

# birmingham archaeology

Queens Hospital Buildings  
Bath Row, Edgbaston,  
Birmingham

Historic Building Assessment

2007

**Project No. 1693**

**Former Queen's Hospital Buildings, Bath Row  
Edgbaston, Birmingham**

**Historic Building Assessment**

**September 2007**

by

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**FORMER QUEEN'S HOSPITAL BUILDINGS, BATH ROW,  
EDGBASTON, BIRMINGHAM**

**Historic Building Appraisal, September 2007**

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**FORMER QUEEN'S HOSPITAL BUILDINGS, BATH ROW,  
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***SUMMARY***

*In September 2007 Birmingham Archaeology undertook an Historic Building Assessment of the surviving Grade II listed buildings of the former Queen's Hospital, Bath Row, Edgbaston, Birmingham. The work was commissioned as part of proposals to alter the usage of the buildings, and the assessment was designed to establish the viability of proposed alterations. Two buildings were assessed, the earlier of which, Block K, was originally built in 1841 as a purpose built hospital of three-storeys over basement, being extended to the rear in the 1870s. The other building, Block J, was a two-storey, purpose built hospital extension of 1873, built in Italianate style by the Birmingham architect JH Chamberlain.*

*Both buildings were found to retain elements of their original plans but had been significantly altered internally to provide student accommodation. Building J retained its original roof structure and decorative wooden panelling at first floor level.*

**FORMER QUEEN'S HOSPITAL BUILDINGS, BATH ROW,  
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**Historic Building Appraisal, September 2007**

**1 INTRODUCTION**

- 1.1 Birmingham Archaeology was commissioned by Atisreal Ltd, on behalf of Liberty Living, to undertake a programme of Historic Building Assessment at the surviving buildings of the former Queen's Hospital Buildings, Bath Row, Edgbaston, Birmingham.

**2 SITE LOCATION**

- 2.1 The buildings in question are located in Edgbaston, Birmingham, within the complex of student accommodation known as Queen's Hospital Close, on Bath Row opposite the junction of Wheeley's Lane, centred upon NGR: SP 062 860 (Figure 1).
- 2.2 The buildings are in two blocks. The eastern building (Block K) is the former Birmingham Accident Hospital and is now used as student accommodation. The western building (Block J) originated as an extension to the earlier hospital and currently houses an administrative office, a disused bar area and a laundry. The upper floor, which includes a large hall, is currently unused.

**3 PROJECT BACKGROUND**

- 3.1 The present work was commissioned in order to assess the potential for redevelopment of the buildings, in particular the western of the two (Block J), for use as University accommodation.
- 3.2 Both buildings are included on the Statutory List of Buildings of Special Architectural or Historical Interest as Grade II listed structures (Block K Listed No. SP 08 NE 7/9, Block J Listed No. SP 08 NE 7/10).
- 3.3 The proposed re-development currently has three broad options, as follows:
- De-listing and demolition.
  - Retention of frontage.
  - Retention of the original hospital footprint, demolition of later infill extensions (existing bar areas etc.) and insertion of additional accommodation and walkways, retaining all, part or none of the roof.
- 3.4 The scope of the current work is to investigate and inform on the viability of these three options.

## 4 METHODOLOGY

### 4.1 The Written Record

- 4.1.1 An assessment of the buildings was made in terms of character, preservation of original fabric and features, and an assessment of the suitability of the above proposals.

### 4.2 The Drawn Record

- 4.2.1 Pre-existing plans were annotated on site with relevant archaeological information in order to ascertain the areas where preservation of original fabric occurred.

### 4.3 The Photographic Record

- 4.3.1 The photographic survey comprised high-resolution digital photography extending to external elevations, typical and atypical external spaces where appropriate and general record of significant interior details.

### 4.4 Documentary Research

- 4.4.1 Documentary research included a regression analysis of readily available historic maps and archive material that served to put the buildings in context, in addition to an assessment of the available secondary sources.

## 5 HISTORICAL BACKGROUND

- 5.1 The Queen's Hospital was founded in 1840 by William Sands Cox, a prominent local surgeon who intended it to be primarily used as a teaching hospital and additionally to provide medical treatment for the poor of the city. It is likely that Queen's Hospital was the first purpose-built teaching hospital in England not operating out of a building originally constructed for non-medical purposes. Sands Cox also established a School of Medicine in Birmingham, which became Queen's College in 1843. The hospital was initially governed alongside the College as sister institutions until they were separated by an Act of 1867. After this date Queen's College continued under the administration of a General Committee
- 5.2 The original hospital building (**Block K**) was financed by public donation and large contributions were made by the Dowager Queen Adelaide (widow of William IV) and Queen Victoria, who gave her permission to name the institution the 'Queen's Hospital', the first such nomenclature in the country. The locality for the hospital was sought by advertisement and the present site was selected as being 'elevated, open and salubrious' and cost £953 15s 0d (Morrison, 1926). The foundation stone was laid in Bath Row by Earl Howe on 18<sup>th</sup> June 1840 and construction of the building, to designs by the architects J. Bateman and G. Drury, was completed a year later at a cost of £8,746. It opened to patients, by the Lord Bishop of Worcester, on 24<sup>th</sup> October 1841 with beds for 130 patients (Kelly's Directory, 1900). Birmingham was expanding at a rapid rate at this time and, although the area when chosen was considered to be outside of the town, within a few years it became subsumed by the expanding city.
- 5.3 The building consisted of two principal wings of four stories named after the Royal Patrons the Victoria and Adelaide. The Victoria wing overlooked the garden of St Martin's rectory while the Adelaide abutted onto a narrow private road. Over the portico of the front entrance

- was an escutcheon bearing the arms of the Rev. Dr. Warneford, intended as a grateful compliment to his financial contribution to the construction. The land around was open with few buildings and behind the hospital was an open park-like space with trees and a canal.
- 5.4 The growing needs of the hospital soon required additions and improvements to the original site and, in 1845, a 28-bed fever ward was added to the building for the reception of infectious and contagious cases. This was a detached two-storied block of two wings. In 1850, the surgery, dispensary and operation room were enlarged and two wards and a chapel were added. In 1867, the hospital Committee acquired the adjoining St Martin's Rectory to provide additional land for new hospital buildings. The Nurse's Home was erected here in 1887 and provided accommodation for 24 nurses. In the same year, the two wings of the original building were lengthened and the number of beds increased. In 1896 external iron staircases were fixed as emergency exits from the wards in case of fire.
- 5.5 The finances of the Queen's Hospital were dependant on voluntary donations and in-patient maintenance charges and registration fees. Under these conditions the hospital struggled to meet the needs of a growing urban population. In 1868, the Chairman of the General Committee, Sampson Gamgee, conceived the idea of enlisting the aid of the working men of Birmingham to provide additional funds for the financing of a new out-patients department. An initial grant was developed into a Hospital Saturday Fund which provided funds for the new building as well as other improvements to the hospital. (Maskell, 2003).
- 5.6 The design of the building was put to competition in 1869, with winning designs being submitted by the leading Birmingham architect John Henry Chamberlain. The foundation stone of the new building (**Block J**) was laid in December 1871 and a massive parade to commemorate the occasion was put on for the public, culminating in dancing until midnight at the Town Hall. The new building was formally opened by Ambrose Biggs, Mayor of Birmingham, on 7<sup>th</sup> November 1873.
- 5.7 Additions to the hospital continued to be made and in 1904 a block of old houses on the west boundary of the hospital was purchased and demolished. In 1906, the Nurse's House was extended, doubling the accommodation and a new Medical Block was built. At the same time, a new operating theatre was appended to the original hospital building. In 1908 an entirely new block was opened with wards on three floors as well as a roof ward for six patients, the first of its kind in Europe.
- 5.8 In 1935 the Queen's Hospital was amalgamated with the General Hospital to form the Birmingham United Hospital. This was part of a larger plan to enable the two bodies to have joint control over a proposed new hospital, which subsequently became the Queen Elizabeth Hospital.
- 5.9 Struggle with funding finally came to an end in March 1941, when the Queen's Hospital officially closed due to financial problems. The entire site, including buildings and most of the equipment were handed over free of charge to a new Board of Management and the hospital re-opened as the Birmingham Accident Hospital and Rehabilitation Centre on 1<sup>st</sup> April 1941. The new hospital was founded with the purpose of providing a specialist institution for the treatment of fractures and injuries and was modelled on a similar clinic in Vienna. The internal structure of the buildings was altered to accommodate the needs of the new hospital and the first patients were admitted in October 1941. In July 1948 the hospital came under the authority of a Hospital Management Committee under the new National Health Service Act.



- 5.10 The antiquated buildings were badly designed for the needs of the new hospital and proved expensive to maintain. By 1960 plans had been made to relocate the hospital to more modern buildings, but these were never implemented. In 1984 plans were made to build a new Accident Hospital at a site in Selly Oak site but, again, lack of funding meant that the hospital remained at Bath Road. In August 1993, the hospital was finally closed and all the remaining patients were transferred to newly equipped Accident wards at Birmingham General Hospital. The Queen's Hospital buildings were subsequently converted for use as student accommodation, at which time it is assumed that a number of the subsidiary buildings were demolished with only the original blocks preserved

#### *Map Regression*

- 5.11 The first element of the Queen's Hospital (**Block K**) is depicted on Piggot-Smith's map of Birmingham of 1850 as a block, with a single extension to the rear. By the time of the 1890 Ordnance Survey 1<sup>st</sup> edition 1:2500 map (Figure 3a) both rear wings had been constructed in their present form. A photograph dated 1873 shows the extensions to the rear of the building had been completed by that date, although this does not include the stairwell additions to the rear.
- 5.12 The site slowly developed throughout the later 19<sup>th</sup> century with the addition of temporary structures between the two blocks visible by the time of the 1902 Ordnance Survey Map (Figure 3b). Photographs from the time reveal cast-iron awnings ran between the two blocks allowing covered access throughout the hospital
- 5.13 The early 20<sup>th</sup> century saw the enlargement of the hospital further and the area between the blocks became rapidly covered by low structures that extended to the rear (see Figures 3c, 4a/b). The majority of these survived until the late-20<sup>th</sup> century, the abandonment of the hospital and the conversion to student accommodation.

## **6 ARCHITECTURAL DESCRIPTION**

### **6.1 Eastern Block (Block K)**

- 6.1.1 The eastern block (**Block K**) was built in 1841 by the Birmingham architects Bateman and Drury in a late Regency style. It was a purpose built hospital on a rectangular plan, aligned east-west with the principal elevation towards the road to the south (Figure 5; Plate 1). The three-storey building stood above a basement, and the seven bays of the principal façade were arranged symmetrically with a recessed, three-bay centre dominated by a portico at ground floor level. It was constructed in clamped red brick, laid to Flemish bond with the basement and ground floor in banded, rusticated ashlar.
- 6.1.2 In the centre of the ground floor was a large, stuccoed, tripartite square-pier portico with a flight of steps leading up through the centre bay (Plate 1). It had a deep, plain entablature with projecting cornice and blocking course surmounted by the coat of arms of the Rev. Dr. Warneford.
- 6.1.3 Window openings were consistent and stylistically similar, comprising revealed twelve-pane glazing bar sashes. On the ground floor they were plain except for panelled sill zones. The first floor windows had panelled aprons supported by consoles that break the sill band; above

the windows, shallow pediments were supported on consoles. The three windows of the central, recessed bay were framed by pilasters, and the second floor windows were square with flat gauged arches. At eaves level was a stucco frieze below a projecting cornice. The roof was hipped and clad in grey slate.

- 6.1.4 The visible western and eastern façades maintained the composition and form of the principal façade; the windows on the eastern façade however were blind (Plate 2). The rear (northern) façade was plain and had larger windows in a less uniform fenestration pattern (Plate 3).
- 6.1.5 The rear extensions were built between 1850 and 1888. They formed two wings with a central open court between (Plate 3). Stylistically they closely mimic the earlier frontage. The eastern wing maintained the ashlarwork at basement and ground floor level throughout its eastern (and visible) façade (Plate 2). However, the window openings here were plain, with simple gauged heads on the upper floor levels. Two bays to the far end displayed an applied sill band and decorated openings, in common with the front façade. The final two bays to the north represent a later addition of unknown date (Plate 4). The western and northern façades were of red brick from the ground floor up, with the basement maintaining ashlar construction. The eaves cornice varied from the front façade in the application of dentil decoration (Plate 2). The roof was again hipped and clad in grey slate.
- 6.1.6 The western wing was stylistically identical to the eastern wing. The northern two bays were part of a later (20<sup>th</sup> century) addition. A square tower with hipped roof had been appended to the western façade (Plate 5). The eastern façade within the courtyard was embellished by the addition of a two storey, three bay applied stucco surround with blind central light on the first floor (Plate 3). It served no clear function and may have been purely decorative.
- 6.1.7 The interior of the main block was dominated by a twin, open stairwell leading from the main entrance hall to a balconied first floor landing (Plate 6). The stairwell lead from a central main stairwell before performing a three-quarter turn and continuing to the third floor in an elegant fashion. The stairwell was centrally dissected to form eastern and western flights above ground floor level, to serve the two sides of the building. The steps were of concrete on a cast-iron frame with moulded wooden banisters and iron balusters. The hallway floor was of set concrete, decorated with mosaic detailing set around areas of terrazzo flooring. Set around the hallway were a series of dedicatory marble inscriptions.
- 6.1.8 In the principal block the rooms had been sub-divided and none of the original plan survived. Those to the rear of the building had been sub-divided to create two kitchen and dining rooms for communal use. None of the original fabric was discernible, although the basic footprint of the area probably related to the earlier layout. To the west and east the units were sub-divided to create a series of small en-suite bedroom/bathrooms. On the ground floor, the western end of the main block contained the warden's flat and accommodation. The remainder of the plan was uniform throughout the floor levels. The only variation in plan occurred at basement level, where access was via a quarter-turn stairwell to a barrel vaulted open space directly below the stairwell (Plate 7).
- 6.1.9 The east and west wing extensions were identical in plan at each floor level. They consisted of a longitudinal corridor on the eastern side serving a series of six, identical small en-suite bedrooms. At the northern end, and forming part of the later extension, was a full-turn stairwell that acted as the fire-escape access.

## 6.2 Western Block (Block J)

- 6.2.1. The western block (**Block J**) was built in 1873, as an extension to the adjacent hospital, by architect J H Chamberlain in an Italianate style. It was of rectangular plan with an entrance frontage to the road (Figure 6). It was of two storeys with a raised central area. The building was constructed in machine-cut red-brick laid to English bond, with ashlar dressings on the frontage.
- 6.2.2. The principal façade comprised a broad central entrance bay, flanked by a pair of three-bay wings, slightly recessed to either side of the central entrance bay (Plate 8). The wings were of banded ashlar with plain, flat-arched windows to ground level and round-arched, pilastered windows to first floor (Plate 9). The central bay was embellished with superimposed orders of paired, ashlar-dressed, brick Corinthian pilasters, with single pilasters to the flanking wings. An ashlar entablature with panelled parapet surmounted the elevation, broken in the centre by a pilastered attic storey with pediment, enclosing a tall 2-light window, surmounted by a Diocletian window with decorated voussoirs (Plates 8 and 10). The ground floor of the central bay had been altered by the introduction of a cement-rendered, modernised entrance mimicking the classical surround
- 6.2.3. The western (Plate 11) and eastern elevations were plain in comparison. The southern end of the elevations maintained the ashlar cill-band and paneled parapet of the front façade, with a single, centrally placed window at each level (round arched and blind at first floor level). North of this, the wings were slightly recessed and displayed uniform fenestration of nine bays of semi-circular arched, 12-pane sashes to ground and first floors. The eaves cornice displayed dentilation, in common with the wings of Block K.
- 6.2.4. The rear façade was plain, with the east and west wings gabled either side of the gabled central block (Plate 12). The surviving fenestration was visible on the first floor as three sets of paired, semi-circular arched windows. The roof was pitched, clad in grey slate with window-lights set within the central block.
- 6.2.5. Restoration or alteration had occurred to the entire façade on both wings on the ground floor during the course of the 20<sup>th</sup> century (Plate 11), and this continued around to the rear of the building as two hipped-roof extensions, presumed to house electricity-sub-stations (Plate 12). The introduction of an entire new façade to the ground floor resulted from the demolition of the series of low-scale buildings surrounding the block, visible on historic maps. This is presumed to have occurred in the early 1990s when the buildings were converted to student accommodation.
- 6.2.6. Internally, the ground floor had been heavily altered and sub-divided. The original level of sub-division is unclear at this stage of assessment as the interior has been heavily altered, the walls had been plastered obscuring fabric and detail, and many of the rooms were still in use. However, it was discernable that the building maintained the original structural form of a block facing onto the street, the central block and the east and west wings to either side (Figure 6).
- 6.2.7. The principal entrance from the south entered a central lobby with three-quarter turn stairwell leading to the first floor. The remainder of the rooms on the front were offices or store rooms. An east-west passage separated the front block from the rear. The central block had been altered heavily with offices to the west and bar area to the east opening onto part of the east wing. To the rear of the central block was a second three-quarter turn stairwell to the first floor. This appeared to be a later insertion, with decorative elements around the ground floor

- opening similar to those within the central entrance of the façade. The eastern wing had been converted to accommodate toilets. The western wing was dominated by a single, linear office with half-turn stairwell access to the first floor.
- 6.2.8 The first floor retained a larger amount of original fabric. The layout was principally the same with the principal block to the front, central block to the rear with east and west wings either side. The original layout was centred on a large hall open to the ceiling with lights throughout the roof-space (Plate 13). The walls either side were arcaded with pairs of semi-circular arched lights that opened onto the east and west wings (Plate 16). These had subsequently been blocked and altered, although two survived within the rear stairwell. The floor was covered with a herring-bone wood parquet, probably dating to the early 20<sup>th</sup> century.
- 6.2.9 The roof was supported on a series of seven fine decorated hammer-beam trusses (Plate 13) with floral pendants hanging from below the hammer-beams (Plate 14). Between the trusses, a series of wood panels formed a frieze around the upper part of the east and west walls, above which was a parapet supported on decorated consoles. The panels were decorated with a series of inscribed floral designs, reminiscent and influenced by the Arts and Crafts movement of the later 19<sup>th</sup> century (Plate 15).
- 6.2.10 The east and west wings were located to either side of this principal room, originally open with lights to the interior (see above) and exterior. They have subsequently been sub-divided by the addition of partition walls. Towards the street and frontage of the building, the original layout appeared to be largely preserved with small rooms and offices in the corner blocks. The central area maintained the original layout but had subsequently been altered and changed. The stairwell appeared to be secondary, possibly replacing an original stair in the same location.

## **7 INTERPRETATION AND SIGNIFICANCE**

### **7.1 Block K**

- 7.1.1 Block K represents the earlier of the two buildings. The present listing for Block K appears to apply only to the front block, built in 1841, and not the wings to the rear. However, much of the interior has probably been remodelled. The principal feature of the main block is the twin three-quarter turn stairwells that extend from the ground to second floor, the grand nature of which suggests that they are an original feature. The use of wood and iron with simple ornamentation is stylistically typical of the late Regency period, and the use of decorated, rolled iron I-beams for support was characteristic of the mid-nineteenth century. The rooms and blocks to either side maintain some of their original form, though the sub-division almost certainly forms part of a late 20<sup>th</sup>-century conversion to student accommodation.
- 7.1.2 The two wings would appear to be later additions dating from the 1860 or 1870s (Figure 5). This period saw a change of approach towards hospital design, largely influenced by the Lariboisiere Hospital in Paris (built 1846-54) and Brunel's military hospital at Renkioi in Turkey (1855-56) both of which extolled the 'Pavilion' plan (Richardson 1998) of long wards with large windows set either side, each ward being set either side of a main corridor. Restriction on plot size gave rise to adaptations of the 'Pavilion' plan, in which long blocks were set leading off a main administrative block, as at St. Thomas in London (1868-71). This suggests that the alteration to block K was part of a large-scale adaptation to modern thinking

on hospital design. Like the main block, the majority of the sub-division within the wings results from the conversion to student accommodation in the late 1990s.

- 7.1.3 The addition of the stairwells at the rear of the two wings is of unclear date and would appear to have occurred at different times within each block, though both post-dating an historic photograph of 1873, on which they are not shown. The stairwell on the western wing is probably late-20<sup>th</sup> century in date.

## **7.2 Block J**

- 7.2.1 Block J was built as a single entity in 1873. Exterior alteration has been restricted to ground floor level. The frontage remained largely unaltered apart from the remodelling of the central doorway whose cement rendered pilaster surround dates from the early-20<sup>th</sup> century. As the Birmingham Accident and Emergency Hospital expanded, a series of annexes and adjoining blocks were built to the sides and rear, stretching between Blocks J and K and beyond. These have now been demolished but their legacy can be seen in the modern alterations to the ground floor façades of the side and rear elevations. This sought to sympathetically mimic the remainder of the building's architecture.
- 7.2.2 Internally, at least some of the sub-division on the ground floor is probably original, conforming as it does to the block plan of the original building. However, the majority of the partitions result from later change of use, either during its time as the accident hospital or subsequently when it was adapted to use as an administrative block, bar and social area for students. Thus, alteration of sub-divisions at ground floor level should be seen as less significant.
- 7.2.3 The first floor not only maintains a greater degree of original fabric, but also displayed preservation of original features. The fabric again conformed to the original block plan of the building as with the ground floor. However, although later sub-division and alteration had occurred, affecting the general layout, patterns of fenestration and access were largely preserved. The exception was in respect of ground to first floor access, and no location for the original stairwell could be firmly established. The existing stairwells are later insertions although that at the rear was probably a replacement of an earlier stairwell in the same position.
- 7.2.4 The large central room displays remarkable preservation of original features, particularly given the active use of the hospital well into the 20<sup>th</sup> century. Features include the original decorated roof trusses and associated wood-panel decoration; these elements are notable for the high quality of their carpentry, and make a major contribution towards the creation of a room of prestigious quality.
- 7.2.5 Extensive alteration at ground floor level prevents any interpretation of function. The first floor, in particular the central room, is also somewhat enigmatic, not clearly conforming to the general principles of hospital design in the 1860s and 70s. The central room may have been a ward, but given the quantity of roof lights, and the large interior lights between the wards it may have been a surgery, with the wings either side acting as recovery wards.

## **8 RECOMMENDATIONS**

### **8.1 Block K**

- 8.1.1 The listing of the main part of Block K (Appendix A) is justified in view of its architectural merits alone. The principal façade is an elegant example of late-Regency/early-Victorian architecture; the interior hall and stairways remain largely unaltered and any alteration to the interior should seek to leave these intact. The original fabric of the building survives relatively intact; extensive later sub-division has however occurred and the alteration and/or removal of such partitions would not constitute a negative impact upon the fabric of the building.
- 8.1.2 The contentious area of the buildings concerns the rear wings. Although not specifically described in the listing, they are mentioned and therefore the application of the listing to the buildings applies to those at the rear, and any alteration or proposed demolition to the external fabric may be affected by the listed status of the building. That the wings were originally of open-plan design internally and the sub-divisions are mainly later insertions, should mean that any proposed internal alterations will have a limited impact upon historic fabric. The two stairwells are almost certainly later and should not be affected by the listed building status.
- 8.1.3 According to the Planning (Listed Buildings and Conservation Areas) Act (1990) (Section 1.1.5), "*listed building*" means a building which is for the time being included in a list compiled or approved by the Secretary of State under this section; and for the purposes of this Act
- (a) any object or structure fixed to the building;*
- (b) any object or structure within the curtilage of the building which, although not fixed to the building, forms part of the land and has done so since before 1st July 1948, shall be treated as part of the building.*
- 8.1.4 The wings to the rear date to the late-19<sup>th</sup> century and so therefore are almost certainly part of the current listing. However, the stairwells are not this early and a strong case may be made for alteration or demolition to be allowed. This is also the case for the large square tower that has been added to the western façade.

### **8.2 Block J**

- 8.2.1 The listing (Appendix A) applies to the building as a whole and, as with Block K, is justified on architectural and historical grounds. The significant degree of previous alteration at ground floor level to both interior and exterior façades means that alteration to later sub-divisions may be justified. The surviving original fabric has been rendered and plastered and none of the original wall surfaces are visible.
- 8.2.2 The survival of the general overall layout at the first floor is combined with that of a number of specific historic features, most significant being those within the central room. The condition of many of the features is poor as a result of damage sustained during the room's use as a gymnasium; the roof structure and wood panelling represent integral parts of the original build, however, and listed building status would prevent the removal of any aspect of these features excluding the 20<sup>th</sup> century fittings. Alteration to the window lights may be possible, however, as they do not retain original glazing.

- 8.2.3 Within the east and west wings, some of the walls represent later sub-division of the rooms and their removal should not be seen to pose a problem. The walls between the central room and the east and west wings, by contrast, are original and therefore any intervention or change in access would have to be deemed sensitive to this fabric.
- 8.2.4 Of the three options outlined in the brief, the first two (de-listing/demolition and retention of the frontage alone) would be unrealistic for the building. However, there is scope for alteration of the existing internal areas, particularly in view of the quantity of sub-division and alteration that has occurred on the ground floor in the past. Large-scale alteration at first floor level would require a sensitive approach, particularly with regard to the surviving elements of the central room. The wings and the rooms to the front of the building could be remodelled, particularly where sub-division walls can be demonstrated to represent later additions.
- 8.2.5 All proposed works would require Listed Building Consent prior to commencement.

## **9 ACKNOWLEDGEMENTS**

- 9.1 The project was commissioned on behalf of Liberty Living by Atisreal Ltd, and managed for Atisreal Ltd by Steven Louth. The on-site assessment was carried out by Chris Hewitson, the historical research was undertaken by Alison Derrick, and the project was managed by Malcolm Hislop, all of Birmingham Archaeology. The current report was written by Chris Hewitson and edited by Ric Tyler; illustrations were produced by Nigel Dodds of Birmingham Archaeology.
- 9.2 Thanks are extended to the staff of Liberty Living for their assistance during access to the building and to the staff of the Birmingham City Archives for help during the historic research.

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## 11 APPENDIX A: List Entries

### Block K

BATH ROW  
Lee Bank B15

**East block to  
Birmingham Accident  
Hospital**

SP 08 NE 7/9

II

GV

2.

1840-41, architects Bateman and Drury. Purpose built hospital of rectangular plan with tall dignified late Regency elevation to road. Three storeys and basement, 2:3:2 bays, the centre 3 recessed. Red brick with ashlar basement and ground floor, the latter channelled up to first floor sill band. Stucco frieze below projecting eaves cornice, hipped slate roof. Revealed glazing bar sash windows; those on ground floor with panelled sill zones. First floor windows have applied sections of parapet with breaks in sill band on consoles, block shallow pediments above, supported on consoles. The three centre windows have pilastered frames. Top floor windows square with flat, gauged arches. In the centre of ground floor is a large stuccoed, tripartite square pier porch with flight of steps leading up through centre bay; deep plain entablature with projecting cornice and blocking course surmounted by Warnford achievement of arms. Later additions to rear, not of special interest.

### Block L

BATH ROW  
Lee Bank B15

**West block to Birmingham  
Accident Hospital  
(excluding later rear  
extension)**

SP 08 NE 7/10

II

GV

2.

1873, built as an extension to the adjacent earlier hospital. Architect JH Chamberlain – unusually in an Italianate style. A rectangular block with entrance front to road end. Two storeys with taller centre. Red brick with ashlar dressings, 2-bay wings and slightly recessed single bays flanking broad centrepiece. Superimposed order of ashlar dressed brick pilasters to wings, and similar but coupled pilasters flanking centre. Ashlar entablature with panelled parapet, broken in centre by pilastered attic storey surmounted by pediment. The ground floors of wings have channelled ashlar facing and flat arched windows, round arched pilastered windows on first floor. Above the modernised entrance, the centrepiece has a large 2-light window surmounted by a Diocletian window, both contained in the same arched surround which breaks into the attic.





Fig.1

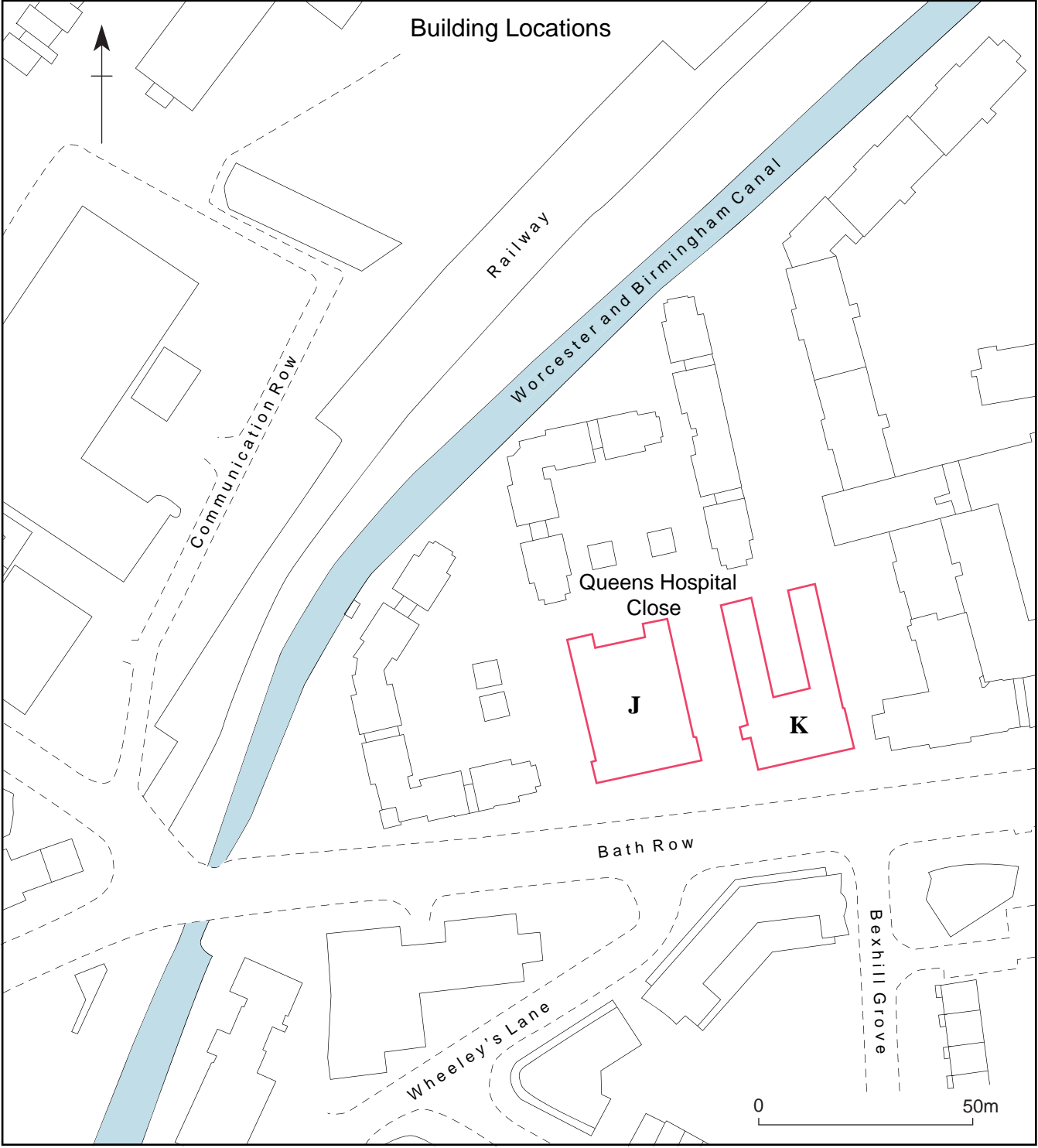


Fig.2

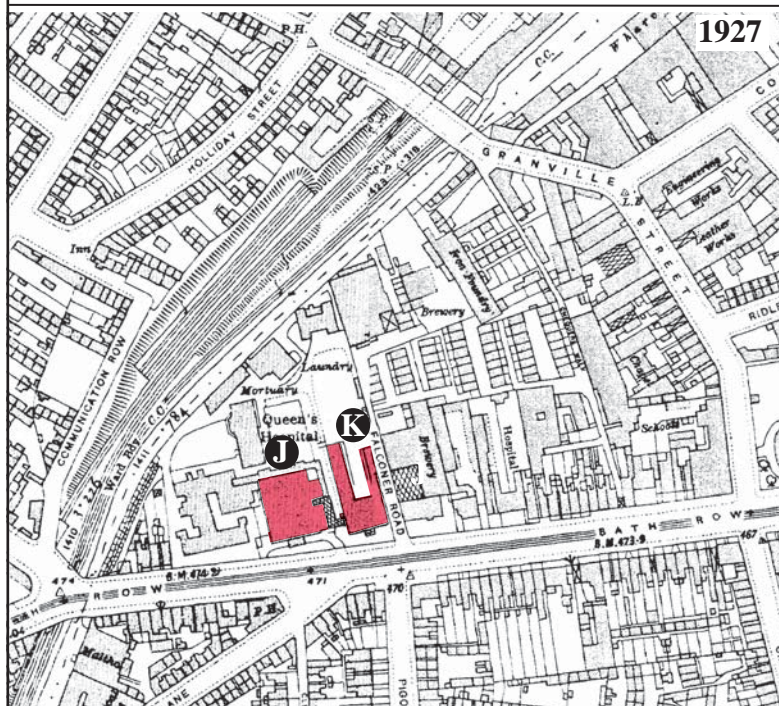
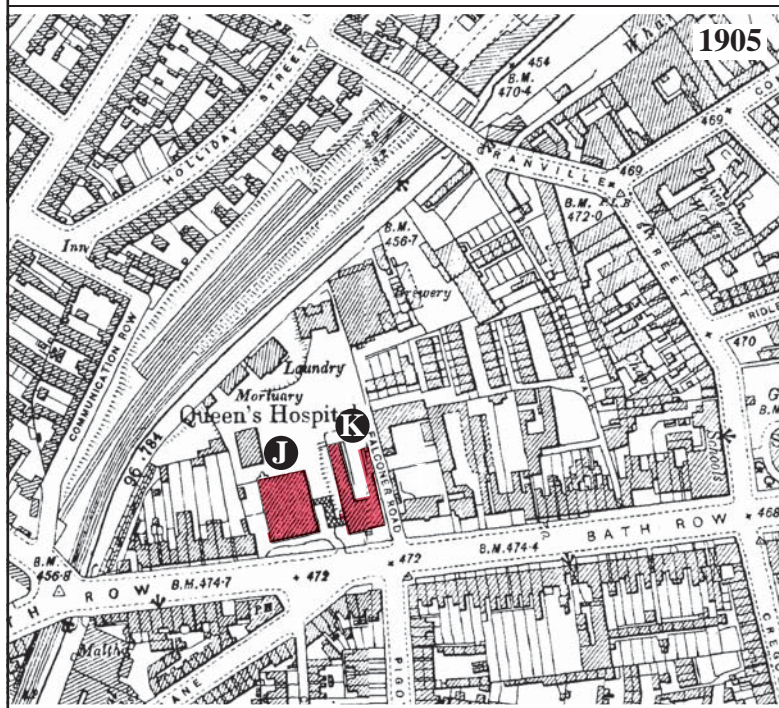
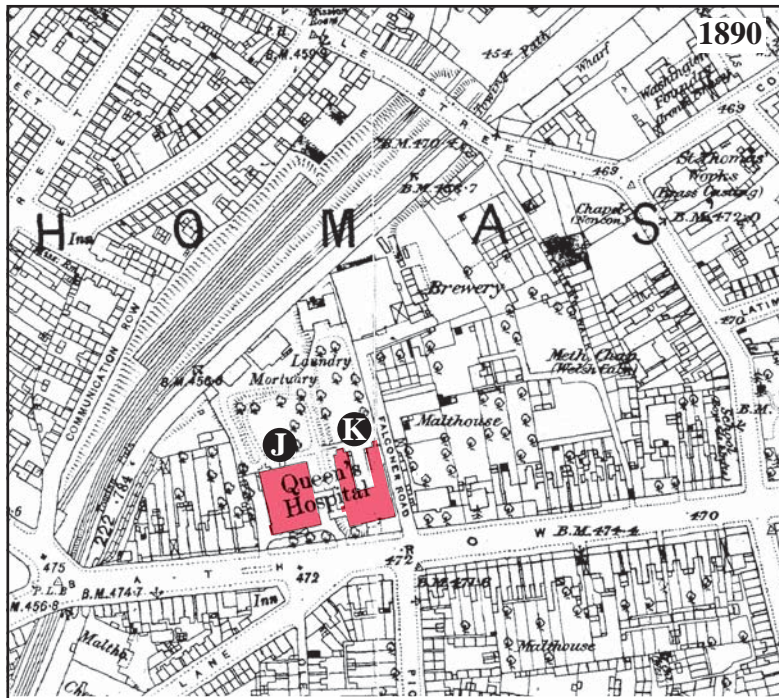


Fig.3

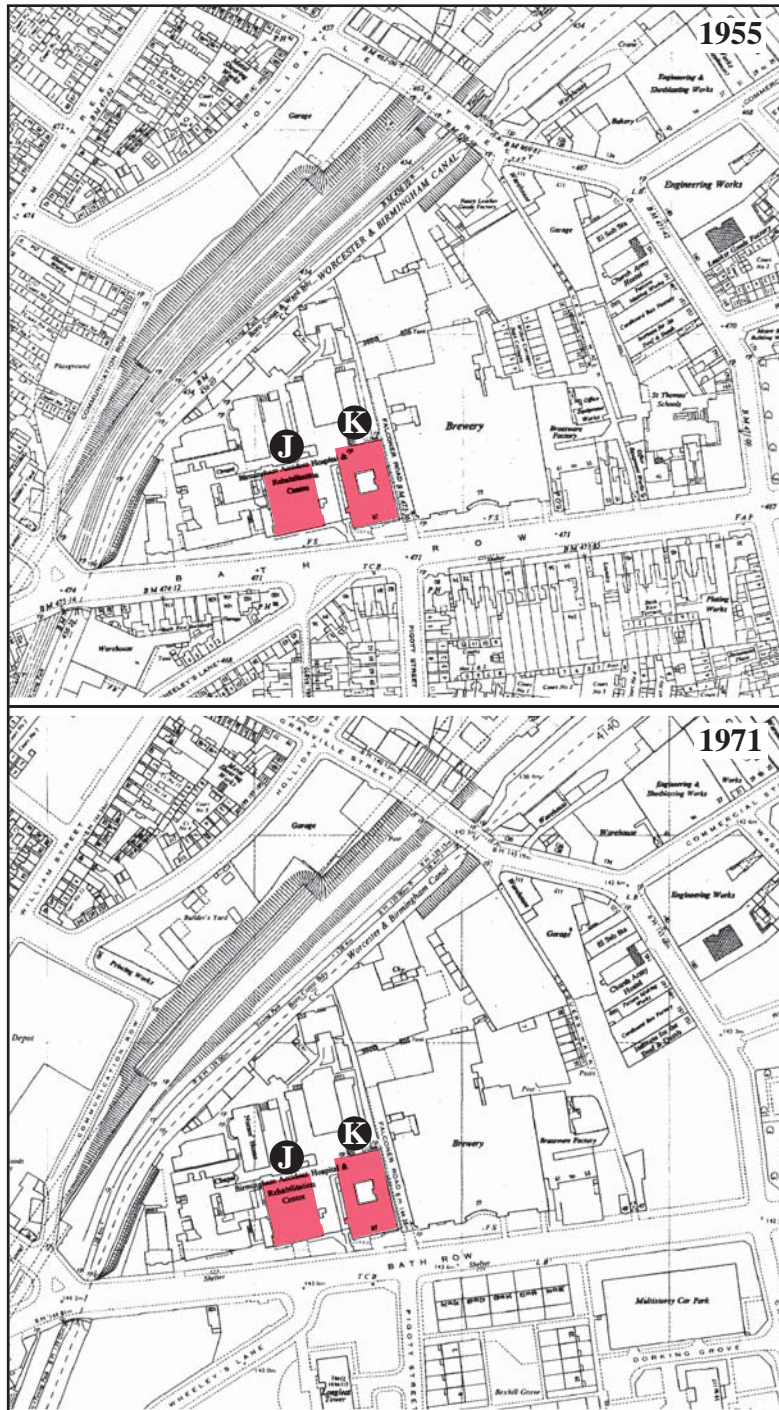
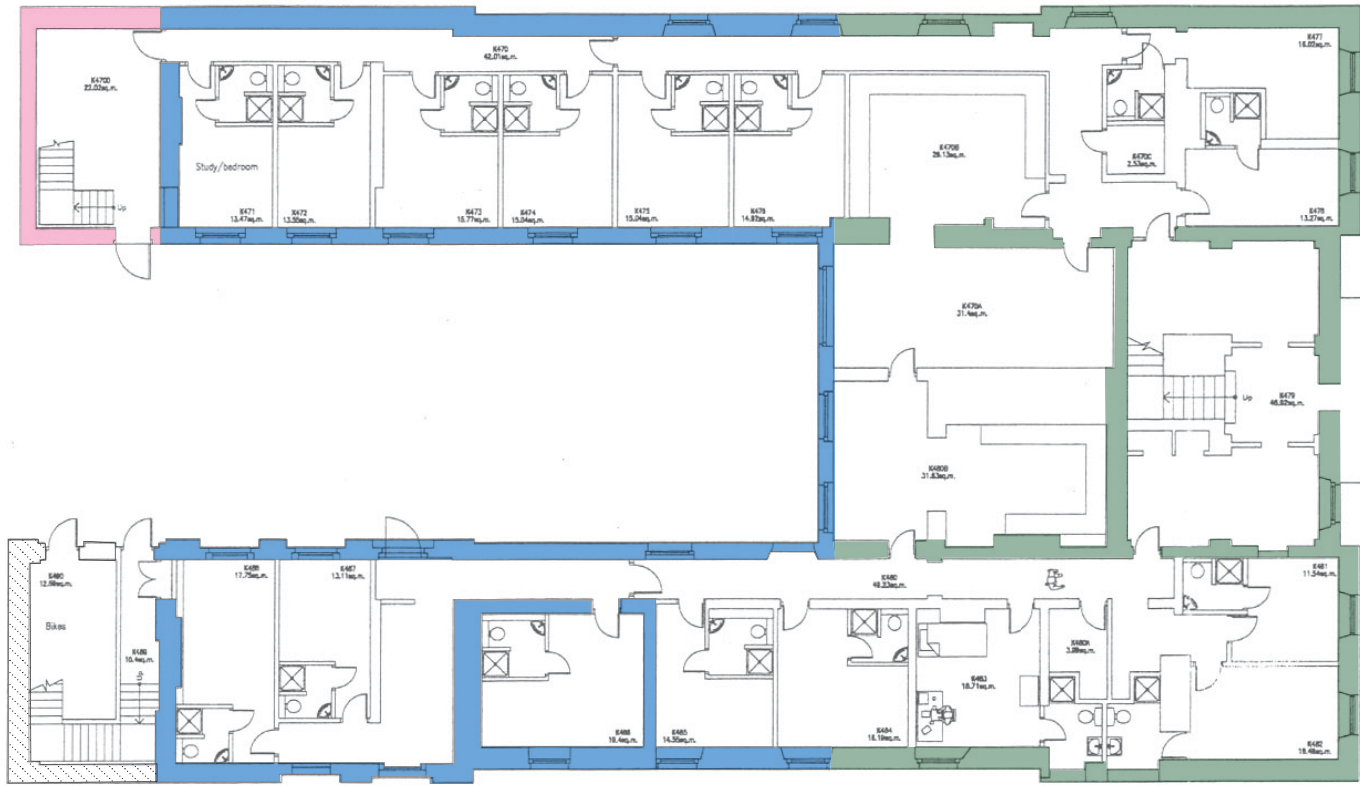
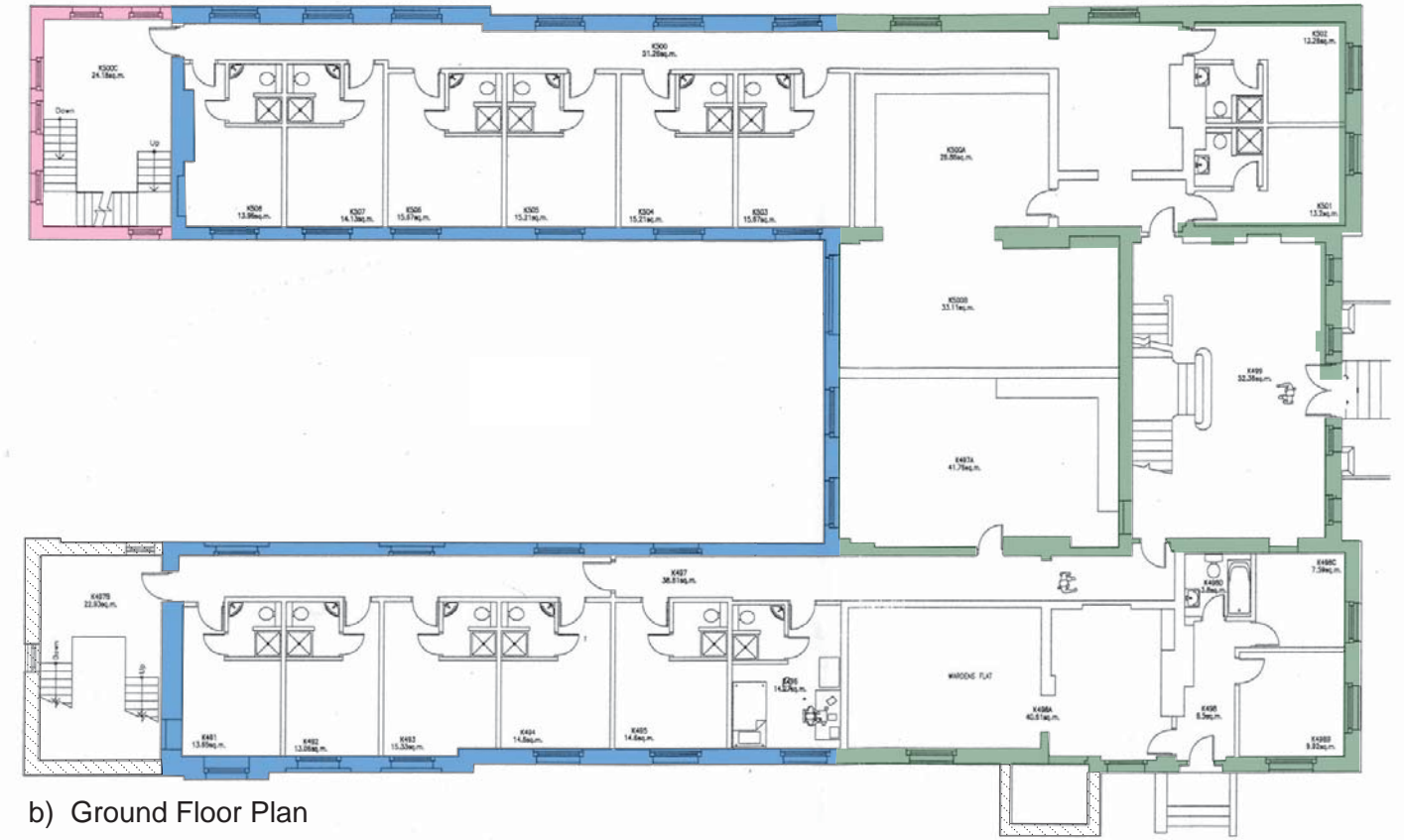


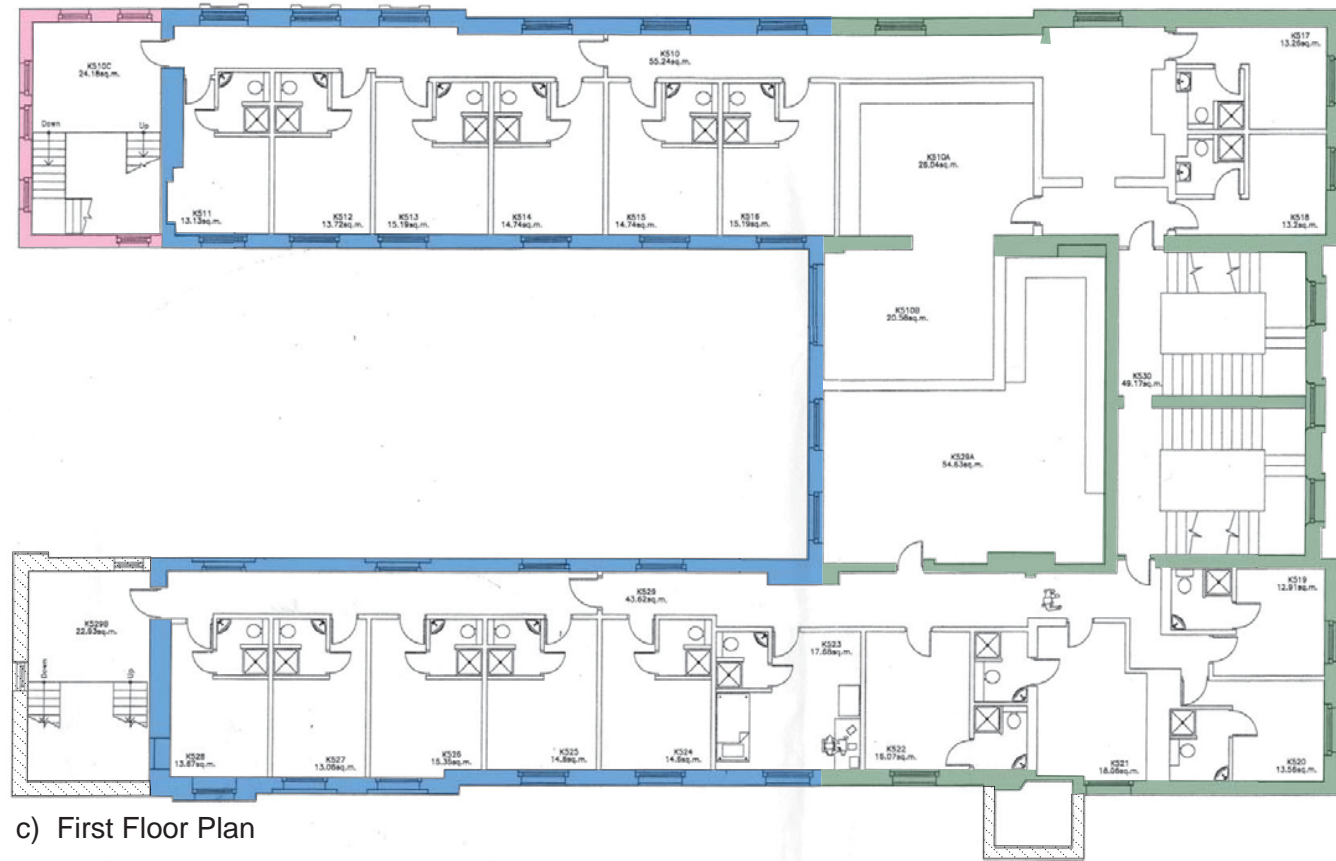
Fig.4



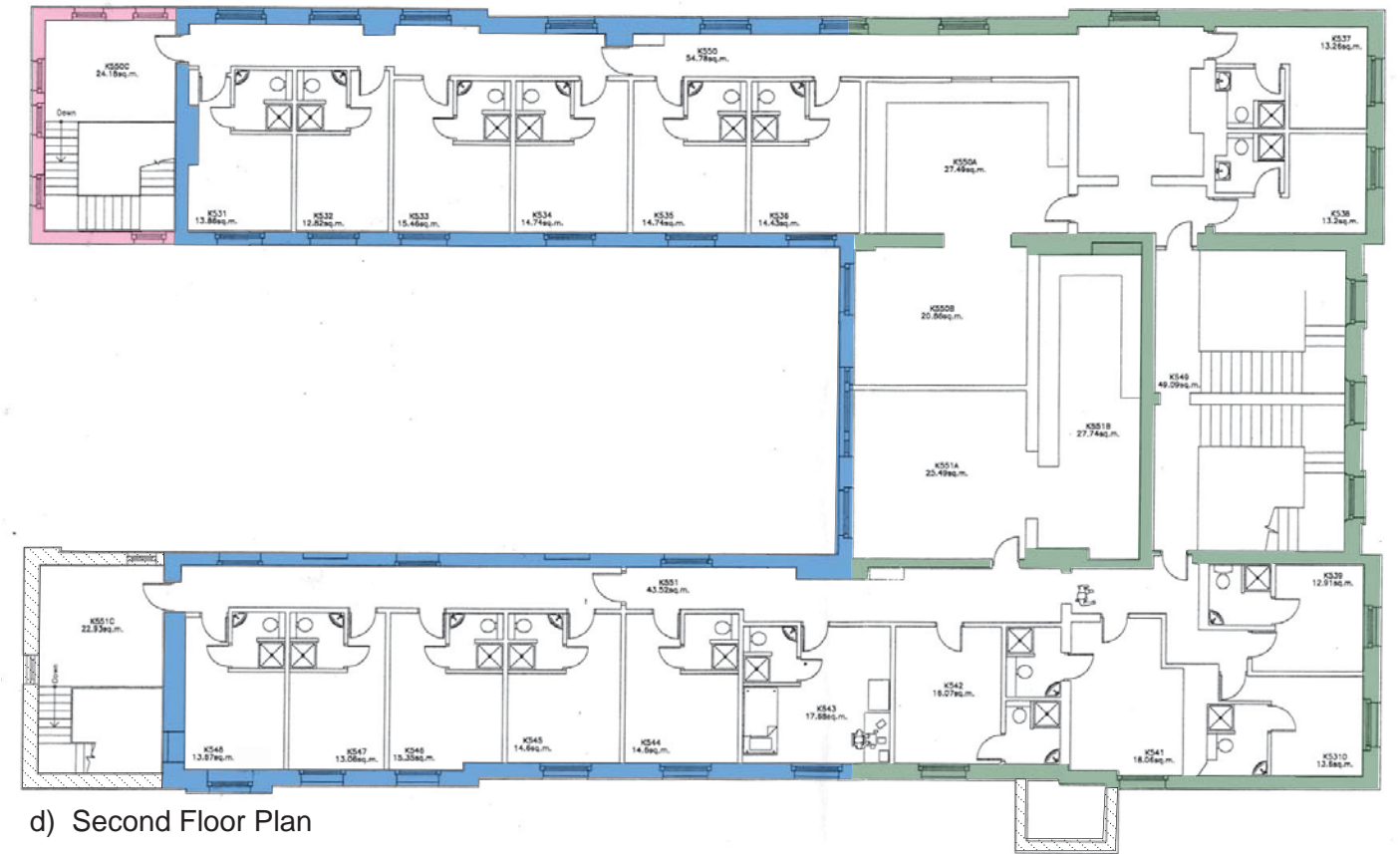
a) Basement



b) Ground Floor Plan



c) First Floor Plan

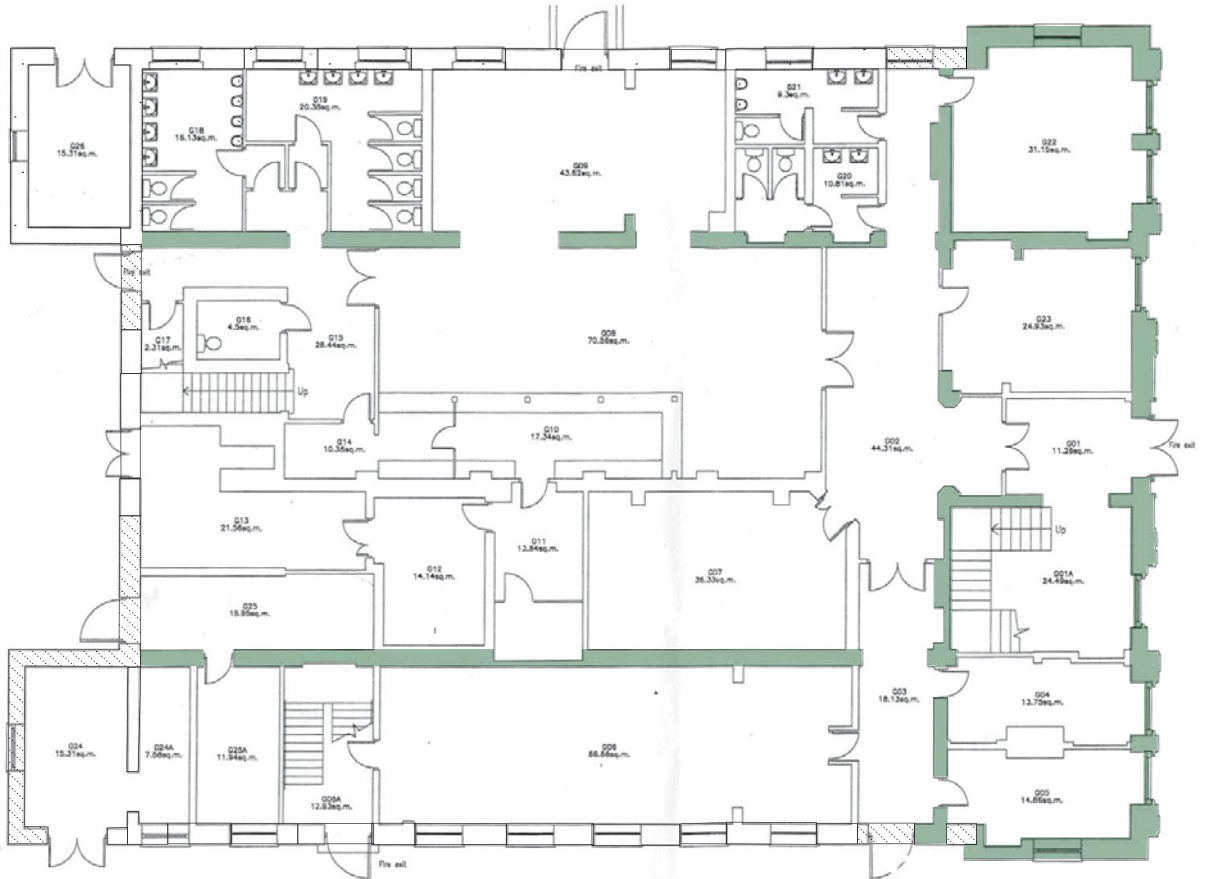


d) Second Floor Plan

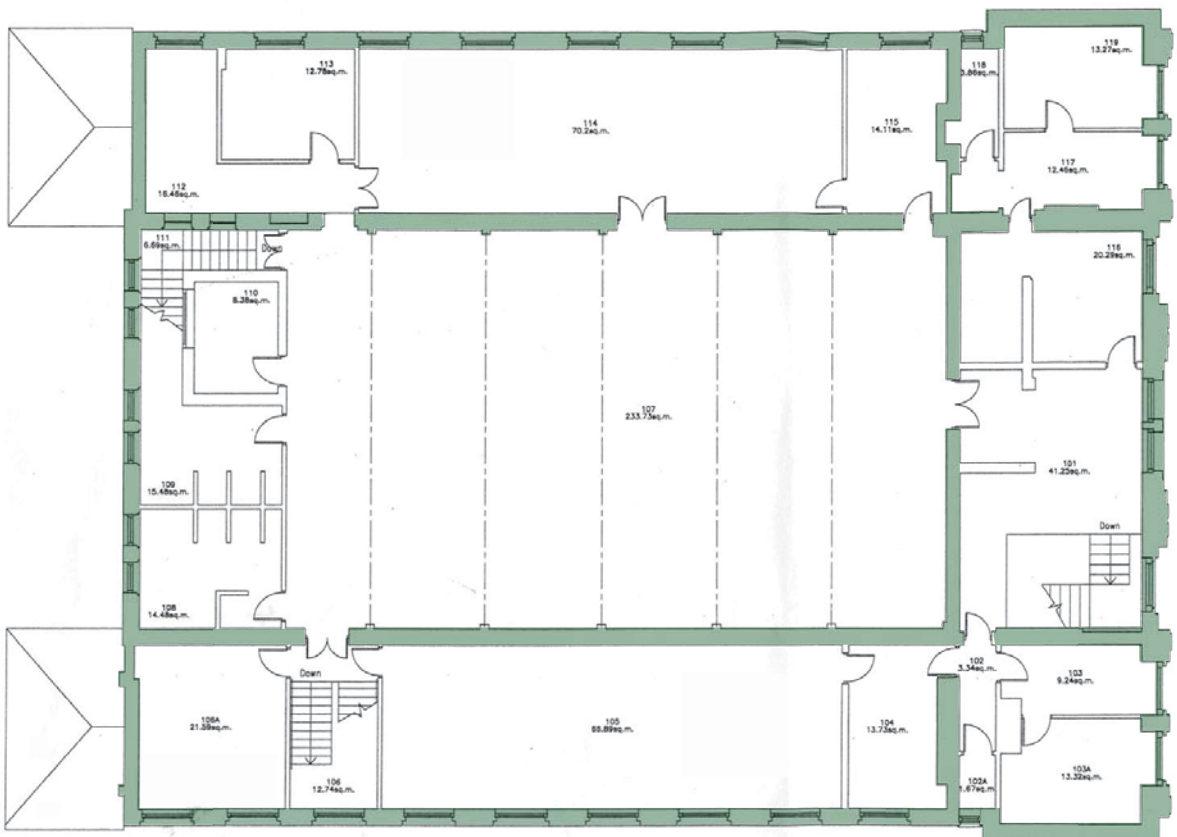


0 5m

- █ Phase 1 (1841)
- █ Phase 2 (1850-88)
- █ Phase 3 (1896)
- Phase 4 (20th Century)



a) Ground Floor Plan



b) First Floor Plan

Phase 1 (1841)  
 Walls Rebuilt Late 20th Century

0 5m

Fig.6



**Plate 1:** Block K, street (south) elevation.



**Plate 2:** Block K, east elevation, oblique view.



**Plate 3:** Block K, central courtyard.



**Plate 4:** Block K, rear extensions.



**Plate 5:** Block K, west elevation; secondary turret,.



**Plate 6:** Block K, principal stair.



**Plate 7:** Block K, vaulted basement.





**Plate 8:** Block J, street (south) elevation.



**Plate 9:** Block J, flanking bay fenestration.



**Plate 10:** Block J, street elevation; central bay.



**Plate 11:** Block J, west elevation.



**Plate 12:** Block J, rear (north) elevation.



**Plate 13:** Block J, first floor, central room.



**Plate 14:** Block J, first floor, detail of carved hammer-beam pendant.



**Plate 15:** Block J, first floor, central room: detail of carved frieze.



**Plate 16:** Block J, first floor, central room, blocked arcading with frieze over.