



Designation Consultation

This designation consultation is open for comment until 23 October 2024.

Give us your comments

Historic Environment Scotland consult with those who are directly affected by designation proposals – including owners, occupiers and tenants – and with the planning authority.

We also welcome comments from interested persons or groups.

When we consult about a designation case we will have carried out research and set this out in a **report of handling**. This report is an assessment produced for consultation and it sets out our view, including a proposed decision. The assessment is not intended to be a definitive account or description of the site or place. We consider the comments received before we take a final decision.

We consider comments and representations which are material to our decision-making, such as:

- Your understanding of the cultural significance of the site or place.
- Whether sites or places meet the criteria for designation.
- The purpose and implications of designating the site or place. We consider whether these are relevant to the case.
- Development proposals related to the site or place. Where there are development proposals, we consider whether to proceed with designation in line with our designation policy.
- The accuracy of our information.

You can find more guidance on providing comments and how we handle your information on our [website](#).

Information on how we treat your personal data is available on our [Privacy Notice](#).

How to make a comment

Please send your comments to designationconsultations@hes.scot and provide us with the case reference. You can also make comments through our [portal](#) by clicking on the link 'email your comments about this case'.

If you are the owner, occupier or tenant or the planning authority please email us at: designations@hes.scot.

If you are unable to email your comments please phone us on 0131 668 8914.



Report of Handling Case information

Case ID	300073996
Name of Site	King's Cross Hospital (former infectious diseases hospital), 274 Clepington Road, Dundee
Postcode (if any)	DD3 8EA

Local Authority	Dundee City Council
National Grid Reference	NO 39326 32197
Designation Type	Listed Building
Designation No. and category of listing	LB25537 Category B
Case Type	Amendment

Received/Start Date	05/05/2023
Decision Date	Pending

1. Proposed decision

Previous Statutory Listing Address	274 CLEPINGTON ROAD, KING'S CROSS HOSPITAL, RAILINGS GATEPIERS AND GATE ONLY	Previous category of listing	B
New Statutory Listing Address	King's Cross Hospital (former Infectious Diseases Hospital) 274 Clepington Road, Dundee, including administration building, five ward pavilions and related ancillaries, clock tower and covered walkway, north and east gatelodges, detached building to southwest, boundary walls, gatepiers, railings and pedestrian gate (as indicated on polygon map), and excluding all modern additions and other structures	New category of listing	B

Our assessment using the selection guidance shows that the surviving parts of the earliest layout of King's Cross Hospital (as shown on the 2nd Edition Ordnance Survey, revised in 1900 and published in 1903) meet the criteria of special architectural or historic interest.



This early layout comprises the administration building, the five earliest ward pavilions, the interconnected covered walkway, the central clock tower, the former laundry, kitchen and ancillaries, the north and east gate lodges, the detached building to the southwest and the gatepiers, railings and pedestrian gate along Clepington Road and boundary walls along Clepington Road and Hospital Street. We have indicated which buildings are covered by the proposed listing in a polygon map.

The proposed decision is to amend the current designation of the gates and gatepiers to include all of the hospital buildings at King's Cross Hospital that were constructed by 1903 (as shown on the 2nd Edition Ordnance Survey map). It is proposed to exclude all of the later hospital structures from the listing.

2. Designation Background and Development Proposals

2.1 Designation Background

The hospital buildings at King's Cross Hospital are not currently listed in their own right. We listed the associated railings, gatepiers and pedestrian gate along Clepington Road at category B on 15/07/1993 ([LB25537](#)).

We received a request from NHS Tayside on 05/05/2023 asking us to issue a Certificate of Intention Not to List (COINTL) for the main administration building at King's Cross Hospital, located at NO 39326 32194. To come to a view on the administration building, we needed to assess the whole hospital site against the criteria for listing.

We did not issue a COINTL because we found some of the earlier buildings, including the administration building, walkway, ward pavilions and other early hospital structures met the criteria for listing. This decision was made on 14/07/2023. The original case can be viewed on our portal: <https://portal.historicenvironment.scot/decision/500003755>.

There is a two-storey, three-bay former railway station building, dating from 1831, within the hospital grounds at the northwest corner of the site. We listed the former Dundee and Newtyle Railway Station, or Laing's Cottage at category C on 15/07/1993 ([LB25540](#)).

2.2 Development Proposals

There are no known development proposals.

3. Assessment

3.1 Assessment information



We received an application for a COINTL for the main administration building at King's Cross Hospital on 05/05/2023. (Designations applications are published on our portal and will be available to view during the lifetime of the case and until 3 months after the case is closed.)

The applicant provided the following information and views in their COINTL application:

- NHS Tayside are undergoing a property and asset rationalisation exercise and are of the opinion that the main administration building of King's Cross Hospital has no architectural interest or historical pedigree.

We informed the planning authority at Dundee City Council about the COINTL application.

Our policy states that 'our assessments may involve a site visit, and will aim to make use of the best available evidence.' (See [Designation Policy and Selection Guidance](#), p.7.) We decide on a case by case basis whether a site visit is required to inform our assessments.

In this case we considered that a site visit was required to inform our assessment of the building's/buildings' special architectural or historic interest. We visited King's Cross Hospital on 31/05/2023. We saw the exteriors of all the buildings on the hospital site. We saw the interiors of the main administration building and the former ward pavilions, accessed via the covered, interconnected walkway. We also viewed ancillary buildings connected to the ward pavilions, including part of the former laundry. We viewed the exteriors and interiors of the east and north gatelodges, including their related gatepiers and walls.

We viewed the exteriors only of all the later 20th century/early-21st century, multiphase hospital buildings across the site, as well as the interiors of the East Day Home, the Bowel Screening building and the King's Cross Health and Community Centre (the current main clinical building).

3.2 Assessment of special architectural or historic interest

We found that the surviving parts of the earliest layout of King's Cross Hospital developed between 1889 and 1903 (as shown on the 2nd Edition Ordnance Survey map, revised 1900 and published 1903) meet the criteria for listing. This includes the administration building, the five earliest ward pavilions, the clock tower and adjoining covered walkway, the hospital ancillaries to the south, the north and east gatelodges and the railings, gatepiers and boundary walls along Clepington Road and Hospital Street.

We carried out an assessment using the selection guidance to decide whether a site or place is of special architectural or historic interest. See **Annex A**.



The listing criteria and selection guidance for listed buildings are published in Designation Policy and Selection Guidance (2019), Annex 2, pp. 11-13, <https://www.historicenvironment.scot/designation-policy>.

3.3 Policy considerations

Our guidance explains our approach to assessing Certification of Intention Not to List (COINTL) applications and is published on our website [Certificate of Intention not to List \(COINTL\) Guidance \(historicenvironment.scot\)](#)

"A COINTL is a legal guarantee that the building or buildings named in it will not be legally listed as a building of special architectural or historic interest during the five years from the date on which the Certificate is granted.

We may grant a COINTL to a building that:

- does not meet the listing criteria for special architectural or historic interest
- is not part of the curtilage of an existing listed building.

"If a COINTL is not granted, then a building may be listed. If a building becomes listed as part of the COINTL process, the applicant must seek listed building consent from the planning authority for its demolition or for its alteration or extension in any manner which would affect its character as a building of special architectural or historic interest."

We did not grant a COINTL for the main administration building because we found that this building and other earlier hospital buildings at the site may meet the listing criteria of special architectural or historic interest. We are now consulting on the proposal to designate the site.

4. Consultation

4.1 Consultation information

Consultation period: 02/10/2024 to 23/10/2024.

We have consulted directly with the owners and the planning authority.

The consultation report of handling is published on our portal for comment from interested parties.



4.2 Designation consultations

Comments we consider

We will consider comments and representations which are material to our decision-making, such as:

- Your understanding of the cultural significance of the site or place and whether it meets the criteria for designation.
- The purpose and implications of designating the site or place. We consider whether these are relevant to the case.
- Development proposals related to the site or place. Where there are development proposals, we consider whether to proceed with designation in line with our designation policy.
- The accuracy of our information.

Comments we don't consider

We do not consider comments and representations on non-relevant/non-material issues, such as:

- Economic considerations
- Abusive or offensive remarks
- Whether you personally like, or do not like, a proposal

Our video about consultations explains how you can comment on our designations decisions, and what we can and can't take into account when considering your views. <https://youtu.be/ZlqU51tRA6g>.

4.3 Consultation summary

N/A

Dara Parsons

Head of Designations
Heritage Directorate
Historic Environment Scotland

Contact	Rachael Bowen, Designations Officer rachael.bowen@hes.scot , 0131 668 8911
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ANNEX A

Assessment of special architectural or historic interest

1. Building or site name

King's Cross Hospital (former Infectious Diseases Hospital) 274 Clepington Road, Dundee, including administration building, five ward pavilions and related ancillaries, clock tower and covered walkway, north and east gatelodges, detached building to southwest, boundary walls, gatepiers, railings and pedestrian gate (as indicated on polygon map), and excluding all modern additions and other structures

2. Description and historical development

2.1 Description

King's Cross Hospital opened in 1889 as Dundee's first permanent fever hospital to treat infectious disease. It was designed by the Dundee burgh engineer, William Mackison, and his assistant James Thomson. The earliest structures at the hospital site comprise a late-19th / early-20th century administration building and a network of five former ward pavilions all connected by covered walkways around a central, octagonal clock tower. There are two gatelodges to the north and east of the hospital site, and a detached service building to the south of the westernmost pavilions.

The **administration building** was built in 1889 as a modest two-storey, three-bay villa and extended, between 1900 and 1902, into a Jacobean-style, symmetrical, two-storey, seven-bay building with a central, three-stage, French pavilion-roofed tower with tripartite window openings, a dentilled eaves course and iron brattishing on the roof. The front (north) elevation is ashlar-faced with gabled end bays, double-height canted windows and mullioned window openings. The main entrance is through the central tower. The entrance door has a fanlight and is flanked by sidelights glazed with patterned and coloured glass. There is a balustraded cornice above the entrance opening and raised band courses across the front and side elevations of the building. The side elevations have regularly spaced window openings and central, corniced chimneystacks. The windows are predominantly, two-pane, uPVC sash and case replacements. The roof is covered in slates and there are two dormer windows to the right-hand bay.

The interior was seen in 2023. The interior is now largely fitted out as offices and retains some late-19th century timber and plasterwork, fixtures and fittings. These include moulded cornicing, deep skirting, window shutters, timber-panelled doors and decorative coloured glass in the stair windows. The entrance foyer of the original two-storey, three-bay house retains its tiled mosaic floor with the Dundee City Coat of Arms.



A **covered and glazed walkway** extends from the rear of the administration building and slopes downwards towards a central connecting node, surmounted by a **clock tower** with four pedimented clock faces and topped by an iron finial. There are two other nodes (to the east and west) where the corridors intersect, which have doorways leading to the grounds. The walkways have mid-height ashlar stone walls with plate glass glazing above and some later infill. The roofs are pitched and covered in slates with decorative timber bargeboarding to the eaves.

The corridor network links to five **ward pavilions** constructed in coursed and snecked stone, the two to the east of the central clock tower date from 1889 and the three to the west were built by 1902. The single-storey ward pavilions are roughly rectangular on plan with hipped-roofed chamfered extensions and hipped-roofed, square-plan toilet blocks at each end. They have blind oculi openings in the gable heads, contrasting margins, moulded skewputts and projecting band courses. There are small rectangular discharge blocks at the entrance to each pavilion with tiled interior schemes. The pavilions have some later 20th century, low, brick-built infill and extensions (these are excluded from the listing). The windows are predominantly uPVC replacements throughout. The roofs are slated, some with ventilators, and a mixture of corniced end and ridge chimneystacks (some now truncated or removed). The interiors of the western pavilions have lowered ceilings and are fitted out as offices and conference spaces. The eastern pavilions are in a mixture of office and clinical use with largely late-20th century decorative schemes.

Ancillary hospital buildings, south of the administration building, comprise the former kitchen/dining areas (now the cafeteria), former staff accommodation, a two-storey former laundry block, and ventilation and cold storage facilities (located to the south of the clock tower). The former laundry is two storeys in height with bipartite window openings to the first floor, a hipped roof with tall, shouldered chimneystacks and a truncated washhouse chimney at the southwest corner of the block. There is a single-storey, roughly rectangular-plan **detached building to the southwest** of the pavilion-plan hospital buildings (now known as the Electrician's Workshop). This building has a flat-roofed entrance porch and a hipped roof overall with a central ventilator along the roof ridge and an end chimneystack.

Built by 1902, the two-storey, three-bay **east gatelodge** (along Hospital Street) was the hospital ambulance station. It has a stable to the ground floor with timber stalls, tiled walls and a floor composed of setts (small paving stones). There is accommodation on the first floor. The building has a hipped roof with shouldered and corniced chimneystacks. It has a later forestair on the north elevation and a glazed, single-storey, early-20th century extension on the west elevation (which are both excluded from the listing).

The **north gatelodge** (built in 1894) is a single-storey, irregular plan former porter's lodge along Clepington Road. It has a projecting west-facing gable with a bay window and a squared entrance porch in the re-entrant angle. The roof is covered in slates with moulded skewputts and a finial to the gable apex and three truncated chimneystacks.



Low stone walls bound the site along Clepington Road. These are topped by cast and wrought iron **railings** designed by Walter MacFarlane and Co. of the Saracen Foundry in Glasgow and dating from 1889. The railings are on a cast iron cope with wavy kris finials (shaped like Javanese kris daggers) and moulded balusters with scrolled wrought iron bracket supports. There are two vehicle entrances along the road with pairs of chamfered ashlar **gatepiers**. The east entrance (next to the north lodge) has an ornate **pedestrian gate** and flanking square-section cast iron ball-finished gateposts (signed W MacFarlane and Co Glasgow at the base). The stone gatepiers are topped by cast iron bases for gas lamps (the lamps have been removed). Stone boundary walls with semi-circular coping extend around the corner along Hospital Street. There are three stone gatepiers with pyramidal caps at the east gate lodge, forming a vehicle and pedestrian entrance with later iron gates.

2.2 Historical development

King's Cross Hospital was built as a purpose-built 'fever hospital' to treat and care for patients with infectious diseases. Following a mild outbreak of scarlet fever in 1882, a report prepared by Dr A M Anderson, the Medical Officer of Health for Dundee, highlighted that hospital provision within the City of Dundee was inadequate should a large-scale outbreak of infectious disease occur (Historic Hospitals; Dundee Courier, 1889).

In 1887, the Dundee Police Commissioners resolved to erect a new, purpose-built hospital on the King's Cross site (Dundee Evening Telegraph, 7 December 1887). It replaced a handful of small fever hospitals in and around Dundee City, including a temporary fever hospital that had been built in 1877 off Clepington Road on what is now the King's Cross Hospital site (as shown on the 1887-8 Dundee Town Plan). Dundee also retained a smallpox hospital (built in 1867 by the Town Council), northwest of King's Cross and known as King's Cross Hospital West (built 1893, closed 1979 and demolished 1987).

The new King's Cross Hospital was opened by Lord Provost Hunter on 11 December 1889 as the Dundee Infectious Diseases Hospital (Dundee Courier, 11 December 1889). The new hospital was designed by the Dundee burgh engineer, William Mackison (1833-1906) alongside his assistant, James Thomson (1852-1927), and Dr A M Anderson. Dr Anderson died soon after the hospital opened and he was succeeded in the role by Dr Charles Templeman, who became the first Medical Superintendent of King's Cross Hospital (Jamieson, p.9.).

A sketch in the *Dundee Courier* (11 December 1889), upon the opening of the site, shows the proposed layout of the hospital. It depicts a large, symmetrical administration block, ancillary hospital buildings and seven ward pavilions all connected via covered walkways to a central clock tower with gate lodges at the north and east entrances. This vision of the site developed over a couple of decades.



The Dundee Town Plans of 1888 to 1893 show the early layout of the hospital site. The first buildings constructed were the administration building and two ward pavilions (to the east) connected by walkways to ancillary hospital blocks behind the administration building (these housed the kitchen and laundry blocks, see Dundee Evening Telegraph, 7 December 1887). Two rectangular-plan ranges of the earlier epidemic hospital were retained until around 1901-2, when they were replaced by three new pavilions with sanitary annexes and discharge blocks.

A historic image of the administration building (dated 1889) shows it was originally a domestic-scale, two-storey, three-bay villa with a projecting gable and canted windows to the left, a central entrance door, corniced end chimneystacks and a corniced wallhead chimneystack to the front elevation (Jamieson, p.9). This was the only two-storey building on-site at that time, and it functioned as the main entrance into the hospital complex. It contained accommodation for the medical officer, matron and nurses and housed a dispensary, waiting rooms and toilets for visitors. Heating, ventilating chambers, kitchen block and laundry facilities were located in the buildings behind the administration block (Dundee Courier, December 1889, Dundee Evening Telegraph, December 1887).

The railings, gateposts and gatepiers along Clepington Road date from the site's opening in 1889. The original gates to the vehicle entrances have been removed, as well as the original gas lamps on top of the stone gatepiers (only the cast iron bases remain). The north gatelodge was added to the main entrance in 1894 (as shown on the Dundee Town Plan of 1894). A mono-pitched entrance extension was added to its south elevation sometime between 1921 and 1937 (it is first shown on the Ordnance Survey map of 1937).

The administration building was enlarged and extended to the west between 1900 and 1902 (as shown on the 2nd Edition Ordnance Survey map, revised 1900 and the Dundee Town Plans of 1902). The Town Plans show the east gatelodge (the former ambulance station) was built between 1901 and 1902. By 1900, King's Cross Hospital had a total of five interconnected, stone-built ward pavilions. The annual Dundee Town Plans show a sixth ward pavilion (a diphtheria ward) was added in 1909 and a seventh building, a two-storey and attic, rectangular-plan building that was probably built as nurses' accommodation, in around 1913, roughly the same time as a two-storey pavilion (used to treat measles and tuberculosis) was added in the southern section of the hospital grounds (Jamieson, pp.12, 25).

The Ordnance Survey maps of 1921, 1937, 1953 and 1971 show the hospital expanded in size throughout the later 20th century. Extensions were added and buildings altered as the needs of the hospital changed throughout the 20th century reflecting the advancement of medical knowledge and treatment of infectious disease. A new permanent isolation unit was built in 1964 in the southern section of the hospital grounds (now King's Cross Health & Community Care Centre). This building remains in use today (2024). The earlier fever hospital buildings are now largely used as offices.



3. Assessment of special architectural or historic interest

To be listed a building must be of 'special architectural or historic interest' as set out in the [Planning \(Listed Buildings and Conservation Areas\) \(Scotland\) Act 1997](#). To decide if a building is of special interest for listing we assess its cultural significance using selection guidance which has two main headings – architectural interest and historic interest (see Designation Policy and Selection Guidance, 2019, Annex 2, pp. 11-13).

The selection guidance provides a framework within which judgement is exercised in reaching individual decisions. The special architectural or historic interest of a building can be demonstrated in one or more of the following ways.

3.1 Architectural interest

The architectural interest of a building may include its design, designer, interior, plan form, materials, regional traditions, and setting and the extent to which these characteristics survive. These factors are grouped under two headings:

3.1.1 Design

Infectious disease hospitals were typically built on the outskirts of major settlements, often with interconnected isolation wards that could be used as quarantine units for specific illnesses. Innovations in hospital and sanatorium design and ventilation from around 1880 reflected new medical understanding about the spread, control and management of contagious epidemics. The design of King's Cross Hospital, with linked ward pavilions, was built on the most up-to-date plan and demonstrates the approach for infectious disease hospital plan forms towards the end of the 19th century, with an emphasis on light, ventilation and access to garden grounds for patients to take the air. This phased development of the hospital took place over a 14-year period from 1889 to around 1903 (see Age and Rarity).

The pavilion principle of hospital planning is typical for its date of construction. Favoured and supported by Florence Nightingale (1820-1910), this advocated for open ward pavilions with windows placed opposite each other to allow sunlight in and to create cross-ventilation. Air currents were designed to be drawn through the ward pavilions through open windows, ventilation grilles and air ducts (Historic Hospitals, The Architecture of Isolation). Toilet facilities were designed to be placed at the end of the wards, separated by a cross-ventilated thoroughfare, and attention was also paid to drainage to avoid contamination of water courses. The hospital is built on a downward-sloping site to aid drainage. The small discharge blocks outside each pavilion were an additional step in infection control and were tiled for ease of cleaning. The slight differences in pavilion design between those on the eastern and western sides of the site indicate the developments in hospital design within a decade or so.

The spatial relationship between the administration block, the five ward pavilions, and the laundry, kitchen and ventilation buildings, all connected via covered



walkways to the central octagonal clock tower, has changed little since the early-20th century. The site was designed in this way with a range of ancillaries, from kitchens, laundry, and disinfection and ventilation buildings to a morgue and staff accommodation so that the hospital was as self-sufficient as possible and the number of visitors to the site was controlled to what was strictly necessary. Visitors and patients arrived at the hospital via the north entrance, and the working and service areas were to the south, accessed from the public road by the east entrance. The east gatelodge was originally the hospital's ambulance station. The first ambulances were horse-drawn until they were motorised in 1920. The survival of the original tiled stables to the ground floor is increasingly rare.

The Jacobean style of the main administration building is typical for public buildings of this period. The architectural grouping of the north gatelodge, the administration building with its three-stage tower, and the decorative railings, gateposts and gatepiers (originally with cast iron gas lamps on top) was designed to, and continues to make, an imposing entrance to the hospital site with its central entrance and close proximity to the porter's lodge.

The hospital buildings are constructed in stone with repetition of design and style across the site, exemplified by their moulded skewputts, raised band courses and oculi openings. Most of the roof ventilators have been removed from the wards and a number of chimneystacks have been truncated, however these changes do not significantly lessen the special design interest of the buildings overall. There are late-20th century extensions to most of the linked ward pavilions, however these are mostly lower in height, and they do not significantly detract from the good quality exterior detailing and the early plan form of the hospital. Together, the buildings form a coherent and readable group of a late-19th century fever hospital, and the surviving plan form is of considerable architectural interest.

Internally, most of the ward pavilions now have lowered ceilings and altered internal layouts, however they retain their original form, including their cuboid-plan sanitary blocks. The ward pavilions specifically demonstrate the intended function as a fever hospital with tall windows on opposing sides to maximise ventilation through the buildings when required. The interior of the administration building, while now converted for office use, largely retains many of its 19th century features, such as plasterwork, decorative glazing and window shutters. Much of its domestic-style plan form and character survives, including its tiled floor displaying the city coat of arms in the entrance foyer of the earliest part of the building.

William Mackison (1833-1906) was appointed Burgh Engineer of Dundee in 1868. As well as re-planning central Dundee and designing public buildings, such as churches, hospitals, police stations and offices, his role included designing and managing water supply and sewerage schemes, road and bridge construction (Dictionary of Scottish Architects).

All of the hospital buildings that were built as part of the first phase of development at King's Cross have been upgraded, extended or added to throughout their lifetime.



This is to be expected for a site of this type and scale that has remained in use for over 130 years. While these incremental alterations have affected the integrity of the buildings to some degree, the changes do not lessen the special design interest of the early layout of the hospital. The administration building, ward pavilions, corridor network and ancillaries continue to demonstrate their original function and have special interest for the otherwise complete survival of their plan form, good quality materials and exterior design details. Together, these features contribute to the special architectural interest of the buildings as a purpose-built infectious disease hospital of a late-19th century construction.

3.1.2 Setting

King's Cross Hospital is located on a roughly triangular site bounded by Clepington Road to the north, Hospital Street to the east and Strathmore Avenue to the south. Its prominent roadside setting, with the principal buildings (the administration building and north gatelodge) visible from Clepington Road, relates directly to the hospital's former function. Initially located on the outskirts of Dundee and with open land to the south and west, the setting was suited to patients with infectious diseases. This arrangement, located on the periphery of an urban area, is common to the building type and was inspired by innovations in hospital design and patient treatment during the 19th century.

The Town Plans of Dundee from 1887-1902 show the early layout of the hospital with plenty of space around the buildings and to the south. The 2nd Edition Ordnance Survey map (revised 1900, published 1903) first shows the hospital in detail as a self-contained 'village' bounded by walls and gates and with space to the south, towards Loon's Road (now Strathmore Avenue), anticipating future expansion of hospital facilities.

The wider historic setting of the former fever hospital now includes residential buildings beyond the boundary walls, and by the general northwards expansion of the city which has absorbed the hospital into a suburb of Dundee. However, the administration building, pavilion layout and the early ancillaries of the hospital remain largely self-contained within the original hospital boundary and remain distinguishable, visually, from the surrounding developments. The boundary walls and its treatment help to clearly delineate the site within its historic setting. As such, the former function of the early hospital buildings continues to be reflected in its immediate setting, which has not been detrimentally altered and which remains recognisable in the landscape. There is special interest under this heading.

3.2 Historic interest

Historic interest is in such things as a building's age, rarity, social historical interest and associations with people or events that have had a significant impact on Scotland's cultural heritage. Historic interest is assessed under three headings:

3.2.1 Age and rarity



King's Cross Hospital was largely built over a 14-year period from 1889 to around 1903. It is a rare surviving example of a purpose-built fever hospital that retains much of its late-19th century plan form and exterior detailing. Within this context, the buildings at King's Cross Hospital that were constructed as part of this first phase of development are of special architectural and historic interest for their overall level of completeness to the exterior and as a building type that is becoming increasingly rare.

Prior to the 19th century, fever hospitals had often been constructed in response to outbreaks of infectious diseases. 'Fever' was a catch-all term for any illness considered infectious, respiratory or otherwise, and could include smallpox, leprosy and plague to diphtheria, typhoid, tuberculosis, polio, whooping cough, measles and scarlet fever.

The industrialisation of towns and cities throughout the 19th century coincided with rising populations and greater densities of people living in cramped, and often unsanitary, conditions. The prevalence and spread of infectious diseases were rife. Ports were especially vulnerable to diseases being brought in and spread due to the influx of sailors. Up until the late-19th century, epidemics were usually managed via a system of temporary fever hospitals where patients were generally isolated from the healthy, or they were admitted to the fever wards of general hospitals. These temporary hospitals were closed again when the number of cases of infectious disease decreased. As urban populations rose, this system became increasingly unmanageable.

The Public Health (Scotland) Acts of 1867 and 1872 sought to prevent the outbreak of disease in the first place by tackling potential sources of infection, such as water supplies, sewers, overcrowding and sanitation (Building up our Health, p.69). These Acts also allowed for regional funding for permanent municipal healthcare facilities and the appointment of Medical Officers of Health, such as Dr A M Anderson in Dundee.

The 1897 Public Health (Scotland) Act made the provision of these 'fever' hospitals compulsory and transferred responsibility for their provision directly to local authorities. King's Cross Hospital is significant as one of the earliest purpose-built infectious disease hospitals established in Scotland, pre-dating the 1897 Act which formalised this new type of healthcare provision.

As a building type, former purpose-built fever hospitals are becoming increasingly rare in Scotland. Since mass-vaccination programmes and the invention of antibiotics in the late 1940s, dedicated infectious disease hospitals are no longer required to the same degree they once were. Many of these hospitals have since been demolished, including Glasgow's Belvidere (opened 1870 and extended 1887, mostly demolished in 2006) and Ruchill (opened 1900, mostly demolished between the early 2000s and 2014). Others have been substantially altered and converted for housing, for example, the former City Hospital in Aberdeen (opened 1877, listed at



category C, LB47352) and the former Edinburgh City Hospital (opened 1903, now Greenbank Village) in Edinburgh.

3.2.2 Social historical interest

Social historical interest is the way a building contributes to our understanding of how people lived in the past, and how our social and economic history is shown in a building and/or in its setting.

During the 19th century, poverty, overcrowded living conditions, poor working environments, and ignorance about the spread of disease were all contributory factors to high death rates and a series of devastating epidemics, particularly in urban areas across Scotland. Outbreaks of infectious disease could overwhelm existing hospitals. Legislation and improved public health administration from the later 19th century onwards laid the foundations for a better system of healthcare in Scotland and across the United Kingdom. The construction of these large, permanent, purpose-built hospitals in towns and cities complemented the smaller, regional, cottage-style fever hospitals, which together worked to contain and treat disease prior to the invention of antibiotics and widespread vaccination.

By the late-1940s, the antibiotic era, and the transition from open-type wards to cubicle isolation units, had an overwhelmingly positive impact on the treatment of bacterial infections. Interestingly, the decline in prevalence of some infectious diseases coincided with an increase in the cases of new viral diseases and ailments, such as polio, overall, however there was a general trend towards the eradication of a number of once-deadly diseases, such as measles, diphtheria, whooping cough and scarlet and typhoid fevers (Jamieson, pp.17-18).

In 1948, the National Health Service (NHS) was created, and King's Cross Hospital passed from the local authority to the newly formed Eastern Regional Hospital Board (later Tayside Health Board, and now NHS Tayside).

King's Cross Hospital, and its treatment of infectious disease, continued to develop and expand throughout the 20th century. Soon after the NHS was formed, King's Cross became a regional hospital for Tayside and the other main fever hospitals in Forfar, Arbroath and Perth were closed and repurposed (Jamieson, p.17). Over the next 20-plus years, the whole site was upgraded, including the construction of a new purpose-built isolation cubicle block, based on a Swedish prototype, which opened in the southern section of the hospital grounds in March 1964 (the current health centre).

Fever hospitals have social historical interest because they reflect the changing attitudes to public healthcare and the advancements in the diagnosis and treatment of infectious disease. Permanent, purpose-built infectious disease hospitals were first built in the mid-19th century to try and control and contain the spread of disease, ideally separate from patients in general hospitals. They were a common aspect of



health care for about a century and all towns had at least one. The earliest phase of King's Cross Hospital dates from 1889-1903 and is one of the most complete examples of an urban fever hospital to survive largely in its original form in Scotland.

3.2.3 Association with people or events of national importance

There is no association with a person or event of national importance.

4. Summary of assessment

The earliest phase of King's Cross Hospital (built between 1889 and 1903) meets the criteria of special architectural or historic interest for the following reasons:

- The near complete survival of its characteristic plan form, including the administration building, ward pavilions, corridor network and related ancillary structures, illustrating its former function as an infectious disease hospital.
- Its good quality stonework and its exterior design details that are replicated throughout the site.
- It is a relatively rare surviving example of a late-19th century infectious disease hospital in Scotland.
- It contributes to our understanding of responses to infectious disease and the development of health care provision in Scotland towards the end of the 19th century.

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all modern additions and other structures.

5. Category of listing

Once a building is found to be of special architectural or historic interest, it is then classified under one of three categories (A, B or C) according to its relative importance. While the listing itself has legal weight and gives statutory protection, the categories have no legal status and are advisory. They affect how a building is managed in the planning system.

Category definitions are found at Annex 2 of Designation Policy and Selection Guidance (2019) <https://www.historicenvironment.scot/designation-policy>.

5.1 Level of importance

King's Cross Hospital's level of importance is category B.

Buildings listed at category B are defined as 'buildings of special architectural or historic interest which are major examples of a particular period, style or type.'



Taking into account the increasingly rare building type and the level of survival of the original footprint of much of the early phase of the fever hospital, category B is considered to be the most appropriate level of listing.

6. Legal exclusions

In accordance with Section 1 (4A) of the Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997 the following are excluded from the listing: all modern additions and other structures.

All of the hospital buildings that are known to have been constructed after 1903 are excluded from the listing. This includes all the later single-storey extensions to the earliest five ward pavilions, the two-storey former nurses' accommodation, the 1913 former measles pavilion (now known as the Bowel Screening building) and its associated covered walkway, the Health and Community Care Centre, Seymour House, Glenlaw House and the Armitstead Child Development Centre.

While these buildings are of interest in terms of the overall historical development and setting of the site, they are later additions to the earliest phase of the hospital which was largely complete by 1903 (as they are shown on the 2nd Edition Ordnance Survey map, revised 1900, published 1903). These later buildings are not considered to be of special architectural or historic interest for listing.

7. Other Information

N/A

8. References

Canmore: <http://canmore.org.uk/> CANMORE ID 166401 and 184410

Maps

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Gifford, J. (2012) *The Buildings of Scotland: Dundee and Angus*. London: Yale University Press, p.218.

Historic Scotland (2010) *Building up our Health: The Architecture of Scotland's Historic Hospitals*. Edinburgh: Historic Scotland.

Jamieson, Dr. W. M. (1989) *King's Cross Hospital, Dundee Centenary Celebration: The Story of King's Cross Hospital*. Tayside Health Board.

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SCRAN. Kings Cross Hospital, Dundee, at <https://www.scran.ac.uk/search/> [accessed June 2024].

Other Information

Historical images on display at King's Cross Hospital.

9. Images

Images proposed for inclusion in online Listed Building Record if building becomes listed or if an existing listed building record is amended or removed.



Type: Standard.

Title: Main administration building, principal (north) elevation, looking southeast.

Alternative Text: Main administration building, principal (north) elevation, looking southeast, during daytime, on an overcast day with parked cars in foreground.

Date taken: 31/05/2023

Photographer: HES

Copyright: © Historic Environment Scotland.



Type: Standard.

Title: One of the ward pavilions built between 1900 and 1902, southwest corner showing toilet block on south gable, looking north.

Alternative Text: One of the ward pavilions built between 1900 and 1902, southwest corner showing toilet block on south gable, looking north, during daytime on an overcast day.

Date taken: 31/05/2023

Photographer: HES

Copyright: © Historic Environment Scotland.

Images not for inclusion in online Listed Building Record.



Former laundry building (31/05/2023) © Historic Environment Scotland



The north gable of an 1889 ward pavilion (31/05/2023) © Historic Environment Scotland



An 1889 ward pavilion (31/05/2023) © Historic Environment Scotland



Exterior of the covered walkway showing overhanging eaves and slated roof (31/05/2023) © Historic Environment Scotland



Interior of covered walkway leading from the administration building, looking south towards the octagonal clock tower (31/05/2023) © Historic Environment Scotland



Clock tower from within one of the covered walkways (31/05/2023) © Historic Environment Scotland

10. Indicative Map

A map of the proposed listed building is attached separately.