for public access through a Section 106 agreement.

Revised plans were submitted the following year which scaled down the number of residential units to six whilst proposing the erection of single storey extensions and an additional entrance gate from Bethel Street.

The following three years saw a number of minor alterations to these initial plans, including internal alterations to the layout of the building and the insertion of new windows and doors. In 2002 a plan was submitted for the landscaping of the gardens, including the demolition of the nineteenth century dividing wall and toilet block. Despite these numerous planning applications part of the Bethel site remains undeveloped and the change of use has only been partly implemented.

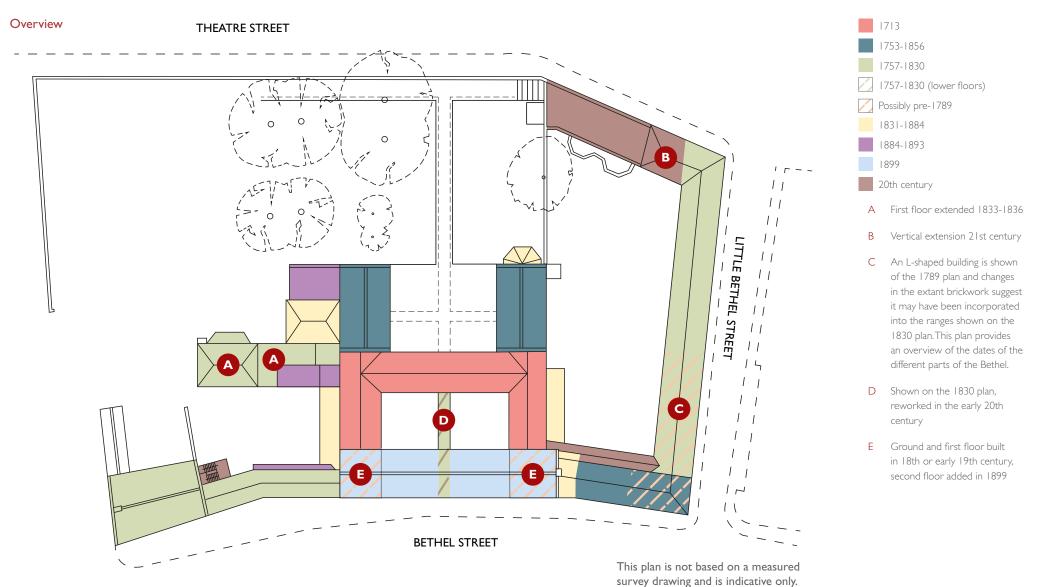
As part of the conversion work, significant alterations have been made to Hospital's interior layout. The subdivision of the Boardman range and north-west wing of the H-Block has led to extensive partitioning, as well as the construction of a staircase at the west end of the Boardman Range to provide access to the flats at first and second floor level. Existing walls have been drylined and modern doors and windows fitted.

Externally, a number of small ancillary buildings have been demolished, including a small twentieth century extension on the south-west wing of the H-Block, as well as the former laundry building. The large kitchen, mortuary, and consulting room, were demolished in 2003 in order to create the north-east and north-west courtyards.

The Little Bethel Court cell block has been refurbished and are occupied. Whilst parts of the H-Block have also been refurbished, only the western side has been completed and occupied. Necessary repairs to the Boardroom to allow the return of the fixtures and fittings and its opening to the public have not been completed and its structural condition has worsened. Structural issues to the gable end of the Boardroom have been temporarily addressed with the erection of scaffolding. There have been no repairs or refurbishment of the East Cell Range or South-east Range and their deterioration has continued. The building has been on the Heritage at Risk Register since 2008.

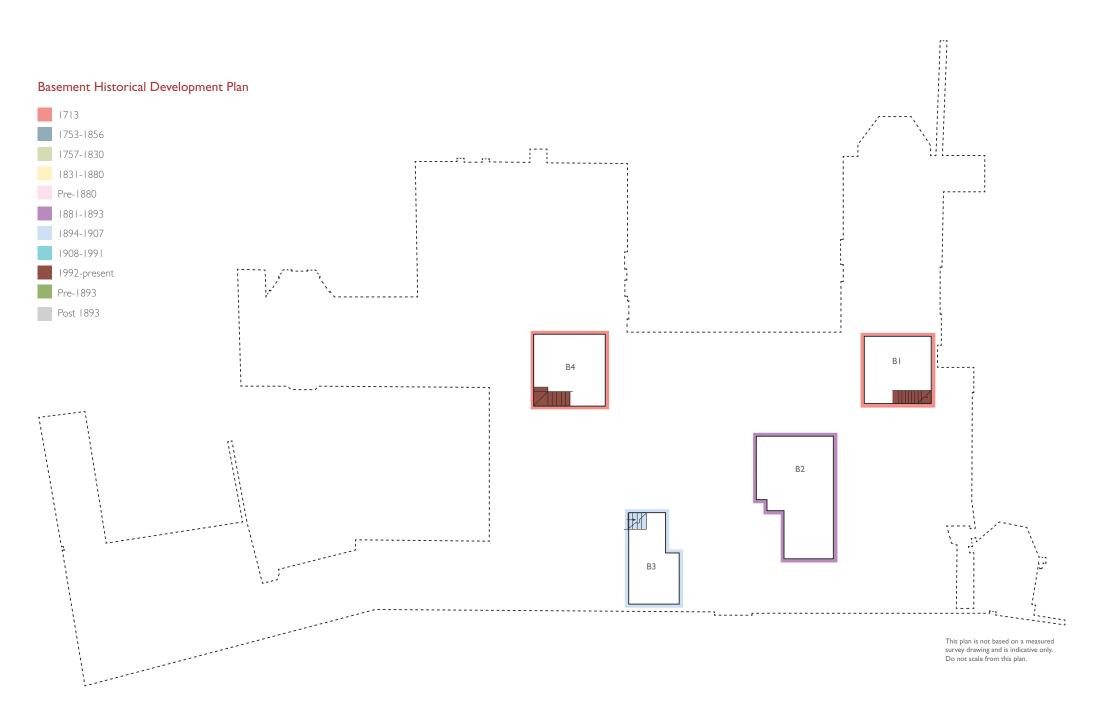
### 2.6.3 HISTORICAL DEVELOPMENT PLANS

These plans have been coloured to indicate the date of surviving fabric based primarily on documentary sources. The base plans are not measured survey drawings.

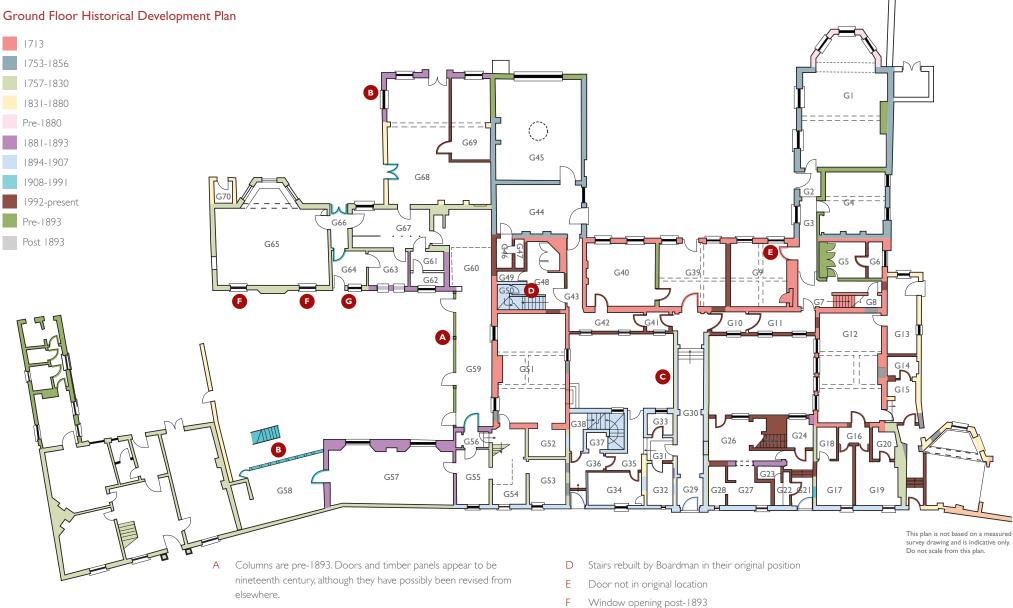


Do not scale from this plan.

81



#### Ground Floor Historical Development Plan



G

- В An undated building specification recommended the rebuilding of the south wall and a section of the east wall
- C Central passageway is shown on 1830 map but was remodelled by Boardman between 1879 and 1907

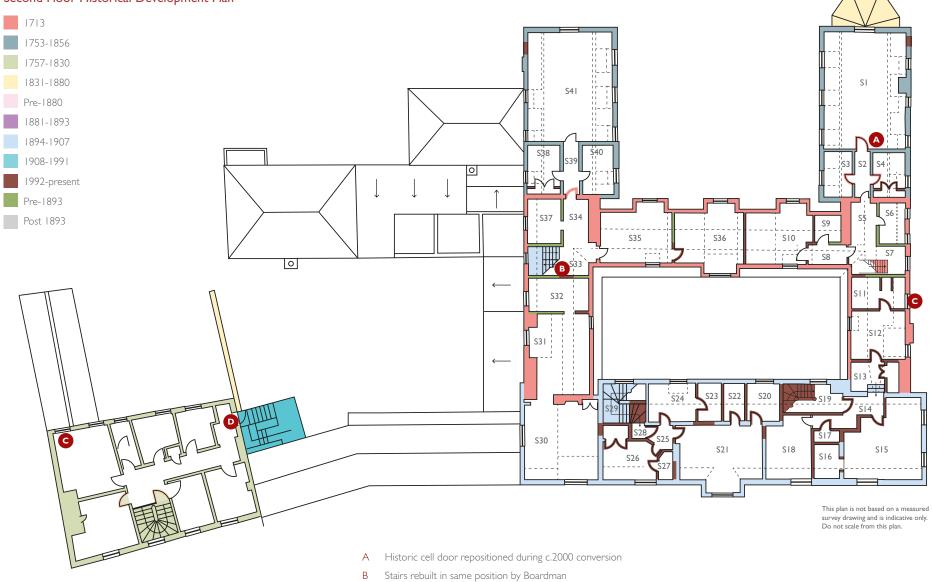
2 Understanding the Site 83

Door and window post-1893 replacement of central window

### First Floor Historical Development Plan



### Second Floor Historical Development Plan



### 2.7 BUILT FABRIC AND LANDSCAPE ANALYSIS

This section considers the extant fabric in relation to the historical development described previously firstly in relation to the architecture and overall layout and secondly in relation to circulation and uses. It also contains analysis of the surviving architectural features and the landscape.

## 2.7.1 COMMENTARY ON HISTORICAL DEVELOPMENT

The Bethel Hospital as it survives today is a piecemeal collection of buildings where blocks were not simply added but also extended vertically over time.

The historic core of the building, the 1713 U-shaped building, is still clearly discernible despite later alterations, by which the southern façade is the least hidden. What is not clear is the extent to which the appearance of the building has changed. The 1727 illustration on the Corbridge map suggests there were two doors in the southern facade and four windows but this does not align with the original building specification which describes a central door. It is likely that the fenestration has been altered and certainly the west and, to a greater degree, the east range elevations display a variety of styles and sizes of windows. The dormer windows may have been rebuilt; there is a drawing in the Boardman collection proposing the raising of the central range roof and the rebuilding of the dormers and whilst the roof was not raised, it is possible the dormers were rebuilt. The central dormer on the north side was shown as a segmental dormer whereas the existing one has a triangular gable. There is also an identical triangular gable on the west side of the west range, which must have been a later addition. The east and west range roofs were raised when the 1750s ranges were added and it is likely that the single bay of two storey building that survives at the north end of the west wide of the west range is the original height. The

decorative ridge tiles with fleur-de-lis may also have been a later embellishment. What is believed to be the original front doorcase, a Gibbs surround with lonic columns and segmental pediment, survives within the central passage.

When the 1713 building was constructed, its design would have proclaimed it a place of significance but it would have also been fairly modest and on the verge of being oldfashioned. Possibly the nearest building in style surviving in Norwich is 32 and 33 The Close, which was built in 1682, some thirty years before the Bethel. Nevertheless, it would have conveyed the dignity of purpose of Mary Chapman's foundation and was an unpretentious edifice compared to the Bethlem hospital designed by Robert Hooke in London.

The two southern wings added in 1753-6 are equally distinctive and are slightly grander than the original building in their height and use of stone dressings. This reflects the sense that the trustees had of the nobility of the institution created by Mary Chapman and, more pragmatically, the healthy balance of funds that the Bethel had in the mideighteenth century. It is not known to what extent the end gables may have been altered in the intervening period: the bay was added to the west range probably in the early nineteenth century whilst documentary evidence suggests that there has been a history of problems with the stability of the south façade of the east range and that it may have been altered. As with the 1713 building, there have been changes to the fenestration and doors to the south ranges, some made as part of the recent refurbishment works such as the expansion of the first floor windows in the east elevation of the west range. One feature of note is the larger of the four dormers on the west side of the east range, which would have corresponded with the attendant's room, suggesting it was perhaps altered to make the attendant's room lighter and seem larger than the patients' bedrooms.

The 1789 plan of Norwich shows two substantial L-shaped buildings and a further rectangular block all unconnected but in the vicinity of the H-Block and it is possible that these were separate wards or other ancillary accommodation. The two L-shaped buildings seem to have been incorporated into large courtyards of cells by 1830 and it is known that there was a spate of expansion in the late eighteenth and early nineteenth century in order to try to improve the Bethel's financial position.<sup>29</sup> How much of this fabric survives is unclear but at least a section of it does in the ground floor of the easternmost block of the Southeast Range. The 1833 building specification describes the removal of the east and part of the north cell ranges but the remaining wall was to be rendered as the ground floor portion of the north wall of the easternmost block is. The new layout would have created lighter rooms by opening up large courtyards and gardens between blocks.

The two pre-1789 L-shaped blocks may have been incorporated into the later East Cell Range along Bethel Street and the long range along Little Bethel Street and its return along Bethel Street as there are vertical joints in East Cell Range and west side of Little Bethel Court. The Little Bethel Court range is beyond the scope of the detailed part of this study. The East Cell Range had a two storey wall to the street with high level ground floor windows that have been bricked up but the south side appears, at least in the mid-nineteenth century to have been largely open at ground floor level apart from a small section at the west end which may have been used as a straw house after 1833. Connecting the two cell blocks along Bethel Street to the H-Block, the north ranges of the H-Block were extended to the streetline. The 1893 survey plan indicates that these extensions were two storey with no attic so would have stepped down from the H-Block behind. A passage was also built to connect the gate on the street with the main front door. Although it is not clear from the accounts, it is

<sup>29</sup> Mark Winston, The Bethel at Norwich: An Eighteenth-Century Hospital for Lunatics' in Medical History 38 (1994): 27-51.

possible that it was during this period that the single storey addition connecting the H-Block to the Little Bethel Court building was also added. These changes to the building to create a connected series of blocks echoes the development elsewhere of hospitals which had the different wards connected through long corridors.

By the early nineteenth century, the Bethel was overcrowded with over eighty patients in 1810 despite officially only catering for 60.<sup>30</sup> Further building work was commissioned in the 1830s, which saw the demolition of older single storey buildings and the construction of a new block adjacent to the east wall of the Boardroom Range and the vertical extension of the surviving part of range to the east. All the late eighteenth and early nineteenth century building seems to have been fairly simple in design and used reclaimed materials from the demolition of the old cell ranges as far as possible. This reflects the Governors' concerns with the Bethel's finances. It also seems that there was a concerted effort to create an inward-looking community: where originally the H-Block had stood in the centre of the site, the new buildings were on the perimeters with blank walls at street level and airing courts enclosed within the site.

The later nineteenth century saw further changes but, in terms of alterations to the footprint, these were smaller in scale. They included the expansion of the provision of recreational space for male patients with the building of a new day room beneath the first floor cells of the East Cell Range and the extension of the southernmost block of the South-east Range to form a billiard room. New WCs and a padded room were added in single storey accommodation to the north of the South-east Range (currently roofless) and covered verandahs were added to the airing courts to provide dry areas for patients to be outdoors. The one in the northern men's airing court also served as a circulation route connecting the different day rooms. Many of these changes were made at the instigation of the Lunacy Commissioners, who criticised the poor conditions that existed at the Bethel in the mid-nineteenth century.<sup>31</sup>

In 1899, a new range was added on the north side of the hospital by Edward Boardman to create a new public face for the Bethel. By the late nineteenth century, the front of the Hospital was a collection of small buildings, including the Kitchen, stores, boiler house and porter's lodge, concealed, to a degree at least, behind a wall of unknown height. Certainly the kitchen and stores on the west side of the central passage were retained, as were the two extensions to the north ranges of the H-Block, and these were incorporated into the three storey range that Boardman designed, albeit behind a uniform frontage. Whilst the north facade sought to capture some of the understated but definite presence of the original building with references to early seventeenth century architecture (of the Blickling Hall type), the south wall of the new range used the glazed bricks typical of the period to reflect light into the rooms around the courtyards.

In 1913, Grahame Cotman, an architect employed by Boardman, designed a new single storey range at the south end of Little Bethel Court. This used the red brick typical of the Hospital but incorporated a pierced brick frieze that reflects the manufacturing processes available by the early twentieth century. Cotman's range was extended vertically in the south-west corner as part of the recent redevelopment works whilst a two bay extension was added at the eastern end.

## 2.7.2 USES AND CIRCULATION HISTORIC CIRCULATION Before the 1870s

There are no plans and little evidence to indicate with any certainty the circulation patterns before the later nineteenth century. The original building specification describes a central corridor running from the front to the back of the central block and also describes the building of two staircases from cellar to second floor at each end of the central range. The original ranges were fairly narrow so access may have been room to room rather than along corridors. There is a bricked up doorway visible externally on the west elevation into the Boardroom and it is possible that this external door allowed Trustees or Governors to enter the Boardroom via the central passage and through the garden so as not to walk through the patient rooms.

<sup>31</sup> This contrasted with the slow response of Norwich's council with regard to the Lunacy Commissioners' criticism of the Infirmary Asylum associated with the workhouse. After sixteen years, in 1860 the Commissioners revoked the Infirmary Asylum's licence but under pressure from the City Fathers restored a provisional licence on the understanding that a new hospital would be built. With much procrastination, the Hellesdon Hospital eventually opened in 1880. (David Castell, Some Brief Introductory Notes towards a History of Hellesdon Hospital, unpublished.)

#### Late Nineteenth Centry: Ground Floor

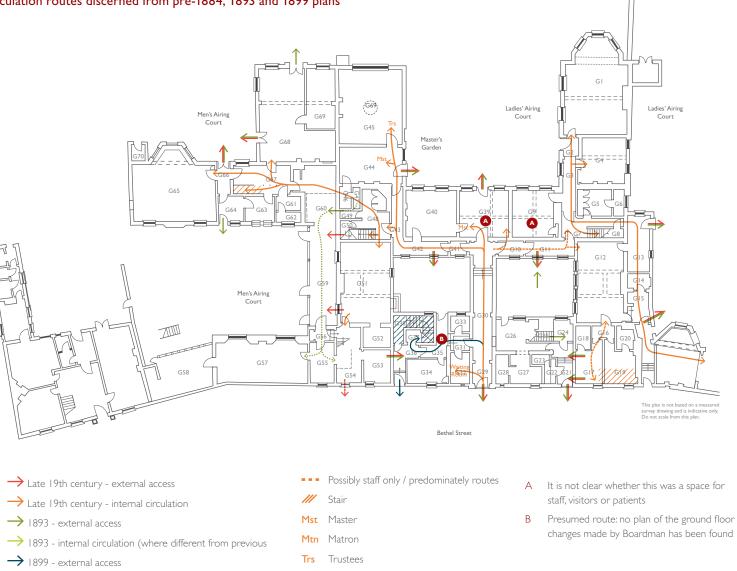
The first surviving ground floor plan, which is undated but probably dates from the late 1870s or early 1880s, indicates that an important circulation route, though not necessarily one used by patients, had been created in a central passageway and lean-to corridors north of the central range of the H-Block. This provided access to the Master's rooms (part of G39 and G40), to an unspecified room that may have been used by visitors or staff (G9 and part of G39) and the kitchen (G12) as well as access to the male side of the hospital to the east and the female side to the west. The doors from the main patient areas into this corridor may well have been kept locked to ensure that patients of different sexes were kept separate.

On the female side at ground floor level there was a corridor between the small area of the H-Block used by female patients and the main part of the female accommodation in Little Bethel Court. There was no corridor along the north part of Little Bethel Court so access was through the Day Rooms. The same seems to have been true on the male side, although it is not clear whether G51 was a day room or not as the description is obscured by damage to the plan.

The principal change to the ground floor circulation by 1893 was the creation of what appears to be a covered walkway along the east side of the east range of the H-Block. It is possible this was solely used to provide a covered outdoor area but given that G51 was a men's dormitory in 1893, it seems more likely that the circulation between the older day rooms to the south and the new day room to the north was via a covered external walkway.

## Current ground floor plan of the hospital overlaid with historic circulation routes discerned from pre-1884, 1893 and 1899 plans

ightarrow 1899 - internal circulation (where different from previous



#### Late Nineteenth Centry: First Floor

The defining feature of the circulation pattern on the first floor in the nineteenth century was the unbroken boundary between the male and female sides of the H-Block. The segregation seems to have extended to the Master, whose bedroom was on the male side adjacent to patient bedrooms (FII and part of F42), and the Matron, whose rooms were on the female side (FI3 to FI7).

The use of the first floor rooms added by Boardman in 1899 is not clear but a pencil sketch on the 1893 survey drawing suggests they were used by the nurses. Boardman added a stair at the east end of the new range, which would have been fine for staff use but would not have fitted with the pattern of female patient circulation at ground floor level. At first floor level Boardman also carved a corridor from the eastern end of the Matron's rooms.

#### Current first floor plan of the hospital overlaid with historic circulation routes discerned from 1893 and 1899 plans



Trs Trustees

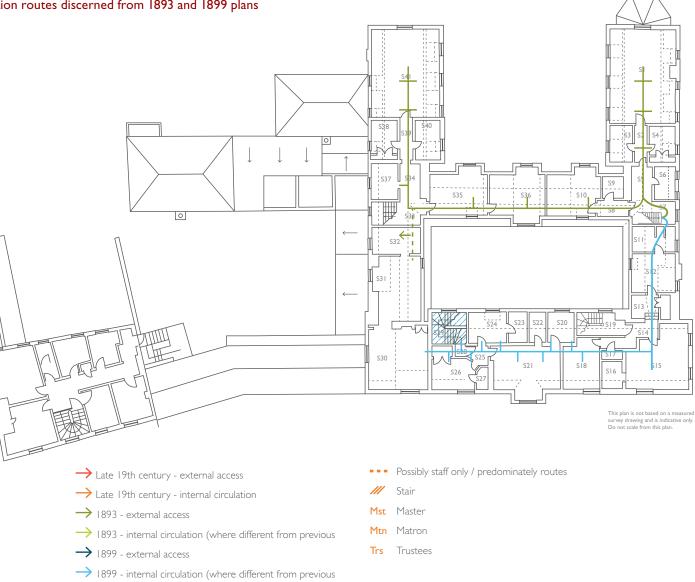
- ightarrow 1893 internal circulation (where different from previous
- $\rightarrow$  1899 external access
- $\rightarrow$  1899 internal circulation (where different from previous

#### Late Nineteenth Centry: Second Floor

The 1893 plan labels all the bedrooms on the second floor of the H-Block as used by ladies. If this was the case then the eastern stair must have been boarded off in some way and access to the bedrooms would have been via the western stair as this is the one that connected with the rest of the female accommodation.

The 1899 plan does not identify whether the new rooms were used by male or female patients but the connection created through to the western stair would suggest they were used by female patients. If this was the case then the new stair added by Boardman would have been used only by staff or shut off in some way. Alternatively, some partition may have been erected along the corridor to allow some rooms to be used by male patients and others by female patients.

# Current second floor plan of the hospital overlaid with historic circulation routes discerned from 1893 and 1899 plans



## HISTORIC USES Before the 1870s

In the absence of historic plans or detailed descriptions, little is known about exactly how the buildings that formed the Bethel were used before the second half of the nineteenth century. There was accommodation for patients, which in 1747 was partitioned to separate the men from the women. However, the layout of the accommodation is unknown. The original building specification describes three rooms each on either side of the central passage between the door at the front of the house and the door at the back with seven rooms above these on the first floor and an unspecified number of rooms on the second floor. Notably, the exposed beams on the first floor divide the central range into seven bays. At the ends of the central range were staircases. The central passage and the ground floor rooms in the two wings were paved with white 'pavements' laid on earth<sup>32</sup> whilst red 'pavements' were used in the cellars. The rooms had doors with a six inch square hole with iron grate and shutter. The back windows on the ground and first floors were to have iron bars and all the windows were to have deal shutters. This suggests that patients were kept in rooms on the ground and first floor of the central range. It is also known that the cellars were used in the eighteenth century for the most severely affected patients. On this basis it is not clear whether the ground floor rooms that were paved were used for kitchens or service areas or for the patients who had to be kept in rooms with cleanable floors. It is conceivable that the kitchen might have been located in a separate building though there is no evidence either way.

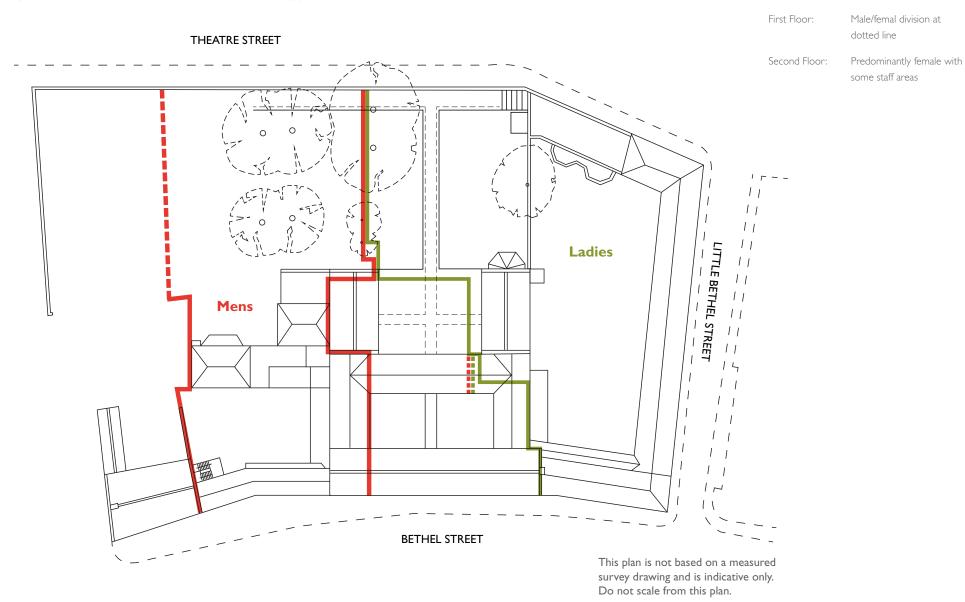
The descriptions of works carried out in the early nineteenth century suggest a series of types of rooms that correlate with those that appear on the later nineteenth century plans: cells, dormitories, day rooms, attendant's rooms and, later, sick rooms. There are also ancillary spaces mentioned that do not appear labelled on the late nineteenth century plans such as the carpenter's shop and the straw house, the latter being the place where the straw was stored for spreading on the floor or for use as bedding for incontinent patients. The mid-nineteenth century alterations, many made in response to the criticisms of the Lunacy Commissioners, for proper washing facilities, for the replacement of privies with WCs and the creation of padded rooms suggest that these did not exist before the 1850s.

#### The Later Nineteenth Century

The plans on the following pages have been prepared to illustrate how the spaces that survive were used historically based on the plans from the second half of the nineteenth century. They show that the ground floor had a number of uses including patient recreation and ancillary spaces (such as workrooms and bathrooms) at the west and east ends of the buildings whilst the centre of the building was occupied by the Master and the Governors. The north-west corner of the site seems to have been used for service areas: GI2 in the west range of the 1713 building was the kitchen earlier in the period but was relocated to a new kitchen in the courtyard by 1893 and the old kitchen refitted as a attendants' dining hall, a function possibly previously fulfilled by the western room in the central range (G9 and part of G39). Some of the older service spaces were incorporated into the 1899 Boardman Range. Throughout the latter half of the nineteenth century, if not before, there was a porter's lodge, later a waiting room, to the east of the main entrance.

<sup>32</sup> The rest of the ground floor was laid with joists with floor boards.

Current site plan showing the division of the site between male and female patient areas based on the late nineteenth century plans

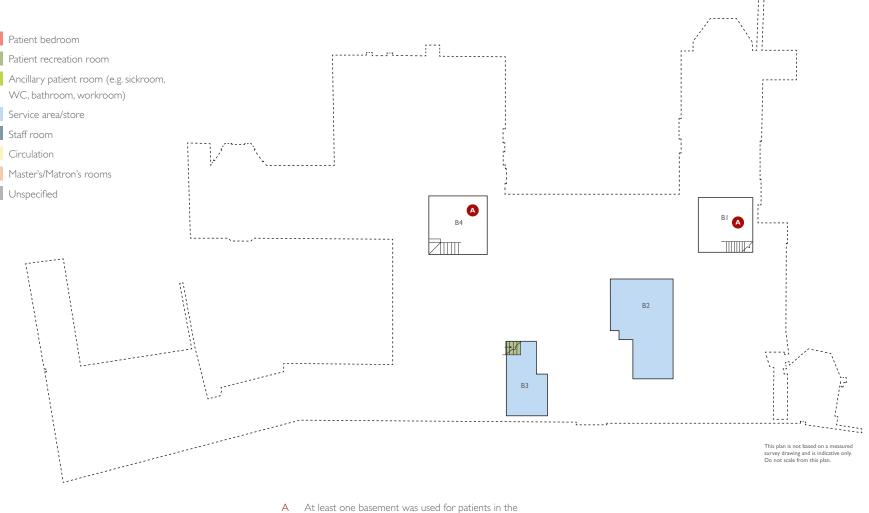


Ground Floor:

Staff and service areas

92 Bethel Hospital, Norwich; Conservation Management Plan; September 2016

# Current basement plan coloured to show the historic uses based on the pre-1884, 1893 and 1899 plans



At least one basement was used for patients in the eighteenth century but the use of the basements in the nineteenth century is not recorded.

## Current ground floor plan coloured to show the historic uses based on the pre-1884, 1893 and 1899 plans



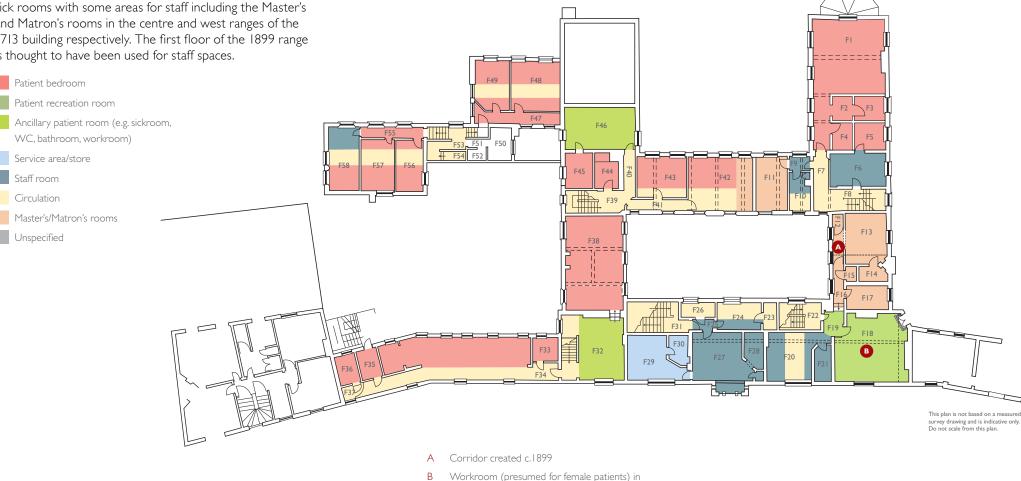
- A Boardroom
- B In early twentieth century, a sitting room but it is not clear whether it was for staff (more likely), patients (unlikely) or visitors (visiting relatives). It may have been the staff dining room before the conversion of the former kitchen in the late nineteenth century.
- C Workroom pre-1884; bathroom in 1893.

- D Plan not legible: may have been a men's recreational space pre-1884.
- E It is not known what this space became after Boardman's alteration: it was the site of the earlier boiler room.

Note: white areas in G21, G23, G24, G35 and G58 were external spaces.

### Current first floor plan coloured to show the historic uses based on the 1893 and 1899 plans

Much of the first floor was used for patient bedrooms or sick rooms with some areas for staff including the Master's and Matron's rooms in the centre and west ranges of the 1713 building respectively. The first floor of the 1899 range is thought to have been used for staff spaces.



1893, later drying room

## Current second floor plan coloured to show the historic uses based on the 1893 and 1899 plans

The second floor was also used for patient bedrooms, which were interspersed with stores and attendant's rooms, although one wonders if all these were in use as attendant's rooms rather than patient bedrooms as it suggests quite a high staffing level. There were also bedrooms that are not labelled as patient bedrooms in the east range of the 1713 building, which have been assumed to have been staff bedrooms, as it seems that it was non-patient spaces that were unlabelled on the 1893 plan. The 1899 plan for the second floor extension is not clear but it seems likely that the bedrooms were used by patients.



#### The Twentieth Century

The limited extent of change to the floorplans by the end of the twentieth century suggests that the NHS made few physical changes to the layout of the buildings, the principal exception being the first floor of the South-east Range, where the cell partitions were removed and new partitions to create large rooms were installed.

During the second phase of the NHS's use of the Bethel, when it was the Child and Family Psychiatry Unit, much of the site was not in use including most of Little Bethel Court and the second floor of the H-Block and Boardman Range. The main patient entrance was through the South-east Range and the reception and waiting area were located here. On the ground floor only a few of the larger rooms were used for group patient therapy sessions with staff offices, meeting room and staff room occupying much of the H-Block. The service areas were concentrated either side of the central passage.

Larger rooms on the first floor were similarly used for patient therapy rooms whilst offices was located in clusters throughout the H-Block, Boardman Range, East Cell Range and South-east Range. The western 1750s range was used by the Mary Chapman Club, which was formed by the people who had spent time in the Bethel when it had housed in-patients.

#### Current ground floor plan showing the NHS uses of the Bethel after 1974



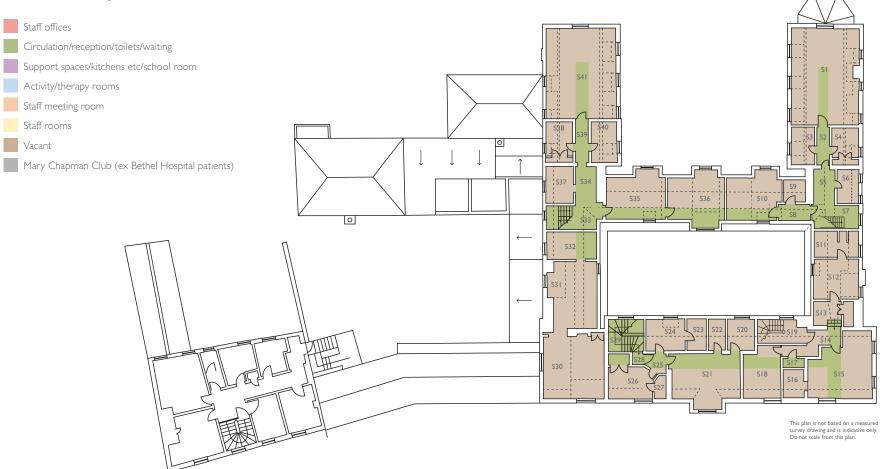
### Current first floor plan showing the uses of the Bethel after 1974

With thanks to David and Jo Bissonnet



### Current second floor plan showing the uses of the Bethel after 1974

With thanks to David and Jo Bissonnet





Diagrams showing the uses of Little Bethel Court after 1974 (with thanks to David and Jo Bissonnet)

#### Current Uses and Internal Circulation

Whilst Little Bethel Court is primarily in residential use as eight units, the main part of the Bethel has been subdivided into a mixture of residential units, offices and communal circulation.

The eighteenth century H-Block has been divided into four units on each floor. The two southern units run the full height of the building from cellar to second floor. The ground floor central room in the central block, along with the passageway, the Boardroom and its Ante Room are meant to be open to the public on certain days of the year as part of the Section 106 agreement for the refurbishment of the Bethel. The northern units extend into the 1789-1830 northern extensions and, on the west side, into the Boardman Range. The eastern units have yet to be refurbished.

The central part of the Boardman Range (that part not connected to the units in the H-Block) comprises two offices, one incomplete and both unoccupied, on the ground floor and a flat each on the first and second floors.

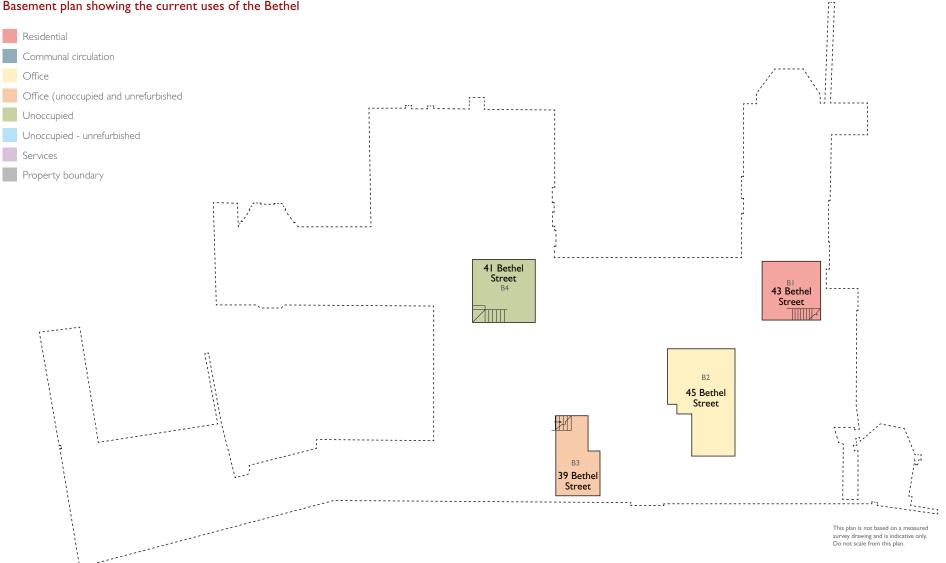
The East Cell Range and the South-east Range have not been refurbished.

The central front door in the north elevation leads to the central passage, which theoretically provides communal access to the two ground floor offices and the two southern units of the H-Block. However, it is currently awaiting restoration; the removed panelling and debris in the passage currently prevent use as an entrance. The south-western unit is accessed from the south via a door in the western 1750s range whilst the south-eastern unit is entered via the central door in the south elevation. Each of the north offices is accessed via its respective communal secondary front door in the north elevation. Access to the eastern of the two small courtyards is via a door in the east office whilst a door in the west office provides access to the western courtyard. It is understood (based on information from some of the residents) that theoretically these courtyards are amenity spaces to be maintained for the benefit of all adjacent neighbours rather than for the use of individual owners or tenants. The two cellars under the Boardman Range are also part of the offices. Access to the western one is via a ladder.

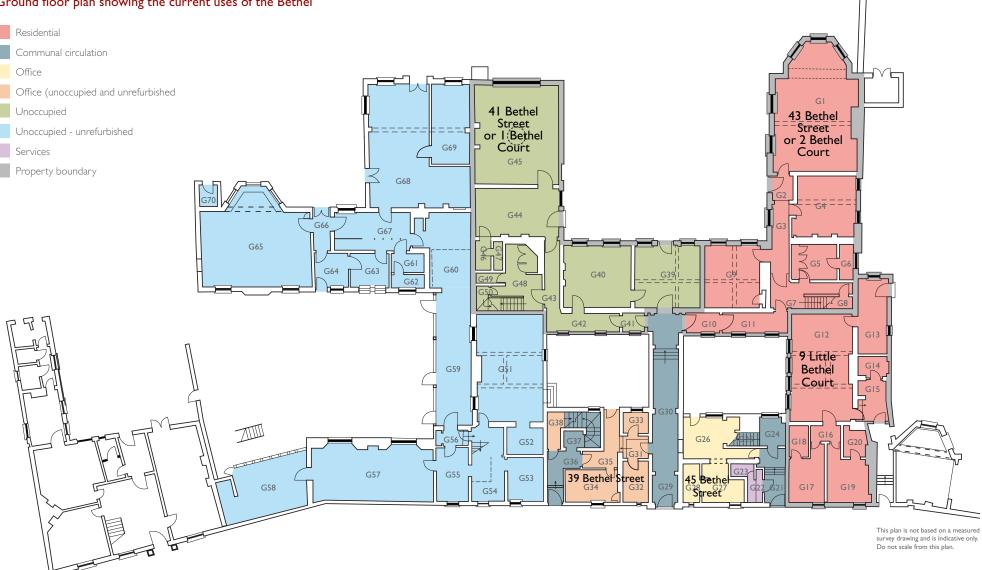
There are two secondary front doors in the Boardman frontage. The eastern one provides access to the office as noted and also the two flats above (39A and 39B) via a communal stair. The western front door similarly provides access to the ground floor office and the two flats above (45A and 45B). No.9 Little Bethel Court, which occupies part of the H-Block, is accessed via a new door in the West Cell Range. Access to the east range of the 1713 building, the East Cell Range and the South-east Range is currently via a door in the south wall of the former Billiard Room (G68). Access to the first floor of the South-east Range and the second floor of the east range of the 1713 building is via ladders. In the former case, the historic stair has been removed, in the latter, access would have been from the 1713 east stair, from which the unrefurbished second floor rooms have been blocked off.

There are no lifts in the building.

#### Basement plan showing the current uses of the Bethel



#### Ground floor plan showing the current uses of the Bethel



### First floor plan showing the current uses of the Bethel



#### Second floor plan showing the current uses of the Bethel



#### 2.7.3 KEY ARCHITECTURAL FEATURES

#### External

There are predominantly three, loosely grouped, styles of architecture present on the main site: the eighteenth century H-Block with gabled roofs, the plain nineteenth century additions and the bolder and more decorative additions of the late nineteenth century. There are some common traits across all three which contribute to the architectural identity of the Bethel: the use of red brick, the use of dormers, various styles and sizes of sash window and a variety of chimneys. The latter particularly contribute to views of the Bethel from along Bethel Street and from Chapelfield East.

#### Some of the different dormers:



- I Courtyard dormer on the 1713 building
- 2 Courtyard dormer on the 1713 building
- 3 Bethel Street façade of the Boardman Range
- 4 Typical gable on the Central Range
- 5 Typical dormer on the 1753 wings



### Some of the different windows:



### Some of the different chimneys:



The H-Block combines two similar styles. The elevations facing the internal northern courtyards are characteristic of late seventeenth century architecture with a small scale, low pitched roofs under which is a white painted dentil cornice. The central gabled dormer has a triangular brick pediment whilst the other dormers are smaller with either segmental or triangular timber pediments. The south elevation of the central range is similar in detailing but has no dentil cornice and the three large brick gable dormers seem almost too heavy for it. The remainder of the H-Block has a bigger scale with three full storeys beneath a shorter pitched roof. The east and west elevations have been affected by later changes to the fenestration and ground floor extensions. The south elevations of the two southern ranges incorporate semi-circular arches and stone detailing to lend them a grander not found elsewhere in the H-Block. The impact of these has been diminished by the loss of symmetry arising from the addition of the bay to the western range as well as by the damage to the finials on the ends of the gables. The chimneys to the H-Block appear to date from the nineteenth century and are smaller than would be expected to adorn a building of this age, in which bold chimneys were often a dominant feature.



The nineteenth century buildings (the East Cell Range and the South-east Range) are generally plain: they demonstrate the pared back vernacular classicism of the period with shallow hipped or pitched slate roofs and regular sash windows. The now blank wall at ground floor level of the East Cell Range along Bethel Street, the windows in which were at high level anyway, is the only element that specifically reflects the building's use as hospital for the mentally ill.



- I South-east Range
- 2 East Cell Range (ground floor window added in 1899)

The late nineteenth century Boardman Range incorporates many architectural features that add to the richness of its outward-facing façades: the central stone doorcase and oriel window, the stone details such as the door surrounds, quoins, string course, lozenges in the gables and the details on the chimneys, the moulded brick detailing around the windows, the variety of windows, the use of triangular and segmental dormers, the decorative weathervane and the decorative ironwork in the commemorative rainwater goods and the decorative iron ties. Of secondary importance but typical of its period is the use of white glazed bricks on the inward facing elevation, where brick dormers again are an important feature. The use of moulded brick distinguishes the single storey extension to the South-east Range though this is less important than Boardman's grand façade on Bethel Street.



- I Boardman Range north façade
- 2 Detail of the central door and doorcase
- 3 Decorative gutter and hopper
- 4 Decorative gutter and hopper
- 5 Decorative downpipe

- 6 Decorative downpipe
- 7 East return of the Boardman Range
- 8 West return of the Boardman Range
- 9 South wall of glazed brick

A final architectural feature of importance are the covered corridors and verandahs that once were found in several locations attached to the Bethel. The best preserved example is in Little Bethel Court but there is a covered corridor, now fully enclosed by the later insertion of salvaged doors and panelling, to the north of the South-east Range. The elliptical shaping to the arches suggest that the corridor may have been created reusing the framing from beneath the first floor cells of the East Cell Range described in the 1833 building specification when it was rendered superfluous by the addition of the new day room in the later nineteenth century.



Covered corridor

#### Internal

The Boardroom (G45) is the most complete interior of any room to have survived in the Bethel. Its timber and plaster mouldings, including a deep cornice and ceiling rose, together with the fireplace with oversized overmantel reflect the importance of the careful and honourable governance of the institution created by Mary Chapman.

The central passageway, although currently in a state of disassembly, is the second important interior to have survived. Much later in date than the Boardroom, it was created in 1907, possibly by this time by ET Boardman rather than his father Edward Boardman. Boardman blocked the high level windows and inserted a long pitched roof light (now replaced with a modern light) and lined the walls with panelling and the floor with black and white marble, which survive. The repeated design of the original doorcase remains as does the wealth of decorative ironwork in the doors and screens that incorporates the name Bethel Hospital and the date of its creation. One of the doors is currently off its hinges in store whilst the one that currently occupies the door into G39 was once hung in the south elevation (see historic photograph on page 73).

Overall there is a dearth of architectural features across the former hospital with some having been removed or concealed as part of the recent refurbishment works whilst the installation of matching doors makes it difficult to discern the historic from the modern by visible inspection. A good example of an eighteenth century cupboard noted by Smith in his Historic Building Recording in 2000 as being located in GI and a less significant nineteenth century fireplace which was on the first floor of the central range (F42) both seem to have disappeared. Adding to the character of a number of the rooms in the H-Block on all floors are visible timber beams in the ceilings and sometimes the walls. In rooms such as GI2 to the west, the beams have been encased. As visible timbers are only found in the H-Block, they aid understanding in distinguishing to the most casual observer the eighteenth from the nineteenth century elements of the hospital. Also of interest are the areas of timber boarding that survive at the western end of the central range at first floor level, though the boarding in F9 and F10 must be reused as the partitions were laid out in the recent refurbishment (see Gazetteer pages 162, 166 and 168 for photographs).

Apart from the black and white marble in the central passage and flanking corridors, there are some small areas where historic floor finishes have been preserved. Black and white tiles are found in three areas of the ground floor whilst two rooms have red and black tiles. The red pammets in the eastern basement may be the originals described in the 1713 building specification. The floor in the corresponding basement to the west has been relaid with stone at some point. Though not a floor finish, a small area of the original wide floorboards has been preserved in a first floor cupboard in FI0. The survival rate of these floorboards elsewhere could not be discerned due to the presence of modern floor coverings.

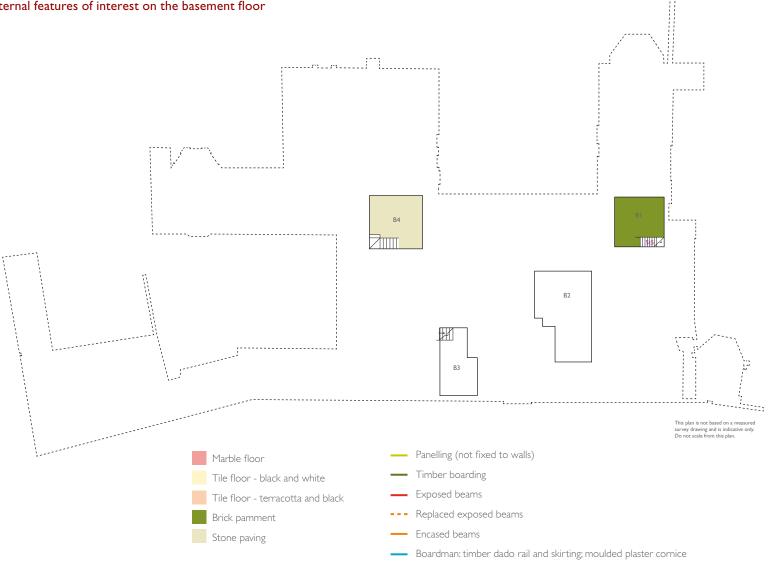
There are a small number of surviving fireplaces and cupboards across the site, of which the most significant (excluding the Boardroom) are:

- The eighteenth century fire surround in GI2
- The eighteenth century fire surround and cupboards in G9
- The eighteenth century fire surround in F46.

Also of special interest are the three surviving eighteenth century cell doors that are located on the second floor of the western 1750s range. At least one of these must have been relocated as part of the recent refurbishment works as there was no door in this location (SI/S2) beforehand.

The eastern side of the hospital has retained more of its fittings, such as skirtings, architraves and picture rails, as the rooms have not been refurbished. They are typical of their period. There are two fireplaces, one which is currently obscured in G68 and a complete one with red glazed tiling in G57. The cupboards that survive appear to be early twentieth century.

Plan showing location of internal features of interest on the basement floor

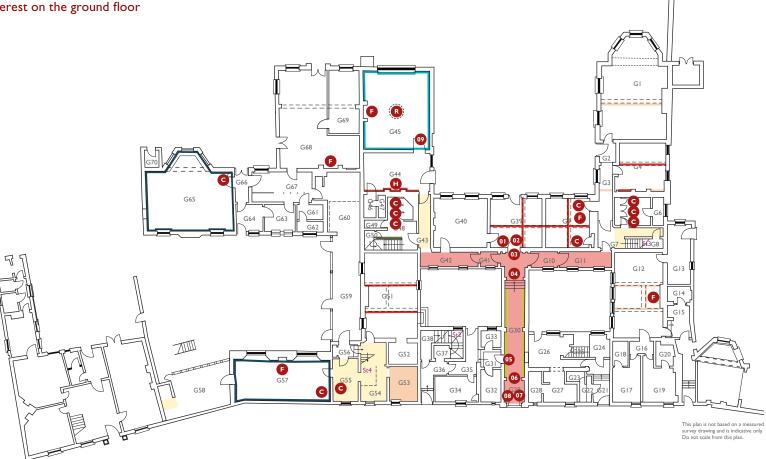


- 19th century cornice, skirting, picture rail

#### Plan showing location of internal features of interest on the ground floor

- 01 Original Gibbscian moulded arch
- 02 Door and fanlight with decorative ironwork (Boardman) relocated from south external doorway
- 03 Original Gibbscian moulded arch
- 04 Moulded arch (Boardman)
- 05 Panelled timber door and architrave (Boardman)
- 06 Fanlight and side lights in timber partition with decorative ironwork, letter box fixed to north side; door currently stored in G26
- 07 Original foundation stone
- 08 I 899 tablet commemorating building work
- 09 Bell button
- F Fireplace
- C Cupboard
- H Hearth
- R I 8th century moulded plaster rose

Marble floor
Tile floor - black and white
Tile floor - terracotta and black
Brick pamment
Stone paving



- Panelling (not fixed to walls)
- Timber boarding
- Exposed beams
- --- Replaced exposed beams
- Encased beams
- Boardman: timber dado rail and skirting; moulded plaster cornice
- 19th century cornice, skirting, picture rail

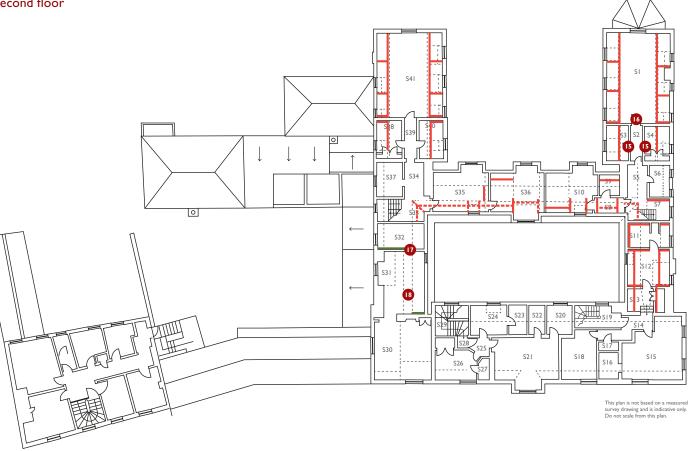
#### Plan showing location of internal features of interest on the first floor



- 19th century cornice, skirting, picture rail

# Plan showing location of internal features of interest on the second floor

- 15 Original cell door
- 16 Original cell door but 21st century location
- 17 Timber door frame with five ventilation holes
- 18 Various fragments of wallpapers and areas of timber boarding to ceiling
- F Fireplace
- C Cupboard
- H Hearth
- R I 8th century moulded plaster rose



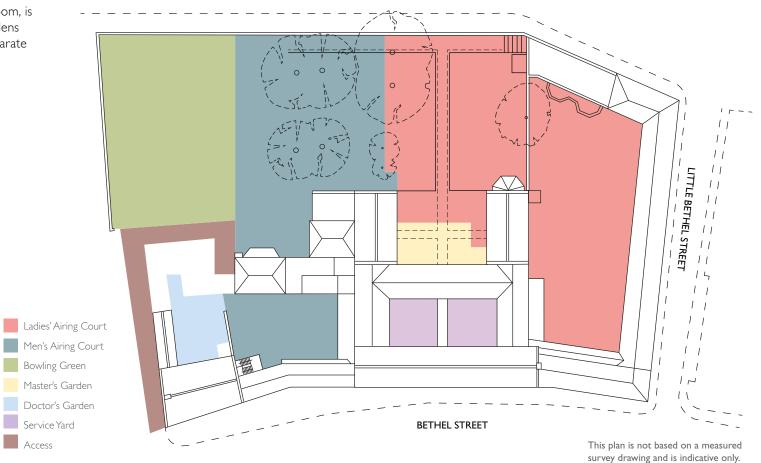
- Marble floor Tile floor - black and white Tile floor - terracotta and black Brick pamment Stone paving
- Panelling (not fixed to walls)
- Timber boarding
- Exposed beams
- --- Replaced exposed beams
- ---- Encased beams
- Boardman: timber dado rail and skirting; moulded plaster cornice
- 19th century cornice, skirting, picture rail

#### 2.7.4 LANDSCAPE

The early use of the grounds of the Bethel is unknown although the wall that abutted the south gable end of the eastern of the 1750s ranges, containing the Boardroom, is shown on the 1789 plan. This suggests that the gardens were divided in the eighteenth century to allow separate outdoor spaces for male and female patients.

# Plan showing landscape uses

THEATRE STREET



Do not scale from this plan.

118 Bethel Hospital, Norwich; Conservation Management Plan; September 2016

This was certainly the case by the second half of the nineteenth century as the undated nineteenth century plan shows two Ladies' Airing Courts on the west side of the hospital and two Men's Airing Courts on the east side. It also shows a Bowling Green, possibly the one commissioned in 1879. These areas allowed the better patients to spend time outdoors.

By 1884 (corroborated by the 1893 plan), verandahs or covered shelters had been created in one each of the Ladies' and Men's Airing Courts so that patients could be outdoors but sheltered either depending on weather or their temperament. The 1893 plan also shows the three largest airing courts laid out with lawns with shaped beds on them whilst the smaller of the Men's Airing Courts appears to be a yard of hardstanding. However, the 1884 OS map shows a central rectangular lawn with paths around the edge. The Bowling Green comprised a large rectangular lawn encircled by a footpath and wide planted borders. There were also two greenhouses, which may have been used to grow the bedding plants in the Airing Courts. It is conceivable that the Bowling Green was a Kitchen Garden before 1879, but no plans exist showing it, crossed with paths to create smaller beds suitable for growing produce as would be expected. One of the greenhouses had been removed by 1907 when an OS map was published.

Not all the grounds were given over to the patients' use. The Master had a garden to the south of the central range, which was separated by a fence or wall from the Ladies' Airing Court (a 1992 photograph shows a metal fence). Like the Airing Courts, the Master's Garden had circular flower beds in the middle of lawns with two boarders along the south elevation of the H-Block. It could be accessed via steps from the Master's rooms or the Ante Room to the Boardroom. The Doctor's Garden behind 33 Bethel Street is shown on the 1893 plan as having no lawn or beds and appears to be an irregularly shaped yard. However, the 1883 OS map shows a path running around an almost square lawn with a tree on it. More lawn or beds lined the east and west sides of the garden.

To the north of the H-Block are two service yards. By 1893, the western one had been largely infilled by the new kitchen.

The last gardener for the Bethel under the Governors continued to tend the garden during the NHS period of ownership.

Since the NHS's departure, the built structures defining the nineteenth century landscape have mostly been removed. Little Bethel Court's garden remains separated by a high garden wall and the 1903 verandah has been retained (and other poorer quality copies added). The Bowling Green is no longer a defined area and the greenhouse has been removed. The area is now a car park with a poor quality surface that detracts from the setting of the listed building.

The area between Little Bethel Court and the car park has been relandscaped to an extent with concrete paths to the north of the perimeter wall and running centrally to the H-Block. Municipal railings have been added lining the paths to create two separate gardens. The boundary with the carpark, however, is defined by temporary Heras fencing. Whilst there is a design logic to the layout, it is one that obscures the layout of the hospital grounds that existed for at least two hundred years. The trees in the gardens were probably planted in the late nineteenth century as they are shown as fairly young trees in the 1906 photograph.

Part of the wall defining the northern and smaller of the Men's Airing Courts has been removed and the yard itself is extremely overgrown with brambles.

# 2.8 WIDER HERITAGE CONTEXT

# 2.8.1 OVERVIEW OF PUBLIC MENTAL HEALTH INSTITUTIONS

Public institutions for the care of mental illnesses are essentially an eighteenth century creation, before which psychiatric illnesses were considered to be a spiritual, rather than a medical condition. Early treatment of mental illnesses saw the containment of patients and their removal from society. The root of architecture relating to this lies in poor relief, such as the numerous Medieval almshouses and later workhouses. Voluntary hospitals were not established until the early eighteenth century, which served the sick poor and were run by boards of governors.

In the eighteenth century there was a practice of using or constructing structures for asylums that resembled country houses, due to the perceived benefits of the rural, open setting.<sup>33</sup> They were often designed by fashionable architects of the day such as John Carr (York) and Robert Hooke (Bethlem, London).

As sites grew larger to accommodate more patients, new wings were connected by long passageways, surrounding a central administrative and service core. Together with the ancillary buildings such as chapels, laundry and workshops, boiler house and sometimes farms, these huge institutions formed impressive and coherent ensembles.<sup>34</sup> Bethel Hospital was much smaller in scale compared to some, such as Bethlem, which had a central corridor a quarter of a mile long in the mid-nineteenth century. Popular historic architectural styles were often used in the later nineteenth century, such as Elizabethan, Gothic and Queen Anne styles.

<sup>33</sup> S. Rutherford, The Victorian Asylum, 2008

<sup>34</sup> Historic England, Designation Listing Selection Guide: Health and Welfare, 2011

Internally, male and female wards were always separated and were classified, for example the 'aged and infirm', refractory and 'moderately tranquil'.<sup>35</sup> Wards would have had day rooms, a communal dining area, dormitories and individual bedrooms.

Bethel Hospital was the second purpose-built asylum to be established after the Bethlem Hospital (founded 1247 and reebuilt at Moorfields by the architect Robert Hooke in 1675-6). The next four institutions to be established were:

- St Luke's Hospital, Moorfields, London, 1751
- Hospital for Lunatics, Newcastle, 1765
- Manchester Lunatic Hospital, Manchester, 1766
- York Lunatic Asylum, 1777.

Guy's Hospital, London (founded 1728) had wards dedicated to mental health.

By the mid-ninteenth century there were over 250 asylums in use, which had shrunk to 102 in 1914.<sup>36</sup> These formed the core of the health service until the launch of the National Health Service in 1948.

35 S. Rutherford, The Victorian Asylum, 2008

36 The 102 asylums in 1914 had space for 108,837 patients. http://www. simoncornwell.com/urbex/misc/asylums.htm

#### 2.8.2 SURVIVAL RATES OF HISTORIC ASYLUMS

Asylums that were built before 1845 (when the first Lunatic Act was enacted) are rare and alteration to large institutional sites which remain in intensive healthcare use or for residential use has been inevitable. However, on many sites there is some level of survival of principal buildings or plan form.<sup>37</sup> Many of the eighteenth century and early nineteenth century asylums have now been demolished or converted to new uses.

From the 1960s, mental health policy worked towards the goal of community-based care and many historic asylums closed down in this period. However, it is also the case that many older structures were incorporated as part of the general healthcare provision and remained in use. Bethel Hospital (1713) was used by the National Health Service for psychiatric clinics until the 1990s but is now no longer used for healthcare provision. Many hospitals were converted to general or military hospitals (Leicester and Rutland Asylum, from 1907), other institutional or civic buildings, while others are now derelict.

Survival levels of historic asylums have not been accurately assessed to-date but a study was undertaken in the early 1990s.

SAVE Britain's Heritage published the booklet *Mind over Matter* in 1995, which was thought to be the first comprehensive study of surviving historic mental healthcare facilities. It focused on Victorian buildings and an update by SAVE states that by 2000, 98 out of the 121 listed had been closed.<sup>38</sup> This booklet was produced based on the research of Dr Jeremy Taylor in the 1990s, which has since been updated to produce a Gazetteer of historic asylums in 2008, summarising each one, its current condition and possible future.<sup>39</sup>

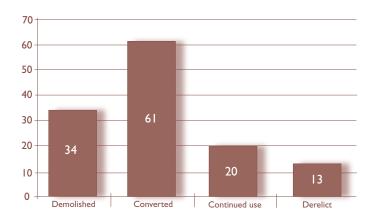
37 Historic England, Designation Listing Selection Guide: Health and Welfare, 2011

38 SAVE Britain's Heritage, Mind over Matter, 1995

39 Dr J. Taylor, Hospital and Asylum Architecture: 1840-1914, 1991

A condensed version of this list has been included in Appendix E. Out of the 128 asylums on the list, 26% have been demolished, 48% converted, 16% are still open and 10% are derelict or partly demolished. While this list is by no means definitive (Bethel Hospital, having pre-Victorian origins, has not been included), it certainly offers a picture of the level of survivals nationally, and allows the conversion of Bethel Hospital to be placed within this context.<sup>40</sup> On the basis of this list, possibly the oldest structure to remain in use as a mental healthcare facility is York Asylum. Several earlier asylums remain in use; Bethlem (1247), Newcastle (1765), Cheadle Royal (Manchester Lunatic Asylum, 1763) and St Luke's London (1751). However, the original buildings associated with these asylums have all subsequently been demolished in the early-nineteenth century, 1869, 1850 and 1930 respectively. Much more common than continued use has been the demolition or conversion of the Victorian asylums.

NATIONAL SURVIVAL RATES OF HISTORIC ASYLUMS





40 http://thetimechamber.co.uk/beta/sites/asylums/asylum-history/theasylums- list

# 2.8.3 MENTAL HEALTHCARE IN NORWICH

Bethel Hospital was not only the first lunatic asylum in Norfolk but the first purpose-built mental health institution outside London and, depending on the criteria imposed, some<sup>41</sup> would argue the first in the country though this is difficult to establish. That Norwich had the first purpose built asylum outside London is not unexpected given that, with a population of 30,000 in 1729, Norwich was second in size only to London.

A charitable institution from its foundation, it became a trust in 1724 which means the Bethel predated St Luke's (London's first philanthropic lunatic asylum) by quarter of a century and the first local general voluntary hospital, the Norfolk and Norwich Hospital, by nearly 50 years.<sup>42</sup> Norwich was a city associated with individual philanthropy. The oldest charity was the Great Hospital, founded by Bishop Suffield in 1256. This was followed in 1620 by the Children's Hospital, endowed by Thomas Anguish. Eighteenth century Enlightenment values encouraged the elite in new forms of charitable effort. Doughty's Hospital, a contemporary of Bethel, was established in 1724 by John Newman on an endowment of  $\pounds$ 6000 by William Doughty. Forty years after the Bethel's foundation the Norfolk and Norwich Hospital was founded by voluntary donations and sustained by annual subscriptions. Another unique charitable institution was Shotesham Village Hospital, founded some time before 1754 by William Fellowes. With beds for a dozen patients, Shotesham predated similar cottage hospitals by more than a century.

The foundation of the Bethel with its focus on provision for lunatics, which was rare at the time, was partly due to the personal experiences of Mary and Samuel Chapman. However, Winston argues that there were a combination of religious and political factors that fostered the foundation of the Bethel in Norwich at the beginning of the eighteenth century. Norwich had a strong Dissenting tradition whilst its political life was strongly influenced by the Whig party (Mary Chapman came from a leading Whig family). This translated into an emphasis on the provision of care and support for the poor and the ill. Winston notes that in the early decades of the Trust, almost half the Trustees held high office for the Whig party with both John Hall and William Cockman serving as the City's mayor in the early eighteenth century. However, Winston notes that whilst the early composition of the Governors was 'Anglican and aldermanic', by the early nineteenth century it had become predominantly 'Quaker and financial'. The committee members were increasingly drawn from the manufacturing and banking families that were so influential in Norwich. in particular the Gurneys, of whom five served as a governor between 1792 and the end of the nineteenth century. Two of the Birkbecks also served as governors as did the Colmans. The moral character of the Bethel, which was established by Chapman and is evidenced in the foundation stone inscription, was preserved by the continued appointment of godly men and this, together with the fact that the Bethel never had public subscribers so the Governors were entirely in control, meant that the Bethel remained an 'atypical institution'.43

A Cable OF Denefactions given towards the Support of the Houle eadled BE THEL, founded by M. Mary Chapman, for the reception of Differenced Lunatics. 1.713. M<sup>®</sup> Mary Chapman, gave by her Will () divers Sums of Money, to the amount of ( Sep: 1716 A Perfon unknown by the Hands Buly 1717 M. Tho Hall , by his Will gave May 1720 M. Susa: Cook . by her Will gave Jan:1722 APerfon unknown by the Hands of S. Benj: Wrench K. gave 6" Jan1722 M? Marg Hall , by her Will gave 100 Jami723 D! Thomas Tanner . (Chancellor of) Norwich) gave 10 10 22 Juner 28 M." Susa: Wicks by her Will gave £1000 to Charitable ules to be dilpoled of at the diference of M. W." Pearce & M. Eliz: Wicks .herExecutor & Executors. 150 who gave thereout to this Holpital July 1729 M? Eliz: Caftle, by herWill gave 30 Separzo M. Timo: Ganning, by his Will gave 20 Augross M. John Tompfon, by his Will gave 30 Augi755 M John Lougher by his Will gave 100 s<sup>th</sup>Feb 1733 M\*Eliz:Colfon .by her OralWill gave 100 s Octavas MArch Deacon Clarke . gave in his 50 life time 14<sup>2</sup>Juner, 56 D. Thomas Tanner , L. Bifhop of S. Afaph, by his Will gave 20 27"Dec: 1736 M: Mary Crome, by her Will gave 200 25 16 24. Jan: 1736 MEW™ Houghton. by his Will gave solune1759 MEArch Deacon Clarke .gave in his LifetimeAsecond Benefaction of 50 S! Benj:Wrench Kat the requeft of M? Chapman, attended the Lunatics) in this Holpital as Philician, from 3.52 Lady 1725 to Lady 1747, being 22 ears, and from time to time remitted his al ary which amounted in the whole to 145July 1748 ME Mary Lougher, by her Will gave 100 19 Janarso M. Sarah Scott , by her Will gave ! in Bank Annuities M! Sam Cronw. by his Will gave

Donations board showing some of Bethel Hospital's early benefactors (Bateman and Rye, 1906)

<sup>42</sup> Winston, 'The Bethel at Norwich', 31.

# 2.8.4 ASYLUMS IN NORFOLK

Castell explains that historically the options for the care of the mentally ill were:

- To be cared for at home by family;
- To be cared for as a single lunatic boarded in another house;
- To be housed at a private 'Mad House' (of which by 1850 there were four near Norwich: Loddon, Stoke Ferry, Catton and Heigham Retreat);
- To be treated at a charitably endowed institution (namely the Bethel); or
- To be housed in the Infirmary Asylum at the Workhouse (a purpose-built asylum building was added in 1828 and expanded in 1838).<sup>44</sup>

There were three principal institutions in or near Norwich that treated the mentally ill in the nineteenth century apart from the Bethel.

# Norfolk County Asylum (also known as Thorpe Asylum and St Andrew's Hospital)

St Andrew's Hospital opened in 1814 as the Norfolk Lunatic Asylum following the passing of the County Asylums Act of 1808. The Asylum was built at a cost of £35,000 and was only the third provincial Asylum of its type in the country. Originally it catered for approximately 70 patients with the male accommodation being completed first. The asylum was extended in 1831 and 1840, which allowed a doubling of patient numbers, with further additions in the 1850s and the construction of an auxiliary asylum in 1881, by which time some 700 patients could be accommodated. This grew to over 1000 by the end of the century. The hospital served as a military hospital during the First World War and patients were transferred to nearby Hellesdon Borough Asylum. The Asylum had various name changes and became St Andrew's Hospital in 1924. It closed in 1998 following the creation of a separate NHS Trust for mental health services in Norfolk.45

#### Norwich Infirmary

In the early eighteenth century, the Norwich Incorporation of the Poor was founded and at some stage afterwards, the Norwich Infirmary was established in existing buildings situated close to St. Augustine's gates at the north of the city on the site of a twelfth century Lazar house, called the Hospital of St. Clement and St. Mary. A purpose-built Infirmary was constructed in 1828 for the reception of nineteen pauper lunatics and expanded in 1838. By 1842 the Infirmary housed 68 women and 43 men. The conditions of the Infirmary were criticised as inadequate and squalid by the Lunacy Commissioners in 1844 and this triggered the eventual construction of the new asylum at Hellesdon.<sup>46</sup>

**46** Index of English and Welsh Lunatic Asylums and Mental Hospitals, *http://* studymore.org.uk/4\_13\_ta.htm#South East England. *G K Blyth*, The Norwich Guide: Being a Description, Historical, Topographical and

Statistical, of the City and its Hamlets (Josiah Fletcher: Norwich, 1842), 205.

#### Norwich Borough Asylum, Hellesdon

Norwich Borough Asylum opened in Hellesdon in 1880, three miles north-east of the city. The Asylum was the result of a ruling by the Secretary of State against the Corporation of Norwich, making it compulsory to establish an asylum for the care of the city's mentally ill population. The Corporation had been very reluctant to build a new asylum and had fought the Lunacy Commissioners' recommendations and also delayed matters by questioning whether Norwich should be counted as a Borough or a County for the purposes of mental health care. The land at Hellesdon was purchased in 1866 but work on the hospital did not begin until the 1870s. In 1882 it had 78 male and 109 female patients but numbers grew rapidly to 299 in 1900 leading to the construction of extensions. The transfer of over 100 patients from St Andrew's during the First World War caused considerable overcrowding in what was already an overfull facility: in 1915 there were 548 patients. Extensions were built after the war and patient numbers were at 507 in 1927 and 771 in 1937. The Hospital was taken over by the National Health Service and was amalgamated with St Andrew's and the provision of care changed with wards no longer locked. Hellesdon remains in operation as a mental health facility.

It is notable that both the Norfolk County Asylum and Hellesdon Hospital were far larger institutions in terms of patient numbers and in building size. Both the hospitals were built in the typical layout of a long central corridor with wards radiating out at right angles.

44 Castell, 'Hellesdon Hospital'.

<sup>45</sup> Evelyn Simak, 'The Norfolk Lunatic Asylum (St Andrew's Hospital)', http://www. geograph.org.uk/snippet/4751

# 2.8.5 HOSPITALS IN NORWICH

There are several listed buildings in Norwich described as hospitals in their listings. They represent however, very different understandings of hospitals at different periods of history. The three best known were all worked on by Edward Boardman in the later nineteenth century.

#### Listed Hospitals In Norwich

- The Great Hospital
  - o East Wards Grade II
  - White Cottages Grade II
  - Church of St Helen Grade I
  - St Helen's House Grade II\*
  - Former Chaplain's House Grade I
  - Birkbeck Hall Grade II
  - o Former Master's House Grade I
  - o Refectory Grade I
  - The Lodge Grade II
  - o Cloisters Grade I
- Bethel Hospital Grade II\*
- Norfolk and Norwich Hospital Grade II
- Lazar House Grade II\*
- Doughty's Hospital Grade II
- 76, Pottergate Grade II

# The Great Hospital

The Great Hospital, or St Giles's Hospital as it was originally called, was founded in the thirteenth century by Bishop Walter de Suffield. Situated to the north-east of Norwich Cathedral, the Hospital is still in use today as a residential care complex for elderly people. A number of medieval Hospital buildings survive, including the Grade I listed Eagle Ward, located in the former chancel of the Church of St Helen's. This building is particularly notable for its painted fourteenth century ceiling.

Other listed buildings include the nineteenth century White Cottages, the East Wards, and the Grade I listed medieval cloisters. The Grade II Birkbeck Hall was designed in 1901 by Edward Boardman & Sons and named after Henry Birkbeck. Boardman also produced a survey plan of the hospital in 1866 and a speculative plan of the layout of the medieval cloister in the fifteenth century. It is likely he undertook some minor works at this time.

# Norfolk and Norwich Hospital

The Norfolk and Norwich Hospital was established by William Fellowes and Benjamin Gooch in 1771 as a charitable institution.

Edward Boardman redesigned the Norfolk and Norwich Hospital between 1879 and 1884, including the construction of the Grade II listed administrative block and main hall. The main façade is of red brick with ashlar dressings and features a central clock tower, the base of which comprises alternate bands of stone and brick.

The Hospital was closed in 2003 and services transferred to the new Norfolk and Norwich University Hospital. Following its closure, Boardman's main range was converted for residential use. A large number of hospital buildings were demolished during the redevelopment

# Lazar House

Founded before 1119 by Herbert de Losinga, Lazar House, formerly Magdalen Chapel, was used as a hospital for lepers and the poor sick. The Hospital was dissolved in 1547 and the twelfth century building, built of locally-sourced flint rubble, was used in the seventeenth century as an almshouse. The building was restored in 1907 by Eustace Gurney and is now in use as a centre for people with learning disabilities.

# Doughty's Hospital

Doughty's Hospital was founded after the death of mariner William Doughty, who left a sum of £6,000 in his will for the establishment of a hospital in Norwich. The original Hospital comprised 32 almhouses arranged around a courtyard, but was extensively rebuilt on the remains of the seventeenth century ground floor walls.

Doughty's Hospital merged with Cooke's Hospital in 1899. Cooke's Hospital was founded around the same time as Doughty's and was situated at the top of what is now Prince of Wales' Road. By the end of the nineteenth century the Cooke's almhouses were in disrepair and the residents were moved to a new site, with the merger of the two hospitals occurring shortly after. Today the Hospital is Grade II listed and still in use as sheltered accommodation.

# 76, Pottergate

76, Pottergate is a late eighteenth century house, converted for use as a Hospital in 1853 by a donation from Jenny Lind. Her name has remained associated with hospitals at different sites around Norwich to the present day.

# **3** STATEMENT OF SIGNIFICANCE

# 3.1 CRITERIA FOR ASSESSMENT

#### 3.1.1 WHY SIGNIFICANCE IS IMPORTANT

"People may value a place for many reasons beyond utility or personal association: for its distinctive architecture or landscape, the story it can tell about its past, its connection with notable people or events, its landform, flora and fauna, because they find it beautiful or inspiring, or for its role as a focus of a community"<sup>01</sup>.

In heritage terms, significance has been defined as "The value of a heritage asset to this and future generations because of its heritage interest"<sup>02</sup> and as "The sum of cultural and natural heritage values of a place"<sup>03</sup>. What this largely equates to is that significance is an understanding of what makes a place special.

What is important to note is why understanding significance is vital. As noted in *Informed Conservation*, "Significance lies at the heart of every conservation action...unless we understand why a place is worthy of conservation, the whole business of conservation makes very little sense". <sup>04</sup>

Therefore, the following assessment of significance is intended to form the foundation for understanding the heritage values of Bethel Hospital. By understanding what makes the Hospital site important, it is easier to understand what the potential threats to heritage value are, as well as the opportunities to enhance it. All of these elements combine to inform the Conservation Policies for the Hospital.

- 01 Historic England. Conservation Principles Policies and Guidance, 2008.
- 02 The National Planning Policy Framework, 2011.
- 03 Historic England. Conservation Principles Policies and Guidance, 2008.

#### 04 Clark, K. Informed Conservation, 2001

# 3.1.2 HOW SIGNIFICANCE IS ASSESSED

While significance can be assessed and discussed with regards to factual and often tangible characteristics such as its aesthetic and design qualities, new and/or unique technologies and association with important people or events, a very key and important additional element of significance is what makes things important to the people who experience and appreciate them. In this way assessing significance can be very emotive and subjective. It is therefore important to combine a set of varying principles to the understanding of significance.

For the purposes of this CMP, significance is considered to be the overarching analysis and understanding of what is important about the Hospital. The assessment of significance will be based on the characteristic of "heritage values" as expressed by Historic England in *Conservation Principles* (2008), which defines value as "*an aspect of worth or importance...attached by people to qualities of place*" and separates heritage values into four categories:

- **Evidential** The potential of a place to yield evidence about past human activity.
- **Historical** The ways in which past people, events and aspects of life can be connected through a place to the present. This can be both illustrative and associative.
- Aesthetic The ways in which people draw sensory and intellectual stimulation from a place.
- **Communal** The meanings of a place for the people who relate to it, or for whom it figures in their collective experience or memory.

- E

# 3.1.3 LEVELS OF SIGNIFICANCE

The significance of the Hospital has been assessed using a scale of significance ratings ranging from High to Detrimental. The definitions of these levels are provided here.

- **High Significance** is attributable to a theme, feature, built fabric or characteristic which has a high cultural value and forms an essential part of understanding the historic value of the Hospital, while greatly contributing towards its character and appearance.
- **Medium Significance** is attributable to a theme, feature, built fabric or characteristic which has some cultural importance and helps to define the historic value, character and appearance. These elements are often important for only a few values, for example it may be either the survival of physical built fabric or association with an historic use, but not both.
- **Low Significance** is attributable to a theme, feature, built fabric or characteristic which has minor cultural value and which may, even to a small degree, contribute towards the character and appearance of the Hospital.
- Elements of **Neutral Significance** typically do not possess any heritage values which are important to the Hospital. As such, they neither contribute to nor detract from its overall character and understanding.
- Elements that are **Detrimental** to heritage value have characteristics which detract from the overall significance and character of the Hospital.

# 3.2 STATEMENT OF SIGNIFICANCE

#### Summary

The Bethel Hospital was the first purpose-built lunatic asylum constructed outside of London and it remains the longest functioning purpose-built asylum, which gives the site high significance at a national level. It is also of high significance at a local level, particularly with the survival of the Boardroom and its collection, as a representation of the social provision that was the product of Norwich's reforming tendencies in politics and religion.

The Bethel is atypical in the history of psychiatric buildings in the country, founded by an individual and maintained in accordance with her wishes by seven Trustees or Governors. When founded, it was significantly in advance of the prevailing treatment of lunatics in its compassionate approach but by the mid-nineteenth century, it was considered behind the times. However, changes were made to ensure its continued functioning. The core of the building survives from the original early eighteenth century as well as fabric from several phases of the hospital's expansion. However, little is known of the eighteenth century layout of the building whilst much of the nineteenth century layout, particularly the smaller rooms on the upper floors, has been lost in the recent refurbishment. Nonetheless, the illustrative value of the site overall is medium whilst the evidential value is high. The Bethel has strong connections with the founder, Mary Chapman, and a range of important local figures as well as with craftsmen and architects, many of whom reinforce the importance of dissenting religion in various forms. This extends to the site's previous owner, Francis Wyndham and the destruction of the Committee House in the 'Great Blow'. The associative value of the site is high.

The quality of the buildings and their design reflect the changing fortunes of the Bethel as well as the changing tastes in architecture. As a result the aesthetic value of the different elements varies from high for the unaltered elements of the original building and the Boardman Range to the low/medium for the late eighteenth and early nineteenth century elements.

Though located in the city centre, the Bethel was historically inward-looking though it provided an important function. Since the addition of the Boardman Range in 1899 it has made an important contribution to the streetscape on Bethel Street. The communal value is deemed to be medium.

# 3.2.1 ASSESSMENT OF SIGNIFICANCE

Bethel Hospital was the first purpose-built lunatic asylum constructed outside of London, in part a reflection of Norwich's status as the country's second city. Moreover, unlike Hooke's Bethlem building, the Bethel remained in use throughout the changing practices of the eighteenth, nineteenth and twentieth centuries. Consequently Bethel is the longest serving purpose-built lunatic asylum, providing care for the mentally ill for over 280 years. At a national level, it is a site of high significance for its place in the history of the treatment of the mentally ill.

The Bethel was, however, atypical in the history of psychiatric institutions. It was the creation of one woman, Mary Chapman, who established and ran it through personal charity for its first eleven years of existence before her will determined its future course on her death. The seven trustees who subsequently ran the Bethel were responsible to no one else but through the centuries there remained in the trustees a conviction of the importance of maintaining Mary Chapman's desires that the Bethel be a place to treat primarily local people suffering from temporary or non-congenital lunacy in a humane and godly manner. In the mid-nineteenth century, the Bethel was out of step with then current medical practices and standards but the determination to maintain the Bethel ensured that changes were made, unlike at the Norwich Infirmary Asylum. This faithfulness to Mary Chapman's vision was brought to a sudden end with the transfer of the Bethel to the NHS in July 1948 when the charitable management structure that had maintained what had always been a unique institution was removed. Although the Bethel continued in the use of treating patients with mental illness until the mid-1990s, from 1974, this was done on a nonresidential basis. The current use as private residences is entirely at odds with Mary Chapman's wishes as inscribed on the foundation stone, that the Bethel was 'built for the benefit of distrest Lunaticks Ano Dom, 1713 and is not to be alienated or employed to any other use or purpose whatsoever.'

The Bethel also has high significance at a regional and local level. Until the opening of the Norfolk County Asylum in 1814, the Bethel was the only institution dedicated to the treatment of the mentally ill in East Anglia. In Norwich, the hospital was served by many trustees and benefactors recorded on the Benefactors Boards who played a wider part in the political life of the City, such as John Hall, William Cockman and two of the Jeremiah lves who served as mayors, in the first hundred years of its existence. In later years, Governors included men from the banking and manufacturing families, such as the Gurneys, the Birkbecks and Russell James Colman, who were influential patrons in a network of social and cultural institutions. The group of mid-eighteenth century portraits that form part of the Boardroom collection are a reflection of the strong civic pride that prevailed in Norwich and which was strongly connected with the Bethel.

These connections contribute to the site's high associative value. The most important association is with Mary Chapman and this evidenced in the foundation stone by the main entrance, a second stone commemorating her in the south garden wall and in a portrait that forms part of the Boardroom collection. Beyond the founder and the Governors, there are further connections, for example with reformers such as Elizabeth Fry and William Tuke, who are recorded as having visited the Bethel. In the accounts and archives associated with the Bethel, there is an unusually good record of the men who designed and built the hospital buildings at different times. Arguably the best known is Edward Boardman, who designed the north elevation in 1899, and it was either he or his son. ET Boardman, who redesigned the central passage less than a decade later as well as one of Boardman's employees, Grahame Cotman, who designed the north range of Little Bethel Court. Of the many skilled craftsmen who are recorded in the accounts, Richard Starling and Edward Freeman, carpenter and mason respectively, were responsible for the construction of the 1713 building. Christopher Lee, carpenter and architect, probably oversaw and contributed

to the building of the 1750s ranges along with William Foster, mason. The grandfather of the noted architect, William Wilkins was the plasterer responsible for the interior of the Boardroom together with the mason Thomas Rawlins, who created an identical fireplace at Oxburgh Hall. One further connection of the site is with Francis Wyndham, a notable figure in the Elizabethan period who is thought to have owned the site and died there. Wyndham was known for his Protestant views and he begins a series of connections with the site which have had a strong Christian connection from Mary Chapman and her reverend husband to the Non-conformists, such as the Gurneys, Birkbecks and Boardmans. Completing the site's connections is that to an event during the Civil Wars known as 'the Great Blow'.

Whilst the survival of historic fabric from different phases of the Bethel's development is important, the values attached to the fabric itself is arguably less important than the intangible elements and associations of the historical value of the site. The U-shaped original building survives, albeit in a much altered form, at the centre of the former hospital. The construction techniques apparent in it, as in later phases of building, are typical. However, the fabric in this and the later eighteenth and early nineteenth phases especially have high evidential value in revealing, when stripped of finishes, the changes that have been made over time, which is important in the absence of early plans or detailed archival information.

The surviving parts of the original early eighteenth century proportions not only have high aesthetic value despite the heavy later brick dormers but they also reveal the modesty of the early building. This is contrasted by the raised elements of the U-building and the mid-eighteenth century ranges, which demonstrate grander aspirations by the Trustees but, marred by later alterations such as the western bay window, the design integrity of this phase of building has been lessened and the aesthetic value is medium. The late eighteenth and nineteenth century additions on the east side of the H-Block are typical of their period and, with their reuse of older materials, reflect the financial constraints that beset the Bethel after the 1760s. Their aesthetic value is again lower. The range added by Boardman in 1899 is unlike other designs of this varied architect but typically of Boardman's extensions to existing buildings, it takes its cues from the older building with the central segmental arched dormer echoing that shown as the central feature of the original Bethel on the seal image. The striking door surround and oriel window is arguably not wholly successful as a design but overall the façade has been a distinctive frontage for the Bethel for over a century and its aesthetic value is high at a local level.

Externally the phases of building are generally legible and internally many of the main walls relating to key phases of development have survived. However, the changes to convert the former hospital into flats has resulted in the loss of principal circulation routes through the building, notably the connection between the H-Block and the South-east Range, as well as the loss of the separation between ares for male and female patients, also lost in the new landscaping. The windowless ground floor walls of the East (and West) Cell Ranges, the raised windows of the Boardman Range and the high perimeter wall are all illustrative of the enclosed and inward-looking nature of the Bethel when it functioned as an asylum. The impressive double height Boardroom demonstrates the confidence and wealth of the Bethel, its Trustees and the city more widely in the mid-eighteenth century whilst the central passage, though in a disassembled state currently, displays the name of the hospital and date and the foundation stone, which proclaim the original use of the now residential building. The illustrative value of the site overall is medium.

The Bethel served as a mental healthcare facility for over 280 years until the mid-1990s though it was not used or visited by most of the population of the city and moreover the county. The Bethel street frontage contributes positively to the streetscape, although arguably in townscape terms, the long high wall on Theatre Street adds to the relative blandness of that street. The communal value of the site is deemed to be medium.

Whilst some patients would have remained indoors, the enclosed gardens or airing courts were an important part of the treatment of the better patients. Most of the nineteenth century landscaping has been swept away including the eighteenth century wall that separated the male and female sides. The most important surviving elements are the perimeter wall, although much of this has been rebuilt; the wall separating the site from Little Bethel Court though it has been altered at the southern end; the remains of the wall which once enclosed the northern of the Men's Airing Courts: and the protected mature trees. There is evidence of there having been avenues of trees in the grounds since the eighteenth century but the current ones were probably planted in the late nineteenth century. The existing arrangement of concrete paths centred on the H-Block and the beech hedging and municipal fencing obscure the asymmetrical historic pattern of dividing up the landscape. The car park not only intrudes on an understanding of the historic landscape form but mars the aesthetic value of the setting, as does the poor quality of the rest of the recent landscaping and the temporary Heras fencing. The surviving historic elements have medium heritage value whilst the current landscaping overall is detrimental to the listed building.

The Bethel lost its connections with the influential people of Norwich as well as its historic structure of governance and type of Governor that shaped its atypical institutional character in 1948. In 1974 it ceased to be an inpatient hospital and in 1995 ceased to provide mental healthcare. The recent refurbishment has seen large scale alteration to the fabric of the building with concomitant losses of evidential and illustrative value. Nonetheless, the Bethel remains an important place in the history of Norwich and in the development of mental healthcare nationally.

#### 3.2.2 SIGNIFICANCE OF BUILT FABRIC

The set of plans following shows the significance of the extant built fabric based on archival analysis and site observation.

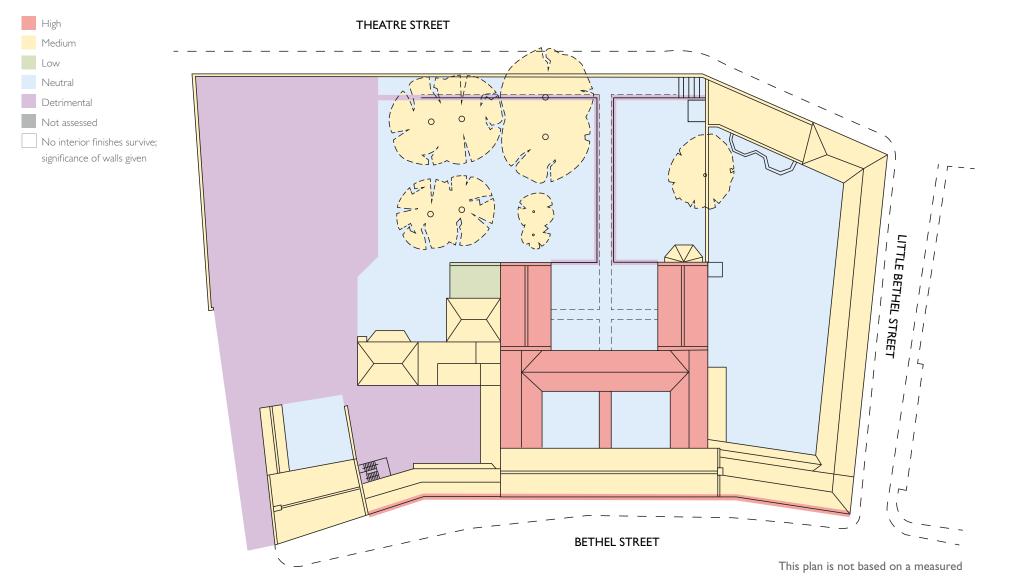
The external or formerly external walls from the eighteenth century and very early nineteenth century, the Boardman Range and the East Cell Range street frontage all have high value as the oldest and/or most visible elements of the hospital either now or in the past. Also of high value are the Boardroom and central passage, which are, or with some restoration, the most complete surviving interiors; the chamfered and stopped beams and roof timbers that both illustrate the eighteenth century construction and add character to the H-Block; the western staircase and the Boardman staircase (the eastern staircase appears to be a poorer quality later replacement); and the surviving eighteenth century fireplaces.

The recent refurbishment works have resulted in significant changes to the layout and division of the building whilst most of the finishes and architectural features are modern, albeit in a sympathetic style. Consequently large areas of the site are of neutral value.

The unrefurbished part of the building has retained more of its historic fittings but these are generally typical of their period.

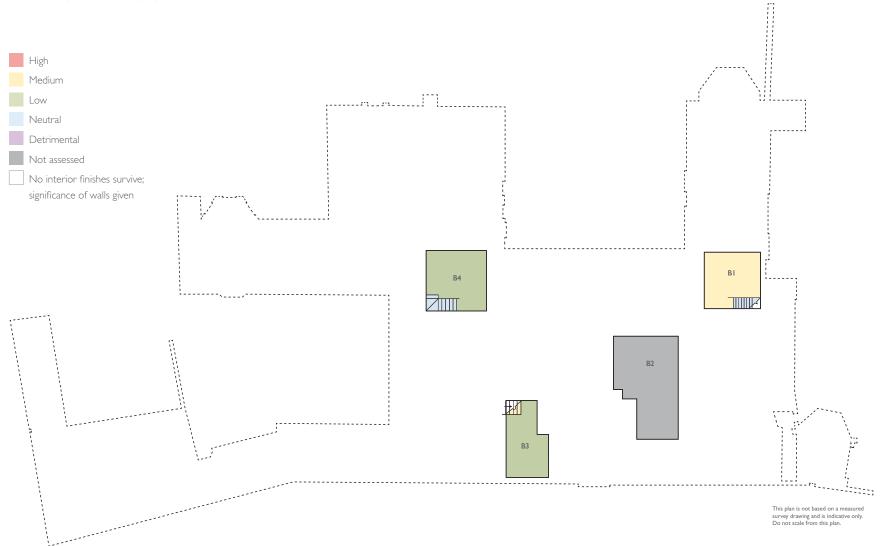
# Plan showing the significance of the main elements of the site overall

This plan shows the overall significance of the buildings and currently existing landscaping

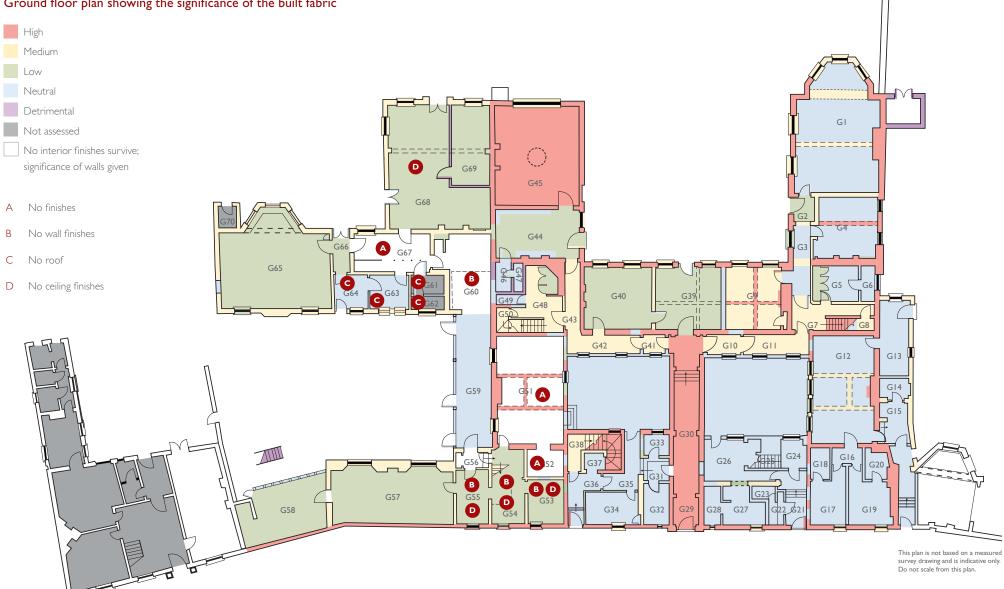


128 Bethel Hospital, Norwich; Conservation Management Plan; September 2016

# Basement plans showing significance of the built fabric



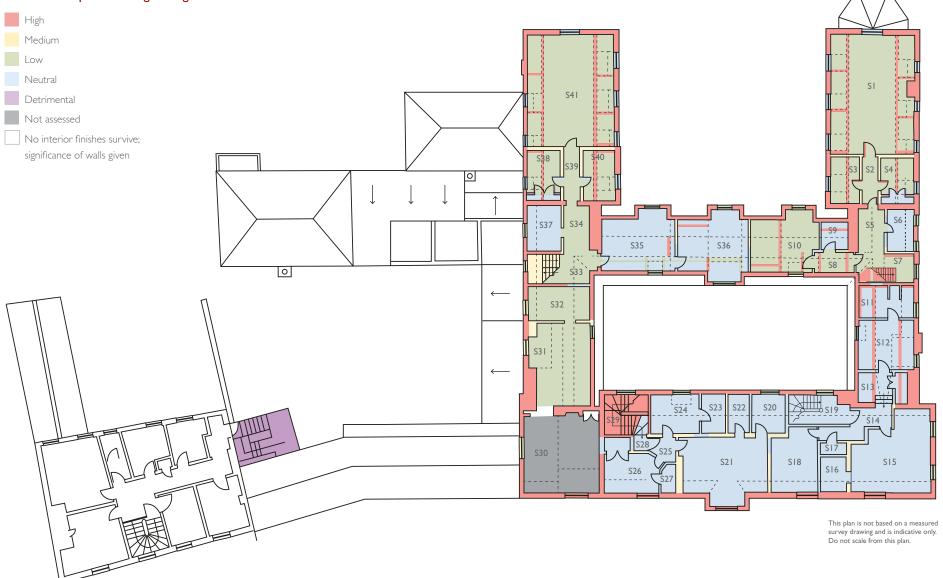
# Ground floor plan showing the significance of the built fabric



# First floor plan showing the significance of the built fabric



# Second floor plan showing the significance of the built fabric



#### 3.2.3 PLAN FORM

Arguably more important than the built fabric in much of the building is the plan form and spaces that survive and how these reflect the historical progression of the site. The following plans have been drawn up in a simplified way to illustrate where the important elements of plan form and also the historic spaces illustrated on the nineteenth century plans survive.

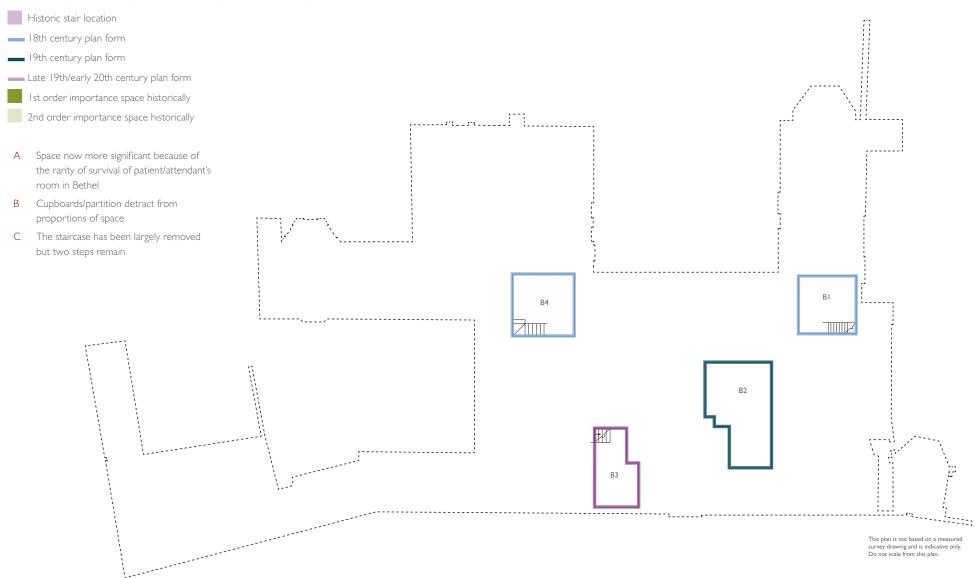
What is striking is that despite the changes and extensions to the Bethel over the years, the form of the H-Block, including the earlier U-Block, has remained distinct in the plan of the building. The two staircases have been in what were the south-east and south-west corners of the U-Block since its construction although it is possible there might have been some alteration to the alignment of the staircases, though no strong evidence of this has been found.

Equally, much of the nineteenth century plan form, at least at ground floor level survives in terms of the northern extensions to the H-Block, the various day rooms to the east; the central passageway and southern corridors (though the latter have been rebuilt) and the single storey link between the H-Block and Little Bethel Court. These reflect the evolution of the hospital. However, on the upper floors, whilst the footprints of different blocks survive, there has been a massive loss of the nineteenth century partitions, particularly relating to the small spaces, such as the cells and the attendants rooms. Across all three floors, only two attendant's rooms and eight cells survive, of which two have had their proportions altered by large cupboards. As such, these spaces have a significance that is greater than the significance of the built fabric that survives.

The arrangement of the ground floor of the north range after Boardman's works is not recorded although it is suspected that he retained much of what was existing, apart from adding the new stair, and built a storey on top between the early nineteenth century northern extensions at first floor and a further storey above across the whole of the northern ends of the H-Block at second floor level. The area of greatest loss of plan form on the ground floor anywhere in the building is that part of the north range to the west of the central passage. Apart from the stair, much of Boardman's plan form and the spaces it enclosed, apart from the footprint, has been lost at first floor and only small amounts remain at second floor level.

Considering both the significance of the built fabric and the plan form and spaces has informed the identification of potential for change described in section 4.9.

# Basement plan showing the survival of plan form and spaces



# Ground floor plan showing the survival of plan form and spaces

- Historic stair location
- ----- 18th century plan form
- I 9th century plan form
- Late 19th/early 20th century plan form
- I st order importance space historically
- 2nd order importance space historically
- A Space now more significant because of the rarity of survival of patient/attendant's room in Bethel
- B Cupboards/partition detract from proportions of space
- C The staircase has been largely removed but two steps remain

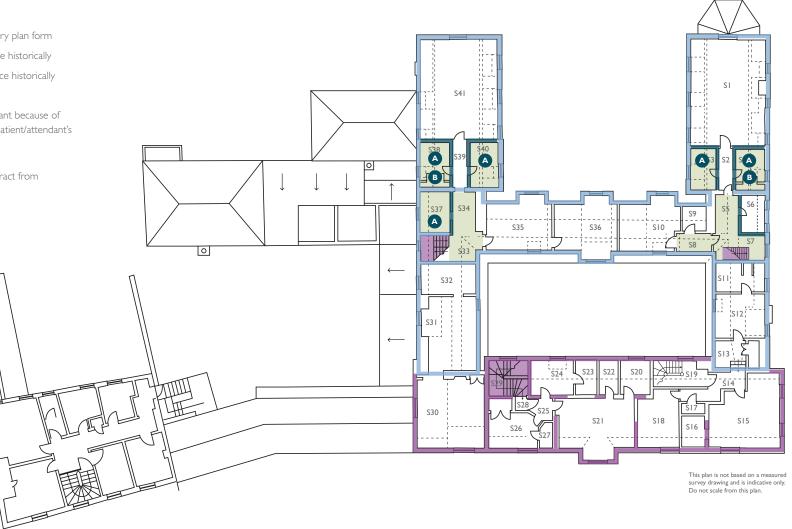


# First floor plan showing the survival of plan form and spaces



# Second floor plan showing the survival of plan form and spaces

- Historic stair location
- I 8th century plan form
- I9th century plan form
- Late 19th/early 20th century plan form
- I st order importance space historically
- 2nd order importance space historically
- A Space now more significant because of the rarity of survival of patient/attendant's room in Bethel
- B Cupboards/partition detract from proportions of space



# 3.3 SUMMARY TABLE OF HERITAGE VALUES

The table below sets out the overall values for the exteriors and interiors of different elements of the Bethel buildings and also the external spaces as the landscaping exists currently.

Building	Evidential Value	Illustrative Value	Associative Value	Aesthetic Value	Communal Value
U-block Exterior	High	Medium	Medium	High	Medium
U-block Interior	High	Medium	Low	Low	Low*
1750s Ranges Exterior	Medium	High	Medium	Medium	Medium
1750s Ranges Interior excl. Boardroom	Medium	Medium	Low	Medium	Low*
Boardroom (including collection)	Medium	High	High	High	Medium*
Early nineteenth century Northern Extensions Exterior**	Medium	Medium	Very Low	Very Low	Neutral
Early nineteenth century Northern Extensions Interior	Medium	West: Low East: Medium	Very Low	Low	Neutral
East Cell Range Exterior	High	High	Low	Low	High
East Cell Range Interior	Medium	Medium	Low	Low	Neutral
South-east Range Exterior	Medium	High	Low	Low	Very Low
South-east Range Interior	Medium	Medium	Very Low	Low	Very Low
Boardman Range Exterior	Low	High	High	High	High
Boardman Range Interior	Medium	Low Stair: Medium	Low Stair: Medium	Low	Neutral
Central Passage Exterior	Medium	High	Low	Low	Neutral
Central Passage Interior	Medium	High	High	High (when restored)	Medium*

Building	Evidential Value	Illustrative Value	Associative Value	Aesthetic Value	Communal Value
Southern Corridors Exterior	Neutral	Medium	Neutral	Low	Neutral
Southern Corridors Interior	Neutral	Low	Very Low	Low (marble floor: high)	Neutral
Single Storey West Range Exterior	Low	Low	Neutral	Neutral	Neutral
Single Storey West Range Interior	Low	Medium	Very Low	Neutral	Neutral
Northern Courtyards	Low (potential for buried archaeology)	Neutral	Neutral	Detrimental	Very Low
North-east Yard	Low	Medium	Low	Neutral	Neutral
Southern Gardens	Low	Detrimental	Neutral	Detrimental Trees: Low	Very Low
Car Park	Neutral	Detrimental	Neutral	Detrimental	Neutral
Perimeter Wall	Low	High	Low	Low	Low
West Garden Wall	Low	High	Low	Low	Low
East Yard Wall	Low	High	Low	Low	Neutral

\*The Boardroom, Ante Room, central passage and central room of the central range should be open to the public as part of the S106 agreement.

\*\*Including formerly external walls.

# 4 ISSUES, OPPORTUNITIES AND POLICIES

# 4.1 INTRODUCTION

This section sets out an overarching conservation framework for the site and describes under several headings the issues and opportunities that relate the Bethel Hospital site. These focus on the built fabric and landscape, the enhancement of the site's heritage value and the potential for change. Derived from these issues and opportunities are a set of policies that are intended to guide future decision making about the site.

# 4.2 CONSERVATION FRAMEWORK

This section is intended to provide an overarching strategy for the conservation, management and future development of the Bethel Hospital. It is over twenty years since the departure of the NHS and there is a need for a clear future strategy to preserve the heritage value of the site.

The purpose of the Conservation Framework is to agree a general philosophical approach that, with a clear understanding of significance, can guide any decision making and help identify the potential areas for change.

Conservation can best be described as: the process of managing change in a way that retains the significance and special character of a place whilst also ensuring its sustainability. It does not seek to prevent all change nor does it aim to preserve a place in its entirety, preventing progression and use. Implicit in the concept of conservation is the acceptance of sensitive and appropriate change as the requirements for heritage assets evolve over time.

The following Conservation Principles are a set of ideals and overall concepts that should pervade any decisions made about the management and development of the Bethel Hospital.

#### 4.2.1 CONSERVATION PRINCIPLES

- I To undertake substantial repair works to bring the derelict parts of the site into a structurally sound and weathertight condition in the first instance and into good repair in the medium term.
- 2 To complete and bring into occupation the unoccupied elements of the site.
- 3 To undertake urgent repair works within the next year.
- 4 To preserve and enhance the significance of the site by retaining surviving elements of the historic plan form and removing intrusive elements.
- 5 To encourage increased awareness of and access to the site and its collection by creating public access to the important interiors whilst preserving the privacy of residents.
- 6 To retain the enclosed character of the site through the preservation of the perimeter wall.
- 7 To improve the setting of the listed building through sensitive landscaping.

The site is currently not under single ownership which makes the application of conservation philosophies and principles a complex management situation. Therefore, the aim should be for these principles to be applied to the site by its owners, occupiers and key stakeholders such as Historic England (also the commissioner of this CMP) and NCC. The works implied by these principles and described in the policies in the subsequent sections may be carried out by the existing owners (possibly through legal mechanisms such as Urgent Works Notices and Repairs Notices issued by NCC) or by future owners through compulsory purchase.

# 4.3 ARCHAEOLOGY

#### 4.3.1 SUMMARY OF ARCHAEOLOGICAL RECORDS

This summary is based on data recorded on the online Historic Environment Record.

In 1968 a medieval sherd was recovered near the base of flint walling in the grounds of Bethel Hospital. The Norfolk Archaeological Unit undertook watching briefs during the conversion of the hospital to residential use in the 2000s. Monitoring of service and foundation trenches revealed brick walls from earlier buildings identified as being 'not of great age' and, within the boiler house, two probable medieval guarry pits. A watching brief in 2002 recorded medieval and post-medieval guarrying and undated masonry.<sup>01</sup> In 2003 the walls of a substantial subterranean structure were discovered in the Hospital's garden during the course of works for a new garden wall. Identified as possibly being part on an ice house, these walls were broadly dated as medieval to post-medieval.<sup>02</sup> It is possible that this masonry relates to one of the structures shown in the Bethel Hospital gardens on the 1789 map of the Bethel.

There is a significant amount of recorded archaeology in the area surrounding the Hospital site. A corked witch bottle was found under the hearth in 49 Bethel Street, the building neighbouring Bethel Hospital to the west. A collection of pottery sherds dating from 43AD to 1900 were discovered at the site of the Fire Station in 1933 whilst medieval pottery sherds and animal bones were found at the rear of the Police Station. The area immediately to the South of the Bethel Hospital, including Chapelfield Gardens, falls within the precinct of the former St Mary in the Fields. Finds discovered on this site include Roman, medieval and post medieval pottery sherds, part of a human skull, and post-medieval clay pipes.

Extensive archaeological excavations were undertaken in the late 1990s prior to and during the construction of the Forum to the east of the Bethel Hospital. Substantial medieval finds were recorded during these excavations, including the remains of medieval structures and pits in the trench adjacent to Bethel Street. The discovery of Saxon postholes confirmed that the site had been settled before Norman times, whilst a rare Viking gold ingot, the first of its type found in the UK, was unearthed on the site in 1999. This collection of finds suggests that the area around Bethel Street has been settled since at least Saxon times.

#### 4.3.2 ISSUES AND OPPORTUNITIES

Previous archaeological watching briefs have resulted in the identification of medieval and post-medieval features below ground on the Bethel site. Medieval and post-medieval finds have also been discovered nearby whilst the Forum site yielded earlier Saxon and Viking finds. The potential for buried archaeology on the Bethel site is therefore high, although it is most likely to be medieval or post-medieval.

The presence of buried archaeology does not generally prohibit development but processes must be adhered to in order to ensure it is properly recorded and its significance assessed. If any below ground works are proposed, including service trenching, the County Archaeologist should be consulted as to the action required. This may include trialling trenching or test pits, an archaeological watching brief or a larger field excavation.

<sup>01</sup> NHER No. 13.

<sup>02</sup> NHER No. 39404.

A large part of the site has been unbuilt on for the duration of the Bethel Hospital's occupation of the site. Potential archaeological excavation may reveal evidence of the Committee House that is thought to have once stood on the site or finds related to the 'Great Blow'. Excavations could also reveal information about the earlier uses of the site. Excavation closer to the existing buildings, particularly the area around the East Cell Range and South-east Range may reveal foundations relating to the buildings demolished in the 1830s. This would enhance knowledge of the site's historical development.

# 4.3.3 POLICIES

ARI Consult the County Archaeologist if any below ground works, including service trenching, are proposed.
 AR2 Ensure the results of any future archaeological excavations are recorded at the Norfolk Historic Environment Record and/or the Norfolk Record Office.

# 4.4 CONDITION

In 2013, NPS undertook a Condition Survey of some of the more dilapidated areas of the site and the associated report is included as Appendix L. As part of the preparation of this CMP, a brief survey to provide an updated overview of the condition of the site. In addition, sketches have been produced illustrating the works required to create safe access in order to undertake a survey or any other works in the inaccessible areas of the buildings, which are included in Appendix M. These include:

- Taking down or supporting the chimney stack north of G68 to avoid collapse;
- Propping the floors in G65, G67, G69 and G57 (Southeast Range and East Cell Range) to enable access to the first floor rooms above;
- Provision of a fixed ladder in F38 to provide safe access to the second floor rooms above;
- Provision of a fixed ladder in G26 to provide access to basement B2 under the Boardman Range.

A more detailed description of the condition of each elevation and room with accompanying photographs can be found in the Gazetteer (Appendix N).

# 4.4.1 SUMMARY OF CONDITION

The accompanying floor plans are categorised with a level of priority assigned to each area. The criteria determining the condition priorities are:

**Urgent works (red)** – these areas require immediate work to prevent further damage or health and safety risks.

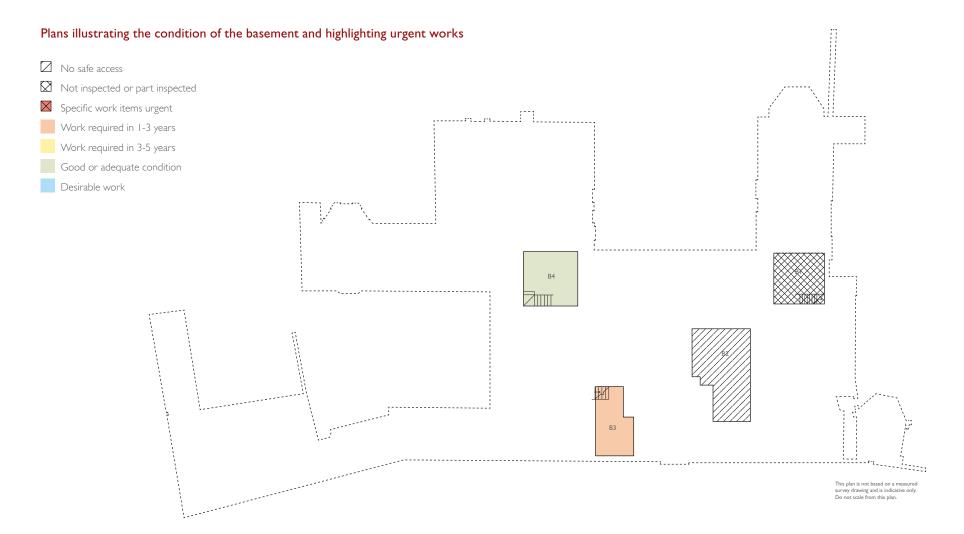
Works to be undertaken in the next one to three years (orange) – these areas require work to be completed within one to two years to reinstate missing or part-complete alterations needed to maintain the building in a stable condition.

# Works to be undertaken in the next three to five years

(green) – these areas require work to be completed within three to five years to reinstate or complete areas of part completed repairs to bring the building to a standard of good tenantable repair.

**Desirable works (blue)** – these areas are where work is desirable and would allow a beneficial functional use.

**Good or adequate condition (yellow)** – these are areas where the building is in a good or adequate condition, with no works deemed necessary within the next five years, other than standard maintenance.



# Plans illustrating the condition of the ground floor and highlighting urgent works

- A Existing shoring
- B Repairs to gable
- C Repair leaking roofs and gutters
- D Remove (or rebuild) chimney stack
- E Clear blocked rainwater pipe
- F Clear blocked valley gutter
- G Replace missing roofs (1-2 years)
- H Establish cause and remedy water penetration
- I Replace missing window
- J Repair damage to stair and cellar wall and possible floor structure

No safe access

- $\square$  Not inspected or part inspected
- Specific work items urgent

Work required in 1-3 years

- Work required in 3-5 years
- Good or adequate condition
- Desirable work

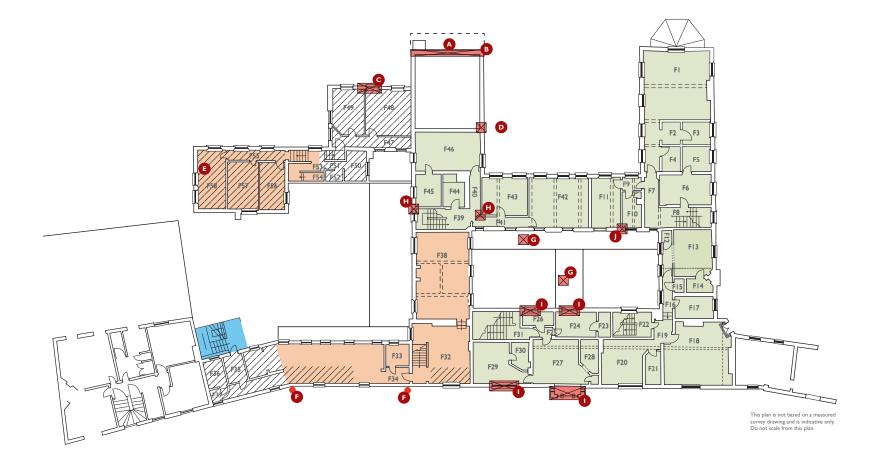


# Plans illustrating the condition of the first floor and highlighting urgent works

- A Existing shoring to gable
- B Repairs to gable wall floors, windows and plaster work
- C Urgent roof leaks to be repaired
- D Urgent water damage due to blocked gutter
- E Urgent roof repairs in a number of locations and clear gutter or renew
- F Urgent check rainwater pipe
- G loose roof tiles to be refixed or replaced
- H Repairs to damp walls due to water penetration
- I Investigate condensation and mould growth
- J Missing flashing

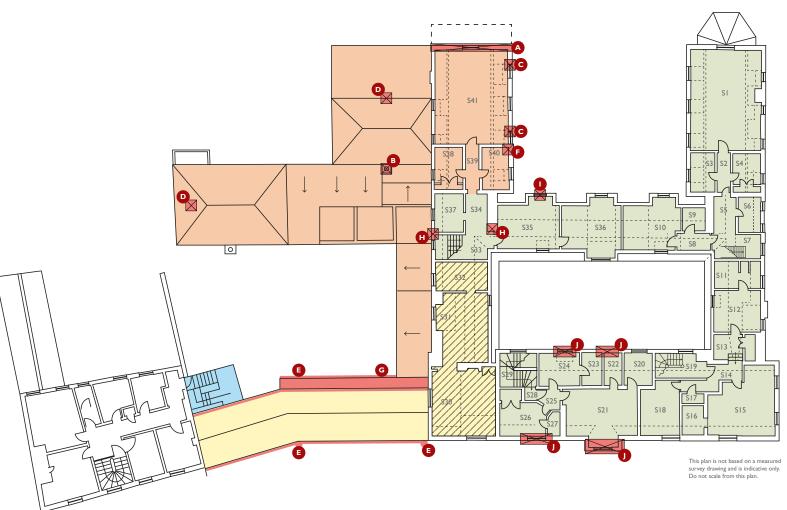
No safe access

- Not inspected or part inspected
- Specific work items urgent
- Work required in 1-3 years
  - Work required in 3-5 years
- Good or adequate condition
- Desirable work



# Plans illustrating the condition of the second floor and highlighting urgent works

- A Work to gable (1-2 years)
- B Remove or rebuild chimney
- C Urgent gutter clearance and repair
- D Urgent repairs to roof
- E Check and overhaul rainwater pipes and gutters
- F Urgent water damage die to blocked gutter
- G Replace lead flashing to single-storey lean-to roof
- H Repairs to damp walls due to water penetration
- I Repairs to wall plaster due to gutter leak
- J Investigate condensation and mould growth
- No safe access
- $\square$  Not inspected or part inspected
- Specific work items urgent
   Work required in 1-3 years
   Work required in 3-5 years
   Good or adequate condition
- Desirable work



The western south range of the H-Block is generally in a good condition externally and internally, with the exception of an area where the lead flashing has failed and there is some vegetation growth on the single-storey lean to roof over rooms GI0 and GI1.

The west range of the H-Block (which is 9 Bethel Court at ground floor level, 45A Bethel Street at first floor and 45B at second floor level) as well as the first and second floor flats at the end of the Boardman range (39A and 39B Bethel Street) is also generally in a good condition. Internally there is severe condensation and mould growth to all the windows of the first and second floor flats at the end of the Boardman range. Externally all of these windows show peeling paint illustrating some level of damp, lack of ventilation, lack of maintenance, or all three.

The ground floor section of the Boardman Range contains offices to the east which are completed and in a good condition generally, with the exception of some damp and mould growth in some rooms. The staircase is also severely cracked and this and the damp is attributed to a broken window at basement level which is letting the water in and causing the stair and possibly areas of the floor structure to become damp. The rooms to the west, together with the central corridor are incomplete and the west rooms has an unguarded open cellar. These rooms require overhauling of floors, refitting doors and joinery and completing plastering and finishing.

Externally along the Bethel Street elevation of the Boardman range, there is some moss growth at the base of the plinth, as well as further vegetation growth to the roof. The stone string below the gutter between the first and second floors is stained and appears damp and there is vegetation growth in the gutters and areas around the rainwater pipes appear damp. The eastern south range of the H-Block is partially complete, with most areas in good condition internally, although there are walls which need replastering. Externally the south elevation has severe structural problems and has been temporarily shored in response to an Urgent Works Notice served by NCC. The west elevation is also damp in places and the gutter needs repairing and cleaning. This has led to water ingress and mould growth internally on the second floor.

The northern east range of the H-Block appears water tight for the most part but is generally not finished internally, with no plaster on walls or ceilings. Externally the east elevation is very poor, with the single storey lean to extension missing slates and guttering. Above at first and second floors, the walls appear damp with moss growth and rotten windows and frames and broken glazing.

The East Cell Range again appears water tight and generally in a satisfactory condition although an area of the first floor is supported on props. Externally the south elevation facing the internal courtyard is not in good condition. The gutter and lead flashing to the lean to extension are missing and there is some vegetation and moss growth to the chimney and other areas of the wall.

The South-east Range is in the worst condition with some areas completely inaccessible due to unsafe structure from rotten floor joists and pigeon guano. The roofs along the north elevation, facing the internal courtyard, are missing or in very derelict conditions. The chimney is in very poor condition and suffers from severe cracking which could cause it to collapse without warning.

# 4.4.2 POLICIES

These are given in priority order.

CI	Carry out works identified as urgent, including safe access works, by March 2017
C2	Ensure all parts of the building are weathertight and remain so
C3	Repair or replace all missing roofs and flashings
C4	Clear all blocked gutters and rainwater pipes and replace defective rainwater goods
C5	Remove all vegetation and moss growth from all areas
C6	Treat areas of rot and carry out minimal replacement of rotten timbers
C7	Reinstate lime plaster finishes to areas of exposed internal brickwork and exposed ceilings
C8	Repoint defective pointing
C9	Ensure that gutters are regularly cleared
CI0	Carry out works identified as required in the next one to three years
CII	Carry out works identified as required in the next three to five years

# 4.5 INTRUSIVE FEATURES

# 4.5.1 ISSUES AND OPPORTUNITIES

The need to find an alternative use for the Bethel in the 1990s and the policy context in which the refurbishment of the site was carried out has resulted in extensive changes to the internal layout of the building and the landscape. Whilst the loss of the historic layout with the small cells on the upper floors and the subdivision of some larger spaces is regrettable, it was deemed necessary to make the building fit for an alternative use and this has at least led to the generally better maintenance of the occupied portion of the site.

Whilst it would not necessarily be practical or desirable to restore the historic layout, there are some partitions that have been identified as detrimental to the significance of the site as these intrude on the understanding of the main circulation flows around the hospital in the nineteenth century. Should the opportunity arise it would be desirable to remove the four doors and partitions in the south corridor (currently required to create entrances and lobbies to the two houses in the south ranges) and also the walls forming G46, G47 and G49, which block the principal connection between the H-Block and the South-east Range at ground floor level.

In the unrefurbished South-east Range, the partition creating G69 should be removed to restore the proportions of the nineteenth century Billiard Room. The partition itself is poor quality.

It is desirable that the recently constructed shed attached to the west of the western south range should be removed. Whilst it is legible as a recent extension, it mars the aesthetic value of the 1753 Range and it is not necessary that the shed should be sited where it is. The fire escape to the south of the East Cell Range is in poor condition and not only detracts from the East Cell Range but also 33 Bethel Street. Whilst there were concerns from the mid-nineteenth century onwards regarding fire evacuation which resulted in the provision of fire escapes then, they were always an aesthetic compromise and the aesthetic value of both heritage assets would be enhanced by the removal of the deteriorating modern fire escape.

# 4.5.2 POLICIES

- IFI Remove the intrusive features at the earliest opportunity.
- IF2 When intrusive features are removed, repair works should be carried out to ensure that no evidence of the intrusive features remains.







- Partition in former Billiard Room
- 2 Shed attached to western south range

# 4.6 ACCESSIBILITY

# 4.6.1 ISSUES

There is only one vehicular access point onto the site and therefore all the occupants, including those of Little Bethel Court, currently park in the south-east corner of the site. The quality of the parking area is poor with some divisions roughly marked out with broken chunks of concrete. Some of the bays are allocated for the Little Bethel Court residents. These residents were previously able to walk from the car park down the communal path by the south wall to Little Bethel Court and through the relatively recently created gate opening in the wall to Little Bethel Court. This access has been prevented by the erection of a padlocked Heras fence across the path.

The southern path runs parallel to the southern perimeter wall and is separated from the gardens to the north with metal railings. The proximity of one of the protected trees to the wall and the width of its trunk means that the path narrows considerably and is uneven due to the tree roots at this point. The arrangement means that the path is not wheelchair accessible which is currently an issue for the owner of 43 Bethel Street but will likely be an issue for any future users of the wider site.



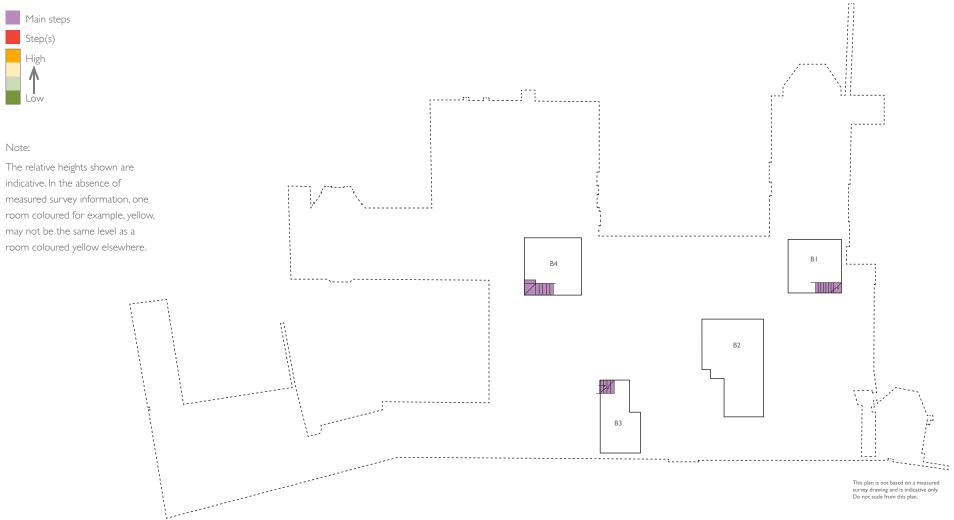
Protected tree growing out of the path

Access to the southern entrances to Nos. 41 and 43 Bethel Street (the central and eastern south range house and the western south range house) are ramped although the door into the eastern south range has a step. There are raised thresholds to the other doors on the south side of the building. In the north elevation, there is one step up to the front door of the No. 39 properties and two steps up to each of the central front door and the front door to the No. 45 properties. There is also a step up to the front door of 9 Little Bethel Court.

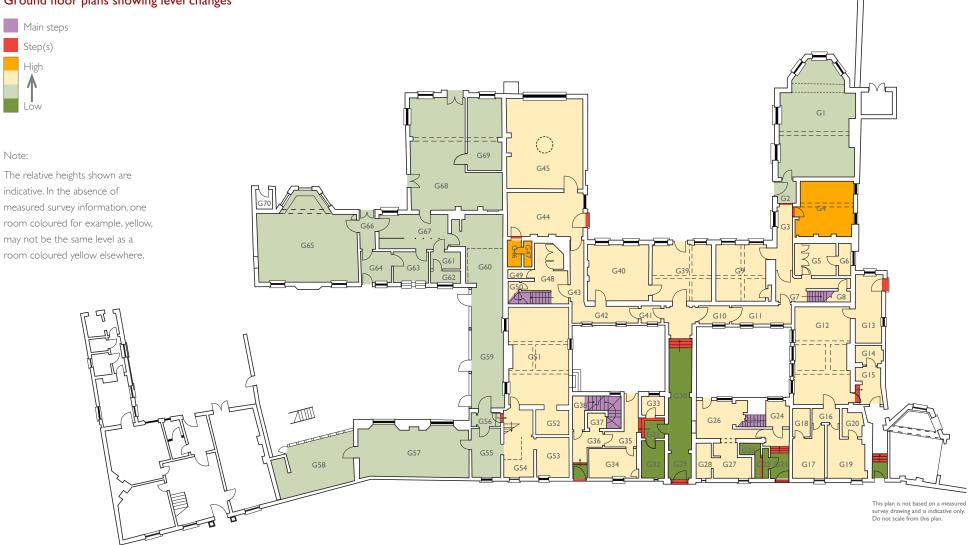
The land slopes from east up to the west and also from north up to the south. The building has been constructed piecemeal. As a result of these two factors, there are level changes across the site as illustrated on the plans below. This has caused an issue previously when consent was granted for a door opening from the central passage to G26 to the west and there was found to be a significant difference in height resulting in an opening more akin to a low window,

There is no lift in the building and it would not be possible to put in one lift that would address all differences in floor levels. Should a lift be required, the location should be carefully considered to minimise impact on the historic fabric. Any lift pit may also impact on buried archaeology.

# Ground floor plans showing level changes



# Ground floor plans showing level changes



# First floor plans showing level changes



# Second floor plans showing level changes



# 4.6.2 OPPORTUNITIES

There is some potential, particularly whilst the 41 Bethel Street remains unsold, to re-route the southern path around the tree. This would improve wheelchair access to both 41 and 43 Bethel Street.

The future completion of the gardens and removal of the Heras fencing offers the opportunity to improve access for the Little Bethel Court residents between their properties and the car park.

There is a need for a car park on the site but the quality of it should be improved. Providing marked bays, including wheelchair accessible bays, would improve the accessibility of the site.

# 4.6.3 POLICIES

- Al Alter the southern path to run north of the protected tree to provide wheelchair access to southern properties.
- A2 Ensure floor levels are supplied where openings in load bearing walls are proposed.

# 4.7 OWNERSHIP AND MANAGEMENT

# 4.7.1 ISSUES AND OPPORTUNITIES

At the time of writing this CMP (March 2016), ownership of the site is complex: a large freehold is held by an offshore company; other freeholds are held by private individuals. (See ownership diagrams on page 15.) Whilst much of Little Bethel Court is owner occupied, 9 Little Bethel Court and the properties in the main building, with the exception of 43 Bethel Street, are leased from the freeholder and in most cases sub-let to tenants. The complexity of the ownership pattern and right of access for maintenance with different parties seems to be contributing to deterioration of the historic building condition.

There is a management company, believed to be employed by the offshore freeholder of much of the site, that is responsible for the maintenance of the communal areas. It is not clear exactly what they are paid to do although an annual payment for maintenance is required from leaseholders.

There is potential that the leaseholds on the remaining unoccupied and unrefurbished parts of the building will be sold to owners who will bring the building back into good repair. It will be important that such owners work closely with Historic England and NCC to undertake appropriate repairs and the sensitive conversion of the eastern side of the site. There is currently no delineation of the boundary between the site and 33 Bethel Street. This is further confused by the fact that the ownership boundary runs through the single storey range projecting from the main house of No.33, though an orange line has been painted on the wall to indicate the ownership boundary. The previous walls defining the site were demolished. Without a boundary demarcation, preferably in the form of a brick wall, the appearance of the garden of No.33 impacts on the setting of the listed Bethel Hospital.

Although Little Bethel Court is strictly beyond the scope of this report, it is noted that there is no owner of the communal gardens as the land reverted to the Crown in default.

# 4.7.2 POLICIES

OMI	The unoccupied parts of the building will be completed and occupied.
	This is to ensure the long-term future and maintenance of the building.
OM2	The ownership and management of the site should be investigated further to fully understand where responsibilities lie.
ОМЗ	A red brick wall will be built to demarcate the ownership boundary between the site and 33 Bethel Street.
OM4	A more rigorous programme of maintenance of the communal areas will be adopted and enacted.

# 4.8 USE

## 4.8.1 ISSUES

Bethel Hospital was redeveloped as a mixed-use site with offices at ground floor level at the north end of the site and the remainder divided into residential units. One of the offices has been used on an occasional basis by the leaseholder whilst the other is incomplete with no access to the basement that forms part of the unit. The incomplete west office unit is too small to be developed into a residential unit. The western unit should be completed and both units marketed as office space to bring them into regular use. It is noted, however, that there is currently a glut of office space in Norwich so the units may be more marketable as space for start-up businesses. The split residential use of the remainder of the building has had an impact on historic circulation routes and necessitated some extensive layout changes. However, given that the building was deemed unsuitable for medical use by the NHS in the mid-1990s, residential use could be a relatively unintrusive use of the building compared to restaurant or hotel use, both of which were early suggestions for the site's redevelopment. To instigate these uses within the site, both with regards to areas currently unused and even when considering the whole site, there could be considerable alterations required that would necessitate the removal of important historic fabric. Continued vacancy of the eastern side of the site presents more of a concern.

# 4.8.2 OPPORTUNITIES

Part of a Section 106 Agreement associated with the 1998 planning application was for public access to the central passage, Boardroom, Anteroom and central room of the central range on at least four days a year with advertisement at least 28 days in advance. It is thought that whilst the hotel and restaurant element of the 1998 application was not implemented, the development of the two southern units (41 and 43) were carried out under this permission. The Section 106 Agreement is currently not enforceable as the Boardroom range is in need of urgent repair works and the associated collections are in store off-site. At the time of the Section 106 Agreement, John Maddison produced an inventory of the contents of the Boardroom and provided advice as to the possible display (Appendix G). At around the same time, Andrew Moore, then Keeper of Art for Norfolk Museums Service provided a short statement on the significance of the collection of portrait paintings (Appendix H), which noted that they were almost all painted at the same time as a specific group and thus bore comparison with other noted groups of portraits such the Kit-Kat Club portraits. Moreover, the portraits were by nationally important painters. Moore also noted that the display of the paintings anywhere other than the Boardroom would diminish their significance. The significance of these artworks and of their display in a room that should be an artwork in its own right mean that it remains highly desirable that the Boardroom should be made publically accessible at the earliest opportunity.

# 4.8.3 POLICIES

UI	Bring all areas of the site into regular use.
U2	Facilitate public access to the Boardroom, Anteroom and central passage.
U3	Carry out an options appraisal which considers the financial implications of the different options and is based on the conservation recommendations outlined in this CMP.

# 4.9 HERITAGE VALUE AND CHANGE

# 4.9.1 ISSUES

Bethel Hospital is a Grade II\* listed building, which puts it amongst the most important built heritage assets in England. The heritage value of the site is high but it is vulnerable to changes which could further erode understanding of the site and its former use. The significance of the hospital has already been lessened by its ceasing to provide mental health care facilities and by the extensive loss of fabric, albeit mostly nineteenth century, to facilitate the conversion of the former hospital into residential units. This makes the value of rather unprepossessing survivals such as the panelled cell room in the East Cell Range higher than its fabric alone might suggest.

Within historic buildings there is often conflict between the conservation of important built fabric and the need to upgrade the building to perform a new function or improve an existing one. The listing of the building means that its significance has been recognised and that listed building consent is required when planning alterations. This brings the necessity of ensuring that the changes to these structures are sympathetic and the heritage value of the assets are sustained and enhanced.

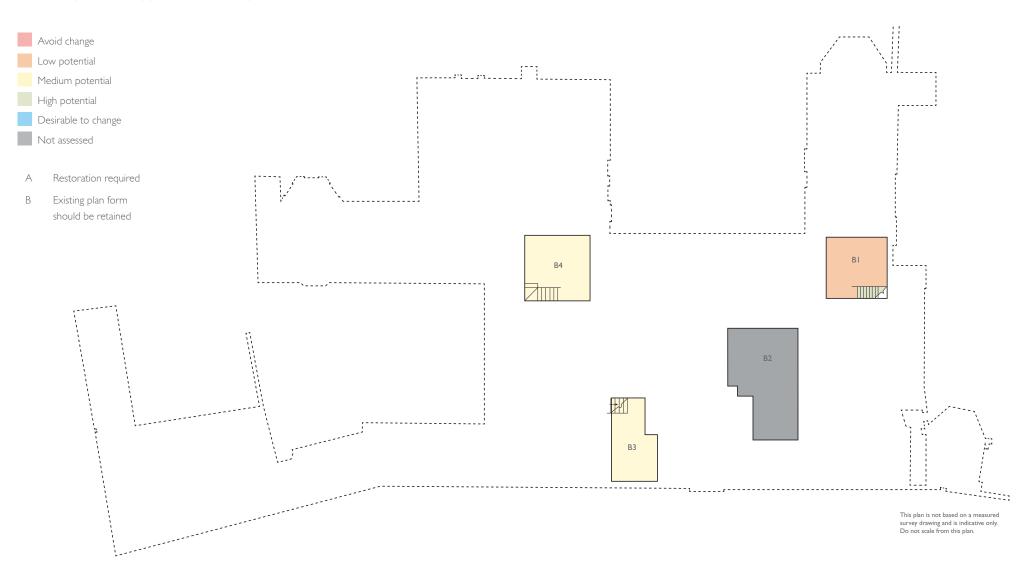
As a general rule, those areas that have been identified (in Section 3.4) as having considerable significance will have less capacity for change than areas of low or neutral significance. However, any change will need to be sympathetic to the heritage value of the asset and balance the heritage value against the need to ensure that different parts of the building are kept or brought back into sustainable long-term use. Any works that are carried out to the site should be mindful of the fact that older historic fabric may exist beneath newer alterations and repairs. It is not only the building itself but its setting that has suffered in recent years. The strong perimeter wall has been maintained although substantially rebuilt. The walls subdividing the former airing courts and bowling green have been mostly lost, with the exception of the one that now separates Little Bethel Court's garden from the other gardens. Not only have the walls been lost but a new layout has been imposed on the southern gardens that bears no relation to the known nineteenth century layout. The gardens are marred by the lack of management of the trees, Heras fencing, a poor quality car park and a general lack of maintenance, particularly in the North-east Yard. As it exists, the grounds form a poor setting for the listed building.

# 4.9.2 OPPORTUNITIES

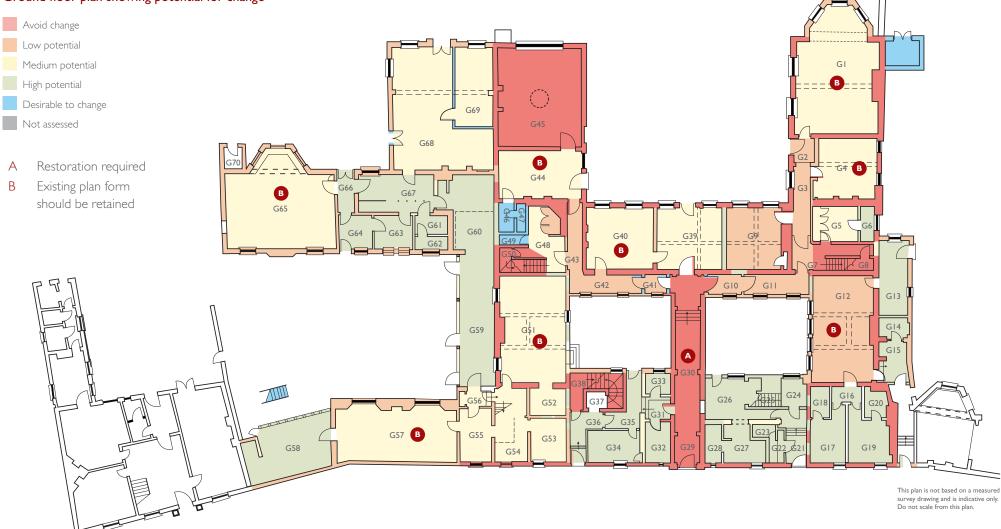
Owing to the large number of planning applications for the site in the last 25 years, the size of the building complex, and the difficulties of accessing it, it is not known the extent to which the consents granted have been enacted, how many are still current and whether there have been works undertaken without consent. The consents, particularly the earlier ones, were granted in a different policy context and some of the alterations granted consent would not be deemed acceptable today. NCC is currently seeking to produce and adopt a new Supplementary Planning Document specifically for the Bethel Hospital site that will establish a policy context for the future development of the site. This will not only facilitate decision making by NCC and Historic England but will also make the situation clearer for current owners and potential purchasers of the site.

These plans illustrate the potential for change within the building based on the assessment of the significance of the built fabric and the plan form. The plans indicate an overall potential for change in each room but presumes the preservation of significant historical features such as exposed beams and fireplaces.

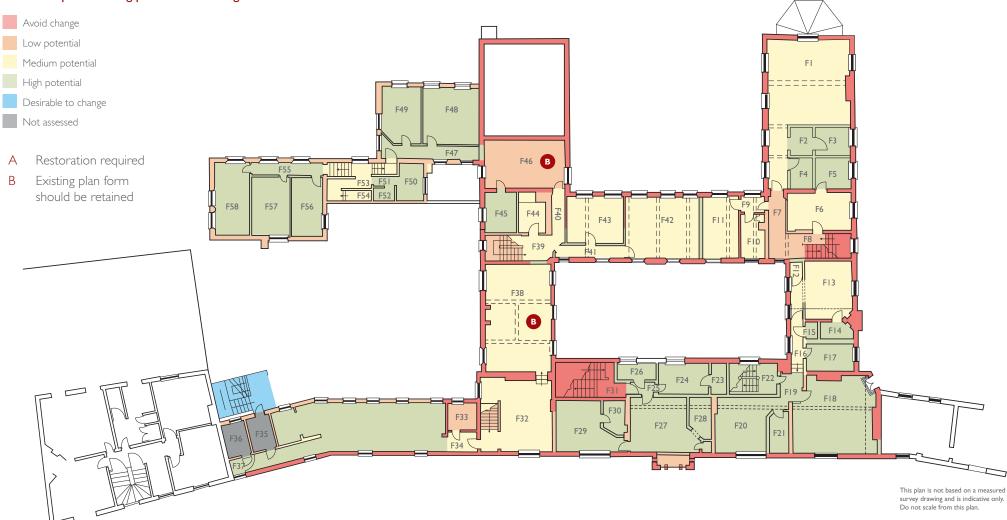
# Basement plan showing potential for change



# Ground floor plan showing potential for change

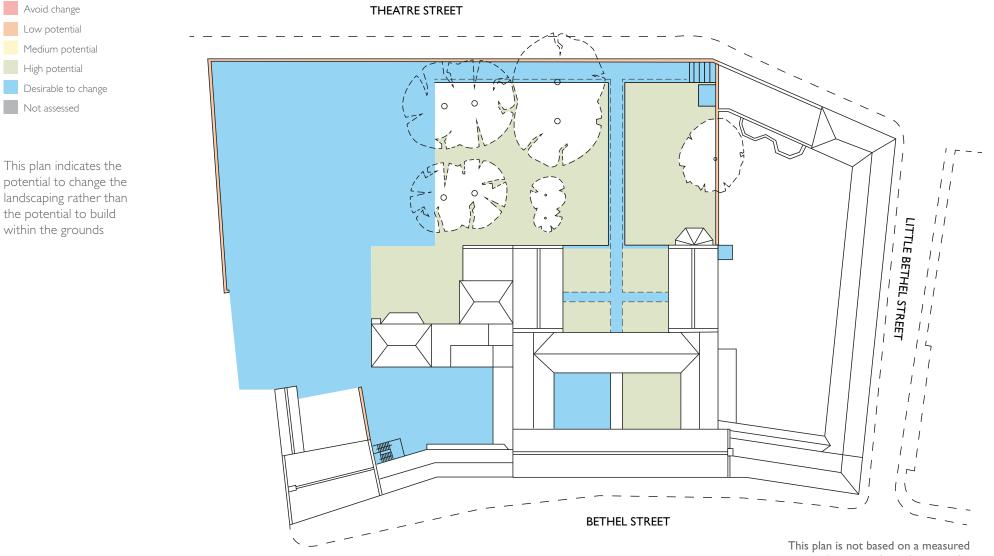


# First floor plan showing potential for change



#### Second floor plan showing potential for change Avoid change Low potential Medium potential High potential S41 Desirable to change Not assessed S38 S40 0 Restoration required А В Ŀ'n Existing plan form should В be retained S6 S37 S34 S9 B S10 S35 S36 C S8 S7 0 S33 ← S32 SI2 S3 I ← <u>p</u> S20 S22 S24 514 TILL S30 S21 S18 S15 S26 This plan is not based on a measured survey drawing and is indicative only. Do not scale from this plan.

# Site plan showing potential for change to landscaping



survey drawing and is indicative only.

There is considerable scope for improving the landscape. Whilst it may not be possible to re-establish the historical divisions of the gardens with the grounds in different ownerships, it would be possible to create a more inkeeping arrangement with higher quality fencing and paths. The grounds at the east of the site have yet to be divided up. The removal of the Heras fencing and the reinstatement of formal gardens would enhance the setting of the listed building. Similarly, the provision of a sensitively landscaped car park would improve the setting.

If a conservation deficit can be proven, there is limited potential for enabling development on the site. Given the proximity to the Grade II\* listed Bethel Hospital, any development within the site should be no more than two storeys with an eaves height no greater than the eastern cell ranges and carefully massed and designed to ensure it remains remote from and subservient to the listed building. However, even two storeys may be too tall given that the land rises to the south.

The most likely acceptable site for any enabling development required would be the site of the current car park in the north-east corner of the site as it is most remote from the H-Block. This area had some small buildings on its southern boundary in 1789, which were probably dwelling houses unrelated to the Bethel. In 1789, the Bethel comprised the H-Block and some structures on the north side of the site but by 1830 it had expanded and further change came in the 1830s so that the hospital buildings had expanded closer to the north-east portion of the site. The next map from the later nineteenth century shows no buildings in this area. Therefore to preserve the setting of Bethel Hospital at its existing footprint, development anywhere on the site is undesirable. Should any application for an enabling development be made, it would require a very robust justification for the works and would need to address the points set out in Conservation Principles paragraph 157 (reproduced in Appendix B) and English Heritage's published advice on enabling development, Enabling Development and the Conservation of Significant Places (under revision by Historic England). Furthermore, paragraph 130 of the National Planning Policy Framework, states that 'Where there is evidence of deliberate neglect of or damage to a heritage asset the deteriorated state of the heritage asset should not be taken into account in any decision'.

Any proposal for a basement development is likely to have a detrimental impact on buried archaeology. The number and quality of finds on the adjacent Forum site indicates how high the archaeological potential of the area is.

# 4.9.3 POLICIES

HVCI	Avoid change in areas identified on plans as having low or no potential for change.
HVC2	Key architectural features will be preserved.
HVC3	Ensure any work to the building is carried out by a suitably qualified consultant or tradesperson.
HVC4	Enhance the landscape by improving surface finishes and removing temporary structures.
HVC5	Reinstate formal divisions of the garden spaces guided by the historic divisions but allowing for the new pattern of ownership.
HVC6	Management of the trees will be improved.
HVC7	New development within the setting of the listed buildings should be avoided if it would result in harm the heritage asset.

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BH 1159, 358×5, Specification for alterations and additions to East wing
BR 35/2/94/2, Norwich, Bethel Street, Bethel Hospital including ground plan showing layout of gardens
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# APPENDIX A: LISTING DESCRIPTIONS

# Bethel Hospital Location: BETHEL HOSPITAL, BETHEL STREET Grade: II\* Date first listed: 08-Apr-1986 Details:

TG 2208 SE BETHEL STREET (south side) 22/61 Bethel Hospital GV II\* Former Hospital, now Children's Psychiatric Clinic. Late CI7 or early CI8, with additions of CI8, CI9 and early C20. The 1899 rebuilding and repairs by E. Boardman. Brick and masonry dressings with plain tile and slate roofs. H-plan with closing north range and extensive dormitory ranges. The earliest block is 2-storey 'U' plan with north wings and a south facade of 7 irregular bays. CI8 sash windows with glazing bars, flat hood on consoles with carved ends. Fronting Bethel Street, the north range, parallel to the original spine, was refaced and widened in 1899, into a 2-storey plus attic storey symmetrical 5-bay block, the ends of which were returned southwards to meet the north wings which were heightened to 3 storey. Sash windows throughout with rubbed brick flat arches. Masonry door surrounds. The central entry has a shouldered architrave with triangular head and an exaggerated keystone. Side lights with scrolled consoles beneath a carved oriel window. First floor Venetian window and second floor double sash window with apron. Semi-circular gable with masonry coping and guoins and an ironwork weathervane. Within, an extrance corridor has a coved ceiling with a blocked door surround and panelling of 1907 and leads to the original north door with primitive lonic pilasters supporting a segmental pediment with a later inner door with semi-circular Gibbs surround. Cross and axial ground floor ceiling beams with nicked chamfer stops. Staggered butt purlin collar frame roofs with stoppedchamfer ties. 3 dormers in main spine and one in each of the wings. CI9 ridge tiles. Later south wings effecting H plan. Both are 2-storey plus attic with arched recess in the gable, lunette with masonry arch and cill course. The west wing has smaller first-floor lunettes facing into the

gardens Late CI9 ground floor sash windows throughout and a single-storey bay on the west wing only. 4 small dormers on each side of each wing. The ground floor room in the east wing is decorated with an early - mid CI8 heavy torus plasterwork cornice and a panelled overmantel with broken pediment above a later shouldered fireplace surround with female head and hanging cloth carved in stone. The room is lit by an extremely large sash window in the south gable. Roof construction allows the tie beams to be lower than the wall plate and allows greater attic space. Each truss has double butt purlins, collar and downward raking strut and overlaid common rafters added in CI9 contemporary with ridge tiles and gable coping. The two-storey dormitory cell ranges were added flanking the width of the H plan and following the later Bethel Street and Little Bethel Street frontages. Sash windows throughout retaining original small panes. An inscription on the re- positioned foundation stone reads "This house was built for benefit of distrest Lunaticks An Dom: 1713.....Foundress was Mary Chapman, who lived there until her death in 1724."

### Listing NGR: TG2272108455

33 Bethel Street

Location: 33, BETHEL STREET Grade: II Date first listed: 26-Feb-1954 Details:

TG 2208 SE BETHEL STREET (south side) 22/60 26.2.54. No. 33 - II Former house now hostel. C18. Red brick. Pantile roof. 3 storeys. 4 bays. Right-hand off-centre door with attached banded and fluted Doric columns and architrave with triglyphs and war accountrements. 4 steps up. Sash windows throughout with rubbed brick flat arches. Bracket cornice.

Listing NGR: TG2277008447

# APPENDIX B: RELEVANT LEGISLATION AND GUIDANCE

# LISTED BUILDINGS

Listed buildings are buildings of special architectural and historic interest which make up England's historic environment. They are protected under the *Planning (Listed Buildings and Conservation Areas) Act 1990* and alterations or demolitions require Listed Building Consent from the local planning authority before they can proceed. If the building is Grade II\*, as Bethel Hospital is, Historic England will also be consulted by the local planning authority.

# NATIONAL PLANNING POLICY FRAMEWORK

The National Planning Policy Framework (NPPF) (published March 2012) is the overarching planning policy document for England and provides guidance about how to implement the legislation which covers the historic environment, the *Planning (Listed Buildings and Conservation Areas) Act 1990*. Within Section 12 of the NPPF – Conservation and enhancing the historic environment – are the government's policies for the protection of heritage.

The policies advise a holistic approach to planning and development, where all significant elements that make up the historic environment are termed heritage assets. These consist of designated assets, such as listed buildings or conservation areas, non-designated assets, such as locally listed buildings, or those features which are of heritage value. The policies within the document emphasise the need for assessing the significance of heritage assets and their setting in order to fully understand the historic environment and inform suitable design proposals for change to significant buildings. The document also requires that the impact of development proposals which affect heritage assets is assessed. With regards to the proposals for the former Bethel Hospital site, the following points of the NPPF should be considered:

61. Although visual appearance and the architecture of individual buildings are very important factors, securing high quality and inclusive design goes beyond aesthetic considerations. Therefore, planning policies and decisions should address the connections between people and places and the integration of new development into the natural, built and historic environment.

64. Permission should be refused for development of poor design that fails to take the opportunities available for improving the character and quality of an area and the way it functions.

65. Local planning authorities should not refuse planning permission for buildings or infrastructure which promote high levels of sustainability because of concerns about incompatibility with an existing townscape, if those concerns have been mitigated by good design (unless the concern relates to a designated heritage asset and the impact would cause material harm to the asset or its setting which is not outweighed by the proposal's economic, social and environmental benefits).

128. In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance. ... Where a site on which development is proposed includes or has the potential to include heritage assets with archaeological interest, local planning authorities should require developers to submit an appropriate desk-based assessment and, where necessary, a field evaluation.

130. Where there is evidence of deliberate neglect of or damage to a heritage asset the deteriorated state of the heritage asset should not be taken into account in any decision.

131. In determining planning applications, local planning authorities should take account of:

- the desirability of sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation;
- the positive contribution that conservation of heritage assets can make to sustainable communities including their economic vitality; and
- the desirability of new development making a positive contribution to local character and distinctiveness.

I32. When considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation. The more important the asset, the greater the weight should be. Significance can be harmed or lost through alteration or destruction of the heritage asset or development within its setting. As heritage assets are irreplaceable, any harm or loss should require clear and convincing justification. Substantial harm to or loss of a grade II listed building, park or garden should be exceptional. Substantial harm to or loss of designated heritage assets of the highest significance, notably scheduled monuments, protected wreck sites, battlefields, grade I and II\* listed buildings, grade I and II\* registered parks and gardens, and World Heritage Sites, should be wholly exceptional. 133. Where a proposed development will lead to substantial harm to or total loss of significance of a designated heritage asset, local planning authorities should refuse consent, unless it can be demonstrated that the substantial harm or loss is necessary to achieve substantial public benefits that outweigh that harm or loss, or all of the following apply:

- the nature of the heritage asset prevents all reasonable uses of the site; and
- no viable use of the heritage asset itself can be found in the medium term through appropriate marketing that will enable its conservation; and
- conservation by grant-funding or some form of charitable or public ownership is demonstrably not possible; and
- the harm or loss is outweighed by the benefit of bringing the site back into use.

134. Where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal, including securing its optimum viable use.

135. The effect of an application on the significance of a non-designated heritage asset should be taken into account in determining the application. In weighing applications that affect directly or indirectly non designated heritage assets, a balanced judgement will be required having regard to the scale of any harm or loss and the significance of the heritage asset.

# LOCAL LEGISLATION

The local planning authority for the Bethel site is Norwich City Council and the planning legislation it issues sits within the national planning policy context. Relevant local policies relating to design and heritage include:

# Joint Core Strategy (2009)

Policy 2: Promoting Good Design

- All development will be designed to the highest possible standards, creating a strong sense of place. In particular development proposals will respect local distinctiveness including as appropriate:
  - the historic hierarchy of the city, towns and villages, maintaining important strategic gaps
  - the landscape setting of settlements including the urban/rural transition and the treatment of 'gateways'
  - the landscape character and historic environment, taking account of conservation area appraisals and including the wider countryside and the Broads area
  - townscape, including the city and the varied character of our market towns and villages
  - the use of sustainable and traditional materials
  - all residential development of 10 units or more will be evaluated against the Building for Life criteria published by CABE (or any successor to this standard), achieving at least 14 points (silver standard)

Norwich Local Plan: Development management policies development plan document

# Policy DM9

The historic environment and heritage assets:

- All development must have regard to the historic environment and take account of the contribution heritage assets make to the character of an area and its sense of place (defined by reference to the national and local evidence base relating to heritage, including relevant detailed advice in conservation area appraisals.
- Development shall maximise opportunities to preserve, enhance, or better reveal the significance of designated heritage assets and that of any other heritage assets subsequently identified through the development process. It will also promote recognition of the importance of the historic environment through heritage interpretation measures.
- Where proposals which involve the unavoidable loss of any designated or locally identified heritage asset are accepted exceptionally under this policy, a legally binding commitment from the developer must be made to implement a viable scheme before any works affecting the asset are carried out.

Locally identified heritage assets:

- Where locally identified heritage assets are affected by development proposals, their significance should be retained within development wherever reasonably practicable. Development resulting in harm to or loss of significance of a locally identified asset will only be acceptable where:
  - a) there are demonstrable and overriding benefits associated with the development; and
  - b) it can be demonstrated that there would be no reasonably practicable or viable means of retaining the asset within a development.

# Archaeology:

- In the defined areas of archaeological interest, development that will disturb remains below ground will only be permitted where it can be demonstrated through an assessment that:
  - a) there is little likelihood of remains being found and monitoring of works will take place during construction; or
  - b) remains which should be preserved in situ can be protected and preserved during construction and significant artefacts are displayed as part of the development; or
  - c) remains that would not justify preservation in situ will be removed and displayed in an appropriate location and context.

Other heritage assets:

- Consideration will be given to the protection of heritage assets which have not been previously identified or designated but which are subsequently identified through the process of decision making, or during development. Any such heritage assets, including artefacts, building elements or historical associations which would increase the significance of sites and/or adjoining or containing buildings, will be assessed for their potential local heritage significance before development proceeds.
- Where heritage assets newly identified through this process are demonstrated by evidence and independent assessment to have more than local (i.e. national or international) significance, there will be a presumption in favour of their retention, protection and enhancement.
- Where heritage assets newly identified through this process are demonstrated to have local significance, development proposals affecting them will be determined in accordance with the criteria for existing locally identified heritage assets as set out in this policy. Any assessment of local significance should be made in accordance with the criteria set out in Appendix 7 of this plan.

Historic environment record:

- Development proposals affecting designated and locally identified heritage assets will be expected to show that the significance of these assets has been adequately assessed and taken into account by reference to the Historic Environment Record and the relevant local evidence base.
- Where a heritage asset is lost or its significance harmed the asset must be recorded and placed on the Historic Environment Record.

Bethel Hospital Supplementary Planning Document

In March 2016, NCC announced its intention to produce a Supplementary Planning Document (SPD) specifically for the Bethel Hospital site. An earlier SPD was produced in the mid-1990s to guide the development of the site. The proposed SPD will similarly provide a fresh sets of policies relating to the site to guide future development and to supersede the various planning permissions granted since the 1990s.

# HERITAGE GUIDANCE

Conservation Principles, Policies and Guidance (2008) This document, published by Historic England, sets out the principles for the management of the historic environment and also the process for assessing the significance of a site.

Conservation Principles, Policies and Guidance differentiates between works that are repairs, restoration and new works or alterations. The following paragraphs indicate the level of justification required for the different types of work.

117 Repair necessary to sustain the heritage values of a significant place is normally desirable if:

- a. there is sufficient information comprehensively to understand the impacts of the proposals on the significance of the place; and
- b. the long term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future; and
- c. the proposals are designed to avoid or minimise harm, if actions necessary to sustain particular heritage values tend to conflict.

126 Restoration to a significant place should normally be acceptable if:

- a the heritage values of the elements that would be restored decisively outweigh the values of those that would be lost;
- *b* the work is justified by compelling evidence of the evolution of the place, and is executed in accordance with that evidence;
- c the form in which the place currently exists is not the result of an historically-significant event;
- d the work proposed respects previous forms of the place;
- e the maintenance implications of the proposed restoration are considered to be sustainable.

138. New work or alteration to a significant place should normally be acceptable if:

- a there is sufficient information comprehensively to understand the impacts of the proposal on the significance of the place;
- b the proposal would not materially harm the values of the place, which, where appropriate, would be reinforced or further revealed;
- c the proposals aspire to a quality of design and execution which may be valued now and in the future;
- d the long-term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future.

149. Changes which would harm the heritage values of a significant place should be unacceptable unless:

- a the changes are demonstrably necessary either to make the place sustainable, or to meet an overriding public policy objective or need;
- b there is no reasonably practicable alternative means of doing so without harm;
- c that harm has been reduced to the minimum consistent with achieving the objective;
- d it has been demonstrated that the predicted public benefit decisively outweighs the harm to the values of the place, considering
  - $\circ\,$  its comparative significance,
  - o the impact on that significance, and
- e the benefits to the place itself and/or the wider community or society as a whole.

Conservation Principles also sets out the criteria required to justify enabling development on a site with a heritage asset.

157. Enabling development that would secure the future of a significant place, but contravene other planning policy objectives, should be unacceptable unless:

- a it will not materially harm the heritage values of the place or its setting
- *b* it avoids detrimental fragmentation of management of the place;
- c it will secure the long term future of the place and, where applicable, its continued use for a sympathetic purpose;
- d it is necessary to resolve problems arising from the inherent needs of the place, rather than the circumstances of the present owner, or the purchase price paid;
- e sufficient subsidy is not available from any other source;
- f it is demonstrated that the amount of enabling development is the minimum necessary to secure the future of the place, and that its form minimises harm to other public interests;
- g the public benefit of securing the future of the significant place through such enabling development decisively outweighs the disbenefits of breaching other public policies.

Good Practice Advice 3 – The Setting of Heritage Assets (2015)

This document, which supersedes *The Setting of Heritage* Assets (Historic England, 2011), provides guidance on how changes within the setting of a listed building, conservation area or scheduled ancient monument can affect the significance of the heritage asset itself.

Seeing the Heritage in the View (2011)

This looks specifically at the significance of a group of heritage assets from long range and short distance views. It sets out a methodology for assessment and for exploring the impact of change within an important view.

# APPENDIX C: 1713 BUILDING AGREEMENT (TRANSCRIPTION FROM BATEMAN AND RYE)

ARTICLE OF AGREEMENT indented made concluded and agreed upon this seventh day of March in the eleventh yeare of the reigne of Our Sovereigne Lady Ann by the Grace of God of Great Britaine France and Ireland Queen Defender of the Faith and in the yeare of Our Lord one thousand seven hundred and twelve BY AND BETWEEN RICHARD STARLING of the City of Norwich Carpenter and EDWARD FREEMAN of the said City Mason of the one part and JOHN MORSE of the said City Mercer of the other part as followeth :

IMPRIS. The said Richard Starling and the said Edward Freeman for and in consideration of the sume of wenty shillings of lawfull money of Great Britaine to them the said Richard Starling and Edward Freeman or one of them in hand well and truely paid by the said John Morse the receipt whereof They the said Richard Starling and Edward Freeman doth hereby acknowledge and confess And thereof doth acquit exonerate and discharge the said John Morse his heires executors administrators and every of them for ever by these presents and for and in consideration of the covenants payments and agreements hereinafter mentioned on the part on behalfe of the said John Morse his heires executors and administrators to be paid done and performed and for divers other good causes and considerations thereunto moving They the said Richard Starling and Edward Freeman do and each of them doth for themselves their and each of their heires executors and administrators and every of them severally and jointly covenant grant promise and agree to and with the said John Morse his heires executors and administrators and asignes and every of them by these presents that they the said Richard Starling and Edward Freeman or one of them their some or one of their heires executors or administrators shall and will at his their some or one of their owne proper cost and charges shall build make and sett upp one new house or building on or upon some part of the ground belonging to the house commonly called the Committee House situate in the parish of Saint Peter of Mancroft in

Norwich where or in such place (part thereof) of the said John Morse his heires or assignes shall direct or appoint and shall and will build and make the said house or building from east to west within the walls from one end thereof to the other end eighty-nine foot and a halfe in length; with two returnes or wings from the said building twenty and seven feet in length each within the walls from the said building but joyned to the other part of the said house or building aforesaid AND shall and will make all the said house or building as well as the returnes or wings thereof fifteen feet within the walls and shall and will make two cellars the one in the south-east corner and toe other in the south-west corner of the said building or house fifteen feet square and six feet cleare between the bawk that shall lye next over the said cellars and the flores of the same cellars and make and sett windows in such cellars. suitable for the said cellars of five inches by four inches And shall and will lay the foundations of the said house or building eighteen inches deepe and eighteen inches broad or thick with good mortar and stones or brick to the levell or topp of the said ground and shall and will erect and build the walls of the said house or building with good mortar and dry hard burnt or crimson brick up to the water table which is to be sett at such height accordingly as in the fore fronticepiece hereinafter mentioned is represented and by the scale thereof and from thence a brick and halfe in thickness up to the sill or wall plates and from thence make a brick pediment in the middle of the said fore frontispiece above the wall plate and before the middle of the roofe of the said building and make the heads of the two gables on the back front a brick's length in thickness with such works and ornaments and in such manner as upon two several sheets of paper and one additional piece of paper added thereto on one of which the plann of the said house or building and the fore fronticepiece of the same is represented or resembled and a scale for the measuring the said building is also sett; on the other sheet the back fronticepiece of the said house or building is represented and on the back of both which sheets of paper as also on the third

piece of paper the said Richard Starling and the said Edward Freeman have severally sett their hands1" And shall and will divide the said buildings into so many roomes in such manner and proportion as in or upon the said plann is dravvne represented or resembled and shall and will lay and place a good floore of joyce of 6 and 3 inches in the said building 3 feet above or from the ground from one end of the said building to the other that is to say from the east end thereof to the west end thereof but not in the returnes or wings of the same floore AND shall and will lay and place the said floor of joyce upon pinnings made of good mortar and brick a brick's length in thickness under or where the said partitions are to be made or placed and also next the inside of the north and of the south walls of the said house or building AND shall and will lay and place upon the said pinnings good planks of seven and two inches in thickness for the said floor of joyce to lay upon and shall and will lay the said joyce edgeways within twelve inches one of the other AND shall and will lay and place a good bauk twelve inches by twelve inches in substance as shall be most convenient over each of the said cellars and lace and frame in good joyce in both some of the old scantlings as the aforesaid joyce within the like distance or space of each other and make all the doores and windows for the said house or building of such scantlings as hereinafter was mentioned and place them according as in the said plan and fore fronticepiece is represented before the fifteenth day of Aprill next occurring after the day of the date hereof AND shall and will lay and place a second floor of joyce throughout all the said buildings as well as in the wings or returnes of the same as in the other part thereof so as there may be nine feet cleare between all the bauk and joyce of the said second floore and the plancther and pavements of the said first floore and made and framed the said second floore into good bauks of tenn and nine inches in substance over every of the aforesaid pinnings that are made and placed over where the said house or building AND shall and will lay one or more bauks as shall be necessary or convenient tenn inches by nine in substance over the bauks of each of the corner roomes over the said

two cellars and also backs of like substance over the midle. of every of the roomes in the wings or returnes of the said building or house and frame in joyce of five and three inches into all the said bauks edgeways within twelve inches one of the other throughout all the said second floore and make all the windowes for the roomes on the said second floore of such scantlings as hereinafter mentioned and sett them in such manner and in such places as in the said fore fronticepiece and back front is represented before the fifteenth day of lune next ensueing the day of the date of these presents AND shall and will make and lay a third flore of joyce in the said building soe as there may be nine feet cleare from or between the said second flore and the bauks and yoyce of the said third flore and lay and place wall plates of eight and four inches in substance upon all the walls of the said building or house and lay and place a bauk of nine and eight inches in substance upon the said wall plates over every of the said bauks in the said second flore and frame and lay in joyce edgeways of fower inches by three into every of the said bauks in the said third flore within twelve inches one of the other through all the said third flore AND shall and will sett mortice and cement into every of the said bauks in the said third flore a good paire of principall rafters of seven and seven inches below and six and six inches at the top and thirteen feet and a halfe in length with girt of six and six inches and cellar beams of eight and two inches and layers of six and six inches and small rafters of four inches by two and a halfe sett within twelve inches one of the other edgeways and mortice and tenant them into the said girt and dipp and let them into the wall plates of the said building and make a Luther in on each side of the pedimond on the said roofe and larth all the said roofe with good hard larth such as are usually sold at two shillings and sixpence a bunch and nayle them downe to every rafter at a seven inch gage with good fourpenny nayles and cover all the said roofe and building with good English tile made with good mortar AND erect and build up all the four stacks of chimbleys that are represented in the said plann of the first flore of the said building or house with good mortar and bricks in such order manner and bignesse as they are

represented in the said plan and a fore fronted piece of the said building two of the said stacks of chimbleys from the bottom of the cellar and the other two of the said four stacks a foot within the ground and likewise as many chimbleys in the roomes on the second flore of the said house in such order and manner and with the chimbleys in the said first flore and finish and topp or head all of the said chimbleys before the fifteenth day of August next ensuing [the day of the date of these presents AND shall and will divide the said house or building into soe many roomes and in such manner and proportion as well on the second flore of the said house or building as on the said first flore as in the said plann of the said house or building is represented AND sett place and make all the partitions that are to be sett placed or made on each side of the passage from the dore in the midle of the fore front of the said building to the dore in the midle of the back front of the said house or building and also the partitions that are to be sett placed or made in or about the three roomes on each side of the said passage and also in and about the roome over the said passage and the three roomes on each side of the last mentioned roome of good wood two with deale well and sufficiently dryed planed shott groouped and tongued and put together so that all the joynts in all the said partitions may not be only close joynted together when the said partitions are made or sett upp but continue and remain soe as also the doores into all and every of the said roomes that are to be parted or have partitions made in and about them as aforesaid as well as in the roomes of the second flore as of the first AND shall and will hang all and every of the said doores with good strong home-made double joynted gimmers made a foot long on the side of the joynte the one way and the width of the doore the other way put on and rivited with clynkers AND shall and will make or cutt a square hole at a convenient height in every of the said doores six inches square and place and fassen an iron grate on the inside of every of the said doores and hang a shutter on the outside of every of the said doors with strong home-made single joynted gimmers of a convenient length on each side of the joynt of the said gimer and rivitt them

on with clinks for the better closing or shutting up close the said square hole AND shall and will make partitions four inches thick of studes and brick with convenient doore cases into every of the said roomes in the wings or returnes of the said house or building according as in the said plann is represented AND shall and will make and erect a staircase from the bottom of the cellar in the said building up to the second flore in the said building in such manner and proportion as in the said plann is drawn or represented AND shall and will make the covers and stands of the same of good dry redd wood with deales and the strings and bearers of the said staircases of good oake AND shall and will seal and plaster with good haire morter under every the said flores of joyce and under each of the said staircases AND shall and will plaister all the walls and all the said studds and brick partitions in the said building with good hard morter AND shall and will plaster all the first and second flores of joyce in the said house or building with good dry red woodd with deales well planed and close joynted together and pave the said passage in the midle of the said house and all the roomes on the first floore in both the returnes or wings of the said house or building with good white payments And the floors in both the said cellars with good redd pavements AND shall and will make the fore james soles and heads of the dore cases in the fore front and back front of the said building of seven and six inches with a two light window over every doreway in the said dore cases And all the james soles and heads of all the other outward dore cases in the said building with a two light window over every outward doreway of five and four inches in such manner proportion and shape as in the said fore fronticepiece is drawne or represented And all the jammes and soles of the windoes in the back front of the said building of four and four inches in such manner proportion and shape as in the said back fronticepiece is drawne or represented AND shall and will make all the outward dores in the said building or house of dry good redd wood with deales planed groopt and tounged and close joynted together and bottomed with three guarter inch redd wood deales also all the inward dores in the

partitions in the said wings or returnes with like three guarter inch deales AND shall and will hang all the said dores with good hand made hooks and hinges or home made strong gimers as shall be most suteable And also put a good home made sneck upon every of the dores as shall be most suteable and convenient AND shall and will put two iron bands of three quarter inch barrs into every light in every window in the fore front and corner roomes and cellars of the said house or building Except in the lights in the pedimont and the lutherons before mentioned and glaze all the said windows with good clear glasse EXCEPT the cellar windows and the windowes in the lutherons and pedimont on the roofe of the said building which may be glazed with guarrel glasse AND shall and will putt in one or more like iron barrs into every other light in every windowe on the back front of the said building in the three roomes on each side of the said dore in the back front as in the roome over the before mentioned passage as over the three roomes on each side of the said roomes over the said passage AND shall and will make shutters with snecks to every of the said windowes of good dry redd wood with deale well planed shott groopt and tounged and close joyned together And hang every of them with good strong home made gimers riveted on AND shall and will paynt or coulor twice over with good white lead and oyle of a good body all the outward dore cases and dores and windowes and the shutters and iron barrs in all the said windowes in or about the said building orhouse AND shall and will lay a leaver board or window boards of good redd wood inch deales well planed at or before every windowe in the fore front and the wings or returnes of the said house or the dormer roomes in the said house or building AND shall and will make such a palaster on each side of the door in the midle of the fore front of the said house with stone basses and capitalls the said John Morse his heires or assignes findeing or provideing the said stone bases and capitalls AND shall and will make the covering of the circular pedimont with good dureable stone AND shall and will make all such ornements and ffatics (?) and French eves with brick in about and upon all the said house as well as

the back front as the fore front and wings returnes off the said building AND shall and will at their some or one of their owne proper cost and charges provide a sufficient quantity of good lime and good sand and make good brick mortar therewith and also a sufficient quantity of good lyme and sold haire and make good haire mortar therewith for all the said building AND also shall and will at their or some or one of their proper cost and charges provide a sufficient quantity of good timber and deales bricks and English tyles and hard larth of two shillings and six And brick and nayle them down to every rafter with good fourpenny nayles at a seven inch gage and cover all the roofe of the said building with good English tyle and provide all other things that shall be necessary usefull or convenient to be used in or about the said house or building And make build erect and do everything about the said house or building substantially and in workmanlike manner and make sett and place all the dores windowes and partitions and all other things in and about the said house or building in such manner and proportion and according to the said plann fore fronticepiece and back fronticepiece by the said scale EXCEPT all such things and parts of the said building or house as in these presents is particularly covenanted promised or agreed upon to be otherwise made or done AND shall and will finish and adorne all things in the roomes of the wings and in the corner roomes in the said house or building according and in the manner as houses of about twelve pounds a yeare are usually finished and adorned AND shall and will erect make build and finish all the said building or house and the roomes within the same and leave the same by the sneck on or before the nine and twentieth day of September now next ensueing AND shall and will make all tha wood works used in and about the said house or building and the planters of good oake timber except the partitions and stepes and stands of the said staircases and dores which are to be made of such deales as hereinbefore is mentioned and shall not or will not use any timber or deales that have any sapp or is any way decayed in any part or parts of the said house or building where it shall or may be any way prejudishall or hurtfull to the said

building or house ITEM in consideration thereof the said John Morse for himselfe his heires executors and administrators and for every of them doth covenant grant promise and agree to and with he said Richard Starling and Edward Freeman their heires executors and administrators and every of them by these presents that he the said John Morse his heires executors or administrators some or one of them shall and will well and truly pay or cause to be paid unto the said Richard Starling and Edward Freeman or to one of them their or one of their executors or administrators the sum of one hundred ninety and nine pounds of lawfull money of Great Britain when and as soone as the first floare of joyce shall be laid in the said building AND also also shall and will pay or cause to be paid to the said Richard Starling and Edward Freeman their some or one of their executors or administrators such further sume of like money as the said house or building shall amount or come to more than the two hundred pounds hereinbefore mentioned doe or shall amount to at twenty pounds and square on or upon the nine and twentieth day of September next coming after the day of the date of these presents if the said house or building shall be then fully built and finished AND LASTLY it is mutually covenanted and concluded and agreed upon By and Between all the said parties to these presents that if the said John Morse his heires executors administrators or assignes or any of them shall cause any addition or alteration to be made in or to the said house or building contrary to what is mentioned or contained in these presents and if any difference shall arise thereupon or if any difference shall arise about or upon anything contained in these Articles that all such difference shall be heard settled and determined by William Cockman of the City of Norwich Esquire John Hall of the same City Esquire Timothy Green of the same City Hosier Thomas Churchman of the same City Worsted Weaver Henry High of the same City worsted weaver and Edward Wells of the same City grocer or any four of them IN WITNESS whereof the parties first above named have to these present articles sett their hands and seales the day and year first above written.

RICHARD STARLING (LS) EDWARD FREEMAN (LS) Sealed and delivered (the parchment being stamped according to the Act of Parliament) in the presence of us Ebeneze Cooke Thos. las, Blomfield, March 7th 1712 Received of the within named John Morse the within mentioned sum of Twenty shillings being part of the consideration money within mentioned we say reed, by us RICHARD STARLING f 1:0:0 FDWARD FRFFMAN Wittness hereto Ebeneze Cooke Thos. Jas. Blomfield March 27th 1713 Received of the within named John Morse the within named sum of One hundred ninety and nine pounds being a  $\pounds$  199 : 0:0 further part of the consideration money within mentioned we say reed, by us **RICHARD STARLING** FDWARD FRFFMAN Witness Tho. Morse Christen leppes. Dec. 4th 1713 Received of the within named John Morse more two hundred and fourteen £214 : 2 : 6 pounds two shillings and sixpence which 100:0:0 together with the above mentioned sum of One hundred pounds is in full for the within named agreement and also for that part of the fence wall which is now built By me Edward Freeman Witness John Morse Junr. f3|4, 2.6

# APPENDIX D: TIMELINE OF RELEVANT ENTRIES FROM THE MINUTES OF THE MEETINGS OF TRUSTEES

# TIMELINE APPENDIX

**8** January 1724 to 29 September 1730 - £397:8:3 spent on Workmen's Bills, over 10% of the overall expenditure for this period<sup>01</sup> Michaelmas 1747 - Michaelmas 1748 - £65 paid to Samuel Benning for carpentry

 $1753\mathchar`-1755$ 

20 December 1824 – Plans submitted for alterations and additions to the Hospital  $^{\rm 03}$ 

**7 March 1825** – Estimate requested for new work and alterations to old building

3 March 1828 – Copper tube wash house chimney and three heating pipes installed

 $2\ March\ 1829$  – Ordered that the Treasurer pay Mr Fox £64 for making repairs at the Hospital

5 March 1829 - Tradesmen bills amounting to £144

 $\mathsf{I829}-\mathsf{Ordered}$  that a small estate adjoining the Hospital estate be purchased for £370

1830 – Mr Fox made unspecified alterations to the House

28 June 1830 - Plans submitted (plans submitted)

7 March 1831 – Tradesmen's bills for £283 to carpenter, stone mason, painter, bricklayer, glazier, plasterers, brazier and whitesmith

**4 April 1831** – Ordered a new Day Room to be built on the men's side and a space opened next to the staircase

 ${\bf 27}~{\bf April}~{\bf 1831}-{\rm Mr}$  Fox presented a plan for a new Day Room on the men's side which was approved by the Board

**2 Jan 1832** – Ordered that Mr Fox's balance of contract be paid and gratuity for bill being lowered

**1833** – Specifications prepared for the proposed alteration and additions to the Hospital's East Wing. These are summarised below:

## Plan I

- Carefully take down all partitions and clean old nails for reuse.
   Doors to be stripped of all superfluous iron, bolts etc.
- 2 Cut opening through wall of Attendant's room and fix 1 <sup>3</sup>/<sub>4</sub> square sash door
- 3 All the old windows to be removed and the openings enlarged to fit the new frames which are to be deal cased, oak weathered
- 4 The old work to be painted twice and the new work 3 times in good oil. All to be finished in one uniform colour.
- 5 Build brick jambs for fireplace and cut aperture in wall of Attendant's Room for chimney flue to be inserted

BH 9, Minute Book, 1724-1754

<sup>02</sup> BH 16, Minute Book 1724-1763

<sup>03</sup> BH 13, Minute Book 1817-1849

# Plans 2 and 5

- 6 The bricklayers to pull down and clear away all cell walls and roofing on the east side of yard no.3 and some cells on the north side
- 7 Build brick jambs in good mortar to take the girder for open shed on the north side
- 8 To build brick partition across passage of same thickness in continuation of second wall of first cell take out ... windows next street enlarge the opening and fix therein the removed from the present straw chamber one of the doors removed from cells to be fixed with a lock
- 9 To cut openings in walls of present straw chamber and fix five of the old cell windows to present a uniform appearance outside
- 10 The opening from whence wicket is removed is to be bricked up
- 11 The soundest and most suitable of the materials from cells to be fixed by the carpenter in position for 3 additional bedrooms and one cell door hung to each room. Floor to be repaired if necessary.
- 12 Provide and fix fir girder in two pieces (securely connected at angle with iron straps etc.) to lay well onto the jambs at each end supported also at ends by 2 dl storey posts with chamfered edges deal plinth bedded with white lead and tennoned into stone base  $9 \times 12 \times 3$  which is to be laid soundly with mortar on the old brick foundations. The centre to be supported by 3 iron columns let into iron plate screwed to girder and fixed upon stone bases. Deal fascia to be provided and fixed to girder forming eliptic ... between the several columns
- 13 The strawhouse to be laid with joists  $3 \times 2 \times 1$

- 14 The plastering on east wall where cells are removed is to be hacked off, pointed and coloured that on the walls of covered way to be pointed and coloured also. The walls of 3 intended bedrooms to be rendered. The plastering elsewhere where damaged to be made good
- 15 The stone floors to be taken up (except those in the straw house) cleaned and stacked where directed for future use
- 16 The bricks to be cleaned and stacked fit for reuse during the alterations

Plans 3 and 4

- 1. To carefully strip off all tiling of the present roofs and stack them fit for reuse
- 2. The walls to be commenced from present eaves with the old bricks faced with new kiln burnt bricks and when carried up to proper height the roofs to be fixed therein in their present shapes
- 3. To cut an opening through wall at centre at end of passage for an entrance door to dormitory over Day Room No.I.
- 4. Cut aperture through wall next ditto on the left to form lobby (The entrance door to Dormitory No.2 to be in attendant's room)
- 5. The east wall of Day Room No.2 to be pulled down and rebuilt
- 6. The lobby to entrance of Dormitory No. I to be roofed with a piece of slate
- 7. To carefully take off the roof wall plates of Day Rooms No.1 and 2 to clear the materials of all nails. When walls carried up to be refixed as at present fir joists cross strutted ...centre are to be laid transversely to have a good bearing on walls at each end upon wall plates 4 x 2 ½ the whole to be covered with 1 ¼ deal floor tongues with hoop iron. Timber 7x6 frames refixed at angle and ends securely plugged into walls to carry 9"

walls of lobby morticed to receive ends of joists 4x 2 laid with 1" deal properly finished with the old floor. As much of the soundest of the old materials and doors pulled down elsewhere as may be required are to be fixed in the positions shown on plans for partitions to the several rooms. The doors and jambs being cleaned of all superfluous ironwork repaired as may be necessary and relining and each door furnished with 2-8" rad bolts.

- 8. The windows throughout to have deal cased frames oak weathered and throated cills stone subcills hung rounded window boards 2" sashes single hung 1 ½ brass frame pulleys patent lines iron weights appropriate fastenings and iron sashes complete. 2" square sash doorl 34 rebate linings are to be fixed to the entrance of each dormitory 1 ¼ moulded architraves 6" mortice lock brass furniture hung with 3 ½ bulls
- 9. Each Dormitory to be ascended by 4 steps
- 10. All the materials which are sound are to be used during the alterations and the remainder to be stacked and left on the premises

1835 - Ordered that Mr Fox be employed to make a new yard and other alterations, for which he was paid in 1836

5 October 1835 - New copper and pipes installed

Nov 1836 – Mr Fox commissioned to build a buttress to the south of the Boardroom

**4 May 1840** – Ordered that the usual whitewashing plastering be done to the Hospital

**4 April 1842** – William Ling, a bricklayer, was paid for work at the hospital

**15 August 1844** – Ordered that a shed be built according to proposed plans

14 January 1845 – Letter discussing the heating problems at the Hospital. Talks about how the bedrooms for the 'most helpless paralysed and epileptic patients' are warmed by a heating pipe passing through the cells. However, the majority of the bedrooms are not heated at all. The expense of heating all bedrooms was estimated at £1,500 per year.

1848 – Ordered that gas be installed in the Hospital on the men's side with gas being ordered the following year for the women's side

I December 1851 – Ordered that a proper washing place be made for the male patients in the passage adjoining the Day  $Room^{04}$ 

**5** April 1852 – Ordered that a proper washing place be made for the female patients in the Bath House

6 September 1852 – Ordered that all the privies be removed and water closets made instead

5 March 1853 – Ordered that a staircase out of Day Room no. 3 be inserted on the men's side to communicate with sleeping rooms on the north side

September 1853 - Ordered the installation of iron windows to the north side of No.1 Women's Day Room and east side of No.3

October 1853 - Padded room and iron window to the female sick room

**5 December 1853** - Ordered to make a Dormitory Room for the aged and infirmed patients on the women's side

**5** June 1854 – Ordered that a Sick Room, Dormitory and six separate bedrooms be made on the Men's side

 ${\sf I855}-{\sf Purchase}$  of house, yard and premises of Mr Aggas Browne adjoining the hospital and then the buildings were sold

1856 – The possible use of the Boardroom as a chapel was discussed but a decision was adjourned

**19 May 1879** – Proposed alteration to the Hospital discussed by the Governors and Mr Downing was requested to make an estimate<sup>05</sup>

3 June 1879 – Ordered that the alterations be carried out to the plans and specifications drawn up by Mr Downing at a cost of  $\pounds 165$ 

I September 1879 – Mr Downing was paid £150 for his work at the Hospital. Ordered that Mr Pepper be instructed to make enquiries as to the cost of making the garden on the east side of the Hospital into a Bowling Green.

**3 January 1881** – Ordered that an estimate for the fitting of two padded rooms be obtained by Mr Pepper

**2 May 1881** – The Padded Room is completed but no patient is to be placed therein except under a special order from of the medical officers

August 1883 – Ordered that plans be drawn up for a new stair and alterations including a new day room, alterations to the old carpenter's shop and a stair to the rooms above the Boardroom as a precaution against fire. A request for revised plans was issued later **3 December 1883** – Ordered that the kitchen chimney and range be repaired

I December 1884 – Ordered that Mr W Wilkins be paid for his work in fitting two new water closets and a padded room on the men's side and Mr E G Reeve for apparatus for the latter

May 1885 – report that the roof of the Hospital was in poor repair with immediate pressing repairs needed

 $\begin{array}{l} \textbf{August 1885} - \textbf{door inserted between } Mr \ \textbf{Turner's House} \\ \textbf{and the hospital} \end{array}$ 

2 November 1885 – Ordered that a Water Closet be constructed in Lady's no.2 Court at a cost not exceeding  $\pounds 25$ 

11 December 1885 – Enquiries were made into the probable expense of installing fire exits mentioned by the Lunacy Commissioners

**4 January 1886** – Hornor reported that the chimney of the Boardroom was in a dangerous state and it was ordered that it should be rebuilt

Survey of the defective south wall of the Boardroom states the cause of the subsidence as poor foundations, possibly owing to the presence of an adjacent well, cesspool, or drain. The surveyor strongly recommended the complete removal of the south wall and a portion of the east wall including the chimney, and to rebuild them on broad foundations. It was recommended that the floor of the Committee Room be taken up prior to this and the large window on the south wall replaced.<sup>06</sup>

<sup>04</sup> BH 14, Minute Book 1850-1877

3 May 1886 – Report concerning the roof of the hospital was read and the recommendations ordered to be adopted. Hornor asked to investigate the expense of the five fire exits mentioned by the Lunacy Commissioners and ordered the purchase of a canvas tension fire escape and ladder

October 1886 – Further fire escapes purchased for the female side

November 1885 – WC built in the Lady's No.2 Court

**2** May 1889 – Payment of  $\pounds$ 253 issued for the repairs made to the roof

**25 August 1893** – Boulton & Paul issued specifications for a fire escape door

6 November 1893 – Ordered that the Treasurer pay Boulton & Paul £68:10:10 for erecting and lengthening the veranda at the Hospital

**4 December 1893** – Ordered that the Treasurer pay Robert Wegg £152:3:2 for building a new Billiards Room

**5** February 1894 – Ordered that the Treasurer pay Boulton & Paul  $\pounds$ 16:10:0 for erecting a fire escape stairs in the Men's Department of the Hospital

7 May 1894 – Ordered that a new floor be laid in the Billiard Room and a new door be made to the Furnace Yard for the (unclear). Also ordered that alterations be made for the conversion of the old Kitchen to a Servant's Hall.

**2 July 1894** – Frederick Bateman was asked to write a history of the Hospital

8 September 1895 – Ordered that the old Dining Room be converted into a Ladies Day Room at a cost not exceeding  $\pounds$ 50.

# APPENDIX E: LIST OF RECENT PLANNING APPLICATIONS

This table is based on one supplied by Chloe Canning-Trigg, Conservation and Design Officer, Norwich City Council.

Application No.	Proposal Description	Decision
920255/F	Conversion of hospital to provide offices and nine residential units and erection of two storey office building with basement car parking with access from Theatre Street and Bethel Street: Bethel Hospital	APPROVED
920268/L	Part demolition and internal alterations and extensions to main building and cell block in Little Bethel Street to allow conversion to offices and nine residential units: Bethel Hospital	APPROVED
4/1997/0931/U	Temporary use of part first floor as caretakers flat	Temporary Approval
4/1997/0972/L	Internal and external alterations to building to facilitate conversion to 20 bedroom hotel,restaurant, offices and nine residential units with office accommodation including erection of single storey extensions and insertion of additional windows and entrances. Demolition of single storey extensions in courtyard and single storey extension fronting Theatre Street	APPROVED
4/1998/0038/F	Conversion of hospital to 20 bedroom hotel,restaurant, offices and 6 residential units with office accommodation including erection of single storey extensions and insertion of additional windows and entrance	APPROVED
4/2000/0466/F	Insertion of three windows.	APPROVED
4/2000/0467/L	Insertion of 3no. windows and internal alterations to building.	
4/2000/0828/F	Conversion of part of building to eight dwellings, internal and external alterations and erection of single storey extensions. (revised proposal )	Approved
4/2000/0829/L	Demolition of single storey extension, internal and external alterations to building, and erection of single storey extension.	Approved

Application No.	Proposal Description	Decision
4/2000/0830/D	Part condition 4 -details of landscaping for previous permission <b>4980038/F</b> .	
4/2000/0906/D	Condition No.7 details of fire prevention measures for previous consent <b>4/1997/0972/L</b> internal and external alterations.	APPROVED
4/2002/0082/L	Internal and external alterations, partial demolition of single storey extension and erection of single storey extension (revised proposal)	APPROVED
4/2002/0328/L	Internal & external alterations (revised proposal).	APPROVED
4/2002/0349/F	Amendment to planning permission <b>4/1998/0038/F</b> to provide one additional residential unit and managers office (total of seven residential units) - revised proposal.	APPROVED
4/2002/0689/D	Condition 3 details of windows, doors, entrances and extensions; Condition 4 landscaping, planting and site treatment for previous permission <b>4/2000/0828/F</b> 'conversion of part of building to eight dwellings'	APPROVED
02/1026/L	Plot 8, Little Bethel Court, Internal alterations to ground and first floor	APPROVED
4/2003/0533/D	Plot 8 Little Bethel Court - Condition 2 - details of internal joinery for previous consent <b>4/2002/I026/F</b> - 'internal alterations'	APPROVED
03/00508/D	Condition 23: sound insulation for previous permission 4/1998/0038/F 'conversion of hospital'	APPROVED
03/00509/D	Condition 2a) new joinery and 2d) cornices for previous planning permission <b>4/2002/0328/L</b> 'internal and external alterations'	APPROVED
04/00690/L	Internal and external alterations to central block to provide 7 residential units, management offices and offices.	APPROVED
05/00653/F	I Bethel Court - Alterations and extensions to building to create one residential unit.	APPROVED
05/00652/L	I Bethel Court - Part demolition, alteration and extension.	Approved

Application No.	Proposal Description	Decision
05/00999/D	I Bethel Court - Details of Conditions 2b and 3c: External Joinery of previous planning permissions <b>05/00652/L</b> and <b>05/00653/F</b> ' Part demolition, alteration and extension to facilitate conversion to one residential unit'.	
11/00629/L	Repair works to gable wall of boardroom and reopening of existing opening into boardroom ante room.	Approved
14/00010/PREAPP	Subdivision of part of previous hospital wards into 3 No. 3-bed houses arranged around a shared courtyard, with associated landscaping and parking. External alterations to south façade of north range to provide new ground floor glazed extension and removal of redundant fire escape stairs, change to windows, and creation of additional windows and door to Bethel Street elevation. Internal alterations to facilitate.	
14/01045/PREAPP	Potential development of part of the old hospital into residential units and possible construction of new residential block on existing car park. (7 storey)	
15/00789/PREAPP	Intermediate enquiry; conversion [of cell ranges] to 6 No. dwellings.	
15/00987/PREAPP	Basic enquiry: Proposed sub-division of I Bethel Court and the N.East wing of the H plan building, and change of use of previously approved office use. Proposed Subdivision of previously approved conversion of houseI and Change of Use of previous approved office use to residential flat, studios and maisonettes.	

Note: Suffix F indicates a planning application; suffix L indicates a listed building consent application

## APPENDIX F: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
DEMOLISHED				
Bedford Asylum, Bedford	Bedfordshire	1812	1860	
Fountain Mental Hospital, Tooting	London	1892	1963	
Banstead, Banstead	Middlesex	1877	1986	
Darenth Park Hospital	Kent	1878	1988	
Naburn, Fulford, York	Yorkshire	1903	1988	Formerly York Borough Asylum, in conjunction with Bootham Park Hospital
Broadgate, Beverly	Yorkshire	1871	1989	
Cane Hill, Coulsdon	Surrey	1882	1991	Admin, Water Tower, Chapel & Cottage Hospital retained
St John's, Stone	Buckinghamshire	1853	1991	
Rainhill, Prescot	Lancashire	1851	1992	

Hospital Name	County	Opened	Closed	Notes
Rubery Hill, Birmingham	Warwickshire	1882	1993	
Carlton Hayes, Narborough	Leicestershire	1904	1994	
Clifton, York	Yorkshire	1849	1994	Formerly York and East Ridings Asylum
Coney Hill, Gloucester	Gloucestershire	1883	1994	
Hellingly, Hellingly	Sussex	1903	1994	
Calderstones, Clitheroe	Lancashire	1915	1995	
Caterham Mental Hospital	London	1870	1995	
St Matthew's, Burntwood	Staffordshire	1865	1995	Chapel remains
Whittingham, Preston	Lancashire	1873	1995	Admin and Front Four Villas remain
Tooting Bec Mental Hospital, Tooting	London	1903	1995	
Barnsley Hall, Birmingham	Worcestershire	1907	1996	
Parc Hospital, Bridgend	Glamorgan	1887	1996	
Winterton, Sedgefield, Durham	County Durham	1859	1996	

Hospital Name	County	Opened	Closed	Notes
De La Pole, Willerby, Hull, Humberside	Yorkshire	1883	1997	Chapel remains - used as a funeral venue (multi-faith). Formerly Hull Borough Asylum
Winwick, Warrington	Lancashire	1902	1997	Chapel remains
Bexley, Dartford	London	1898	1998	Chapel remains
Cherry Knowle, Ryhope, Sunderland	County Durham	1895	1998	
Shenley, Shenley	Hertfordshire	1934	1998	Chapel & Water Tower remains
Warlingham, Warlingham	Surrey	1903	1999	Water tower remains
St Lawrence's, Bodmin	Cornwall	1815	2002	Original radial buldings converted. Foster annex demolished in 2014
Countess Of Chester, Chester	Cheshire	1829	2005	
St Ebba's Hospital, Epsom	London	1903	2009	Mostly demolished, water tower & 2-3 other wards open/derlict

Hospital Name	County	Opened	Closed	Notes
St Lukes, Middlesbrough, Cleveland	Yorkshire	1898	2009	Formerly Middlesbrough County Asylum
Kingsway, Derby	Derbyshire	1888	2010	
Runwell, Chelmsford	Essex	1936	2010	Admin, chapel & water tower retained
CONVERTED				
Royal Holloway, Virginia Water	Surrey	1885	1982	
The Lawn, Lincoln	Lincolnshire	1820	1985	
The Coppice, Nottingham	Nottinghamshire	1859	1986	
Digby, Exeter	Devon	1886	1987	
Saxondale, Nottingham	Nottinghamshire	1902	1987	
Horton Road, Gloucester	Gloucestershire	1823	1988	
Powick, Powick, Hereford & Worcester	Worcestershire	1852	1989	
Mendip, Wells	Somerset	1848	1991	
Fulbourn, Cambridge	Cambridgeshire	1858	1992	
Herrison, Dorchester	Dorset	1863	1992	

Hospital Name	County	Opened	Closed	Notes
Long Grove Hospital, Epsom	London	1907	1992	
St Augustine's, Canterbury	Kent	1875	1992	
Whitecroft, Newport, Isle Of Wight	Hampshire	1896	1992	
Friern, Barnet	Middlesex	1851	1993	
Glenside, Bristol	Gloucestershire	1861	1993	
Moorhaven, Plymouth	Devon	1891	1993	
St Audry's Hospital, Woodbridge	Suffolk	1829	1993	
Brookwood, Woking	Surrey	1867	1994	
Exminster, Exeter	Devon	1845	1994	
Mapperley, Nottingham	Nottinghamshire	1880	1994	
Netherne, Hooley	Surrey	1909	1994	
Oakwood, Maidstone	Kent	1833	1994	
Pastures, Derby	Derbyshire	1851	1994	
St Mary's, Burghill	Herefordshire	1871	1994	
Claybury, Redbridge	London	1893	1995	
Hill End, St Alban's	Hertfordshire	1899	1995	

Hospital Name	County	Opened	Closed	Notes
Leavesden, Abbots Langley	Hertfordshire	1870	1995	
Roundway, Devizes	Wiltshire	1849	1995	
Scalebor Park, Burley In Wharfedale	Yorkshire	1902	1995	
St Francis, Haywards Heath	Sussex	1859	1995	
St Mary's, North Saltwick	County Durham	1914	1995	
Stanley Royd, Wakefield	Yorkshire	1818	1995	Formerly West Riding Pauper Lunatic Asylum
Tone Vale, Tauton	Somerset	1897	1995	One ward to right of admin & main hall still derelict
Central Hospital, Hatton	Warwickshire	1852	1996	
Hollymoor, Birmingham	Warwickshire	1905	1996	
Knowle, Fareham	Hampshire	1852	1996	
Littlemore, Oxford	Oxfordshire	1846	1996	
Manor Hospital, Epsom	London	1899	1996	
Park Prewett, Sherbourne St John	Hampshire	1921	1996	

Hospital Name	County	Opened	Closed	Notes
Pen-Y-Fal Hospital Abergavenny	Monmouthshire	1851	1996	Chapel remains derelict
Royal Albert, Lancaster	Lancashire	1873	1996	
Fairfield, Stotfold	Bedfordshire	1859	1997	
Horton Asylum, Epsom	London	1902	1997	
Parkside, Macclesfield	Cheshire	1871	1997	
Prestwich, Manchester	Lancashire	1862	1997	
Royal Earlswood, Redhill	Surrey	1855	1997	
Normansfield, Kingston	London	1868	1997	
Napsbury, St Alban's	Middlesex	1905	1998	
Garlands, Carleton, Carlisle	Cumbria	1862	1999	
Lancaster Moor, Lancaster	Lancashire	1816	1999	South buildings under demolition/ conversion
Middlewood, Wadsley Park, Sheffield	Yorkshire	1872	1999	West Riding of Yorkshire County Asylum
All Saints, Winson Green, Birmingham	Warwickshire	1850	2000	

Hospital Name	County	Opened	Closed	Notes
St Edwards, Cheddleton, Staffordshire	Staffordshire	1898	2001	
Graylingwell, Chichester	Sussex	1897	2002	
Warley, Brentwood	Essex	1853	2002	
Fairmile, Cholsey	Oxfordshire	1870	2003	
High Royds, Menston	Yorkshire	1888	2003	Few wards still derlict to west of site
The Towers, Humberstone	Leicestershire	1869	2005	Some small parts still derelict
Stone House Hospital, Dartford	Kent	1897	2007	
West Park, Epsom	London	1923	2009	
STILL OPEN				
Glanrhyd Hospital, Bridgend	Glamorgan	1864		
Bethlem Royal Hospital	London	1247		The oldest asylum in Britain
Broadmoor Hospital, Crowthorne	Surrey	1863		Plans to replace original asylum buildings in 2016

Hospital Name	County	Opened	Closed	Notes
Cheadle Royal, Cheadle	Cheshire	1763		Formerly Manchester's Royal Lunatic Asylum, existing buildings are 1850s
Cefn Coed Hospital	Glamorgan	1932		
Hellsdeon Hospital, Norfolk	Norfolk	1828		
Maudsley, Southwark	London	1923		
Springfield, Wandsworth	Surrey	1842		
St Andrew's, Northampton	Northamptonshire	1838		
St Cadoc's Hospital, Newport	Monmouthshire	1906		
St Clement's Hospital, Ipswich	Suffolk	1870		Hospital Closed/ Administration Blocks still in use
St James's, Portsmouth	Hampshire	1879		
St Luke's, London	London	1751		Existing buildings are 1930s
St Martin's, Canterbury	Kent	1902		

Hospital Name	County	Opened	Closed	Notes
St Nicholas's, Coxlodge, Newcastle	Northumberland	1869		
St Bernard's, Ealing	Middlesex	1831		
The Retreat, York	Yorkshire	1796		Still a charitable psychiatric hospital
Warneford, Headington, Oxfordshire	Oxfordshire	1826		
Whitchurch Hospital, Whitchurch	Glamorgan	1908		
Wonford House, Exeter	Devon	1801		
Demolished or part derelict				
St John's, Bracebridge Heath	Lincolnshire	1852	1989	Final Part of Conversion Underway
Broadgate, Beverley	Yorkshire	1871	1989	Demolished
Storthes Hall, Kirkburton	Yorkshire	1904	1991	Only Admin remains
North Wales Hospital, Denbigh	Denbighshire	1848	1995	CPO ongoing
St Crispins, Duston	Northamptonshire	1876	1995	Some Derelict Buildings - Recent Fire Damage

Hospital Name	County	Opened	Closed	Notes
St Georges, Stafford, Staffordshire	Staffordshire	1818	1995	Conversion to start soon
Rauceby, Sleaford	Lincolnshire	1902	1997	Original block derelict, very stripped. Chapel under conversion, Rest converted[/
Severalls, Colchester	Essex	1913	1997	Planned demolition to start in 2014
St Andrew's, Norwich	Norfolk	1814	1998	Some of annex to north remains and is Grade II* listed
St George's, Morpeth	Northumberland	1859	1999	Awaiting demolition
Mid Wales Hospital, Talgarth	Breconshire	1903	2000	Recent planning application to convert to housing refused
St David's Hospital, Carmarthen	Carmarthenshire	1862	2002	Council owned/ Some buildings in use
Barrow Hospital, Barrow Gurney	Somerset	1939	2008	Final stages of demolition

Hospital Name	County	Opened	Closed	Notes
Goodmayes, Chadwell	Essex	1901	2012	Outpatients, Administration & Services buildings still in use. Main wards closed
Royal Shrewsbury Hospital (Shelton), Shrewsbury	Shropshire	1845	2013	Closed/Derelict

## APPENDIX G: INVENTORY OF THE BOARDROOM BY JOHN MADDISON

# The Inventory

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Proposals to accompany an inventory of contents in the Boardroom of the Bethel Hospital, Norwich

John Maddison Ph.D F.S.A. June 1994

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### THE BETHEL HOSPITAL

PROPOSALS TO ACCOMPANY AN INVENTORY OF THE CONTENTS IN THE BOARDROOM

I have been asked to prepare an inventory of the contents in the Boardroom and to categorise them under the following heads:

a) The contents that relate to the Boardroom and that should in my opinion remain there in perpetuity to preserve the historical record of the building's use.

b) The contents which are of interest and although not specific to the Boardroom, have a historical significance for the Bethel and which should be located in the Annexe [the Anteroom].

c) The contents which need not remain in the Bethel.

I have also been asked to comment on the work that would be involved in ordering the hanging of the pictures and photographs, and the layout of the rooms with selected furniture to give the best effect.

These are the principal requirements set out in David Bissonnet's letter of 26th May 1994.

I shall also add some general remarks on the kind of housekeeping regime which should help to insure the long-term survival of the contents and on issues of security, fire protection and insurance.

There are two copies of the inventory on  $S^* \times S^*$  index cards with photographs attached to each. The numbering is based on the model used by the National Trust. B refers to the Bethel Hospital. Other initials refer to category of object. Thus C - ceramics; F - furniture: H- horological; M- metalwork; NH - natural history; P - pictures; T - textiles. Objects are numbered within their categories.

#### 1.0 INTRODUCTION

The Boardroom of the Bethel Hospital is one of the most important historic interiors in a city that is famous for its historic buildings. The hospital itself is of course a landmark in the history of mental health and in a wider sense in the history of humanity. As the will of the foundress, Mary Chapman, makes clear, it was her experience of mentally ill members of her close family that inspired its establishment. It was from the start a compassionate institution for impoverished people afflicted with mental illness and was therefore a pioneer of the trend which led away from the brutal regimes of seventeenth-century asylums in which discipline and punishment were the predominant remedies. It should always have an honoured place in the history of Norwich as one of the city's notable contributions to the development of society. That is one powerful reason why the securing of the eighteenth-century Boardroom is such an important objective. That having been said it is also the case that complete interiors of this type and period have very considerable rarity value.

It has become clear from my preliminary examination of the records that the objects which remain are in many instances the original furnishings made for the room on its completion in the 1750s. The distinguished series of three-quarter length portraits depict the small group of early trustees that was responsible for its construction and fitting out. Ensembles of contemporary architecture, pictures and furniture are not uncommon in the English country house and over the last fifty years many of them have been given the assurance of permanent preservation through the formation of charitable trusts or by various forms of public ownership.

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Well preserved institutional interiors of the mid-eighteenth century are less common. This is usually because they are often subject to heavy use and to periodic refurbishment related to this and to the changing nature of their institutions. This is not the case at the Bethel where the Boardroom and its furnishings remain substantially unchanged. The room has never been subject to heavy use and with the ending of the hospital's original role in this century it has been left very much alone.

NEW DATASAN TO A

In my view the preservation of the eighteenth-century Committee Room of the Bethel Hospital is a matter of more than regional importance. This room is a composite historical artefact of very considerable historical, social and artistic significance.

### 1.1 Architectural History

On 7 March 1712 an agreement was made with Richard Starling ,carpenter and Edward Freeman , mason to build the new hospital. Their building is probably accurately represented in the little image on the hospital's seal (alustrated in Plate 1 of <u>The History of</u> the <u>Bethel Hospital at Norwich</u> by Frederick Bateman and Walter Rye) and much of this structure remains today.

The Boardroom is a somewhat later addition and is part of the general development of the hospital made possible by the flow of benefactions which followed immediately upon its establishment. As the trustees noted in October 1763, the hospital had, "since the foundation been greatly enlarged". A preliminary examination of the Treasurer's Account Books and of the Trustees' Minute Books shows that a 'New Building' was being built between 1753 and 1756 which included the present Boardroom, or 'Committee Room' as it was then known.

The most highly paid craftsmen involved in this project were William Foster the mason and Christopher Lee the carpenter. The latter received by far the largest sums and may have been the main contractor. He certainly appears to have exercised a co-ordinating role and may well have been the architect. Lee submitted his own plans for the Octagon Chapel in Colegate in December 1753. These were not accepted and neither was his second string, a set of plans by the architect and theoretician Robert Morris of London, but Lee became one of the contractors for the carpentry work there when it was built to the designs of Thomas Ivory in 1754-56. It is interesting that the Octagon Chapel is the exact contemporary of the Bethel Boardroom and that Lee's role there as a contractor and at the Bethel were not obviously affected by his declaration as a bankrupt in 1754. Thomas Rawlins who was paid as a stone mason at the Bethel during this period was a monumental mason, operating in Norwich between 1743 and 1780. He was probably responsible for the fireplace (which is identical to one in the drawing room at Oxburgh Hall). Rawlins also practised as an architect, exhibiting his designs at the Society of Artists and at the Royal Academy in the late 1760s and 1770s. In 1753 he too had submitted an unsuccessful design for the Octagon Chapel.

Much of the grandeur of the room arises from its handsome plasterwork both in the overmantle and in the frieze and cornice which are excellent examples of Nco-Palladian detailing at its most vigorous. This stucco work was undertaken by William Wilkins a notable Norwich plasterer with premises in St Benedict's Street. On 8th April 1754 the trustees 'Ordered that the Treasurer pay to William Wilkins the sum of twenty pounds on Mr Lees Account in part for the Ceiling and stucco work in the Comittee room in the New Building at this Hospital.' Wilkins was the grandfather of William Wilkins, the famous Neo-classical architect who designed the National Gallery and Downing College Cambridge.

The only significant change in the architecture of the room is the alteration of its tripartite window which appears to have originally been a Venetian window with an arched central light.

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### 1.2 Early inventories.

The contents of the new 'Committee Room' were listed in an inventory on 30th July 1756. The entry for the Boardroom runs as follows:

THE THE TREAMENTER FOR

'In the Committee Room. One large oblong Mahogany Table, two drawers with locks and keeps, 12 Walnuttree [sic] chairs with Horsehair seats, 1 large steel stove, fender, tongs, shovel and poker, on the door a brass Mortis Lock, scutchins and key, two Benefaction Tables and a full length picture of Mrs Chapman the Foundress'

The Anteroom is also described:

In the Antiroom One oblong Wainscott Table, six Russia Leather chairs, some scrowle pins for cloaks, on the door an iron rim'd lock with a key......

1.3. The furnishing of the the Boardroom

On 3rd September 1754 the trustees 'Ordered that the Clerk draw out an Abstract of the Benefactions given towards the support of this Hospital against the next meeting in order to have a proper table of them fixed up in the Committee Room. On 9th June 1755 the Trustees 'Ordered that the Treasurer pay to Mr Fra. Whistler three pounds thirteen shallings and six pence being in full for his bill for a table of Benefactions'. From time to time over the coming years Francis Whistler would return frequently to the Boardroom to point new entries on the benefaction boards.

As the inventory makes clear there was only one painting in the Boardroom in July 1756 and that was the posthumous portrait of Mary Chapman which the trustees had commissioned from the painter John Heins. They paid his widow sixteen guineas for it in 1756, the year of Heins's death. The other portraits were, as Andrew Moore has pointed out, commissioned in 1759, all that is with exception of the portrait of Burtholomew Balderston which he may have left to the hospital on his death in 1766. It must be emphasised that those trustees represented in the oil paintings were the men who had presided over the Bethel during the building of the Boardroom. It is not simply a random collection of trustees' portraits gathered over a long period but a deliberate and coordinated portrayal of a particular group at a specific period.

The historical value of this kind of group patronage is very considerable. In an English context is belongs to a tradition which includes the celebrated 'Cheshire Gentlemen' at Tatton Park and the famous group of portraits which members of the Kit-Kat Club commissioned from Kneller to decorate their meeting room. In a European context it also invites comparison with the seventeenth-century Dutch group portraits of militis company officers, guild officials and charity trustees. What we have in the Bethel Boardroom is therefore something subtly different from the Norwich Civic Portraits which were accumulated over a long period and now hang in St Andrew's Hall. The Bethel portraits are a distinct and unique document of philanthropy and corporate self-awareness in midciphteenth century Norwich.

The making of some of the surviving furniture is also recorded in the Trustees' Minute Book. On 10th March 1755 they 'Ordered that the Treasurer pay Samuel Sharpe Chairmaker Seven pounds and four shillings in full of his bill produced and allowed by the Trustees for twelve chairs for the Committee Room,' and at the same meeting that ',, the Treasurer pay Paul Columbine Upholsterer the sum of three pounds in full for his bill, for twelve seas for the chairs.'

They are as follows: B/P/1 John Vere B/P/2 William Wigget B/P/3 Mary Chapman B/P/4 Wharton Peck B/P/5 Robert Marsh B/P/6 Thomas Vere B/P/7 Edward King B/P/8 Bartholomew Balderston B/P/9 John Black, Andrew Moore's report on the pictures deals with the question of attribution as well as the identity and biographies of the sitters. There was on my visit also a small portrait of Mary Chapman (B/P/10), a head and shoulders copy from B/P/3. This was removed by the Mental Health Care Trust to the new Bethel site in Hotblack Road. This is a very suitable location for this relatively late copy. B/P/11 benefaction board B/P/12 B/P/13 B/P/14 . B/P/15 2.1.2 Other chattels to remain in the Boardroom B/F/1 (a - 1) These are the twelve chairs for which Samuel Sharpe was paid in 1755 B/F/2 This is the 1750s Committee table, probably ordered from Christopher Lee at the same ' time as the chairs and recorded in the 1756 inventory. -5-

1.41 Pewter pen tray The gasolier The cinder tray. The Turkey carpet. On 7th August 1854 the trustees ordered 'A Turkey Carpet be bought for the Committee Room'. It will be noted that this list includes a number of items which were added in the nineteenth century. It is desirable to retain these objects if the continuing history of the room is to be accurately reflected. It is rarely possible or desirable to show rooms exactly as they appeared at a particular moment and in any case we must do justice to the miniteenth century at the Bethel. I have however stopped short of advocating the retention of items that relate to the use of the room as a chapel. This is because they would seriously compromise the general arrangement of the room in which the eighteenth-century contribution is obviously paramount. -7-

B/M/17

B/M/19

B/M/20

B/T/1

2.2 The Contents which are of interest and although not specific to the Boardroom, have a historical significance and should be located in the Annexe This category is a difficult one because there is no way of telling whether and individual This category is a onneut one because there is no way of teining whether and individual piece has historical significance for the Bethel Hospital except in those cases where it has a clear institutional purpose or is listed in an early inventory. There are a number of good pieces which were evidently not part of the early Boardroom furniture, and this is all that can be said with confidence about some of them. The Anteroom or Annexe does however provide a place where the best of these pieces can be kept and viewed. Their retention may eventually be vindicated by documentary material. Additionally there are the photographic and engraved portraits of Victorian trustees of the Bethel. There is clearly no doubt that these are part of the history of the institution and should be retained and shown. The Annexe would be an ideal place to hang them, 2.2.1 Pictures to be hung in the Annexe B/P/17 Sir William Foster Bart. B/P/18 Francis Hornor. B/P/19 John Youngs. B/P/20 Charles Foster. B/P/21 Frederick Bateman B/P/22 L.E.Willett. 2.2.2 Other chattels to be shown in the Annexe. B/H/2 Long case clock B/F/5 Mahogany chiffonier B/F/6 Oval mahogany drop-leaf table B/F/9 Chest of drawers B/F/12 Armchair for restraint of patients. -8-

B/F/17 Pair of chairs B/F/21 Mahogany bureau B/F/22 Oak chest B/F/24 Windsor chair B/C/10 Glass measure B/M/14 Pewter feeding cup B/M/18(a and b) Night light holders. 2.3 The contents which need not remain in the Bethel. B/NH/1 stuffed birds B/NH/2 stuffed birds B/NH/3 stuffed birds B/NH/4 stuffed birds B/Misc/1 box with seal waifers B/C/1 painted jug B/C/2 (a and b) oriental bottles B/C/3 painted jug B/C/4 Imari vase B/C/5 pottery figures B/C/6 pottery figures B/C/7 pottery figures B/C/S vase with figures B/C/9 Doulton jug B/C/11 broken figure group B/M/1 copper vase B/M/2 brass vase B/M/9 (a and b) brass vases B/M/10 metal vase B/M/13 brass candlesticks B/M/15 tole wall racks B/M/16 perpetual calendar B/F/7 oak gate-leg table B/F/8 rosewood card table B/F/11 canvas and leather trunk B/F/14 cak writing desk B/F/16 oak country chair B/F/18 mahogany bookcase, glazed doors B/F/23 toilet glass with brush box -9-

#### 3/F/25

This is the American organ which the photographs in Bateman and Rye show to have been in the Boardroom (Plate 7). This is a very common type of instrument, no doubt used for religious services held in the Boardroom. It could not easily be accommodated now and the fact that it has been almost completely dismantled would argue against is retention.

B/F/26 (a,b,c and d) chapel benches B/F/27 occasional table B/P/16 engraving of Christ

It should be emphasised that the choices made in 2.3. are by definition somewhat arbitrary and based on ignorance of their significance. Some of them, like the pieces of twentiethcensury ceramics, are clearly of no interest and others like the stuffed birds are of very little value. There are however, even in this category, a few items which could help to dress the Boardroom attractively without materially affecting its historic worth. For example B/C/1, B/C/2 (a and b), B/C/3 and B/C/4. If however we are to stick to the given definitions they have to be excluded.

3.0 The arrangement of the contents and the presentation of the rooms.

#### 3.1 Decoration

A decision will need to be taken on decorations. The scheme in the Boardroom looks relatively modern. It is not inappropriate and with some tidying up could be made adequate. Investigation of the paint layers should however be considered at some stage perhaps when a decision is taken on the Annexe where redecoration really is a necessity. The correct colours for the Annexe can probably be easily determined from paint scrapes and should not be difficult to reproduce. Decisions on colours need to be guided by an experienced person.

Now that the contents have been removed from the Bethel it is not easy to suggest more than a general approach for their arrangement. At the apppropriate time a competent person should oversee this work. Plans for the showing of historic rooms nearly always have to be modified on a trial and error basis because there is no substitute for seeing objects in their proposed positions. This applies especially to paintings, and the achievement of a well balanced picture hang is a key element in the successful display of the room.

### 3.2 Picture hang

The benefaction boards which hang on the west wall should doubtless remain in that position (the introduction of the later ones would almost certainly have upset the original picture hang). So the policy now should be to achieve the best possible hang on the east and north walls. My sketch (Appendix 4), which is not based on more than a general notion of measurements, shows a suitable hang for the east wall. The part played by the flowing curves of the roccoo picture frames is very important to the richness of the architectural ensemble. Double-hanging to either side of the fireplace will give an effect of some grandeur and I would suggest that the Heins portrait of Balderston is tried in the overmantle, partly because its frame is simpler than the rest (and ought therefore to look well in the rich plaster surround of the) and also because it is the best of the paintings. It is very important that wherever feasible silters face inwards towards one another.

The north wall should probably have three pictures rather than the present four so that the important image of the foundress Mary Chapman is the clear centrepiece of a group. This leaves one picture without an obvious place and I would suggest that it goes to the left of the window to balance the clock (B/H/I) on the right. It is not an ideal placing but some compromise is necessary.

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#### 3.3 Arrangement of furniture

The detailed arrangement of the furniture will depend on experiment but it should be born in mind that the chairs were designed to be seen with their backs to the wall and in the eighteenth century would only have been drawn up to the table when in use. The rhythm of their shaped backs would have been conceived as a complement to the architecture, as in the case of the picture frames. Public access is a key determinant in the layout of the rooms. It is important to provide a reasonable space within which visitors can walk without damaging the contents or endangering their security. In the present case it should not be difficult to create a walking space along the west side of the two rooms. In the case of the baardroom it will be necessary either to move or partly roll the Victorian carpet in order to achieve this. Whether it is necessary to rope of such a space will depend on the amount and nature of public access.

As a general rule the rooms should be shown in as natural a way as possible. High levels of light are not desirable either in conservation terms or aesthetically. The existing electrified gasolier should be quite sufficient for the Boardroom itself. Any lighting devised for the Annexe should be as traditional and straightforward as possible. It is not desirable to light individual pictures. This is a relatively modern approach and not appropriate if the sufficient for the mainted.

June 1994

+11-

## APPENDIX H: LETTER REGARDING THE BOARDROOM PAINTINGS



stie Museum Norwich NR1 3JU

Ionwich Castle Museum Noneich Strangers Hall Museum Norwich Bridewall Museum Norwich Bridgeen Australia Norwich Royal Noriols Regimental Museum Norwich Royal Norwich St Peler Hungate Church Museum Nowich of Peter Hunger Union Museum Kings Lynn The Lynn Museum Gressenhall Norfok Rural Life Museum Gressenhall Norfok Archaeological Unit

Your reference

My reterence AMM/CE

Norfolk Museums Service A Joint Service of the County & District Councils

Director Mrs Catherine M Wilson FSA FMA

Great Yarmouth Elizaberhan House Museum Great Yarmouth Mantime Museum for East Anglia Great Yarmouth Tolhouse Museum

Tel. Norwich (0603) 222222 Fax. (0603) 765651

Direct Dial (0603) 223633

Great Yarmouth Exhibition Galleries

Great Yarmouth Nelson's Monument

Thefford Ancient House Museum Cromer This Cromer Museum Waisingham Shirehall Museum

22 March 1991

Dear Mr Smith

### THE BETHEL HOSPITAL PORTRAIT SERIES

I have been considering the position concerning the Bethel Hospital portraits I have been control and only in a position to outline some general principles for your consideration.

It should be emphasized immediately that this is an extremely important series of portraits, which is an integral part of the history of the city of Norwich.

commissioned in 1759, the series shows the trustees of the Hospital at that time, as painted by the artist Thomas Bardwell (1704-67). In addition there is an earlier portrait of Bartholomew Baldeston who left £1,000 to the Bethel Hospital Foundation on his death in 1766, which dates from 1744. This is by John Theodore Heins (1697-1756) , who was also the painter of the full-length portrait of the Hospital's Founder, Mary Chapman. Both Heins and Bardwell were the most patronised portrait painters locally and between them were responsible for a good number of the Norwich civic portraits of the period. However, neither artist should simply be viewed as purely of local interest. Heins' name was known at a national level and the Castle Museum purchased in 1961 two narrative pictures by him of Thomas Guy of Guy's Hospital fame. Bardwell too is known nationally for his book The Practice of Painting, published in 1756.

I enclose for your information a list of the ten portraits at present hanging in the boardroom, but I also feel I should say scmething of the impact of this series in their present setting. Anyone entering that room cannot fail to respond to such an embodiment of eighteenth century civic pride and beneficence. I cannot help but feel that the experience of viewing these portraits is Imeasurably enhanced by their setting in the Hospital with which the sitters were so honoured to be involved. That sense of local charitable pride is further enhanced when one views the five plaques recording the benefactions since Mary Chapman settled all her property on the Trustees for the maintenance of the nouse in her will dated 4 December 1717. The last benefactor to be Pasorded was Russell James Colman who was a Governor of the Institution for most of his lifetime.

22 March 1991

2

Mr B Smith

It was under the stewardship of Russell James Colman that Norwich Castle It was under the statuted in advising the Hospital Governors over the conservation Museum became involved in 1929. The portraits remain in the conservation Museum became involved in 1929. The portraits remain in fundamentally and framing of the portraits in 1929. The portraits remain in fundamentally and framing of the part of the part of the period of the period of the part of the period of the per good condition, but could be further enhanced. I would like to think that that their appearance to play an active role in preserving this unique the miseum could continue to play an active role in preserving this unique the miseum could contact this time in a position to identify just how this could series but I am not at this time in a position to identify just how this could series but I amould, in my personal opinion, be marvellous if the boardroom could remain open to the public. The Castle Museum would not be in a position could remain open the paintings as a gift without recourse to either the resources simply to accept intain them or the space in which to show them. While it might with which to identify some public building in which to show them, I have to be possible to an impact would be lost once away from - to quote from the say that much of Benefactions' - 'the House called Bethel, founded by Mary Chapman, for the reception of Distressed Lunatics'.

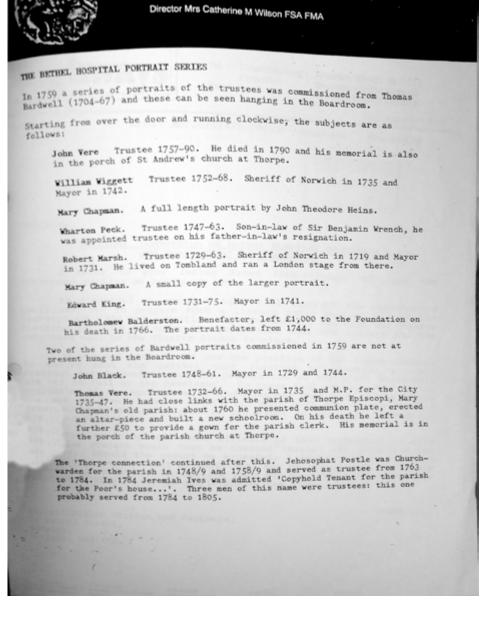
I hope that these comments are of some help in deciding the future of this important series.

Yours sincerely

Andrew W Moore Keeper of Art

Mr B Smith City Planning Officer City Hall Norwich

- For the attention of Ms P Smith



Norfolk Museums Service

## APPENDIX J: OBSERVATIONS ON OPENING UP WORKS BY ROBERT SMITH (UNDATED C.2000)

### The Bethel Hospital, Norwich

### Introduction

In May '00 work started on the conversion of the central block of the former hospital into two self-contained houses and consequently plaster was removed from some of the walls. At the request of Denis Tuttle of Purcell Miller Tritton a record was made of the exposed fabric to satisfy the requirements of Norwich City Council Planning and Conservation Department.

### Description of the Photographs

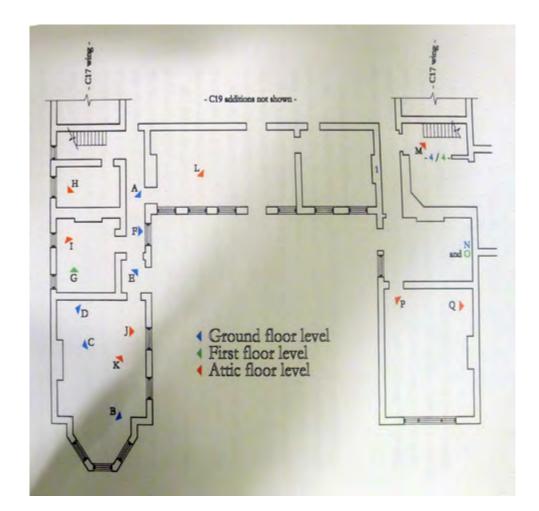
A - The junction between the south wall of the main cast-to-west range and the east wall of the west wing. The fact that the south wall has been truncated and the east wall built partly over the remains confirms that the south wing(s) are eighteenth-century additions.

B – Vertical joint in the brickwork indicating that the canted bay is a later addition to the formerly square-ended, eighteenth-century wing. The attributes of the bricks used to construct the bay suggest a nineteenth-century date.

C – The brickwork that forms the chimney stack is not bonded into the wall showing that the stack is a later addition that probably dates from the nineteenth century. The fire-place opening, which is bricked up, had a segmental arch made up with stretchers.

**D** – Above the partition between the room with the added chimney stack and the room to the north a bridging beam was revealed. This has a simple 'lamb's tongue' stop that terminates a straight-cut chamfer. The fact that the brickwork below the beam is not bonded with the adjoining external wall suggests that the partition is a secondary feature. Likewise, it is unusual for a partition to be below a chamfered beam although the combination does occur below the partition associated with the east stairs (2 on the key plan). Here, the beam is chamfered only on the side away from the stairs. The other side of the beam in the west wing was not revealed.

E – The stub wall that forms part of the lobby is not bonded to the outside wall suggesting that the two are not contemporary. By implication the lobby, and possibly the short



corridor to the principal east-to-west range, are both later, probably nineteenth-century, additions.

F – Two vertical joints that extend down to floor level from below the sill of the window. Each joint is 12 centimetres inside the width of the window and they represent the position of an eighteenth-century doorway that was probably blocked when the lobby was created.

G – The top of a brick, segmental arch covered by the joists at first floor level. The arch was associated with a window opening at ground floor level before the south wing was added.

H – The line of the roof of the north wing in what, before the south wing was constructed, was the inside face of the south gable of the north wing. The associated hay of this roof was taken down and the wall heightened when the south wing was built.

I - The south face of the wall described above.

J – Scarf joint in the east wall plate of the eighteenth-century south wing. The joint consists of a simple open mortice and tenon arrangement with side two pegs.

K – The junction between the east wall of the south wing and the south wall of the principal east-to-west range.

L – The square corrugated section of metal fireproof membrane exposed on one of the dormers above the principal east-to-west range. The same construction appears to be throughout the attic and **M** shows it on the partition that forms the room immediately to the north of the east stairs. At the same time as when the membrane was inserted asbestos sheeting was laid beneath the floorboards, and although no comparable examples are known of this type of fireproofing the general consensus is that it dates from the 1950's. **N** – The cupboard in this position on the key plan was within a wider opening, that was probably a window, which was first reduced in width and then blocked when the extension to the east was constructed in the early twentieth century. The left-hand side of the opening was splayed before the reduction in width, and the right-hand side was not exposed. **O** – A window at first floor level which was reduced in width to its present size when the extension was constructed. The brick wall is not bonded in to the principal east-to-west range and this confirms that, like the west wing, the east wing is a later addition.

 $\mathbf{P}$  – Junction between the internal partition and the outside wall at attic floor level. Only the lower section of the top of the partition was constructed with tumbled-in brickwork.  $\mathbf{Q}$  – Bricks laid on edge to cover the wall plate. Bricks laid on edge is a typical eighteenth-century cost-saving technique.

Most of the exposed fabric confirms facts about the building that were evident from before stripping-out work began – for example that the canted bay on the west wing was a later addition. However there were some surprises, particularly in the west wing at ground floor level where some, if not all, of the internal partitions and the chimney stack were seen to be later insertions. The doorway in the east wall was probably created in the same campaign as these inserted partitions and this replaced an earlier opening positioned where the window now is. A doorway in the earlier position would be the same arrangement as seen in the east wing, although curiously there is no sign of a blocked opening in the external brickwork.

At ground floor level in the main cast-to-west wing the internal partition and the associated chimney stack, numbered 1 on the key plan, are later additions that date from the late nineteenth or early twentieth century.

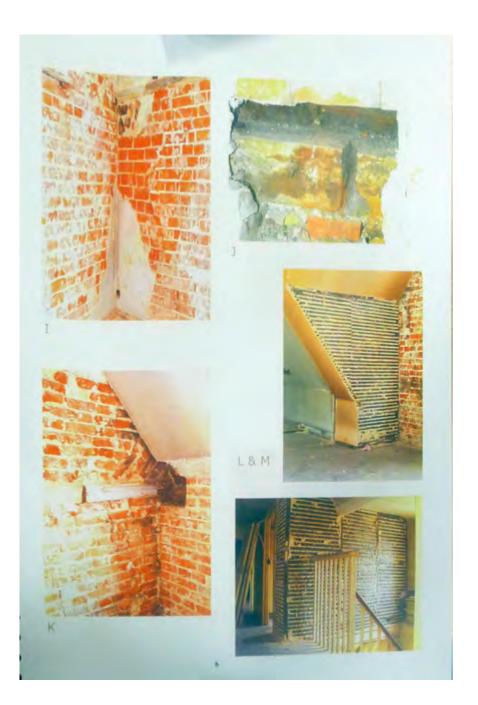
 The stairs at each of the east-to-west range appear to be in their original position. This is suggested by the fact that the internal wall (2) that forms the well is contemporary with the end wall and by the configuration of the ceiling beams.

 At first floor level it was revealed that the present windows are late nineteenth- or early twentieth-century replacements and that the late seventeenth-century windows were wider and the sills were at a higher level. Again, as with the blocked doorway in the west wing this alteration does not appear on the external face of the wall which in turn suggests that the building has been refaced.

Robert Smith July 00

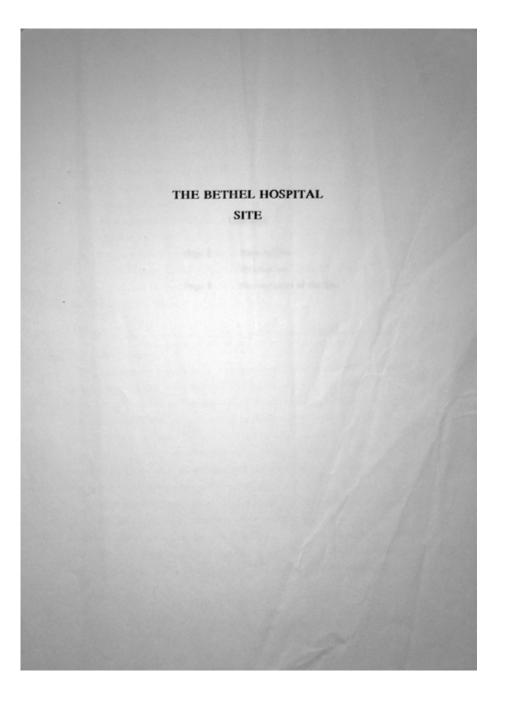








## APPENDIX K: HISTORIC BUILDING RECORDING BY ROBERT SMITH (JULY 2000)



Introductions In 1995 a school was prepared by the authors. Possil Third I a in its amount the buildings on the Boltal Linashal are only made and and a methodam. A report on the Boltal Linashal are only and devian requested by David Boursed to school and maintenance of femin Flamming Department.

### Contents

Page 1 Introduction Description Page 7 Development of the Site

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#### The Bethel Hospital Site

### Introduction

In 1998 a scheme was prepared by the architects Purcell Miller Tritton and Partners to convert the buildings on the Bethel Hospital site into residential units, a hotel and a restaurant. A report on the buildings, outlining their age and development etc. was requested by David Bissonett to satisfy the requirements of Norwich City Council Planning Department.

An inscription on a stone, now positioned in the entrance hall, states that 'This house was built for  $\neq$  benefit of distrest Lunaticks An<sup>o</sup> Dom: 1713..... Foundress was Mary Chapman, who lived there until her death in 1724.'

At the time of inspection the building was empty and unused and its last use was as a Children's Psychiatric Clinic although most of the cells from when it functioned as a Psychiatric Hospital still survive.

Throughout the report comments on the proposed alterations, when they conflict with features in the building or with the configuration of the structure, are in italic. Description

The complex is made up of at least ten brick-built blocks - the exact number is difficult to assess due to the nature of the various additions and alterations etc. - and each will be described individually before the development and various dates of the site are discussed. The large site is bordered by Bethel Street on the north side, Little Bethel Street to the west, Theatre Street on the south side and by a car park to the east. It contains one of very few gardens left in the city centre with mature trees and immediately to the south of the main east-to-west block and between the two south wings there is the remains of a small formal garden.

The earliest block on the site is aligned east-to-west with a wing at each end on the north side to form a U-shaped plan. It is two storeys high plus attics and there is a cellar beneath each end of the east-to-west range. The south elevation is seven bays wide with later wings to the south which are effectively an extension to the north wings - photograph 1. The bays are not regular and not all of the windows in each of

1

the bays are in line vertically due to the position of the internal lateral walls. The sash windows vary in design with a combination of  $6 \times 5$ ;  $4 \times 3$  and  $2 \times 2$  sub-lights all of which indicate various campaigns of window replacement. The central door has a semi-circular fanlight beneath a triangular pediment which is supported by consoles. There are three relatively large south-facing dormers with mullion and transom windows with small sub-lights and initially there was a dormer in each of the the gable ends and a further dormer in each of the north wings, photograph 2. These are partly obscured due to later heightening of parts of the wings to three full-height storeys especially on the east wing. The top section of each of the three south-facing dormers was rebuilt in the late nineteenth century.

Internally at ground floor level the room to the west of the central room (shown as bedroom 1 on the architect's drawing no. 5695.29 - The Centre Block, Ground Floor Plan as Proposed) has a fireplace surround which is flanked by a doorway on the left-hand side and a cupboard on the right, see photograph 3. The fireplace surround, the door surrounds, the door on the left-hand side and the cupboards above the doorways all probably date from the eighteenth century. The nineteenth-century door on the right-hand side and more importantly the cupboard above are not shown on the architect's drawing.

The arrangement of the ground floor ceiling beams is curious and as yet no explanation can be offered for their configuration. The height of the ceiling has been lowered in the east room (Kitchen and Dining Room on drawing no. 5695.29) and has covered the beams but in the two rooms to the west the off-centre-to-the-north axial beams are not chamfered on the north side and the position of the lateral beams do not correspond with the present room sizes.

Similarly, the arrangement of the ground floor ceiling beams in the north wings is also curious. As seen in the west wing the two lateral beams divide the ceiling into three bays of unequal size and there is an off-centre axial bridging beam in the central bay, and again as yet no plausible explanation can be offered. The sash windows in the west room are identical to some of those in the south elevation of the main east-to-west block, i.e. they have  $6 \times 5$  sub lights. There is a large late eighteenth-century fireplace surround on the west wall - photograph 4 - and the doorways, which it is intended to block, date from the nineteenth century. The eighteenth-century fireplace surround is not shown on the architect's drawing.

At first floor level in the east-to-west block the ceiling beams divide the range into seven bays with additional end bays which are part of the north-to-south wings. The present partitions towards the east end of the block appear to date from the nineteenth century, as does the small fireplace surround on the south wall towards the west end of the building, photograph 5. This fireplace is not shown on the architect's plan, is it proposed to remove it?

At the east end of the east-to-west block the proposed new staircase is within the initial building and where the associated new doorway is positioned there is a small cupboard with reused seventeenth-century hinges.

At the west end of the block there are fragments of eighteenth-century panelling above the present door to the nineteenth-century landing and also above the stairs up to the attic. On both sides of the chimney stack in the proposed office associated with Unit 2 (drawing no. 5659.30) there is eighteenth-century decoration above the stack-side cupboards. A new opening is shown to give new access to this office although this would involve part demolition of the stack.

Both of the cellars have brick walls and the cellar beneath the east end of the building is the least altered of the two. It has a central bridging beam with common joists which have diminished haunch tenons and all the joists are numbered in sequence. The entrance to the cellar is in the east wall and when it was constructed access would have been from outside the building.

The ceiling of the cellar at the west end was been replaced in the twentieth century and the joists are supported by steel beams.

The roof of this U-plan block consists of a staggered butt-purlin with collar type of construction and the partitions in the attic of the east-to-west range date from the nineteenth century when the rooms were used as hospital cells.

Two wings were added to the south of the building with the U-shaped plan to

create a building with an H-shaped plan - photograph 6 shows the west wing. The new wings are wider than the earlier north wings; both are two storeys high plus attic and are four bays in length with replaced sash windows and a doorway at ground floor level, small lunette windows at first floor level and small pedimented dormers. Both of the south facing elevations have a large recessed central panel with a semi-circular arch with a keystone at first floor level with a small lunette window plus a smaller arch at attic level. On both wings the top section of the gable has been rebuilt in a line following the pitch of the roof. A single storey bay window has been added to the west wing and at ground floor level the east wing has a very large three-light sash window which is a later insertion which dates from the nineteenth century.

This large sash window lights the former boardroom which has a high ceiling with a heavy plaster cornice moulding and a central ceiling rose within a square panel itself with decorative corner motifs. The fireplace has a disproportionately high overmantel above a broken pediment and the shouldered surround contains a carved female head and a hanging cloth motif, see photographs 7 and 8.

The corresponding room in the west wing was refurbished in the nineteenth century when the bay window was added although in the south-east corner of the room there is a good corner cupboard which dates from the eighteenth century and has earlier reused cock's head hinges see photograph 9. The cupboard is not shown on the architect's plan but could easily be retained as part of the proposed Living and Dining Room furniture.

In the west wing at first floor level the proposed partitions could be moved slightly to be beneath the relatively heavy ceiling beams. This also applies to the roof structure in the attic in both of the south wings.

At first floor level in both wings there are relatively large ceiling beams which divide each wing into four bays and the both of the north beams are given extra support by a chamfered and stopped post. Adjacent to the post in the east wing there is a eighteenth-century fireplace surround, photograph 10. In the west wing a proposed door opening and a new partition conflict with the position of the post and

the fireplace surround is not shown on the architect's plan.

The roof structure is mostly covered although the wall-plate is above the attice floor level to allow for extra headroom and there are down-raking struts from the principal rafters to the tie beams. The partitions date from the nineteenth century and form hospital cells and they probably replace an earlier arrangement.

The H-shaped plan was extended by the construction of a range along the Bethel Street frontage. This is basically five bays wide, two and a half storeys high plus an attic with gable dormers. Above the central doorway there is a full height stone oriel window and stone is also used around the window and door openings.

It is proposed to create a new entrance on the extreme right-hand (west) side of the street range which could be formed in a position approximating to the present blocked doorway.

Internally there is an entrance corridor which leads from the central doorway to what is now an inner doorway and an east-to-west orientated corridor which runs along the north wall of the first building. The entrance corridor has a coved ceiling and is lined with panelling which is dated 1907. It ends with an archway with an exaggerated blocking surround and this is repeated around the inner doorway which leads into the initial building and here it is surrounded by primitive Ionic pilasters which support a simple segmental pediment. New door openings are proposed in the corridor although their size and position do not respect the design of the 1907 panelling.

The corridor which runs along the north wall of the initial building has on its north wall on the east side two nineteenth-century door surrounds one of which has an unusual 'double order' mouldings profile. The wall is shown as rebuilt on the architect's plan with two new windows and a doorway.

Between the street range and the initial east-to-west block, on both sides of the entrance corridor, there were open yards which are now infilled with a kitchen block on the west side and a room associated with the Clinic on the east side. Beneath the kitchen there is a cellar with a very shallow semi-eliptical arch. The vault and the walls

### are completely rendered.

Immediately to the west of block which fronts Bethel Street there is a a two storeyed range which extends to the corner with Little Bethel Street and then for just over a third of the way along that street. (*The windows shown at first floor level on the architect's plan do not correspond in position with those in the Bethel Street elevation*) On the east side the junction between this range and the adjoining block along Little Bethel Street is seen as a full height vertical joint although on the street side the corresponding joint is seen, somewhat curiously, only at first floor level.

On the garden (south) side of the Bethel Street range there are two single storey bay windows each with a single canted side facing inwards They appear to be contemporary with the rear wall itself although on the 1885 O. S. map the east bay is shown with the usual two canted side walls. Extending across the top of both of the bay windows there is a later balcony with decorative balusters. The room with the two hay windows is connected to the main complex via a single storey lean-to structure which, along with the loss of one side of the east bay, shows that communication hetween the two blocks was a later consideration, probably contemporary with the balcony.

Internally the layout of the Little Bethel Street part of this building reflects its last use as hospital cells with a corridor along the street-side wall. This layout continues within the two storeyed extension which extends to the corner with Theatre Street and returns along that street for a short distance. Beyond this the structure is reduced to a single storey with a rebuilt, twentieth-century wall on the garden side.

On the other side of the site, and immediately to the east of the main east-to-west building, there is an L-plan building the west side of which is against the southern wing of the main block. The single storey bay at the south end, with its central doorway and flanking windows, which extends the range to the same dimension as the adjoining southern wing, is an addition which was added in the late nineteenth century when the interior was refurbished. The eastern-most part of this L-shaped block appears to have been built as a free-standing building which was incorporated into the complex at a later date. It has a hipped roof, is three bays wide and has a single storey canted bay with a doorway on the extreme right-hand side. Internally there is little of note.

Between this L-shaped block and the street range there is a yard with a glazed lean-to on the west side which, when constructed, was probably open-sided.

The brick-built range along Bethel Street to the east of the Boardman block, which has the yard and lean-to to the rear, is two storeys high and the front (north) elevation has five small, blocked windows high up at ground floor level and a vertical joint between the central window and the window to the right. As it now stands there is nothing internally which corresponds to this joint.

Internally the ground floor room has a fire surround against the south wall which is eighteenth-century in style although the three-light sash window on either side and the cornice both date from the late nineteenth century. At first floor level there are twentieth-century hospital cells.

#### Development of the Site

The earliest building on the site is the block with the U-shaped plan, the principal facade of which faces south. Despite the usually acepted date of 1713 for its construction, which is inscribed on the commemorative stone in the entrance corridor, the building could conceivably date from the late seventeenth century as suggested by the nicked chamfer stops on the ceiling beams and the type of roof construction. This would imply that an existing house was converted into, and not built for ... # benefit of distrest Lunaticks... The fenestration dates from at least three nineteenth-century phases and because of alterations to the interior nothing can be said about the initial internal arrangement.

The two wings to the south were added in the eighteenth century to create a building with an H-shaped plan and it is just conceivable that they represent the 1713 conversion to an asylum with the boardroom in the east wing and cells with lunette windows at first floor level and with further cells at attic floor level. Again all of the

windows have been replaced with nineteenth-century sash windows and the single storey canted bay window was added to the west wing in the mid nineteenth century. The amalgamation of the blocks on the cast side of the site and the buildings there themselves also date from the middle part of the nineteenth century.

Little Bethel Street was created in the 1820's and both Millard and Manning's 1830 map of the City and the 1885 O. S. map show a building extending along the entire length of that street. However, the present building changes alignment approximately half-way along its length whereas the building shown on both maps is straight and it does not return along Theatre Street. This alone suggests that the southern part of the block, to the right (north) of the vertical joints, was rebuilt in the late 1880's. Curiously, the brickwork associated with this rebuilt section also extends at ground floor level to the left (north) of the vertical joint which, as stated earlier, is only seen at first floor level on the street side of the building. The irrefutable evidence of the straight joints suggests the unlikely situation that the ground floor wall, including the stretch along Bethel Street, was rebuilt (or refaced?) in the late 1880's when the range was extended to its present dimension.

The development of the range on the left-hand (east) side of the Bethel Street elevation is also confusing. The building to the right of the vertical joint between the central window and the window to the right is probably the one shown on the 1830 map of the City and due to the similarity of the bricks the block to the left seems to have been added soon after. The south wall, with the two sash windows and the central fireplace, is much thicker than the north wall and is forward of the line of the first floor wall. This, and the fact that the entire block is shown as open-sided on the 1885 O. S. map, suggests four phases of development:- 1. the pre-1830 block, 2. the extension to this, 3. the pre-1885 removal of the ground south floor wall, and finally 4. the rebuilding of the ground floor wall.

The last principal phase of development occurred in 1899 when a large part of the Bethel Street frontage was rebuilt between the two blocks described above to a design by the Norwich-based architect Boardman. As stated earlier in the description the building is entered via a long corridor which seems to be part of the 1899 rebuild

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although a long wing, in the same position as the corridor, is shown on the 1830 map. It also occurs on the 1885 O. S. map by which time it has been extended westwards on the stret frontage and small blocks had been built on both sides of the wing in the angle between it and the main block. Consequently it is possible that the corridor pre-dates, and was incorporated into, Boardman's work.

The dates of the various buildings which made up the Bethel Hospital and also the various phases of development were arrived at by using standard above-ground archaeological methodology as applied to buildings. However, it must be emphasized that the conversion into a hospital would probably have involved purpose-built internal arrangements and the later alterations to these could contribute towards the explanation of some of the apparent anomalies seen in the buildings.

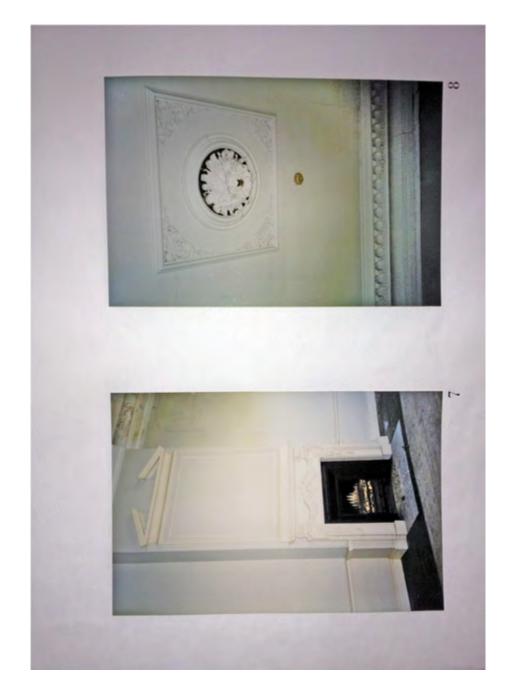
Robert Smith June 1998









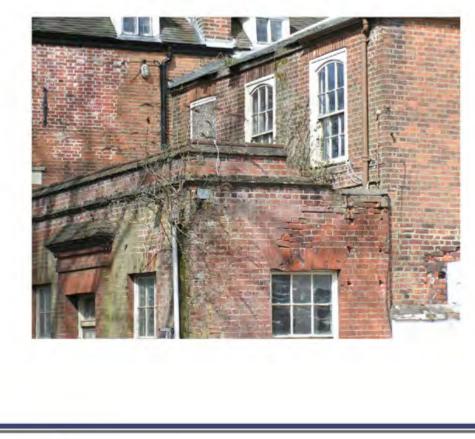




## APPENDIX L: CONDITION SURVEY

### Norwich Bethel Hospital

APRIL 2013



### **Conservation Statement**

### DRAFT

Prepared by Alan Wright, MRICS Conservation Accredited

nps/group

### Contents

Contents	Copyright Notice		
1.0 Background	This document is issued for the benefit of the party which commissioned it and only for the specific purposes connected with that commission. It should not be relied upon by any other		
2.0 Condition Survey	party or used for any other purpose whatsoever and no liability is accepted for such use. This document contains confidential information and proprietary intellectual property. It should not be copied, distributed or shared with third parties (in whole or in part and in any		
Appendix	format) without our prior written consent. © NPS Property Consultants Limited—April 2013		
I Plans			
ii Listing Description			
iii Photographs			
	Report prepared by:		
	Alan Wright - Conservation Consultant on behalf of NPS Group		
	Checked by:		
	James Montgomery - Senior Associate-Architect		



### 1 Background

### Background

We received a commission to prepare a high level Condition Survey from Norwich City Council's Planning and Design Section, for the Western section to the Bethel Hospital in Norwich. The City Councils intention is to use this survey to form part of a notice procedure to be served by Norwich City Council on the owner of the hospital. At the time of commissioning the survey, the Client was unsure if it wanted to serve a Repairs Notice or an Urgent Works Notice. The report has therefore been written with these two options in mind.

The form of the Conditions survey is that as advised by Kate Knights Conservation and Design Officer at Norwich City Council in her email of the 18th April 2013 i.e. the Conditions survey should be informed by 'Stopping the Rot' by English Heritage section 6.3.

The Survey took place on Friday 5th April at 10.00am with the owners representative, Kate Knights, Chris Bennett, Richard Divey from Norwich City Council, James Montgomery and Alan Wright from NPS.



### 2 Condition Survey

### Project Title: Bethel Hospital Norwich, 01-02-14-1-1037

Preliminary Order of Cost Estimate (POCE). 7th May 2013

Sub Element	ttern	Recommendation by Conservation Architect NPS	Works for Urgent works notice	Works for Repairs Notice
Ground Floor Area G1	GF1 1	Stitch cracks in brickwork with bricks to match the existing, laid in time mortar to match the existing.	3,500.00	3,500.00
	GF1.2	Obtain Structural Engineers comments regarding the walls in this section of the building, with particular regard to the localised underpinning.	2,300.00	2,300.00
	1	Prepare and make good ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a.	1,500.00
	GF1,4	Prepare and make good wall plaster, cornices, mouided details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	6,100.00
	GF1.5	Restore the dado panelling, prepare and paint panelling, in a dead flat oil paint	n/a	3,500.00
	6.2	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	n/a	1,800.00
Ground Floor Area G2	GF2.1	Carry out repairs to existing ceiling/floor structures (ground and first floor), in matching materials, this includes refixing or replacing any defective or missing, floor/ceiling timbers, floor boards, noggins etc.	5,200.00	10,600 00
	GF2.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	4,200.00
	GF2.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	6,300.00
	GF2.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber lattis etc and decorate the whole with a breathable matt emulsion.	n/a	2,300.00
	GF2.4	Slitch cracks or repair damaged brickwork with bricks to match the existing, laid in lime mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	3,500.00	3,500.0
	GF2.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary	n/a	4,600.00
2	GF2.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	nia	9,300.0
	GF2.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varish to match existing finish.	n/a	5,800.0
	GF2.8	Where walls have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	3,500.0

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## 2 Condition Survey

### Project Title: Bethel Hospital Norwich, 01-02-14-1-1037 Preliminary Order of Cost Estimate (POCE). 7th May 2013

	GF2.9	Reconstruct the missing stair to match those details remaining at the head of the stair, where elements are missing these are to be executed to be in the spirit of the existing, new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match the existing.		
			n/a	3,500.00
Ground Floor Area G3	GF3.1	Carry out repairs to existing ceiling/floor structures (ground and first floor), in matching materials, this includes refixing or replacing any defective or missing, floor/ceiling timbers, floor boards, noggins etc. Where ground floor suspended floors have been taken up, make good sleeper walls and provide ventilation between spaces and to the outside air, provide new wall plates with dpcs etc. location of ventilation gaps etc to be agreed with the Councils Conservation Officer prior to works.	nia	2,600.00
	GF3.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	2,100.0
	GF3.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	5,700.00
	GF3.4	Stitch cracks or repair damaged brickwork with bricks to match the existing, laid in lime mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	3,500.00	3,500.0
	GF3.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	n/a	2,900.0
	GF3.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	5,800.0
	GF3.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	5,800.0
	GF3.8	Where walls have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	2,900 00
Ground Floor Area G4	GF4.1	Repair and restore the framing, doors, general joinery, including for any new glazing to the covered way, replacement specifications must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match the existing.	nia	8,700.0
	GF4.2	Prepare and make good or provide where missing walt plaster, fogether with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	1,800.00

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Ground Floor Area G5	GF5.1	Carry out repairs to existing ceiling/floor structures (ground and first floor), in matching materials, this includes refixing or replacing any defective or missing, floor/ceiling timbers, floor boards, noggins etc.	n/a	2,100.00
	GF5.2	Prepare and make good or provide where missing ceiling plaster, together with timber taths etc and decorate the whole with a soft distemper finish.	n/a	1,700.00
	GF5.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	5,000.00
	GF5.4	Stitch cracks or repair damaged brickwork with bricks to match the existing, laid in lime mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	3,500.00	3,500.00
	GF5.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	nia	2,300.00
	GF5.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	6,900.00
	GF5.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or variesh to match existing finish.	n/a	4,600.0
	GF5.8	Where walls have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	2,900.0
		Repair and restore the stair, new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match the existing.	n/a	2,900.0
Ground Floor Area	GF6.1	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	1,200,00
	GF6.2	Prepare and make good or provide where missing wall plaster, moulded details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	1,700.00
	GF6.3	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable sain finish paint or varnish to match existing finish.	n/a	4,600.0
	GF6.4	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with		2,300.0
			n/a	2

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	GF6.4	Repair and restore existing panelling, and refix where previously removed. Where elements are missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable wax polish finish.	n/a	2,300.00
First Floor Area 1	FF1.1	No Works as part of 2 storey space to G1.	n/a	n/a
First Floor Area 2		Carry out repairs to existing ceiling/floor structures (first floor and ceiling), in matching materials, this includes refixing or replacing any defective or missing. Boor/ceiling limbers, floor boards, noggins etc.	n/a	5,200.00
	FF2.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	3,700.00
	FF2.3	Prepare and make good or provide where missing wall plaster, comices, moulded details together with timber laths etc and decorate the whole with a breathable matt emuision.	n/a	7,800.00
	FF2.4	Stitch cracks or repair damaged brickwork with bricks to match the existing, laid in lime mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	2,300.00	2,300.0
1.000	FF2.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	n/a	4,600.0
1.00	FF2.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable saith finish paint or varnish to match existing finish.	n/a	5,800.0
	FF2.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	2,300.0
		Where walls have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	1,600.0
		Repair and restore the stair, new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match the existing.	n/a	2,900.0
First Floor Area 3		Carry out repairs to existing ceiling/floor structures (ground and first floor), in matching materials, this includes refixing or replacing any defective or missing, floor/ceiling timbers, floor boards, noggins etc.	n/a	2,500.00
	FF3.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	2,100.00
1	FF3.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber taths etc and decorate the whole with a breathable matt emulsion.	n/a	5,700.00

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	FF3.4	Stitch cracks or repair damaged brickwork with bricks to match the existing, laid in lime mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	2,300.00	2,300.00
	FF3.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	n/a	3,500.00
	FF3.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where inissing these are to be made up to match the existing patterns, the specification of any new replacement liems must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	5,300.00
	FF3.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or variish to match existing finish.	o/a	3,500.00
	FF3.8	Where walls have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	3,500.00
First Floor Area 4	FF4.1	For First Floor in this area	n/a	n/a
First Floor Area 5	FF5,1	Carry out repairs to existing ceiling/floor structures (and first and second floor), in matching materials, this includes refixing or replacing any defective or missing, floor/ceiling timbers, floor boards, noggins etc.	n/a	2,100.00
	FF5.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	1,700.00
_	FF5.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber lattis etc and decorate the whole with a breathable matt emulsion.	n/a	5,000.00
	FF5.4	Stitch cracks or repair damaged brickwork with bricks to match the existing, laid in time mortar to match the existing. Where lintels are either missing or structurally compromised, provide new lintels to match existing materials.	2,300.00	2,300.00
	EF5.5	Remove all timber hoardings from the interior and exterior of all existing windows. Repair and restore window including re-glazing where necessary.	n/a	1,800.00
	FF5.6	Repair and restore all existing doors, linings, architraves, glazing etc. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or varnish to match existing finish.	n/a	6,900.00
	FF6.7	Repair and restore all skirtings and joinery details. Where missing these are to be made up to match the existing patterns, the specification of any new replacement items must be approved by the Councils Conservation Officer prior to manufacture. Clean prepare and paint with suitable satin finish paint or variesh to match existing finish.	n/a	3,500.00

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	FF5.8	Where wails have been removed these are to be rebuilt using similar materials used in their original construction. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	n/a	2,300.00
Second Floor Area 1	SF1.1	Carry out repairs to existing floor structure, in matching materials, this includes refixing or replacing any defective or missing, floor timbers, floor boards, noggins and the making good of joist and beam ends	n/a	1,900.00
	SF1.2	Prepare and make good or provide where missing ceiling plaster, together with timber laths etc and decorate the whole with a soft distemper finish.	n/a	1,500.00
	SF1.3	Prepare and make good or provide where missing wall plaster, cornices, moulded details together with timber laths etc and decorate the whole with a breathable matt emulsion.	n/a	4,200.00
Second Floor Area 2	SF2.1	No Second Floor in this Area	n/a	n/a
Second Floor Area 3	SF3.1	No Second Floor in this Area	n/a	r/a
Second Floor Area 4	SF4.1	No Second Floor in this Area	n/a	n/a
Roof Area 1	R1.1	Carry out repairs to existing pitched roofs, in matching materials, this includes refixing or replacing any defective lead flashings and gutters, lead work to dormers.	15,100.00	15,100.00
	R1.2	Restore or replace all damaged fascia boards/barge boards, clean, prepare and paint in suitable gloss finish paint.	1,200.00	1,200.00
	R1.3	Restore and replace all damaged or missing gutter, rainwater down pipes, hoppers, water pipes and soil and vent pipes in matching materials, i.e. cast iron for cast iron, and in a like-for-like mariner. Ensure that all rainwater and waste pipes discharge correctly into below –ground drainage. Clean prepare and paint all soil and rainwater goods in gloss finish paint.	4,000.00	4,000,00
Roof Area 2	R2.1	Carry out repairs to existing pitched and flat roofs, in matching materials, this includes refixing or replacing any defective, rool/ceiling timbers, plaster finishes, lead flashing and gutters.	11,600.00	11,600.00
	R2.2	Restore or replace all damaged fascia boards/barge boards, clean, prepare and paint in suitable gloss finish paint.	3,600.00	3,600.00
	R2.3	Restore and replace all damaged or missing gutter, rainwater down pipes, hoppers, water pipes and soil and vent pipes in matching materials, i.e. cast iron for cast iron, and in a like-for-like manner. Ensure that all rainwater and waste pipes discharge correctly into below –ground drainage. Clean prepare and paint all soil and rainwater goods in gloss finish paint.	5,900 00	5,900.00
2	R2.4	Restore handraits around flat roofed area. Clean prepare and paint.	n/a	2,300.00
	R2.5	In area of bay remove present roof and make good. Rework roof as a flat lead roof complete. The specification of any new work must be approved by the Councils Conservation Officer prior to manufacture.	2,300,00	2,300,00

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Roof Area 3	R3.1	Carry out repairs to existing pitched roofs, in matching materials, this includes refixing or replacing any defective lead flashings and guiters, lead work to dormers.	11,400.00	11,400.00
	R3.2	Restore or replace all damaged fascia boards/barge boards, clean, prepare and paint in suitable gloss finish paint.	4,600 00	4,600.00
		Restore and replace all damaged or missing gutter, rainwater down pipes, hoppers, water pipes and soil and vent pipes in matching materials, i.e. cast iron for cast iron, and in a like-for-like manner. Ensure that all rainwater and waste pipes discharge correctly into below –ground drainage. Clean prepare and paint all soil and rainwater goods in gloss finish paint.	8,400.00	8,400.00
Roof Area 4	R4.1	Carry out repairs and replacing missing areas of roof to existing pitched roof, in matching materials, this includes refixing or replacing any defective, glass, roof timbers/glazing bars, lead flashing and gutters.	16,400.00	16,400.00
	R4.2	Restore or replace all damaged fascia boards/barge boards, clean, prepare and paint in suitable gloss finish paint.	1,900.00	1,900.00
	R4.3	Restore and replace all damaged or missing gutter, rainwater down pipes, hoppers, water pipes and soil and vent pipes in matching materials, i.e. cast iron for cast iron, and in a like-for-like manner. Ensure that all rainwater and waste pipes discharge correctly into below –ground drainage. Clean prepare and paint all soil and rainwater goods in gloss finish paint.	1,400.00	1,400.00
Roof Area 5	R5.1	Carry out repairs to existing pitched roofs, in matching materials, this includes refixing or replacing any defective, root/ceiling limbers, plaster finishes, lead flashing and gutters.	6,600.00	6,600.00
	R5.2	Restore or replace all damaged fascia boards/barge boards, clean, prepare and paint in suitable gloss finish paint.	3,800.00	3,800.00
	R5,3	Restore and replace all damaged or missing gutter, rainwater down pipes, hoppers, water pipes and soil and vent pipes in matching materials, i.e. cast iron for cast iron, and in a like-for-like manner. Ensure that all rainwater and waste pipes discharge correctly into below –ground drainage. Clean prepare and paint all soil and rainwater goods in gloss finish paint.	5,800.00	5,800.00
			0.00	0.00
External Repairs Area EG1	EG1.1	Carefully rake out and re-point hard and inappropriate pointing including weather struck pointing, in a lime mortar mix. The mix and style of the finished pointing should follow the penny run joint. All pointing should be approved by the Councils Conservation Officer beforehand.	n/a	5,200.00
	EG1.2	Stitch cracks and generally repair damaged brickwork with bricks to match the existing, laid in time mortar to match the existing.	n/a	5,800.00
External Repairs Area EG2	EG2.1	Remove plant growth from walls and make good.	n/a	2,300.00
	EG2.2	Remove wires and cables generally including PIRs etc and make good	n/a	600.00
		Complete missing section of brick parapet to flat roof	n/a	1,200.00
-	EG2.4	Stitch cracks and generally repair damaged, heavily eroded brickwork and missing bricks with bricks to match the existing, laid in lime mortar to match the existing.	n/a	4,400.00

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· · · · · · · · · · · · · · · · · · ·	EG2.5	Carefully rake out and re-point in small areas where pointing has eroded back using a lime mortar.		
1.000	11.	The mix and style of the finished pointing should follow the adjacent pointing. All pointing should be approved by the Councils Conservation Officer beforehand.	n/a	4,400.00
	EG2.6	Remove scar from wall of previous pitched roof on the South side of the block, and make good.	n/a	900.00
	EG2.7	Cut out previous poor plastic repairs to brickwork and let in new bricks to match existing.	n/a	700.00
External Repairs Area EG3	EG3.1	Carefully rake out and re-point in small areas where pointing has eroded back using a lime mortar. The mix and style of the finished pointing should follow the adjacent pointing. All pointing should be approved by the Councils Conservation Officer beforehand.	n/a	6,100.00
External Repairs Area EG4	EG4.1	The external works are considered to be covered under G4	n/a	n/a
External Repairs Area EG5	EG5.1	Carefully rake out and re-point in small areas where pointing has eroded back using a lime mortar. The mix and style of the finished pointing should follow the adjacent pointing. All pointing should be approved by the Councils Conservation Officer beforehand.	n/a	3,500.00
External Repairs Area EG7		Clear the open area of foliage growth, rubbish, rubble, disused materials. Any Salvageable materials should be stored neatly on site.	n/a	2,300.00
		Complete the boundary wall in bricks and bond to match the existing using lime mortar. All to match the existing.	n/a	3,500.00

132,400.00 403,400.00

1. No allowance has been made for works to services.

2. No allowance has been made for repainting the hard cement/inappropriate profile pointing on the

- North side of the building.
- 3. If was not possible to access the rear garden.
- 4. The survey has looked only at those areas indicated on the plan/schedule.
- 5. no visual inspecton east end item FF2
- 6.Visual inspection limited item FF3.1

#### QS comments / notes / exclusions

- 1 Estimate based on 3Q 2013 prices
- 2 Excludes Design Reserve/Contingency
- 3 Excludes underpinning
- 4 VAT Excluded
- 5 Excludes any allowance for offsite works and boundary works
- 6 Excludes any allowance for land acquisition costs
- 7 Mechanical and Electrical surveys not produced.
- 8 Services provision unchecked, assumed available on site with no upgrade required
- 9 Fee levels assumed, to be confirmed / agreed
- 10 Above exercise is an order of cost estimate only, to establish budget costs (eg RIBA stage A)

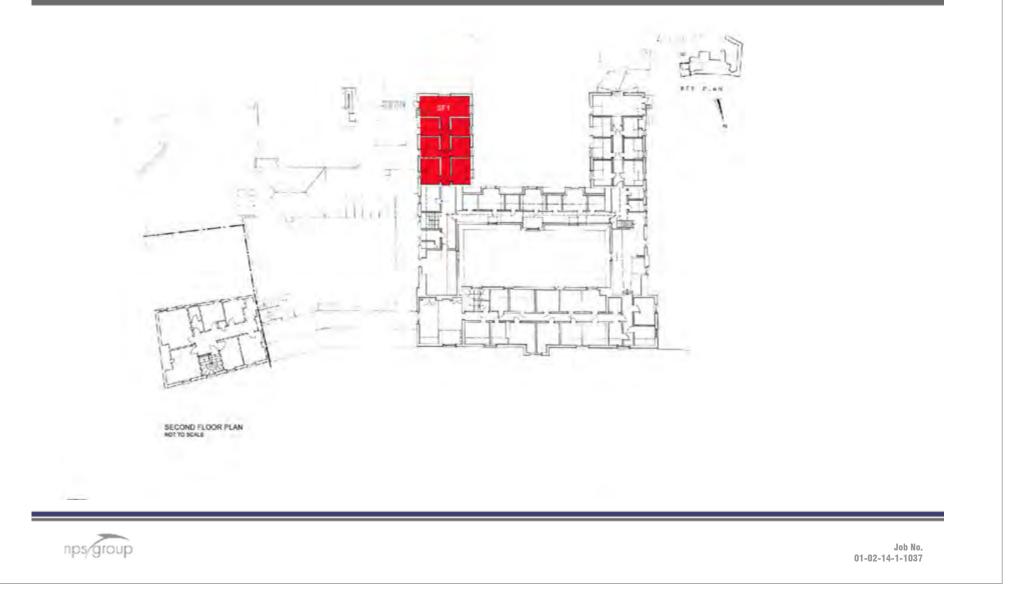
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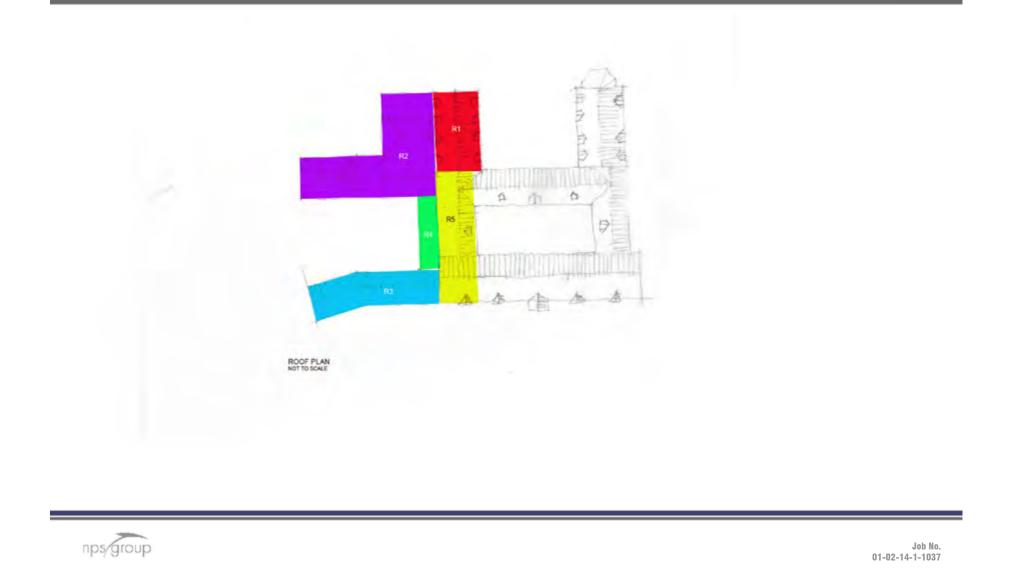
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### Appendix II Listing Description

Bethel Hospital: list description

Grade II\*

LB ref: 1188-0/022/061

Former Hospital, now Children s Psychiatric Clinic. Late C17 or early C18, with additions of C18, C19 and early C20. The 1899 rebuilding and repairs by E. Boardman. Brick and masonry dressings with plain tile and slate roofs. H-plan with closing north range and extensive dormitory ranges. The earliest block is 2-storey. U plan with north wings and a south facade of 7 irregular bays. C18 sash windows with glazing bars, flat hood on consoles with carved ends. Fronting Bethel Street, the north range, parallel to the original spine, was refaced and widened in 1899,into a 2-storey plus attic storey symmetrical. Away block, the ends of which were returned southwards to meet the north wings which were heightened to 3 stored. Sash windows throughout with rubbed brick flat arches. Masonry door surrounds. The central entry has a shouldered architrave with triangular head and an exaggerated keystones Side lights with scrolled consoles beneath a carved oriel window.

First floor Venetian window and second floor double sash window with apron. Semi-circular gable with masonry coping and quoins and an ironwork weathervane. Within, an entrance corridor has a coved ceiling with a blocked door surround and panelling of 1907 and leads to the original north door with primitive lonic pilasters supporting a segmental pediment with a later inner door with semi-circular Gibbs surround. Cross and axial ground floor ceiling beams with nicked chamfer stops. Staggered butt purlin collar frame roofs with stopped-chamfer ties. 3 dormers in main spine and one in each of the wings. C19 ridge tiles. Later south wings effecting H plan. Both are 2-storey plus attic with arched recess in the gable, lunette with masonry arch and cill course The west wing has smaller first-floor lunettes facing into the garden. Late C19 ground floor sash windows throughout and a single-storey bay on the west wing only. 4 small dormers on each side of each wing. The ground floor room in the east wing is decorated with an early - mid C18 heavy torus plasterwork cornice and a panelled overmantel with broken pediment above a later shouldered fireplace surround with female head and hanging cloth carved in stone. The room is lit by an extremely large sash window in the south gable. Roof construction allows the tie beams to be lower than the weld plate and allows greater attic space. Each truss has double butt purling, collar and downward raking strut and overlaid common rafters added in C19 contemporary with ridge tiles and gable coping. The two-storey dormitory cell ranges were added flanking the width of the H plan and following the later Bethel Street and Little Bethel Street frontages. Sash windows throughout retaining original small panes. An inscription on the re-positioned foundation stone reads: "This house was built for e benefit of distress Lunaticks An Dom 1713....Foundress was Mary Chapman, who lived there until her death in 1724"



### Appendix III Photographs



SF1 leaking dormer







SF1 floor damage



G1 damaged plaster and brickwork



G1 damaged plaster and brickwork



EG1 Gable end with previous brick repairs.



G1 Cracking to walls

nps/group





GF2 removed ceiling and wall plaster



GF2 various props to lintels etc



GF & FF 2with walls removed



E2 slates off roof, damaged brickwork and scar from previous roof





FF2 Missing floors and walls



E3 General view



G3 Looking into FF3



General condition





G4 General view



G4 General view



G4 General View



G4 General View

nps/group



G5 General view



G5 General view



G6 view of panelling and removed plaster work



G6 degrading paneling

nps/group



G7 General View

G7 General View

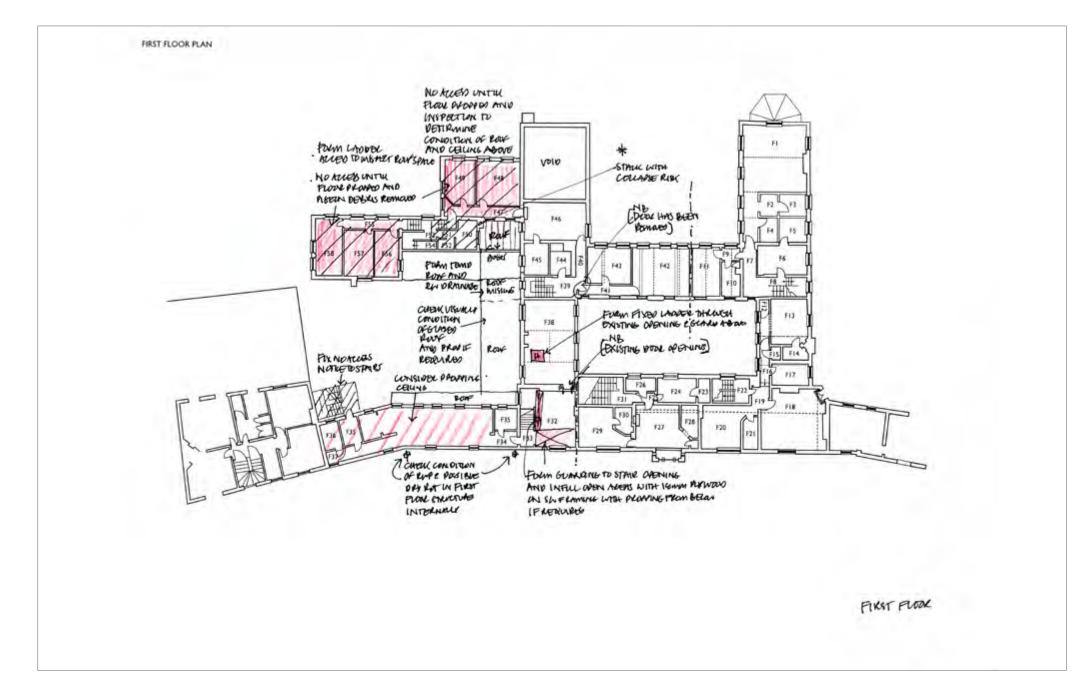


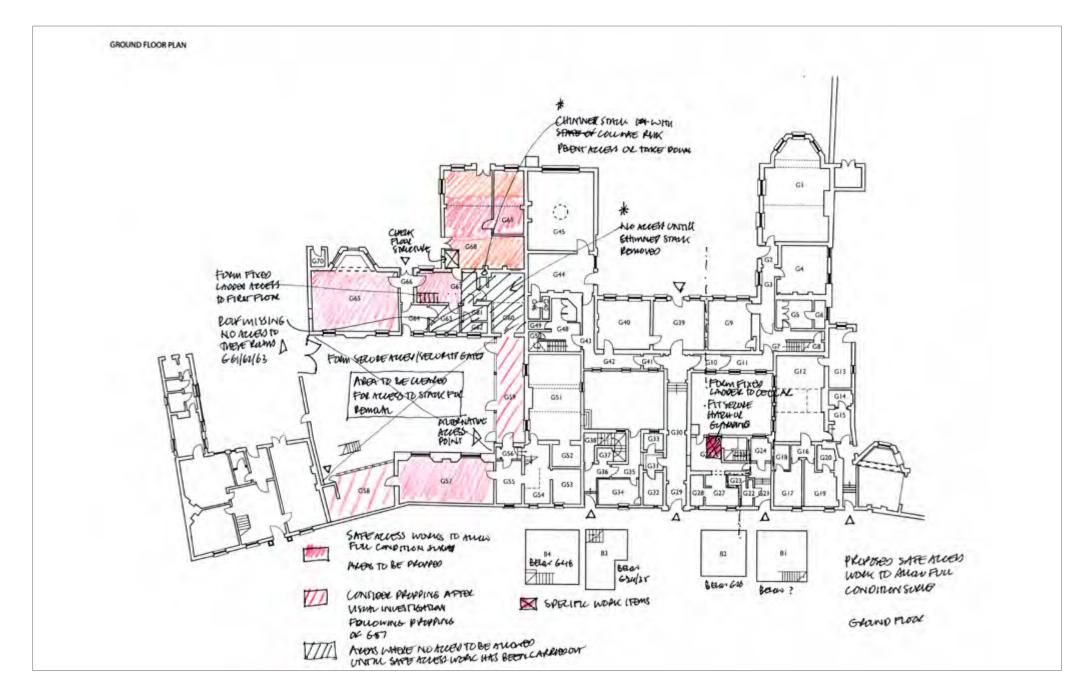
G7 General View

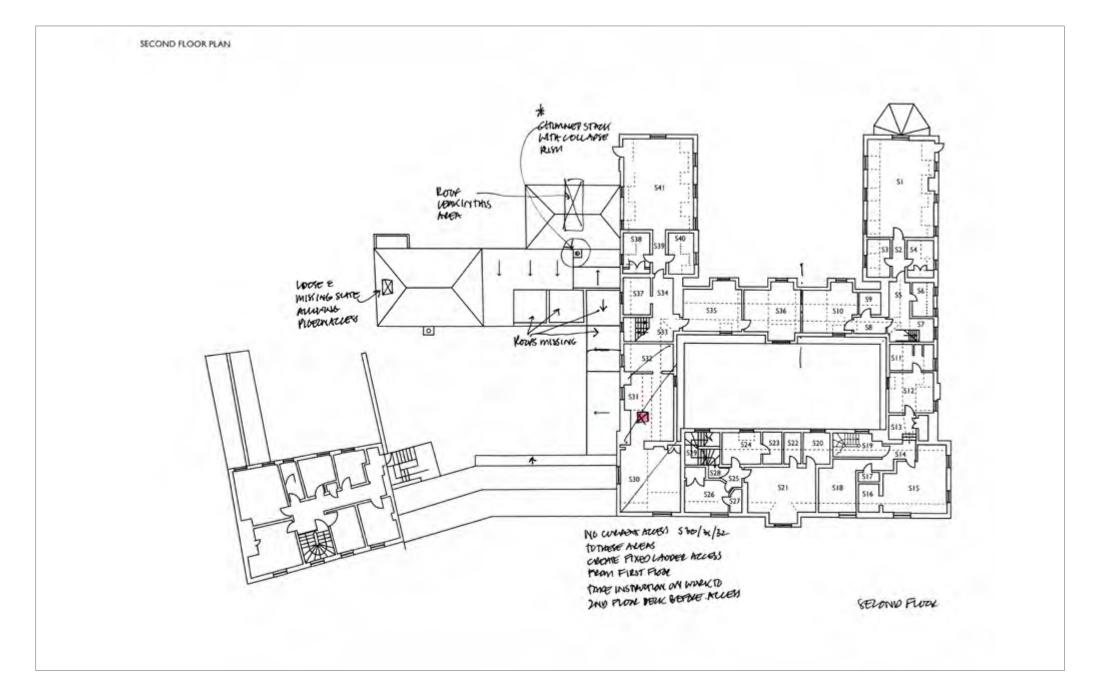


## APPENDIX M: PLANS SHOWING SAFE ACCESS WORKS

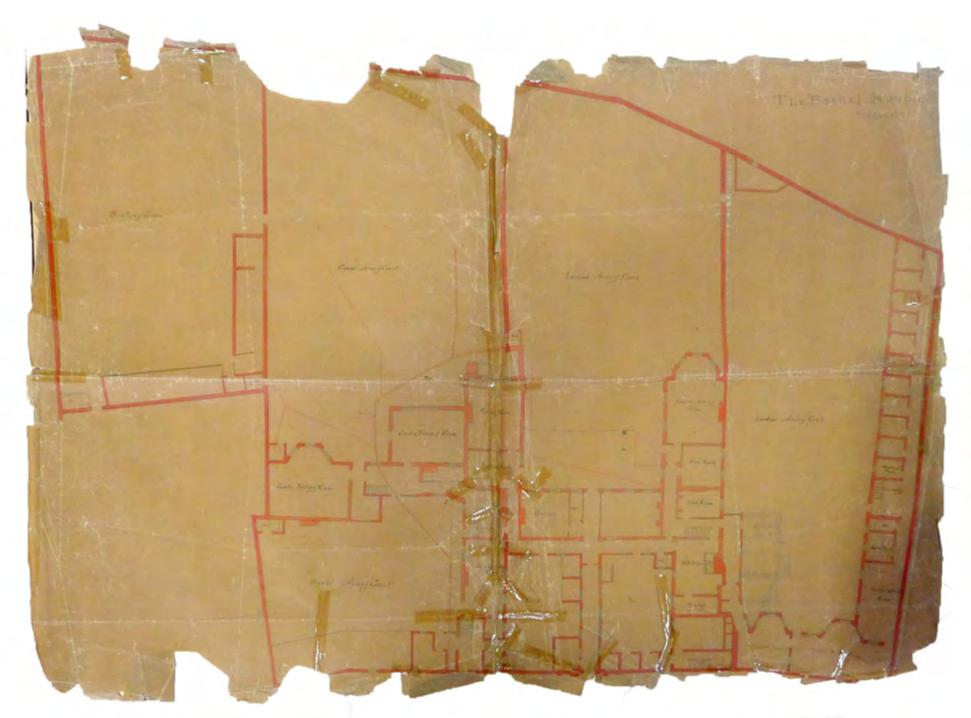
These plans were sketched by David Bissonnet following a site visit on 8 March 2016. They illustrate the works to create safe access that are required before any further survey work can commence.



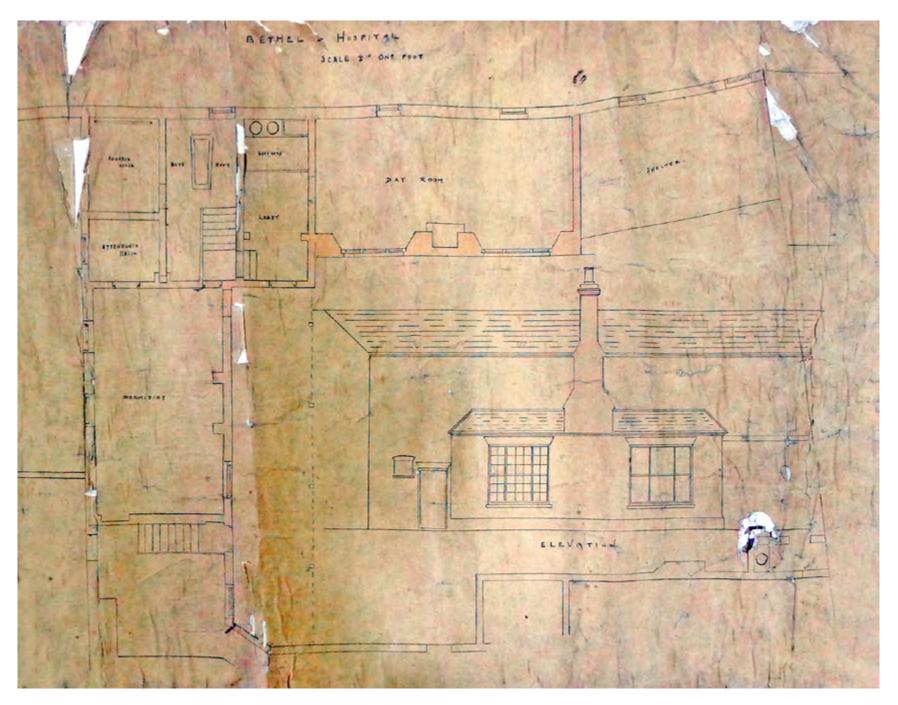




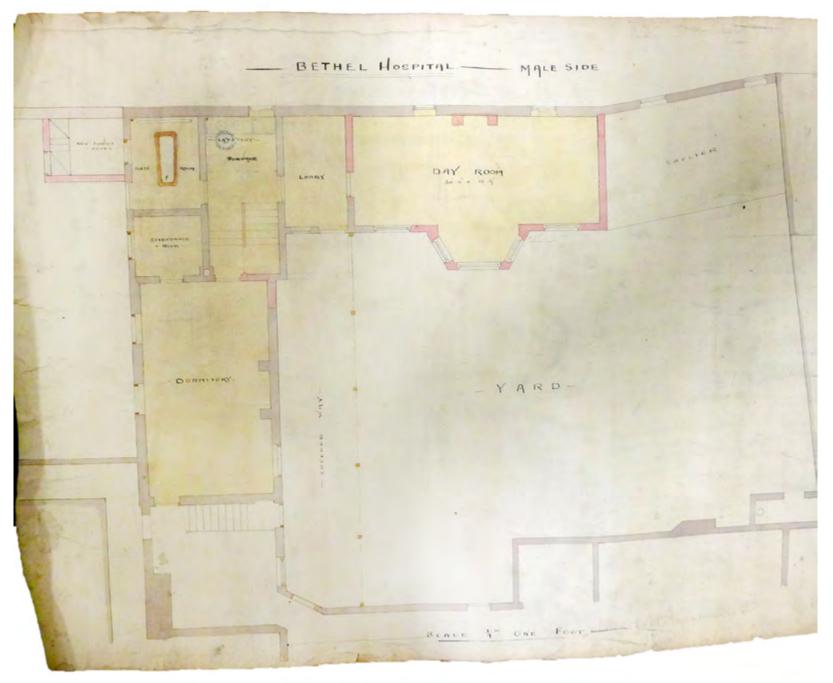
# APPENDIX N: HISTORIC PLANS



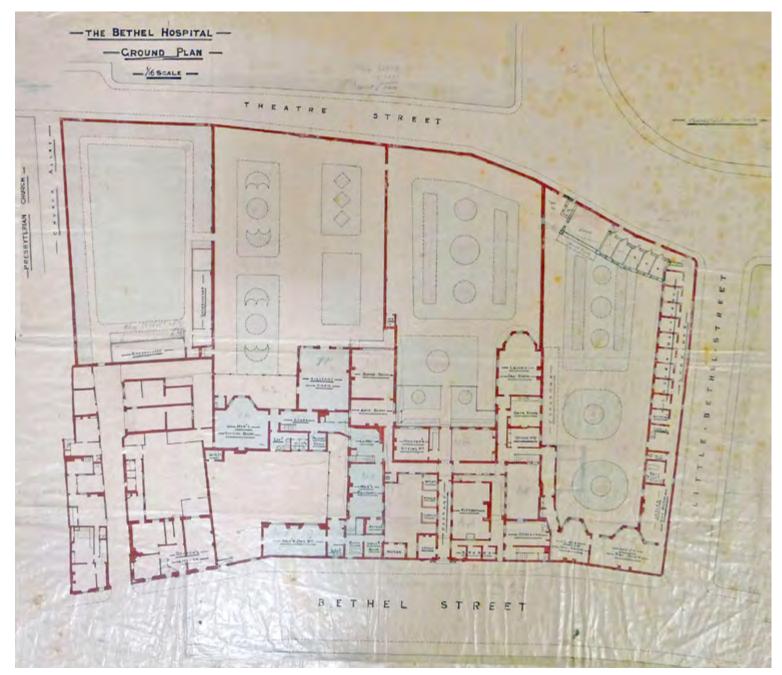
Undated plan. The presence of the Bowling Green suggests it was drawn after 1879 whilst the building layout suggests it predates the 1884 OS map (BR 35/2943, Norfolk Record Office).



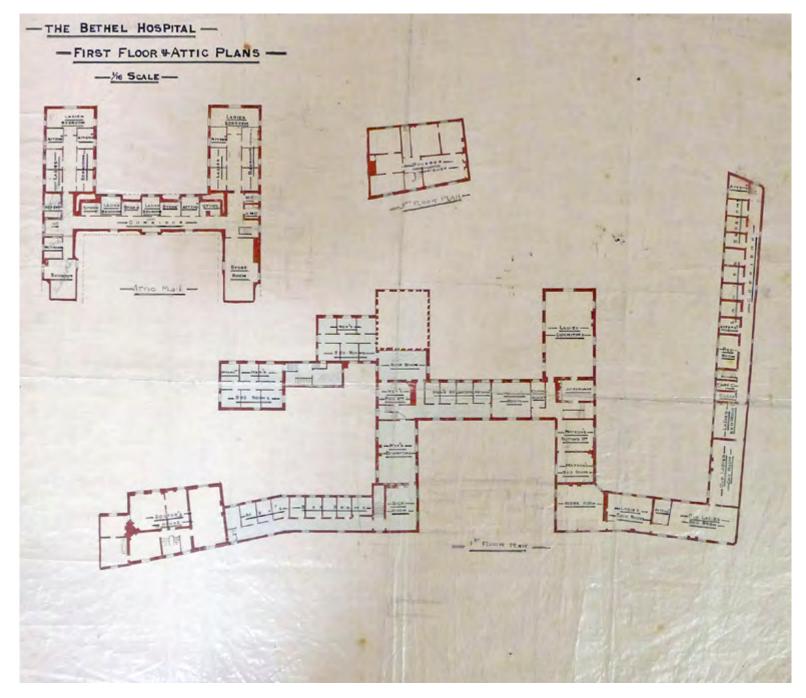
Proposed plan for the Men's Day Room (BR 27/6/17/31, Norfolk Record Office).



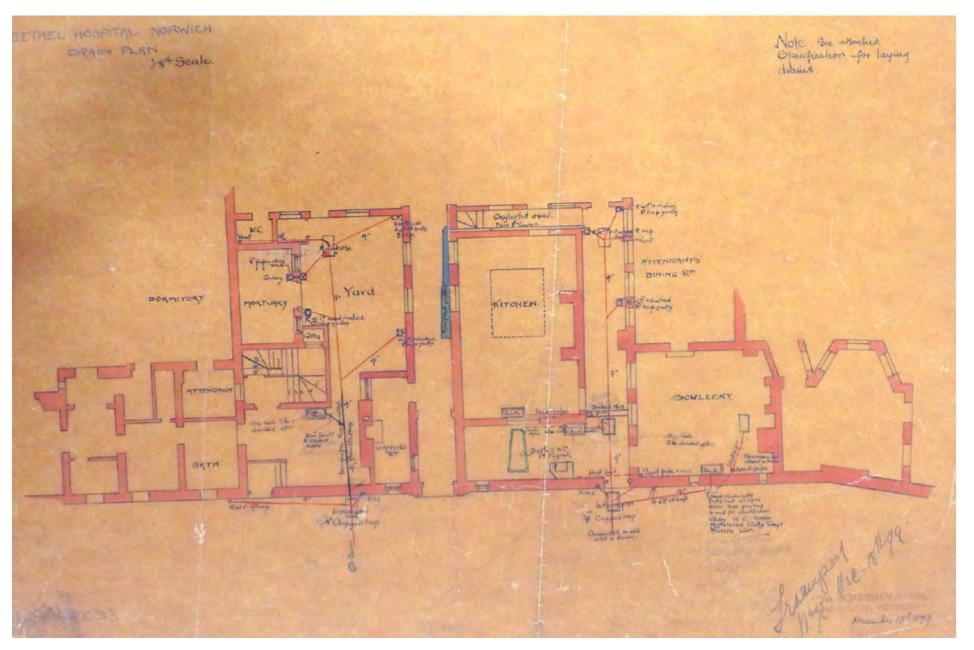
An early design for the proposed Day Room (BR 27/6/17/31, Norfolk Record Office).



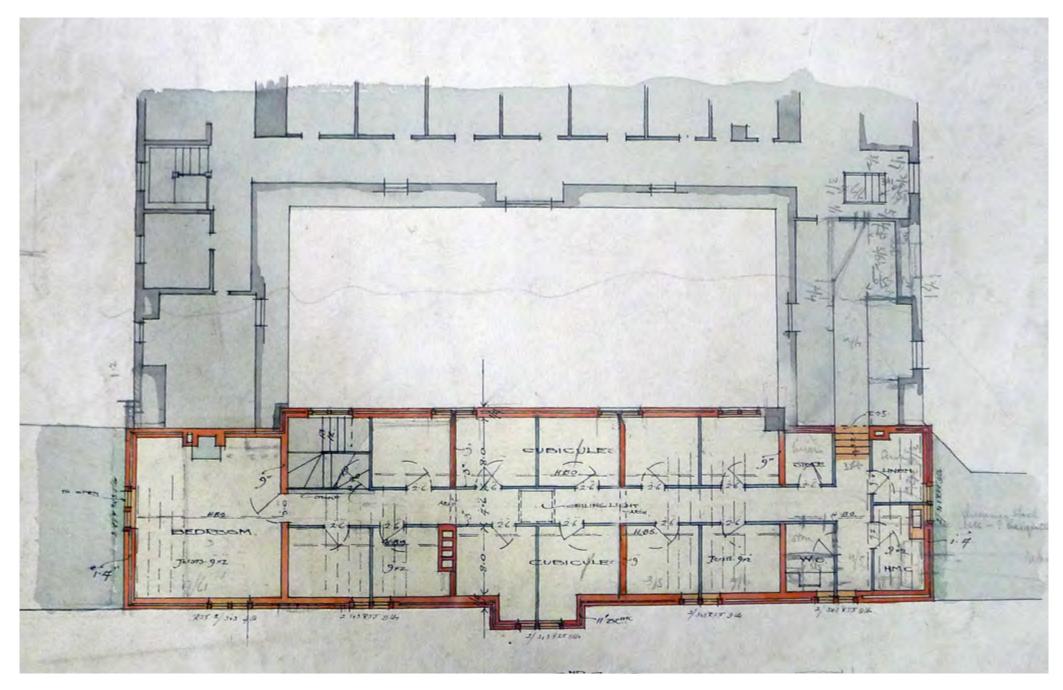
1893 ground floor plan of the Bethel Hospital site. The southern addition to Little Bethel Court was a later sketch added c. 1913 (BR 35/2/94/2, Norfolk Record Office).



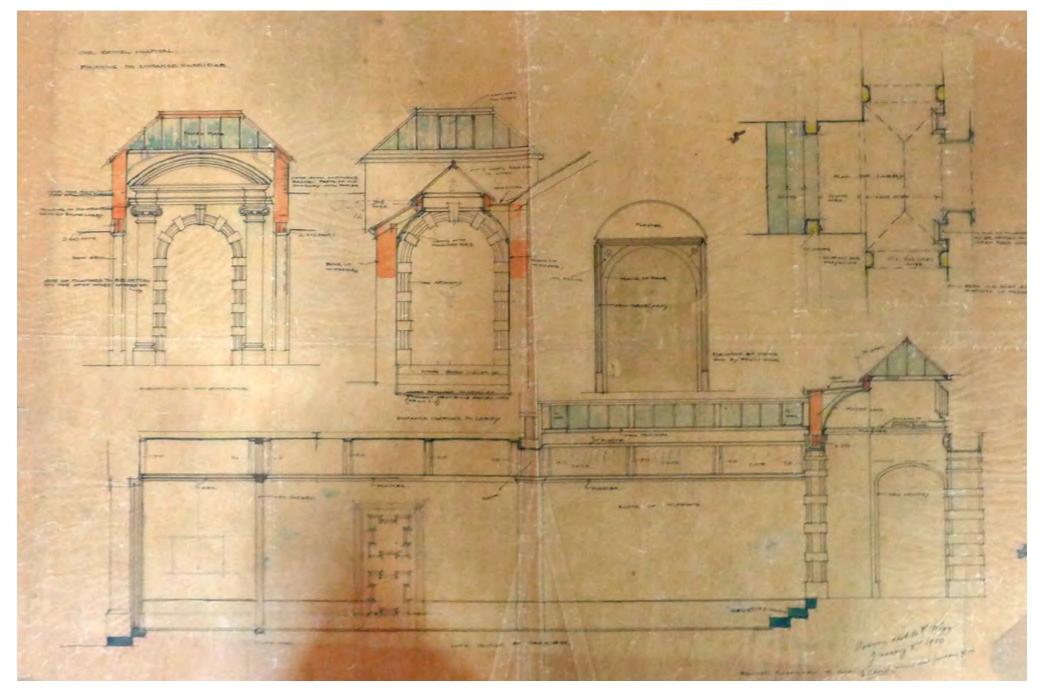
First floor and attic plans (BR 35/2/94/2, Norfolk Record Office).



An 1899 ground floor plan (BR 35/2943, Norfolk Record Office).



Boardman's proposals for the central block (BR 35/2943, Norfolk Record Office).



Boardman's proposals for the remodelled passage (BR 35/2/94/2, Norfolk Record Office).

# APPENDIX O: GAZETTEER

See separate document

