

Worcestershire Archaeology Research Report No.12

Historic Building Non-technical Record Report

THE FORMER WORCESTER ROYAL INFIRMARY, CASTLE STREET, WORCESTER



Karl Hulka, CgMs Ltd

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Historic Building Non-technical Record Report

The Former Worcester Royal Infirmary, Castle Street, Worcester

(WCM 101621)

**Part 1:
Report, Appendices 1–3, Figures**

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The Former Worcester Royal Infirmary,
Castle Street, Worcester

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Front cover illustration: Worcester Royal Infirmary, building 24, eastern elevation

CONTENTS	PAGE NO.
1.0 INTRODUCTION	52
2.0 METHODOLOGY	55
3.0 SITE DESCRIPTION	57
4.0 HISTORIC BACKGROUND	58
5.0 BUILDING DESCRIPTION AND ANALYSIS	84
6.0 DISCUSSION	230
7.0 CONCLUSIONS	240
8.0 SOURCES CONSULTED	252
GLOSSARY	257

APPENDICES

APPENDIX 1: Site Layout, Building Identification and Demolition/HB Recording Plans

APPENDIX 2: Historic Maps, Plans, Photos and Sketches

- Appendix 2.1: 1741 -Map of Worcester by Doharty
- Appendix 2.2: 1764 – 'A plan of the City of Worcester' by Green
- Appendix 2.3: 1766 - *The new Infirmary at Worcester* by Anthony Keck
- Appendix 2.4: 1764 – '*Plate of the Gloster Infirmary*' by John Cooke
- Appendix 2.5: 1766 – Elevation of the North and South Fronts and 'Plan of the Principal Storey' of Infirmary (proposed) by Henry Keene
- Appendix 2.6: 1768 – Richard Broad's town plan
- Appendix 2.7: 1779 – '*Plan of the City and Suburbs of Worcester from Actual Survey*' by George Young
- Appendix 2.8: 1781 – '*Plan of the City and Suburbs of Worcester from Actual Survey*' by Nash
- Appendix 2.9: 1790 – '*Plate of the City and Suburbs of Worcester*' by Valentine Green
- Appendix 2.10: 'An engraving by J. Ross' taken from the 4th Edition of Tymb's Worcester Guide of 1806
- Appendix 2.11: 1808 – '*Plan of Worcester*' by T. Eaton
- Appendix 2.12: 1822 – Samuel Manley's map
- Appendix 2.13: 1825 – Worcester Corporation Plan
- Appendix 2.14: 1832 – Crisp's map
- Appendix 2.15: 1835 – 'A map of the City and Suburbs of Worcester' by Clement
- Appendix 2.16: 1840 – Bentley's map
- Appendix 2.17: c.1850s – Jenny Lind's Chapel
- Appendix 2.18: 1851 – 1864 Proposal Plan of the Infirmary (Basement)
- Appendix 2.19: 1851 – 1864 Proposal Plan of the Infirmary (Ground Floor)
- Appendix 2.20: 1851 – 1864 Proposal Plan of the Infirmary (Upper Ward Floor)
- Appendix 2.21: 1851 – 1864 Proposal Plan of the Infirmary (Garret Floor)

Appendix 2.22:	1848 – 1858 Composite image of the 'Board of Health Plan'	
Appendix 2.23:	c.1866 – ' <i>The Infirmary from the North-East</i> '	
Appendix 2.24:	c.1866 – Two images of the Infirmary from the northeast showing 'Present View...' and 'View with Proposed Alterations'	
Appendix 2.25:	c. 1874 Estate Plan?	
Appendix 2.26:	1886 (1 st Ed) Ordnance Survey map	(1: 2,500)
Appendix 2.27:	1896 – Proposals for a new Nurses Home (Ground Floor Plan)	
Appendix 2.28:	1896 – Proposals for a new Nurses Home (First Floor Plan)	
Appendix 2.29:	1896 – Proposals for a new Nurses Home (Second Floor Plan)	
Appendix 2.30:	1896 – Proposals for a new Nurses Home (Basement Plan)	
Appendix 2.31:	1896 – Proposals for a new Nurses Home (Principal Elevation)	
Appendix 2.32:	1896 – Proposals for a new Nurses Home (N – S Cross-Section)	
Appendix 2.33:	1896 – Proposals for a new Nurses Home (E – W Cross-Section and North Elevation)	
Appendix 2.34:	1904 (2 nd Ed) Ordnance Survey map	(1:2,500)
Appendix 2.35:	1905 – Photograph from Pitchcroft looking up Castle Street	
Appendix 2.36:	1912 – 32 – Aerial photograph of the hospital from the southeast	
Appendix 2.37:	1928 Ordnance Survey map	(1:2,500)
Appendix 2.38:	1931 – Proposed new theatre block (Location Plan)	
Appendix 2.39:	1931 – Proposed new theatre block (Sub-basement and Roof Plan)	
Appendix 2.40:	1931 – Proposed new theatre block (Basement Plan)	
Appendix 2.41:	1931 – Proposed new theatre block (Ground Floor Plan)	
Appendix 2.42:	1931 – Proposed new theatre block (First Floor Plan)	
Appendix 2.43:	1931 – Proposed new theatre block (Elevations)	
Appendix 2.44:	1931 – Proposed new theatre block (Sections)	
Appendix 2.45:	1936 – Proposed ' <i>New Extension to the Nurse's Home</i> ' (Plans)	
Appendix 2.46:	1936 – Proposed ' <i>New Extension to the Nurse's Home</i> ' (Elevations and section)	
Appendix 2.47:	1936 – ' <i>Proposed New VD Dept</i> ' (Block Plan)	
Appendix 2.48:	1936 – ' <i>Proposed New VD Dept</i> ' (Plan, Section and Elevations)	
Appendix 2.49:	1937 - Aerial photograph of the hospital from the southwest	
Appendix 2.50:	1940 Ordnance Survey map	(1:2,500)
Appendix 2.51:	c.1940 – Photograph of the hospital from the northeast	
Appendix 2.52:	1946 – ' <i>New Two Storey Building on the South Side of Corridor</i> ' (Block Plan)	
Appendix 2.53:	1946 – ' <i>New Two Storey Building on the South Side of Corridor</i> ' (Plans, Section and Elevation)	
Appendix 2.54:	1947 – ' <i>Extensions to the Nurses Home</i> '	
Appendix 2.55:	1947 – ' <i>Extensions to the Nurses Home – New Outside Corridor</i> '	
Appendix 2.56:	1947 – ' <i>New Water Tank Room</i> '	
Appendix 2.57:	1954 Ordnance Survey map	(1:10,560)
Appendix 2.58:	1962 Ordnance Survey map	(1:2,500)
Appendix 2.59:	1970 Ordnance Survey map	(1:2,500)
Appendix 2.60:	1980 Ordnance Survey map	(1:1,250)
Appendix 2.61:	1992 Ordnance Survey map	(1:1,250)
Appendix 2.62:	2000 Ordnance Survey map	(1:10,000)
Appendix 2.63:	2005 Ordnance Survey map	(1:1,250)

APPENDIX 3: Finds and Salvage Lists

Figures

Plates:

Plates for buildings 1–49 are presented as Part 2 in a separate document.

FIGURE LIST

(PREFIX 'B' = BUILDING NUMBER REFERRED TO IN THE MAIN TEXT)

Figure 1:	Site location	
Figure 2:	Detailed site location	
Figure 3:	Building layout and identification	
Figure 4:	Levels of recording	
Figure 5:	Former laundry (B.13, 14 and 15a) - ground floor plan	1:50 @ A3
Figure 6:	Former laundry (B.13, 14 and 15a) - phase plan	1:50 @ A3
Figure 7:	Former isolation Cottage (B.18) – ground floor plan	1:100 @ A3
Figure 8:	Former isolation Cottage (B.18) - first floor plan	1:100 @ A3
Figure 9:	Former isolation Cottage (B.18) – sub-ground floor plan	1:100 @ A3
Figure 10:	Former isolation Cottage (B.18) – moulding profiles	1:2 @A4
Figure 11:	Chapel (B.22) - northern elevation	1:100 @ A3
Figure 12:	Chapel (B.22) – western elevation	1:100 @ A4
Figure 13:	Chapel (B.22) – upper ground floor plan	1:100 @ A3
Figure 14:	Chapel (B.22) – lower ground floor plan	1:100 @ A3
Figure 15:	Chapel (B.22) – moulding profiles	1:2 @ A4
Figure 16:	Infirmary (B.24) - eastern elevation	1:100 @ A1
Figure 17:	Infirmary (B.24) – northern elevation	1:100 @ A1
Figure 18:	Infirmary (B.24) – western elevation	1:100 @ A1
Figure 19:	Infirmary (B.24) – southern elevation	1:100 @ A1
Figure 20:	Infirmary (B.24) – upper ground floor plan	1:100 @ A1
Figure 21:	Infirmary (B.24) – lower ground floor plan	1:100 @ A1
Figure 22:	Infirmary (B.24) – first floor plan	1:100 @ A1
Figure 23:	Infirmary (B.24) – second floor plan	1:100 @ A1
Figure 24:	Infirmary (B.24) – upper ground floor phase plan	1:100 @ A1
Figure 25:	Infirmary (B.24) – lower ground floor phase plan	1:100 @ A1
Figure 26:	Infirmary (B.24) – first floor phase plan	1:100 @ A1
Figure 27:	Infirmary (B.24) – second floor phase plan	1:100 @ A1
Figure 28:	Walnut Tree House (B.30) – north elevation	1:50 @ A3
Figure 29:	Walnut Tree House (B.30) – west elevation	1:50 @ A3
Figure 30:	Walnut Tree House (B.30) – south elevation	1:100 @ A3
Figure 31:	Walnut Tree House (B.30) – east elevation	1:75 @ A3

Figure 32:	Walnut Tree House (B.30) – upper ground floor plan	1:50 @ A3
Figure 33:	Walnut Tree House (B.30) – lower ground floor plan	1:100 @ A3
Figure 34:	Walnut Tree House (B.30) – first floor plan	1:50 @ A3
Figure 35:	Walnut Tree House (B.30) – attic floor plan	1:50 @ A3
Figure 36:	Walnut Tree House (B.30) – lower ground floor phase plan	1:100 @ A3
Figure 37:	Southern service range (B.33 – 36) – ground floor plan	1:100 @ A3
Figure 38:	Southern service range (B. 33 – 36) – ground floor phase plan	1:100 @ A3
Figure 39:	Buildings 40 and 41 (B.40 and 41) – northern elevation	1:100 @ A1
Figure 40:	Buildings 40 and 41 (B. 40 and 41) – lower ground floor plan	1:100 @ A1
Figure 41:	Mulberry House (B.43) – eastern elevation	1:100 @ A3
Figure 42:	Mulberry House (B.43) – northern elevation	1:100 @ A3
Figure 43:	Mulberry House (B.43) – western elevation	1:100 @ A3
Figure 44:	Mulberry House (B.43) – southern elevation	1:100 @ A3
Figure 45:	Mulberry House (B.43) – ground floor plan	1:100 @ A3
Figure 46:	Mulberry House (B.43) - basement floor plan	1:100 @ A3
Figure 47:	Mulberry House (B.43) – first floor plan	1:100 @ A3
Figure 48:	Mulberry House (B.43) - second floor plan	1:100 @ A3
Figure 49:	Mulberry House (B.43) – moulding profiles	1:2 @ A4
Figure 50:	General phasing of Infirmary development	1:1000 @ A3

PLATES LIST (in Part 2)

Plate 1:	Aerial view of hospital site (2006)
Plate 1.1:	Building 1 – northern and western elevations
Plate 1.2:	Building 1 – western elevation
Plate 1.3:	Building 1 – southern elevation
Plate 1.4:	Building 1 – eastern elevation against Building 4
Plate 1.5:	Building 1 – interior, view to the southwest
Plate 1.6:	Building 1 – detail of pad stone for metal roof truss
Plate 1.7:	Building 1 – detail of switches
—————	—————
Plate 2.1:	Building 2 – southern and western elevations
Plate 2.2:	Building 2 – western elevation
Plate 2.3:	Building 2 – eastern elevation
Plate 2.4:	Building 2 – interior of southern part, view to the south west
Plate 2.5:	Building 2 – detail of window handle
Plate 2.6:	Building 2 – detail of roof bracket
Plate 2.7:	Building 2 – detail of coat hook by entrance
Plate 3.1:	Building 3 – southern and eastern elevation (taken from B.27b)
—————	—————
Plate 3.2:	Building 3 – northern and eastern elevation
Plate 3.3:	Building 3 – western elevation
Plate 3.4:	Building 3 – detail of typical window
Plate 3.5:	Building 3 – typical interior, view to the north
Plate 3.6:	Building 3 – detail of internal roof structure, view to the northeast
Plate 3.7:	Building 3 – detail of internal door
Plate 3.8:	Building 3 – detail of typical die-cast window handle
Plate 4.1:	Building 4 – southern and eastern elevations
—————	—————
Plate 4.2:	Building 4 – southern and western elevations
Plate 4.3:	Building 4 – interior of western part
Plate 5.1:	Building 5 – eastern and northern elevations (taken from B.6)
—————	—————
Plate 5.2:	Building 5 – western elevation
Plate 5.3:	Building 5 – eastern elevation
Plate 5.4:	Building 5 – northern elevation during demolition
Plate 5.5:	Building 5 – interior of lavatory, view to the southeast

Plate 5.6:	Building 5 – interior of washroom, view to the east
Plate 6.1:	Building 6 – eastern elevation
Plate 6.2:	Building 6 – northern elevation
Plate 6.3:	Building 6 – western elevation
Plate 6.4:	Building 6 – southern elevation
Plate 6.5:	Building 6 – external store
Plate 6.6:	Building 6 – detail of typical window
Plate 6.7:	Building 6 – detail of emergency electricity isolation switch
Plate 6.8:	Building 6 – interior of southern extension, view to the east
Plate 6.9:	Building 6 – interior of former southernmost workshop, view to the southeast
Plate 6.10:	Building 6 – interior of former southernmost workshop, view to the southwest
Plate 6.11:	Building 6 – interior of former central workshop, view to the southwest
Plate 6.12:	Building 6 – interior of former central workshop, view to the northeast
Plate 6.13:	Building 6 – detail of 1950 ‘Vent-Axia’ fan, former central workshop
Plate 6.14:	Building 6 – interior of northernmost workshop showing blocked central door, view to the north
Plate 6.15:	Building 6 – detail of 1950s ‘Univectair’ heater unit, northern workshop
Plate 6.16:	Building 6 – detail of makers plate on heater unit, northern workshop
Plate 6.17:	Building 6 – roof trusses over former southernmost workshop, view to the southeast
Plate 6.18:	Building 6 – detail showing original metal purlins (right) and later purlins over central and northern workshops, view to the east
Plate 6.19:	Building 6 – detail of wall between former southern workshop and remainder of building showing former bowed roof, view to the southeast
Plate 7.1:	Building 7 – eastern elevation
Plate 7.2:	Building 7 – northern elevation
Plate 7.3:	Building 7 – western elevation
Plate 7.4:	Building 7 – southern elevation showing generator room
Plate 7.5:	Building 7 – interior of southern lab showing air con unit, view to the east
Plate 7.6:	Building 7 – interior of typical room showing plastic ducting, view to the east

Plate 7.7:	Building 7 – plant room on roof, view to the east
Plate 7.8:	Building 7 – interior of generator room, view to the northeast
Plate 7.9:	Building 7 – detail of amp meter in generator room
_____	_____
Plate 8.1:	Building 8 – view to the north following the demolition of Building 7
_____	_____
Plate 9.1:	Building 9 – southern and eastern elevations
Plate 9.2:	Building 9 – interior showing mains riser, view to the west
_____	_____
Plate 10.1:	Building 10 – east side, view to the northwest
Plate 10.2:	Building 10 – southern end of the eastern elevation, view to the east
Plate 10.3:	Building 10 – northern end of the east elevation, view to the south
Plate 10.4:	Building 10 – northern and eastern elevations, view to the southwest
Plate 10.5:	Building 10 – northern elevation
Plate 10.6:	Building 10 – western elevation
Plate 10.7:	Building 10 – western elevation following the demolition of Building 7
Plate 10.8:	Building 10 – west side of southern elevation
Plate 10.9:	Building 10 – east side of (upper) southern elevation
Plate 10.10:	Building 10 – east side of (lower) southern elevation
Plate 10.11:	Building 10 – southern elevation following demolition of Building 25
Plate 10.12:	Building 10 – ancillary store and steps to elevated water tank to the southeast of main building, view to the southeast
Plate 10.13:	Building 10 – interior of main shed, view to the south
Plate 10.14:	Building 10 – coal bins along the southern wall, view to the west
Plate 10.15:	Building 10 – northeast entrance to main shed showing partitioned workshop/ stores, view to the east
Plate 10.16:	Building 10 – detail of roof trusses
Plate 10.17:	Building 10 – detail of high level window in main shed, view to the west
Plate 10.18:	Building 10 – interior of northern range, view to the northeast
Plate 10.19:	Building 10 – interior of workshop in eastern range, view to the north
Plate 10.20:	Building 10 – interior of mess room in eastern range, view to the south
Plate 10.21:	Building 10 – detail of window handle in eastern range, view to the north
_____	_____
Plate 11.1:	Building 11 and 12 – view to the southeast showing structures in relation to Building 18 (far left), Building 26 (behind) and Building 10 (far right)

Plate 11.2:	Building 11 – north and west elevations
Plate 11.3:	Building 11 – north and east elevations
Plate 11.4:	Building 11 – interior showing water softener, view to the east
—————	—————
Plate 12.1:	Building 12 – south elevation following the partial demolition of the single storey range
Plate 12.2:	Building 12 – south and west elevation
Plate 12.3:	Building 12 – interior showing ladder to water tank, view to the south
—————	—————
Plate 13.1:	Building 13 – view east along the western access road showing the northern and western elevations
Plate 13.2:	Building 13 – principal entrance on the northern elevation, view to the east
Plate 13.3:	Building 13 – basement door in western elevation, view to the east
Plate 13.4:	Building 13 – southern elevation showing earlier wall at base, view to the north
Plate 13.5:	Building 13 – interior of basement, view to the west
Plate 13.6:	Building 13 – interior of westernmost ground floor room, view to the west
Plate 13.7:	Building 13 – interior of eastern ground floor room showing later partition, view to the west
Plate 13.8:	Building 13 – detail of window handle in eastern room, view to the northwest
Plate 13.9:	Building 13 – interior of ground floor showing connecting door to Building 14, view to the east
—————	—————
Plate 14.1:	Building 14 – northern and eastern elevations
Plate 14.2:	Building 14 – northern elevation (western end)
Plate 14.3:	Building 14 – detail of typical original window, view to the south
Plate 14.4:	Building 14 – eastern side of central gabled projection showing blocked door, view to the west
Plate 14.5:	Building 14 – detail of rebate and drip moulding in central gable, view to the southwest
Plate 14.6:	Building 14 – eastern wing showing modified windows, view to the southeast
Plate 14.7:	Building 14 – eastern elevation above the roof of Building 15a
Plate 14.8:	Building 14 – western elevation following demolition of Building 13

Plate 14.9:	Building 14 – southern elevation showing proximity of Building 15 (partly demolished), view to the northeast
Plate 14.10:	Building 14 – entrance corridor from Building 13, view to the northeast
Plate 14.11:	Building 14 – female WC, view to the east
Plate 14.12:	Building 14 – western seminar room, view to the northwest
Plate 14.13:	Building 14 – west wing showing empty fireplace (right) and original door (left), view to the southeast
Plate 14.14:	Building 14 – detail of original doorway in partition between west wing and central range, view to the northeast
Plate 14.15:	Building 14 – central seminar room showing interior of gabled projection, view to the north
Plate 14.16:	Building 14 – two inserted doorways in south elevation looking through to Building 15, view to the southeast
Plate 14.17:	Building 14 – detail of metal framed pivoting window in north elevation, view to the north
Plate 14.18:	Building 14 – detail of metal framed casement in south elevation, view to the southeast
Plate 14.19:	Building 14 – detail showing timber framed window in southern elevation, view to the southwest
Plate 14.20:	Building 14 – interior of room in east wing showing tiled floor, view to the north
Plate 14.21:	Building 14 – interior of easternmost room, view to the north
Plate 14.22:	Building 14 – interior of eastern wall showing inserted doorway, view to the southeast
Plate 14.23:	Building 14 – detail of original ceiling boarding, view up
Plate 14.24:	Building 14 – detail of historic roof light, view up
Plate 14.25:	Building 14 – detail demonstrating difference between original and later roof lights, view to the southeast
—————	—————
Plate 15.1:	Building 15 – roof and south elevation against rear of Building 14
Plate 15.2:	Building 15 (left) and 15a (right) – flat roofs, view to the south
Plate 15.3:	Building 15 – interior of north-south section showing doors to western access road, view to the northwest
Plate 15.4:	Building 15 – interior of north-south section showing doors to kitchens (B.24c), view to the northeast
Plate 15.5:	Building 15 – interior of east-west section, view to the west
Plate 15.6:	Building 15a – northern elevation

Plate 15.7:	Building 15a – interior, view to the south
Plate 15.8:	Building 15a – interior, view to the north
—————	—————
Plate 16.1:	Building 16 – southern elevation, view to the northeast
Plate 16.2:	Building 16 – southern and eastern elevations
Plate 16.3:	Building 16 – eastern elevation above Building 15
Plate 16.4:	Building 16 – roof showing later extension to the left, view to the southeast
Plate 16.5:	Building 16 – typical ground floor room, view to the northeast
Plate 16.6:	Building 16 – typical first floor consulting room, view to the south
Plate 16.7:	Building 16 – typical first floor store, view to the south
Plate 16.8:	Building 16 – interior of first floor male WC, view to the south
Plate 16.9:	Building 16 – detail of original door with viewing panel and Bakelite signage, view to the south
Plate 16.10:	Building 16 – detail of original door handle
Plate 16.11:	Building 16 –interior of third floor extension, view to the southwest
—————	—————
Plate 17.1:	Building 17a – east elevation
Plate 17.2:	Building 17a –north elevation (right)
Plate 17.3:	Building 17a – west elevation
Plate 17.4:	Building 17a – roof, view to the northwest
Plate 17.5:	Building 17a – exposed north wall of E – W link corridor, view to the southeast
Plate 17.6:	Building 17a – flat roof of E – W link corridor with stair/ lift tower in background, view to the west
Plate 17.7:	Building 17a – south elevation of stair tower
Plate 17.8:	Building 17b – visible remnants of the VD Clinic showing northern lavatory wing and change in brickwork above ground floor, view to the southwest
Plate 17.9:	Building 17b – visible remnants of the VD Clinic showing western lavatory wing and change in brickwork above ground floor, view to the southeast
Plate 17.10:	Building 17b – visible remnants of the VD Clinic showing western lavatory wing change in brickwork above ground floor and between ground floor extension, view to the northeast
Plate 17.11:	Building 17b – northern elevation of post 1938 building, view to the east

Plate 17.12:	Building 17b – c.1960s infill block against the east side of the N – S link corridor, view to the southwest
Plate 17.13:	Building 17b – half glazed extension over two storey flat roofed range, view to the northeast
Plate 17.14:	Building 17a – c.1960s balconies on southern elevation, view to the southeast
Plate 17.15:	Building 17a – basement: 1938 doorcase and overlight at entrance to N-S link corridor, view to the northeast
Plate 17.16:	Building 17a – basement: 1938 parquet flooring of N-S link corridor, view to the north
Plate 17.17:	Building 17a – basement: 1938 swing doors within the central corridor, view to the south
Plate 17.18:	Building 17a – basement: tiled post mortem room, view to the south
Plate 17.19:	Building 17a – basement: tiled mortuary (body store), view to the southwest
Plate 17.20:	Building 17a – basement: physiotherapy department showing wall bars, view to the north
Plate 17.21:	Building 17a – ground floor: E – W link corridor showing opening ceremony plaque and original doors, doorcase and overlight, view to the west
Plate 17.22:	Building 17a – ground floor: detail of opening plaque, view to the north
Plate 17.23:	Building 17a – ground floor: E – W link corridor showing formerly external lancet windows of the chapel, view to the northeast
Plate 17.24:	Building 17a – ground floor: detail of typical original corridor window, view to the northeast
Plate 17.25:	Building 17a – ground floor: detail showing original southern chapel facade beneath the brickwork of the corridor, view to the north
Plate 17.26:	Building 17a – ground floor: interior of lavatories showing original period fixtures, fittings and decor, view to the east
Plate 17.27:	Building 17a – ground floor: detail of original door fittings
Plate 17.28:	Building 17a – ground floor: detail of original sluice sink fittings
Plate 17.29:	Building 17a – ground floor: refurbished treatment rooms, view to the east
Plate 17.30:	Building 17a – second floor: general view along central corridor, view to the south
Plate 17.31:	Building 17a – second floor: central corridor looking through to the preparation/ sterilizing room, view to the north

Plate 17.32:	Building 17a – second floor: detail of gas supply controls to operating theatres
Plate 17.33:	Building 17a – second floor: door from the sterilizing room to Theatre 1 with laser warning sign above, view to the west
Plate 17.34:	Building 17b – basement: interior of original consulting room within the VD clinic showing original door, view to the north
Plate 17.35:	Building 17b – basement: original external window on south side of VD Clinic from within former male changing room, view to the south
Plate 17.36:	Building 17b – basement: detail of original 1936 window catch
Plate 17.37:	Building 17b – basement: former window opening on south side of VD Clinic enlarged to access 1938 extension, view to the northeast
Plate 17.38:	Building 17b – ground floor: hopper-light windows on the south side of link corridor between 17a and 1938 extension to 17b, view to the southeast
Plate 17.39:	Building 17b – ground floor: floor and skirting detail at entrance to link corridor between 17a and 1938 extension to 17b, view to the southwest
Plate 17.40:	Building 17b – ground floor: floor and skirting detail at entrance to office within 1938 extension to 17b, view to the south
Plate 17.41:	Building 17b – ground floor: coved cornice within changing room, view to the north
Plate 17.42:	Building 17b – ground floor: original doors to changing rooms, view to the north
Plate 17.43:	Building 17b – first floor: original doors between link corridor and main block, view to the south
Plate 17.44:	Building 17b – second floor: original metal partitions within the children’s ward, view to the north
Plate 17.45:	Building 17b – second floor: interior of 1960s extension on south side of main block, view to the west
Plate 17.46:	Building 17b – first floor: interior of surgeons changing room in 1960s extension to east side of 17a link corridor, view to the east
Plate 17.47:	Building 17a – second floor: later openings on east side of link corridor accessing 1960s extension (note the change in floor level), view to the northeast
Plate 17.48:	Building 17b – first floor: extended window openings on west elevation accessing balcony, view to the northeast.

Plate 18.1:	Building 18 – north (principal) elevation
Plate 18.2:	Building 18 – detail of stone cornice, view to the southwest
Plate 18.3:	Building 18 – detail of entrance facade and flanking lancets, view to the south
Plate 18.4:	Building 18 – east elevation
Plate 18.5:	Building 18 – west and south elevation, view to the northeast
Plate 18.6:	Building 18 – south elevation
Plate 18.7:	Building 18 – detail of eastern closet wing showing vertical joints in brickwork, view to the northwest
Plate 18.8:	Building 18 – ground floor: entrance hall, view to the south
Plate 18.9:	Building 18 – first floor: gallery and stairwell, view to the north
Plate 18.10:	Building 18 – first floor: gallery showing doors to the duty room, view to the south
Plate 18.11:	Building 18 – first floor: eastern closet wing, view to the south
Plate 18.12:	Building 18 – first floor: western closet wing, view to the south
Plate 18.13:	Building 18 – first floor: eastern part of partitioned duty room, view to the northeast
Plate 18.14:	Building 18 – corridor inserted into the southeast corner of the west ward, view to the south
Plate 18.15:	Building 18 – ground floor: inserted opening in western wall of the stair well, view to the west
Plate 18.16:	Building 18 – ground floor: detail showing original west ward skirting beneath inserted steps, view to the northeast
Plate 18.17:	Building 18 – ground floor: exposed vousoir of the former opening between the west wing and the duty room, view to the north
Plate 18.18:	Building 18 – first floor: southeast corner of west ward showing location of former openings, view to the southeast
Plate 18.19:	Building 18 – first floor: inserted opening from duty room through to western closet wing, view to the southwest
Plate 18.20:	Building 18 – ground floor: southwest corner of eastern ward showing door to eastern closet and former entrance to duty room, view to the south
Plate 18.21:	Building 18 – first floor: southwest corner of eastern ward showing door to eastern closet and former entrance to duty room, view to the south
Plate 18.22:	Building 18 – ground floor: east ward following removal of the floor showing traces of brick ducting, view to the northeast

Plate 18.23:	Building 18 – ground floor: duct passing beneath the floor of the entrance hall, view to the southwest
Plate 18.24:	Building 18 – ground floor: eastern chimney showing stubs of brick ducting projecting from the chambered hearth plinth, view to the northeast
Plate 18.25:	Building 18 – ground floor: interior of northern elevation showing openings to vertical shafts below the ground floor, view to the north
Plate 18.26:	Building 18 – demolition of lower storey showing plaster lined shafts within the north and east walls, view to the northwest
Plate 18.27:	Building 18 – ground floor: main air inlet duct beneath duty room floor, view to the northwest
Plate 18.28:	Building 18 – ground floor: detail of controllable grill in skirting board
Plate 18.29:	Building 18 – first floor: over-papered vent in ceiling of ward, view up
Plate 18.30:	Building 18 – ground floor: detail of double grooved floorboards and metal fillet, view to the southeast
Plate 18.31:	Building 18 – basement: exterior of barrel vault, view to the west
Plate 18.32:	Building 18 – basement: interior, view to the south
Plate 18.33:	Building 18 – basement: interior showing blocked former entrance, view to the west
Plate 18.34:	Building 18 – ground floor: foundation walls below floor in western closet wing showing truncated stub wall (left) and formerly external 'blue' brick, view to the northeast
Plate 18.35:	Building 18 – first floor: interior of comms room, view to the north
Plate 18.36:	Building 18 – first floor: interior of comms room showing lobby area, view to the south
Plate 18.37:	Building 18 – first floor: interior of eastern ward showing inserted partition, view to the northwest
Plate 18.38:	Building 18 – first floor: east side of partitioned duty room, view to the northwest
Plate 18.39:	Building 18 – first floor: west side of partitioned duty room, view to the northwest
Plate 18.40:	Building 18 – detail of later opening from duty room to western closet wing, view to the southwest
—————	—————
Plate 19.1:	Building 19 – general view from first floor of Building 18, view to the northwest
Plate 19.2:	Building 19 – southern and western elevation showing detail of louvers,

	view to the northeast
Plate 19.3:	Building 19 – passage along north side leading to Building 21
Plate 19.4:	Building 19 – interior showing gas bottle racks, view to the west
—————	—————
Plate 20.1:	Building 20 – south and east elevations of southern hut
Plate 20.2:	Building 20 – south and west elevations of northern hut
Plate 20.3:	Building 20 – east elevation of linking range
Plate 20.4:	Building 20 – Interior of southern hut showing half glazed partitions, view to the north
Plate 20.5:	Building 20 – Interior of northern hut showing lab sink and fume cupboard, view to the northeast
Plate 20.6:	Building 20 – detail of effluent scrubber in northern hut, view to the northeast
Plate 20.7:	Building 20 – sterilizing equipment in the linking range, view to the south
Plate 20.8:	Building 20 – lavatories in the linking range, view to the south
—————	—————
Plate 21.1:	Building 21 – south and west elevations
Plate 21.2:	Building 21 – north elevation showing interior, view to the south
—————	—————
Plate 22.1:	Building 22 – general view westwards showing the chapel following the demolition of Building 17
Plate 22.2:	Building 22 – northern elevation
Plate 22.3:	Building 22 – southern elevation following the demolition of the link corridor to Building 17a, view to the northeast
Plate 22.4:	Building 22 – detail of southern elevation during removal of brick skin (corridor wall), view to the east
Plate 22.5:	Building 22 – upper ground floor: later openings in former external southern elevation, view to the northeast
Plate 22.6:	Building 22 – upper ground floor: detail of early 20 th century hopperlight window, view to the northeast
Plate 22.7:	Building 22 – upper ground floor: detail of modified original door in formerly external southern elevation, view to the northeast
Plate 22.8:	Building 22 – upper ground floor: detail of early 20 th century fittings on modified original door, view to the northwest
Plate 22.9:	Building 22 – upper ground floor: interior of modified original door in formerly external southern elevation, view to the south

Plate 22.10:	Building 22 – detail of carved head kneeler on northern elevation, view to the southwest
Plate 22.11:	Building 22 – detail of nave lancet on northern elevation, view to the southwest
Plate 22.12:	Building 22 – original basement windows in southern elevation, view to the northeast
Plate 22.13:	Building 22 – half conical roof of apse, view to the east
Plate 22.14:	Building 22 – detail of stone wheel-head cross at the apex of the gable parapet, view to the east
Plate 22.15:	Building 22 – oculus in eastern elevation (partly obscured by scaffolding), view to the northwest
Plate 22.16:	Building 22 – chimney stack at apex of east elevation, view to the northwest
Plate 22.17:	Building 22 – nave: interior, view to the east
Plate 22.18:	Building 22 – nave: detail of internal east elevation showing external door hinges, view to the east
Plate 22.19:	Building 22 – nave: detail of internal east elevation showing internal door hinges, view to the east
Plate 22.20:	Building 22 – nave: detail of moulded corbel cornice and stone corbel block, view to the northwest
Plate 22.21:	Building 22 – nave: roof structure, view to the west
Plate 22.22:	Building 22 – nave: detail of commemorative plaque on east wall, view to the east
Plate 22.23:	Building 22 – nave: detail of organ pipe case on eastern wall, view to the east
Plate 22.24:	Building 22 – nave: detail of eastern oculus window as seen from inside the boardroom of the Infirmary, view to the west
Plate 22.25:	Building 22 – nave: detail of memorial plaque to Herbert Cole on eastern wall, view to the east
Plate 22.26:	Building 22 – nave: detail of typical plain glazed hopper-light window, view to the southeast
Plate 22.27:	Building 22 – nave: detail of purpose made stained glass window on north side, view to the northwest
Plate 22.28:	Building 22 – nave: close up of lower part of purpose made stained glass window, view to the north
Plate 22.29:	Building 22 – nave: interior showing floor detail, view to the west
Plate 22.30:	Building 22 – nave: chancel arch and pulpit at the west end, view to

	the west
Plate 22.31:	Building 22 – chancel: interior showing communion rail, blind arcade and ribs, view to the west
Plate 22.32:	Building 22 – chancel: detail of southern window, view to the southwest
Plate 22.33:	Building 22 – chancel: detail of central window, view to the west
Plate 22.34:	Building 22 – chancel: detail of northern chancel window, view to the northwest
Plate 22.35:	Building 22 – connecting range: central corridor on upper ground floor, view to the west
Plate 22.36:	Building 22 – connecting range: central corridor on upper ground floor, view to the east
Plate 22.37:	Building 22 – connecting range: central corridor on upper ground floor showing detail of floor tiles, view to the north
Plate 22.38:	Building 22 – connecting range: central corridor on upper ground floor showing ceiling detail, view to the east
Plate 22.39:	Building 22 – connecting range: central corridor on upper ground floor showing doorway on north side, view to the northwest
Plate 22.40:	Building 22 – connecting range: medical library on upper ground floor, view to the north
Plate 22.41:	Building 22 – connecting range: medical library on upper ground floor showing detail of original panelling behind radiator, view to the north
Plate 22.42:	Building 22 – connecting range: north – south corridor on upper ground floor, view to the north
Plate 22.43:	Building 22 – connecting range: central corridor on lower ground floor (LGF) as seen from the medical records store in the Infirmary, view to the west
Plate 22.44:	Building 22 – connecting range: central corridor on lower ground floor looking into central corridor beneath the nave, view to the west
Plate 22.45:	Building 22 – connecting range (LGF): opening to the central corridor beneath the nave, view to the west
Plate 22.46:	Building 22 – connecting range (LGF): detail of skirting within the central corridor and architrave to the contingency store, view to the southwest
Plate 22.47:	Building 22 – connecting range (LGF): door from the central corridor to the 'Contingency Store', view to the southwest
Plate 22.48:	Building 22 – connecting range (LGF): door from the Building 17 link

	corridor to the 'Contingency Store', view to the southeast
Plate 22.49:	Building 22 – connecting range (LGF): interior of the 'Contingency Store', view to the west
Plate 22.50:	Building 22 – connecting range (LGF): interior of the 'Contingency Store' showing high level blocked window (left), view to the east
Plate 22.51:	Building 22 – connecting range (LGF): entrance to the 'ECG Department', view to the south
Plate 22.52:	Building 22 – connecting range (LGF): interior of the 'ECG Department', view to the northwest
Plate 22.53:	Building 22 – connecting range (LGF): interior of the 'ECG Department' showing early 20 th century fittings, view to the northeast
Plate 22.54:	Building 22 – connecting range (LGF): interior of the 'ECG Department' showing high level blocked window, view to the southeast
Plate 22.55:	Building 22 – lower ground floor: entrance from central corridor to the 'Porter's Rest Room', view to the south
Plate 22.56:	Building 22 – lower ground floor: interior of 'Porter's Rest Room' showing window rebates, view to the southeast
Plate 22.57:	Building 22 – lower ground floor: interior of 'Porter's Rest Room' showing piers and high level window, view to the northeast
Plate 22.58:	Building 22 – lower ground floor: interior of 'Porter's Rest Room', view to the east
Plate 22.59:	Building 22 – lower ground floor: interior of 'Porter's Rest Room' showing historic fireplace, view to the east
Plate 22.60:	Building 22 – lower ground floor: interior of 'Porter's Rest Room', view to the west
Plate 22.61:	Building 22 – lower ground floor: interior of 'Porter's Rest Room' showing high level ducts, view to the north
Plate 22.62:	Building 22 – lower ground floor: detail of connecting conduit crossing central corridor and high level window from the 'Porters Rest Room', view to the west
Plate 22.63:	Building 22 – lower ground floor: interior of 'Porters Changing Room' showing entrance from central corridor and high level ducts, view to the south
Plate 22.64:	Building 22 – lower ground floor: interior of 'Porters Changing Room', view to the east
Plate 22.65:	Building 22 – lower ground floor: interior of 'Porters Changing Room' showing detail of inserted doorway in north wall, view to the northwest

Plate 22.66:	Building 22 – lower ground floor: interior of ‘Porters Changing Room’ showing detail of enlarged window in north wall, view to the northeast
Plate 22.67:	Building 22 – lower ground floor: entrance to the electricity switch room from the Building 17 link corridor, view to the northwest
Plate 22.68:	Building 22 – lower ground floor: interior of southern part of the electricity switch room, view to the east
Plate 22.69:	Building 22 – lower ground floor: interior of western part of the electricity switch room, view to the north
Plate 22.70:	Building 22 – lower ground floor: interior of southern part of the electricity switch room, view to the west
Plate 22.71:	Building 22 – lower ground floor: interior of the transformer room, view to the southeast
Plate 22.72:	Building 22 – lower ground floor: interior of the transformer room showing surviving transformer and brick lined sub floor ducting, view to the southwest
Plate 22.73:	Building 22 – lower ground floor: interior of the transformer room showing modified window, view to the north
Plate 22.74:	Building 22 – lower ground floor: interior of the northern side of the transformer room showing historic signage, view to the east
Plate 22.75:	Building 22 – lower ground floor: detail of historic sign
Plate 22.76:	Building 22 – lower ground floor: detail of historic sign
Plate 22.77:	Building 22 – lower ground floor: interior of apse showing inserted doorway, view to the south
Plate 22.78:	Building 22 – lower ground floor: interior of apse showing surviving window opening, view to the north
Plate 22.79:	Building 22 – lower ground floor: interior of apse showing former doorway from central aisle, view to the south
Plate 22.80:	Building 22 – lower ground floor: detail of historic floor tiles (re-laid)
Plate 22.81:	Building 22 – lower ground floor: example of an ‘Octopus Furnace’ (not from this site)
—————	—————
Plate 23.1:	Building 23 – eastern elevation of short N – S corridor at the western end of the structure, view to the northwest
Plate 23.2:	Building 23 – exposed western elevation of short N – S corridor at the western end of the structure, view to the east
Plate 23.3:	Building 23 – exposed southern elevation of the E – W corridor at the western end of the structure, view to the north

Plate 23.4:	Building 23 - exposed western elevation of short N – S corridor at the eastern end of the structure, view to the east
Plate 23.5:	Building 23 - exposed eastern elevation of short N – S corridor at the eastern end of the structure, view to the west
Plate 23.6:	Building 23 - interior of short N – S corridor at the eastern end of the structure showing rooflight, view to the north
Plate 23.7:	Building 23 - interior of the E – W corridor, view to the southwest
Plate 23.8:	Building 23 - internal southern elevation of the E – W corridor at the western end of the structure showing pier and blocked opening, view to the southeast
Plate 23.9:	Building 23 - internal southern elevation of the E – W corridor showing inserted doorway to Building 32, view to the southeast
Plate 23.10:	Building 23 – inserted opening to staff restaurant at east end of the E – W corridor, view to the northeast
Plate 23.11:	Building 23 – pilaster on the north wall of the E – W corridor showing location of commemorative plaque, view to the northeast
Plate 23.12:	Building 23 – detail of commemorative plaque on internal north elevation
—————	—————
Plate 24.1:	Building 24 – eastern elevation (2005)
Plate 24.2:	Building 24 – south eastern wing, view to the southwest (2005)
Plate 24.3:	Building 24 – detail of north facing elevation of SE wing showing point of extension
Plate 24.4:	Building 24 – southeast corner tower (Building 24f), view to the northwest
Plate 24.5:	Building 24 – detail of principal entrance steps, view to the west
Plate 24.6:	Building 24 – detail showing principal entrance and steps following removal of the stone treads, view to the west
Plate 24.7:	Building 24 – detail showing structure of tread supports, view to the west
Plate 24.8:	Building 24 – post excavation shot following removal of central tread supporting wall, view to the west
Plate 24.9:	Building 24 – exterior of barrel vault supporting central platform, view to the northwest
Plate 24.10:	Building 24 – detail of decorative grill across central oculus, view to the west
Plate 24.11:	Building 24 – detail showing surviving bead moulding around base of

	oculus, view to the southwest
Plate 24.12:	Building 24 – sloping floor inside the barrel vault of the central platform, view to the south
Plate 24.13:	Building 24 – enlarged opening through the Infirmary wall beneath the central platform, view to the west
Plate 24.14:	Building 24 – inserted opening in south side of the barrel vault
Plate 24.15:	Building 24 – modern grille across the mouth of the vent, view to the north
Plate 24. 16:	Building 24 – northern wing , view to the west
Plate 24.17:	Building 24 – north elevation above Building 40
Plate 24.18:	Building 24 – detail of north western extension (Buildings 24b and 24g) showing vertical and horizontal changes in brickwork
Plate 24.19:	Building 24 – detail of upper ground floor window in the northern elevation showing hopper light, view to the northwest
Plate 24.20:	Building 24 – western elevation above the roof of the chapel (Building 22) view to the east
Plate 24.21:	Building 24 – detail of central part of western elevation showing canted bay, view to the northeast
Plate 24.22:	Building 24 – detail of left hand part of the central western elevation, view to the east
Plate 24.23:	Building 24 - detail of right hand part of the central western elevation, view to the east
Plate 24.24:	Building 24 – northwest wing, view to the northeast
Plate 24.25:	Building 24 – southwest wing, view to the southeast
Plate 24.26:	Building 24 – southern elevation following demolition of buildings to the south, view to the northeast
Plate 24.27:	Building 24 – southern elevation showing detail of left hand part of lower ground floor, view to the northeast
Plate 24.28:	Building 24 - southern elevation showing detail of right hand part of lower ground floor, view to the northeast
Plate 24.29:	Building 24 – southern elevation showing original central doorway
Plate 24.30:	Building 24 – southern elevation showing detail showing point of attachment of the southwest corner tower, view to the northwest
Plate 24.31:	Building 24 - southern elevation showing detail of graffiti on lower ground floor of western extension (Building 24d), view to the north
Plate 24.32:	Building 24 - southern elevation showing detail of graffiti on lower ground floor of original building (Building 24a)

Plate 24.33:	Building 24 - southern elevation showing detail of graffiti on lower ground floor of original building (Building 24a)
Plate 24.34:	Building 24 - southern elevation showing detail of graffiti on lower ground floor of original building (Building 24a)
Plate 24.35:	Building 24 - entrance hall, view to the west
Plate 24.36:	Building 24 - entrance hall, detail of entablature, view to the northeast
Plate 24.37:	Building 24 - main north - south corridor, view to the north
Plate 24.38:	Building 24 - entrance hall, view to the east
Plate 24.39:	Building 24 - entrance hall showing detail of modified alcove, view to the northeast
Plate 24.40:	Building 24 - entrance hall, view to the north
Plate 24.41:	Building 24 - entrance hall, detail of fireplace, view to the south
Plate 24.42:	Building 24 - detail of door to the boardroom, view to the west
Plate 24.43:	Building 24 - detail of plaque above the boardroom door, view to the west
Plate 24.44:	Building 24 - boardroom, view to the east
Plate 24.45:	Building 24 - boardroom, detail of ceiling, view to the east
Plate 24.46:	Building 24 - boardroom showing fireplace in 2005, view to the northeast
Plate 24.47:	Building 24 - boardroom showing fireplace in 2008, view to the north
Plate 24.48:	Building 24 - boardroom showing southern window, view to the southeast
Plate 24.49:	Building 24 - cash office [Room 1.21], view to the east
Plate 24.50:	Building 24 - cash office [Room 1.21], view to the southeast
Plate 24.51:	Building 24 - door from central corridor to the cash office, view to the west
Plate 24.52:	Building 24 - northern staircase, view to the west
Plate 24.53:	Building 24 - detail of balustrade to northern staircase, view to the north
Plate 24.54:	Building 24 - comms room [Room 1.19], view to the southeast
Plate 24.55:	Building 24 - comms room [Room 1.19], view to the northwest
Plate 24.56:	Building 24 - comms room [Room 1.19], view to the northwest
Plate 24.57:	Building 24 - Room 1.18, view to the east
Plate 24.58:	Building 24 - Rushout Ward [Room 1.11], view to the west
Plate 24.59:	Building 24 - Rushout Ward [Room 1.11], view to the east
Plate 24.60:	Building 24 - Rushout Ward [Room 1.11] west end (Building 24b), view to the west

Plate 24.61:	Building 24 - Rushout Ward [Room 1.11], view to the south
Plate 24.62:	Building 24 - Rushout Ward [Room 1.11], view to the southwest
Plate 24.63:	Building 24 - Rushout Ward [Room 1.11] showing detail of riveted beam, view up and to the northwest
Plate 24.64:	Building 24 - Rushout Ward [Room 1.17] showing closet wing, view to the south
Plate 24.65:	Building 24 - Rushout Ward [Room 1.12 and 13] showing interior of corner tower, view to the northwest
Plate 24.66:	Building 24 - Rushout Ward [Room 1.12] showing interior of corner tower, view to the east
Plate 24.67:	Building 24 - Rushout Ward [Room 1.12] showing corner tower connecting corridor, view to the southeast
Plate 24.68:	Building 24 - entrance to Visiting Staff Room [Room 1.30], view to the east
Plate 24.69:	Building 24 - Visiting Staff Room [Room 1.30], view to the north
Plate 24.70:	Building 24 - Visiting Staff Room [Room 1.30], view to the east
Plate 24.71:	Building 24 - Visiting Staff Room [Room 1.30], view to the south
Plate 24.72:	Building 24 - Visiting Staff Room [Room 1.30], view to the west
Plate 24.73:	Building 24 - entrance to Room 1.31, view to the east
Plate 24.74:	Building 24 - Room 1.32, view to the east
Plate 24.75:	Building 24 - Room 1.32, view to the southwest
Plate 24.76:	Building 24 - corridor and southern lift looking towards the Building 17 link corridor, view to the west
Plate 24.77:	Building 24 - southern staircase, view to the southwest
Plate 24.78:	Building 24 - Wheeley Lea Ward [Room 1.35], view to the west
Plate 24.79:	Building 24 - Wheeley Lea Ward [Room 1.35], view to the east
Plate 24.80:	Building 24 - Wheeley Lea Ward [Room 1.36], view to the northwest
Plate 24.81:	Building 24 - Wheeley Lea Ward [Room 1.36], view up and to the east
Plate 24.82:	Building 24 - Wheeley Lea Ward [Room 1.35] showing point of eastern extension, view to the southwest
Plate 24.83:	Building 24 - Wheeley Lea Ward [Room 1.35] showing redundant fire exit, view to the south
Plate 24.84:	Building 24 - Wheeley Lea Ward [Room 1.35] showing point of eastern extension, view to the west
Plate 24.85:	Building 24 - Wheeley Lea Ward [Room 1.40] showing interior of corner tower (Building 24g), view to the west
Plate 24.86:	Building 24 - Wheeley Lea Ward [Room 1.35] showing first floor

	structure in eastern extension (Building 24f), view to the northeast
Plate 24.87:	Building 24 - Wheeley Lea Ward [Room 1.35] showing entrance to corner tower, view to the southeast
Plate 24.88:	Building 24 - Wheeley Lea Ward [Room 1.33 and 34] showing interior of corner tower, view to the southeast
Plate 24.89:	Building 24 - lower ground floor: central corridor [Room 90] looking through the southern entrance, view to the south
Plate 24.90:	Building 24 - lower ground floor: central corridor [Room 90] from the south, view to the north
Plate 24.91:	Building 24 - lower ground floor: southern stairwell and entrance to kitchens, view to the west
Plate 24.92:	Building 24 - lower ground floor: southern lift and entrance to Building 17 link corridor, view to the west
Plate 24.93:	Building 24 - lower ground floor: central corridor [Room 90] central section, view to the north
Plate 24.94:	Building 24 - lower ground floor: foot of northern stairs, view to the northwest
Plate 24.95:	Building 24 - lower ground floor: northern stairwell and entrance to Building 24e, view to the west
Plate 24.96:	Building 24 - lower ground floor: central corridor [Room 90] looking toward the northern entrance, view to the north
Plate 24.97:	Building 24 - lower ground floor: entrance to the Spire Suite ([Room 74], view to the southwest
Plate 24.98:	Building 24 - lower ground floor: nursing staff changing area [Room 109], view to the east
Plate 24.99:	Building 24 - lower ground floor: nursing staff changing area [Room 109], view to the southeast
Plate 24.100:	Building 24 - lower ground floor: nursing staff changing area [Room 109], view to the west
Plate 24.101:	Building 24 - lower ground floor: nursing staff changing area [Room 109] showing blocked cooking range, view to the northwest
Plate 24.102:	Building 24 - lower ground floor: storekeepers room [Room 109], view to the southwest
Plate 24.103:	Building 24 - lower ground floor: storekeepers room [Room 109], view to the southeast
Plate 24.104:	Building 24 - lower ground floor: entrance to catering office [Room 108], view to the north

Plate 24.105:	Building 24 - lower ground floor: catering office [Room 108], view to the northwest
Plate 24.106:	Building 24 - lower ground floor: catering office [Room 108], view to the northwest
Plate 24.107:	Building 24 - lower ground floor: original opening in southern elevation of Building 24f, view to the northeast
Plate 24.108:	Building 24 - lower ground floor: later lean-to corridor against southern elevation of Building 24f, view to the west
Plate 24.109:	Building 24 - lower ground floor: original opening in base of southeast corner tower, view to the northeast
Plate 24.110:	Building 24 - lower ground floor: interior of southeast corner tower looking through inserted opening into Building 38, view to the south
Plate 24.111:	Building 24 - lower ground floor: doorway from central corridor through to main kitchens [Room 110], view to the west
Plate 24.112:	Building 24 - lower ground floor: southern part of main kitchens, view to the northwest
Plate 24.113:	Building 24 - lower ground floor: central part of main kitchens looking towards side entrance, view to the north
Plate 24.114:	Building 24 - lower ground floor: former side entrance to kitchens showing supporting arch for the closet wing, view to the north
Plate 24.115:	Building 24 - lower ground floor: detail of inserted window in blocking wall across former side entrance to kitchens, view to the north
Plate 24.116:	Building 24 - lower ground floor: point of western extension to main kitchens, view to the northwest
Plate 24.117:	Building 24 - lower ground floor: former external west wall of extension and doorway to corner tower, view to the west
Plate 24.118:	Building 24 - lower ground floor: interior of southwest corner tower showing original external doorway, view to the east
Plate 24.119:	Building 24 - lower ground floor: interior of southwest corner tower showing barrel vault, view to the west
Plate 24.120:	Building 24 - lower ground floor: 1920s extension to main kitchens, view to the north
Plate 24.121:	Building 24 - lower ground floor: interior of northern annex to kitchens [Room 105], view to the west
Plate 24.122:	Building 24 - lower ground floor: covered entrance to southern stairwell of Infirmary and entrance to basement, view to the east
Plate 24.123:	Building 24 - lower ground floor: stairs to basement, view to the east

Plate 24.124:	Building 24 - basement: interior showing barrel ramp, view to the south
Plate 24.125:	Building 24 - basement: interior showing stairs and cupboard
Plate 24.126:	Building 24 - basement: detail of cupboard door, view to the north east
Plate 24.127:	Building 24 - lower ground floor: interior of Room 103, view to the east
Plate 24.128:	Building 24 - lower ground floor: interior of 'Blood Sampling' [Room 102] showing inserted glazed partition, view to the southwest
Plate 24.129:	Building 24 - lower ground floor: door to central eastern room [Room 89], view to the east
Plate 24.130:	Building 24 - lower ground floor: Room 89 showing inner conduit, view to the east
Plate 24.131:	Building 24 - lower ground floor: Room 89, view to the north
Plate 24.132:	Building 24 - lower ground floor: Records Store [Room 91] showing entrance to chapel undercroft, view to the west
Plate 24.133:	Building 24 - lower ground floor: Records Store [Room 91] showing entrance from central corridor, view to the east
Plate 24.134:	Building 24 - lower ground floor: detail of northern original window and blocking of Building 24e [Room 91], view to the north
Plate 24.135:	Building 24 - lower ground floor: detail of southern original window and blocking of Building 17 link corridor [Room 91], view to the south
Plate 24.136:	Building 24 - lower ground floor: interior of office [Room 88] showing blocked head, view to the west
Plate 24.137:	Building 24 - lower ground floor: interior of office [Room 88] showing modified original window, view to the west
Plate 24.138:	Building 24 - lower ground floor: interior of enquiries office [Room 86] showing blocked original window
Plate 24.139:	Building 24 - lower ground floor: detail of late Victorian chimney piece in enquiries office, view to the south
Plate 24.140:	Building 24 - lower ground floor: dermatology department [Room 66] showing inserted glazed partitions, view to the southeast
Plate 24.141:	Building 24 - lower ground floor: original windows in examination room [Room 68], view to the southwest
Plate 24.142:	Building 24 - lower ground floor: part blocked original window in north wall of examination room [Room 65], view to the northwest
Plate 24.143:	Building 24 - lower ground floor: main corridor [room 74] in Spires

	Suite showing modern partitioning, view to the east
Plate 24.144:	Building 24 - lower ground floor: original openings in west elevation of Building 24b [Room 58], view to the southwest
Plate 24.145:	Building 24 - lower ground floor: former original entrance to Building 24b now blocked in Room 72, view to the southwest
Plate 24.146:	Building 24 - lower ground floor: late 20th century entrance, lobby and doors to the ECG room in Building 24e, view to the southwest
Plate 24.147:	Building 24 - lower ground floor: pharmaceutical store [Room 53] in base of northwest corner tower, view to the west
Plate 24.148:	Building 24 - lower ground floor: air ducts in modified original window openings, view to the southwest
Plate 24.149:	Building 24 - lower ground floor: original (right) and inserted (left) doorways in pharmaceutical store, view to the east
Plate 24.150:	Building 24 - lower ground floor: blocked openings in original western elevation of north wing (Building 24a) following soft strip, view to the southeast
Plate 24.151:	Building 24 - first floor: central corridor, view to the north
Plate 24.152:	Building 24 - first floor: west wall of central corridor showing commemorative plaque, view to the southwest
Plate 24.153:	Building 24 - first floor: detail of commemorative plaque
Plate 24.154:	Building 24 - first floor: detail of northern lift and surround , view to the northeast
Plate 24.155:	Building 24 - first floor: part blocked round headed arch in central corridor, view to the north
Plate 24.156:	Building 24 - first floor: inserted opening in west wall of corridor for Building 17 link corridor and lift, view to the west
Plate 24.157:	Building 24 - first floor: change in form of balustrade to northern staircase, view to the northwest
Plate 24.158:	Building 24 - first floor: detail of balustrade above first floor level
Plate 24.159:	Building 24 - first floor: ward [Room 2.22] over board room showing original windows in canted bay, view to the west
Plate 24.160:	Building 24 - first floor: north wall of ward [Room 2.22] showing blocked fireplace and typical remodelled doorway, view to the northeast
Plate 24.161:	Building 24 - first floor: interior of interior of ward [Room 2.18] showing original window, view to the west
Plate 24.162:	Building 24 - first floor: general view along Garlick Ward, view to the

	east
Plate 24.163:	Building 24 – first floor: general view along Garlick Ward, view to the west
Plate 24.164:	Building 24 – first floor: inserted 1940s partitions at west of Garlick Ward, view to the southwest
Plate 24.165:	Building 24 – first floor: west end of Garlick Ward showing short window (right), original window (left) and mis-aligned entrance to tower closet, view to the northwest
Plate 24.166:	Building 24 – first floor: detail of typical sill in northwest corner tower
Plate 24.167:	Building 24 – first floor: east end of Garlick Ward showing inserted entrance to utility store room [Room 2.11], view to the south
Plate 24.168:	Building 24 – first floor: interior of utility store room, showing inserted door to relatives room, view to the southeast
Plate 24.169:	Building 24 – first floor: interior of 'Relatives Room' showing original window, view to the northeast
Plate 24.170:	Building 24 – first floor: interior of 'Relatives Room' showing blocked fireplace, view to the northwest
Plate 24.171:	Building 24 – first floor: interior of shower room showing later partitions, view to the northeast
Plate 24.172:	Building 24 – first floor: southern part of central corridor showing inserted doorway (left) to sluice room [Room 2.24 and 25], view to the southeast
Plate 24.173:	Building 24 – first floor: interior of Room 2.24 showing inserted partitions and openings (right), view to the east
Plate 24.174:	Building 24 – first floor: interior of sluice room, view to the southeast
Plate 24.175:	Building 24 – first floor: inserted opening between Room 2.25 and ward [Room 2.26], view to the south
Plate 24.176:	Building 24 – first floor: interior of ward [Room 2.26] showing blocked fireplace, view to the south
Plate 24.177:	Building 24 – first floor: west wall of ward [Room 2.26] showing blocked door, view to the south.
Plate 24.178:	Building 24 – first floor: south end of central corridor showing door to store room [2.21] and Ganderton Ward, view to the south east
Plate 24.179:	Building 24 – first floor: Ganderton Ward [Room 2.34], view to the east
Plate 24.180:	Building 24 – first floor: detail showing brass stop cock opening in floor
Plate 24.181:	Building 24 – first floor: exposed joist carrying 3 rd floor over closet

	wing opening, view to the southwest
Plate 24.182:	Building 24 – first floor: western end of Ganderton Ward showing inserted partitions, view to the west
Plate 24.183:	Building 24 – first floor: exposed original ceiling of the southwest corner tower, view up.
Plate 24.184:	Building 24 – first floor: eastern end of Ganderton Ward showing modified windows, view to the southeast
Plate 24.185:	Building 24 – second floor: central corridor, view to the south
Plate 24.186:	Building 24 – second floor: central corridor, view to the north
Plate 24.187:	Building 24 – second floor: top of the northern staircase, view to the northwest
Plate 24.188:	Building 24 – second floor: false ceiling over northern stairwell, view to the northwest
Plate 24.189:	Building 24 – second floor: historic roof structure following removal of false ceiling over northern stairwell, view to the northwest
Plate 24.190:	Building 24 – second floor: top of the southern staircase, view to the southwest
Plate 24.191:	Building 24 – second floor: area around southern lift, view to the west
Plate 24.192:	Building 24 – second floor: central western room showing subdivision, view to the west
Plate 24.193:	Building 24 – second floor: entrance to the Maddox Ward, view to the north
Plate 24.194:	Building 24 – second floor: subdivision of the eastern part of Maddox Ward, view to the southeast
Plate 24.195:	Building 24 – second floor: easternmost area of Maddox Ward, view to the north
Plate 24.196:	Building 24 – second floor: western part of the Maddox Ward, view to the west
Plate 24.197:	Building 24 – second floor: inserted fire escape doors in west of Maddox Ward, view to the south
Plate 24.198:	Building 24 – second floor: closet wing in original form, view to the east
Plate 24.199:	Building 24 – second floor: ceramic conduit in roof above closet wing, view to the east
Plate 24.200:	Building 24 – second floor: cowl on roof above the closet wing, view to the northeast
Plate 24.201:	Building 24 – second floor: western part of Maddox Ward showing

	entrance to closet wing, view to the north
Plate 24.202:	Building 24 – second floor: ceiling of northwest closet wing showing inserted steel joists, view to the west
Plate 24.203:	Building 24 – second floor: detail of chalked inscription on steel joists, view to the south
Plate 24.204:	Building 24 – second floor: central eastern room showing subdivision, view to the southeast
Plate 24.205:	Building 24 – second floor: inserted opening in the east wall of the central corridor and north wall of Room [3.24], view to the southeast
Plate 24.206:	Building 24 – second floor: general view of Bonaker Ward, view to the east
Plate 24.207:	Building 24 – second floor: general view of Bonaker Ward, view to the west
Plate 24.208:	Building 24 – second floor: inserted opening in the north wall of the Bonaker Ward, view to the northwest
Plate 24.209:	Building 24 – second floor: inserted fire escape doors in south wall of Bonaker Ward, view to the south
Plate 24.210:	Building 24 – second floor: interior of southeast corner tower, view to the south
Plate 24.211:	Building 24 – second floor: lathe and plaster lining to roof of the southeast corner tower, view to the northwest
Plate 24.212:	Building 24 – second floor: structure of roof apex over the southeast corner tower
Plate 24.213:	Building 24 – second floor: western part of Bonaker ward showing subdivision and entrance to the southwest corner tower, view to the southwest
Plate 24.214:	Building 24 – second floor: interior of southwest corner tower showing lavatory partitions, view to the southwest
Plate 24.215:	Building 24 – roof structure: former tank support structure in central part of roof, view to the southwest
Plate 24.216:	Building 24 – roof structure: lathe and plaster chamber in roof west of centre
Plate 24.217:	Building 24 – roof structure: chimney showing extension, view to the south
Plate 24.218:	Building 24 – roof structure: former steps to roof access dormer, view to the west
Plate 24.219:	Building 24 – roof structure: internal lead rainwater hopper and pipe,

	view to the west
Plate 25. 1:	Building 25 – general view of coal conveyor from the southwest
Plate 25.2:	Building 25 –shipping container doors at the south eastern end
Plate 25.3:	Building 25 – interior, view to the northwest
Plate 25.4:	Building 25 – detail of floor bars and lugs, view to the northwest
Plate 25.5:	Building 25 – hydraulic reservoir and pump beneath the conveyor, view to the east
Plate 25.6:	Building 25 – interior of bunded tank showing conveyor trestles, view to the north
Plate 25.7:	Building 25 – foundation slabs for former oil storage tanks showing discarded screw, view to the south
Plate 25.8:	Building 25 – apertures in lower part of boiler house southern elevation, view to the northwest
Plate 26.1:	Building 26 – exposed southern elevation, view to the north
Plate 26.2:	Building 26 – flat roof, view to the north
Plate 26.3:	Building 26 – detail of crenellated parapet, view to the northwest
Plate 26.4:	Building 26 – view of terrace into which the building was set, view to the northeast
Plate 26.5:	Building 26 – ambulance bay, view to the east
Plate 26.6:	Building 26 – detail of ambulance turntable, view to the southwest
Plate 26.7:	Building 26 – principal eastern corridor, view to the north
Plate 26.8:	Building 26 – typical level of survival of fittings, view to the northwest
Plate 26.9:	Building 26 – graffiti left by departing staff in the plaster room, view to the north
Plate 26.10:	Building 26 – original doors fitted to the pedestrian entrance, view to the northwest
Plate 26.11:	Building 26 – children’s ward, view to the north
Plate 26.12:	Building 26 – triage area showing assessment cubicles, view to the east
Plate 26.13:	Building 26 – interior of plaster room showing plaster mixer (right) and light box, view to the west
Plate 27.1:	Building 27a – eastern elevation from across the green
Plate 27.2:	Building 27a – detail of central part of eastern elevation
Plate 27.3:	Building 27a – detail of principal entrance
Plate 27.4:	Building 27a – northern entrance on eastern elevation, view to the

	southwest
Plate 27.5:	Building 27a - southern entrance on eastern elevation, view to the northwest
Plate 27.6:	Building 27a - northern elevation, view to the southeast
Plate 27.7:	Building 27a - southern elevation, view to the northeast
Plate 27.8:	Building 27a - detail showing underside of the elevated corridor, view to the north
Plate 27.9:	Building 27a - western elevation
Plate 27.10:	Building 27a - western elevation of the southern wing
Plate 27.11:	Building 27a - western elevation of the northern wing
Plate 27.12:	Building 27a - detail of typical rainwater head, view to the southwest
Plate 27.13:	Building 27a - ground floor: principal corridor, view to the north
Plate 27.14:	Building 27a - ground floor: main entrance hall, view to the southeast
Plate 27.15:	Building 27a - ground floor: inner doors of principal entrance
Plate 27.16:	Building 27a - ground floor: porch of principal entrance, view to the west
Plate 27.17:	Building 27a - eastern side of entrance hall showing reduced opening to stair hall, view to the west
Plate 27.18:	Building 27a - ground floor: central staircase, view to the southeast
Plate 27.19:	Building 27a - ground floor: interior of toilet block to the north of the principal entrance, view to the east
Plate 27.20:	Building 27a - ground floor: sisters' sitting room, view to the northwest
Plate 27.21:	Building 27a - ground floor: detail of 'Wellington' fireplace within sisters' sitting room, view to the north
Plate 27.22:	Building 27a - ground floor: example of invitation found behind fire surround in the sisters' sitting room
Plate 27.23:	Building 27a - ground floor: NHS internal note found behind fire surround in the sister's sitting room
Plate 27.24:	Building 27a - ground floor: nurses' sitting room, view to the southwest
Plate 27.25:	Building 27a - ground floor: typical room to the north of the entrance hall, view to the north
Plate 27.26:	Building 27a - ground floor: detail of original fireplace in the northern wing
Plate 27.27:	Building 27a - basement: interior of domestic staff room at north end of basement, view to the northwest

Plate 27.28:	Building 27a - basement: detail of original door, view to the north
Plate 27.29:	Building 27a - basement: original part glazed partition, view to the southwest
Plate 27.30:	Building 27a - basement: former domestic laundry room, view to the west
Plate 27.31:	Building 27a - basement: nurses' accommodation, view to the southwest
Plate 27.32:	Building 27a - second floor: typical nurses' room, view to the southwest
Plate 27.33:	Building 27a - second floor: original bathroom partitions, view to the northwest
Plate 27.34:	Building 27a - first floor: linen storage cupboards, view to the northwest
Plate 27.35:	Building 27a - second floor: central corridor, view to the south
Plate 27.36:	Building 27a - second floor: detail of original door, view to the west
Plate 27.37:	Building 27a - second floor: detail of original sink, view to the south
Plate 27.38:	Building 27a - second floor: detail of original toilet, view to the northwest
Plate 27.39:	Building 27a - second floor: detail of original toothbrush holder, view to the west
Plate 27.40:	Building 27a - second floor: detail of original linoleum, view to the northwest
<hr/>	
Plate 27.41:	Building 27b - northeast elevation showing ground floor connecting corridor from building 27a
Plate 27.42:	Building 27b - detail of principal entrance treatment to connecting corridor
Plate 27.43:	Building 27b - southeast elevation at east end of building, view to the northwest
Plate 27.44:	Building 27b - southern elevation, view to the west
Plate 27.45:	Building 27b - southern elevation of western cross range showing fire escape, view to the northwest
Plate 27.46:	Building 27b - western elevation of cross range
Plate 27.47:	Building 27b - west end of northern elevation, view to the south
Plate 27.48:	Building 27b - northern elevation showing west side of elevated corridor, view to the east
Plate 27.49:	Building 27b - detail of eastern side of elevated corridor

Plate 27.50:	Building 27b – ground floor: interior of connecting corridor leading from the principal entrance to the building, view to the southeast
Plate 27.51:	Building 27b – ground floor: principal staircase at eastern end, view to the northeast
Plate 27.52:	Building 27b – ground floor: inserted lift, view to the north
Plate 27.53:	Building 27b – ground floor: principal central corridor, view to the east
Plate 27.54:	Building 27b – ground floor: central corridor of western cross wing, view to the north
Plate 27.55:	Building 27b – ground floor: storage cupboard with original door, view to the southwest
Plate 27.56:	Building 27b – ground floor: typical modified bedroom, view to the southeast
Plate 27.57:	Building 27b – ground floor: converted bedroom and store room, view to the south
Plate 27.58:	Building 27b – ground floor: original bathroom suite and tiling, view to the south
Plate 27.59:	Building 27b – lower ground floor: archive shelves in former cinema, view to the west
Plate 27.60:	Building 27b – lower ground floor: eastern wall of archive room showing blocked projection aperture
Plate 27.61:	Building 27b – lower ground floor: interior of projector room, view to the west
Plate 27.62:	Building 27b – lower ground floor: loading bay and mezzanine at western end, view to the northwest
Plate 27.63:	Building 27b – first floor: interior of elevated corridor looking from Building 27a, view to the south
Plate 27.64:	Building 27b – first floor: termination of western staircase at first floor level, view to the east
Plate 27.65:	Building 27b – first floor: interior of lift, view to the north
Plate 27.66:	Building 27b – first floor: original sluice room and fittings, view to the south
Plate 27.67:	Building 27b – first floor: converted bedrooms, view to the south
Plate 27.68:	Building 27b – first floor: converted and refurbished bedrooms, view to the northeast
Plate 27.69:	Building 27b – first floor: blocked lancet window, view to the south
Plate 27.70:	Building 27b – first floor: former payphone area showing graffiti, view to the southwest

Plate 27.71:	Building 27b – second floor: original bedroom view to the southeast
Plate 27.72:	Building 27b – second floor: washroom cupboard
Plate 27.73:	Building 27b – second floor: original bathroom, view to the north
Plate 27.74:	Building 27b – second floor: 'Sani-can' from bathroom
—————	—————
Plate 28.1:	Building 28 – south and east elevations
Plate 28.2:	Building 28 – west elevation
Plate 28.3:	Building 28 – interior, view to the west
—————	—————
Plate 29.1:	Building 29 – north and east elevations showing interior
Plate 29.2:	Building 29 – west elevation
Plate 29.3:	Building 29 – detail of original switches
—————	—————
Plate 30.1:	Building 30 – northern elevation
Plate 30.2:	Building 30 – doorcase to principal (front) entrance, view to the south
Plate 30.3:	Building 30 – detail of door knocker on front door
Plate 30.4:	Building 30 – detail of 1820s ground floor window, view to the southwest
Plate 30.5:	Building 30 – detail of 1820s first floor window showing eaves cornice, view up and to the southeast
Plate 30.6:	Building 30 – western elevation, view to the northeast
Plate 30.7:	Building 30 – detail of western elevation showing changes in brickwork, view to the northwest
Plate 30.8:	Building 30 – southern elevation
Plate 30.9:	Building 30 – eastern side of southwest wing
Plate 30.10:	Building 30 – detail of original southern elevation showing alterations to brickwork below stairlight, view to the north
Plate 30.11:	Building 30 – eastern elevation, view to the southwest
Plate 30.12:	Building 30 – ground floor: entrance hall showing later staircase, view to the southwest
Plate 30.13:	Building 30 – ground floor: entrance hall showing carved newel to staircase
Plate 30.14:	Building 30 – ground floor: entrance hall showing detail of cornice
Plate 30.15:	Building 30 – ground floor: entrance hall showing ceiling rose
Plate 30.16:	Building 30 – ground floor: northwest principal room, view to the northwest
Plate 30.17:	Building 30 – ground floor: northwest principal room showing detail of

	1820s window case, view to the northwest
Plate 30.18:	Building 30 – ground floor: northwest principal room showing detail of 1820s shutters, view to the west
Plate 30.19:	Building 30 – ground floor: northeast principal room, view to the southeast
Plate 30.20:	Building 30 – ground floor: northeast principal room showing detail of blocked fireplace, view to the south
Plate 30.21:	Building 30 – ground floor: northeast principal room showing original doors to wardrobe, view to the southwest
Plate 30.22:	Building 30 – ground floor: northeast principal room showing vent in rear of wardrobe, view to the south
Plate 30.23:	Building 30 – ground floor: kitchen in mid 19 th century extension to southwest wing, view to the south
Plate 30.24:	Building 30 – ground floor: kitchen in mid 19 th century extension to southwest wing, view to the north
Plate 30.25:	Building 30 – ground floor: bedroom in late 20 th century southeast wing, view to the southeast
Plate 30.26:	Building 30 – lower ground floor: westernmost part of original basement showing inserted door and blocked fireplace, view to the south
Plate 30.27:	Building 30 – lower ground floor: westernmost part of original basement showing original door to central room, view to the east
Plate 30.28:	Building 30 – lower ground floor: westernmost part of original basement showing part blocked window opening, view to the west
Plate 30.29:	Building 30 – lower ground floor: westernmost part of original basement showing remnants of service bell arrangement, view to the north
Plate 30.30:	Building 30 – lower ground floor: central part of original basement showing inserted stair enclosure and scar of former stairs, view to the south
Plate 30.31:	Building 30 – lower ground floor: easternmost part of original basement showing blocked fireplace and window, view to the south
Plate 30.32:	Building 30 – lower ground floor: easternmost part of original basement showing part blocked window, view to the east
Plate 30.33:	Building 30 – lower ground floor: corridor along north of late 20 th century extension showing inserted opening through rear wall of original house, view to the west

Plate 30.34:	Building 30 – lower ground floor: refurbished interior of early 19 th century southwest extension, view to the southwest
Plate 30.35:	Building 30 – lower ground floor: rear entrance to late 20 th century extension, view to the southwest
Plate 30.36:	Building 30 – lower ground floor: interior of south eastern room in the late 20 th century extension, view to the southeast
Plate 30.37:	Building 30 – first floor: landing showing inserted door beyond, view to the southwest
Plate 30.37:	Building 30 – first floor: landing showing original doorways to the bathroom and attic stairs
Plate 30.39:	Building 30 – first floor: northwest principal room, view to the northwest
Plate 30.40:	Building 30 – first floor: northwest principal room showing blocked connecting door to bathroom, view to the northeast
Plate 30.41:	Building 30 – first floor: northwest principal room showing detail of window and surround, view to the northeast
Plate 30.:42	Building 30 – first floor: northeast principal room, view to the northeast
Plate 30.43:	Building 30 – first floor: northeast principal room showing doorway to wardrobe, view to the south
Plate 30.44:	Building 30 – first floor: interior of bathroom, view to the north
Plate 30.45:	Building 30 – first floor: bedroom in late 19 th century extension to southwest wing showing inserted doorway through rear wall of original house, view to the north
Plate 30.46:	Building 30 – first floor: bedroom in late 19 th century extension to southwest wing, view to the southwest
Plate 30.47:	Building 30 – first floor: original stairs to attic floor, view to the north
Plate 30.48:	Building 30 – attic floor: early 20 th century stair enclosure, view to the northeast
Plate 30.49:	Building 30 – attic floor: bedroom and fire escape window, view to the south
Plate 30.50:	Building 30 – attic floor: northern corridor, view to the west
Plate 30.51:	Building 30 – attic floor: interior of former store room, view to the west
Plate 30.52:	Building 30 – attic floor: interior of former store room showing roof access hatch and low door to southwest store, view to the south
Plate 30.53:	Building 30 – attic floor: interior of southwest store room, view to the

	southwest
Plate 30.54:	Building 30 – attic floor: northern corridor showing doors to bedroom and eastern roof space, view to the southeast
Plate 30.55:	Building 30 – attic floor: interior of eastern roofspace showing door to northern corridor, view to the west
Plate 30.56:	Building 30 – attic floor: artefacts recovered from beneath rockwool insulation
Plate 30.57:	Building 30 – ground floor: reshaped window opening and earlier paint decoration in northwest room, view to the northeast
Plate 30.58:	Building 30 – ground floor: detail of wallpaper and dado recovered from behind 1820s sash box
Plate 30.59:	Building 30 – ground floor: exposed floor structure in northwest room
Plate 30.60:	Building 30 – ground floor: blocked openings to former wardrobes in northeast room
Plate 30.61:	Building 30 – ground floor: detail of floor joist showing EH stamp in end
Plate 31.1:	Building 31 – general view showing chain-link enclosure and gate, view to the southwest
Plate 31.2:	Building 31 – gated entrance to compound from Infirmary Walk, view to the west
Plate 31.3:	Building 31 – eastern elevation, view to the southwest
Plate 31.4:	Building 31 – detail of original exterior door
Plate 31.5:	Building 31 – southern extension, view to the northwest
Plate 31.6:	Building 31 – north elevation, view to the southwest
Plate 31.7:	Building 31 – western elevation, view to the southeast
Plate 31.8:	Building 31 – eastern elevation, view to the northwest
Plate 31.9:	Building 31 – southern elevation, view to the north
Plate 31.10:	Building 31 - ground floor: stair hall, view to the west
Plate 31.11:	Building 31 – ground floor: interior of former kitchen, view to the southwest
Plate 31.12:	Building 31 - ground floor: former dining room in southwest corner of original house, view to the north
Plate 31.13:	Building 31 - ground floor: former living room in southeast corner of original house, view to the east
Plate 31.14:	Building 31 - ground floor: staircase showing murals, view to the north
Plate 31.15:	Building 31 - ground floor: inserted corridor between dining and sitting

	room leading to southern extension, view to the south
Plate 31.16:	Building 31 - ground floor: west side of extension, view to the north
Plate 31.17:	Building 31 - ground floor: interior of children's bathroom, view to the east
Plate 31.18:	Building 31 - ground floor: first floor landing, view to the southeast
Plate 31.19:	Building 31 - first floor: refurbished bathroom, view to the southwest
Plate 31.20:	Building 31 - first floor: principal bedrooms, view to the west
—————	—————
Plate 32.1:	Building 32 - western elevation, view to the north
Plate 32.2:	Building 32 - interior of first floor plant room, view to the southeast
Plate 32.3:	Building 32 - main kitchen area showing central cooking area, view to the west
Plate 32.4:	Building 32 - main kitchen area showing prep areas, view to the west
Plate 32.5:	Building 32 - plating room, view to the west
Plate 32.6:	Building 32 - cold store, view to the east
—————	—————
Plate 33.1:	Building 33 - roof showing plan form and relationship to the southwest corner tower of the main Infirmary, view to the west
Plate 33.2:	Building 33 - view between the southwest corner tower (left) and subject building, view to the east
Plate 33.3:	Building 33 - northern elevation of western part, view to the southwest
Plate 33.4:	Building 33 - northern elevation showing blocked entrance in western part, view to the southwest
Plate 33.5:	Building 33 - northern elevation of eastern part, view to the southeast
Plate 33.6:	Building 33 - original signage on door to western part
Plate 33.7:	Building 33 - interior of western part, view to the east
Plate 33.8:	Building 33 - typical lavatory cubicle, view to the north
Plate 33.9:	Building 33 - interior of northern part, view to the north
Plate 33.10:	Building 33 - interior of northern part, view to the southwest
Plate 33.11:	Building 33 - detail of original light switch in eastern part, view to the north
—————	—————
Plate 34.:1	Building 34 - North elevation, view to the southeast
Plate 34.2:	Building 34 - roof, view to the southwest
Plate 34.3:	Building 34 - detail of entrance to the western part, view to the south
Plate 34.4:	Building 34 - detail of window in the western part, view to the south
Plate 34.5:	Building 34 - detail of entrance to the eastern part, view to the south

Plate 34.6:	Building 34 – detail of air brick in the western part, view to the south
Plate 34.7:	Building 34 – interior of western part view to the northeast
Plate 34.8:	Building 34 – detail of c.1950s roof light
Plate 34.9:	Building 34 – interior of the eastern part, view to the south
Plate 34.10:	Building 34 – detail showing roof vent in eastern part
Plate 34.11:	Building 34 – detail of vent in south wall, view to the south
Plate 34.12:	Building 34 – detail of closable vent in the northern wall, view to the north
Plate 34.13:	Building 34 – detail of c.1930s light switch, view to the northwest
—————	—————
Plate 35.1:	Building 35 – general view of northern elevation, view to the southwest
Plate 35.2:	Building 35 – north elevation of western part, view to the southeast
Plate 35.3:	Building 35 – roof light on flat roof of western part, view to the south
Plate 35.4:	Building 35 – interior, view to the southeast
Plate 35.5:	Building 35 – northern elevation of the eastern part, view to the southeast
Plate 35.6:	Building 35 – southern hip to the roof of the eastern part, view to the west
Plate 35.7:	Building 35 – detail of entrance to the eastern part, view to the south
Plate 35.8:	Building 35 – interior of eastern part showing architrave to entrance, view to the north
Plate 35.9:	Building 35 – internal partition, view to the southwest
Plate 35.10:	Building 35 – southern room of eastern part, view to the east
Plate 35.11:	Building 35 – detail of roof structure in eastern part, view to the northeast
Plate 35.12:	Building 35 – view of fireplace following demolition of the building, view to the east
—————	—————
Plate 36.1:	Building 36 – general view of north elevation, view to the southeast
Plate 36.2:	Building 36 – roof, view to the southwest
Plate 36.3:	Building 36 – eastern elevation showing truncated buttresses, view to the southwest
Plate 36.4:	Building 36 – detail of original vent in eastern elevation, view to the west
Plate 36.5:	Building 36 – easternmost part of southern elevation, view to the north
Plate 36.6:	Building 36 – westernmost part of southern elevation, view to the northwest

Plate 36.7:	Building 36 – southern elevation showing 20 th century insertion of concrete foundation for fire escape, view to the northeast
Plate 36.8:	Building 36 – entrance in northern elevation showing steps to elevated floor level, view to the southeast
Plate 36.9:	Building 36 – interior, view to the southeast
Plate 36.10:	Building 36 – detail of roof structure, view to the southwest
Plate 36.11:	Building 36 – detail of closable vent in east side, view to the southeast
—————	—————
Plate 37.1:	Building 37 – view of roof showing relationship to surrounding structures, view to the southwest
Plate 37.2:	Building 37 – north end of west elevation, view to the southeast
Plate 37.3:	Building 37 – west elevation, view to the south
Plate 37.4:	Building 37 – south elevation, view to the northeast
Plate 37.5:	Building 37 – detail of makers badge on south elevation
Plate 37.6:	Building 37 – east elevation, view to the north
Plate 37.7:	Building 37 – general view of interior, view to the north
—————	—————
Plate 38.1:	Building 38 – west elevation
Plate 38.2:	Building 38 – internal corridor along the west side looking into Building 24f, view to the north
Plate 38.3:	Building 38 – detail of Bakelite switches, view to the north
Plate 38.4:	Building 38 – detail of Bakelite bulb holder, view to the southwest
—————	—————
Plate 39.1:	Building 39 – general view to the southwest
Plate 39.2:	Building 39 – detail of Castle Street elevation showing change in fabric, view to the southwest
Plate 39.3:	Building 39 – detail of ‘Hardy and Padmore’ electricity box cover, view to the south
Plate 39.4:	Building 39 – southern elevation
Plate 39.5:	Building 39 – general view of western elevation from Infirmary steps, view to the northeast
Plate 39.6:	Building 39 – western elevation from terrace on Building 41
Plate 39.7:	Building 39 – lower ground floor plant room, view to the southeast
Plate 39.8:	Building 39 – upper ground floor main corridor, view to the east
Plate 39.9:	Building 39 – upper ground floor typical consulting room, view to the southeast
Plate 39.10:	Building 39 – upper ground floor typical lab/ prep area, view to the

	northeast
Plate 39.11:	Building 39 - upper ground floor typical signage
Plate 39.12:	Building 39 - lower ground floor internal staircase, view to the northwest
Plate 39.13:	Building 39 - lower ground floor principal corridor, view to the east
Plate 39.14:	Building 39 - sound studio in speech therapy department, view to the southeast
Plate 39.15:	Building 39 - lower ground floor eastern corridor view to the south
Plate 39.16:	Building 39 - lower ground floor plant room, view to the east
—————	—————
Plate 40.1:	Building 40 - north elevation, view to the southeast
Plate 40.2:	Building 40 - detail of centrepiece on north elevation
Plate 40.3:	Building 40 - detail of tablet in centrepiece
Plate 40.4:	Building 40 - detail of foundation stone in centrepiece
Plate 40.5:	Building 40 - left hand flanking wing of north elevation, view to the southwest
Plate 40.6:	Building 40 - right hand flanking wing of north elevation, view to the southeast
Plate 40.7:	Building 40 - eastern part of southern elevation, view to the northeast
Plate 40.8:	Building 40 - western part of the north elevation, view to the northwest
Plate 40.9:	Building 40 - lower ground floor - entrance to the central corridor from Building 41, view to the east
Plate 40.10:	Building 40 - lower ground floor - outpatients buffet [Room 0.32], view to the north
Plate 40.11:	Building 40 - lower ground floor - buffet wash-up area, view to the south
Plate 40.12:	Building 40 - lower ground floor - typical consulting room [Room 0.27], view to the south
Plate 40.13:	Building 40 - lower ground floor - typical fittings [Room 0.24], view to the north
Plate 40.14:	Building 40 - lower ground floor - clean utility room [Room 0.39] showing 2 types of windows, view to the north
Plate 40.15:	Building 40 - lower ground floor - inserted passage [Room 0.37] showing glazed partition, view to the east
Plate 40.16:	Building 40 - lower ground floor - interior of examination room [Room 0.36] showing partition across window, view to the north
Plate 40.17:	Building 40 - lower ground floor - detail of relocated door handle in

	Room 0.36
Plate 40.18:	Building 40 – upper ground floor – corridor leading from Rushout Ward, view to the southwest
Plate 40.19:	Building 40 - upper ground floor – north – south corridor along western end, view to the north
Plate 40.20:	Building 40 - upper ground floor – main east – west corridor [Room 1.5], view to the east
Plate 40.21:	Building 40 - upper ground floor –typical southern room [Room 1.4], view to the southeast
Plate 40.22:	Building 40 - upper ground floor – office [Room 1.1] at east end, view to the northwest
Plate 40.23:	Building 40 - upper ground floor –splint room [Room 1.8] showing oculus windows, view to the northwest
Plate 40.24:	Building 40 - upper ground floor – detail of oculus window, view to the north
Plate 40.25:	Building 40 - upper ground floor – interior of roofspace showing rooflight over western flanking range
Plate 41.1:	Building 41 – northern elevation
Plate 41.2:	Building 41 – detail of former main entrance, view to the southeast
Plate 41.3:	Building 41 – limited view of the western gable, view to the southeast
Plate 41.4:	Building 41 – detail of George VI post box in northern elevation
Plate 41.5:	Building 41 – general view of the interior showing inserted mezzanine, view to the west
Plate 41.6:	Building 41 - general view of the interior from mezzanine, view to the east
Plate 41.7:	Building 41 – former street entrance enclosure and inserted offices below mezzanine, view to the northeast
Plate 41.8:	Building 41 – south wall showing openings to Infirmary, view to the south
Plate 41.9:	Building 41 – detail of typical pilaster head, view to the south
Plate 41.10:	Building 41 – entrance to the dermatology department., view to the south
Plate 41.11:	Building 41 – outpatient buffet counter, view to the east
Plate 41.12:	Building 41 – inserted office beneath mezzanine showing blocked door, view to the northeast
Plate 41.13:	Building 41 – detail of plaque in later office, view to the south

Plate 41.14:	Building 41 – stairs to mezzanine, view to the northwest
Plate 41.15:	Building 41 – mezzanine floor, view to the east
Plate 41.16:	Building 41 – mezzanine office showing blocked window, view to the north
Plate 41.17:	Building 41 – mezzanine floor frosted coloured Perspex panels, view to the south
Plate 41.18:	Building 41 – mezzanine floor, view to the east
Plate 41.19:	Building 41 – mezzanine floor (west end), view to the south
Plate 41.20:	Building 41 – ground floor - dispensary counter, view to the west
Plate 41.21:	Building 41 – ground floor - dispensary, view to the northeast
Plate 41.22:	Building 41 – ground floor - office store looking through to Building 48, view to the west
Plate 41.23:	Building 41 – ground floor - corridor along south showing opening through original Infirmary wall to Room 61, view to the southeast
Plate 41.24:	Building 41 – corridor along south, view to the east
Plate 41.25:	Building 41 – Room 53 showing blocked opening to connecting corridor for northwest corner tower and chimney stack, view to the south
=====	=====
Plate 42.1:	Building 42 – General view of gates to the principal entrance from Infirmary Walk, view to the southwest
Plate 42.2:	Building 42 – General view of railings to the south of the principal entrance
Plate 42.3:	Building 42 – detail of gate piers, view to the southwest
Plate 42.4:	Building 42 – detail of southern gate pier, view to the southeast
Plate 42.5:	Building 42 – detail of pedestrian gate to the north side, view to the west
Plate 42.6:	Building 42 – detail of boss in pedestrian gate
Plate 42.7:	Building 42 – detail of lock in pedestrian gate
Plate 42.8:	Building 42 – detail of lower ironwork in pedestrian gate
Plate 42.9:	Building 42 – detail of railings to south of gates, view to the southwest
=====	=====
Plate 43.1:	Building 43 – east elevation, view to the southwest
Plate 43.2:	Building 43 – roof, view to the south
Plate 43.3:	Building 43 – detail of centrepiece on east elevation
Plate 43.4:	Building 43 – detail of doorcase to principal entrance
Plate 43.5:	Building 43 – detail of foundation stone in principal elevation

Plate 43.6:	Building 43 – detail of original door bell in principal elevation
Plate 43.7:	Building 43 – detail of low level windows in principal elevation
Plate 43.8:	Building 43 – north elevation, view to the southeast
Plate 43.9:	Building 43 – detail of basement entrance on north elevation
Plate 43.10:	Building 43 – detail of lancet window in west side of basement porch, view to the east
Plate 43.11:	Building 43 – basement window to the east of the porch, view to the southeast
Plate 43.12:	Building 43 – basement window to the west of the porch, view to the south
Plate 43.13:	Building 43 – detail of former bell pull rebate to west of basement door, view to the southeast
Plate 43.14:	Building 43 – western elevation
Plate 43.15:	Building 43 – detail of centrepiece to western elevation
Plate 43.16:	Building 43 – side door on the left of the western elevation
Plate 43.17:	Building 43 – south elevation
Plate 43.18:	Building 43 – ground floor: entrance hall showing formerly blocked opening to the north range and entrance basement, view to the north
Plate 43.19:	Building 43 – ground floor: entrance hall, view to the south
Plate 43.20:	Building 43 – ground floor: detail of terrazzo in around foot of stairs, view to the east
Plate 43.21:	Building 43 – ground floor: detail of later strengthening to staircase
Plate 43.22:	Building 43 – ground floor: basement stairs, view to the north
Plate 43.23:	Building 43 – ground floor: lobby around principal western entrance, view to the northeast
Plate 43.24:	Building 43 – ground floor: lounge area showing surviving fireplace, view to the south
Plate 43.25:	Building 43 – ground floor: detail of skirting in lounge, living room and sitting rooms
Plate 43.26:	Building 43 – ground floor: living room showing blocked fireplace
Plate 43.27:	Building 43 – ground floor: corridor along south side of northern range, view to the north
Plate 43.28:	Building 43 – ground floor: typical details of former bedrooms in northern range, view to the northwest
Plate 43.29:	Building 43 – ground floor: typical original door and overlight to bedrooms in north and south ranges
Plate 43.30:	Building 43 – ground floor: eastern central bedroom in north range

	showing off centre window, view to the north
Plate 43.31:	Building 43 – ground floor: inserted doorway to eastern central bedroom fitted with reproduction door, view to the south
Plate 43.32:	Building 43 – ground floor: detail of standard skirting
Plate 43.33:	Building 43 – ground floor: entrance to southern wing showing wide opening to store room, view to the south
Plate 43.34:	Building 43 – ground floor: kitchen area formerly bathroom, adjacent to the entrance hall, view to the east
Plate 43.35:	Building 43 - ground floor: corridor along north side of southern range, view to the south
Plate 43.36:	Building 43 – ground floor: detail of early 20 th century ideal radiator at west end of corridor, view to the south
Plate 43.37:	Building 43 – ground floor: central room in southern range showing surviving fireplace without surround, view to the southeast
Plate 43.38:	Building 43 – ground floor: detail of historic paintwork and skirting preserved beneath later fire surround, view to the east
Plate 43.39:	Building 43 – ground floor: inserted partitions in eastern room of southern range, view to the southeast
Plate 43.40:	Building 43 – ground floor: interior of bathroom in eastern room of southern range showing historic pelmet, view to the east
Plate 43.41:	Building 43 – basement: entrance hall, view to the south
Plate 43.42:	Building 43 – basement: entrance hall, view to the north
Plate 43.43:	Building 43 – basement: hatch over below floor service duct, view to the southwest
Plate 43.44:	Building 43 – basement: detail of balustrade at foot of basement steps, view to the southeast
Plate 43.45:	Building 43 – basement: porters room to the west of the basement entrance hall showing tally window, view to the south
Plate 43.46:	Building 43 – basement: former boiler room, view to the north
Plate 43.47:	Building 43 - basement: former boiler room, view to the north
Plate 43.48:	Building 43 - basement: store room showing former light well in west wall, view to the west
Plate 43.49:	Building 43 - basement: store room, view to the north
Plate 43.50:	Building 43 – first floor: landing showing balustrade return
Plate 43.51:	Building 43 - first floor: part blocked opening to northern range, view to the north
Plate 43.52:	Building 43 - first floor: original opening to southern range, view to the

	south
Plate 43.53:	Building 43 - first floor: laundry room to the south of the stairwell, view to the southeast
Plate 43.54:	Building 43 - first floor: inserted corridor to the west of the central corridor wall showing blocked original openings, view to the north
Plate 43.55:	Building 43 - first floor: typical first floor bedroom in central range, view to the west
Plate 43.56:	Building 43 - first floor: typical door and overlight to rooms on west side of the central range
Plate 43.57:	Building 43 - first floor: southernmost bedroom in central range showing fire escape in lower part of the original doorway, view to the east
Plate 43.58:	Building 43 - first floor: bathroom in central range, view to the east
Plate 43.59:	Building 43 - first floor: detail of historic, possibly original radiator in bathroom of the central range, view to the south
Plate 43.60:	Building 43 - first floor: inserted cupboard on east side of central corridor, view to the east
Plate 43.61:	Building 43 - first floor: eastern bedroom showing line of former corridor and original communal entrance to the W.C., view to the north
Plate 43.62:	Building 43 - first floor: original doorway to central bedroom in southern range showing blocked fireplace beyond, view to the south
Plate 43.63:	Building 43 - first floor: western bedroom in southern range, showing blocked fireplace and former sink surround, view to the south
Plate 43.64:	Building 43 - first floor: corridor in northern range showing rearranged northern end
Plate 43.65:	Building 43 - first floor: eastern bedroom in northern range showing line of former south wall, view to the southeast
Plate 43.66:	Building 43 - first floor: landing showing string and terminal balustrade, view to the west
Plate 43.67:	Building 43 - second floor: landing, view to the north
Plate 43.68:	Building 43 - second floor: stairwell showing high level stairlight
Plate 43.69:	Building 43 - second floor: landing showing original door to bathroom, view to the south
Plate 43.70:	Building 43 - second floor: bathroom in central range showing original vertical pipe box, view to the east
Plate 43.71:	Building 43 - second floor: detail of pipe box, view to the south
Plate 43.72:	Building 43 - second floor: eastern room of southern range showing

	identical alterations to room below, view to the northwest
Plate 43.73:	Building 43 - second floor: southern bedroom of central range showing identical alterations to room below, view to the northwest
Plate 43.74:	Building 43 - roof space: typical roof truss, view to the north
Plate 43.75:	Building 43 - roof space: detail of king post attachment to tie beam
Plate 43.76:	Building 43 - roof space: internal detail of brick formed oculus in pediment, view to the south
—————	—————
Plate 44.1:	Building 44 - general view of northern elevation, view to the southeast
Plate 44.2:	Building 44 - western end, view to the southeast
Plate 44.3:	Building 44 - northern end, view to the southwest
Plate 44.4:	Building 44 - original drainage goods, view to the south
Plate 44.5:	Building 44 - detail of rainwater hopper
Plate 44.6:	Building 44 - general view of carriageway, view to the west
Plate 44.7:	Building 44 - general view of carriageway, view to the west
Plate 44.8:	Building 44 - interior of arch No 8 from the east, view to the north
Plate 44.9:	Building 44 - detail of arch structure, view to the north
Plate 44.10:	Building 44 - detail of blocking wall, view to the northeast
Plate 44.11:	Building 44 - detail of joint between Butts Siding (right) and viaduct , view to the northwest
—————	—————
Plate 45.1:	Building 45 - southern extremity of pre 1897 boundary wall backed by Building 9, view to the southwest
—————	—————
Plate 46.1:	Building 46 - northern extremity of wall as part of Building 36 to the north, view to the north
Plate 46.2:	Building 46 - southern elevation showing concrete insert for fire escape support, view to the north east
Plate 46.3:	Building 46 - southern face to south of Building 35 showing concrete insert for fire escape, view to the northwest
Plate 46.4:	Building 46 -capping of wall between Buildings 35 (left) and 49, view to the east
Plate 46.5:	Building 46 - capping of wall between Buildings 49 (left) and 35/ 23, view to the east
Plate 46.6:	Building 46 - north elevation between buildings 13 (left) and 12.
—————	—————
Plate 47.1:	Building 47: Castle Street elevation 01

Plate 47.2:	Building 47: Castle Street elevation 02
Plate 47.3:	Building 47: Castle Street elevation 03
Plate 47.4:	Building 47: Castle Street elevation 04
Plate 47.5:	Building 47: Castle Street elevation 05
Plate 47.6:	Building 47: Castle Street elevation 06
Plate 47.7:	Building 47: Castle Street elevation 07
Plate 47.8:	Building 47: Castle Street elevation 08
Plate 47.9:	Building 47: Castle Street elevation 09
Plate 47.10:	Building 47: hospital elevation 01
Plate 47.11:	Building 47: hospital elevation 02
Plate 47.12:	Building 47: hospital elevation 03
Plate 47.13:	Building 47: hospital elevation 04
Plate 47.14:	Building 47: hospital elevation 05
Plate 47.15:	Building 47: hospital elevation 06
—————	—————
Plate 48.1	Building 48: northern part, view to the northeast
Plate 48.2:	Building 48: southern part, view to the east
Plate 48.3:	Building 48: detail of railings around stairwell to basement
Plate 48.4:	Building 48: east elevation of western part, view to the north
Plate 48.5:	Building 48: northern elevation, view to the east
Plate 48.6:	Building 48: interior of southern part, view to the north
Plate 48.7:	Building 48: interior of northern part, view to the northwest
Plate 48.8:	Building 48: access to northern part, view to the southwest
Plate 48.9:	Building 48: basement – western side showing entrance from stair well, view to the southwest
Plate 48.10:	Building 48: basement – internal north wall, view to the northeast
Plate 48.11:	Building 48: basement – detail of north wall showing infilled arch
Plate 48.12:	Building 48: basement – detail of brickwork following partial removal of blocking, view to the north
Plate 48.13:	Building 48: basement – general interior, view to the northeast
Plate 48.14:	Building 48: basement – interior of main eastern part, view to the southeast
Plate 48.15:	Building 48: basement – view of boiler exhaust manifold, view to the west
Plate 48.16:	Building 48: basement – coal bunker, view to the north
—————	—————
Plate 49.1:	Building 49 – general view from the green outside Building 27a, view to

	the northwest
Plate 49.2:	Building 49 – roof, view to the southwest
Plate 49.3:	Building 49 – interior of northern dining area, view to the southwest
Plate 49.4:	Building 49 – interior of southern dining area, view to the northwest
Plate 49.5:	Building 49 – interior of southern dining area, view to the southwest

1.0 INTRODUCTION

- 1.1 This report has been written and prepared by Karl Hulka, formerly Associate Director at CgMs Limited, on behalf of UW Developments Limited.
- 1.2 The report presents the findings of an historic buildings record undertaken at the former Worcester Royal Infirmary, (Plate 1), situated close to the centre of Worcester (Figures 1 and 2).
- 1.3 The record was carried out in response to the requirements of a condition placed upon the consented planning application (Condition 10 - P07D0193), conservation area application (CE18 - L07D0043) and listed building application (Condition 4 - L07D0044) for demolition of some buildings on site and the refurbishment of those buildings which are to be retained. The redevelopment of the site will provide a new 'City Campus' for the University of Worcester. A plan showing the distribution of buildings and indicating which were retained or demolished can be found at Figure 3.
- 1.4 The buildings comprised a wide range of dates, styles and fabrics and whilst the majority of the buildings were not included on the Statutory List, the original Infirmary building is designated Grade II and, by virtue of attachment, this designation includes a number of other structures and extensions including the former Nurses Home, Mulberry House (Building 43) and the Castle Street range (Buildings 39 – 41 and 48). The designation was updated on the 25th September 2009 to specifically include the main Infirmary, the chapel, the outpatients department and the Edward VII Memorial Annex and provides more detailed descriptions of those buildings drawn from the earlier assessment work. In addition the site lies within the Royal Infirmary Conservation Area (CA No. 18).
- 1.5 A brief was issued by Worcester City Council's Archaeologist James Dinn, detailing the specific requirements of the building recording exercise. Following a site inspection and detailed discussions with the City Archaeologist, CgMs produced a Written Scheme of Investigation (WSI) which sets out the aims, objectives, proposed methods and levels of the building recording work. The WSI was approved in February 2008.

- 1.6 The historic buildings record comprised on site recording in the form of photography, description and analysis of the fabric, complemented by documentary research and oral histories of former hospital staff and patients. The purpose of the survey was to create a permanent historical record of the buildings and associated structures, their history and evolution, in advance of and during the demolition and refurbishment program.
- 1.7 The WSI identified the level of recording required for each building, ranging between Level 2 and 4 as defined in the document '*Understanding Historic Buildings: A guide to good recording practice*' (English Heritage, 2006). The buildings originating from the World War II period of site development warranted a Level 2-3 record while lesser structures and those of more modern date warranted a photographic or Level 1 record only. The varying levels of recording are illustrated in Figure 4 of this report.

Level 2

Basic photographic record

This aims to provide a basic and rapid record of buildings or structures of local interest, generally before alteration or demolition. It may also be used for locally listed or listed buildings before minor alterations.

Level 3

Full record

This is used to provide a comprehensive, though not fully detailed, record of a building or structure. It applies principally to buildings of local interest before demolition, or to listed or locally registered buildings before alterations.

Level 4

Detailed full record

Used to provide a detailed and comprehensive record of a building of considerable importance (usually listed or on local register) before major alteration or demolition.

- 1.8 The initial phase of on-site recording work was carried out between the 15th January and the 24th June 2008. In addition to this, intermittent recording and analysis has been carried out throughout the period between 2008 and 2010 as demolition work and soft stripping of retained buildings have revealed previously hidden details. The most recent recording work was carried out on the entrance stairs to the main door of the Infirmary which took place in April 2010. The work was co-ordinated and managed by the author who was also responsible for the bulk of the analysis of fabric. Photography was carried out by Mike Venning of Michael Venning Photography, assisted by Huw Chaffer, Nigel Hedges and James Morgan. Documentary research was carried out by Luke Denison of CgMs Limited who was also responsible for undertaking the oral histories. Additional research was carried out by Melissa Thompson, also of CgMs along with on-going documentary research by the author. Specialist analysis of windows was provided by Charles Brooking of the Brooking Institute assisted by Andy Williams.
- 1.9 The ordered photographic archive will be deposited with Archaeological Data Service (ADS) and will be accompanied by supporting documentation such as historical research, site notes and drawings, transcripts of the oral histories and a copy of the final report. This will form a permanent archive detailing the hospital complex prior to demolition and refurbishment. In addition, the various artefacts recovered from the buildings will be deposited at appropriate local repositories including the George Marshall Medical Museum and the Worcester City Museum. The OASIS register for the site will be completed and a digital copy of the final record report uploaded for wider dissemination.

2.0 METHODOLOGY

2.1 The record comprises four distinct elements:

- Photographic Record
- Documentary Research
- Building Description and Analysis
- Drawn Record

2.2 **Photographic** – The site photography was carried out in day light; although in a number of the buildings the size of the internal spaces and lack of natural light necessitated the use of flash photography. The record comprises high resolution uncompressed (RAW) colour digital images at 24mb (1440 x 960 x 24 BPP). These are accompanied by photographic registers which detail the date, location, direction of view and subject of each shot. The images have been duplicated and compressed to Jpeg format for illustrating this report.

2.3 **Documentary** - This comprised research at local and county/national archives along with other relevant materials, and included a map regression. The documentary research sought to draw together and scrutinize existing documentary evidence and test the validity of the sources to produce as definitive a history as possible for the buildings and then apply this history to the observed evidence within the surviving fabric. Full details of the sources consulted during this study are given at the end of this report.

2.4 **Oral Histories** - In addition, a series of oral histories were recorded and the recordings transcribed in order to preserve the memories of staff and patients. The transcripts are contained within a separate report (CgMs 2010).

2.5 **Building Description and Analysis** – In order to understand the site and its development, a description of each building was made as part of the study. This description provided observations of materials, plan, elevation and historic development through alteration. The analysis of each building seeks to draw together the on-site observations in light of the findings of the documentary research.

2.6 **Drawn Record** - As-existing drawings/ surveys for the site were used to assist in the recording and interpretation of the structures and to preserve the details

in the form of a permanent drawn record. Floor plans were produced for all buildings requiring more than a basic photographic record, except the railway siding (Building 47) for which there was no access to the carriageway. The plans were annotated with archaeological observations made on site and a selection is included in this report.

- 2.7 **Watching Brief** – A watching brief was held, wherever it was safe to do so, on the demolition of the hospital buildings to observe previously hidden detail obscured when the building was standing. The results of this fed into the record to create a more complete understanding of the structure and function of the buildings.

3.0 SITE DESCRIPTION

- 3.1 The site forms a roughly rectangular plot of land close to the centre of Worcester (Figure 1) northeast of the point where the Worcester and Hereford Railway crosses the River Severn (Figure 2).
- 3.2 The site rises to the northeast from the floodplain of the river towards the intersection of Castle Street and Infirmary Walk, the two roads which form its northern and eastern boundaries respectively. The application area is bounded to the south by the railway siding which is attached to the northern side of the viaduct carrying the railway line across the river valley and to the west by Croft Road and Croft Walk.
- 3.3 The subject buildings were clustered in the north and east of the application site reflecting the layout of the original development. The principal entrance to the hospital was situated close to the northeast corner from Infirmary Walk although vehicular entrances were developed along Castle Street and Croft Road as well as a pedestrian entrance to the Out-Patients Department on Castle Street and to the Children's Unit (Wall House) from Infirmary Walk during the 1980s. The area in the southwest of the hospital site was considerably less developed, forming car parking and storage areas with only a few permanent structures comprising workshops and works offices.

4.0 HISTORIC BACKGROUND

- 4.1 The site has been the subject of a number of targeted documentary studies in the past, including two previous assessments¹ and a number of publications which have served to preserve elements of the documentary record which have subsequently been lost.
- 4.2 This historical background to the site is structured around a map regression exercise augmented by information collected from the sources listed in Chapter 7 of this report. Whilst it has not been possible to include in this report a good deal of the documentary material which was collected for this record, the archive will seek to collate the documents for further research. The documentary research also drew on key secondary sources such as Lane (1992 and McMenemy 1947) along with the previous assessments carried out by CgMs and Mercian Archaeology.

A General Background to Hospital Development in England

- 4.3 After the dissolution of the monasteries only two general hospitals were re-founded: St Bartholomew's at the edge of the City of London in 1546 and St Thomas' then in Southwark in 1551. The building of further general hospitals was a slow process and by the end of the 18th century there were only about thirty in England. The General Hospitals for most of the 18th and 19th centuries were used solely by the poor, with those better off being treated in their own homes. From the early part of the 18th century, 'voluntary hospitals', funded by voluntary subscriptions with each run by a board of governors, were established. The boards were made up of wealthy local philanthropists and the buildings often reflected their sense of civic pride, being designed to look like large country houses. In many cases subscribers controlled the admission of patients.
- 4.4 Increasing urbanisation and rapid expansion of industrial towns in the 19th century resulted in hospitals expanding and new ones being built. During the 19th century convalescent wards and out-patients departments began to be built. The number of people applying to general hospitals as out-patients rose substantially and it became necessary for existing hospitals to make provisions for this new department. The corridor plan remained dominant throughout the first half of the 19th century, but after this the continental pavilion plan was

¹ *Desk Based Assessment* (Mercian Archaeology, 2005) and *Historic Building Appraisal* (CgMs Limited 2005)

promoted. New hospitals and extension to existing ones began to be built along pavilion lines and this plan form remained without serious challenge into the 20th century. Cross-ventilation became a popular theme in the design of 19th century ward blocks, although other systems such as the 'plenum forced air system' were also introduced. The understanding at the time was that cross-infection arose through the non-circulation of 'foul air'.

- 4.5 From the 1880s onwards detached nurses' homes became more common as attitudes towards the profession changed and they were added to existing hospital complexes or formed part of new schemes. At the beginning of the 20th century there was a growing belief in the benefits of sunshine and fresh air, which resulted in balconies and roof terraces being incorporated into existing buildings and schemes. In the 1930s research revealed that infection took place through direct contact with infected matter and cross-ventilation would not kill germs. Buildings erected after this date took the research into account and wards and services became more fully integrated into one building. Hospitals began to be designed on American lines, multi-storeyed, vertical rather than horizontal.

Map Regression

The 18th century

- 4.6 The site is not shown on 17th-century maps of Worcester, as it lay outside the City Walls to the north and to the west of the Medieval Foregate suburb. The first map to include the area now occupied by the Infirmary is Doharty's map of 1741 (Appendix 2.1), which shows it bordered by (what are today) Castle Street to the north, Croft Road to the west and Infirmary Walk to the east. The site itself was known as Artichoke Field² and is shown with cultivation rows, possibly remnants of earlier ridge and furrow, running east-west across it. The field to the east of the site was known as Cherry Orchard. On the land to the south were features which probably represent tenter frames (used to dry cloth or leather during the fulling and tanning processes) and two large buildings with gardens lay to the southeast. Essentially, the area remained undeveloped and in agricultural use, with the City Wall to the south and the planned suburb of Foregate Street to the east.

² Atkinson 'Garlick in the Artichoke Field', in *Historical sketches of medicine in the West Midlands*

4.7 Green's street plan of Worcester dating to 1764 (Appendix 2.2) shows that the site was called The New Plantation, perhaps indicating that it had recently been brought into cultivation. The area around the site remained undeveloped. The present-day Infirmary Walk was then known as Dr. Wall's Walk. Dr. Wall was Physician of the original City and County Infirmary, which was established in 1745 on Silver Street on the eastern side of Worcester. Its foundation is likely to have been due to the efforts of Isaac Maddox, Bishop of Worcester from 1743 to 1759. Maddox had a lifelong interest in medical matters, preaching at Westminster Hospital in 1720 the year of its foundation and in 1746 becoming President of the London Smallpox Hospital. He preached on behalf of the City and County Infirmary and encouraged his congregation to visit hospitals, see the cases and then subscribe to the Infirmary Fund. He was helped in the founding of the Infirmary by the local MP Sir John Rushout, and the four physicians, Dr Thomas Attwood, Dr James MacKenzie, Dr Thomas Cameron, and Dr John Wall who agreed to provide their services for free. However, by 1759 the rented building which housed this original Infirmary was too small to cope with the increasing numbers of patients who, when admitted, would occupy a bed for the standard period of six weeks (Lane 1992); it was also in need of costly repairs and so, in 1765, a campaign for a new hospital was started.

4.8 In July 1765 the hospital trustees ordered that:

"the proposals this day delivered in by Mr. Joseph Millington for the sale of two acres of land situated at Artichoke Field for building a proper house upon for the use of this Infirmary be accepted at the purchase money of £200"

...a sum donated by Edward Garlick. He was a Bristol sugar baker, who had become a Freeman of the City of Bristol and was a philanthropist interested in social and civic affairs. He served on the Board of Governors of Bristol Infirmary and supported the abolition of slavery, the irony being that Garlick's principal business interests involved the import of sugar on ships which were part-funded by the transport of slaves from West Africa to the West Indies where they would take on the crude sugar syrup before returning to Bristol, Liverpool and London.

4.9 However, in 1764 a special board meeting of the Bristol Governors criticised the administration of that institution, recommending that another committee be formed to look into the practices of Dr Plomer who was in the habit of prescribing his own expensive "cure-all" drug in large quantities to all his

patients. Furthermore the board recommended the appointment of a house steward. At the meeting it is reported that Plomer spoke with "*rough and scurrilous language*" and as the doctor commanded considerable support, Garlick's motion was defeated.

4.10 Consequently Garlick severed his connections with Bristol Infirmary and turned his attentions to hospitals elsewhere. He had made a careful and critical study of hospital design whilst on the board at Bristol and when the governors at Worcester Infirmary wrote to thank him for his bequest and to ask him for advice on the design at Worcester, he replied with the following recommendations for the construction of a new hospital.

- i. That a commodious building be planned because the future was bound to bring expansion and provision for this should be made at the outset.
- ii. '*That lofty wards be built 14ft. by 15ft. in height which not only gives an appearance of dignity and magnificence but makes the air more pleasant and salubrious.*'
- iii. That the washery which gives off '*noisome steams and effluvias*' should be at a sufficient distance from the wards but the '*private necessaries or water closets*' should be situated with the greatest convenience for the wards and should be provided with an adequate supply of water at whatever cost.
- iv. That wide stone stairs be installed for '*the more easy conveyance of patients to upper wards or the operating room and to diminish the risk of fire ever present in such institutions*'.³

4.11 The board took this into account when defining the parameters of a tender to design the new building. Proposals were submitted by Mr Henry Keene, Mr Bronfield and Mr Anthony Keck. Keck's design was chosen (Appendix 2.3) and construction started in 1767 using Bath stone and bricks made on nearby Pitchcroft. The new Infirmary was clearly based on Luke Singleton's Gloucester Infirmary built between 1755 and 1761 as is illustrated in an engraving of Gloucester Infirmary dating to 1764 (Appendix 2.4) which is so similar in both plan and elevation form that the Worcester Infirmary could be considered a copy.

³ Atkinson 'Garlick in the Artichoke Field', in *Historical sketches of medicine in the West Midlands* p. 65.

- 4.12 No further information could be found regarding Mr Bronfield but the design submitted by Henry Keene (Appendix 2.5) does survive. This proposes a building of similar proportions but with a much grander Classical portico entrance and Venetian windows in the wings. Henry Keene (1726 – 1776) was working in Worcestershire at around this time, assisting Sanderson Miller in preparing the drawings for Hagley Hall in 1750 and remodelling Arbury Hall (1761), Warwickshire although he was more famous as a Surveyor at Westminster Abbey (1746 -). A summary of Keck's career can be found towards the end of this chapter. Comparison of the two designs suggests that the brief provided by the Board of Governors was quite specific in the plan form and number of floors required.
- 4.13 Construction of the Infirmary was completed in 1770 with the first patients moved in by October of that year, although the Infirmary was not officially opened until 1771⁴. The cost of construction was £6,058, half of which was raised from voluntary subscriptions. Dr. Wall, one of the four physicians working at the first Infirmary, became a member of the committee for building the new hospital on the site with his son being appointed to the post of Physician once it opened.
- 4.14 Richard Broad's 1768 map of the town (Appendix 2.6) shows the southern part of the site laid out with plots bounded by footpaths. Walnut Tree House (the residence of the Coventry family) is shown for the first time on this map, within the area of plots which was known as Wheeley's Gardens. To the north of the gardens a relatively detailed sketch of an Infirmary building is shown, despite the fact that the actual building was not completed at this time. As Richard Broad had himself tendered for the contract to build the Infirmary, it has been suggested⁵ that he was perhaps so confident of winning it that he had included it on his map. However, by the time the map was published, building to Keck's designs would already have been underway on the site and it is also possible that he may simply have included it in anticipation of its completion. The masons attributed with the construction were Bowens, Stephens and Bott whilst the carpenter was recorded as Edward Haskow.
- 4.15 Edward Garlick lived to see the building completed and in use and died in 1781. For the next 50 years the Infirmary struggled with funds, leasing out its gardens

⁴ Worcester (J.O.Terry)

⁵ Mercian Archaeology 2005

and having to reduce the number of beds when donations and subscriptions could not meet the annual running costs.

- 4.16 George Young's map of 1779 (Appendix 2.7) is the first map to show the actual Infirmary after it had been built. It is drawn here much as illustrated by Keck and consequently it is assumed that his designs were realised without significant alteration. It sat within a rectangular plot, other plots to the west and south remaining as gardens. Walnut Tree House is shown as an inverse C-shaped building to the south, suggesting that it had by this time been extended. The area surrounding the site remained rural and agricultural in nature, with Cherry Orchard still to the east of the site.
- 4.17 Nash's map of 1781 (Appendix 2.8) essentially shows the same picture as in 1779, but the detail is clearer. A boundary wall is shown separating the Infirmary grounds from the gardens to the south and west, and the Infirmary building had seen the addition of two outbuildings immediately to its north. Nothing is known as to the function of these outbuildings at this time. Croft Road is shown as New Road.
- 4.18 In 1790, Valentine Green's map (Appendix 2.9) shows New Road had been renamed Infirmary Road and Dr. Wall's Walk had been renamed Infirmary Walk. The Infirmary building appears as it did on Young's 1779 plan, except that a projection is also shown on its east elevation, being the entrance porch and steps. The two outbuildings shown on Nash's 1781 map are not shown here but it is likely that these were merely representations of boundary walls which are shown on this map, dividing the land to the north and south of the Infirmary into yards. A driveway for the hospital, opening off the triangular area of land at the junction of Infirmary Walk and Salt Lane is clearly shown on this map which is only faintly alluded to on Nash's drawing. Walnut Tree House is shown and no significant changes are apparent in the general area around the site.

The 19th century

- 4.19 The new century was ushered in by a series of gala events during 1801 which were organised to raise funds for the hospital due to its ongoing financial problems. An engraving by J Ross taken from Tymbs Worcester Guide dating to 1806 (Appendix 2.10) shows the western elevation of the Infirmary with the central canted bay accommodating the Boardroom and without any of the later

additions and so gives an impression of the building as it was originally conceived. It is noted that the flanking walls shown on either side of the main Infirmary clearly form boundaries rather than buildings although on the extreme left of the image an ancillary structure is shown.

- 4.20 Eaton's plan of Worcester from 1808 (Appendix 2.11) shows the Infirmary building with four projecting blocks, two each from its north and south elevations, giving it a symmetrical plan form but again, these represent the yard walls seen in Young's plan and illustrated in the engraving by Ross. A reverse C-shaped building is shown to the southwest against Infirmary Road and adjacent to a lane which ran northwest-southeast across the southwest corner of the site, linking Infirmary Road with Infirmary Walk and from which a roadway led up to the rear of Walnut Tree House. Cherry Orchard is clearly shown to the east of the site.
- 4.21 Reports from 1818⁶ indicate that the incidence of ulcerated legs at the Infirmary were so pronounced that two attics were fitted out as a septic wards, each with ten beds so that these patients could be isolated from the rest of the hospital to try and prevent cross infection⁷ It is likely that until this time the attic storey had been used as accommodation for the nurses and other hospital staff.
- 4.22 Samuel Mainley's map of 1822 (Appendix 2.12) gives a similar level of detail to the hospital building although it would appear that the gardens at the front have changed arrangement. Walnut House is labelled but is no longer shown as an inverted 'C' plan but has a single range extending southwards on the west end, suggesting that alteration to this elevation had taken place in the early part of the 19th century. The outbuilding immediately to the southwest is shown adjacent to the northwest – southeast oriented lane which on this map is labelled Allens Lane. Where this meets with New Road, the formerly C shaped building is shown as an L shaped range with a small rectangular annex. There is no drive shown running from Allens Lane to the south of Walnut House and the gardens to the north appear to be shown as orchards or parkland. Across Allens Lane from Walnut House is an unlabelled, but nonetheless sizable, range of buildings with parkland or orchards to the west.

⁶ City Plan Book, 1824

⁷ McMenemey, 1947

- 4.23 A drawing entitled 'The Worcester Corporation Plan' dating to 1825 (Appendix 2.13) is a detailed map which clearly shows the development of the Infirmary. Three of the four blocks shown on the 1808 map projecting from the northern and southern sides of the Infirmary are shown as boundary walls and the northern wing is shown to have been extended to the west; work which is thought to have been carried out in 1823⁸. Also, an outbuilding is shown to the north which is labelled on later plans as a brew-house. The projecting bay on the main building's west elevation is shown as canted and the sweeping driveway from Infirmary Walk shown on the 1790 map is shown here in more detail, flanked by areas of landscaped gardens. The land to the west and south is still occupied by garden plots.
- 4.24 Against the southern side of the boundary wall between the Infirmary and the plots to the southwest, are three buildings. The two buildings close to the junction of Infirmary Road and Allens Lane, are described in the key as being livery stables, whilst the other to the east are described as a house, workshop and yard. The lane which ran across the site was called Allen's Walk. Walnut House appears relatively unchanged from the previous map and is identified as the residence of Sir Anthony Lechmere. Beyond the confines of the subject site, some residential development has begun to the north with the construction of two rows of terraced housing off Salt Lane, now Castle Street.
- 4.25 In 1827 an operating room and other offices were erected at a cost of £700 and at around the same time (1828) the south wing of the Infirmary is thought to have been extended⁹ although it is not clear whether these two developments were one and the same. McMenemey suggests that the operating theatre was established over the chapel but unfortunately does not state where the chapel was located at this time. He also states that following the unusually cold winter of 1830, stoves and grates were added to the wards and entrance hall. The original Keck plan shows a fireplace in the southern wall of the entrance hall and so it is likely that this referred to the addition of freestanding stoves fed by hot coals from other fires.
- 4.26 In 1832 Charles Hastings held a meeting in the Board Room at which he proposed to fifty other surgeons the founding of an association both friendly and scientific. The Provincial Medical and Surgical Association was founded and

⁸ McMenemey, 1947

⁹ Mercian Archaeology 2005

would continue to be known as this until 1856, when it became the British Medical Association (BMA). Its aims were, and still are, to promote the medical and allied sciences and to maintain the honour and interests of the medical profession. Hastings had become the Infirmary apothecary and house surgeon in 1812 at the age of 18 and had returned to the hospital as Physician after a period lecturing at Edinburgh Medical School.

- 4.27 Crisp's map of 1832 (Appendix 2.14) is, in general terms, less detailed than the Corporation Plan of seven years earlier. It rather confusingly returns to naming Infirmary Road as New Road. Allens Lane is labelled as 'Private Road' and the large building to the south of Walnut House is identified as Netherton House.
- 4.28 Clement's map of 1835 (Appendix 2.15) shows further development to the north of Salt Lane, including the City and County Gaol, erected c. 1813 and housing around Britannia Square. Pitchcroft Racecourse, to the west, is also shown. This map is not particularly detailed and shows no apparent changes to the Infirmary site.
- 4.29 At some point between 1835 and 1840, the two parts of the development site are unified through the removal of Allens Lane, as shown on Bentley's map of 1840 (Appendix 2.16). In most other respects the development site appears unchanged although the map is not particularly detailed with regard to the specific footprints of the buildings.
- 4.30 A major enlargement programme during the mid 19th century began in 1850 with the construction of the chapel extending westwards from the canted bay of the Board Room which was itself enlarged. The range connecting the new chapel to the Board Room accommodated two consulting rooms at ground floor level and additional storage and service rooms in the basement. The cost of the work was £1,407, with £300 coming from the proceeds of a concert given by Jenny Lind in 1849. Jenny Lind was a singer from Sweden, who had already sung in France, Germany and Austria. Also known as '*The Swedish Nightingale*' she sung in Britain for two years, and raised large amounts of money for hospitals in various parts of the country. The first service was held in the chapel on the 3rd of October 1851. The chapel was designed by Henry Day, who returned in 1864 to carry out further alterations including the formalisation of

the attic storey into a full height floor containing wards¹⁰. A drawing of 1849, thought to have been produced to raise funds for the new chapel (Appendix 2.17) shows the interior as designed.

- 4.31 An undated proposal plan of the Infirmary (Appendix 2.18 – 2.21) shows the majority of the alterations discussed above including the chapel but the upper storey is described as a 'Garret Storey' suggesting that the plan was produced before the formalisation of the attic into a full storey; consequently a date of between 1851 and 1864 has been attributed to these. The drawing proposes a new annex extending 309 yards from the central north – south corridor to provide 40 new beds over three floors. However, subsequent alterations (in pencil) to the ground floor plan have crossed out this proposed annex and have added extensions to both eastern wings and towers to all four corners along with a continuation of the central corridor through the northern ward leading to a new canted bay. The basement floor plan shows a series of ancillary buildings to the north of the main building including a 'brewhouse' and coal store set on either side of the accident entrance. The basement plan also shows separate male and female airing grounds to the west of the main building, presumably where patients were able to 'take the air' and also gives functions to the rooms on each floor.
- 4.32 At some time between 1848 and 1858, the Board of Health produced a plan of Worcester which included a rather confusing depiction of the Infirmary and its surroundings. The General Board of Health was established for seven years following the passing of the Public Health Act 1848. Under the Act, a region could petition the Board to form their own local boards of health and their first task was to carry out an inspection of the sanitary state of the area, including the production of plans. The plan included at Appendix 2.22 is confusing because it appears to have been originally drawn without the Chapel (1850) but with the Worcester-Hereford railway and Butts Siding (1865). The Infirmary Chapel appears to have been added at a later (smudged and not coloured) although the southwest (1839) and northwest corner turrets are not included.
- 4.33 In 1866, Worcester Arboretum was closed and its ornamental iron railings were transferred to the Infirmary, where they replaced the earlier wall and fencing on the north and east sides.

¹⁰ See Pevsner, Listing Description

- 4.34 A lithograph purporting to date to c. 1825 (Appendix 2.23) shows the Infirmary from the northeast and interestingly has an additional storey to that shown on the original drawing by Keck and as noted above this was not thought to have been constructed until 1864. However, the engraving does show the extension to the northern wing without the closet tower and the detail of the additional storey is very accurate including the decorative vent in the centre of the roof. The same image is included in another document in which it is entitled 'View With Proposed Alterations' where it lies below a similar image entitled 'Present View of the Infirmary' (Appendix 2.24). The key difference between the two images on this document is the treatment of the boundary which is shown as a high wall in the 'current' view and with ornamental railings in the 'proposed' view. Consequently it is likely that this was in fact produced during 1866 to document the relocation of the Arboretum gates.
- 4.35 In 1874 a new out patients department was constructed in the area between the north wing and the perimeter wall bounding Castle Street. In addition, a new operating theatre was built and whilst the documentary record is not specific as to where this was located, changes in the available historic plans suggest it was to the south of the extended northwest wing. Shortly after, a small cottage (Isolation Cottage) was built at a cost of £719 to house Infirmary patients who might develop infectious diseases. Such measures were widespread within Worcester itself (at Barbourne, Tolladine, Newtown and Ronkswood), throughout the UK and beyond, in response to the 1870 - 72 smallpox epidemic which killed over 23,000 people in Britain and 500,000 Europe-wide where it ravaged the population until 1875. The hope of the Mayor of Worcester and others was for the Executive Committee to erect a fever hospital, but this was turned down and the cottage was erected well away from the existing buildings, close to the present day entrance from Croft Road.
- 4.36 An undated, untitled drawing (Appendix 2.25) provides a block plan of the Infirmary and a detailed account of the land to the south of the Infirmary boundary wall, showing the arrangement of gardens and buildings, including Walnut Tree House which is shown as distinct from Wheeley Gardens. The plan is likely to date to 1874 as it shows the new outpatients department to the north of the Infirmary and a 'T' shaped building to the southwest which formed the laundry, but not the Isolation Cottage. This is also the first plan to show earlier additions including the southwest corner turret on the south wing (1839), the chapel (1850-51) and what appears to be the northwest corner turret although

the documentary records do not detail when this was added. The Worcester-Hereford Railway along with Butts Siding (1865) are also shown. Surprisingly, given its omission from the two earlier plans of the site, Allen's Walk is also shown although it is not identified by name.

- 4.37 The first edition Ordnance Survey map of 1886 (Appendix 2.26) gives a detailed account of the Infirmary including the Isolation Cottage. The area adjacent to the laundry is marked as a 'Drying Ground' and a number of small structures have been erected along the southern boundary wall. It is possible that one of these forms the '*detached mortuary*' referred to in an 1893 account of the hospital¹¹ although it is more likely that such a building would be at a greater distance from the main building and therefore may be the building set against the Castle Street boundary. The Infirmary grounds have been formally laid-out, and Wheeley's Gardens and Walnut House are still separated from them by a boundary wall. New buildings have been constructed immediately to the south of Walnut House.
- 4.38 In 1887 the south wing of the main building was extended to the east by 30 feet to provide ten extra beds in each of the three southern wards and an ablutions tower added to the southeast corner of the extension. The provision of accommodation for nurses at the hospital had been an ongoing issue at the Infirmary. Initially nurses had been housed in the attic. Following the extension of the southeast wing provision was made for sleeping quarters in the basement for seven nurses but this would appear to have been insufficient and for three years, between 1892 and 1895, nurses' accommodation was provided in Grove House on the other side of Infirmary Walk which was redecorated for that purpose.
- 4.39 However, this also proved inadequate for the purpose and in 1896 proposals were put forward for a new, dedicated nurse's home set a short distance to the southeast of the Infirmary. The 150th anniversary of the Infirmary was celebrated at a dinner at the Shire Hall and an appeal was launched in aid of a new nurses' home to be known as Mulberry House. By 1896, proposal drawings (Appendix 2.27 – 2.33) had been prepared by Lewis Sheppard and Sons and the foundation stone was laid on 15th February 1897. The proposals provided accommodation, arranged over three floors, for nine Sisters and twenty-one nurses' rooms, although it is not clear whether these were for individual

¹¹ Burdett, H.C. 1893

accommodation or two nurses sharing. In addition, the ground floor had probationary nurses' sitting rooms and in the basement was a boiler room, boot room, box room and an entrance leading via a courtyard, through to the southern entrance to the Infirmary basement. The new building was connected to the southeast corner tower by a classical balustrade surmounting a retaining wall. The elevations were designed in a classical style mixing Bath Stone dressings with red brick walls and the principal elevation was to the east.

- 4.40 The new nurses' home was built by Joseph Wood and Sons¹² and opened 1898; its construction marking the beginning of the Infirmary's expansion south of its former boundary wall into the area of Wheeley's Gardens - part of the eastern end of the wall being removed to facilitate this. However, Walnut Tree House must have been the property of the Infirmary since at least 1895 because McMenemy notes that in that year a senior member of the Committee proposed to sell it if a suitable price could be found. Unfortunately a buyer could not be found and so the decision to sell was rescinded. Evidence from the hospital accounts¹³ indicates that Wheeley's Gardens had been purchased a year before at a cost of £4,642 and it likely that the house was included in that purchase.

The 20th century

- 4.41 The map evidence suggests that this area of Worcester had developed a certain character by the late 19th and early 20th century; areas that had once been gardens and orchards had been taken over by civic institutions and public spaces - the Infirmary, the prison, the police station, and the cattle market on the south side of the railway, with the racecourse immediately to the west of the site. Complexes of buildings set within large sites like the Infirmary and the prison had slowed the encroachment of terraced housing and industrial premises into this part of the town.
- 4.42 The 1904 O.S. map (Appendix 2.34) clearly shows the extension to the southeast wing along with the new Nurses' Home and associated re-arrangement of Wheeley's Gardens in that area. A news-cutting from 1905 (Appendix 2.35) shows the hospital and prison from the west, looking from Pitchcroft along Castle Street. The chimney seen rising above the (northwest) corner tower of the hospital served the boiler house (Building 48) situated below ground against the Castle Street boundary.

¹² *The Hospital* (30th Sept 1911) p.688

¹³ Leicester, H. A. (1913)

- 4.43 The Infirmary underwent further enlargement in 1912, when an extension to the out-patient department in the northeast corner of the site was provided by the City of Worcester King Edward VII Memorial Fund. The building was to be known as the King Edward VII Memorial Annex and would provide consulting rooms for the out-patients department. The new annex was built by Joseph Wood and Sons and was opened in the same year. An aerial photograph of the hospital taken from the southeast (Appendix 2.36) shows the new annex in its original form. Although undated the photograph must have been taken between 1912 and 1932 as it shows the new annex but not the corridor linking the main building to the later nurses' home (Building 15).
- 4.44 The year 1912 was also memorable in that a house telephone system was installed, replacing the existing system of speaking tubes¹⁴.
- 4.45 With the start of the First World War, a number of employees volunteered, including nurses, the pathologist and the house surgeon. The Executive Committee offered the War Office the use of the two empty wards which they had been forced to close due to financial constraints in 1913. On the 29th October 1914 the reality of war hit, when fifty wounded Belgian soldiers arrived from the battlefield. With so many young men being recruited for the war effort, it became necessary, although the Executive Committee did have its misgivings, to appoint a woman as the house surgeon. History was therefore made when Miss Martha Stewart became the first woman doctor at the Infirmary.
- 4.46 During the war the hospital was to receive 711 wounded soldiers and 241 local admission soldiers; in 1919 an orthopaedic out-patient clinic was started. This clinic was likely to have been set up due to the large numbers of wounded men who would have returned from the First World War. The patients at the clinic were all paid for by the Ministry of Pensions, signifying that they were former soldiers.
- 4.47 The period between the World Wars saw significant expansion of both the treatment facilities and the provision of accommodation on the hospital site. In 1921 repairs to the exterior of the building were carried out and the X-ray developing room was enlarged. The first of the specialist clinical departments, the ear, nose and throat department was opened on 1st January 1923.

¹⁴ Mercian Archaeology 2005

- 4.48 In 1924 iron staircases were fitted to the Infirmary and fire extinguishers were provided in the Nurses' Home and Infirmary. The board was pleased with the results, stating in the year's annual report that, 'the Infirmary may now be regarded as, in this respect, on a par with any other similar institution in the Kingdom'.¹⁵ In the same year probationary nurses from the Worcester Union Infirmary were accepted to complete the last two years of their training at the Infirmary. There were to be a maximum of eight nurses from the Worcester Union Infirmary at any one time, but they were not to be given boarding at the hospital. They were to receive the same pay and complete the same number of hours as the Infirmary's own probationary nurses.
- 4.49 In 1926 the X-ray department was completely reconstructed and the uneconomical laundry overhauled with new steam apparatus; with the hope that it would be more efficient, cleaner and less expensive. The 1928 Ordnance Survey map (Appendix 2.37), shows the extension of the out-patients department which now extends along Castle Street as far as the junction with Infirmary Walk. This map also shows extension to the west of the laundry against the southern perimeter wall as well as a new small ancillary building against the Castle Street boundary, to the west of the main hospital. A row of terraced housing had been built on the eastern side of Infirmary Walk.
- 4.50 With new technologies came new problems and this was highlighted in the 1929 annual report where it was noted that motor accidents had now put an additional strain on hospital resources, both medical and financial. This was affecting hospital authorities throughout the country and the hope was that a method or scheme would be initiated that would reimburse all institutions this expenditure. In the same year it became apparent that extensions to the hospital were needed. The board proposed to increase the bed accommodation from 118 to 150, with a possible increase to 200 when funds became available, along with two new operating theatres with the necessary associated units, a pathological unit, orthopaedic and ear, nose and throat departments. In addition to this, there was to be additional accommodation for the nursing staff, with the existing accommodation undergoing structural alterations and improvements.
- 4.51 The board appointed H. Percy Adams of Adams, Holden and Pearson as the architect for the Infirmary extensions, and Henry Rowe and Son, as architects

¹⁵ Worcester Record Office (hereafter WRO) 010:6 BA 9119, annual report 1924

for the Nurses' Home extensions. It was Lionel Geoffrey Pearson of the firm Adams, Holden and Pearson who actually designed the Infirmary extensions (Appendix 2.38 – 2.44). He had taken on an increasing number of the hospital designs as his partner, H. Percy Adams had died in 1930 having withdrawn from actual design in order to write a number of academic papers on the subject of hospital design¹⁶. The new block was to be linked by a two storey corridor to the main building with the construction of the corridor necessitating the dismantling of part of the surgeons' room.

4.52 In February 1931 work commenced on the Nurses' Home, with the foundation stone laid on Monday 15th June by Mr C H Built, the vice chairman of the Executive Committee, despite the fact that the amount needed to fund all the building work had not yet been reached. The Nurses' Home was to provide sixty two bedrooms, three sitting rooms, a recreation room, visitors' room and demonstration kitchen for teaching sick room cookery. In the same year construction started on the new four storey block comprising a mortuary, viewing room, post mortem room and coroner's inquest room on the basement floor; orthopaedic examination and treatment rooms on the ground floor; pathological laboratories on the first floor and two operating theatre suites on the top floor. The out-patient clinic for nervous and mental diseases and Commander Spreckley's Rover Scout Blood Donor Service were both started in 1931. On 28th October 1932 the Prince of Wales performed the opening ceremony of the new buildings. In addition to this, permission was granted by the King for the Infirmary to be known in the future as the 'Worcester Royal Infirmary'. At the opening of the new buildings it was announced that William Morris, a local man from Worcester and founder of Morris Motor Company, had donated £26,000, and that the buildings were now free of debt.

4.53 Walnut Tree House was also converted at this time to create a residence for the three medical officers and a new building, Wall House, was constructed to the east of it at some point between 1928 and 1940. In 1934, a Maternity and Women's department was opened, although it was so small that only abnormal cases were admitted.

4.54 In 1936 it became apparent that accommodation for more nurses was needed and plans were made. It was at first suggested that an additional floor be

¹⁶ 'Obituary of Lionel Geoffrey Pearson' in *The Journal of the Royal Institute of British Architects* (April 1953) p. 251.

added to the then existing Nurses' Home, but this was rejected. The board decided to build a wing on the south end of the Home, which would provide a ground floor of twenty bedrooms and a first floor 'shell' which would provide another twenty bedrooms when the need arose. It was noted that the foundations and structure were of sufficient strength to carry a second floor if further expansion became necessary, which all thought likely. Proposals were prepared by G. R. Acton of Foregate Street, Worcester (Appendix 2.45 – 2.46) and approved on the 11th December 1936. Although not documented, it is assumed that the building was opened for use the following year and became known as the 'Sisters' Home'

4.55 In the same year designs were submitted for a new Venereal Disease (VD) department (Appendix 2.47 – 2.48), also by G. R. Acton. This was located to the west of the 1931 Theatre Block and like the Nurses' Home, was also built with expansion in mind, with the walls and foundations again being of sufficient strength to allow further floors when the need arose. The new building is shown during construction in an aerial photograph of 1937 (Appendix 2.49).

4.56 In 1937/38 a scheme was drawn up to cover the requirements of the hospital for the next ten years. This scheme included:

- a. Provision of a new children's ward.
- b. New kitchen and dining room for nursing and domestic staff.
- c. Accommodation for VD in-patients.
- d. Isolation beds and provision for cases of puerperal sepsis (a serious form of septicaemia).
- e. New steam heating and hot water system.
- f. Accommodation for private patients.

It was proposed that items (a), (b) and (e) would be dealt with simultaneously and as the first extensions that would be carried out under this scheme. It was noted that the provision of the children's ward was an urgent necessity and that when completed would release Bonaker Ward for adult cases and relieve the pressure on the present waiting lists. It was suggested that the new children's ward was to be built on the top floor of the extensions over the special clinic (the VD clinic built in 1936), and that the layout would be as follows:

- Ground floor special out-patient clinic
- First floor in-patient accommodation for special patients, isolation beds, and cases of puerperal sepsis.

- Second floor general ward for adult cases
- Third floor children's ward

- 4.57 By the end of 1939, with the Second World War under way, the hospital had 298 beds. The 1940 Ordnance Survey map (Appendix 2.50) shows the various expansions to the Infirmary described above. The Nurses' Home can be seen extending into the former Wheeley's Gardens and former plot boundaries within the Gardens, which had still been broadly recognisable on the 1928 map, have now been removed to make way for this development. The area to the west of the nurses' block have also been terraced to create a raised lawn. Two large buildings, constituting new operating theatres, laboratories and an orthopaedic department, can be seen to the west of the main Infirmary building along with its linking corridor.
- 4.58 In 1941 Henwick House was purchased, along with its extensive grounds for use as an annex to relieve the pressure upon accommodation in the hospital. In 1944 the hospital was instructed to reserve 50% of their beds for military casualties, for the then unknown D-Day operation. For the several months that followed 700-800 battlefield casualties were admitted to the hospital. During the Second World War, American and Dutch service doctors and nurses visited the hospital and on one occasion, when nursing staff were hit by influenza, an American doctor and a team of six nurses voluntarily helped. When the American medical personnel departed they left apparatus, drugs, medicines and books to the hospital.
- 4.59 The hospital basements were used as air-raid shelters during World War II and the hospital again treated the wounded evacuated from France, suffering much overcrowding. It received council grants and Ministry of Health contributions in order to cope with this. Planning Department records show that in 1940, blast walls were constructed around the principal entrances to the hospital including that to the out-patients department on Castle Street. A photograph showing the hospital from the northwest is likely to have been taken at some point shortly before their erection (Appendix 2.51).
- 4.60 In 1945 the Ministry of Health published its survey of hospital services in the West Midlands area, which recommended that the Hospital would naturally fill the role of a General Hospital in Worcester to serve the centre and south of the county. The survey recommended that the hospital should be re-sited in more

ample grounds; a view that coincided with that of the Executive Committee. McMenemy, who wrote one of the seminal histories of the Infirmary (1947) concurred with the Executive Committee and the Ministry of Health when he commented that *'the present site is too much built on'*.

- 4.61 However, a new site was not forthcoming and consequently the anticipated enlargement of existing buildings would need to be enacted. In 1946 a number of building projects were approved by the Ministry of Health. These included a new children's department providing forty-two beds and cots, which was to add three additional floors to the VD Department. Other projects were: a new boiler house and plant, buildings for a housing bedding disinfector and dressing steriliser, a linen store and lavatories, the reconstruction of buildings to provide accommodation for casualties (separated from the out-patients department), the provision of central stores and administrative offices, the internal reconstruction and renovation of the main wards, alterations and extension of the Department of Clinical Pathology, reconstruction of the mortuary block and extension of the X-ray department.
- 4.62 In January 1946 proposals were approved for the addition of a three storey building against the southern side of the linking range between the main hospital and the theatre block (Appendix 2.52 and 2.53). This was to provide additional storage, office and service space and the designs were by G.R. Acton who had previously been commissioned to produce the plans for the 1936 Nurses' Home. Eighteen months later, plans were approved for the anticipated extension of the 1936 Nurses' Home through the addition of two further storeys (Appendix 2.54), again by Acton. This was followed in 1947 by a proposal to create a ground floor corridor across the front of the 1932 Nurses' Home to provide covered access to the 1946 Nurses' Home (Appendix 2.55). In the same year proposals were submitted for the addition of a tank room to the roof of the existing stair tower of the theatre block (Appendix 2.56), most likely in response to the demands for water from the extended theatre block.
- 4.63 Comparison of the Ordnance Survey maps from 1940 (Appendix 2.50), 1954 (Appendix 2.57) and 1962 (Appendix 2.58) show the rate of this expansion over the 17 years following the cessation of hostilities. The 1962 Ordnance Survey map (Appendix 2.58) shows the Infirmary in its expanded form, including a number of new buildings to the west of the Nurses' Home (and a tennis court). The new operating theatres, which had been constructed to the west of the main

building by 1940, have been extended to create a single building and there is another large L-shaped building (the Microbiology Department) in the northwest corner of the site. Walnut Tree House has been extended as well, making it rectangular in plan rather than its earlier L-shaped plan, and the larger of the buildings which had stood to the south of it has been demolished.

- 4.64 Between 1940 and 1962 the general character of this area of the town was changing. The prison on Castle Street had been partly demolished, although the Joinery Works which replaced it continued to use several of the buildings. Also on the site was the Employment Exchange and a very large garage. To the south of the railway, various buildings had been cleared and garages erected in their place, along with warehousing and factories. Land to the east of the site had also seen some redevelopment with garages and a row of police housing. The Infirmary site, now bereft of the castle-like structure of the county prison as a neighbour, had become rather isolated as an important public building, surrounded as it now was by garages and other modern buildings.
- 4.65 By 1970 (Appendix 2.59), the tennis court behind the 1931 Nurses' Home had been removed, along with part of the terracing adjacent to it and had been built over with a new building which was physically linked to the main Infirmary building. Apart from this, no major changes are apparent to the site itself. To the south, two more streets of terraced housing had been cleared and replaced with a surface-level car-park.
- 4.66 The Ordnance Survey maps dating between 1980 and 2005 (Appendix 2.60 – 2.63) show few changes to the site. Clearly, by this time, after the substantial building programme that had taken place between 1940 and 1962, the site had little physical capacity to accommodate any more new buildings. Development of the surrounding area continued and various council and government offices stood to the east and northeast of the site by 1980. By 1989, the large works buildings and last upstanding elements of the former prison to the north were gone, the latter demolished in 1983 to make way for Charter Place, which is shown on the 1992 Ordnance Survey map (Appendix 2.61).
- 4.67 The Worcester Royal Infirmary was closed in March 2002. Despite this, the memories of life in the hospital are kept alive by those who worked in the buildings and those misfortunate enough to require treatment there. As part of the documentary research for this record, a number of oral history sessions

were held in the hospital buildings during the preliminary stages of redevelopment. This aimed to draw together groups of people in order to prompt recollections of life within the hospital and included contributions from nurses, matrons, sisters, doctors and patients. The sessions were recorded and transcriptions made. In some cases individuals did not want to be identified specifically and on those occasions quotes were attributed only in general terms. Transcripts can be found in a stand-alone document which accompanies this report (CgMs 2010).

The Architects and Their Buildings

Anthony Keck (1726-1797)

4.68 Anthony Keck had a considerable practice in Gloucestershire, Worcestershire and Herefordshire between 1760 and 1790. He became a freeman of Worcester in 1768. Nicholas Kingsley in his article *Anthony Keck-first thoughts* makes a number of observations about Keck. He states that he was 'not in any sense a gifted or original designer [and that] like many better-known architects he worked extensively to tried and trusted formulae'.¹⁷ In the houses Keck designed, there are 3 basic elevational arrangements which recur: the first is a tall, flat centre flanked by lower wings with canted bays; the second is a central block with pediment, linked by single storey elements to pavilions and the third has a façade composed almost entirely of semi-circular bays running the full height of the façade.

4.69 Keck also had a number of trademarks, one of which was his enthusiasm for bay windows of all forms. His buildings would often have very spare detailing, and he often used a double plat band to stop the buildings looking too harsh. This double plat band would usually be placed between the ground and first floors to mask the extra height given to the ground floor rooms. He also had a liking for shallow arched recesses.¹⁸

W. J. Hopkins (1820-1901)

4.70 One of Hopkins' first works was the Corn Exchange, later to become the Public Hall, in Worcester which was Italianate in style. Hopkins became a Fellow of the

¹⁷ Kingsley 'Anthony Keck-first thoughts', in *The Georgian Group in Gloucester and Avon Newsletter* no. 4 (Spring 1987) p. 12.

¹⁸ Kingsley, pp. 11-14.

RIBA in 1861 and for many years was the Diocesan Architect for Worcester and architect to the Archidiaconal Board of Education. As such, he was responsible for building, or re-building, many of the Church of England Parish Churches in Worcestershire. He was noted for his flat geometrical tracery (St. James' Churchill) and ornate windows (St. Eadburga's, Abberton). He was also involved in the restoration of St. Nicholas, The Cross in Worcester and Holy Trinity at Shrub Hill - although his most interesting work was attributed by Pevsner to be St. Philip and St. James' Church in Hallow. According to his obituary in *The Builder* his most important work was the mansion of Kildangan, County Kildare.¹⁹

Henry Day (d.1869)

- 4.71 The complete entry for Henry Day in the Directory of British *Architects* (1834-1914) reads:

'In partnership between 1868-1869 with his nephew Ernest Augustus Day'

- 4.72 Pevsner give more detail regarding his work, which included designing churches at Lickey (1855 - 1886) and at Feckenham (1866 - 1867); also designing church schools at Feckenham (1857 - 1859) and at Abberley (1859). Other examples of Day's work within Worcester itself include the Italianate Worcester Chambers (1861) and Lindisfarne House on Barbourne Terrace (c1855).

Lewis Sheppard and Son

- 4.73 Lewis Sheppard (1845 - 1915) succeeded Hopkins as Diocesan Surveyor and Pevsner attributes St. Mary de Wyche, Wychbold, built at the expense of John Corbett the Droitwich salt magnate, as his finest church (1887 - 1888). Lewis Sheppard was also responsible for Italianate houses in Droitwich, the School Hall of the former Alice Otley School for Girls (1884) and a former Sunday School in Northfield Street, Worcester (1884), alongside other works in Malvern, Bromsgrove and Upton upon Severn.

¹⁹ 'Obituary of W J Hopkins', in *The Builder* vol. 80 (June 1901) p. 589.

- 4.74 George Lewis Sheppard was articled to his father, he was Diocesan Surveyor for Worcester in 1889 and was made an Associate of the RIBA in 1896.²⁰

Henry Rowe and Son

- 4.75 Rowe was the Worcester municipal architect from 1878-80 and was responsible for the Shirehall on Foregate Street, Worcester (1834-35) which he designed with Charles Day. Another design was for St Georges Roman Catholic Church (1828-29).
- 4.76 Henry's son, Alfred Vernon, was born in 1880 and at the age of 18 enlisted in the Royal Artillery at Norton Barracks, but a year later he transferred to the Royal Engineers and went with them to South Africa in 1899. Having served through the South African War, he returned to England in 1902 and entered civil life as a member of the firm of Henry Rowe and Sons, of which his father, who was County and City Architect, was the head. In 1906 Alfred married Miss Nora and on the death of his father in 1909, Alfred Vernon Rowe succeeded him as head of the firm and as County Architect, and he subsequently became Surveyor to the Dean and Chapter of Worcester Cathedral. However, at the outbreak of war in 1914, he joined the 2/8th Worcestershire Regiment as a subaltern and did not return to practice. He died in 1940.

Henry Percy Adams, FRIBA (1865-1930)

- 4.77 Adams came from a medical family – both his grandfather and father were surgeons. His obituary in *The Architect's Journal* mentions that 'this knowledge was invaluable, and accounts for his sympathetic understanding of the practical side of his work'.²¹ He was articled to Brightwen Binyon, a well-known architect of Ipswich, who was himself a pupil of Alfred Waterhouse.²² In 1888 Adams entered the office of Stephen Salter (1825-96) who was architect to the Royal College of Surgeons.

²⁰ Brodie, Felstead, Franklin, Pinfield and Oldfield (eds.) *Dictionary of British Architects 1834-1914* vol. 2 L-Z (London, 2001) pp. 600-601.

²¹ 'The late H. Percy Adams: an appreciation', in *The Architects' Journal* (16.4.1930) p. 600.

²² Binyon has six listed buildings (five Grade II and one Grade II*), one of which is the Folkestone Library and Museum (Grade II listed in 1975).

4.78 Adams had a distinguished career as a student before winning his first important commission for a hospital at Bedford whilst in partnership with Stephen Salter.²³ His obituary in *The Builder* states that 'his design already showed the lucidity in planning and practical grasp of hospital administration which characterised all his subsequent work.'²⁴ His reputation was firmly established with his design (in collaboration with Lister Newcombe) for the Newcastle Royal Infirmary (1899-1902). Many important commissions followed, such as the Belgrave Hospital for Children (1900-3; 1924; 1926); the King Edward VII Sanatorium, near Midhurst (1903-6) and the Bristol Royal Infirmary (1909-12). Information in Adams's biographical file in the British Architectural Library states that he also made extensive alterations at St George's, Westminster, West Suffolk, Winchester, Folkestone and several other hospitals.

4.79 Adams's obituary in *The Builder* mentions that at the end of his career he 'invented a new type of hospital ward which is embodied in the design of the new hospital of Southend, and this type seems likely to mark a distinct step forward in the history of hospital planning'.²⁵ An article on this hospital appeared in *The Architect's Journal* (20 July 1932, vol. 76, pp. 61-71). According to his obituary in *The Architect's Journal*, Deal and Walmer Hospital was one of Adams's most successful smaller hospitals. This is discussed in an article in *The Architect and Building News* (15 Feb 1929, pp. 229-231). His paper on English Hospital Planning which he read before the RIBA in May 1929 is, according to his obituary in *The Architect's Journal*, 'likely to remain the standard work on the subject for a long time to come'.²⁶

Holden, Charles Henry (1875 - 1960)

4.80 Born in 1875, Charles Holden had a long career in architecture which started in 1891 when he was articled to E. W. Leeson of Manchester. After two assistant roles he moved into the offices of Harry Percy Adams in 1899 where he served as chief assistant supervising five draughtsmen, before becoming a partner in the firm of Adams, Holden and Pearson.

²³ I cannot find a date for Bedford Hospital but considering that Stephen Salter died in 1896, the hospital cannot have been built later than this.

²⁴ 'Obituary H Percy Adams', in *The Builder* vol. 138 (11.4.1930) p. 702.

²⁵ *The Builder* vol.138, p. 702.

²⁶ This paper appears as two long articles in the *RIBA Journal*: 15 June 1929, vol. 36, pp. 757-805; and 29 June 1929, vol. 36, pp. 628-652.

- 4.81 It was in the years before the First World War that Holden is considered to be at his most creative. For The Law Society he designed (1902–04) a simplified neoclassical extension to the existing Lewis Vulliamy-designed building in Chancery Lane, London with external sculptures by Charles Pibworth, a panelled arts and crafts interior with carving by William Aumonier and friezes by Conrad Dressler. He also designed the Bristol Central Library (1902-06) which, alongside the extension to the Law Society building, was extremely influential. He experimented briefly with 'Mannerism' seen most effectively in the British Medical Association building (1906-08) on the corner of The Strand and Agar Street (now Zimbabwe House).
- 4.82 Holden built in a variety of styles, which in his early years included Arts and Crafts, seen at the Belgrave Hospital (1899-1903) to the 'Mannerism' of the BMA building. He occasionally experimented with the classicism of the 'Grand Manner' such as in the competitions for the Manchester Royal Infirmary (1903) and the Board of Trade (1915). By the 1920s and 1930s, he had moved on to the monumentality of 55 Broadway (1925-29) and the University of London (1931 onwards). This was followed by the Dutch inspired modernism of the Underground stations on the Piccadilly Line extension (1930 onwards).
- 4.83 Holden's reputation and influence waned after the Second World War, although in the last quarter of the twentieth century there has been a revival of interest in his work. The massing of the Terry Farrell Partnership's St. Alban's Gate on London Wall (1985-90) reflects an abstract interest in the massing of Holden buildings, Troughton McAslan's Redhill Station (1990) is influenced by Holden's underground stations, as are some of the platforms on the Jubilee line extension. Today Holden's reputation rests primarily on his work with Frank Pick and the Underground Group, and for the University of London, both constructed in the 1930s.
- 4.84 Holden believed that buildings could exist without excessive ornamentation and in a letter dated 1954 reproduced in the book by Karol about Holden's life, he sets out his architectural philosophy:

"I was forced to try doing 'pretty bits' and let the building express, if the need be, my poverty of imagination. In the process I discovered the significance of form as distinct from the tricks of architectural ornament. The building would take on a character of its own often requiring little in

*the way of embellishment and finally confirmed my slogan 'when in doubt leave it out.'*²⁷

Pearson, Lionel Godfrey

- 4.85 Born in 1879 in Liverpool, Pearson attended Liverpool University School of Architecture and was articled to Messrs Woodhouse and Willoughby. He went to London in 1901 and was an assistant to E.S. Prior, then W. Flockhart and then Charles Cooper, before he entered the practice of Adams and Holden. He became a partner in the practice in 1913. During the First World War he served in France with the Royal Army Medical Corps, before being appointed to the Graves Registration and Enquiries and the War Graves Commission.
- 4.86 Pearson was responsible for the architectural support of the Artillery War Memorial at Hyde Park Corner and the layout and structure of the Hudson Memorial in Hyde Park. It was however the design of hospitals that took up most of his working life. Pearson became a fellow of the RIBA in 1921 and served on various RIBA committees. He was a member of the British National Committee of the International Union of Architects and of the Hospitals Committee.

Adams, Holden and Pearson

- 4.87 In 1888 Adams joined the practice of Stephen Salter. Salter had set up practice in 1866 and it was he who first established the firm's reputation as hospital architects. When Holden joined the practice in 1899, Adams abdicated his role as chief designer to Holden, and concentrated instead on hospital planning. One of the main sources of work for the practice was through competitions, and because of Adams' reputation, they were invited to enter most limited competitions for hospitals. Holden however began to enter and win non-hospital competitions, expanding the firm's reputation. In recognition of his contribution to the firm's success he was made a partner in 1907 and the firm became Adams and Holden. It was at this point that Adams stepped aside and allowed Holden to determine the architectural direction of his practice.
- 4.88 Lionel Godfrey Pearson joined the firm in 1903 on Holden's recommendation and was made a partner in 1913. The three men worked extremely well together, with each knowing their strengths and weaknesses and place in the office

²⁷ Karol, *Charles Holden* (Donnington, 2007) p. 4.

hierarchy. Holden deferred to Adams in matters of planning, whilst Adams was prepared to adapt his plans to accommodate Holden's massing and elevational treatment. Pearson always deferred to Holden in matters of design, although the latter always had faith in his partner's ability.

- 4.89 It was hospital design that remained the mainstay of the practice, although Holden remained in the periphery in this part, as Adams was responsible for the planning of hospitals until his death in 1930. Pearson, aided by Adams' son, Percy Webster Adams then took over.²⁸
- 4.90 The firm was responsible for many fine buildings, notably the offices at St James's Park for London Underground. The RCHME study includes the practice as one of the firms that 'dominated hospital design in the early 20th century, building up considerable expertise from which important innovations were forthcoming'.²⁹ This study describes the Westminster Hospital as 'exceptional'; and refers to the Belgrave Hospital as the 'most exciting' childrens' hospital 'in terms of architectural *éclat*'. It also describes the King Edward VII Sanatorium as one of 'the finest' of its kind.³⁰

G R Acton

- 4.91 Born in 1898, he was articled to Frances Boome of Shrewsbury in 1912 and continued in this role until joining the armed forces in 1915. He became a student of the RIBA in approximately 1920 before gaining employment as an assistant in the practice of Yates and Fanes. After an unknown period of time he was made a partner in the practice. In 1931 he purchased the practice and changed the name to G R Acton and practised in that name. He became a Fellow of the RIBA in 1947.

Martin and Chamberlain

- 4.92 William Martin was born in Somerset in 1829 and began his career articled to a Birmingham architect called Thomson Plevins. He subsequently became a partner of D. R. Hill, public works architect of early 19th century Birmingham.

²⁸ Much of the information on Charles Holden, and the practice of Adams Holden and Pearson is taken from the book by Karol *Charles Holden* (Donnington, 2007)

²⁹ Richardson, *English Hospitals 160-1948. A survey of their architecture and Design* (London, 1998), p. 11

³⁰ Richardson, p. 39, p. 113, and p. 147.

In 1864, Hill was succeeded in the partnership by J. H. Chamberlain and together they produced a wide array of principally civic buildings. He continued to work under the name of *Martin & Chamberlain* after Chamberlain's death and went into partnership with his son, Frederick Martin, dying 17 years later in 1900.

- 4.93 John Henry Chamberlain was born in Leicester in 1831 and received his architectural training with a local practice. After further experience in London and a period travelling in Italy he moved to Birmingham in 1853. He designed two buildings for John Eld, the business partner of his uncle. The first of these to be completed, Eld's house at 12 Ampton Road, Edgbaston (1855) shows many of the features that would characterise much of Chamberlain's later work, namely a gothic structure in polychromatic brick with finely crafted decoration inspired by natural and organic forms. Although Chamberlain continued to build in both Leicester and Birmingham (where he built the Edgbaston Waterworks) his solo career failed to take off. So, in 1864, he went into partnership with William Martin who was already established as the city's public works architect, with Chamberlain taking the lead in design matters and Martin seeing to the more practical side of running an architectural practice.
- 4.94 Together with Martin's contacts and business acumen the partnership won a string of commissions to design civic structures throughout Birmingham and the surrounding area, including libraries, hospitals, public utilities, major projects such as the cutting of Corporation Street and culminating in 1871 with a commission to design no fewer than 41 board schools in response to the Elementary Education Act 1870. Martin and Chamberlain's civic structures saw the introduction of exceptionally high standards of design and craftsmanship into even the most deprived areas of Birmingham and represented one of the most significant consistent sets of public buildings since Wren's City of London churches two centuries earlier.
- 4.95 Chamberlain died suddenly in 1883 shortly after completing the designs for what is generally considered his finest building - the Birmingham School of Art, which was completed after his death by William Martin and his son Frederick Martin.

John Cecil Clavering (1910 – 2001)

- 4.96 Born in Sunderland, Clavering was best known for his work designing Odeon Cinemas as part of Harry Weedon's architectural practice in the 1930s along with his later work as the architect of the Public Record Office in Kew, London. However, during World War II he was employed by the Ministry of Works where he designed a number of 'standard' buildings.

A. Hill Parker

- 4.97 Alfred Hill Parker worked throughout Worcestershire, with Pevsner noting his design of Perrins Hall at the Royal Grammar School (1913 – 1915) as being of Neo-Jacobean style and bold in scale. Other examples of his work include a Chancel Screen at St. Barnabas in Rainbow Hill (1921), Number 55, Sidbury (1889) and the former E. Baylis and Sons Printing House (1891). Hill Parker also designed the out-patients ward and extension of the Infirmary in 1874 and 1912 respectively.

4.98 *Fell and Jones*

- 4.99 Pevsner mentions this practice as being based in London, but no other record could be found regarding this architectural practice other than reference to their design of the south eastern extension to the main Infirmary block along with the corner tower in 1887.

4.100 *George Rogers (1805 – 1877)*

- 4.101 Pevsner records that George Rogers was a Worcester-based glass stainer, who is recorded as being resident in Sidbury during 1820 and then at other addresses within the City in 1841 and 1855. He produced mostly brightly coloured windows which imitated early Medieval glass. Pevsner attributes his finest piece of work to St. Cassian's Church at Chaddesley Corbett (1865 – 1886). Other work of note within Worcester, in addition to the Infirmary, is the Queen Adelaide memorial in the south window of Worcester Cathedral (1865 – 1866), along with All Saints on Deansway, St. Nicholas at The Cross, St. Swithin's and the former Countess of Huntingdon's Chapel – now Huntingdon Hall. George Rogers also designed for Gloucester Cathedral and worked with

the Worcestershire architect and designer Frederick Preedy between 1850 and 1853. Preedy then went on to produce his own stained glass pieces.

5.0 BUILDING DESCRIPTION AND ANALYSIS

5.1 The analysis of the buildings has sought to identify the original elements and consider the evidence for alteration. This sequence is illustrated in the Figures 5 - 49 and a more general site development phase plan is included at Figure 50. The buildings are of differing form, fabric and function and the date of their construction varies from 1939/40 through to the early 21st century. All buildings, except for the most modern (Buildings 8 and 19) have undergone some level of alteration. Due to the complex nature of some of the buildings it has proved more useful to include analysis of the evidence throughout the description and where necessary a further analysis is carried out to draw together the various key conclusions.

Maintenance Department (Buildings 1 – 6)

Original construction date:

1754 - 1962

Architect:

None

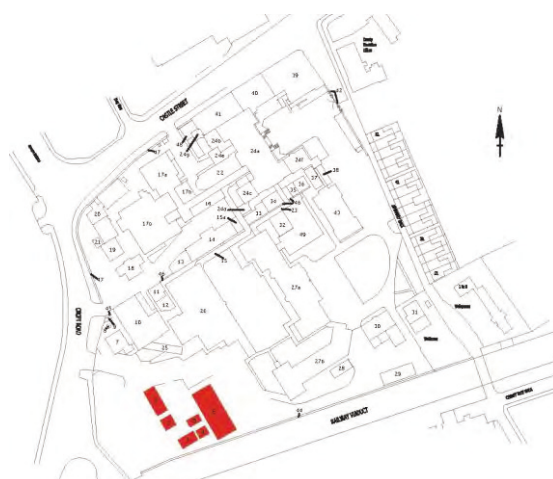
Built by:

Probably hospital works dept.

Later modifications:

Building 5 - extended to the west
in the late 1960s

Building 6 – roof replacement and
extended to the south in the late
1960s



5.2 The Maintenance Department buildings formed a cluster of small single and two storey buildings located away from the other hospital structures, in the open ground at the southwest of the site. The buildings were associated with one another in that they formed the works or maintenance department. The buildings varied in fabric and form and although some were purpose built, others had been altered to serve changing functions. All appear to have been constructed between 1954 and 1962 and the table below gives a brief summary of the form and function of these buildings as well as indicating significant alterations.

Bld No	Form	Function	Alterations	Plates
1	Single Storey, Brick (Flemish bond) with metal roof trusses and pitched mineral board roof	Materials Store	-	1.1 – 1.7
2	Single storey, Timber framed and clad with pitched mineral board roof	Kitchen and mess room	Refurbished c.1980s	2.1 – 2.7
3	Single storey, brick (Flemish bond) with timber roof trusses and pitched mineral board roof	Offices	Refurbished c.1980s	3.1 – 3.8
4	Single storey, brick (Flemish bond) with concrete purlins and pitched mineral board roof	Stores/ Cycle Store	Divided by central concrete block partition c.1990s	4.1 – 4.3
5	Single storey, brick (Flemish bond) with timber purlins and pitched mineral board roof	Lavatories	Flat roofed single storey extension added to the western side c. late 1960s	5.1 – 5.6
6	Single Storey, Brick (Flemish bond) with metal roof trusses	Workshops	Attic storey added by replacement of bowed roof with pitched. Gables	6.1 – 6.19

	and pitched mineral board roof		built up. Later workshop added to southern end c.1960s	
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Virus Laboratory (Building 7)

Original construction date:

c. 1960

Architect:

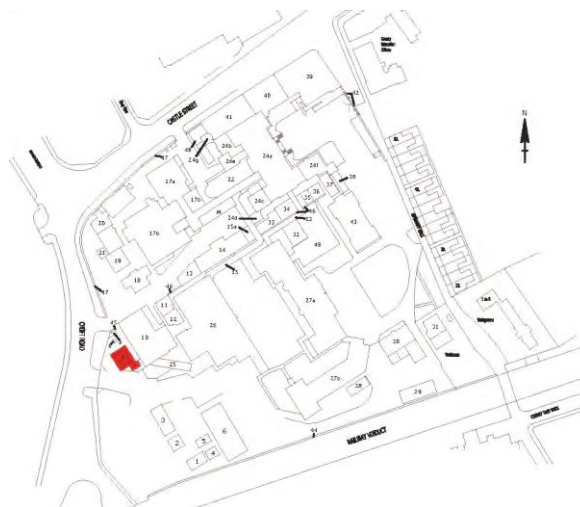
None

Built by:

Probably hospital works dept.

Later modifications:

Extended to the south in the mid to late 1960s and a generator room added along the south in the late 1970s



- 5.3 The Virus Laboratories were contained within a single storey brick built block with associated generator room abutting the south side. Both elements had flat felted roofs and was built in three phases from the early 1960s to the 1970s. The only entrance to the building was on the northern side with all other elevations containing modern, metal framed casement or fixed light windows (Plates 7.1 – 7.4).
- 5.4 Internally the building formed a series of small laboratories and office spaces, some of which had clearly been equipped with atmospheric control equipment such as air conditioning and ducting (Plates 7.5 and 7.6) which were powered by fans located in a small plant room on the roof of the main block (Plate 7.7). Despite this there were no special measures for isolating the atmosphere within the building as a whole, such as air locks or atmospheric recycling scrubbers. The majority of the plant had been removed from the generator room (Plate 7.8) although the original amp meters remained attached to the wall (Plate 7.9)

Flue Stack (Building 8)

Original construction date:

1990s

Architect:

None

Built by:

Factory built

Later modifications:

None



- 5.5 Building 8 was a modern stainless steel flue stack (Plate 8.1) situated adjacent to the western boundary of the site. It measured c.18.5m tall and dated to the 1990s although it replaced an earlier chimney in the same position. It was connected by an elevated square-section flue to the boiler house (Building 10) which it served.

Mains Water Riser Enclosure (Building 9)

Original construction date:

1990s

Architect:

None

Built by:

Probably hospital works dept.

Later modifications:

None



- 5.6 Building 9 formed a small brick built enclosure (Plate 9.1) containing the principal mains water riser for the hospital (Plate 9.2). It was fed by the ring mains beneath the pavement beyond the boundary wall and which the subject building abutted on the eastern side. The north side was abutted by the 19th century former southern perimeter wall of the hospital. The structure along with the flat roof and riser pipes dates to the 1990s.

Boiler House and workshop (Building 10)

Original construction date:

1947

Architect:

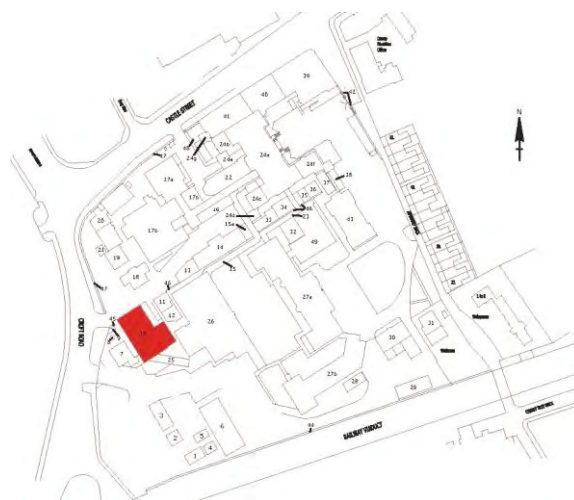
None

Built by:

Unknown

Later modifications:

Alterations to the fuel feed openings in the southern elevation related to different fuel types



5.7 The existing boiler house was constructed in 1947 and comprised a single storey brick built shed with corrugated mineral board roof, situated close to the western entrance to the site. Along the eastern side (Plates 10.1 – 10.3) was a half-length range containing a rest room and workshop. The principal elevation was to the north (Plate 10.4 – 10.5) where a single storey range with monopitch roof projected containing the electric switchgear. Extending from the west side (Plate 10.7) was an elevated metal flue which carried exhaust gasses from the boilers to the chimney (Building 8). The southern elevation (Plate 10.8 – 10.11) was largely obscured by a metal coal elevator (Building 25). This formed the final method of feeding the boilers and earlier forms of fuel feeding were clearly evident within the bunded enclosure beneath Building 25 and discussed in that chapter. These changes in fuel supply had caused a number of alterations to this elevation including the blocking of original windows and the insertion of a long horizontal opening. Immediately to the southeast of the main building was a small ancillary store (Plate 10.12) on top of which was a water tank which fed the boilers.

5.8 Internally the main building comprised principally of a single open shed (Plate 10.13) with the boilers situated at the southern end, adjacent to a long coal storage bin set against the southern wall (Plate 10.14). These were supplied through the long horizontal opening although both the opening and bins predate the elevator. The northern side of the open shed was partitioned off to form a workshop and stores (Plate 10.15). The roof comprised standard bolted metal trusses (Plate 10.16) set into the outside walls along the east and west sides

and the building was lit by a series of high level metal framed windows (Plate 10.17) in the north and west walls.

- 5.9 The single storey range along the north of the building was contemporary with the main building although access directly between the two spaces had subsequently been blocked and the only entrance was via an original opening in the eastern end. The range was lit by a series of metal framed windows along the northern elevation (Plate 10.18), the central window having been replaced by metal louvers and although all plant had been removed by the time of this record, it was clear from the ducting below the floor that this building had contained electrical switchgear.
- 5.10 The eastern range was also contemporary with the original structure and contained a workshop to the north and a mess room with shower and kitchen to the south. The range was lit by metal framed windows in the north and south end and analysis of the window fittings (Plate 10.21) confirmed that the range dated to the late 1940s.

Calorifier House (Buildings 11 and 12)

Original construction date:

1940s

Architect:

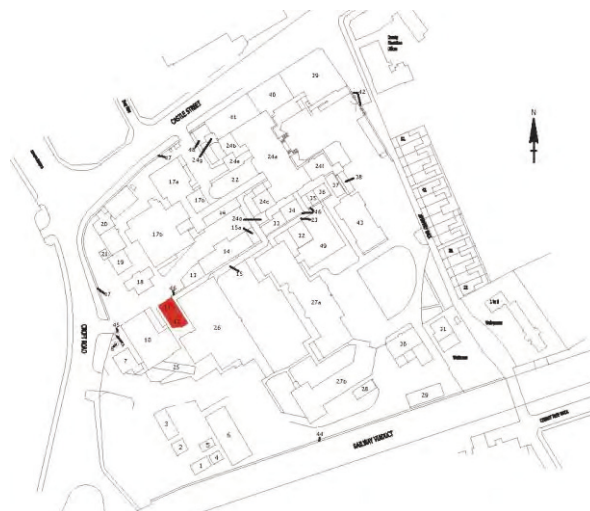
None

Built by:

Unknown

Later modifications:

The calorifier block (Building 12) was rebuilt in 1967 and at the same time, the roof of the softening plant was renewed.



- 5.11 These two buildings (Plate 11.1) were situated to the west of the boiler house and comprised two elements. At the north end was a two storey high softening plant^Ψ (Building 11) containing a tall cylindrical softening tank (Plate 11.2 – 11.4) whilst the southern part formed a calorifier^Ψ block (Building 12) comprising a single storey range containing switchroom, viewing room/ oil store and a three storey high tower at its northern end (Plate 12.1 and 12.2). The tower formerly contained the calorifier itself (Plate 12.3) along with an associated water tank.
- 5.12 Both elements were brick built and had flat roofs but whilst the calorifier block dated to 1967, the softening plant dated to the 1940s. The calorifier block had been partly demolished prior to being recorded but documentary evidence suggested that it was a replacement structure on the site of an earlier building of the same function.

^Ψ see Glossary

^Ψ see Glossary

Medical Secretaries/ Stores (Building 13)

Original construction date:

c.1930s

Architect:

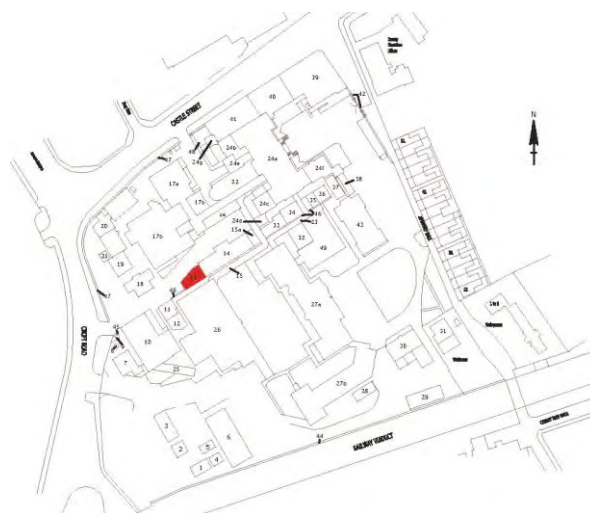
None

Built by:

Unknown

Later modifications:

Internal subdivision and
refurbishment during the late 20th
century



5.13 This building comprised a brick built range (Plate 13.1) added to the western elevation of the former Laundry Block (Building 5). The principal entrance was situated at the eastern end of the north elevation and was accessed by a flight of steps (Plate 13.2). The principal floor was set above ground level so as to marry with that of the adjacent building with which it was internally connected. Due to the fall in the external ground surface the western end contained a part basement accessed from the exterior via a separate door in the western elevation (Plate 13.3).

5.14 Internally (Figure 5) the building had undergone some refurbishment and the ground (upper) floor had been subdivided through the insertion of a stud wall which served to produce two rooms from what would originally have been a single open space. Prior to the hospital closing, the basement served as stores and medical preparation area (Plate 13.5) whilst the ground floor rooms had been used as an office to the west (Plate 13.6) and an AIDS clinic to the east (Plates 13.7 – 13.9). It is likely that the blocked opening in the western elevation of Building 14, seen within Building 13 (see Plate 13.9) relates to the earlier laundry use and not to this structure.

The building dated to the late 1930s and appeared to be of a single phase of construction (Figure 6). The southern wall replaced part of the 19th century boundary wall (Plate 13.4) which separated the hospital grounds from Wheeley's Gardens. Although connected internally with the former laundry block (Building 14) at the east end, it is thought that Building 13 was constructed after that use had ceased and may have been originally built as

accommodation for medical secretaries, replacing an earlier laundry related building on the same site.

Former Laundry (Building 14)

Original construction date:

1874

Architect:

Unknown

Built by:

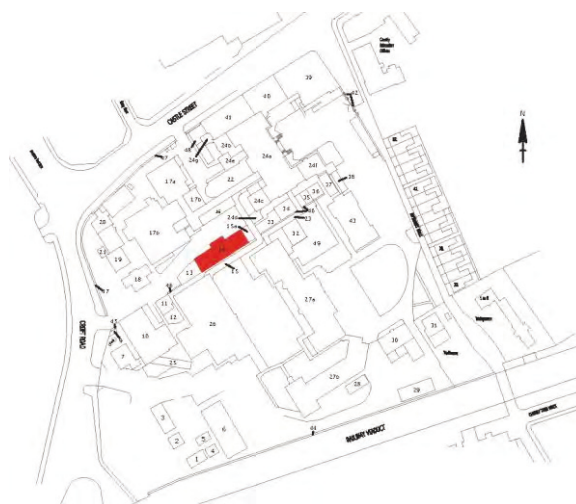
Unknown

Later modifications:

Openings on the east west and south to connect with Buildings 15a, 13 and 15 respectively.

Blocking of principal entrance in the central northern range

Internal subdivision and general refurbishment during the later 20th century



Description

5.15 Building 14 formed a single storey building with rendered brick walls topped with a dentilled eaves cornice and gabled roof covered with slates. Although only visible on the gables, the brick was laid in Flemish bond. In plan (Figure 5) the building was rectangular with the principal elevation to the north. The central two bays of the principal elevation projected 1 bay forward and the projection was gabled (Plate 14.1 and 14.2), flanked by three bay wings featuring small windows with chamfered reveals and sloping sills falling to a roll drip-moulding. (Plate 14.3). The eastern side of the projection contained a pedestrian doorway with similar chamfer detailing to the outer aris of the jambs, which had subsequently been partly blocked (Plate 14.4) to create a window whilst in the centre of the gable, above the windows was a small arched rebate over a drip moulding which was thought to have formerly been a lancet window or vent (Plate 14.5). To the east of the central projection, two of the three windows had been converted to form doorways as evidenced by the high level chamfering (Plate 14.6).

5.16 The eastern elevation contained a blocked oculus which is now partly obscured by the flat roof of Building 15a (Plate 14.7). A similar arrangement was observed on the western elevation which was largely obscured by Building 13 (see Plate 13.3) but which was exposed during the demolition of this range

- (Plate 14.8). On this elevation the oculus was set above a central doorway, which had been subsequently blocked and an additional doorway inserted on the right-hand-side connecting building 14 with Building 13 which was added later.
- 5.17 The southern elevation (Plate 14.9) was largely obscured by Building 15 which had been built less than 1m to the south. However, it was clear that the southern side was contemporary with the remainder of the building and was without any original openings. Later openings had been made including two small pedestrian openings towards the eastern end, one giving access to a short corridor connecting this building with Building 15 and the other, although subsequently blocked, formerly opening onto the space between the two structures, an area which following the construction of Building 15 had become entirely enclosed.
- 5.18 Internally the building has undergone significant refurbishment leaving little of the earlier decoration visible. The majority of the interior formed a series of offices and lavatory facilities (Figure 5) defined by stud partitions (Plate 14.10 – 14.12) although an original partition of brick survived (Plate 14.13) to the south of the central area and this contained a tall rounded arch containing a smaller original door opening as indicated by the chamfered jambs (Plate 14.14) door. The southern side of this partition contained a low level deep recess and it is likely that this formed the remnants of the heating range with chimney above. Although there was no longer a projecting stack the slates of the roof have clearly been replaced in this area (see Plate 14.2).
- 5.19 To the east of this partition was a larger open area occupying the central gabled projection and most recently used as a seminar room (Plate 14.15). The southwest corner of this area had been subdivided to form two offices and in the southeast corner were the two doorways described in Paragraph 5.16 (Plate 14.16). Throughout the building the windows were not original and whilst the replacement units in original tall, narrow openings comprised two centrally pivoting metal framed lights beneath a transom (Plate 14.17), the inserted windows such as that in the blocked doorway of the projection or in the southern wall of the building comprised standard metal framed casements (Plate 14.18). Both types had die-cast fittings and dated to the late 1970s or 1980s. The only exception to this was an inserted window on the south side of the central area which had timber framed centrally pivoting lights with small

panes formed by rather heavy shaped glazing bars, all indicative of the 1930s (Plate 14.19).

5.20 The later sub-division of the building resulted in a separation, both physically and in terms of usage from the central and western parts of the building from the eastern wing with no internal connection between the two elements. In addition, the eastern wing had also been subdivided into two unequally sized rooms, both accessed by inserted doors in the northern elevation of the building. Here the interiors took on a more industrial feel with possibly original tiled floors and bare painted walls (Plate 14.20 and 14.21). Both rooms had most recently been used as laundry storage areas and it is probable that this part of the building had been in laundry related use since its construction, consequently necessitating less internal refurbishment. The most eastern room of the building contained a single inserted doorway in the eastern elevation (Plate 14.22) which had truncated the blocked oculus above and the room had been partly subdivided by modern stud partitions to form a staff rest room in the southeast corner.

5.21 The ceiling throughout the building had been lined out in modern polystyrene tiles which in places had fallen away to reveal an earlier ceiling covering of widely spaced boards (Plate 14.23). Both the north and south pitches were pierced by roof lights but whilst some of those in the southern pitch appeared to be original (Plate 14.24), both pitches had smaller lights which appeared to be newly formed (Plate 14.25).

Further Analysis

5.22 Documentary records in the form of historic plans of the site accompanied by secondary sources based on hospital accounts indicate that this building dated to c. 1874 and was constructed as a laundry. The phasing of this building and those attached at the east and west ends is shown in Figure 6. The presence of a chimney to the west of the central range is confirmed in the 1937 aerial photograph (Appendix 2.49) which shows a tall square stack with embellished crown rising from that location along with another smaller stack to the east of which no evidence now remains.

5.23 Although two pedestrian openings were present in the south elevation at the time of recording, neither of these are visible on the 1937 aerial photograph

and it is therefore likely that these were created at the same time as the link corridor (Building 15) between the main hospital building (Building 24a) and the A and E Block (Building 26), thus dating these openings to 1967. The absence of original openings on the southern elevation is testament to the buildings location on the southern boundary of the hospital at the time of construction. Whilst the building is thought to have replaced the pre-existing boundary wall, the back of this building continued to serve as a physical barrier between the separately owned Wheeley's Gardens to the south and the hospital to the north until the 1890s when the gardens were acquired by the hospital and expansion of the site extended towards the railway line.

- 5.24 The widely spaced ceiling boards are likely to be one of the few remnants of the original laundry interior and served to line the ceiling whilst allowing the steam to pass into the ceiling void where it could pass out through the oculi at either end which would have been fitted with louvers. Having oculi at both ends would have created a through flow of air which in turn would have assisted in the dissipation of water vapour.

Link Corridor (Building 15 and 15a)

Original construction date:

1967

Architect:

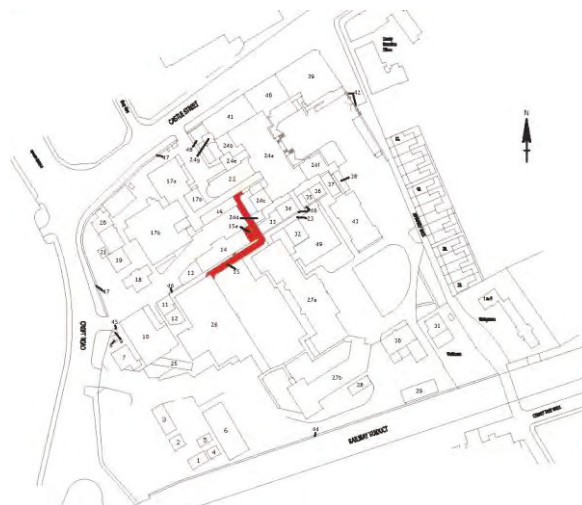
None

Built by:

Unknown

Later modifications:

As built



- 5.25 This largely freestanding corridor (Plate 15.1) dates to the construction of the Accident and Emergency Department (Building 26) in 1967. The corridor is constructed of brick set on a thick concrete slab and has a flat roof (Plate 15.2). It is lit by metal framed casement windows along the exposed sides and ran from the southern side of the corridor linking the Bates Block (Building 17) with the A & E Department (Building 26) with entrances from the southern access road (Plate 15.3) and the kitchens in Building 24c (Plate 15.4). Internally the building is painted with colour coded stripes to assist patients in finding their way around the labyrinthine corridors (Plate 15.5).
- 5.26 A contemporary flat roofed extension to the former laundry formed Building 15a (Plate 15.6) and was exposed only on the north side which contained a long, high level window. This building formed a through room (Plates 15.7 and 15.8) connecting the south side of Building (corridor) 15 with the east side of Building 14 (Figure 26) and was used as additional linen storage prior to the hospitals closure.

Extension to Link Corridor (Building 16)

Original construction date:

1947

Architect:

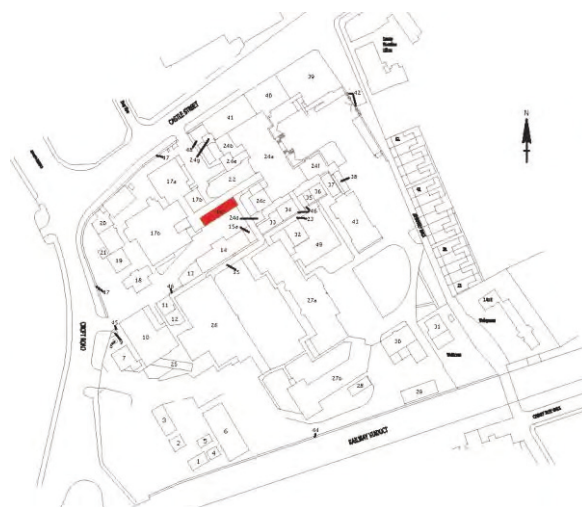
G. R. Acton

Built by:

Unknown

Later modifications:

Extension of the second floor in
the 1950s



- 5.27 This three storey range was added to the south side of the access corridor linking the Bates Block (Building 17a) to the main Infirmary building in 1947. The principal elevation was to the south (Plates 16.1 and 16.2) which comprised a fairly regular fenestration of large metal framed, margin-light windows. These were varied on the first floor at the west end where a series of narrow windows mark the location of lavatories inside. The change in fenestration on the third floor to larger paned metal framed windows marks the extent of an extension to that floor during the late 1950s. The evidence of this extension is also visible on the roof (Plate 16.3) and internally. The north elevation is blind and only exposed above the roofs of Building 15 (Plate 16.4) which abuts it at ground floor level. The western and northern elevations are abutted by the stair tower and corridor of Building 17a.
- 5.28 Internally the building has undergone extensive refurbishment (Plate 16.5) with rooms having lost much of their original fixtures and decor throughout (Plate 16.6 – 16.7). The original layout of the building has changed little since construction although some of the partitions on the first floor divide the area into a series of long thin rooms rather than the arrangement shown on the proposal drawings (Appendix 2.53). However, all the internal partitions appear to be contemporary or inserted very shortly after construction, carrying identical styling to the architraves and skirting boards to the outer walls and original openings. Despite these possible alterations, all the original windows and a number of the original doors survive, complete with their viewing panels, Bakelite signage and door knobs (Plates 16.9 and 16.10).

5.29 On the upper floor, the extension to the east is clearly of a later period with a distinctly utilitarian style (Plate 16.11) and the metal framed windows and die-cast alloy fittings would suggest a date of the late 1970s or 1980s.

Bates Block (Building 17a and 17b)

Original construction date:

1932

Architect:

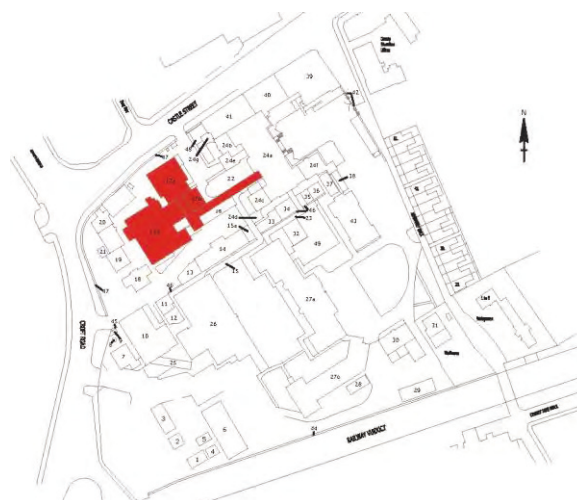
Adams, Holden and Pearson

Built by:

Unknown

Later modifications:

See Historical development below



Historical Development

5.30 This building was constructed in a number of different phases, all being of red brick laid in Flemish bond, beginning in 1932 with the construction of a four storey operating theatre block (Plates 17.1 – 17.3). This part of the building was of red brick with flat roof (Plate 17.4) and was connected to the main hospital by a three storey link corridor which ran along the south side of the Chapel (Building 22), extending a short distance beyond it (Plates 17.5 and 17.6) to the west before turning to the north (see Appendix 2.38 – 2.44). The point at which the connecting corridor turned to the north was marked by a stair/ lift tower (Plate 17.7) which gave access to all floors. Access between the floors of the corridor was also available from within the main hospital. It should be noted that the floor names on the historic proposal drawings are somewhat confusing because the architect, Lionel Geoffrey Pearson adopted the floor levels of the main hospital and due to the raised ground floor of the main hospital and the general fall of the external ground level from east to west, the basement of the hospital coincides with the ground floor of the link corridor and the first floor of the theatre block when viewed from the west.

5.31 Subsequent alterations and additions to this building are summarised below:

1937 a new Venereal Disease block was constructed to the south of Building 17a and this formed the ground floor of Building 17b, parts of which are still visible (Plates 17.8 and 17.9)

1938 both elements of Building 17 were extended in a development which:

- increased the size of the footprint and added 3 additional storeys to the VD block (Plate 17.10) to produce a rectangular 4 storey block with a two storey range along the south.
- added a four storey block against the southern elevation (Plate 17.11) and extended the basement of Building 17a as described above.

1947 further additions to Building 17a probably in response to the increased demands of the recent extensions including:

- Building 16 added to the south side of the original east – west link corridor (see above)
- addition of water storage tank room to the roof of the stair tower (Plate 17.6).

c.1960 both elements of Building 17 were further extended in a development which:

- added a full height extension to the east side of the north – south link corridor to 17a (Plate 17.12)
- added a two storey half glazed extension to the top of the existing two storey range along the south of 17b (Plate 17.13)
- added balconies to the west elevation of Building 17b (Plate 17.14).

Discussion

- 5.32 It was clear from the comparison of the surviving structure with the proposal drawings that the majority of the original metal framed windows survived within their flat arched openings, although at 'sub-basement' level (ground floor on the western elevation) the three large goods doors had been blocked. The proposal drawings indicate that these doors gave access to three stores which were the only parts of this lower storey to be in use when originally

constructed. Consequently, the other rooms recorded on this level are likely to have been added during the second phase of development to this building in 1938, which included the insertion of windows in the northern and western elevation and the excavation of an area along the west to allow natural light and ventilation to the new basement. In addition to these alterations the single window on the east and west elevations of the upper floor had been blocked. Other than those alterations and the obvious extension of the various elements (Buildings 16 and 17b), the elevations of this building remained largely as originally constructed.

- 5.33 Internally, the building had undergone extensive refurbishment to both the decor, fixtures and fittings. Parts of the basement were artificially smoke blackened from being used, shortly after the closure of the hospital in 2002, as a television set for an episode of the detective drama Dalziel and Pascoe (Heads you Lose, BBC, 2005). Despite the widespread alterations, the building retained a number of features dating to the various construction phases along with features relating to the function of the various spaces prior to closure. In the basement these included doorcases (Plate 17.15), parquet flooring (Plate 17.16), corridor doors (Plate 17.17), tiled rooms for the post-mortem theatre (Plate 17.18) and mortuary (Plate 17.19) and the adapted stores, fitted with the wall bars of the physiotherapy department (Plate 17.20).
- 5.34 On the upper floors of the original theatre block (Building 17a), survival of original or near original features was generally mixed. At ground floor level the opening plaque survived set into the north wall of the corridor, just to the east of the stair tower (Plates 17.21 and 17.22) which was itself screened from the corridor by an original doorcase with overlight. From within the link corridor the former external windows of the Chapel could be seen (Plate 17.23), borrowing light from a corridor lit by the original margin light sashes (Plate 17.24). Investigations to inform the removal of the corridor from the side of the chapel revealed that a single skin of brick had been applied to the southern elevation of the Chapel (Plate 17.25), the original 1850s facade surviving largely intact beneath. Within the main block, specifically designed spaces such as lavatories (Plate 17.26) and sluice rooms have continued to serve as such due to the convenience of the integral plumbing. As a result, survival of original features in these areas was heightened with a number of the lavatory doors retaining their original fittings (Plate 17.27) along with sinks and sluice taps (Plate 17.28). Other rooms with less defined functions had been wholly refurbished,

the flexibility of the space allowing subdivision and reallocation of use (Plate 17.29). Unfortunately, the process of asbestos removal was already under way across much of the upper floors and only limited access was available (Plate 17.30). Despite this, the level of survival appeared to be fairly consistent with that of the basement and ground floors. The uppermost floor was constructed and remained in use as the theatre floor and consequently features on this floor reflected that use (Plates 17.31 – 17.33).

- 5.35 In the basement of Building 17b the original floor plan of the VD clinic was distinguishable in places with some of the original fittings retained such as doors to the consulting rooms (Plate 17.34) and a limited number of original windows, particularly where these had been covered as a result of later extensions (Plates 17.35 and 17.36). The former external face of the VD clinic was visible within these extensions and in some places the external detailing could be identified (Plate 17.37).
- 5.36 On the floors above, the original features and finishings of the 1938 extension such as hopper light windows (Plate 17.38) in the link corridor to Building 17a, terrazzo tiled flooring and coved skirting (Plate 17.39), Pitch Pine parquet and timber architraves to the offices (Plate 17.40), cornice mouldings (Plate 17.41), doors (Plates 17.42 and 17.43) and metal framed partitions (Plate 17.44) are contrasted with stark utilitarian style of the 1960s extension on the south side (Plate 17.45). Other alterations dating to the 1960s included the addition of a new block with similar utilitarian styling (Plate 17.46) onto the east side of the link corridor to Building 17a which was accessed by crude openings in the corridor wall (Plate 17.47), along with the attachment of balconies on the west elevation of Building 17b which were accessed by extended window openings (Plate 17.48).

Former Isolation Cottage (Building 18)

Original construction date:

1874 - 1880

Architect:

Possibly Board of Health

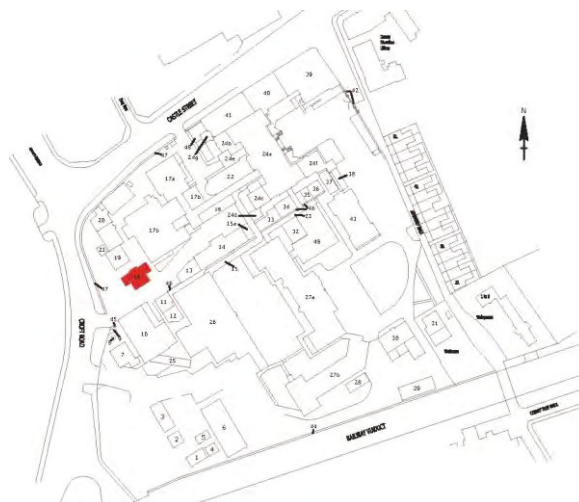
Built by:

Unknown

Later modifications:

Small extensions added to the southern projecting range and a small ancillary range removed from the western elevation during the late C19th or early C20th.

Internal rearrangement of the ground floor and sub-division of the first floor during the latter part of the C20th.



Description

Exterior

- 5.37 Building 18 formed a two storey red brick building, the bricks laid in a variant of Flemish Garden Wall bond, with hipped slated roof and tall windows with cambered brick heads and timber 6-over-6 sashes. The brickwork is in English Bond with a plain stepped eaves cornice and 'blue' brick storey band at ground floor level. The principal elevation was to the north (Plate 18.1) where the building broke forward in the centre for a doorway, flanked by narrow windows under a bracketed stone cornice (Plate 18.2). Both the front door and flanking lancets (Plate 18.3) were original to the building. Above the front door the projection contained a pair of narrow openings containing 4-over-4 timber sashes. To either side of the front projection was a single pile wing, lit by a single large window on the north and south elevations. The east and west elevations (Plate 18.4 and 18.5) were blind although the western elevation featured two chimney stacks projecting from half way up the lower storey supported on brick corbelling and a low level hatch with timber door. The brickwork below the chimney stack was rendered with Roman Cement (Plate 8.5).

5.38 The southern elevation (Plate 18.6) also broke forward in the centre and featured two windows containing 6-over-6 timber sashes at both ground and first floor level. At ground floor level, vertical joints in the brickwork below the right hand window suggested that alterations had been carried out in this area. On either side of the southern projection were full height, flat roofed closet wings, each containing two narrow windows on each floor. The brickwork at the north end of these closet wings was of the same colour as that of the main building and appeared to be part of the original build whilst that of the southern parts were of a more orange/ red brick with a ragged joint on both the east/ west walls and vertical joints on the southern elevation (Plate 18.7).

Interior

5.39 Internally, the building was arranged around the stairwell with wards to the east and west and a duty room and WC's to the south (Figure 7). The entrance hall contained a modest staircase (Plate 18.8) with moulded newel (Figure 10) which rose around a large open well to a gallery (Plate 18.9) giving access to the first floor wards (Figure 8). The rear wing contained a single duty room on both floors, with that on the upper floor subdivided by stud partitions (Plate 18.10). These were accessed from the stair hall (Plate 18.11) and flanked by the narrow closet compartments (Plates 18.12 and 18.13).

5.40 Access to the western closet wing had been altered on both floors with that on the ground floor via a short corridor inserted into the corner of the western ward room (Plate 18.14). The west wall of the stairwell had an inserted opening, level with the first half landing of the staircase (Plate 18.15) and the corridor itself was formed of stud and plasterboard partitions. Steps had been added to the west side of the stairwell wall beyond the wall and underneath these, the original skirting board of the west ward could be seen extending into the corner of the original room (Plate 18.16). An original doorway from the west ward into the duty room had also been blocked and rendered, its original location implied by the symmetry of the building and confirmed during the demolition when the brick voussoirs of the head of the opening could be seen (Plate 18.17). On the first floor the original entrance from the west ward through to the closet wing had been blocked (Plate 18.18) and a new opening created from the duty room (Plate 18.19).

- 5.41 The access to the duty room and closet wing from the eastern wards had survived in close to its original form with a pair of doors set in the southern wall, close to the entrance hall (Plate 18.20) but although the duty room door was present, it had been boarded over on both floors (Plate 18.21).
- 5.42 Beneath the ground floor (Figure 9), remnants of a forced air ventilation system survived, comprising a series of brick lined ducts which formed a circuit beneath the wards (Plate 18.22) and entrance hall (Plate 18.23). Air was moved around the ducts through convection currents created as it passed beneath the hearths of the fireplaces (Plate 18.24), set centrally in the east and west walls, before passing up vertical shafts set in the external walls of the wards (Plate 18.25). These shafts were plaster lined and could be seen most clearly during the demolition of the building (Plate 18.26). Air was drawn into the building by a similar duct passing beneath the floor of the duty room (Plate 18.27) and the western closet wing.
- 5.43 The vertical shafts in the north and south walls of the wards were arranged in pairs, with one shaft leading to a grille in the ground floor skirting board (Plate 18.28) and the other continuing up to the first floor skirting. The shafts in the end walls of the wards extended to the loft space with air passing between loft and ward via circular vents in the ceiling (Plate 18.29). The ducts beneath the ground floor were in places capped with stone flags but for the most part open to the soffit of the floorboards and consequently the designers had chosen to use double grooved softwood boards laced together with metal fillets (Plate 18.30), presumably to create a better seal to the ducts and thus greater circulation through the vertical risers.
- 5.44 The fabric of the original building continued below the level of the brick ventilation ducts of the western ward in the form of a barrel vaulted coal cellar, constructed from brick (Plates 18.31 and 18.32) and set into the earthen floor at the extreme southwest corner. The original entrance to this small cellar appeared to have been from the outside of the building beneath the inserted hatch, but had subsequently been blocked (Plate 18.33). When the fall of the external ground surface is considered, this entrance may have been at external ground level at the time of construction.
- 5.45 Further evidence of alteration was recorded beneath the floors of the closet wings where the truncated stubs of the former southern walls could be seen

mid-way along the existing plan (Plate 18.34). In addition to this, the formerly external blue brick band was noted on the internal face beyond the stub wall.

- 5.46 On the first floor, the east ward and the duty room had been recently subdivided through the insertion of stud partitions. In the ward, the western part of the room had been partitioned by a half glazed screen which formed a narrow room at the north (Plate 18.35), opening onto a wider area at the south forming a lobby area around the entrance to the eastern closet wing (Plate 18.36). The narrow northern part of the room appeared to have most recently served as a comms room^Ψ, whilst the remainder of the ward (Plate 18.37) served as an office. In the former duty room, a canted stud partition divided the space into two rooms (Plates 18.38 and 18.13) with access to both from the gallery only. The doorway from the gallery through to the eastern room was the original access to the duty room, whilst the doorway to the western room (Plate 18.39) had been inserted and fitted with an original interior door, probably from the former opening between the duty room or closet wing and the western ward as both these original doors had been removed and the openings blocked. The door surround to the inserted doorway from the gallery also appeared to be original and it is likely that the door, frame and architrave were moved from their original position. This was in contrast to the later opening between the duty room and the western closet range which was fitted with a functional surround (Plate 18.40) without a door, as the room had been converted to storage space (Plate 18.12).

Further Analysis

- 5.47 This building had remained close to its original plan throughout the latter part of the 19th century and much of the 20th century with some sub-division occurring during the later 20th century. Documentary records indicate that the building dated to the second half of the 1870s and stylistically the architectural finishes concur with that date. The detailing of the woodwork with its chamfered corners and chamfer stops such as was seen around the panels of the doors and on the newel posts and balusters, gives a sense of the rising Arts and Crafts movement in architecture, whilst the drop finial of the first floor newel along with the stone cornice and scrolled brackets over the main entrance refer back to a more classical design approach. The relatively austere appearance of the majority of the exterior is testament to the institutional function of the building.

^Ψ see Glossary

- 5.48 Externally, it is clear that an ancillary range has been removed from the western side, as indicated by the rendered lower part of the west wall, along with the corbelled chimneys and this building is shown on the maps and plans of the site as well as the 1937 aerial photograph (Appendix 2.49) in which the structure appears to be an open yard. Also in this photograph, the ground floor rear door is shown with a nurse standing by it and the closet ranges appear in their lengthened form. The historic drawings and photographs suggest that the closet wings were extended at some point after 1936 as the original arrangement is shown on the proposal drawing for Building 17b (New VD Dept. Appendix 2.47). This said, the extensions do not appear to be new in the aerial photograph of 1937 (Appendix 2.49) and it is possible that the proposal drawing merely copied the shape of Building 18 from an older plan.
- 5.49 A forced air mechanism was not a new concept by this time, but was undergoing constant revision and adaptation throughout the second part of the 19th century and the structural evidence which survived in this building represents yet another variation, with the basic means of propulsion being the convection currents produced by the latent heat of the fireplaces and their supporting plinths which acted as plenum chambers. The building was without doubt purpose built as an isolation/ contagious diseases hospital with all the design characteristics which were considered best practice at the time including cross ventilation (summer) and forced air (winter). The appalling toll of the 1860s/1870s smallpox epidemic had clearly made a lasting impression on the board of governors who were prepared to invest in this admittedly modest new building, despite the financial hardships that the Infirmary was constantly facing.

Microbiology Department (Building 19, 20 and 21)

Original construction date:

1985 (B.19), 1954-62 (B.20 & 21)

Architect:

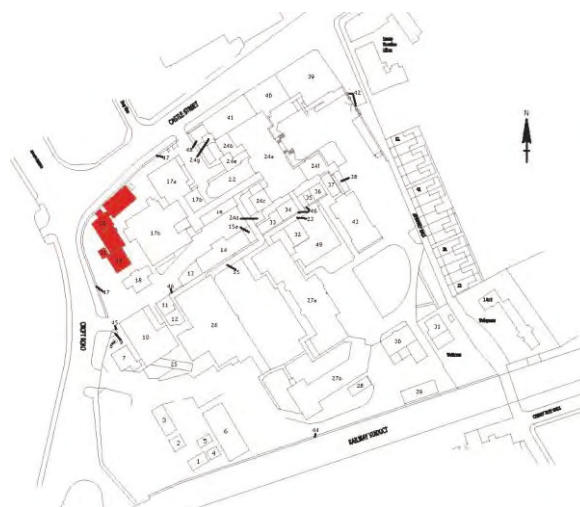
J Cecil Clavering (B.20 only)

Built by:

Unknown

Later modifications:

As Built



- 5.50 These three buildings formed a tight cluster of single storey structures in front of Building 18 and comprised a number of building types and dates.

Building 19

- 5.51 At the southern end of the range is a late 20th century store (Plate 19.1) with the lower part of the south and west walls constructed of brick, whilst the upper part forms a continuous metal louvre beneath the monopitched roof of pressed metal sheets (Plate 19.2). The eastern and northern sides are of brick and are blind. The roof extends beyond the northern wall to create a covered passage through to the southern side of Building 20a (Plate 19.3). The principal entrance comprised double timber doors at the southeast corner and the interior formed a single open space with metal racks and stands attached to the floor (Plate 19.4). Records held at the planning office indicate that this formed a purpose built gas bottle store constructed c. 1985.

Building 20

- 5.52 Building 20 comprised two huts which formed a long range extending northwards from Building 19 (Plate 19.1) with a kink approximately half way along so that the northern part ran eastwards, parallel with the Castle Street boundary. The building was made up of two standard 'Ministry of Works' huts, designed by J Cecil Clavering in 1941, although it is possible that these examples were salvaged from a military site and relocated to the hospital as they did not appear on-site until sometime between 1954 and 1962. The huts

were rectangular in plan with the southern hut orientated north-south (Plate 20.1) and the northern hut orientated northeast-southwest (Plate 20.2). Both were constructed around a timber frame with block-work infill panels and plain glazed panels above. Both had pitched, asbestos covered roofs and were linked by a brick connecting range (Plate 20.3). The building was most recently in use as the microbiology department.

- 5.53 Internally, the huts were subdivided by a series of timber and glass partitions (Plate 20.4) to provide a number of discrete work spaces which had been equipped with laboratory furniture such as fume cupboards, lab sinks (Plate 20.5) and effluent scrubbers (Plate 20.6) whilst the connecting range was largely occupied by an sterilization unit (Plate 20.7) and lavatories (Plate 20.8).

Building 21

- 5.54 On the west side of the southernmost hut was a timber framed and clad shed (Building 21) with a pitched asphalted roof (Plate 21.1). Internally, the building comprised a single room (Plate 21.2) and appeared to have been used as a storage area, presumably for the microbiology department.

The Chapel (Building 22)

Original construction date:

1849-50

Architect:

Henry Day

Built by:

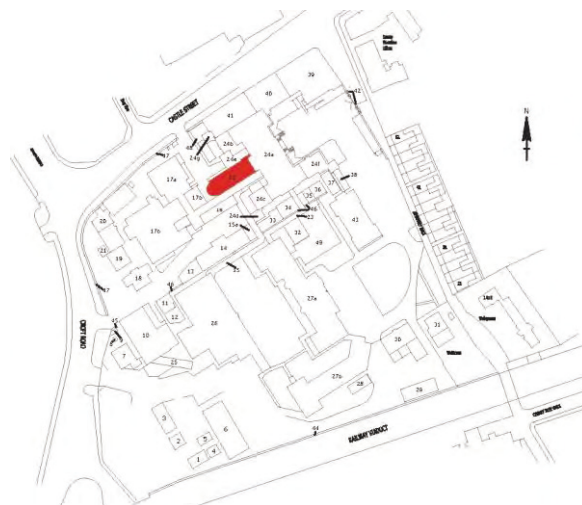
Unknown

Later modifications:

Early 20th century alterations to the lower ground floor windows.

Attachment of link corridor (Building 17) to the southern elevation (c.1931)

Mid 20th century rearrangement of the lower ground floor and refurbishment of the upper ground floor



Description

Exterior

- 5.55 The Chapel comprises a westward projection from the centre of the main Infirmary building (Plate 22.1) and is Romanesque in style. The building stands on a basement and is linked to the main Infirmary building by a two storey block containing consulting rooms and a central corridor at chapel level, linking it with the boardroom. The Chapel consists of a nave and apse, whilst below are store rooms and the main electrical switch room for the Infirmary.
- 5.56 The most representative elevation (Figure 11) at the time of this record was that to the north (Plate 22.2) as the whole of the external southern side of the nave had, for the most part been obscured by a brick skin which had formed the north side of the two storey link corridor connecting the main Infirmary with Building 17a. During the course of the recording work however, this corridor was removed (Plate 22.3) and the brick skin carefully stripped away revealing the majority of the original elevation largely intact (Plate 22.4). The exception to this is a series of three later openings at the eastern end of the elevation (Plate 22.5) which are different in proportion to those on the north side of the building and are fitted with timber hopperlight windows (Plate 22.6) and a wide

solid timber door (Plate 22.7). The fittings on the door are typical of the 1920s and early 1930s (Plate 22.8), as is the overlight above, although the width of the door itself suggests that it may be a modified mid 19th century internal door which has had the panels on the outside filled in. The interior of this door retains its recessed panels (Plate 22.9) and closely resembles others inside the connecting range.

5.57 The building is of red brick in English bond with Oolitic limestone plinth weathering^Ψ, quoins and gable parapet complete with carved-head kneelers (Plate 22.10). The brickwork below the plinth weathering is of harder, highly fired purple brick. The nave is five window bays in length and has tall lancet type windows (Plate 22.11) with stone sills, heads and quoins whilst the lower ground floor has short round headed windows (Plate 22.12) with stone sills. Although the windows of the upper storey appear to be unchanged from their original form, those of the lower ground floor have undergone significant alteration, with only one of the five on the northern side surviving in its original form. From east to west the alterations to the lower ground floor windows are set out in the table below:

Window Bay (from east)	Elevation	Alteration
1	N	<ul style="list-style-type: none"> Widened and lengthened below plinth weathering to form new window (c. 1900) Lengthened to form a door (c.1985 – 90)
2	N	<ul style="list-style-type: none"> Widened and lengthened below plinth weathering to form new window (c. 1900)
3	N	<ul style="list-style-type: none"> Lengthened below plinth weathering (c. 1900)
4	N	<ul style="list-style-type: none"> Upper part blocked, lower part removed beneath an inserted concrete lintel for new double doors enabling access for large heating plant (c.1930s)
5	N	<ul style="list-style-type: none"> Unchanged
1	S	<ul style="list-style-type: none"> Narrowed by rendering of reveals (c. 1931)
2	S	<ul style="list-style-type: none"> Narrowed by rendering of reveals (c. 1931)
3	S	<ul style="list-style-type: none"> Lengthened and widened to form pedestrian door (c. 1931)
4	S	<ul style="list-style-type: none"> Blocked and rendered over (c. 1931)
5	S	<ul style="list-style-type: none"> Blocked and rendered over (c. 1931)

^Ψ see Glossary

Table 10: Catalogue of alterations to lower ground floor windows of the Chapel (B. 22)

In addition, the southern facing lower ground floor window of the apse has also been removed to make way for a door whilst the central apse window has been converted to a louvered vent (Figure 12).

- 5.58 Above the lower ground floor windows is a stone band, supporting a flush zig-zag band in yellow header brick which in turn gives way to a chamfered stone string course on which the sills of the principal windows are set. Above the principal window heads is a yellow brick eaves cornice with blue brick fret design.
- 5.59 The upper floor of the apse has shorter windows lighting the chancel, set higher than those of the nave and the external facade is divided by red brick pilasters into three recessed panels, each with yellow brick relief zig-zag across the top. The slated semi-conical roof (Plate 22.13) is set against the western gable of the nave which is itself surmounted by a stone wheel-head cross at the apex of the gable parapet (Plate 22.14).
- 5.60 The eastern gable of the Chapel is for the most part abutted by the connecting range. Above this the gable features an oculus with chamfered brick and stone surround (Plate 22.15), set below a chimney stack which projects on a moulded stone corbel (Plate 22.16), close to the apex of the gable. The stack is fed by a flue which rises through the body of the eastern wall and originally served fireplaces on this side of the central passageway in lower and upper ground floor rooms although only a single fireplace survives, situated on the lower ground floor to the west of the wall (see Plate 22.16). A projecting stack on the north side of this elevation formerly served a corner fireplace at lower ground floor level and is likely to be an addition to the original structure.

Interior - The Nave

- 5.61 Internally (Figure 13), the Chapel is accessed through a doorway from the connecting range (Plate 22.17) which has a moulded round head and columns, while the door comprises diagonally set planks of hardwood with elaborate hinge straps on the outside (Plate 22.18) and straight hinge straps on the inside (Plate 22.19). The walls have a moulded corbel cornice and stone corbel blocks

supporting the toe of the timber roof trusses (Plate 22.20), which comprise semi-circular arch braces supporting the collars, with curved 'V' struts rising to the principal rafters (Plate 22.21). The walls are painted white above the level of the of the window sills and salmon pink below, a colour scheme which is likely to date to 1947 when the chapel was redecorated and refurnished. This event is commemorated in a brass plaque (Plate 22.22) fixed to the east wall which reads:

TO THE GLORY OF GOD
THIS CHAPEL WAS ENTIRELY
REDECORATED AND REFURNISHED
BY THE WOMENS AUXILIARY
ASSOCIATION AND WAS
RE-DEDICATED BY THE LORD
BISHOP OF WORCESTER
23RD OCTOBER 1947

5.62 The plaque is set to the right of the door and above is the pipe case for the chapel organ (Plate 22.23) which is of a reddish timber with moulded apron and square section posts dividing the open front of the case into three parts. The pipes had been removed at some point prior to this record being carried out. The design is of a stripped classical appearance, in contrast to the Romanesque interior of the Chapel. Immediately behind the pipe case is an oculus fitted containing a stained glass light with star motif in the tracery (Plate 22.24). On the right hand side of the east wall is a memorial plaque in bath stone with red marble engaged columns supporting an ornate pediment (Plate 22.25) flanked by carved heads. The inscription sits below a geometric design set within the foil of the pediment and comprises a golden circle over a stylized star with crossed points and the symbol of the Trinity at the top. The inscription reads:

SACRED
TO THE MEMORY OF
HERBERT COLE, MRCSE
BORN 25TH SEPTEMBER 1796
DIED 27TH FEBRUARY 1852
BLESSED IS HE THAT CONSIDER
<RETH THE POOR AND NEEDY
THIS TABLET IS ERECTED
BY THE GOVERNORS OF THE

WORCESTER INFIRMARY TO
RECORD THEIR HIGH ESTEEM
OF THE VALUABLE SERVICES
RENDERED BY THE DECEASED
TO THIS INSTITUTION FOR THE
PERIOD OF THIRTY YEARS
DURING WHICH TIME HE FUL-
FILLED THE DUTIES OF
HOUSE SURGEON

- 5.63 The glazing of the nave windows is predominantly plain square leaded lights fitted with a hopperlight at the top (Plate 22.26). The exception to this is the central window on the northern side which features a purpose made stained glass leaded light (Plate 22.27) featuring an image of the original Infirmary building with a sainted figure above and banner below carrying a dedication '*To commemorate the work of JS Rippier. Secretary from 1946 to 1968*'. The dedication is accompanied by an open hymn book showing words taken from The Book of Tobias (Tob 13:28) '*O blessed are they which love thee for they shall rejoice*' set to music. The sainted figure is youthful and is holding a scroll on which are written an abbreviated version of the opening line from the Book of St John (John 1:1) '*In the beginning was the word, and the word was god*'. The window is signed with a logo which appears to be 'JCH' (Plate 22.28).
- 5.64 The floor is covered with parquet except for a central aisle of tiles defined by metal vent covers (Plate 22.29) which extends toward the chancel arch where it forms a wide rectangular area in front of the timber communion rail.
- 5.65 The west side of the nave largely comprises the chancel arch (Plate 22.30). This is in Bath stone and is of three orders, each supported on engaged columns with scallop and foliate capitals. The lower order comprises dog-tooth ornament whilst the middle order is gadrooned and the upper, dentilled.
- 5.66 Immediately in front of the chancel arch and to the right is the pulpit. This appears to be of the same stone as the chancel arch, corbel cornice and corbel blocks and is thought to be contemporary with those features and the original construction of the building. The pulpit is semi-circular in plan and from the front takes the form of a chalice, with fluted sides narrowing to a supporting stem set on a rectangular plinth.

The Chancel

- 5.67 The chancel or apse is semicircular in plan and although the altar had been removed prior to this record, the altar dais and plinth were still in place, both being of stone. The walls of the chancel (Plate 22.31) are ornamented with a blind arcade in Bath Stone, the field above the arches being finished with a mosaic of gold tesserae in which are a series of Judeo-Christian symbols set between the heads of each arch. The half dome above has broad ribs, ornamented with gold painted dog-tooth mouldings. The three windows of the chancel are by George Rogers and comprise blue and red geometric patterns which form a border to a series of vertically overlapping blue and red wheels. The principal difference between the windows is the symbol set in the central wheel of each. (Plates 22.32 – 22.34). The soffit of the internal window arches are also finished with a dog-tooth design in relief.

The Connecting Range

- 5.68 The upper ground floor of the connecting range is arranged around a central corridor which runs from the chapel entrance in the west (Plate 22.35) to the boardroom in the east (Plate 22.36). The stone doorcase to the chapel was boxed-in during the recording work to protect it from damage during refurbishment. As a result there is no detailed description. However, the western side was visible and comprised a plain Bath stone surround and a simple comparative analysis suggested that it was contemporary with the other stonework in the chapel. The doorway from the connecting range to the boardroom was designed to match those of the original Infirmary with wide Georgian style architrave and large six panelled timber door. The floor of this room is covered in red and cream ceramic tiles bordered with decorated tiles (Plate 22.37) which form a continuous boundary to the space. The walls are embellished with an elaborate plaster cornice, set away from the ceiling (Plate 22.38) which is pierced by an iron and lead-framed rectangular roof lantern considered to be original. The roof lantern opening in the ceiling is surrounded by a plain square edged rectangular moulding which seems out of keeping when compared to the cornice.
- 5.69 On the north side of the corridor is a single room which was most recently used as the medical library. The doorway to this room has a wide architrave (Plate 22.39) deigned to match those of the original Infirmary building and is fitted

with a large four panelled door. Internally, the room has been refurbished (Plate 22.40) with both the east and west walls completely covered with early 20th century book cases. The room is lit by a single window, set centrally in the north wall and comprising a timber casement, also dating to the early 20th century although the window surround and timber panelling below (Plate 22.41) appear to be original.

- 5.70 On the south side of the central corridor are two openings which do not appear to be original. The opening to the east end has no surround or door (Plate 22.42) and leads to a short corridor which gives access to the three storey range leading to Building 17. There is an outer door to this corridor. The remaining doorway in the south side of the central corridor was fitted with a narrow architrave dating to the early 20th century (Plate 22.35). Unfortunately, the room, shown on plans as the vestry, was sealed due to asbestos contamination and consequently there was no opportunity to examine either the door or the interior of the room.

Lower Ground Floor

- 5.71 The lower ground floor (Figure 14) of the Chapel was divided into three discrete parts by the erection of brick partitions. At the western end, the arrangement of the connecting range was similar to that of the floor above with rooms set on either side of a central corridor (Plate 22.43) leading from the records store in the east (beneath the boardroom) to a narrower corridor which extended partly beneath the nave. The entrance to this central corridor from the records store was formed by a plain timber screen across a wide opening and was not fitted with a door (Plate 22.44). The arched opening at the west end of the corridor was formed by a rib, which runs between the easternmost piers supporting the barrel vaulting of the nave floor. The outer arrises of these ribs were chamfered (Plate 22.45).
- 5.72 The corridor of the connecting range had a plain plaster skirting which was painted black (Plate 22.46) and continued through into the corridor beneath the nave. At its western end, the corridor beneath the nave was blocked and access to the western part of the lower ground floor was via doors from the Building 17a link corridor to the south or by external doors on the north and southwest.

- 5.73 On the south side of the connecting range corridor was a doorway fitted with a narrow moulded architrave indicating that this may not have been an original opening (Plate 22.47). The door had been removed and the opening sealed with a plasterboard panel. Consequently, the room to the south of the corridor was accessed from the Building 17 link corridor and was identified by a sign on the door as being the 'contingency store' (Plate 22.48).
- 5.74 Internally (Plate 22.49), the room contains moulded timber skirting (Figure 15) similar in style to those seen in Building 43 (Mulberry House). The room was lit by a window in the south wall, borrowing light from the link corridor. A second opening set at a high level on the northern wall of this room has been blocked, but may have served as a window lending light to the central corridor (Plate 22.50). This wide, short high level opening was mirrored on the northern wall of the central corridor and both had chamfered outer edges suggesting that they were original features of this range.
- 5.75 The room on the north side of the connecting range was accessed from within an extension to the lower ground floor of the Infirmary block and the double doors were fitted to a widened opening in the northern wall (Plate 22.51). The doors were fitted with chromed handles indicative of the early 20th century. Internally the room had been refurbished to act as the ECG (Electrocardiograph) Ward and as a result had been recently refurbished and contained few architectural features of note. An inserted window in the west wall was fitted with a narrow 1/1 timber sash window with moulded architrave (Plate 22.52) which dated to the late 19th or early 20th century, whilst on the southern wall, a Bakelite light switch was observed (Plate 22.53) and considered to be broadly contemporary with the door fittings. Set high on the left hand side of the southern wall was the blocked opening noted above (Plate 22.54).
- 5.76 The corridor beneath the nave gives access to rooms on both the northern and southern sides. Both rooms are of similar proportions and are formed from a series of brick partitions built between the piers supporting the floor of the nave above. To the south is the former 'Porter's Rest Room' accessed from the central corridor by a modern timber door set in a moulded architrave (Plate 22.55). The room was originally lit by two windows in the south wall (Plate 22.56) along with a high level window on the north wall (Plate 22.57), although all these are now blocked on the outside. The windows on the southern wall are

similar to those described on the northern elevation of the chapel in that they are rather short with round heads and fitted with two and three paned lights and are set in the centre of each pier bay. Below the windows, both of these bays were fitted with timber cupboards which also served as benches or shelves. The doors of these cupboards comprised a single recessed panel with chamfered edges and in both style and construction appeared to be original.

- 5.77 At the east end of the room is a small fireplace (Plate 22.58) which retains its chimneypiece and surround but which has been blocked across the mouth of the grate (Plate 22.59). The fireplace and blocking are painted black making identification of fabric difficult, but the general appearance suggests that both surround and opening are formed of ceramic tile.
- 5.78 The western end of the room (Plate 22.60) was largely empty except for a wall mounted key cabinet. However, set against the ceiling along the outside of the arches along the north side of the room, a duct was observed. At the centre of each arch the duct was fed by a secondary duct which ran along the soffit of the arch and through the corridor wall (Plate 22.61). This then crossed the corridor ceiling (Plate 22.62), passing through the northern wall where it was connected to a similar duct in the room known as the 'Porter's Changing Room' (Plate 22.63).
- 5.79 This room was similarly styled to the 'Porter's Rest Room' (Plate 22.64) although the windows in the northern wall had been widened and lengthened from their original small round headed form so that the opening completely filled the recess. The eastern recess had been opened down to floor level to form a doorway (Plate 22.65) whilst the western recess contained a timber framed fixed light window fitted with scallop shell frosted glass and with over-light (Plate 22.66). There was no evidence of the low level cupboards seen in the 'Porter's Rest Room'. The skirting was of the same type as that in the rest room and although there was no evidence of a fireplace in this room, the high level ducting was present here, set against the ceiling along the arches of the southern wall. At the eastern end, this ducting flared out as it passed into the eastern wall (see Plate 22.64). The entrance to this room from the central corridor was also similarly styled to the rest room with identical architrave to the doorway although here the original door had been retained, comprising a four panelled timber door of which the upper two panels were glazed with frosted glass.

- 5.80 To the west of these rooms, the corridor was blocked by a brick partition and access to the rooms beyond was via doors in the south wall (from the Building 17 link corridor) or the north wall. The latter was clearly a later insertion whilst the former is likely to be an original feature fitted with a later door (Plate 22.67). The door gave access to an 'L' shaped room fitted with switchgear (Plate 22.68 and 22.69) which ran beneath the south and west side of the nave. The windows along the south side were identical in form to those in the 'Porter's Rest Room' but had been blocked (Plate 22.70), probably during the addition of the link corridor. The single northern window remained in its original form but had been fitted with a metal vent replacing the earlier metal framed light. The floor in the southern part of the room had been raised to allow space below for the cables from the switchgear (see Plate 22.68). The ceiling in this space comprise a series of barrel vaults running along the north, south and west sides, forming groin vaults where these intersected at the northwest and southwest corners. In the centre of the west wall is a blocked opening with arched head which marks the former entrance to the lower ground floor of the apse (see Plate 22.69).
- 5.81 The remainder of the northern and central part of this area was accessed via the inserted double doors in the north wall of the chapel, discussed above, and internally by a single door in the wall which blocked the western end. This room comprised an open rectangular space punctuated by the piers supporting the nave floor (Plate 22.71). The blocked opening from the central corridor to the east was evident, forming a round headed rebate in the eastern wall. Although much of the electrical plant had been removed, a transformer remained in the southeast corner, surrounded by a series of open brick lined conduits in the floor (Plate 22.72).
- 5.82 The room was painted with a thin black dado band separating olive green below and grey above. Set against the arches between the piers was a continuation of the high level duct seen in the 'Porter's Rest Room' and changing rooms to the east. As elsewhere, the duct on the north side was connected to that on the south side by transverse conduits running along the underside of the barrel vault of the central isle. The northern duct terminated within this room and it is assumed that this was also true of the southern duct, although that side had been removed.

- 5.83 Of the two original window openings in this room, both have been modified with that to the west having been completely removed by the insertion of an early to mid 20th century double door. The opening to the east retains its original rebate internally, but the window opening has been lengthened and the window replaced by a metal vent (Plate 22.73). The northern side of the room stood largely empty (Plate 22.74) with the key features of interest being two historic signs screwed to the western wall. These comprised a copy of the 'Electricity Regulations' (Plate 22.75) and the 'Workmen's Compensation Act 1925' (Plate 22.76), both taken from the 'Factories and Workshop Acts 1901 to 1929'. These suggest that this part of the lower ground floor was serving as an electricity substation from the early part of the 20th century although all the surviving electrical plant was significantly newer than that.
- 5.84 At the western end, the semi-circular room beneath the chancel is accessed by an inserted door on the southwest which has replaced an earlier lancet window (Plate 22.77). The remaining two window openings in the apse survived in an unaltered condition (Plate 22.78), although the metal framed windows are likely to date to the mid 20th century. The rounded wall to the west was fitted with wooden shelves, attesting to the room's most recent function as a store whilst in the centre of the eastern wall (Plate 22.79) the blocked opening of a doorway survived as a rebate. The floor in this room is of red and black encaustic tiles which were originally arranged in a chequer-board pattern, but appear to have been partly re-laid without reference to that design (Plate 22.80).

Further Analysis

- 5.85 The majority of the surviving furniture such as the chapel organ and pipe case are made of a pale coloured softwood and are relatively unembellished. As such they are likely to date to the mid 20th century refurbishment program. The door into the nave from the connecting range also appears to be of 20th century materials although it may have simply been cleaned and restored. The stone pulpit is very similar to that shown in the historic drawing of the chapel dating to the 1850s and it is therefore assumed that this is an original feature. Similarly the stained glass windows of the apse and the oculus window set high in the eastern wall, mosaic adornment and blind arcade behind the altar plinth, flooring and roof structure along with the fabric of the building are also considered to be original to the design and construction in 1849/ 50.

- 5.86 In the connecting range on the upper ground floor, the doors and architraves from the central corridor all show references to the earlier Infirmary building to which they form an extension and these too are considered to be original along with the cornice in the corridor. The provenance of the roof lantern however is somewhat more ambiguous as the ceiling around it appears to have been modified.
- 5.87 On the lower ground floor, the fireplace in the 'Porter's Rest Room' is typical of a functional late 19th century chimneypiece with a round arched grate opening and rather angular unadorned surround. Consequently this feature is considered to date to the closing decade of the 19th century and is therefore likely to be contemporary with the installation of the blocking walls which form the room and the moulded skirting boards.
- 5.88 The ducting seen throughout the area below the nave forms part of the original heating system and was originally supplied by some form of heating system which was installed in the ECG department, formerly known as the 'warming apparatus' room and identified as such on the earliest available plan of the building dated between 1851 and 1864 (Appendix 2.18). Unfortunately, no evidence remains in this room to indicate the form which this apparatus took although it was almost certainly coal fired. One heating system which would have been available at this time was the 'Octopus Furnace' (Plate 22.81) or gravity heating system which used the convection currents produced by the furnace to drive warm air upwards through a series of wooden or metal ducts. In this case the furnace was connected through the west wall of the ECG room where it passed along the transverse conduits to the south side of the central aisle, with the warm air being released into the nave along the metal grilles in the floor. Exhaust gasses from the furnace were removed via a flue in the west wall of the chapel, shown on the mid 19th century plan as a circular void in the wall.
- 5.89 The transformer room on the north side of the lower ground floor is the closest representation of the original arrangement of the space beneath the nave. Early plans dating to the 1860s suggest that originally the whole space was open with a central arcade formed by the chamfered piers leading from the connecting range in the east, to the doorway to the apse in the west. The mid 19th century plan of the building indicates that this space was used as a 'convalescents day room' and no doubt the space would have benefitted from the warm air ducts

running along the ceiling. Unfortunately, there is no longer any evidence of the decor of this period.

The covered walkway to the nurses home (Building 23)

Original construction date:

1932

Architect:

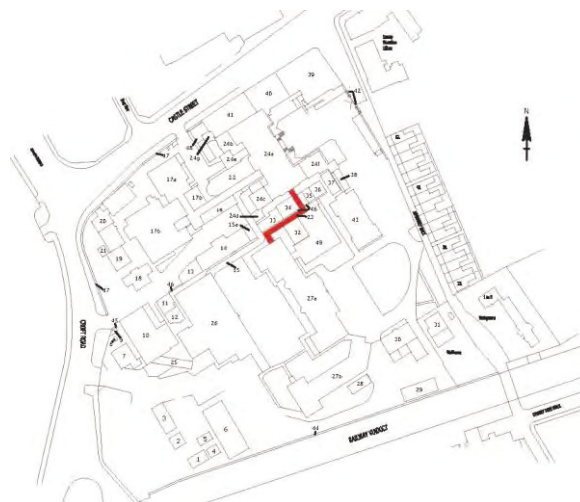
Unknown

Built by:

Unknown

Later modifications:

Blocking of windows along the southern side (1932 – 1940)



- 5.90 This structure ran from the lower ground floor doorway in the centre of the southern elevation of the Infirmary building to the northern side of the Nurse's Home (Building 27a). The structure was of a single storey and was brick built with a flat roof. It was constructed in three sections with short north – south lengths at either end of a long east – west corridor. The majority of the structure was constructed against the south side of the hospital's former southern boundary wall and, due to the addition of later buildings along much of the south side, the walkway had only a very short length of exposed elevation at the western end (Plate 23.1).
- 5.91 The short north – south corridor at the western end contained glazed double doors facing east and double timber doors facing west (Plate 23.2), both set adjacent to Building 27a. In addition, the exposed part of the east – west corridor contained a long timber framed window (Plate 23.3). The short north-south section at the eastern end also contained doors in the sides giving access to the walkway from the western side of the Infirmary building (Plates 23.4 and 23.5) and this part of the structure was partly lit by a small roof light (Plate 23.6).
- 5.92 Internally, the long east – west corridor was rendered and painted white, although the upper part of the southern wall had been left as exposed brick, defined by a red tile sill (Plate 23.7). The brickwork appeared to take the form of a series of regularly spaced brick piers (Plate 23.8) with more recent brick infill between. The space between the piers closely matched the size of the extant window at the west end of this wall and it was concluded that the whole

of the southern side of the corridor was originally glazed prior to the addition of the staff restaurant and kitchens (Buildings 49 and 32 respectively). Access between this walkway and the later staff restaurant was provided by an inserted pedestrian door in the southern wall (Plate 23.9) along with a wider opening at the east end (Plate 23.10). The walls of the corridor were adorned with staff notice-boards and signage and set on a pilaster on the northern side was a brass plaque (Plates 23.11 and 23.12) which read:

THIS CORRIDOR
IS THE GIFT OF
MRS J. BANKS
OCTOBER 1932

- 5.93 The date of construction is therefore not in doubt and the original form of the building was dog legged in plan, glazed along its entire southern side and providing a sheltered conduit from the nurses home to the southern lower ground floor entrance to the Infirmary building. When in later times, probably the late 1930s, a canteen block was added to the southern side of the building, a number of the windows were blocked and doorways inserted to allow access between the two. Further windows were blocked when the canteen facilities were enlarged during the late 1980s.

The Infirmary (Building 24)

Original construction date:

1768 - 1770

Architect:

Anthony Keck

Built by:

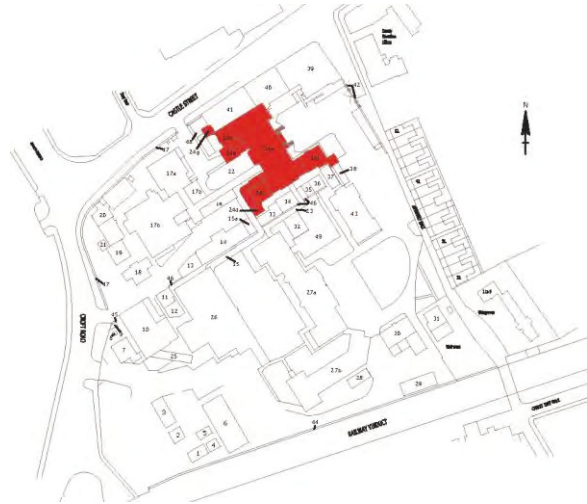
Bowens, Stephens and Bott

(Masons)

Edward Haskow (Carpenter)

Later modifications:

See Historical Development below



Historical Development

- 5.94 The Infirmary building was originally constructed as a three storey structure in a symmetrical 'H' plan with a two storey central canted bay on the western side. The hipped roof contained staff accommodation, the perpendicular wings contained the wards and the central range contained administrative rooms on the upper ground floor and treatment rooms above. The lower ground floor was given over to service functions and the morgue.
- 5.95 Enlargement and development of the original Infirmary appears to have begun in 1823 (Phase 2) when the north western ward range was extended, with the south western range being enlarged in 1828 (Phase 3). A series of additions were made in the mid 19th century including the building of the chapel and the addition of an extra storey, both designed by Henry Day (Phases 4 and 5). Corner towers were added to the extended wings in the late 1860s or early 1870s to provide the wards with en-suite washrooms (Phase 6) and then towards the end of the 19th century the south eastern wing was extended with its own corner tower (Phase 8). The early 20th century saw a further extension added to the lower ground floor of the south western wing (Phase 9), following which, the alterations were limited to the sub-division of the ward spaces and other rooms, the refurbishment of the various spaces and the addition of two lifts (Phase 10).

Description

Exterior

- 5.96 Building 24 forms the principal Infirmary building, comprising the original H plan Infirmary with subsequent accretions to all sides and all floors. It is constructed of red brick in English bond with penny struck pointing. It is embellished with buff brick eaves, thick oolitic limestone sill bands at basement and ground floor level, plat band^Ψ above the basement, a moulded string course between first and second floors and stone sills at first floor level. The moulding of the string course projects towards the top of the band with a coffered soffit and ovolo moulding pushing out to the flat top. The hipped roof is covered with Welsh slate and the gables are stone-capped.

Eastern (principal) elevation

- 5.97 The principal entrance to the building is situated on the eastern elevation (Figure 16) which is carried off in a simple decorous Classical style, although later additions to the flanking wings have unbalanced the originally symmetrical facade (Plate 24.1). The elevation is arranged in seven bays, with two bay wings, which originally projected forward by one bay, at either end. However, the southern wing (Plate 24.2) has subsequently been extended, a straight joint which rises to the eaves defining the junction between the original building and extension (Plate 24.3), with the result that it currently projects by four bays and has a contemporary corner tower projecting from the southeast corner (Plate 24.4).
- 5.98 Both the extension and the tower are styled so as to match the original building with buff brick eaves, stone sill, string course, plat bands and a Welsh slate roof. The latter is fitted with paired lightning conductors embellished with the spade symbols. On the eastern face the upper ground floor window on the left has been lengthened and fitted with a double glazed aluminium door to form a fire exit. The central three bays are set forward beneath a triangular pediment pierced with a Diocletian window and embellished with dentilled eaves. The central entrance at piano nobile level is reached via a double flight of stone steps with half landings and cast iron railings (Plate 24.5).

^Ψ see Glossary

Principal entrance steps

- 5.99 These steps were dismantled under archaeological supervision during the refurbishment programme (Plate 24.6) and the stone treads found to be supported on three walls which contained brick of many different types including frogged Flettons not older than the early 20th century. These late bricks were found throughout the structure and suggest that the steps had been dismantled and rebuilt using any salvageable masonry on a number of occasions during the 19th and 20th centuries. The treads themselves were heavily eroded on the underside but due to their shape, could not have been inverted and reused upside down and so it was concluded that the erosion had resulted from wind delaminating the soft stone rather than any kind of physical wear. Furthermore, the central wall was founded at a higher level and on stone debris (Plate 24. 7) which may have been former treads, suggesting that it was a later modification to the structure, possibly in response to the thinning or breaking of the treads. The outer walls were founded on spread footings cut into a buried topsoil (Plate 24.8).
- 5.100 However, the rebuilding episodes did not extend to the central platform which was set on brick of a similar type to that found in the structure of the hospital. This platform formed a barrel vault (Plate 24.9) with an oculus in the eastern wall (Plate 24.5) which had until recently been fitted with an ornate cast iron grille (Plate 24.10). The surrounding wall had been rendered and a bead moulding set around it. This moulding was only present below the level of topsoil now butting against the structure (Plate 24.11) suggesting both that the ground level against this structure was lower when the moulding was applied and that the wall had been re-rendered whilst the ground was at its current level.
- 5.101 The interior of the vaulted chamber beneath the platform had a brick floor which sloped towards the building (Plate 24.12) where a round arched window in the Infirmary wall had been lengthened (Plate 24.13). The side walls of the brick vault had also been modified against the outer face of the Infirmary wall to create a rectangular opening (Plate 24.14) which, in association with the central supporting wall of the steps, formed a conduit which was fitted with a modern wire grille on the outside wall of the steps (Plate 24.15).

- 5.102 The double 3-panel doors with overlight are framed with a moulded stone doorcase and pedimented hood, supported on scrolled brackets. To either side, and above, the bays are lit by window openings with segmental heads of rubbed red brick. For the most part these retain their original hornless 6-over-6 vertical sliding sashes set within reveals, although these vary in date with relation to the phases of construction.
- 5.103 Six short stacks pierce the roofline of the main central block. Although the right hand wing has not been extended in itself, the lower part has been abutted by the later Building 41 obscuring the right hand bay at upper and lower ground floor level (Plate 24.16). The lower ground floor of the building is largely below ground level on this side of the building but a narrow open area runs around the base of the elevation to allow light into the windows which appear to have been shortened to 3 over 3 and 3 over 6 sashes across the main range with a single 6-over-6 sash remaining in the end of the right hand wing (Plate 24.16).

Northern elevation

- 5.104 The original symmetrical north and south elevations are still evident despite the later extensions and closet wings with pyramidal roofs. The lower part of the northern elevation (Figure 17) is obscured by the addition of the outpatients department (Building 41). Above this, the north elevation is asymmetrical due to the addition of single bay extension to the west, along with a corner tower. However, the earlier arrangement of five bays with the central three set forward beneath a pediment, with dentilled cornice detail is still readable. The windows of the upper ground floor comprise 6-over-6 lights, but in contrast to those on the front elevation, are of sash and hopper style and can only really be seen from inside (Plate 24.19). This is thought to be a modification in response to the construction of the outpatients department (Building 41) against this elevation.
- 5.105 The extension steps forward from the earlier building and has a rather indistinct change in the brickwork between the upper ground and first floors suggesting a difference in age or fabric. It is further distinguished from the earlier building by the windows which comprise 6-over-3 sashes on the upper ground and first floors. The change in roof structure which can be seen over this part of the building relates to its plan form rather than its date as the roof, along with the upper storey is thought to be of a single mid 19th century phase. The corner

tower comprises two bays on the north and the east side is blind, being occupied by a chimney stack which rises well above the eaves but appears to have been truncated and capped. The hipped roof of the tower features a paired lightning conductor with club motifs and the wall beneath the eaves has a fielded brick string. All the windows in the tower comprise 2 over 2 sashes and have stone heads and sills.

Western elevation

- 5.106 The western elevation (Figure 18) is dominated by the presence of the Chapel building in the centre. Like the east elevation this side is arranged in seven bays to the central range (Plate 24.20) although the outer two bays have been masked by the addition of small projecting bays set in the angle between the main range and the side wings. With the exception of the upper storey, the elevation is arranged around the canted bay which survives from the original building and rises above the connecting range of the chapel and has a hipped roof covered with Welsh slate (Plate 24.21). The lower ground floor is wholly obscured by later accretions with a single storey flat roofed range to the left (Plate 24.22) comprising Building 24e and the three storey link corridor to the Bates Block (Building 17), along with an extension to the kitchens (Plate 22.23) on the right. In general terms the windows above these extensions closely match those seen on the principal elevations but with three exceptions. The two windows above the canted bay are slightly shortened to accommodate the roof of the projection (Plate 22.21); the three windows in the most northerly exposed bay have been replaced with large paned lights in the same frames and along the southern side of the link corridor to the Bates Block (Building 17), narrow 1-over-1 lights have been inserted along with a small 1-over-1 sash above the flat roof (Plate 24.21).
- 5.107 The northern wing (Plate 24.24) projects forward by three bays on this side of the building with the central bay comprising modern doors on all but the lower ground floor, giving access to a modern fire escape which continues across the roof of Building 24e before descending to the yard. The two bays of the west side of the wing are separated by a projecting chimney breast which appears to have been reduced and capped just above the eaves. The styling of the corner tower is continued on the other two sides and along the short connecting range.

- 5.108 The southern wing has survived in closer to its earlier form (Plate 24.25) in that the centre of the inner face is blind and without an attached fire escape. The corner tower is a mirror image of that to the northwest.

Southern elevation

- 5.109 The southern elevation (Figure 19) is extended from its original form at both ends (Plate 24.26) with an additional bay added to the west and two to the east, both stepped forward from the original elevation, although the eastern elevation stepped back again to reflect the central part of the earlier building. Other than this, the principal alteration to this elevation was the insertion of fire escape doors into the upper three storeys through the lengthening of windows. On the top floor this was carried out on the easternmost window, on the first floor the eastern window of the original building and on the upper ground floor the window to the west of centre although this had subsequently become redundant when the fire escape was moved to its current location. The majority of the windows above lower ground floor level were of the standard arrangement of 6 over 6 sashes on the middle two floors with 3 over 6 sashes on the upper floor, although to the east of centre, the large windows of the upper ground floor have been replaced with 3 paned windows. The easternmost window of the first storey was of a shorter 3 paned light and did not appear to have been modified.
- 5.110 The lower ground floor features an original entrance with round head and stone surround (Plate 24.29) set in the centre of the projecting bay of the original building. To either side of this, all the windows had been replaced with 2 paned fixed lights predominantly fitted with frosted glass or Georgian wired (safety) glass. Both extensions featured shorter windows than the original, having sills on top of the stone band rather than projecting through it. To the west of centre, a doorway had been inserted into the original building (Plate 24.27) whilst in the projecting part of the eastern extension the facade featured a tall contemporary door with flanking lights (Plate 24.28). Whilst the eastern extension and corner tower were of the same fabric and continuous build, the western corner tower had clearly been added, as was demonstrated by a mismatch of coursing and a vertical joint between the two elements (Plate 24. 30).
- 5.111 Of particular interest on this elevation was a wealth of graffiti inscribed into the thick stone band on either side of the central doorway of the original building.

To the west, this extended onto the later part of the building where an inscription dated 1851 was recorded high up on the brickwork (Plate 24.31). The most elaborate of these formed a rectangular frame inside which was inscribed 'J.C. 1794' with a flower to the side and a scrolled motif below (Plate 24.32). The letters J.C. were found repeatedly although the 1794 date was the earliest to be recorded. Another inscription was dated 1800 (Plate 24.33) whilst another, carried out by H. Olive? continued the theme of a rectangular border and was dated 189[9] (Plate 24.34). This graffiti was catalogued photographically but much of it was relatively un-informative, comprising undated initials or rather poorly executed characters which were difficult to decipher.

Interior

Upper Ground Floor

- 5.112 Internally the building has undergone considerable change and little of the original decoration survives beyond the entrance hall. At upper ground floor level and above, the hospital is arranged with long open wards running along the wings connected together by a full height corridor running centrally through the cross range and off which are numerous smaller wards, consulting rooms and the two principal staircases situated on the west at either end. The corridor has a flat roof but gives the impression of being vaulted as a result of the arched openings through the cross walls. Towards the northern end of the corridor a twentieth century stud partition has been erected in line with one of the cross walls to create separation between the entrance area and the principal staircase and lift. The walls of the corridor are painted and at upper ground floor level, have plastic direction signs screwed to the indicating wards and exits.
- 5.113 Due to the relative complexity of the buildings plan, the hospitals' own room numbering system has been adopted for ease of identification of the various rooms and spaces. The origins of the room numbering system are unclear but it is the numbering supplied on the NHS plans.
- 5.114 The centre of the upper ground floor (Figure 20) is occupied by the entrance hall [Room 1.31] (Plate 24.35) where the structure of the upper floors is carried on two Doric columns rising to an entablature (Plate 24.36) which frames the

hall ceiling and differentiates it from the cross passage leading to the wards on either side (Plate 24.37). The walls have Doric pilasters and round headed rebates in the east of the north and south walls (Plate 24.38) with that to the north having been historically broken through and re-blocked with a stud partition in which was set a low level fixed viewing panel (Plate 24.39) to the comms room^Ψ beyond. On the west side of the north wall is an original door with wide architrave but with a replacement four panelled stable door (Plate 24.40). The doorway is mirrored on the south wall of the entrance hall and this also has a replacement four panelled door. Set between the door and the rebate on this wall is a fireplace (Plate 24.41) with stone surround and brick back dating to the early 19th century. The floor is covered with stone slabs which extend into the cross passage as far as the wards. A modern reception desk has been set to the north of the hall complete with glass screen. The west wall features a single door with wide shouldered architrave and the opening is fitted with a broad six panelled door believed to be original (Plate 24.42). Above the door is a stone tablet with foliate border (Plate 24.43) which reads:

THIS TABLET
IS ERECTED TO COMMEMORATE
THE MUNIFICENT GIFT BY
MADEMOISELLE JENNY LIND
OF £800 OF THE PROCEEDS OF A CONCERT
HELD IN THE COLLEGE HALL
ON THE 2ND DAY OF FEBRUARY 1849
OF WHICH SUM £300
WAS DONATED TOWARDS THE ERECTION
OF THE CHAPEL
ATTACHED TO THIS INSTITUTION

5.115 Beyond the entrance hall is the boardroom [Room 1.22] which retains few of its original features other than the internal architrave to the hall door (Plate 24.44). The dado panelling, ceiling cornice (Plate 24.45) and pilasters are thought to be early 20th century dating to the room's conversion from a library. The western wall was moved out when the chapel was added and features a single door and architrave made at that time to mirror the original in the eastern wall (Plate 24.46). Set on the north wall is a fireplace with timber surround and overmantel in which was set a transcription of the inaugural

^Ψ see Glossary

address in this room by Sir Charles Hastings to the Provincial Medical and Surgical Association (later the BMA) in 1832. Above was a portrait of Hastings and below the mantelpiece the fireplace has been blocked and rendered over. By the time of this record the transcript and portrait had been removed (Plate 24.47). The chimneypiece is also dated stylistically to the early part of the 20th century. It is possible that the windows set in both the north and south walls (Plate 24.48) date to the original building and have been relocated from their original position in the canted bay. The window to the south looks into the link corridor to the Bates Block (Building 17).

- 5.116 To the north of the boardroom was the cash office [Room 1.21] which had been modified through the insertion of a timber partition along the east side forming a small lobby area with a secure tellers hatch and door through to the main room (Plate 24.49). In the southeast corner was an original alcove with early 20th century shelving and cupboard door across the top part and in the lower part a safe had been installed, supported on two steel RSJs. This however had subsequently been removed. The skirting board was small with a simple torus moulding and was of a similar date to the cupboard. The room had otherwise been wholly refurbished during the late 20th century with the exception of the window in the west wall (Plate 24.50) which was considered to be original to the building. The outer door to this room (Plate 24.51) was half glazed with four panels, typical of the late 19th or early 20th centuries but modified in more recent times.
- 5.117 To the north of this is the northern staircase (Plate 24.52) which is of cantilevered stone construction and fitted with a metal (probably cast iron) balustrade with hardwood handrail. The balusters (Plate 24.53) are paired, forming a loop at the base and attached to the tread through a boss. The upper part of each baluster branches out to form a tripartite leaf on either side and the shaft is reeded and clasped. This staircase extends in this form from the lower ground floor to the first floor where its form changes. As a consequence, it is likely that it dates to the first half of the 19th century and the reeding would suggest the 1830s or 40s.
- 5.118 To the north of the entrance hall was the comms room [Room 1.19] containing the principal telephone exchange and more recently the servers for the non-medical computers. This room had undergone significant change with the only original features comprising the window in the east wall (Plate 24.54), the

broad architrave to the main access and possibly the skirting which comprised a tall plain plaster band around much of the room. The door from the entrance hall had been fixed shut (Plate 24.55) and the reveal reused as a cupboard whilst the partially blocked alcove to the east had undergone a similar treatment below the viewing panel. Both of these modifications appeared to be of late 20th century date. The floor had been re-laid using plywood sheets and the fireplace on the northern wall blocked (Plate 24.56) and fitted with a small wall safe. The door into the main corridor was of late 20th century design.

- 5.119 To the north of this, an original room has been remodelled to form the northern lift shaft with the remaining space used as a kitchen [Room 1.18]. The lift appeared to date from the late 1950s and had a concertina type door. The shaft rose through the whole building and consequently this area of the hospital had been modified in a similar manner at the same time on all floors. The kitchen (Plate 24.57) was open to the Rushout Ward to the north via a large inserted opening and contained no historic features other than the original window to the east.
- 5.120 The Rushout Ward [Room 1.11], like all the patient orientated areas within the hospital had undergone extensive refurbishment and some subdivision (Plate 24.58) through the insertion of modern screens and partitions. Original windows survive in the east (Plate 24.59) and west walls (Plate 24.60) although the latter have been relocated from its original position when the building was extended in 1823. In the east wall the left hand window has been removed and the opening lengthened to form a doorway giving access to the Edward VII Memorial Building (Building 40) and so can be dated to 1912, although the door which was fitted dated to the 1950s. Similarly, the doorway from the main corridor in the cross range is an original feature but has been fitted with a 1930s frame and overlight with 1950s double doors (Plate 24.61). Against the southern wall of the ward a series of lightweight rooms had been constructed (Plate 24.62) spanning the point of extension to the west which was marked internally by a boxed-in riveted metal joist in the ceiling (Plate 24.63). These rooms appeared to date to the 1970s and the most easterly one, Room 17, extended beyond the south wall into the closet wing which had been erected during the early 19th century in the angle between this northwest wing and the main cross range (Plate 24.64).

- 5.121 Leading from the extreme northwest corner of the ward was the corridor to the corner tower which had most recently used as a utility room (Plate 24.65). Both the corridor and tower room contained their original 1 over 1 sashes with wide architraves mimicking the style of the parent building and the room had been partly subdivided to provide a toilet cubicle. The eastern wall featured a wide, arched rebate (Plate 24.66) which was part of the original design as this wall was backed by a chimney which served as the load bearing element this side of the tower and allowed the designers to reduce the thickness of the wall in this area which, when carried out on all floors would result in a saving of both weight and cost. The doorway through the main hospital wall is chamfered (Plate 24.67) indicating the structures Victorian origins.
- 5.122 To the south of the entrance hall was the office for visiting staff [Room 1.30] fitted with a four panelled timber door considered to be mid 19th century (Plate 24.68). Like the comms room the door from the entrance hall had been fixed shut and the reveal, along with the alcove to the east fitted with early 20th century shelving with glazed doors (Plate 24.69). The window in the east wall is original (Plate 24.70) and fitted to the south wall is a marble fireplace which is probably contemporary with door (Plate 24.71). The skirting is of a similar date and the inner architrave to the door was thought to be original (Plate 24.72).
- 5.123 The room to the south of this had been modified through the insertion of a stud partition around the original entrance from the corridor creating a cupboard [Room 1.31] although the doorway does retain its original architrave (Plate 24.73). The remainder of the room [Room 1.32] was accessed from within the main southern ward via an inserted opening, mirroring that seen in the Rushout Ward. Internally, the room had been converted to a kitchen and retains its original window in the east wall (Plate 24.74). The wide inserted opening to the ward had been partly closed off by a later partition but the sides of the opening are chamfered (Plate 24.75) suggesting it was a Victorian modification.
- 5.124 To the west of the corridor, south of the boardroom, an original room has been heavily modified both through the opening up of the corridor wall and through the insertion of the southern lift shaft. The opening up was to allow access through the former outer wall of the Infirmary to the Building 17 link corridor (Plate 24.76) and this arrangement is repeated on all but the upper storey of the building. The southern lift shaft extended through all floors.

- 5.125 South of the lift is the southern staircase (Plate 24.77) which comprises a timber built structure with turned balusters and hardwood handrail. The balusters are set into a rebate under the handrail identifying this as a late 19th or more likely, early 20th century feature which extends from the lower ground floor to the second floor.
- 5.126 The southern ward on this floor was known as Wheeley Lea Ward [Room 1.35]. A number of the modifications recorded in the Rushout Ward were duplicated here including the relocation of original windows from their former position in the west wall (Plate 24.78) when the building was extended in this direction in the late 1820s³¹. In this ward however the same relocation was carried out at the eastern end as well, although here, the right hand window has subsequently been removed and the opening lengthened to allow for a modern fire exit door (Plate 24.79).
- 5.127 Against the north wall the additional closet wing was observed mirroring that seen in the Rushout Ward, although in this side the original early 19th century window survives (Plate 24.80) and the structural alterations were evident in the form of a corbel block in the ceiling supporting a timber bressumer carrying the wall above across the inserted opening (Plate 24.81). In addition the ward had been subdivided through the insertion of lightweight partitions against the southern wall (Plate 24.82) along with a full height partition which ran between the stub walls of the former eastern elevation of this wing (Plate 24.82). The windows of the southern side had undergone considerable alteration as described from the outside. The redundant fire escape had retained part of the top sash as an over light with the lower part of the opening having been widened and the carefully rounded chamfers to the inside top edges of the widening suggesting that it predated the aluminium framed door which was fixed within it (Plate 24.83).
- 5.128 The point of extension to the southwest wing was evident in the stub walls and boxed lintel marking the location of the original western wall of the Infirmary (Plate 24.84). Internally, the tower is styled in a similar fashion to the northwest tower, with broad architraves to the windows (Plate 24.85), chamfering to the corridor opening and it is thought that the two towers were broadly contemporary with one another. Evidence provided by straight joints in the brickwork and the styling of the interior suggest that they were both

³¹ Documentary evidence

constructed after the upper storey was added (c.1865) and before the outpatients department was built (c.1874). The upper floor structure of the eastern extension (Building 24f) is visible in the ceiling of this ward (Plate 24.86) comprising of a framework of rolled steel joists riveted together. The styling of the corner tower with round arched opening from the ward (Plate 24.87) and narrow moulded architraves to the windows (Plate 24.88) are in marked contrast to that of the other two towers, this structure being contemporary to the extension it served dating to 1887.

Lower ground floor

- 5.129 The lower ground floor of the building (Figure 21) served principally as the service range of the Infirmary although at the northern end it was linked to the outpatients department and consequently had some patient traffic moving through it, limited to the areas beneath the Rushout Ward and within the modern single storey range to the west (Building 24e). The central corridor plan is maintained on this floor and patients entering the building from the outpatient department on Castle Street would progress a short distance along this corridor before turning right to the treatment rooms or the main staircase (Plate 24.89).
- 5.130 The central corridor [Room 64, 87 & 90] has a flat roof and is crossed by round arched supports (Plate 24.90) reflecting the lines of the main structural walls and the arches are fitted with timber framed fanlights suggesting that the corridors were originally divided by doors. The floor was of stone or concrete and covered with grey linoleum and the walls finished with painted skirting and dado. The stairwells at both ends of the building feature double arches with a central pier (Plate 24.91) with the outer arch giving access to the stairs and the inner arch to a corridor leading to doors through the original west wall of the building. At the southern end, this opening leads through to the former kitchens and was fitted with a late 20th century door with viewing panel. To the north of this is a wide square inserted opening leading through to the southern lift and Building 17 link corridor (Plate 24. 92).
- 5.131 In the centre of the building the supporting arches are cantilevered from the side walls implying that these were not originally fitted with doors (Plate 24.93). The arches of the northern stairwell (Plate 24.94) are wider and the pier noticeably more robust than those to the south suggesting that this was

designed as the principal staircase. The fact that the northern stairs are of stone whilst the southern stairs are of timber support this. The east - west corridor leading from the northern stairwell [Room 87] (Plate 24.95) was fitted with wide double doors of mid to late 20th century date and the opening through the east wall is also a modern insertion. To the north of the stairs the corridor leads to an original opening through the north wall which was fitted with modern doors but had a blocked fanlight. A wide inserted opening in the west side of this part of the corridor gave access to the Spire Suite.

- 5.132 The southern wing of the lower ground floor, to the east of the central corridor comprised a single open space subdivided by a modern stud partition. The point of extension in the southeast [Room 109] was marked with stub walls and a steel cross-member given intermediate support by a steel upright (Plate 24.98). The removal of modern decorative finishes revealed a yellow paint scheme in this area (Plates 24.99 and 100) and the northern wall of the original building is oversized and has a small cupboard in the eastern end. It is likely that this feature represents a blocked chimney for a wide kitchen range (Plate 24.101). This area was most recently used as the nurses changing room but has also served as accommodation for nurses prior to the construction of Mulberry House.
- 5.133 Beyond the modern partition the room had an external entrance fitted with a modern glazed door and this was associated with a high level side light fitted with a modern fixed light but, with a decorative pelmet dating to the early 20th century. In the north eastern corner of this part of the range is a corner flue although the fireplace has been removed. The northern wall comprises an early to mid 20th century stud partition as indicated by the fixtures and fittings of the rooms on the north side (Plate 24.104) comprising a canted corridor leading to two offices (Rooms 107 & 108] used by catering staff. These rooms had tile skirtings and the northern room was fitted with a contemporary grate (Plates 24.105 and 106). The canted corridor opened onto the southern elevation of the building via an apparently original opening contained within a lean-to which protected it from the elements. This was fitted with a wide glazed panel (Plate 24.107), painted over but retaining its moulded architrave suggesting the structure was contemporary with the partitions inside the building, namely the 1930s.

- 5.134 The lean-to continued to the base of the southeast corner tower where an arched opening gave access to the connecting range and beyond, the base of the tower [Room 106](Plate 24.108) was in use as a toilet block (Plate 24.109). The toilet block also had a tiled floor and could also be accessed from the records department (Building 38) by a modern opening in the southern side (Plate 24.110).
- 5.135 In the western part of the southern wing [Room 110] of the Infirmary the space had served as the kitchens, possibly since the building was opened. The floor was covered with modern caustic tiles in red and white chequerboard pattern and the access from the central corridor was original but probably widened (Plate 24.111). The open area of the kitchen is partitioned in the east by a full height tiled brick wall (Plate 24. 112) , again early 20th century in origin which stopped short of the north side to allow access to the main area (Plate 24.113).
- 5.136 Here a wide boxed-in lintel comprising three steel beams marked the west wall of the original Infirmary and a large inserted opening in the north wall allowed access to a lobby lit by a sizable small paned window which had been partly covered with plywood. This window was set in a slight rebate and analysis of the outside wall suggested that this was a blocked opening. The ceiling above contained a small timber beam running parallel with the main wall of the Infirmary (Plate 24.114) and this was identified as supporting the closet range as was seen on the storey above. When the covering was removed this window was revealed as 3 over 6 sash dating to the mid 19th century (24.115).
- 5.137 The extension to the west (Building 24c) was lined with late 20th century white tiles and brown tile skirting (Plate 24.116). Comprising a single open space with openings in the west wall, two leading through to a narrow extension beyond, whilst the doorway in the southwest corner formed the connecting range to the southwest corner tower (Plate 24.117). The base of the tower [Room112) was also lined with tiles and had an apparently original doorway through to the outside in the east wall (Plate 24.118). The ceiling formed a barrel vault and a blocked window in the east wall closely resembled the shape and size of windows in the extension to the north (Plate 24.120) which was dated as early 20th century but clearly predating the adjacent corridor (1932). Off to the north of the main kitchen is a small room (Plate 24.121) which formed a projecting bay added during the early to mid 19th century as indicated by the style of small 4-paned sash windows.

- 5.138 The lobby area described in paragraph 5.128 extended eastwards beyond the line of the Infirmary's west wall [Room 104](Plate 24.122). A modern door on the left led through to the southern stairwell whilst an original boarded door led to the basement stairs (Plate 24.123). The basement comprised a single room with a brick floor and barrel vaulted roof featuring a barrel ramp from a part blocked opening at external ground level. The ramp had a stepped centre and metal rails protected the structure which had been become disused and the opening fitted with metal grille. At the north end was a brick built closet with original timber planked door (Plate 24.125), lock case and shelves (Plate 24.126).
- 5.139 In the main cross range the lower ground floor rooms follow the plan form established on the principal storey above. To the east were the rooms used for storage [Room 103](Plate 24.127) and blood sample processing [Room102] (Plate 24.128), the latter being subdivided by early 20th century part glazed timber partitions. Beneath the entrance hall was the admissions and waiting list office [Room 89] which was fitted with a 20th century door (Plate 24.129) and contained the round arched window seen below the entrance steps (Plate 24.130). Along the eastern side, below the window was a long low brick built conduit into which a steel framed opening, fitted with metal, doors had been inserted. Within this feature a pair of steel ducts had been inserted into the external wall although their function remained unclear (Plate 24.131).
- 5.140 Beneath the boardroom, a single room with blocked windows in the north and south walls had also been used for records storage [Room 91] (Plates 24.132 and 133). The windows were large, timber mullioned casements fitted with opaque yellow brown glass in the lower part. Both the glass and the frames were thought to be mid 19th century and probably date to the construction of the chapel, the lower ground floor of which has an entrance in the west of this room. The function of square openings through the exposed timber joists of the floor above may also relate to the extension of this part, serving to allow props supporting the first floor canted bay to stand directly on the solid floor of this storey. The window (Plate 34.134) in the north wall was blocked by the wall of Building 24e added in the early 20th century whilst the window to the south (Plate 24.135) was blocked by the Building 17 link corridor.
- 5.141 The room to the north of this were used as part of the outpatients facilities and included offices (Plates 24.136 and 137) and the enquiries desk [Room

- 86](Plate 24.138) The enquiries office contains an early 19th century cast iron grate (Plate 24.139) and had lost its western window during the construction of Building 24e.
- 5.142 The rooms in the northeast corner of the building form the dermatological department and is accessed via an inserted opening from the outpatients department. The room has been subdivided by half glazed partitions (Plate 24.140) and has two original windows in the east (Plate 24.141) and the remnant of another in the north (Plate 24.142).
- 5.143 The Spire Suite to the west of the central corridor contains a series of modern partitions to create a number of examination bays and associated finishes have masked many of the historic features (Plate 24.143). At the west end of this area are the window openings of the 1823 extension (Building 24b) although these have been part blocked at the top and the lower sashes fixed shut (Plate 24.144). In the south of the range is a large blocked opening with wide chamfers and this is thought to be the original entrance to this part of the building (Plate 24.145).
- 5.144 Beyond this is the lobby of the early 20th century single storey extension to the Infirmary (Plate 24.146) along with the inserted opening to the side of the Chapel connecting range (Building 22), serving as the ECG department. To the northwest of this is the corner tower (Plate 24.147 and 148) which has a barrel vaulted ceiling and modified windows in the south. The room was accessed from the outside and from Building 40 (Plate 24.149) and this area formed the pharmaceutical store which had been modified through the insertion of large vents in the lower panes of the southern windows.
- 5.145 Despite the modern finishes to the Spire Suite, during the refurbishment of the building, the blocked window openings and brick heads in the original western elevation of the northern range were observed (Plate 24.150).

First floor

- 5.146 The first floor closely resembled the upper ground floor both in plan form (Figure 22) and in the modifications which have taken place. The central corridor (Plate 24.151) contains a marble plaque on the western wall (Plate 24.152) which commemorates the refurbishment of the floor and its subsequent

- reopening by Mrs Stanley Baldwin on the 13th April 1934 (Plate 24.153). It is therefore likely that the wooden architrave around the northern lift dates to this period (Plate 24.154). The corridor has a high flat roof and was punctuated by tall arches (Plate 24.155). The opening to the Building 17 link corridor (Plate 24.156) has forced the insertion of a small fixed light high in the western wall.
- 5.147 It is at this level that the principal staircase in the north changes in form (Plate 24.157), both in style and quality. The balusters take the paired form of those seen below but comprise simple rods with central embellishment (Plate 24.158). This almost certainly reflects the construction of an additional storey in c1865s, but the existing balustrade is more reminiscent of the 20th century.
- 5.148 The central room on the west side of the building remains in close to its original form with its bay (Plate 24.159) reflecting the original proportions of the boardroom prior to the construction of the chapel. The room has been wholly refurbished to serve as a modern ward (Plates 24.161) and the original features are limited to the windows in the west elevation. This is also true of the room to the north whilst the northern wing, on this level, Garlick Ward the alterations were common with the floor below including the addition of partitions (Plates 24.162 and 163) and the opening of a fire escape on the southern side (Plate 24.164).
- 5.149 Analysis of the sash pulleys and glazing bar profiles indicates that the windows in the west end walls had been reused from their original location but a slight mismatch between the internal elevation and the opening to the corner tower (Plate 24.165) was not observed on the floors below and may suggest a change in the fabric of this floor at this end of the wing. The single short window in the north wall of the extension was dated as mid 19th century but may have merely been replaced at that time. The styling of the windows in the corner tower is identical to that of the floors below with wide architrave and short apron beneath the sill (Plate 24.166). The partitions in this ward all appear to date to the first half of the twentieth century (Plate 24.167) and are therefore considered to be part of the 1934/5 refurbishment. However, in the extreme southeast corner of the ward, a more modern opening has been created through to the room on the south (Plate 24.168) and if contemporary with the door which is fitted to it, is of the 1970s or early 80s.

- 5.150 The room accessed through this recent opening has itself been refurbished (Plate 24.169) at the same time but retains its original proportions, window in the south and round arched alcove in the north (Plate 24.170). South of this the 1970s refurbishment appears to have continued as this room has had a number of lightweight partitions added to create staff ablution facilities (Plate 24.171) complete with shower. Again the original windows have been retained but a false ceiling with backlighting has obscured the upper part. At the southern end of the central corridor a wide rectangular opening has been made into the eastern wall (Plate 24.172) and an internal partition closely resembling those in the Garlick Ward has separated the eastern part of the room off to provide sluice facilities (Plate 24.173). A further opening (Plates 24.174 and 175) has been created through to the room to the south (Plate 24.176) which has allowed the doorway directly from the central corridor to be blocked and covered over (Plate 24.177). Like the floors above and below, partitioning of the end room in this range means that the wide doorway to the corridor gives access to a small cupboard with a large opening onto the Ganderton ward forming the main entrance (Plate 24.178).
- 5.151 The Ganderton ward is the most open of those recorded (Plate 24.179) and has partitions only in the west (Plate 24.180). Set in the floorboards of the ward was a circular plate which unscrewed to reveal the stop cock (Plate 24.181). The high level bressumer in the closet wing is visible (Plate 24.182) and the partitioning has produced two side wards against the north and west walls. Within the southwest corner tower the original ceiling is visible beyond the late 20th century false ceiling. To the east, the ward is wholly open (Plate 24.183).

Second floor

- 5.152 The second storey is very similar in plan form (Figure 23) to the storey below, with central corridor and crossing arches (Plates 24.185 and 186) serviced by the two staircases (Plate 24.187) which terminate at this level. The ceiling of the northern stairwell was modern (Plate 24.188) and had been replaced because of excessive rot caused by water ingress. However, when the modern timber was removed it exposed a lath and plaster conduit held close to the underside of the rafters (Plate 24.189).
- 5.153 The southern stairwell had a lightweight stud wall around the stair opening forming a storage area (Plate 24.190). The room into which the lift was set

- does not have the Building 17 link corridor opening out at the west end and instead remains in close to its original form providing a small store room (Plate 24.191). The room above the boardroom had been sub-divided by the insertion of a modern stud wall (Plate 24.192).
- 5.154 The northern opening to the Maddox ward (Plate 24.193) was fitted with an early 20th century screen and door and the interior ward was partitioned in the same way as on the floor below (Plate 24.194). Analysis of the windows revealed that they had been installed during the mid 19th century (Plate 24.195) and the arrangement in the ward (Plate 24.195 and 24.196) was similar to that in the Garlick ward below, including the introduction of a metal framed fire escape into the southern wall (Plate 24.197). However, on this floor the closet wing which had been broken through from the north on all other floors survived in its original arrangement (Plate 24.198), having a doorway in the western side. It was clear that the room had been reused as a plant room. In the roofspace above this room was a ceramic flue held in a timber framework (Plate 24.199) which appeared to be used for the conduction of hot gasses from this room through the east wall of the building and into the area of the stairs. When viewed from outside, this area contains an early 20th century flue cover (Plate 24.200) which was thought more than a coincidence.
- 5.155 In the northeast corner of the ward the same mis-match of the walls and connecting corridor to the corner tower was observed (Plate 24.201). Within the corner tower itself the historic ceiling of timber planks was observed above a later arrangement of steel joists and timber battens (Plate 24.202). The joists were marked with chalk, indicating that this arrangement was installed in October 1932 by C. Farley and F. Harrison (Plate 24.203).
- 5.156 Alterations to the rooms along the east side of the main range include the insertion of partitions. These are positioned so that the east end needed to be built around a window opening (Plate 24.204). New openings in the corridor wall at the south end closely matched those on the floor below so that the entrance to Room 3.24 could be brought off the main corridor and into a side lobby (Plate 24.205). The points of extension were clear in the southern wing, here known as Bonaker Ward (Plate 24.206) where features such as the closet wing were seen in their familiar arrangement, having had much of the southern side removed (Plate 24.207). Similarly, the arrangement of access to the room in the southeast of the main cross range has typically been via a wide opening

- from the southern ward (Plate 24.208). In the south elevation, the provision of fire escapes appears to be of a similar date to the northern ward, although here the opening takes the form of a lengthened window with the upper part of the sash being preserved as an overlight. The splayed jambs of the opening being indicative of an earlier period than the 1930s. (Plate 24.209).
- 5.157 The southeast corner tower retained its original frosted glass (Plate 24.210) and during the soft strip of the building the inner roof structure could be seen, comprising a lath and plaster lining with rectangular vents (Plate 24.211) and an apex formed of boarded rafters (Plate 24.212). The south western corner tower on this floor was attached with the same slight mis-match (Plate 24.213) as that seen in the north western tower and this is therefore likely to arise from the shifting thickness or position of the Infirmary walls in relation to the connecting range of the corner towers. Within the southwest tower the space had been divided by early 20th century partitions (Plate 24.214), probably dating to the 1934/5 works.
- 5.158 Limited recording of the roof structure was also undertaken and this revealed a number of interesting features. In the centre of the main cross range a sizable rectangular brick container was observed (Plate 24.215) and the most likely function was thought to be a holder for a led water tank. Adjacent to this was a large room or chamber which had been lined with lath and plaster (Plate 24.216) and held on a base plate of riveted steel. When considered along with the ceramic flue in the roof of the closet wing and the lath and plaster conduit above the northern stair well it was thought possible that this structure represented some kind of 'plenum' chamber^Ψ, associated with forced movement of heated air around the hospital. The structure had been heavily truncated in places making positive identification difficult and in addition, these systems were often purpose built so that there is no definitive form for them.
- 5.159 The chimneys in the roof space showed obvious signs of extension with black sooted brick changing abruptly to cleaner masonry above (Plate 24.217) and this was seen as further evidence for the lifting of the roof. The black sooted part was clearly exposed at an earlier time to the polluted Victorian air but was now within the existing roof structure. At the southern end of the roof, over the central range, was a small dormer with broken timber steps formerly giving access to the valley between the front and rear pitches. Adjacent to this was a

^Ψ see Glossary

led rainwater hopper and crushed lead piping from the original roof drainage system which appeared to have been reused when the attic storey was formalized into a full storey. The majority of the timbers were not reused however and comprised machine sawn purpose made members.

Further Analysis

- 5.160 The broad phasing of the building is illustrated in Figures 24 - 27. Despite the widespread alteration to the original symmetrical building, the plan and elevational form remains apparent. The changes in fabric seen in the northern elevation and the mis-match in the alignment of the building in relation to the northwest corner tower suggest that the initial extension of the hospital dating to 1823 comprised a two storey structure which was subsequently lifted to first floor level prior to the wholesale raising of the roof. It is possible that the moulded string course on the principal elevation formerly comprised the eaves moulding for the original building prior to the raising of the roof.
- 5.161 The change in the northern staircase structure is surprising in that the upper floor was occupied from the original construction of the building and was only raised to form a full storey in the 1860s. Consequently, access would have been required to the attic storey but it is possible that the principal staircase stopped at first floor level with only the secondary, southern stair extended to the top floor. The corner towers on the west side of the building appear to be contemporary with each, other being of the same fabric and style and appear to have been added shortly after the raising of the roof (c.1865 - 1874).
- 5.162 Unfortunately, the relatively continuous process of maintenance and renewal, extension and alteration which allowed the hospital to function for nearly two hundred years has left only small areas where the original functions of the various spaces can be identified. The sequence of construction is summarised below.

18th century (Phase 1)

- 5.163 The Infirmary appears to have been constructed largely as shown on Keck's original designs and the entrance hall and principal elevation are the best representations of this. Little is understood of any changes which were undertaken during the remainder of the 18th century and it may not have been

until the onset of the Napoleonic Wars that pressure on the resources that the hospital was able to provide became sufficiently great for large-scale alteration to be considered by the governors. It is known that there was a significant demand for hospital services throughout the hospital's life and that it was this demand which forced the move from Silver Street. It may simply have been that the new Infirmary provided sufficient capacity at the time to accommodate the growing need for hospital services.

19th century (Phases 2 - 8)

- 5.164 The first significant changes appear to have taken place in the 1820s (Phases 2 and 3). Documentary sources suggest that in 1823, a new range was added to the northwest wing (Phase 2) although it is unclear what this addition was for. In the preceding decades the attic storey had been pressed into service as isolation wards and it is possible that the extension sought to provide accommodation for people and services which had been displaced by this. What is more certain from the analysis of the building is that this extension only added extra rooms to the lower and upper ground floors.
- 5.165 Documentary sources suggest that a second wave of extension took place only five years later and that around that time a new operating theatre was added (Phase 3). It is possible that these two events were one and the same and that this represents the extension of the southwest wing but it is equally possible that another storey was added to the northeast wing at this time and that this was where the new theatre was located. Analysis of the windows on the ground floor was of no assistance in this matter as the surviving windows were heavily modified during the 1874 addition of the outpatients department. Furthermore, the time-frame between the two events is not sufficiently long to allow meaningful development of the architectural and technological styles. One feature that is thought to date to that period is the balustrade to the northern staircase and it is likely that it replaced an earlier timber balustrade, possibly attached to a timber string along the edge of the steps as there is no evidence that the treads were inserted at this time (an alteration that would require the wholesale rebuilding of the stairwell walls). Equally there is no evidence of balusters having previously been inserted into the upper face of the treads.
- 5.166 During the mid nineteenth century the chapel was added and the board room extended (Phase 4). This is self evident and well documented and the square

holes in the current floor structure of the boardroom as seen from beneath, appear to be testament to this, probably representing the location of timber posts used to support the retained masonry of the canted bay above the boardroom. These timbers may have stayed in place as the boardroom floor was reconstructed.

5.167 In c.1865, the attic storey was formalised into a full height storey and the chimneys were lengthened accordingly (Phase 5). There is no doubt that at this time the additional bays on the north and south wings were also raised to full height as with the exception of the southeast wing, there is no differentiation between the structure over the main building and that over the extensions, in short, the original building along with the north and southwest extensions were all raised at the same time.. New understanding of the transfer of disease and general health of patients was equally based on medical breakthroughs and on more holistic approaches such as the benefits of air circulation. It is likely that these thoughts were taken on board during the reconstruction of the roof and a 'forced air system' constructed in the roof. This appears to have been powered by a heating device based in the closet wing although it is not entirely clear when these were added as they appear to post-date the raising of the roof. This is in line with circulation measures installed in the Isolation Cottage (Building 18) and it is possible that both the construction of the cottage and the installation of a forced air system were carried out at the same time c. late 1870s) in response to the smallpox epidemic of the early 1870s.

5.168 During the latter part of the 19th century, the south eastern wing was enlarged to provide additional nurses accommodation along with additional ward space. The nurses were accommodated in the lower ground floor which explains the domestic style corner hearths at that level. Despite the size of this extension, the need for more and more accommodation for nurses and patients led initially to the building of a new nurses home (Mulberry House) and in the first half of the 20th century, to the building of two more (Buildings 17a and 17b)

20th century (Phases 9 and 10)

5.169 The 20th century saw an end to significant expansion of the main Infirmary building and the focus was shifted to separate but, often interconnected facilities in the relatively empty grounds to the south and west. With this came the removal of such activities as surgery to purpose built structures away from

the main building. The interconnectedness of these buildings meant that openings had to be created, often utilising existing windows, in order to access the linking range. In the case of the Bates Block, this linking range operated on three of the four levels of the main building.

- 5.170 The result of this was that the vacated rooms needed refurbishing in order to re-allocate function. In addition, relatively new technologies were becoming essential features of a modern hospital such as lifts, and these had to be accommodated within the existing arrangement of rooms.
- 5.171 During the later 20th century other factors forced change on the fabric of the building. Health and safety requirement demanded the erection of metal fire escapes which were added to the southern elevation and to the north western wing and clearly these required the creation of new doorways on the upper floors to serve them. This in turn resulted in the loss of original windows which were in general, replaced with metal framed double glazed units which were not at all in keeping with the rest of the windows in the building.

Walking Floor Coal Conveyor (Building 25)

Original construction date:

c.1992 - 95

Architect:

None

Built by:

Prefabricated

Later modifications:

None



- 5.172 The existing coal conveyor was situated at the southern end of the boiler house (Building 10) and set at an angle to it. Comprising a steel framed container with pressed metal sheet cladding (Plate 25.1) and shipping container doors at the southeast end (Plate 25.2), the interior formed a single open space (Plate 25.3). The floor rose to the northwest and comprised a series of thin metal bars with protruding lugs (Plate 25.4) which were moved backwards and forwards by means of hydraulic motors beneath (Plate 25.5). Due to the shape of the lugs, coal placed in the southern end could be moved northwards up a slight gradient until it passed through a long slot in the southern elevation of the boiler house where it fell into hoppers.

Evidence for historical predecessors

- 5.173 The structure is supported on metal trestles which allowed it to span a bunded open tank (Plate 25.6) that contained two circular foundations 4.57m in diameter (Plate 25.7). These had formerly supported oil storage tanks which were built when the heating plant for the Infirmary was changed from coal to oil in 1969³². Lying adjacent to these were a number of large metal screws which were associated with circular apertures in the base of the boiler house elevation (Plate 25.8) and it was likely that when the boilers were converted to coal, the bunded enclosure was reused as a coal store with coal being moved into the boiler house using these screws on the Archimedean principal of a screw conveyor.

³² WCC Planning Department Records

Analysis

- 5.174 The structure is first shown on the 1992 Ordnance Survey map and an entry in the planning history card index at Worcester City Council indicates that a proposal to erect the conveyor was submitted in 1995, along with proposals for a new coal bunker in the boiler house. A previous application for the erection of a conveyor was submitted in 1986 and this is likely to refer to the screw conveyors. The oil storage tanks are shown on the 1980 Ordnance Survey map but not on the preceding 1970 map suggesting that they were a relatively short-lived arrangement.

A and E Department (Building 26)

Original construction date:

1966

Architect:

None

Built by:

Unknown

Later modifications:

Enlarged to the south in 1967 with the addition of the 'accident' department

Enlarged again by the addition to the west of an X-Ray department



- 5.175 The building was situated to the southwest of the main Infirmary and comprised a brick and concrete built single storey structure (Plate 26.1) with a flat roof (Plate 26.2) which featured a short section of crenellated parapet where the structure wrapped around Building 12 (Plate 26.3). It was terraced into the gardens on the west of Building 27a (Plate 26.4) and was essentially rectangular in plan with a small projection at the southeast corner and in the centre of the east elevation which was heavily overgrown. The projection in the southeast formed an open sided ambulance drop-off lobby (Plate 26.5) complete with turn table (Plate 26.6) so that emergency vehicles could be rotated on arrival allowing the patients to be delivered to the department under cover of the canopy.
- 5.176 Internally, the various wards, treatment rooms and waiting areas were accessed from the principal corridor which ran along the east side of the building (Plate 26.7). At its northern end this corridor turned to the east to form Building 15. At the time of recording, the rooms had largely been stripped of all equipment and other features during the removal of asbestos (Plate 26.8) although the departing staff in 2002 had left graffiti on the walls as a parting gift to the structure (Plate 26.9). Some areas retained their original doors (Plate 26.10) and other areas were identifiable through their decor such as the children's ward (Plate 26.11), through their layout such as the triage area (Plate 26.12) or through the wall mounted fittings such as the plaster room (Plate 26.13).

Analysis

5.177 This building was constructed on the former tennis courts as a single storey 'Casualty' department in 1966 and was subsequently enlarged in 1967 through the addition of an 'Accident' department forming the southern part of the building along with the ambulance bay. This was in turn enlarged in 1972 by the construction of an X-ray department³³ projecting from the western elevation.

³³ WCC Planning Department records

Nurses Home (Building 27a)

Original construction date:

1931

Architect:

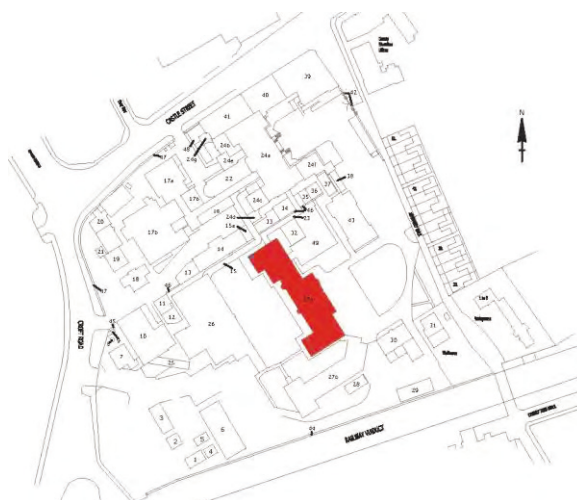
Henry Rowe and Son

Built by:

Unknown

Later modifications:

Covered walkway at ground and at first floor level added in 1947.



Description

Exterior

- 5.178 This formed a long, three storey range over a part basement with short projecting wings at either end. The long axis was north to south and the principal elevation was to the east, facing onto the green (Plate 27.1). Built of red brick laid in Flemish garden wall bond the structure had a hipped roof covered with concrete pan tiles and was embellished with projecting brick quoins and storey band at second floor level. Above this, the upper storey was rendered and painted white.
- 5.179 The eastern elevation was arranged in 15 bays with the central 3 bays set forward under a segmental pediment pierced by an oval light (Plate 17.2). At ground floor level this central projection stepped forward to form a single storey range comprising an enclosed porch flanked by toilet blocks. The doorway to the porch, fitted with the original timber doors, was flanked by moulded concrete Ionic columns, supporting a broken pediment which contained a tablet and swags (Plate 27.3). The ground floor windows along with those of the third bay from either end on the first floor had round heads with filled tympanum. All other windows were rectangular with soldier course brick heads and were fitted with metal framed casements by Henry Hope and Sons³⁴. In addition to the principal entrance in the centre, there were two other entrances on this elevation, located at either end and fitted with a stone doorcase comprising

³⁴ From window analysis by Charles Brooking

engaged Doric columns supporting an entablature with triglyphs beneath a small mutuled^Ψ cornice (Plate 27.4). Although originally external, both had become enclosed by later adjoining structures with that to the south (Plate 27.5) lying with a corridor connecting this building to the northeast end of Building 27b.

5.180 The north and south elevations were similarly styled, comprising seven bays with the westernmost bay being blind. Due to the internal arrangement the fenestrative pattern was somewhat irregular between the storeys but for the most part the windows were stacked. The north side (Plate 27.6) contained two subservient entrances at ground floor level, the one to the east contained within the nurses' covered walkway (Building 23). The south side (Plate 27.7) differed in that the ground floor windows were set in tall, round headed openings arranged in four bays and the head of the centre right window had been modified to make way for an elevated corridor (Plate 27.8) which connected the first floor of this building with that of Building 27b to the south.

5.181 The western elevation (Plate 27.9) was arranged in a similar way to the east side but with some key differences. The three bays at both ends projected forwards and the ground floor was fitted with metal framed French windows. In the southern range these were set centrally (Plate 27.10) whilst in the north they were set to the left with a round headed rebate in the centre and smaller rectangular window to the left (Plate 27.11). On both sides the windows opened onto a concrete capped brick terrace. Of the eleven bays to the range, the side wings, the central and two outer bays contained tall stair lights. To either side of the central bay were two storey canted bays and set below the round headed windows of the ground floor were the rectangular windows of the part basement which was only expressed on this elevation. Across all elevations the gutters and rainwater pipes were of cast iron and featured ornate rainwater hoppers (Plate 27.12) similar to those supplied by Nicholls and Clarke during the 1930s.

Interior

5.182 Internally the building appeared little changed in plan form from the original 1931 design. The rooms were arranged to the west of a corridor, which ran along the eastern side (Plate 27.13) from the large sitting room occupying the

^Ψ see Glossary

southern wing, to the entrance to the nurses' covered walkway (Building 23) in the north. In the centre, the corridor opened out into the entrance hall (Plate 27.14) which was finished with moulded concrete Corinthian pilasters with moulded acanthus leaf cornice and bundled reed ceiling moulding. The inner door of the principal entrance set on the east side of this room comprised a half glazed timber door with side light panels and over light fitted with diamond leaded beaded glass (Plate 27.15). Beyond this in the deep porch the floor was finished with chequerboard black and white tiles and the ceiling featured an oval version of the bundled reed moulding (Plate 27.16) seen in the entrance hall.

- 5.183 At the back of the entrance hall (Plate 27.17) was a staircase set within its own stair hall, giving access both to the floors above and to the basement. Like the staircases at either end of the main range, the stairs were of concrete and were fitted with a timber balustrade with stick balusters and crossed struts between (Plate 27.18). The other rooms leading directly from the entrance hall consisted of the toilet blocks on either side of the porch, both of which retained their chequerboard floor tiles and original timber cubicles (Plate 27.19).
- 5.184 To the south of the central northwest – southeast corridor, the majority of the ground floor was occupied by the sisters' sitting room which had a bay window in the west side simple coved cornice and a fireplace at the northern end (Plate 27.20). The latter comprised a timber surround and mantel with tiled inset and pointed arch panel around the grate (Plate 27.21). Like the rainwater hoppers on the exterior, comparable specimens were illustrated in the Nicholls and Clarke catalogue of 1937 with these most closely matching a design known as the 'Wellington'. During the soft strip preceding demolition of the building, this chimneypiece was carefully removed revealing a wealth of paper artefacts which had slipped behind the mantelpiece. These were recovered, were catalogued and found to date to between 1936 (Plate 27.22) and 1982. The assemblage included postcards, invitations to dances, letters and party political adverts along with other notices and internal memos. Of particular note was a letter urging nurses to delay submission of the new NHS forms until the new arrangements had been circulated (Plate 27.23). The letter is from the matron and dated 16th June 1948, just 19 days before Aneurin Bevan's landmark revolution in British healthcare provision was enacted.

- 5.185 The southern wing was given over to the nurses' sitting room (Plate 27.24) which formed a single large space with two fireplaces against the southern wall, suggesting that the room had formerly been divided into two parts. The chimneypieces were comparable but less grand than that in the sisters' sitting room and during demolition these also produced a number of paper artefacts of a similar sort.
- 5.186 To the north of the entrance hall were a series of smaller rooms which had undergone subdivision through the insertion of stud walls. This had resulted in the loss of original features (Plate 27.25) although a number of fireplaces had survived, all of a similar style to those in the nurses' sitting room (Plate 27.26) and all of which produced further paper artefacts. It is likely that prior to subdivision these rooms served as common rooms for the nurses and offices for the sisters and matron.
- 5.187 In the basement, the arrangement was again of rooms to the west of an eastern corridor although here the rooms were utilitarian in appearance (Plate 27.27). Despite this, a number of original features survived including doors (Plate 27.28), glazed partitions (Plate 27.29), parquet flooring and in some rooms enough of the fittings remained to allow identification of function. From this it was determined that the basement had served not only as utility rooms such as a laundry (Plate 27.30), ready room for domestic staff and storage rooms but also had some nurses' accommodation as well (Plate 27.31).
- 5.188 Both the first and second floors were wholly given over to nurses' accommodation including bedrooms (Plate 27.32), bathrooms (Plate 27.33) and linen storage closets (Plate 27.34). The principal difference on these upper floors was that the main access corridor was set centrally with rooms on either side (Plate 27.35). Many of the original features survived including doors (Plate 27.36), sinks (Plate 27.37), lavatories (Plate 27.38) and even some of the toothbrush holders (Plate 27.39). The flooring appeared to be the original parquet, covered in corridors and stairs by a green linoleum (Plate 27.40).

Further Analysis

- 5.189 The historic records indicate that the building was constructed in 1931 to the designs of Henry Rowe and Son as purpose built accommodation for nursing staff. This is supported by the cartographic evidence with the building being

absent from the 1928 Ordnance Survey map and first appearing on the 1940 map. Furthermore, the styling, fabric and original features also support this and are typical of the municipal architecture of the inter-war period, with classical and Georgian architecture created using mass production techniques such as moulded concrete, steel framed windows and off-the-shelf fittings as seen in the trade catalogues of the day.

- 5.190 The creation of these large nurses' accommodation blocks is also a feature of the inter-war period with numerous hospitals nationwide responding to the increased demand for hospital services brought about initially by the Great War and the large number of injured servicemen returning from overseas but increasingly on the public demand for healthcare. This in turn required greater numbers of nurses and as many of these were young, unmarried women, there was a moral obligation for nursing staff to be housed in a safe, controlled environment whilst away from home. An example of this is the nurses' home at Odchurch Hospital, Romford.

Nurses Home (Building 27b)

Original construction date:

1936

Architect:

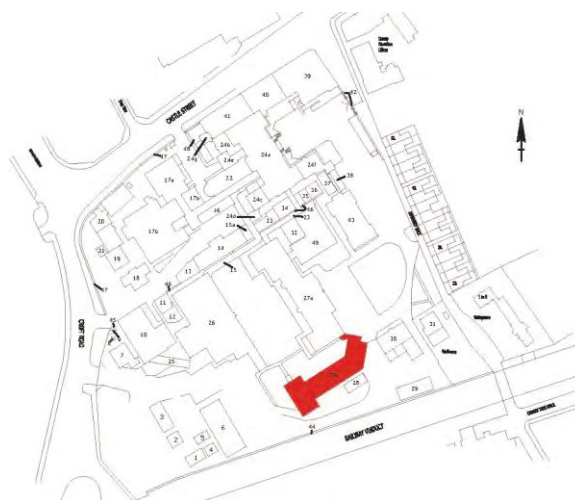
G. R. Acton

Built by:

Unknown

Later modifications:

Upper two storeys added in 1947



- 5.191 Constructed four years later, the third nurses' home on the site was constructed immediately to the south of Building 27a and comprised a four storey brick built range with lower ground floor and sub-basement loading area at the north end where the falling ground gives level access. The building was roughly T-shaped in plan with a short angled return at the east end. The building did not have a pronounced principal elevation and all elevations were carried off with the same architectural treatment. It had a hipped roof covered with concrete tiles.
- 5.192 The principal entrance was on the end of the angled return, facing to the northeast, (Plate 27.41) although the original doorcase had been relocated onto the face of an external connecting corridor (Plate 27.42) which ran from the south end of Building 27a. It comprised a broken base triangular pediment, supported on ionic columns and was designed to complement that on 27a. The relocation occurred during the construction of the corridor in 1947 (see Appendix 2). The elevation above is three bays of square headed windows fitted with small paned metal framed casements with the exception of the central first floor window which has a round head with filled tympanum. The elevations have brick strips as rustication. The southeast facing elevation is of three bays wide with the left hand bay comprising large square stairlights (Plate 27.43). The long southern elevation has ten bays to the main part (Plate 27.44) and a three bay range which steps forward by a single bay at the left hand end (Plate 27.45) featuring a metal fire escape. On this elevation there is a rather indistinct change in the colour of the brickwork between the upper ground and first floors.

- 5.193 The west facing elevation (Plate 27.46) is of five bays and the north facing elevation, facing the hospital, has round headed window openings at both ground and first floor so as to closely replicate the adjacent nurses' home (Plate 27.47). The return elevations mirror the bay structure, but the lower two floors are rendered and painted white. The first floors of the two adjacent buildings are connected by an elevated corridor (Plates 27.48 and 27.49) which was contemporary with the lower two storeys of the subject building.
- 5.194 The connecting corridor from the ground floor of Building 27a approached the building from the northwest (27.50) and led to the principal entrance to the building in the centre of the northeast elevation. Internally the floors were connected by a principal staircase at the east end (Plate 27.51) and another in the centre of the western cross range. Both comprised a concrete staircase with metal balustrade supporting a hardwood handrail and the square section balusters being held in paired metal straps. At a later date, probably during the 1950s, a small lift was added adjacent to the principal stairs (Plate 27.52).

Upper ground floor

- 5.195 The building was arranged on all but the lower ground floor around a central corridor (Plate 27.53) which extended the full length of the building with a perpendicular corridor serving the cross-range at the west end (Plate 27.54). All the rooms of the upper ground floor were accessed from these corridors and a number of features from the original build were identified. These included many of the original architraves and doors (Plate 27.55) although the upper ground floor had been largely converted to office use and consequently the interiors of the rooms had been refurbished (Plate 27.56) and in some cases enlarged through the removal of brick walls (Plate 27.57). Despite this, the function of some spaces had not changed and in these areas surprising levels of survival were demonstrated. Of particular note was the toilet block situated on the south side of the main corridor at the east end which retained its original sink, bath, taps, tiling and mirror (Plate 27.58).

Lower ground floor

- 5.196 The lower ground floor did not extend beneath the north eastern wing of the building and comprised principally of two rooms across the whole of the remaining plan with two small rooms clustered at the base of the principal

stairs. The principal room extended beneath the entire east west wing and had been most recently been used as an archive facility and as a result, the large single open space was fitted with rolling storage cases (Plate 27.59). However, the eastern wall of this room contained a polygonal high level opening which had been boarded over in the main room (Plate 57.60), but which was clearly visible in the small room to the east (Plate 57.61). This was believed to be the projector window dating to the original construction of the building when this room was intended as a function room in which movies were shown, dances held and lectures given.

- 5.197 Beyond this, at the western end, the lower ground floor comprised only a mezzanine within a room whose floor level was set a storey lower so as to provide vehicular access to the outside (Plate 27.62). This mezzanine was constructed of timber and was lit by two high level windows in the western wall. A flight of timber stairs gave access to the lower level and the area beneath was also filled with timber shelves and appeared to have served as a post room.

First Floor

- 5.198 The first floor was arranged on the same plan as the upper ground floor with the principal difference being an elevated corridor (Plate 27.63) leading from the first floor of the earlier nurses' home to the north (Building 27a). The corridor was contemporary with the original phase of the building and connected with the central corridor at its southern end. The staircase at the western end of the building terminated at this level and had been partitioned off by half glazed timber screens as part of fire separation improvements during the 1970s.
- 5.199 This floor had remained for the most part as accommodation and consequently the rooms had undergone less radical alteration. At the east end of the floor, the interior of the small lift was visible (Plate 27.65) which confirmed its provenance as being the 1950s. Original features on this floor included sluice lavatories and cisterns (Plate 27.66) along with parquet flooring which often survived even when the room had been converted to other uses (Plate 27.67), as in most situations it was protected beneath carpet or cork tiles. The most significant alteration to this floor had occurred at the extreme northeast end where several of the rooms had been amalgamated into an open plan office refurbished towards the end of the 20th century (Plate 27.68). Other changes

included the blocking of windows following the amalgamation of two rooms, although it was unclear what benefit was derived from this (Plate 27.69). The lasting reminders of the nurses who occupied the building were most noticeable around the payphone area, which was emblazed with the scribbled notes of callers (Plate 27.70) who had 'decorated' the wall with names and numbers, doodles and useful business cards.

Second floor

- 5.200 The top floor of the building survived in much the same condition as the floor below, although at this level, a number of the original, mid 1940s bedroom suites had survived (Plate 27.71). These comprised two tall cupboards set closest to the door, with one serving as a wardrobe, complete with dressing mirror on the back of the door and the other containing a washstand with basin and bathroom set, (Plate 27.72) complete with heated towel rail to one side and an internal light. This floor also contained some well preserved communal bathrooms closely resembling those on the upper ground floor (Plate 27.73). Contained within one of these was a 1940s sanitary bin produced under the trade name 'Sani-can' and testifying to the predominantly female occupancy of the upper floors of the building.

Further Analysis

- 5.201 The building was designed by G.R Acton in 1936 to be a two storey building capable of being heightened when need arose. In 1947 that need was realised and an additional two storeys added, producing the building as recorded here.

Stores (Building 28)

Original construction date:

c. late 1930s or 1940s

Architect:

None

Built by:

Possibly the Works department

Later modifications:

Green house or similar removed
from the west



- 5.202 Building 28 formed a single storey concrete framed brick and blockwork shed with infill panels of ventilation tile and had a pitched roof covered with corrugated mineral board (Plate 28.1). The western end of the building was painted white suggesting it had previously been abutted by another structure, possibly a greenhouse (Plate 28.2). Internally, the building contained two rows of concrete bicycle holders taking the form of concrete flags with diagonal grooves in each (Plate 28.3). Consequently the structure was interpreted as a cycle garage.

Garage (Building 29)

Original construction date:

c.1950s

Architect:

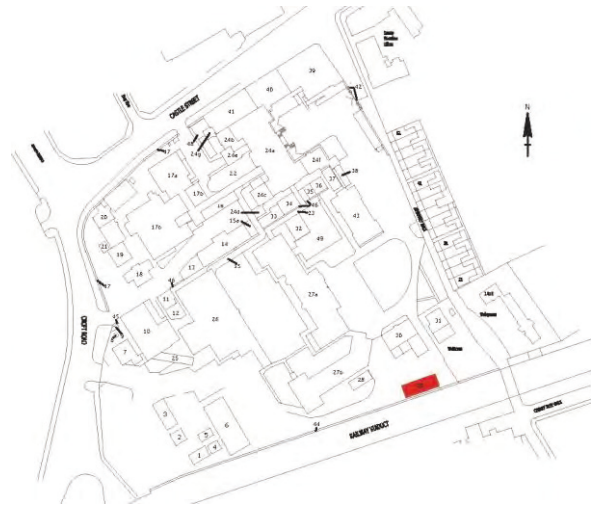
None

Built by:

Possibly the Works department

Later modifications:

Storage bins removed from the west wall



- 5.203 This building was built as a garage to the south of Building 30 and in the shadow of the railway viaduct (Building 47). It comprised a single storey brick shed with monopitch roof of steel trusses held on a steel beam with intermediate support (Plates 29.1 – 29.3). The lower part of the west wall was rendered and it is likely that a series of hoppers had been removed from this side, used for storing bulk materials such as road grit, sand and gravel etc. The structure dates to the 1950s as attested to by the light switches on the wall and was of no architectural or historic merit.

Walnut Tree House (Building 30)

Original construction date:

c.1750

Architect:

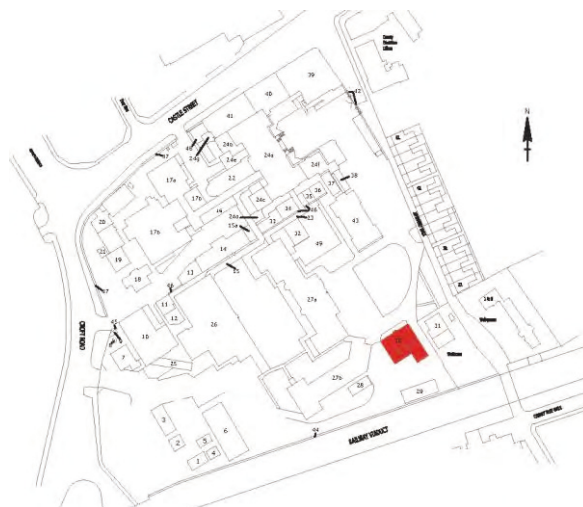
Unknown

Built by:

Unknown

Later modifications:

See historical development below



Historical development

- 5.204 The original building is shown on early maps as fronting to the south. However, by the early 19th century the building appears to have been reoriented so that the building faced onto the green to the north and the southern side became the rear elevation. However, there was no evidence of this re-orientation surviving in the fabric of the building and the internal arrangement appeared to indicate that the north had always been the principal elevation. In the early 1820s, wholesale replacement of the windows, probably alongside a general refurbishment of the interior took place and this was associated with the removal of the eastern projecting range seen on Eaton's map, concentrating the service functions to an enlarged western rear range.
- 5.205 During the mid 19th century the western rear range was raised twice to provide additional accommodation and, accordingly, new openings were created to provide access from the main house. It was subsumed within the hospital site in 1897 and adapted for an ancillary use. In the early part of the 20th century the central staircase was replaced and the first floor landing rearranged to provide access to the western rear range from the landing rather than the adjacent bedroom. At this time building was used as accommodation for hospital staff, principally doctors and surgeons and towards the end of the 20th century a series of single and two storey extensions were built at the rear.
- 5.206 The building fronted north onto the small green (Plate 30.1) to the east of the nurses' block (Building 27a) and south of Mulberry House (Building 43) and the

main hospital building group. The two storey red brick house was built in the mid 18th century but underwent extensions to the rear and adaptation throughout the 19th and 20th centuries (see analysis below). Tarmac hard standing surrounded the building's footprint and a brick wall with pedestrian door linked this to the 1954 Nurses' Home (Building 27b).

- 5.207 The building had a broadly square footprint at lower ground floor level, reducing at ground and first floor to comprise the frontage range, a two storey extension forming a south west range and a single storey extension forming the southeast range. The land between the two rear ranges had been in-filled with a single storey block which extended beyond the south east range. External ground levels dropped to the rear (south) so that the building is entered at ground floor to the north and lower ground floor to the south.

Construction

- 5.208 The building was of traditional construction with load bearing brick external walls. Floors were of embedded timber joists aligned north south and spanning between outer walls and a central spine beam. The joists were covered by timber boards of mixed period (18th-20th century) and affixed with lath and plaster ceilings, though later replacement and localised repair was noted. The internal walls to all floors were solid masonry with those at attic level being of timber stud, finished with lath and plaster. The roof construction was of common rafter and purlins which were supported on raking struts and embedded on the south side within the brick gables. Internal brick partitions at attic level defined the living accommodation from the unused attic space (Plate 30.55). The roofs of the rear ranges were similar in construction. Because of the topography of the surrounding land, the ground at the rear of the house was a full storey lower than that at the front (north) and accordingly, the entrance to the rear of the house has been described as being at lower ground floor level while that at the front is at ground floor level.

Exterior

- 5.209 The front elevation (Plate 30.1), the side returns (Plates 30.6 and 30.11) and rear part of the front range (Plate 30.8) were raised in red brick laid to English Garden Wall bond (three stretcher course variety). The bonding included use of queen closers to each of the window/door openings which had been formed with

simple cambered arched soldier course heads. The extent of the front elevation of the house had been demarked by the application of paint to give the impression of a deep plinth and regular quoining to each corner.

- 5.210 The principal (north) elevation (Figure 28) was symmetrical and of three bays (Plate 30.1). The main feature was the central front door with a simplistic classical surround, part executed in render with some stone detailing, comprising simple pilasters, entablature and pediment to a stripped Doric order (Plate 30.2). The porch formed the only architectural adornment to the otherwise plain and classical frontage that was characterised by its proportionately large expanse of brickwork relative to openings. Flanking each side of the door at ground floor were single 6-over-6 timber hornless sashes with cambered heads and frames that sat flush with the brick face (Plate 30.4). At first floor, the three similar windows were vertically aligned with those below and their cambered heads were partly concealed behind a shallow ogee moulded timber cornice under the deep projecting white painted timber eaves. Each window had slender sills comprised of profiled timber moulds under timber sills finished in lead.
- 5.211 The side elevations (Figures 29 and 31) of the original house featured single 6-over-6 timber sash (as described above) set forward from the centre line on account of the proportions of the interiors and the large stacks set internally on the south wall. Vertical straight joints in the brickwork defined the junction between the original house and its later extensions.
- 5.212 The rear elevation (Figure 30) of the original house was largely obscured by the later extensions. The central part featured a large fixed pane replacement window from the early 20th century that lit the staircase. The window opening, as defined by the presence of queen-closer bricks, appeared to have originally extended down to internal ground floor level, though the lower part had been in-filled with brick (Plate 30.10). The eastern side of this former opening formed a straight joint with only a single course bonded, while the west side was entirely keyed. To the east of this feature, a metal ladder fire escape had been added to provide egress from an escape platform at attic level. The eastern part of the front range elevation, set above the later abutted eastern range roof, comprised brickwork with two small single inserted windows flanking the stack.

- 5.213 The south western rear extension provided an additional room to each of the three floors. The range was raised in brick in an approximation of English Garden Wall, with little or no bonding to the earlier block. The brickwork of the lower ground and ground floor differed from the first floor on account of the first floor having formed a later addition. The extension featured a hipped clay tiled roof running continuously with that to the frontage. Its west elevation was fenestrated at ground and lower ground floor; at first floor a wide cambered head window opening with later steel window and at lower ground an altered (reduced) opening with modern window under a soldier course cambered head. Its south elevation fenestration comprised a similar ground floor window, a modern wide lower ground floor window and an 8-over-8 timber sash at first floor with cambered head. None of the south elevation windows were vertically aligned. The east return featured a modern fire escape door at its northern end and a blocked door, with a small inserted window, at its southern end. The brickwork terminates with a brick cornice comprising a dentilled and straight course under shallow eaves. On the south elevation there is a truncated three course projecting brick band between the first and ground floor windows.
- 5.214 The south eastern rear extension formed a two storey range with a pitched tiled roof and southern gable. The extension provided additional accommodation to lower ground and ground floor levels. The east elevation was blind at ground floor and fitted with three windows at lower ground floor under soldier course brick heads (non-structural). The west elevation was blind and the southern gable featured a large window with similar soldier course head (Plate 30.8). The roof of the extension was traditional in form with clay tile to the pitches, white painted eaves and a plain gable to the south.
- 5.215 The roof to the front range is hipped and it continues in that form on the south west extension. On the east side the hip return terminates in a southern gable with a tall and deep central stack with six clay pots. A similar stack pierces the junction between the frontage range and south western extensions. From the rear, any pitched forms of the main roof were obscured by later brickwork linking the eastern and western gables. This brick work was set upon a continued cornice (as elsewhere on the frontage range) and featured a central modern window set within a now redundant semi-circular arched window of a gable to a pitched roof of the central bay attic bay.

Interior

- 5.216 The plan form of the building was cellular with accommodation at upper ground (Figure 32), lower ground (Figure 33), first (Figure 34) and attic level (Figure 35).

Ground floor plan

- 5.217 The ground floor of the main frontage range comprised three rooms comprising outer rooms flanking a generous central hallway. Each outer room was of square proportions with a fireplace on the south wall and windows to the north (front) and side. Small cupboards had occupied the deep alcoves created by the large stacks though the inner ones had subsequently been altered as linkages between the hall and the rear extensions or as cupboards to the landings. The hall featured its centrally positioned front door and a cross axis alignment of doors to the outer rooms. The hall was dominated by an ill-fitting timber staircase with a straight flight, half landing and return, positioned in front of the large window of the rear elevation. The rear eastern range formed a single room while the western extension formed a kitchen with a fireplace and a servery (within the former cupboard of the main room), flanked by a corridor and small store room (where the blocked opening was noted externally).

Lower Ground Floor

- 5.218 The lower ground floor of the frontage range largely repeated the arrangement of rooms at ground floor. The front range had been separated from the back ranges and was accessed via an inserted door on the west elevation flanking the chimney stack. The three rooms served as store rooms and were basic in their decoration. The central room had been reduced in size due to an inserted brick partition that separated and directed the staircase via new openings to the eastern rear range. A scar on the east wall of the central room indicated that the former staircase had risen from south to north against that wall and turned so that it landed at ground floor adjacent to the eastern room door. The large fireplaces of the outer rooms and a small opening on the south wall in the eastern room had been blocked by late 20th century brickwork.
- 5.219 The ceilings throughout the frontage range were of crude and simple plastered finish with exposed, east-west aligned ground floor spine beams. Modern

services had been crudely installed resulting in localised truncation. The floors were solid with partial tile coverage in the western room and a cement screed elsewhere. An original four panel door survived between the central and western rooms. The rooms appeared to have served as stores.

- 5.220 The plan of the rear parts of the lower ground floor were less coherent in relation to the ground floor plan. The western range and the rear part of the eastern range had single rooms with modern windows, plaster and a lack of features. The central part had been arranged as a large bedroom under the flat roof infill structure but it extended under the eastern range which was otherwise given over to a corridor and two small stores.

First floor

- 5.221 The first floor plan was the same as the ground floor plan. Within the front range the outer rooms had been fitted as bed/sitting rooms with fitted cupboards in the recesses adjacent to the deep stacks (Plates 30.39 - 30.42). These rooms were lit by frontage and side windows. The central bay featured the later inserted staircase and side landings leading on the east side to a converted former cupboard and on the west side to a link via a former cupboard to the rear western extension. The extension comprised a large single room with window to the south wall and blocked fireplace to the north. The front part of the central bay was occupied by a bathroom (Plate 30.44) with window over the front door, flanked on its eastern side by an enclosed attic staircase behind a modern door (Plate 30.47).

Attic

- 5.222 The attic accommodation was basic in finish and limited in volume and head height on account of the roof pitches. Of the three front range bays only the western and central bays had been fitted for use, most probably as servants accommodation that was self-contained. Access was provided by the enclosed staircase from the first floor landing within the central bay. It led via a doorway (Plate 30.48) to a wide landing (Plates 30.50 and 30.54) with limited head room in the front part of the central bay, beyond which was a larger room with a modern window to the north elevation (Plate 30.49). The eastern bay of the front range had not been utilised as accommodation and its rafters, truncated trusses and floor joists were exposed (Plate 30.55). It was in this area that a

series of artefacts were discovered, lying beneath the rockwool insulation. These included leather shoes and boots, a child's cotton dress, scraps of newspaper and business cards dating from the mid-19th century but predominantly from the late 19th and early 20th centuries. These are to be submitted to the Worcester City Museum or other suitable repository.

- 5.223 The western bay of the attic comprised two rooms, each with exposed timber floorboards and lath and plastered walls/ceiling. The 'L' shaped front room included a series of hooks on the top side of the exposed purlin (Plate 30.51), the function of which was unclear, and featured an inserted skylight to the south pitch (Plate 30.52). The partitions dividing this from the next room followed a truss line. The door to the adjacent room was limited to a small hatch, fitted with a crude plank and rail door (Plate 30.52). The back room in this bay lacked details or specific features other than the exposed brick stack (without fireplace) on its south wall (Plate 30.53).

Architectural detailing

- 5.224 The building retained some architectural details of note and each were representative of the period of origin in terms of appearance and style. No room or floor retained a complete set of details. However, there were sufficient details to determine a vertical hierarchy.
- 5.225 The ground floor window openings in the original house extended to the floor and featured timber surrounds comprising simple fluted architraves to shutter boxing (Plate 30.16). The boxing terminated with simple plinth blocks and the upper returns were concealed by modern curtain pelmets. The surrounds had plain timber soffits. These recesses were later fitted with a modern shelf under which the radiators had been placed (Plate 30.17). The timber shutters comprised a 2 and 3 hinged leaf arrangement with the closed facing leaf being of three raised and fielded panels and the other plain and closed by a wrought iron brace (where present) (Plate 30.18). The first floor openings also featured a timber surround though the panelled cheeks were fixed and the openings terminated at sill level (Plate 30.41 and 30.42). During demolition it was noted that all of the timber recess surround arrangements were inserted features that had replaced a simpler opening of painted plaster camber heads and cheeks (Plate 30.57). Behind the westernmost window, an area of earlier wall paper with block printed field and hand painted dado was recovered (Plate 30.58).

- 5.226 The eastern of the ground floor rooms within the front range featured a simple skirting, picture rail and profiled timber architraves. The fireplace had been blocked, however, the simple timber chimney piece, of a style reminiscent of the front door surround, survived (Plates 30.19 and 30.20). The room also retained a panelled door from the hall and a paired leaf panel door to the eastern cupboard (Plate 30.21).
- 5.227 The central hall included a plastered cornice and architraves to the doors. The main feature was the ill-fitting timber staircase, the principal elements of which were the turned timber newels adorned to each face with a crown carving (Plates 30.12 & 30.13). The turned spindles were at close centres and supported a deep section timber hand rail.
- 5.228 The western room had lost its fireplace and chimney piece but retained an egg and dart plaster cornice (Plate 30.14) and a deep profiled relief plaster ceiling rose of leaf pattern (Plate 30.15). The door from the hall was panelled and included a timber profiled moulded architrave.
- 5.229 At lower ground floor, later refurbishments had resulted in loss of most features though the blocked fireplaces remained exposed (Plate 30.31).
- 5.230 The first floor was simpler in adornment. The rooms lacked cornices and the fireplaces had been blocked, with each chimneypiece removed (Plate 30.43). An early panelled door survived between the western room and the central room of the front range (Plate 30.40).

Analysis

- 5.231 The architectural composition of the building can be attributed to at least four phases of development or alteration, ranging from the c.mid to late 18th century through to the late 20th century. The extent to which each phase altered the structure and character of the building appears to relate to the building's use which, in turn, has been influenced by the land use and urbanisation of its context. This analysis, based on observation and interpretation of the physical and documentary evidence, cannot provide absolute resolution on certain issues and accordingly a discursive narrative has been deemed appropriate so as to enable future reinterpretation.

Phase I (Mid 18th century – c. 1800)

- 5.232 Doharty's map of 1741 (Appendix 2.1) shows the undeveloped plot to be beyond the developed urban footprint of Worcester, but within the Bounds of the City. By the 1764 'Plan of the City of Worcester' (Appendix 2.2) the land is identified as 'The new plantation', an undeveloped area surrounded by what are now Infirmary Walk, Farrier Street and Croft Road. The first development shown is recorded on the 1768 Town Plan of Richard Broad (Appendix 2.6) which appears to show a structure in the position of Walnut Tree House, set amongst agricultural land divided into plantations. Though not clear, the property appears to have taken access from the adjacent Infirmary Walk thoroughfare with its frontage to the north. The cartographic evidence would therefore suggest the property was built between 1764 and 1768 with direct association to the plantation in which it occupied a logical and central place, close to, but not fronting, a thoroughfare.
- 5.233 The front range forms the earliest part of the house. At this time the house would have comprised the two principal floors with a lower ground floor possibly linked to further ancillary structures to the rear. It was of classical but utilitarian form, lacking detailing and adornment, probably built as the house for the principal landowner or farmer responsible for the surrounding land. Its interiors would have been reasonably modest and lacking much of the detailing described above. Charles Brooking (Brooking Collection) has identified that each of the windows within the front range formed a composite of original sash boxes and replacement sashes from the early 1820s and that the shutter boxes and architraves were of similar date (see Phase II below). It would seem the original interiors comprised simple plastered walls and window recesses, as evidenced by the plaster soffit exposed following the removal of the panelled recesses during demolition. The recovered wallpaper clearly pre-dated the 1820s refit but specialist analysis failed to give precise dates. Stylistically the brick fabric of the building, its brick bond and the simple form of the external cornice are all appropriate and fitting to a mid to late 18th century construction date. Similarly the relatively plain interiors, albeit grand in proportion and traditional in arrangement, are befitting a farm house of this period.
- 5.234 It is unclear as to what form the roof took when built or the exact nature of the replaced sashes. The roof present at the time of recording may be not be original and may form a mid 19th century replacement. The existing chimney

stacks also post-date this period and the exact form of the earlier stacks and chimney pieces is left to conjecture. It is probable that, with the exception of the lower ground floor, the chimney breasts were shallower and the stack terminated with three or possibly four flues.

- 5.235 The front door is of late 18th century stylistic form though its stout knocker and the simple surround are stylistically more in keeping with the Regency and early 19th century period and may therefore be attributed to Phase II.
- 5.236 The functions of the rooms within the early house can be speculated as comprising living accommodation at ground floor, service rooms and kitchen at lower ground with bedrooms at first floor. The 1790 'Plate of the City' by Young (Appendix 2.9) does suggest the building had extensions to the south side although their form and function could not be established given the extent of later replacement extensions.
- 5.237 This early house, despite its relatively plain interiors, was of some grandeur and status. Its rooms and general proportions were generous and executed with a degree of scholarly architectural understanding. A key feature would appear to have been the long window opening to the rear (south) wall. The queen-closer bricks suggest a contemporary opening that, save for perhaps a brief landing break, was continuous from its first floor cambered head to its ground floor threshold. It is possible that the arrangement consisted of an upper window and lower external door, although a doorway would have needed to have led to a staircase, a terrace or a ground level higher than at present. Alternatively, the lower part may have also been a window and the feature was both an architectural and social statement as well as serving a practical role of filling the hall and landing with southerly light whilst offering views over the City.
- 5.238 The nature and appearance of the roof during this period is also an uncertainty. The form of the cornice, and its continuation under the central bay infill brickwork between the gables on the rear elevation, suggest it may have been pitched, hipped and of reasonable steepness. It is feasible, based on the evidence analysed and the presence of a brick arch over the modern attic window above the feature tall rear window, that the earliest roof form had included a single central gable with a lunette. This of course would have been flanked by free standing chimneys. To run a cornice across a gable and the infill brick is a crude detail for a house of reasonable architectural refinement.

5.239 This large rear window and the possibility of an early central rear gable would seem at odds with the orientation of the building and its seemingly humble function. Although not identified as a distinct phase, due to the lack of absolute physical evidence, it is possible that the orientation of the building had not always been with its frontage to the north. Nash's plan of the City dated 1781 (Appendix 2.8), Green's map of 1790 (Appendix 2.9) and in particular Eaton's map of 1808 (Appendix 2.11), show that the house was approached from the south. It is possible therefore that the feature window and the south elevation are attributed to a modification, albeit substantial, of later 18th century date, perhaps as a result of the owner to improve social standing.

Phase II – Early 19th Century (c.1820s)

5.240 This period bears direct physical evidence that the house underwent gentrification. Reliable expert dating evidence offers a date that in c.1821 the timber sashes were replaced within the Phase I house and the panelled shutter recesses were added. A similar date, based on stylistic analysis can be attributed to the ceiling rose, cornices, architraves and the internal doors at ground and first floor. The front door surround and the knocker would appear to date from this period of alteration and refurbishment.

5.241 During this period, the original staircase and the basic plan form would have remained from Phase I. Likewise, the functions of the principal rooms are unlikely to have changed although the plan form by now included the lower parts of the western rear extension. The 1825 Worcester Corporation Plan (Appendix 2.13) shows the footprint in detail, together with a garden and court to the north and detached out-buildings to the south. There is no clear evidence of a drive and much of the surrounding land is laid out to suggest plantations or defined paddocks. The house is labelled Walnut House. The plan suggests the north elevation to be the frontage. The presence of a garden, a courtyard and the name, further suggest a degree of gentrification.

5.242 The western rear extension is of a form that is subservient and ancillary to the main house though no less imposing. It's external brick detailing is fitting for an early 19th century construction date. Subject to the form of the original staircase the linking through at ground floor would have been possible with relatively minor disruption.

Phase III – Mid 19th century

- 5.243 The mid 19th century Board of Health Plan (Appendix 2.22) offers greater clarity on the plan form, orientation and setting of the house, which is labelled for the first time as Walnut Tree House. The most notable contextual difference is the construction of the railway sidings viaduct immediately to the south of the house and the definitive establishment of a property boundary, which defines a typically arranged garden with beds and walkways, quite separate from the Royal Infirmary to its north.
- 5.244 The house at this time is shown to comprise the frontage range and its western rear extension, together with a series of linked structures on the eastern rear side that extended as far as the viaduct. It appears that a drive led from the south side, adjacent to the viaduct, and swept around the western elevation to a court at the front, from where a series of walkways extend through the gardens.
- 5.245 Of the structural elements recorded, the key addition attributable to this period was the first floor extension to the Phase II extension. Its construction replaced a lower pitched roof (the former gable is evident on the south elevation brickwork) and resulted in the continuation of the roof to blend in with the front range. A comparative analysis of the bricks in the chimney stacks also suggests that the existing stacks and gables, with their deep plan and six pot terminuses, were constructed at this time as replacements to the Georgian stacks. It is probable, given the extent of roof level works and the character and detailing within the attic space, that the roof to the front range was re-configured at this time and the servant accommodation and access staircase were provided. It is possible that the attic, at least in part, can be attributed to the later 19th century.

Phase IV – 1896-c.2000

- 5.246 Walnut Tree House, its gardens and outbuildings, were acquired in 1896 by the Royal Infirmary. It is likely that the building continued to function as a residence at this time and that little change was either undertaken or deemed necessary. The 1904 and 1928 Ordnance Survey maps (Appendix 2.34 and 2.37) show little change to the arrangements previously depicted and indicate the boundaries to have remained intact.

- 5.247 Within the building, the alterations indicate adaptation to suit multiple occupancy, most probably as nurses' or doctors' accommodation. The most significant alteration appears to be the replacement of the staircase, whose ill-fitting form may be accounted for by its re-use and adaptation to this generous space and the desire to create better access to the rear extensions and large cupboards flanking the stacks.
- 5.248 Additional alterations that support a multiple occupancy use include: (i) a doorway was created in the first floor bathroom to enable access from the landing and its shared use (c.1930s); (ii) use of the ground floor western rear extension as a modern kitchen with a serving hatch through to the dining room in the front range; (iii) blocking of the fireplaces and introduction of a central heating system; (iv) replacement of windows and reconfigured openings in the rear extension to fit steel framed windows.
- 5.249 By the 1940 Ordnance Survey Map (Appendix 2.50) the rear part of the house appears to have been altered with the addition of a corridor, presumably at lower ground floor level. Also by this time, the setting of the building had been significantly altered following the earlier addition of Buildings 27b and 31. The area to the north had become integrated into the hospital group; it is likely that the presence of Walnut Tree House influenced the position and alignment of the early 20th century hospital buildings to the south of the Royal Infirmary.
- 5.250 Minor internal alterations of a cosmetic and decorative nature continued to take place during the 20th century. After 1954 (Appendix 2.57) and prior to 1962 (Appendix 2.58), the eastern range of ancillary buildings were demolished. By this time the footprint of the house is shown to be square with some additional projections on the east side. Although reminiscent of the most recent configuration the existing ground and lower ground floor range on the east side are stylistically closer to a construction date post c.1970. The alterations to the rear at lower ground and ground floor on the eastern side are wholly functional and stylistically respectful to their period of origin, rather than the Georgian house to which they were integrated. As a result of this, and indeed the encroachment of the hospitals ancillary buildings and the railway viaduct before that, Walnut Tree House only succeeded in retaining a semblance of its origins when viewed from the north or from discrete places within the front range. Architecturally, the need for it to function in association with a modern hospital outweighed the value and desire to preserve an earlier phase. That said, the

fabric of the building enabled a clear understanding of its development and the effective re-use of the building for its original purpose.

Wall House (Building 31)

Original construction date:

c. 1930s

Architect:

Unknown

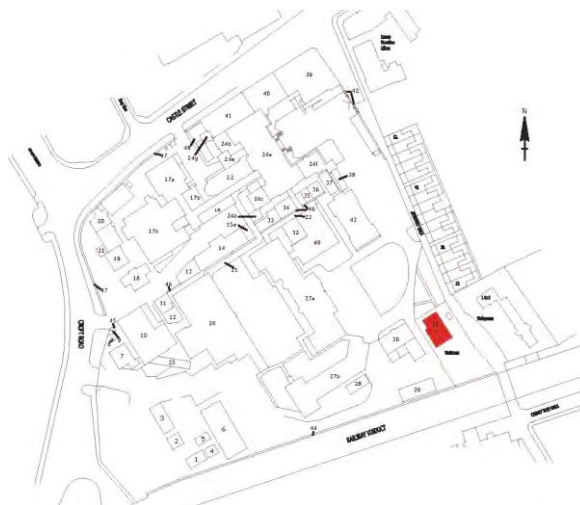
Built by:

Unknown

Later modifications:

Single storey extension to the south (1984)

Lean-to lobby by eastern door added 1985



- 5.251 This building lay to the east of Building 30 within a discrete compound formed by the eastern perimeter wall of the hospital, along Infirmary Walk, by the railway viaduct to the south and by a series of high chain link fences along the north and west (Plate 31.1). Access to the compound from within the hospital site was via a locked gate in the northern part of the fence, but there was also a gated entrance through the perimeter wall (Plate 31.2) leading directly to the original main entrance of the building which is situated on the eastern elevation (Plate 31.3) within a modern lobby extension (Plate 31.4).
- 5.252 The building was of two storeys and built of red brick laid in an English garden wall bond. It was symmetrical by design, comprising an east - west gabled range with a shorter gabled range projecting from the centre of the north side. Both elements had pitched roofs, which projected at the eaves and gables where it was supported on carved brackets. The roof was covered with clay tiles and a two brick chimney stack rose above it, one from the ridge of the east - west range and the other from the southern elevation. Along the southern side of the building, a modern single storey extension with an 'L' shaped pitched roof had been added (Plate 31.5).
- 5.253 The windows of the original building had segmental brick heads and for the most part contained timber framed sashes with small Georgian style panes although on the north elevation (Plate 31.6) was a tall fixed timber light which marked the location of the stairwell. At ground floor level was a second entrance which gave access to the kitchen area. The western elevation (Plate

31.7) remained in its original form with a tall window at ground and first floor levels of the gable which contrasted with the larger windows of the eastern gable (Plate 31.8) marking that out as the principal elevation. The western side of the northern range contained smaller windows with that on the upper floor projecting above the eaves to form a half dormer. The western gable of the extension had two windows which were also small paned sashes but had flat heads. The southern side of the building was dominated by the extension (Plate 31.9) which occupied the full width of the elevation at ground floor level and comprised a glazed door and sidelight to the left and small high level transom light to the right. The door was set above ground level and a long ramp rose from right to left to give wheelchair access. Above the roof of the extension, the upper storey of the original house was barely visible (Plate 31.5) but contained only a small timber sash in the centre and the projecting breast of the chimney stack to the right.

- 5.254 Internally, the house was domestic in form but had been converted to serve as a discrete children's centre, although many of the original doors, skirting boards and architraves survived, with the most obvious evidence of its change of use being in the brightly painted murals on the walls. From the entrance lobby (Plate 31.10) in the northern range were doors to the rooms of the ground floor, including the former kitchen (Plate 31.11), dining room (Plate 31.12), living room (Plate 31.13) and staircase in the northeast corner (Plate 31.14) which rose to a landing from which the upstairs rooms were accessed. The living and dining room were separated by a corridor which led through to the extension (Plate 31.15) and was divided into three parts to form a large play/activity room in the west (Plate 31.16) with adult and children's bathrooms (Plate 31.17) to the east.
- 5.255 The upper floor comprised the usual domestic arrangement of bedrooms and bathroom. Like the ground floor, many of the original fixtures and fittings had survived the conversion process including doors skirting boards and architraves (Plate 31.18). The rooms had undergone some alteration to its function (Plate 31.19), although in many it was difficult to ascertain their most recent use (Plate 31.20).
- 5.256 The form and internal detailing suggest that this building dated from the 1930s cartographic evidence indicates that it was built between 1928 and 1940. The Planning History Card index at Worcester City Council suggests that alterations

to this building were undertaken in 1984 and it is likely that the new extension was added to the southern side as part of these works. A later entry in the index indicates that the lean-to lobby around the main eastern entrance was added in 1985.

Staff Restaurant Kitchens (Building 32)

Original construction date:

c.1995

Architect:

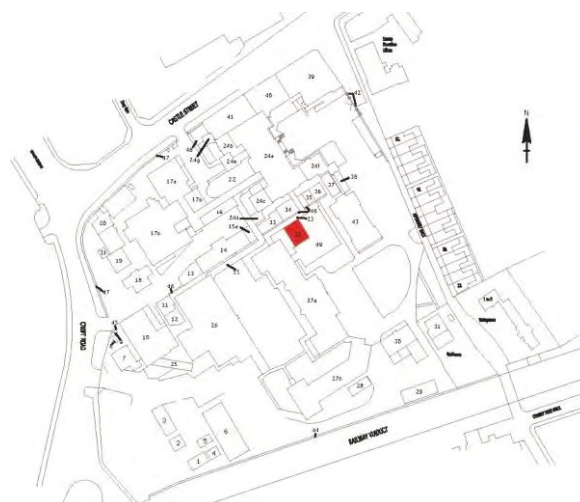
None

Built by:

Unknown

Later modifications:

None



- 5.257 Set to the south of the corridor to the Nurses' Home (Building 23) and the service range (Building 35), this structure comprised the brick built part of the staff canteen with the lightweight dining area to the south and east (Building 49). The building was for the most part single storey, although there was a plant room in the northwest corner which rose above the flat roof of the rest of the building. The only exposed elevation was to the west (Plate 32.1) and comprised modern brick laid in stretcher bond, into which were set a series of modern timber framed fixed windows at ground floor level. Stairs rose to the door of the first floor plant room which was of timber, part glazed and part louvered. The plant room contained the ventilation machinery and air scrubbers for the kitchen extractors (Plate 32.2).
- 5.258 Internally, the building comprised a series of utility and storage rooms set around a large open kitchen (Plate 32.3) with central cooking ranges covered by a large metal extractor hood (Plate 32.4). The ancillary rooms included 'plating rooms' (Plate 32.5) and cold stores (Plate 32.6).
- 5.259 The building dated to the second half of the twentieth century, probably mid to late 1990s, although cartographic evidence suggests that it replaced an earlier structure in this location dating from before 1940 and, due to later finishes inside, it is unclear to what extent that structure survived. Clearly the western side of the building along with the first floor plant room are more recent than 1940, but it is possible that these formed a small extension to the earlier building, infilling the space shown on the 1992 Ordnance Survey map (Appendix 2.61).

Staff Changing Rooms (Building 33)

Original construction date:

c.1930s

Architect:

None

Built by:

Unknown

Later modifications:



5.260 This building lay immediately to the south of the main Infirmary and formed part of the range of service buildings set against the pre-1897 southern boundary wall of the hospital site. The building is in two parts, but believed to be all of the same date. To the west, the building is narrower so as to allow passage around the southwest corner tower of the main Infirmary building (Plate 33.1). Both elements are of a single storey with a flat roof (Plate 33.2) and are built of red brick laid in a Flemish bond. The only exposed elevation is to the north, and here the openings have concrete lintels and the windows are metal framed casements (Plates 33.3 and 33.4). In addition, the eastern part has a low level timber door at the far left of the elevation which appears to be an original feature. The western part of the elevation has a wide opening beneath a single concrete lintel, which has subsequently been blocked and fitted with two lancet type metal framed windows (Plate 33.5).

5.261 Internally (Figure 37), the building was divided into two parts, corresponding to the two parts of the elevation. The door to the western part was identified by a Bakelite sign reading 'Male Catering Staff Only' (Plate 33.6) and the room was fitted out as a washroom (Plate 33.7) with coat hooks at east end and toilet cubicles along the north (Plate 33.8), corresponding with the lancet windows.

5.262 The eastern part of the building also comprised a single room (Plate 33.9) and from within this room it was evident that the wall dividing it from the changing room to the west was an inserted partition (Plate 33.10) and that in its original form the building had formed a single open space. The floor was tiled and the light switches in this room (Plate 33.11) appeared to date to the original

construction of the building which is likely to be during the 1930s. The function of the low level timber door remained unclear, as did the original use of the building, although its most recent function appears to have been as storage as indicated by the shelving battens on the walls. Comparative analysis of the windows suggested that the wide opening in the western part of the building was infilled during the 1950s.

Kitchen Stores (Building 34)

Original construction date:

c.1870s

Architect:

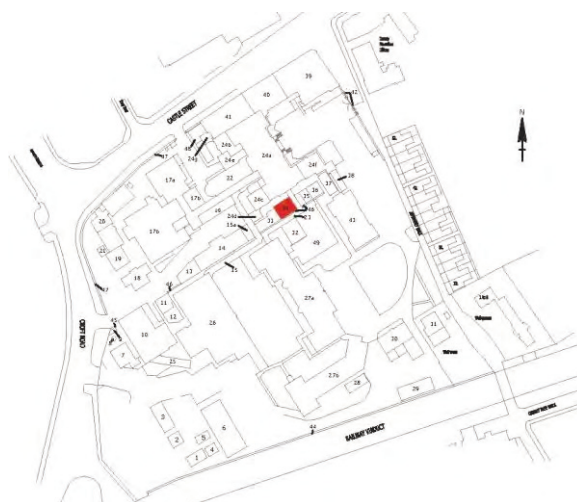
Unknown

Built by:

Unknown

Later modifications:

Late 20th century internal
refurbishment



- 5.263 This building comprised a rectangular red brick structure (Plate 34.1) with a complex roof structure (Plate 34.2); the brickwork being laid in Flemish bond. The eastern part was covered with a flat topped pyramidal roof, whilst the western smaller part comprised two smaller hips separated by a modern circular rooflight fitted with a convex glass cover. At the rear of the building was a short chimney stack which had been capped with a stone or concrete slab. Both parts of the roof were covered with slates with modern lead flashing to the ridges and flat top.
- 5.264 The exposed northern elevation contained two doorways, with that to the west fitted with a half glazed timber door and two part overlight beneath a segmental brick head (Plate 34.3). To the right of this was a large paned timber casement window, set in a cambered arched opening with shaped engineering brick sill (Plate 34.4). To the eastern side of the elevation was a shorter doorway fitted with a modern, louvered timber door applied to an earlier doorframe with glazed hopper type overlight (Plate 34.5). Set on either side of this door were decorative metal vents (Plate 34.6).
- 5.265 Internally (Figure 37), the two doors gave access to two separate areas. The western part (Plate 34.7) did not respect the arrangement of the roof, extending beneath the larger pyramidal part with the transition marked by a timber joist which corresponded with a thinning of the north wall in which the window was set. The walls of this room were covered with white glazed tiles to the ceiling and the floor covered with red encaustic tiles. The rooflight is set over a conical opening (Plate 34.8) and the timber joist supporting the roof is

itself held on a pair of slender steel joists set into the east and west walls. The opening for the rooflight did not respect the location of these steel joists. Other features of note were a small square plinth, set in the northwest corner and a thickening of the wall in the south which is likely to correspond to the capped chimney seen rising above the roof. The room was otherwise empty.

- 5.266 The eastern part of the building was painted white and for the most part filled with a large commercial freezer (Plate 34.9). This room also had a tiled floor and featured vents in the ceiling which was fitted with an ornate late 19th century cover (Plate 34.10) and in the east wall where one was blocked (Plate 34.11) and another refitted with a modern electric extractor fan and to the north wall which contained a closable vent (Plate 34.12) on the back of a metal cover described above.

Further Analysis

- 5.267 The complex roof shape and unrelated internal layout have proved to be difficult to understand. The building is first shown on the 1886 Ordnance Survey map (Appendix 2.26) and so may be part of the development which included the laundry and isolation block to the west and the outpatients department on the north side of the Infirmary building, all dating to the 1870s. This map shows the buildings as defined by their roofs, namely a very narrow building on the west of a square plan building. The documentary research did not produce any description, either written or visual which describe the function of this building until 1984 when its current plan form with a cold store to the east and a vegetable and general kitchen store to the west are noted on a site plan.

Cleaners Stores and Office (Building 35)

Original construction date:

Late 19th century

Architect:

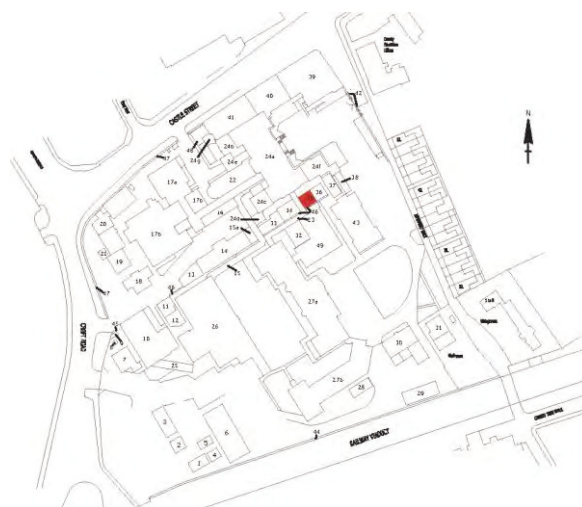
Unknown

Built by:

Unknown

Later modifications:

Late 20th century internal
refurbishment (and change of use
from a possibly domestic function)



5.268 This building lies immediately to the east of the corridor to the staff dining room and was formed of two parts (Plate 35.1). The western part (Plate 35.2) was of brick, laid in Flemish bond, and had a flat roof with a wide entrance set to the right of centre in the northern facade, formed beneath a concrete lintel and containing double timber doors. A sign on the left hand door identified this as the Team Cleaners Store. The flat roof was covered in asphalt and featured a square roof lantern fitted with Georgian wired glass (Plate 35.3). To the left of this was a larger brick range with a pitched plain tile covered roof (Plate 35.4) which had a hip at the rear and pedestrian door set centrally in the northern gable. Both buildings were set against the former boundary wall of the hospital (Building 46) and incorporated it into their structure (Plate 35.5). To the right of the door was a pair of timber shelves reminding staff to return keys to porters or supervisors before signing out and consequently these shelves are likely to have held staff registers. Close to the eaves on either side of the north elevation were vents, of which the left hand one was contemporary with the building whilst that to the right was a larger modern vent cover. The doorway to this building comprised a cambered brick head, stone threshold and was fitted with a moulded timber frame but no door (Plate 35.6).

5.269 Internally (Figure 38), the western part of the building comprised two rooms, divided by a modern stud wall (Plate 35.7) with the northern part being the larger of the two. Both areas were devoid of significant features although the large sink and towel rail in the northern part suggested it was used as a general staff room, probably with a supervisor's office to the rear.

- 5.270 The right hand part was fitted with a plain, wide timber architrave to the inside of the door (Plate 35.8) and the building was also divided into two parts by a stud partition fitted with a narrow moulded timber architrave dating to the first half of the 20th century. The front part of the building was devoid of any architectural features whilst the rear part contained free standing shelving around the west, south and east sides with further shelving held on modern brackets attached to the partition to the north. At the east end, the wall stepped back and the hip of the roof was supported on a timber bressumer held on a timber bracket set across the corner of the rebate east wall. The roof comprised king post trusses (Plate 35.10) with side struts and the rafters rose to a thick roof board. The underside of the tiles was felted and all observed timbers were of machine cut softwood.
- 5.271 During demolition of the building, the cladding to the thick eastern wall was removed to reveal a brick built open fronted chimney (Plate 35.12) into which a range stove appeared to have been set. The structure had a stone hearth and raised brick floor with two flues.

Further Analysis

- 5.272 Like Building 34 to the west, the original function of the building remained unclear with no features indicating former use. The eastern part of the building is first shown in its current form on the 1904 Ordnance Survey map (Appendix 2.34), although a building in this location extending northwards to abut the Infirmary is shown on the earlier 1886 Ordnance Survey map (Appendix 2.26). The presence of a fireplace with a range suggests some kind of residential use and it is possible that the buildings along this side of the Infirmary were used to accommodate service staff such as caretakers or maintenance personnel, but this no more than speculation and no clear evidence was found. It is equally possible that the building was used as a day room or workshop.

Former Water Tank Base (Building 36)

Original construction date:

c.1880s

Architect:

Unknown

Built by:

Unknown

Later modifications:

Water tank removed during the early 20th century.

Refurbishment of the interior and cutting of the northern door c. mid 20th century.



5.273 This structure was located immediately to the east of Building 35 and had a thick battered wall to the north (Plate 36.1). It comprised a single storey brick structure with flat roof covered in asphalt (Plate 36.2) with a series of brick buttresses along the eastern side (Plate 36.3) which had been truncated and rendered. Although superficially the brickwork appeared to be in Flemish bond, the walls were of such a thickness that the bond more than likely changed through the width of the wall. Scars in the brick floor to the east indicated that c.40cm had been removed, probably to increase access along that side of the building following the erection of the timber framed shed which stood a little to the east (Building 37). Between the buttresses, the eastern side had a flat topped plinth with a number of metal vent covers set into the wall below (Plate 36.4). The brickwork of the buttresses was spliced into the brickwork of the building and the metal frame of a canopy had also been inserted into the eastern facade.

5.274 The southern side comprised part of the former boundary wall of the Infirmary and was abutted by the perpendicular enclosure wall (Plate 36.5) extending from the northwest corner of Mulberry House (Building 43). To the west of this, the former boundary continued unbroken (Plate 36.6), suggesting that the building merely utilised the existing structure rather than modifying it, although the earlier wall had been truncated by the foundation block for the metal fire escape (Plate 36.7) from the Infirmary (Building 24). This side contained a

single buttress believed to be related to the boundary wall and not an alteration to it.

- 5.275 The only entrance to the structure (Figure 38) was via a doorway through the battered northern side (Plate 36.8) and the internal floor level was significantly higher than that outside. This was an inserted opening as indicated by the rendered lining and internally the building comprised a single space with shelves set around the edges, supported on brackets fixed to the walls and on a timber framework below (Plate 36.9). The floor was of concrete and although the roof had been lined with plasterboard, investigations revealed that the roof was also of concrete (Plate 36.10). Along the internal eastern side and coinciding with vents recorded on the outside, were a series of sliding vents which were heavily over painted.

Further Analysis

- 5.276 The building is shown for the first time on the 1886 Ordnance Survey map (Appendix 2.26) and is clearly identified on the proposal drawings for Mulberry House in 1896 (Appendix 2.27), labelled as 'Water Tank'. It is likely therefore, that the structure forms the modified base, which supported the tank rather than the tank itself. The concrete roof was added following the removal of the tank which must have happened prior to 1931 as a photograph of the site from the air (Appendix 2.36) taken before the construction of the Nurses' Home (Building 27a) shows the building in this condition. The function of the vents along the eastern side is likely to have been to reduce the level of condensation on the underside of the tank within this enclosed space, although there must have been some access in order to operate the vents. The size and frequency of the buttresses on the east suggest that the tank was of considerable capacity.

Ward Stores (Building 37)

Original construction date:

1962 - 1970

Architect:

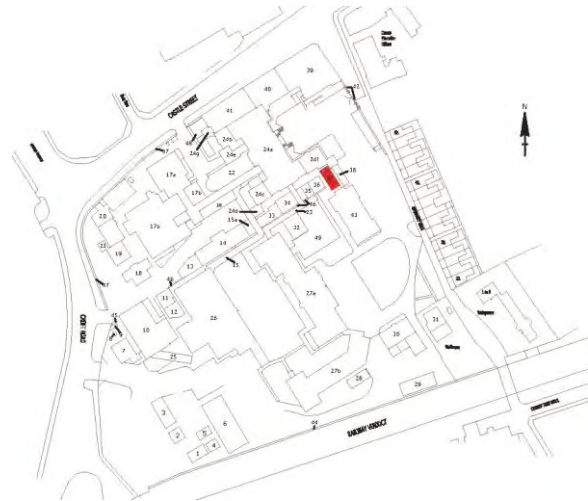
None

Built by:

Prefabricated (J. Thorn and Sons?)

Later modifications:

None



5.277 This building comprised a long timber framed shed with pitched, asbestos covered roof (Plate 37.1) situated in the open area between Mulberry House and the extension to the Infirmary (Building 24). The building was clad with weatherboard and had a wide opening at the north end of the western elevation (Plate 37.2) which extended parallel to the eastern side of Building 36 (Plate 37.3). The southern end was set adjacent to the basement porch of Mulberry House (Plate 37.4) and at the top of the gable, a makers badge identified it as being supplied by J. Thorne and Sons Ltd of Bexleyheath, Kent (Plate 37.5). The eastern side of the building contained a band of high level transom windows.

5.278 Internally (Plate 37.7), the structure of the building was modular, comprising thin trusses supported by curved braces and with V struts between the tie beam and principal rafter. The walls were lined at mid height, and otherwise the building was completely empty.

5.279 The building appears for the first time on the 1970 Ordnance Survey map (Appendix 2.59) and so is likely to have been erected in the eight years after 1962. Its function appears to have been none specific to the structure in that it did not require the modification of the building in any way.

Patient Records (Building 38)

Original construction date:

Early 20th century

Architect:

Unknown

Built by:

Unknown

Later modifications:

None



- 5.280 This building sat to the east of Building 37 and abutted the retaining wall which ran from the north eastern corner of Mulberry House and the south eastern corner of the corner tower to Building 24. The building comprised a timber framed shed with monopitch asbestos covered roof and corrugated steel cladding pierced by timber framed windows along the western elevation (Plate 38.1). This elevation was also pierced by large openings without doors at the northern and southern ends and the northern end abutted the base of the corner tower of the hospital which had a corresponding doorway in the base.
- 5.281 Internally the building had been fitted out with shelving along the eastern side (Plate 38.2) and retained a number of early twentieth century features such as Bakelite light switches and light bulb holders (Plates 38.3 and 38.4).
- 5.282 The building first appears in its recorded form on the 1904 Ordnance Survey map (Appendix 2.34) although it is possible that the map is showing the covered walkway from the Nurses' Home to the Infirmary. However, the style of attachment of the corrugated panels and the style of the windows would suggest that the building pre-dates the Second World War.

Ear, Nose and Throat Department (Building 39)

Original construction date:

1982 (on a 1866 plinth)

Architect:

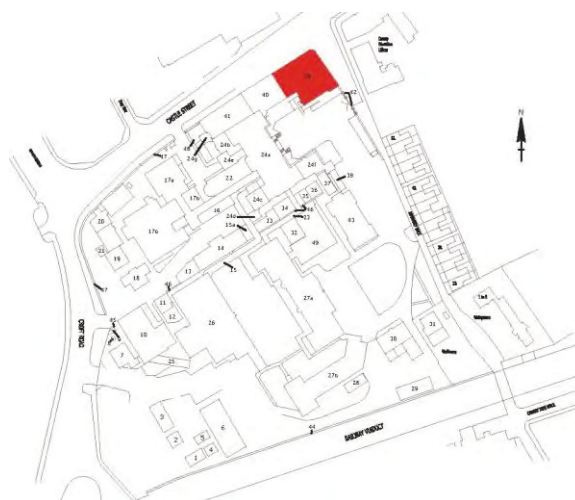
Unknown

Built by:

Unknown

Later modifications:

None



5.283 This block lies on the corner of Castle Street and Infirmary Walk (Plate 39.1) although it does not have entrances onto either. The building is of two phases with the upper part dating to 1982 when it was referred to as an extension to the outpatients department³⁵. The building comprises a two storey brick built block with hipped roof and dentilled brick eaves detail. The lower part probably comprises the plinth wall for the Arboretum Gates of 1866. Inserted into the lower part of the outside wall on Castle Street is a wide blocked opening (Plate 39.2) and inserted into the lower part on Infirmary Walk is an early 20th century electricity box by 'Hardy and Padmore' for the Worcester Corporation Electricity Department (Plate 39.3). A course of chamfered engineering brick marks the transition between the two phases and internally the earlier phase is underbuilt by the insertion of a concrete lining to the lower ground floor. On the southern side (Plate 39.4), the building is arranged in three, three window bays, with the eastern bay stepped forward of the rest. At lower ground floor level the central bay contained a boarded up entrance at the foot of a short staircase.

5.284 The main external entrance (Plate 39.5) is via a ramp or staircase over a discrete plant room (Plate 39.7) which leads onto the terrace of Building 40. The entrance to Building 39 is at this level (Plate 39.6) and opens onto a wide corridor (Plate 39.8). The corridor follows the centre of the building and gives access to all the rooms on this floor which include, consulting rooms (Plate 39.9), lab facilities (Plate 39.10) and communal waiting areas. Many of these were identified by signage above the doors (Plate 39.11). An internal staircase (Plate 39.12) is located in the north of the building and this connects the upper

³⁵ Planning history card indexes

ground floor with the lower ground floor corridor which also runs through the centre of Building 40 (Plate 39.13). In the lower ground floor part of the building a number of specially designed studios have been created (Plate 39.14) set around the corridor (Plate 39.15) which runs beneath that on the ground floor, terminating at the southern lower ground floor mentioned above. In addition to the treatment rooms on this floor there are a number of plant rooms (Plate 39.16) containing machinery to regulate and supply various gasses required in the treatments and procedures undertaken. Unfortunately there was no indication of the gas types.

The Edward VII Memorial Annex (Building 40)

Original construction date:

1912

Architect:

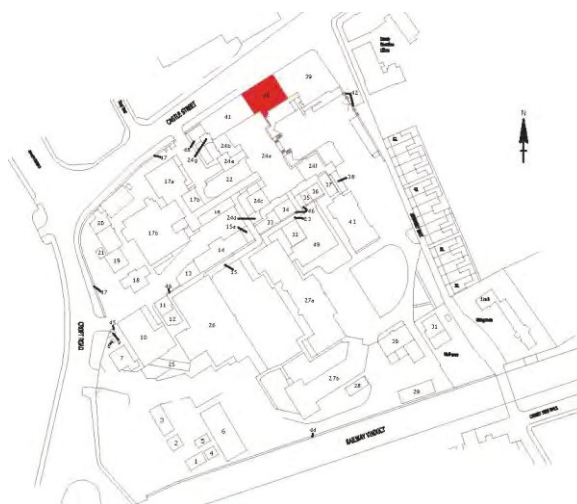
Unknown

Built by:

Joseph Woods and Sons

Later modifications:

Possible truncation at the eastern end. (1982) and internal rearrangement and refurbishment at around the same time



Description

- 5.285 This building fronts onto Castle Street (Plate 40.1) and comprises a two storey, five bay central range, flanked by single storey three bay ranges (Figure 39). The building is of red brick in English bond, with rusticated stone pilasters forming a centrepiece (Plate 40.2). This rises to a broken base dentiled pediment containing a central oculus with key stone and clasped foliate surround. The pilasters have oculi set at a lower level within a cartouche with swag detail. At ground level there is a central mullioned window with keystone and with narrow 2 over 2 lights on either side along with 4 over 4 sashes in the pilasters all with stone aprons. Above the central window is a tablet (Plate 40.3) which reads:

THIS ANNEX WAS
ERECTED AS THE
CITY MEMORIAL
TO
KING EDWARD VII
THE PEACEMAKER
1912

whilst below the window is another (Plate 40.4) which records:

THIS STONE WAS LAID BY
THE MAYOR OF WORCESTER
ALDERMAN E. THOMAS JP

FEBRUARY 15TH 1912

- 5.286 To the sides of the centrepiece the range has a tall plain stone entablature, rusticated quoins and plinth weathering with a single window to either side, continuing the style of those in the centrepiece. The entablature and dentilled eave cornice are continued onto the sides of the range and the flanking ranges have scrolled stone brackets between the top of the parapet and the side of the main range. The flanking range to the left (Plate 40.5) is clearly contemporary with the main range and continues the theme with rusticated stone pilasters separating two windows with stone key and apron detailing. However, the right hand range (Plate 40.6) is less unified having two short stone strips falling from a stone cap to the parapet and the three unevenly spaced windows borrow detail from the range to the west (Building 41), although this is clearly a different structure as indicated by the vertical joint between the two structures where the stone sill band of Building 40 terminates.
- 5.287 The southern elevation (Plates 40.7 and 40.8) is for the most part of a single storey in red brick pierced by a regular fenestration of 2-over-2 sashes with cambered brick heads and stone sills. This is topped by a railing with intermittent brick piers with stone caps and brick aprons with the upper storey set back and comprising boarded double glazed patio doors. At the left hand side, the elevation breaks forward in a canted bay to overlap with the end bay of the Infirmary's northeast wing. This is replicated at upper ground floor level, although this structure is a mid 20th century addition.
- 5.288 Internally, the lower ground floor of the building (Figure 40) was arranged around a central corridor (Plate 40.9) and the rooms to either side had undergone considerable alteration and refurbishment with only the original windows and architraves surviving from the 1912 construction phase. The west end of the central corridor was accessed by a chamfered opening from the outpatients hall. On the south side of the corridor, the first room had been subdivided through the insertion of a stud partition with the west part forming the outpatients buffet and only accessed via an inserted opening in the end of Building 40 which formed a serving hatch. The southern end of this room was also partly partitioned off by a late 20th century screen and occupied the canted bay on the southern elevation, formerly in use as the buffet wash-up area (Plate 40.11).

- 5.289 The rooms in the range at this level are without skirting boards or cornices and are functional in their appearance (Plate 40.12). The doors and other fittings such as sinks, shelves and flooring have all been replaced as recently as the mid 1980s (Plate 40.13). In the northern side of the range, analysis of the window fittings in order to identify the sequence of events in the western wing concluded that the larger window of the three in this range had been reused from a late 19th century building, possibly Building 41, whilst the two narrow lights were contemporary with the range of which they formed a part (Plate 40.14). However, the reuse of the larger window appeared to be contemporary with the construction of the building and the irregular fenestration was associated with the arrangement of the rooms within, an arrangement which is no longer readable in the exposed fabric.
- 5.290 In other parts of this floor, alterations were more evident, such as the insertion of 1930s part glazed partitions to form side corridors (Plates 40.15 and 40.16) and examination rooms, a modification probably carried out to increase privacy in these areas. In one case the original 1912 door handle had been relocated onto one of the later partitions (Plate 40.17).
- 5.291 On the upper floor the plan form suggested that the corridor leading from the Rushout Ward was a latter addition (Plates 40.18 and 40.19). Analysis indicated that the east – west corridor along the north side of the rooms on the upper ground floor originally formed an open sided loggia with a series of wide openings on the south side of this appearing to be original (Plate 40.20). The rooms to the south off this corridor (Plate 40.21) were formed from a combination of lightweight stud walls and double glazed patio doors with the exception of the room at the eastern end which had been refurbished/constructed as an office (Plate 40.22). Along the north side of the corridor, the rooms were considered to be original in plan at least and formed rather functional rooms in which the principal interest was the unusual arrangement of round windows in the north elevation (Plate 40.23). The windows themselves comprised of six paned metal framed central pivoting lights (Plate 40.24).
- 5.292 In the lean-to roof, which rose over the western range to the building supported against the wall of Building 40, a contemporary roof light was recorded with Roman ovolo moulding to the glazing bars (Plate 40.25).

Further Analysis

- 5.293 The date of the building is not in question here, although its extent at the west end is a little ambiguous. In plan form there seems to be a clear division between these two buildings at the east end of the hall on Building 41. However the elevations have rather less definition with the elevation between the main hall of Building 21 and the main range of Building 40 appearing to draw on diluted designs from each.
- 5.294 Although the main range is carried off with some degree of architectural intelligence, the materials used appear to have been poor quality, leading to loss of fabric through erosion.

Outpatients Department (Building 41)

Original construction date:

1874

Architect:

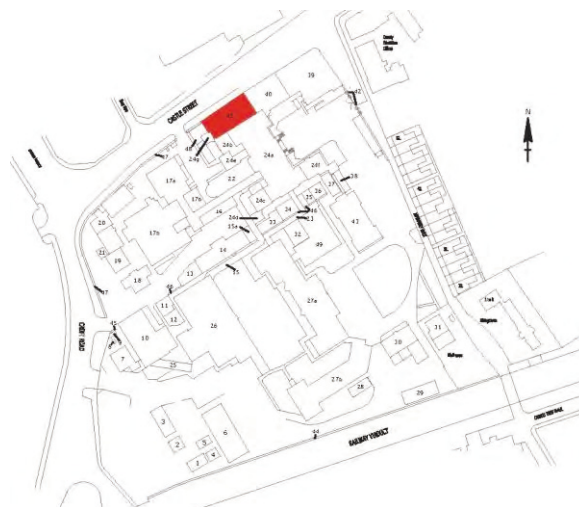
Unknown

Built by:

Unknown

Later modifications:

Insertion of a 1st floor gallery and some additional partitions at ground floor (mid to late 20th century)



Description

- 5.295 The outpatients department comprises a single storey building to the west of the Edward VII Memorial Building and comprises a red brick shed, the brickwork laid in English bond, with pitched roof and central roof lights and functional southern elevation onto Castle Street. The north elevation (Plate 41.1) is based around a round headed centrepiece (Plate 41.2) with stone architrave, rubbed brick and stone voussoirs and stone hood with stops and leaf consoles. The doors and tympanum have been boarded over as have the central portion of the tall windows leaving a small light at top and bottom. The eaves are finished with dentiled terracotta lobate fringe and stone lintel and sill bands. The gables have a small oculus with stone lintel (Plate 41.3). The remaining sides are abutted by other buildings and are not visible. Set to the right of the door is a George VI letter box (Plate 41.4).
- 5.296 Internally (Figure 40) the majority of the building was given over to a large hall into the north and west side of which, a mezzanine had been introduced. The roof of the hall was supported on wooden trusses which have been infilled with board (Plates 41.5 and 41.6) which has obscured much of the detail. The tie beam forms a shallow arch and is supported on pilasters with chamfered edges and ornate heads (Plate 41.9) set against the north and south walls. The trusses clasp the purlins and have small bosses or elaborate nuts painted red.

- 5.297 The area beneath the mezzanine to the west has been partitioned to form a series of small rooms and the staircase to the mezzanine floor rises from behind a reception counter at that end. Beneath the northern part of the mezzanine, the ground floor has also been subdivided (Plate 41.7) into a number of small offices as well as a glazed enclosure around the front door to which there was no access.
- 5.298 The wall of the Infirmary to the south has had a number of openings introduced into it along with shallow arched rebates to the others (Plate 41.10). These include the opening to the ground floor corridor of the main Infirmary building (Plate 41.8). In the east, beside the opening to the central lower ground floor corridor of Building 40, which may well be the original external door, there was also the serving counter of the outpatients buffet (Plate 41.11) along with a smaller pedestrian door, now blocked but with the same chamfer treatment to the arrises (Plate 41.12). It is from within these rooms that the reason for treatment to the front windows becomes apparent. A plaque attached to the wall in this room states that the room had been furnished by the 'Friends of Worcester Royal Infirmary'.
- 5.299 The staircase to the mezzanine floor was of late 20th century construction (Plate 42.14) and gave access to a largely open plan office area with one enclosed space at the east end (Plates 41.15, 41.16 and 41.19). From within this end room it was possible to inspect the windows, which comprised metal framed lights with top catches and centre pivots, dating to the late 1960s or 1970s. Also clearly visible were the panels of coloured Perspex which ran along the front of the mezzanine.
- 5.300 To the west of the ground floor reception the building was in part administrative with the dispensary or pharmacy (Plates 41.20 and 41.21) and office store (Plate 41.22) forming non-public areas, whilst along the south side a corridor led through to the original Infirmary beneath the Rushout Ward (Plate 41.23). This corridor continued to the west (Plate 41.24) leading to a treatment/examination room which contained a blocked door through to the connecting range of the Infirmary's northwest corner tower and adjacent to the chimney stack which extends up the east side of the tower (Plate 41.25).

Further Analysis

- 5.301 The building is purported to date to 1874 and was constructed to serve as an outpatients department in connection with the rooms beneath the Rushout Ward (northern cross range of the hospital). The architects are not known, but it is possible that because the building was relatively simple and functional, architects were not required and the drawings prepared in-house.
- 5.302 Beyond the insertion of the mezzanine, the building has undergone alteration to the spaces beneath, through the insertion of later walls and for the most part these are reversible. The majority of the alterations appear to date to the mid to late 20th century.

Gate Piers, Gates and Railings (Building 42)

Original construction date:

1866

Architect:

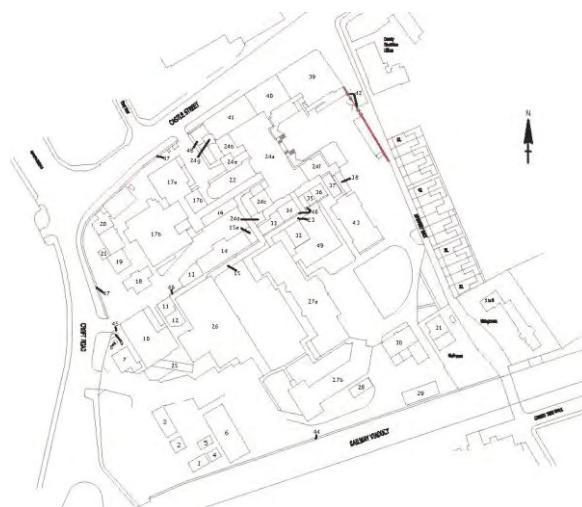
None

Built by:

Unknown

Later modifications:

Central gates replaced in the early
– mid C20th



- 5.303 These form the principal entrance to the site from Infirmary Walk (Plate 42.1) and comprise four brick built piers supporting pedestrian gates set to either side of the main vehicular gate with railings extending to the north where they are attached to Building 39, and to the south (Plate 42.2) where they run for some 22m before terminating in a short section of brick wall, built in English bond. The piers stand 3.7m tall (Plate 42.3) and the red brick shafts are embellished with moulded stone caps and base with a stone plat band and upper string. The bases are supported on engineering bricks. The southernmost pier has lost the majority of its cap and has damage to the string below (Plate 42.4).
- 5.304 The vehicular gates are forged steel and somewhat less ornate than the pedestrian gates to the sides, comprising plain pointed staves held in paired plane horizontal straps at top and bottom (Plate 42.5). The staves are doubled in the lower part by half-length staves held in a mid-height strap and each gate has a scrolled centre piece. To the sides of this, the lower part of each gate is crossed with a central boss featuring a five petaled rose (Plate 42.6).
- 5.305 The railings and pedestrian gates are of cast iron and share a similar design, comprising alternating twisted staves with spear heads and straight staves with small spear heads held at top and bottom in a plain strap. Below this, on the pedestrian gates, the lock rail is open and the lock has a scalloped knob (Plate 42.7). The lower part of the gates comprises a rectangular panel with scrolled border and corner bosses framing two crossed wheels with centre bosses (Plate 42.8). Although these bosses are also of five petalled roses, they are more intricately styled than those of the vehicular gates. The southern gate has lost

one of the bosses in the lower part, whilst the northern gate has lost the whole of the lower part of the border to its bottom panel. Neither of the gates were operational. The railings to the south of the main entrance have side braces to give lateral support (Plate 42.9), reflected in the supporting wall by buttresses.

Further Analysis

- 5.306 According to documentary sources, the gates and railings were relocated from the Worcester Arboretum following its closure in 1866. The plinth walls and engineering brick supports to the piers date to this relocation event. However, the main vehicular gates are not of this period and are more likely to be an early to mid 20th century replacement.

Mulberry House (Building 43)

Original construction date:

1897

Architect:

Lewis Sheppard and Sons

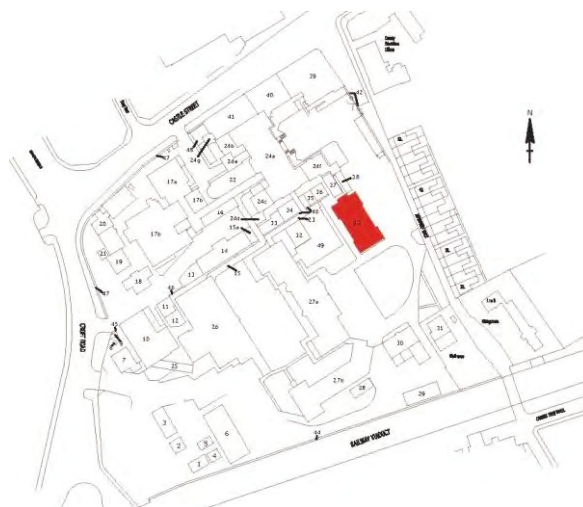
Built by:

Unknown

Later modifications:

c.1930s conversion of the ground floor to serve as offices

Late 20th century rearrangement of the upper floors to create smaller rooms along the west



Description and analysis

- 5.307 Mulberry House (Plate 43.1) lies to the south of the main hospital building and is a three storey building with part basement and slate covered hipped roofs (Plate 43.2). Five chimneys rise above the roof with four to the west and one to the north, all with buff brick band below a stone cornice and cap although three have had the cap rendered due to erosion of the stone. There was no evidence that the stacks had ever held chimney pots. The building is in red brick, laid in English bond, with buff brick and stone detailing and stands on a brick plinth with moulded stone weathering. The principal elevation is to the east (Figure 41 and Plate 43.3), although much of the detail is mirrored on the west. The building is of red brick with moulded stone sills, string between the second and third storey and buff brick eaves cornice. The eaves of the roof are wide with frequent shaped brackets. In addition, the centre of each elevation is defined by rusticated stone pilasters which rise to a parapet with central oculus of rubbed brick and stone quarter keys. The windows are for the most part 2 over 2 sashes and the openings have rubbed brick cambered heads and those of the ground and first floors have brick aprons.
- 5.308 The east elevation (Figure 41) is arranged in five bays with three bay wings to either side which step forward. It is largely symmetrical with the focus being on the centre piece (Plate 43.3). The principal entrance (Plate 43.4) is approached by a short flight of steps with flanking stone capped walls and has a stone

surround with narrow sidelights, round moulded head and Doric columns supporting a cantilevered stone balcony with stone balusters and rail. The entrance is fitted with double doors, each with three embossed panels (Figure 49). The windows above have shouldered stone architraves with that on the first floor also having a stone cornice. Set in the base of the pilaster to the right of the doorway is a stone tablet (Plate 43.5) which reads:

THIS STONE
WAS LAID BY THE
COUNTESS
OF
COVENTRY
ON FEB^Y 15, 1897

and on the right hand side of the doorcase is an original doorbell button with circular brass surround (Plate 43.6).

- 5.309 The symmetry of the facade is upset by a side door in the right hand bay of the southern wing formerly giving access to a north - south corridor and a pair of low set small window openings with two fixed panes which light the steps to the basement (Plate 43.7). Above this, on the first floor, is a similar single window which lights the stairs at that level. The windows on the right hand bay of the central range are narrow, marking the location of WCs. This is not replicated on the right hand side. The facade is unchanged from its original composition except for the addition of mid 20th century steel fire escapes to both side wings which have marred its appearance.
- 5.310 The north elevation (Plate 43.8) is of four bays with those on the outside being blind (Figure 42). The centrepiece reflects that on the east side and has tall windows with cambered brick heads. Unlike the other elevations, the north side extends down to the basement where a central porch gives access from the lower ground floor of the main Infirmary building. The porch occupies the whole of the central two bays and has a glazed lean-to roof with parapets to the sides. The entrance comprises a utilitarian timber door (Plate 43.9) with four flush panels and the sidewalls of the porch are pierced with narrow 1 over 1 sashes with cambered brick heads and stone sills (Plate 43.11). At this level the outer bays also contain windows comprising small 2 over 2 sashes (Plates 43.12 and 43.13), again with brick heads and stone sills. To the right of the

door is a rebated stone panel with sloping base, scooped back and off-centre hole, which formerly contained the bell pull (Plate 43.13).

- 5.311 The area around this basement entrance is defined by brick walls running between the east elevation of this building and the southeast corner tower of the Infirmary to the north and Building 36 in the south. The walls are topped with a brick balustrade and stone cap and the space has largely been infilled with two temporary buildings (Buildings 37 and 38). Although the balustrade on the north and the whole of the south wall appear to be contemporary with Mulberry House, the lower part of the north wall is of a more orange brick (Plate 43.11) similar to that of the Infirmary and it is assumed that this dates to the construction of the extension of the main hospital on this side (Building 24) in 1887.
- 5.312 The western elevation (Figure 43) closely resembles that on the east and given its provenance at the time of construction, could equally be considered as the principal elevation. The key differences lie in the fenestration of the main range (Plate 43.14) which has a five bay arrangement at ground floor level and a four bay arrangement above. The ground floor has a central door with less ornate stone surround (Plate 43.15) to that on the east, comprising a shouldered architrave containing side and overlights and with an inner architrave with cornice for the door, which although original, has been modified through the insertion of a large glazed panel occupying the upper two thirds. The lower part contains two embossed panels. Above this, the centrepiece contains two windows on each storey, all with shouldered stone architraves. To either side of the centrepiece are two lights at ground floor level and one on the floors above. Like the eastern elevation, the left hand wing contains a single subservient door in the right hand bay and this is fitted with a five panelled door (Plate 43.16) which probably reflects the original design of the central door prior to modification. The door has a two paned hopper style overlight and is approached by a two sided flight of concrete steps with brick facing wall and is likely to be a replacement of an original open sided stair. The southern elevation (Plate 43.17) is identical to the northern side but without the basement level (Figure 44).

Interiors

Ground floor

- 5.313 The ground floor (Figure 45) is arranged around a central corridor with perpendicular corridors serving the wings. The principal entrance opens onto a large hall (Plate 43.18) with terrazzo floor, high moulded skirting (Figure 49) and elaborate ceiling cornice. The northeast corner is given over to the only staircase in the building with the central corridor running off from the southwest corner (Plate 43.19). The entrances to both wing corridors had historically been blocked off so that the hall gave access only to the upper floors. These blockings were re-opened immediately prior to this record. The lower step of the staircase has a round ended form in which is set the steel newel post and the terrazzo floor respects this detail in its banded border (Plate 43.20). The remainder of the balustrade is also steel and comprises stick balusters and scrolled wrought iron panels supporting a hardwood handrail. The staircase is out of keeping for the building, being rather understated and plain. It has concrete treads supported on brick walls at the lower level and by bolted steel joists above (Plate 43.21). A modern panel door set beneath the half landing of the stairs opens onto the basement steps (Plate 43.22).
- 5.314 The central door in the western elevation opens into a small inserted lobby area of mid 20th century date which is fitted with a half glazed door and side lights (Plate 43.23). This in turn leads into a large open room, notionally separated into two parts by stub walls and drop lintel and fitted with a timber architrave suggesting that it is an original feature. The larger part of the room (Plate 43.24), originally the probationers sitting room but more recently used as an office, contains similar detailing to the entrance hall with tall moulded skirting (Plate 43.25), elaborate ceiling cornice (Figure 49) and a fireplace set in the centre of the southern wall. This retains its chimneypiece dating to the 1940s and the floorboards indicate that the room had a central carpet with bare, stained boards forming a border to the room.
- 5.315 The room to the west is similarly styled but had no chimneypiece, although the skirting below remains broken and the chimney breast contains a small flue opening, suggesting that a chimneypiece had recently been removed prior to the laying of the carpet and repainting of the walls. The entrance to this room is from the northern wing corridor and along with most of the other rooms in

- the building, is fitted with a plain, five panelled door with hopper overlight, here painted over.
- 5.316 The northern wing corridor (Plate 43.27) runs along the south side of the range and gives access to the four rooms contained therein. The northern end of this corridor has been modified by the insertion of a screen with four panelled door and overlight to form a WC. The styling of this partition suggests an early 20th century date. The corridor has a terrazzo floor which continues into the WC but had been covered with carpet.
- 5.317 The rooms in this range are plain and without chimneys and finished with a smaller skirting (Plate 43.32) than the rooms described above (Figure 49). Furthermore there is no evidence of a ceiling cornice (Plate 43.28). However, the rooms retain a high level picture rail and the five panelled door with overlight, although the latter is diminished in size (Plate 43.29). The two central rooms have been created from a single space through the insertion of a stud wall set between the two windows in the north elevation (Plate 43.30). The door into the room to the east has been inserted without architrave and is fitted with a modern door (plate 43.31). Furthermore, the original room was connected directly to the westernmost room in the range by a door (with overlight) which has subsequently been fixed shut. The easternmost room in the northern range has had a bathroom inserted into the northern end by the introduction of a stud wall and the parquet floor replaced with laminate tiles.
- 5.318 To the south of the entrance hall, the central corridor has an elaborate ceiling cornice and high skirting boards which is continued from the hall and leads through high level round arches to the southern range where the arch was fitted with a glazed overlight and door frame (Plate 43.33). To the east of the corridor a wide rounded opening gives access to a store room but had formerly comprised a toilet and although the high skirting followed the walls into this opening it was considered to be a later insertion, probably in the back of a round topped alcove. An original door on this side opened into a kitchen (Plate 43.34), formerly a bathroom, with terrazzo floor. No evidence remained of its former use and the kitchen fittings were of late 20th century date.
- 5.319 The corridor in the southern range (Plate 43.35) was also fitted with carpet which covered the earlier terrazzo, but was otherwise in its original form. At the western end was a radiator with reeded twin pillars (Plate 43.36) produced

by the Ideal Company and was of a type that would have been available at the end of the 19th century. The corridor gives access to three equally sized rooms, all with chimneys but only the central room retains its chimneypiece comprising a round arched surround. The frame for this has been removed which revealed a short length of skirting (Plate 43.38) and narrow strip of wall which had been protected from later redecoration and suggested that prior to the installation of this early 20th century chimneypiece, the decor had comprised dark green walls with painted brown skirting boards. At the eastern end of the corridor the original doorway through to the store room on the north, formerly a WC has been blocked and little trace remained of its former use.

- 5.320 The easternmost room in this range (Plate 43.39) was subdivided by a series of inserted partitions with plain five panelled doors and tall three pane overlights. These formed the cubicles of a bathroom and were considered to date to the early to mid 20th century. Although the fittings were of mid to late 20th century date, the window in the main bathroom area retains its early 20th century pelmet (Plate 43.40).

Basement

- 5.321 The basement of the building (Figure 46) occupied only the area beneath the northern range and is divided into four roughly equal sized rooms. The principal space was the room to the east of centre (Plate 43.41) as this forms the entrance lobby from the basement entrance on the north side (Plate 43.42), leading directly to the basement steps. In the west side of this room is a tally window which is fitted with a sliding sash and dated to the late 20th century, although it was not clear whether this comprises an opening of that date or the refurbishment of an older opening. On the east side of the room were the electrical switch and fuse boxes which dated to the mid 20th century. The north end of this room is open to the porch area and door. In the south end, adjacent to the foot of the basement steps and set high on the southern elevation is a square opening fitted with a hinged steel cover (Plate 43.43) that formed the north end of a long brick lined duct housing the main water and heating pipes for the building. The base of the steps is fitted with a short balustrade of stick balusters and scrolled metal handrail (Plate 43.44) which marks this area out as more than merely a service area.

- 5.322 Running to the west of this area along the southern wall of the basement is a corridor from which the two rooms on this side of the lobby are accessed. The first of these comprises a simple rectangular room (Plate 43.45) fitted with a four panelled timber door and red encaustic tiles on the floor. The walls are unplastered but painted brick with a painted black skirt. The northern end is open to the porch area which along with the small window on the side wall of the porch serves to light the room during the day.
- 5.323 To the north of the lobby is a room which is lit by a single square window fitted with 2-over-2 sash (Plate 43.46) at the north end and which is notionally divided into two parts by a brick partition with wide arched opening towards the southern end (Plate 43.47). The walls are plastered and painted with a pale grey painted skirting and the roof is jack-arched. The entrance to this room is directly off the east end of the lobby and fitted with a four panelled timber door.
- 5.324 At its western end, the short corridor opens out into a room which was formerly lit from the southwest by an original window set in the western wall of the basement. This is fitted with timber casement (Plate 43.48) which opens into a small brick enclosure that had formerly served as a light well but which is now covered above by the steps to the ground floor side door on the western elevation. The room also has a jack-arched roof and is also lit by a single square window in the north wall. The walls are not plastered but painted, with a black skirting and yellow dado with the majority of the walls covered by shelving (Plate 43.49).

First floor

- 5.325 The first floor (Figure 47) has undergone significant rearrangement to the plan form through the insertion of stud partitions along with the insertion of a number of new openings. On the first floor landing the balustrade returns along both southern and western sides of the stairwell and on the south this is backed by a stud wall (Plate 43.50) which returns along the line of the central corridor to enclose the area beyond. The balustrade suggests that this area was at one time open, to form a large communal area. Like the floor below, the central corridor of the main range is connected at either end to the corridors of the side ranges via round headed arches. The arch to the north had been partly blocked and a doorway created in the centre (Plate 43.51). Towards the southern end, a later door has been introduced into the corridor (Plate 43.52) in order to

- further segregate the various areas, possibly as a fire control measure. The enclosed area immediately to the south of the stairs has been equipped as a utility room (Plate 43.53) with large stoneware sinks but has had all other fittings removed, although the original window in the east retains its shaped pelmet.
- 5.326 The area to the west of the corridor has also undergone a change to its original design with the truncation of the eastern end of the partitions which formed the four bedrooms. A later stud partition has been inserted across the end of three of the rooms so as to create a secondary corridor running parallel and adjacent to the original central corridor. All but one of the original bedroom doors is blocked so as to provide a discrete and separate access corridor for the rooms (Plate 43.54), presumably to increase the level of privacy for the occupants. This has resulted in three of the rooms being shorter, although they retain their original windows and pelmets (Plate 43.55). The doors in these rooms (Plate 43.56) suggest that this change took place during the second half of the 20th century, probably during the 1970s. The overlights here lend light to the inserted corridor from the well-lit rooms. Although the access has changed from the east to the northeast corner, the room on the southern end of this group of four retains its original proportions and the lower part of the original eastern door has been left unblocked so as to provide a fire exit (Plate 43.57). The northern room of this group had been converted to serve as a bathroom, consequently this group of three rooms was relatively self-contained.
- 5.327 To the south of the inserted door in the main central corridor, an original opening leads to a bathroom which has been refurbished during the late 20th century, although it does retain its original window, complete with beaded glass (Plate 43.58) attesting to the rooms original function as a bathroom. In the west of this room is an ornate radiator (Plate 43.59) with creeping ivy motifs included in the casting and this is also likely to be an original or near original feature of the room.
- 5.328 The room to the south of the bathroom has been divided into two parts and an opening created in its eastern wall with the interior of the western part converted to a linen cupboard (Plate 43.60). The remainder of the room continues to be accessed from the south, but the corridor on that side has been removed and the entrance to the room in the southeast corner of this floor set across the former line of the corridor producing a larger room with an en-suite

WC (Plate 43.61). In doing this, the bedroom door with overlight has been reused in its revised location and the line of the former corridor reflected in the stub wall and drop lintel. The central room of the southern range remains largely as designed, although it has lost its fireplace and chimneypiece (Plate 43.62) and a fitted cupboard inserted between the door and the chimneybreast. The rearrangement of the easternmost room in this range has been duplicated in the western end, in that the corridor has been removed and the entrance to the room brought round so as to face east, thus creating a larger room. Here a kitchen unit appears to have been removed from this room suggesting that it may have served as a bed-sit (Plate 43.63), thus giving a possible motive for this rearrangement. The corridor in the northern range has undergone the same treatment (Plate 43.64) creating larger rooms at both ends (Plate 43.65). Like the group of rooms along the west side of the main range, one of the northern rooms had been converted to serve as a bathroom thus giving these rooms a degree of independence from the remainder of the building.

Second floor

- 5.329 On the upper floor (Figure 48) the edge of the stairwell is clad in timber with fielded panels (Plate 53.66) and the handrail on the south side of the stairs finishes in a large rounded terminus on top of the newel, suggesting that on this floor, the wall across the southern side of the stairwell is original, or at least predates the existing staircase. The doorway through to the northern range does not appear to have a rounded arch and the door gives access to a range which mirrors the alterations to the floor below (Plate 43.67). The windows lighting the stairs at this level appear to respect both the fenestration of the eastern elevation as well as the existing arrangement of the staircase (Plate 43.68).
- 5.330 To the south, again the alterations to this floor are comparable in every sense to those of the floor below (Plate 43.69), although the bathroom here contains an early 20th century bath (Plate 43.70) and the east end of the ceiling is dropped to make room in the roofspace for a water cistern which originally fed the stacked bathrooms of the building through pipes contained within a timber conduit which ran down the southeast corner of this room and the rooms below (Plate 43.71). The corner rooms in the south wing have been enlarged, with that on the southeast corner gaining an en-suite WC (Plate 43.72). Similarly, the rooms along the western side of the main range have been shortened to

allow for a separate corridor with the room in the north being converted to form a bathroom and that in the south having a fire escape (Plate 43.73).

Roof space

- 5.331 There was only limited safe access to the roof space as water ingress over a sustained period had made the joists unreliable. In essence the roof structure comprised timber king post trusses tied into the eaves brickwork (Plate 43.74) with the base of the king post attached to the centre of the tie beam by means of a pegged metal strap (Plate 43.75). Struts run to the purlins which are barely clasped and the rafters meet at a roof board, morticed into the head of the king post. The inside of the oculi in the gables was also observed and found to be a single skin of brick, set in a square opening with the brickwork above carried on a timber lintel (Plate 43.76).

Further Analysis

- 5.332 The building was designed by Lewis Sheppard and Sons in 1896 and constructed over the following two years. Its plan form and detailing are clearly intended to reflect that of the main Infirmary building and it was designed as a nurses' home with sisters accommodation also incorporated into the plan. It was commissioned in response to the shortfall in on-site accommodation for the nursing staff who had prior to this, been housed in the lower ground floor rooms of Building 24.
- 5.333 Appendices 2.27 – 2.33 show the original designs for the building which closely resemble the structure as recorded here. Principal differences are the doors set at the ends of the wing corridors which are not shown in the proposal drawings, but which appear to be contemporary to the original building. Consequently, it is likely that the proposals were further refined prior to construction. It is clear that some revision had already taken place as the proposal drawing are annotated to indicate that the arrangement of the wings was to be reversed and this was carried out in the original build. Furthermore, the side door on the west elevation is served by concrete steps which are an early 20th century addition and clearly post-date the door that they serve. On the proposal drawing, a floor grille is shown in this location covering the lightwell which survives in the basement (Plate 43.48). It is likely therefore, that the original doorway was served by an open stair, possibly of metal or timber so as to

accommodate both functions and that this arrangement was changed only when electric lighting diminished the need for natural light in the basement.

- 5.334 The staircase appears out of place in the building and is not the same as that shown in the proposal drawings which show a classically styled timber stair. The exposed steel joists supporting the treads, along with the rounded bottom step are more akin to the 1920s or 30s, although this seems a short lifespan for the original staircase and there is no evidence of alteration to the walls. However, the ceiling cornice in the hall is incomplete and terminates at the stair opening where a boxed joist surrounds the stairwell. For these reasons it was concluded that the staircase was an early 20th century replacement to the original of which there is no longer any trace. The fact that the terrazzo floor is clearly associated with the lower step suggests that the floor was re-laid at the same time.
- 5.335 The original proposal drawings show a covered walkway running from the basement door and it is clear from the styling and arrangement of the basement rooms that this was intended as an entrance for nursing staff moving between the main Infirmary building and their accommodation. The original use of the west central room as 'boots' might suggest a cloakroom of sorts and the room to the south, 'box room' remains ambiguous but may have referred to nurses packing crates or similar, stored from when they moved their personal effects into the building. The presence of a boiler chamber marks the building out as pre-dating the community heating system, which was later installed to supply all the buildings of the hospital from a central source, namely the boiler house.
- 5.336 In summary, the principal phase of alteration to the building appears to have taken place in the 1920s or 30s, coinciding with the construction of two new nurses homes to the west (Building 27a and b). This no doubt relieved the pressure on this building as accommodation and the ground floor appears to have been converted to serve in a more administrative role. Subsequent alterations to the access within the building, namely the blocking of the ground floor corridor, meant that the segregation of nursing staff on the upper floors and administrative staff on the ground floor was complete. Nurses going to and from their shifts could come and go using the basement door or even front door and, more importantly, there was no access from the ground floor rooms to the nurses' accommodation above.

5.337 As the needs and expectations of the nurses changed during the latter part of the 20th century, so the arrangement of facilities was also re-arranged to provide greater privacy and fewer communal areas. Health and Safety law also appears to have played a part in the insertion of additional doors and fire escapes.

Butts Siding (Building 44)

Original construction date:

c.1861

Architect:

Hereford and Worcester Railway
Company? (HWR Co.)

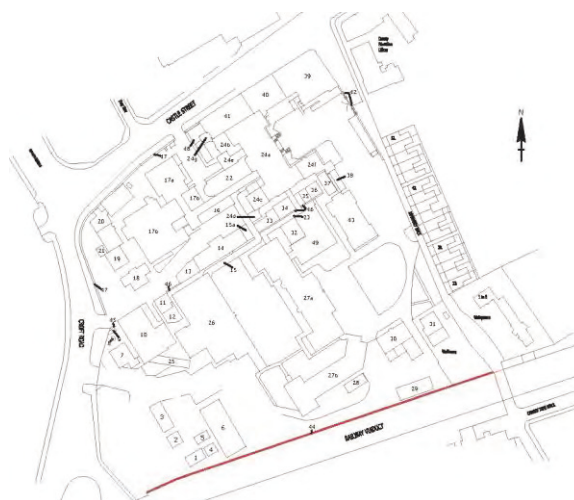
Built by:

HWR Co.

Later modifications:

Arches blocked on the northern
side during the early to mid 20th
century

Western end truncated in the mid 20th century



5.338 This structure forms the southern boundary of the hospital site and comprises a brick built railway viaduct of 18 round arches supported by three large pier buttresses, one at either end of the hospital site and a third set between arches ten and eleven from the east. In general terms, the arches for the most part have not formed part of the hospital operations and all are closed off from the hospital site by brick blocking walls (Plate 44.1). Each arch comprises a four course segmental half round span highlighted by a rand of bull nosed engineering brick. The brickwork around this is well laid, but of a wide variety of brick with no obvious pattern other than it being in English bond throughout. The line of the carriageway is expressed on the outer face by a string of bull-nosed engineering bricks which rise to a parapet wall topped by round coping bricks. The pier buttresses are capped with stone.

5.339 The carriageway falls from east to west which is made visually clear as the main Worcester to Hereford Line viaduct runs immediately to the south and remains broadly level as it crosses the Severn floodplain. The Butts Siding is no longer operational and has been truncated to the east of Croft Road (Plate 44.2) where the brickwork of the outer faces forms a ragged edge with the central part built up with a brick facing wall to prevent material from the carriageway and underlying structure shifting and causing collapse. At the eastern end of the site the masonry is interrupted as the structure crosses Infirmary Walk where it is carried by a metal bridge (Plate 44.3) bearing the makers badge of McKenzie, Clunes and Holland of the Vulcan Iron Works in Shrub Hill Road, Worcester.

- 5.340 Between many of the arches, especially in the east were drain openings, which would have originally been fitted with rainwater hoppers and down pipes. Only one intact example was identified between arches four and five from the east (Plate 44.4). Here, the cast iron drain from within the viaduct structure projects to empty rainwater into a polygonal hopper and cast iron down pipe (Plate 44.5). The hopper is of a common type used throughout the second half of the 19th century and on into the 20th century.
- 5.341 A number of the blocking walls within the arches contain former openings such as windows and larger entrances, all of which are blocked. The most recently blocked is a window situated in the second arch from the west which faced out onto the hospital site and was infilled with breeze blocks. The remaining openings were infilled with brick and survive only as straight joints in the wider blocking.
- 5.342 Unfortunately, it was not possible to access the carriageway as it continues to form part of the railway infrastructure and consequently stringent access regulations apply. As the structure will be relatively unaffected by the redevelopment of the hospital site, it is sufficient here to note that the carriageway was heavily overgrown (Plates 44.6 and 44.77) and that further investigation of surviving fixtures and fittings would be desirable if the opportunity presented itself.
- 5.343 The arches are continuous with those of the main viaduct and many of them are used as commercial units for garages, car and motorcycle sales and lock-up storage units, all of which front to the south. As a result, access was not available to a number of these and several of those in commercial use had been lined internally to provide dry accommodation, thus obscuring any detail.
- 5.344 Those that were available for inspection gave relatively few clues as to their historical usage although it was clear that in one, the sixth from the east (Plate 44.8), an access had been formed in the brick blocking under a concrete lintel. Sockets in the brickwork of the east side suggested that the arch had in part been subdivided horizontally (Plate 44.9) and that this platform extended across the whole arch as indicated by corresponding sockets in the west side (Plate 44.11). The floor of the arch had been re-laid with tarmac and the blocking wall featured only the opening from the hospital site and a pair of buttresses set on either side to support the blocking itself (Plate 44.10).

Further Analysis

- 5.345 The documentary research indicates that the 'Butts Branch' was authorised in 1859, nearly a decade after the opening of Foregate Street Station. It was commissioned as a single track line and built by c.1861 to serve the river traffic bringing goods up to the town and the mainline for distribution. The siding fell in a continuous slope down to the river where it turned to the north, continuing between the racecourse and the river before terminating on the river edge. This is the route as shown on the 1886 Ordnance Survey map, however, a plaque attached to the river bank wall adjacent to town bridge suggests that the siding ran in the other direction, namely southwards towards Diglis and the terminus of the Birmingham Canal although it never extended past the Cathedral.
- 5.346 This would seem to be a more sensible route for it and certainly the Diglis Basin would have been a logical terminus for such a line, given the topography of that area. However, this is not supported by the historic maps and it is difficult to understand how the branch line could turn sufficiently quickly between its existing western end and the river, as well as being able to pass between the arches of the main viaduct.
- 5.347 The only opening in the blocking walls across the hospital side of the arches which showed any reference to the activities there was the doorway in arch six from the east. Clearly this indicated some movement of people or materials between the two, and the sockets in the walls of the arch suggest that this was used as storage, possibly for maintenance materials or equipment used around the hospital. However, the opening appears to date to the 1930s or 40s and so its uses as an emergency ARP shelter cannot be ruled out. Documentary sources indicate that the hospital was equipped with blast walls at key points around the perimeter and that a shelter existed close to or on the site (not specified). Nonetheless, structures such as this would have served as temporary shelters when need arose if only to protect from shrapnel and blast debris.

Former Infirmary Southern Boundary Wall (Buildings 45 and 46)

Original construction date:

c.1770

Architect:

Anthony Keck?

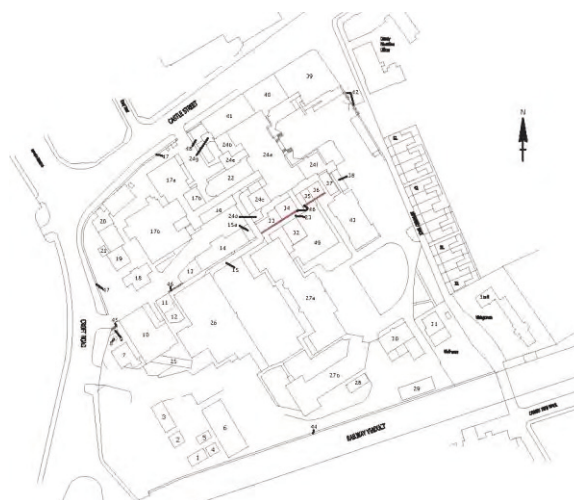
Built by:

Bowens, Stephens and Bott?

Later modifications:

Partial removal to create access to the buildings to the south (from 1897 on)

Partial replacement by Buildings 13, 14 15 during the late 19th and early 20th centuries



5.348 This wall served as the southern boundary of the hospital and survived in a number of short lengths across the centre of the site. At the western end, a surviving three metre length survived, running roughly perpendicular to the Croft Road boundary wall and was abutted on the south side by Building 9, the main water inlet building, and by a telephone exchange box on the north (Plate 45.1). Here the wall stood some three metres tall and was capped by concrete pavers. The eastern end had been rendered to finish the truncated brickwork and the upper part appeared to be rebuilt. In general the brick-work was mixed although for the most part in English bond and did not contain any recognisable features.

5.349 At the opposite end of the site was a length of wall, visible from the top which ran from the open area at the north of Mulberry House, southwards as far as the link corridor (Building 23). For the most part this was obscured by the staff canteen (Building 49) to the south and the service buildings (Building 35 and 36) to the north, although a short length of the southern elevation was visible at the extreme east. This formed the back wall of Building 36 and contained no features of note other than some minor rebuilding at the east end and an area of truncation where a concrete foundation for the fire escape from the Infirmary had been set into the top. This section was capped with stone slabs and at the rear of Building 35 these slabs were scarred with a linear groove which curved round to the north at either end. The cause of this was unknown. Also, in the exposed southern elevation close to building 49, a modern air brick had been

introduced into the wall, and the associated opening through the fabric was observed in the back of Building 35 (Plate 35.10).

- 5.350 The only other identifiable length of this wall ran between the west end of the medical secretaries' block (Building 13) and the east end of the boiler house (Building 10 - Plate 46.6). This length featured a pier which projected on both faces and was again capped with stone slabs. No change in the brickwork was observed in this length.

Further Analysis

- 5.351 In general terms, these short and obscured lengths of wall offered little insight into the history and development of the hospital site. The brick was not consistent with that of the 18th century structures on site and was more reminiscent of the mid 19th century brick from which a number of the buildings which incorporated it into their structure were constructed. Indeed it was thought possible that the back of Building 14 might have been formed from it but there was no sign during demolition of any change in the fabric between the two structures, either in colour or structural detail and so it was concluded that the boundary wall had been wholly replaced at this point.
- 5.352 However, when viewed at the extreme eastern end it is apparent that the upper part of this wall is noticeably different from the under built buttress added when this base to the water tank was being constructed. It is not surprising that cheaper brick would be used for the boundary wall than was used for the main building and so it is the conclusion of this report that while these sections of wall added only limited additional understanding of the site, buildings and their development, they did, nonetheless represent surviving elements of the original hospital development.

North Eastern Boundary Wall (Building 47)

Original construction date:

c.1770?

Architect:

Anthony Keck?

Built by:

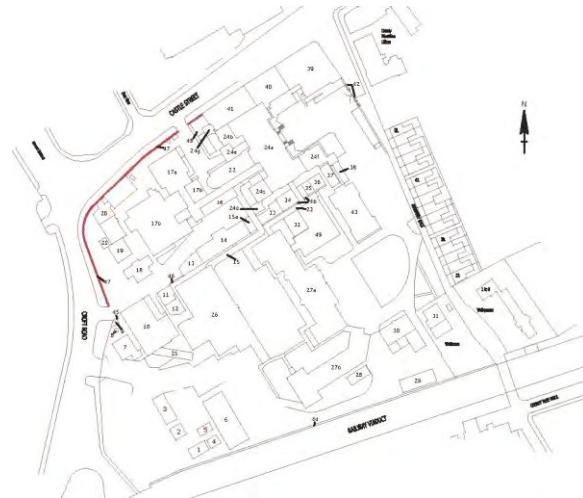
Bowens, Stephens and Bott?

Later modifications:

Piecemeal replacement throughout the 19th and 20th centuries.

Roadway opening formed in the north during the mid 19th century

Roadway opening in the west widening during the mid 20th century



5.353 This structure extended around the northern and western side of the hospital site and formed the hard physical boundary to the south of Castle Street and Croft Road. The brick was for the most part dark red and was carried off in English bond.

5.354 At the northern end of this wall was the structure extending from the west side of the outpatients building (Building 41) which did not appear to be distinct in any way from that fabric (Plate 47.1). The coursing bond and mortar were consistent throughout the transition from building to wall and it was therefore concluded that this section of the boundary, between Building 41 and the northern gate to the chapel yard, had been rebuilt in c.1874. Clearly the top has undergone some modern replacement and the earlier capping reset on top but essentially this is a single build. At the base of this is the arch which formerly served as the coal chute to the boiler room in the lower part of Building 48 and this also has undergone some infilling when the existing timber vent was inserted and the grille across the chute concreted over. Consequently, this event is not likely to have taken place prior to the 1960s when the nation's reliance on coal began to diminish.

5.355 At the extreme south of the boundary considered in this section is a gate pier with obvious similarities to the fabric of Building 45, the southern boundary wall of the hospital until around 1887. This gate pier (Plate 47.2) has a later cap

but the bulk of the fabric is of the same type considered in the analysis of Buildings 45 and 46 as being original to the hospital.

- 5.356 In between the opening to the Chapel yard and the western end is a long length of boundary illustrated in Plates 47.3 to 47.15. Adjacent to the eastern end of Building 20, the wall features two closely set buttresses and set between these is a pedestrian entrance with arched head and modern door (Plate 47.5). The majority of the wall to the east of this, with its projecting piers, is thought to date to the mid to late 19th century but has been recapped in many places with concrete slabs. The plinth detail seen on the inner face of the wall in Plate 47.11 is thought to attest to this. The brickwork around the eastern side of this doorway is of early to mid 20th century construction, although the reason for this is unclear. Similarly, the right hand side of the buttress to the west of this door has also been rebuilt at a similar time and is likely that these events reflect the routine maintenance of the structure. To the west of the repaired buttress there is a clear division between the lower twenty or so courses and that above. This differentiation continues for approximately thirty four metres to the west and the appearance of this stretch of wall suggests it is significantly older than the rest. This masonry type comes to an abrupt end at a vertical joint adjacent to Building 21 on the left of Plate 47.7 and the masonry from there to the gate pier at the west of site is thought to be of mid to late 19th century. In addition to the different brick types, the wall has been pinned with modern tie plates which are presumably attached to tiebacks in the earthen mound which sits on the majority of the inside face.

Further Analysis

- 5.357 The dating of brick is an unspecific science and in situations like this relative dating is as much as can be hoped for. The introduction of brick does not usually preclude the use of earlier types and so it is not possible to state with any certainty whether the bricks seen in the lower central part of the wall are part of the mid 18th century boundary. They are certainly not comparable with those of the Infirmary but as already stated in regard to Buildings 45 and 46, the treatment of a boundary is unlikely to be consistent with the treatment of the main building.

Former Coal Store and Gas Bottle Store (Building 48)

Original construction date:

1865 - 1874

Architect:

Unknown

Built by:

Unknown

Later modifications:

Extended to the west in the 1940s

Gas store added c.1970



5.358 These two buildings lie to the west of the outpatients department but are otherwise unconnected. The group falls into two parts with the northern group forming an above ground extension to the outpatients department and a large below ground boiler house with canopy to the west (Plate 48.1). The southern element (Plate 48.2) comprises a monopitch roofed brick built store with openings on the west. The two are given some unity by a metal railing fitted with gate which runs between the two buildings and gives access to the boiler room stairs. The railing makers mark (Plate 48.3) gives the name J and F Hall Limited of Worcester. The back of the southern element is blind (Plate 48.4) and the interior comprises a single open space containing gas bottle holders (Plate 48.6). The appearance of the building and fabric suggest that it dates to the 1970s.

5.359 The northern element is quite complex in that it comprises a below ground boiler room, partly covered in the east by Building 41 and partly covered in the west by a 1930s canopy, which itself resembles a building, with wide opening to the left of centre and two small paned lights to the right. The wide opening is covered with a large lantern and to the left the wall rises to a parapet. The northern side of it comprises the boundary wall to the hospital (Plate 48.5) and the far end of the basement is marked by an arched opening at ground level which formed the coal chute, but which is now closed off with concrete and a fixed vent (Plate 48.6). To the east of this and set on the flat roof of the canopy is a one room extension to the outpatients department with brick walls and central roof light (Plate 48.7). This element contained a number of large metal pipes along with a series of vertical scars on the walls suggesting this

room had most recently been used for storage. The area was accessed via the lower ground floor corner tower rooms which had external doors in the connecting range and a separate door in the north side of the tower itself (Plate 48.8).

- 5.360 Internally, the boiler house floor is approximately 2.5 metres below external ground level and the basement comprised three principal spaces defined by brick retaining walls along with the foundation walls of the northwest corner tower and it was this structure which gave the basement its complex shape. The entrance was via the stairs in mentioned above which gave access to the south eastern corner (Plate 48.9), housing a water pump mounted on a concrete plinth. To the north of this the eastern part contained two small boilers, which were disconnected (Plate 48.10). Behind these on the northern wall the traces of a round arched opening could be seen (Plate 48.11) and limited investigation revealed that this was the mouth to a backfilled tunnel (Plate 48.12). The tunnel appeared to be continued in the foundations of the corner tower and it is thought that this represented the remains of which was situated across Castle Street from the Infirmary.
- 5.361 To the west of this the roof of the basement is supported on large metal joists and this was thought to represent the west end of Building 40. The space beyond (Plate 48.14) had a barrel vaulted roof of brick and set across the floor were a series of brick plinths set in parallel rows comprising the supports for two boilers. To the west of these and built against the east wall of the corner tower was a long brick structure with two blocked circular holes in the front. This was interpreted as the exhaust manifold for the boilers, serving to channel smoke and waste gases from the exhaust pipes of the boilers to the chimney which runs up the side of the corner tower.
- 5.362 To the north of this area was a long cellar running out under the pavement where a grate has been infilled with cement. This is clearly the coal cellar arranged so as to receive coal directly from the street to be stored in the vault ready for use in the former boilers.

Further Analysis

- 5.363 The boiler house in this location is clearly a product of the late 19th century or possibly earlier. The way this arrangement has been constructed, the coal

cellar must have been present or proposed at the time when the new outpatients building was constructed as the round arch of the coal chute is contemporary with the side wall of the outpatients building. The same is true of the corner tower which was constructed with the chimney serving this area. Consequently this arrangement must date to 1874 or earlier and although the main boiler house (Building 10) was constructed in c.1940, this room does not appear to have gone out of service until after that time.

- 5.364 With regards to the possible tunnel from the gaol, the north end of the tunnel is now said to be in the basement of the furniture shop which occupies part of the prison site and historically that end is reputed to have produced a number of death masks which now form part of the collection at the George Marshal Medical Museum.

Staff Canteen (Building 49)

Original construction date:

1960s

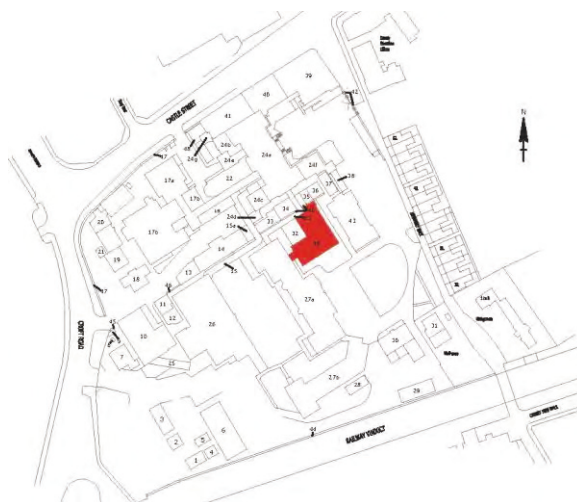
Architect:

None

Built by:

Prefabricated

Later modifications:



5.365 The staff canteen was situated between Mulberry House and the 1932 Nurses' Home (Building 27a). It comprised a single storey temporary building with flat roof (Plate 49.1 and 49.2). The building had entrances on the northeast corner and also directly from the Nurses' Home (Building 27a) by means of a covered porch and from the main Infirmary via Building 23. Much of the building was lit by high level transom windows, although to the southwest the walls were effectively half glazed.

5.366 The interior was functional (Plate 49.4) with ribbed rough carpet and a suspended polystyrene roof, but an effort had been made to provide interest through the insertion of stud walls fitted with doors and windows to create different dining areas (Plate 49.5).

Further Analysis

5.367 The building dates to the 1960s and forms an enlargement of the original facilities provided by the nurses dining hall which was abutted to the south side of Building 23 from the late 1930s. During the mid-1990s the building was enlarged through the addition of the kitchen block (Building 32).

6.0 DISCUSSION

6.1 Construction of the original buildings was carried out under the orders of the Board of Governors for the Worcester Infirmary. The development of the original mid 18th century structure can be seen as a reflection of the changing medical practices over the following 234 years, but also the unremitting increase in demand for healthcare as the population increased. The following section discusses some of the key issues raised by the study of the buildings on the site and the factors which led to the development of the site up to the time that it was recorded.

Of a Standard Form?

6.2 One of the most significant limitations on understanding the full detail of the original Infirmary building (Building 24) is the extent to which it has been altered and also the absence of floor plans prior to the mid 19th century when significant alteration had already taken place. It is not clear, for example, where the chapel was located prior to 1850. However, the similarities between Keck's design and that of Singleton at Gloucester may offer clues as to the 'standard' layout at the time, as the plan of the Gloucester Infirmary was produced three years after it was completed. Consequently, the drawing is 'as built' rather than 'as proposed'.

6.3 In Singleton's design, the chapel occupies the principal ground floor room beyond the hall, which in Keck's plan is given over to the 'physician's room', which later became the boardroom. The plan of Gloucester Infirmary states that the room above the chapel comprises a large committee room and it is possible that Keck merely reversed these two rooms so that the chapel at Worcester was on the first floor. Unfortunately there was no evidence in either of these rooms to indicate their former functions.

General Matters of Finance

6.4 Throughout the history of Worcester Royal Infirmary there had been a struggle to meet the running costs. Donations were always gratefully received and advertisements for funds produced. In the first years of the Infirmary, beds were often removed to reduce costs. In 1901 Garlick Ward had to be closed due to lack of funds and the Infirmary had to turn down the offer to install a telephone as they could not afford the annual contract rate of £8. In 1913 the

number of beds had to be reduced to seventy as the Infirmary hit drastic financial problems; in part because of loss of subscriptions due to the National Health Insurance Act. The top two wards were closed, staff were made redundant, and salaries were reduced. So grave was the outlook that McMenemy stated that the hospital's 'very survival seemed uncertain [...] those nurses who remained [...] worked like slaves for little monetary gain'.³⁶

- 6.5 In the last few pages of his history of the Infirmary, produced in 1913 as a response to the needs of the hospital, Leicester made a heartfelt appeal for funds and concluded with the following words:

"Should, however, these appeals fail, our beloved institution, which for so many years has been to Worcester as the Pool of Bethesda³⁷, into which the afflicted could enter and be cured when the waters were moved by the angel, will have to be closed, because there are not sufficient angels left amongst us to stir the healing waters, which in this case can be moved only by the offerings of the people."

- 6.6 The First World War eased some of the Infirmary's monetary worries, but it was not until 1920, when a large legacy was bequeathed³⁸ that things improved. The financial stability of the hospital was only properly secured in 1948 with the introduction of the National Health Service. This is reflected in the considerable expansion programme, which continued to the mid 1960s.
- 6.7 Despite these troubled fortunes, the history of the hospital is also one of continual expansion, starting in the early years of the 19th century. It is apparent that with the advent of new medical practices came the need for specialised departments. The introduction of new design concepts were employed in order to minimise the risks of cross infection and to speed up the recovery of patients. It is worth mentioning that many of these designs themselves became redundant as medical knowledge advanced.
- 6.8 This is amply demonstrated by the introduction in 1865 of a forced ventilation system through the inclusion of a plenum chamber in the new roof space and again through the design of the isolation cottage with its integral wall vents and below floor ducts. Whilst it cannot be stated that Worcester Infirmary pioneered

³⁶ McMenemy, William H., *A History of Worcester Royal Infirmary* (London, 1947) p. 313.

³⁷ The Pool of Bethesda was a pool situated in Jerusalem in which sheep were washed before being sacrificed at the temple. This use of the pools gave them a holy sanctity with many people coming to be healed in its waters. In the New Testament, John chapter 5 Jesus is reported healing a man at the pool.

³⁸ McMenemy, William H., *A History of Worcester Royal Infirmary* (London, 1947) p. 313.

these advances, the expenditure for a cash-strapped institution was significant, particularly when medical opinion on the efficacy of these systems was somewhat divided. Subsequent refurbishment of the roof space and ceilings within the upper floor of the Infirmary seriously truncated the original extent of the plenum chamber itself and all indication as to how the air was circulated from the plenum chamber to other parts of the building has been lost.

- 6.9 Unlike the isolation cottage which was constructed with these new advances in mind, the plenum chamber^ψ in the Infirmary was added to the earlier building. Although vents could have been accommodated in the walls of the top storey, which was added at the same time, there was no evidence to suggest that such ducting had been introduced into the lower walls. Indeed no evidence was observed to suggest that any of the walls of the Infirmary contained air ducts and so it is assumed that the air had been channelled to the wards via less permanent ducts, probably of lath and plaster, which have subsequently been removed.
- 6.10 It seems likely that donations received by the hospital were in part 'ring-fenced' to provide funds for expansion and improvement. As stated above, this process was relatively continuous throughout the history of the hospital and although it has not been possible to tie together specific building programmes with known donations, the tablet above the entrance to the boardroom illustrates this point well. Jenny Lind, 'the Swedish Nightingale', was well known for her fund raising concerts and it is stated on the commemorative plaque that a sum of £800 was raised on behalf of the Infirmary at Worcester. However, of that sum it is clear that £300 was set aside to contribute to the construction of the new chapel, with the remaining money presumably absorbed into the general running costs of the hospital. Due to the lack of available records, what is not obvious in many of these cases, is the role of the board of governors in the way that bequests, donations and subscriptions were allocated.
- 6.11 It seems likely that day-to-day running costs were met by subscriptions and, given the precarious nature of the recorded finances, it is equally likely that these were bolstered by a proportion of the donations along with temporary measures such as renting out the gardens or conversely by shutting down wards to reduce costs. However, it is apparent that specific fund raising events were

^ψ see Glossary

held to fund new buildings and it is more than likely that some donations were made specifically to redress shortcomings in the provision of services.

- 6.12 An example is the building programme of 1865 – 80. During this time as well as the addition of an extra storey to the Infirmary, the out-patients' building on Castle Street (Building 41), the isolation cottage (Building 18), the two corner towers to the west (Buildings 24d and g) and the series of buildings along the former southern perimeter wall (Buildings 14, 33, 35 and 36) were all constructed. These buildings would have cost a considerable amount during a period when the hospital was, as always, struggling to make ends meet.
- 6.13 Similarly the closing years of the 19th century saw not only the construction of the new Nurses' Home (Mulberry House – Building 43) but, prior to that, the purchase of Wheeley's Gardens along with the house (Walnut Tree House – Building 30) and the stable block. Whilst it is known that an appeal was launched in 1895 for funds to construct the Nurses' Home, records indicate that the gardens and Walnut Tree House had already been purchased by that time. Efforts were made to sell the house off and the source of funding for this earlier purchase, although no doubt part of the same scheme, remains unclear.

Provision of Surgical/ Teaching Facilities

- 6.14 As stated above, the locations of some of the principal rooms in the Infirmary during the first part of the hospital's existence have not been identified. This is particularly true with regard to the location of the operating theatre prior to the construction of the Bates Block (Building 17a) in 1932. Singleton placed the operating room at Gloucester on the top floor and so it is not inconceivable that Keck would have done the same. A new operating room is said to have been added in the late 1820s, possibly in a western extension to the south wing although, once again, the precise location of this is unclear.
- 6.15 The mid 19th century floor plans show a *surgery* on the ground floor, adjacent to the board room and as separate to the *surgeon's room* shown directly above, on the first floor. The difficulty here is that the word *surgery* can have a number of meanings in relation to the use of such a room and the likelihood is that if a new operating room had been built by this time, the surgery served more as a consulting room.

- 6.16 The plans are also somewhat misleading. It was thought the western corner towers were added in 1839 but these plans contradict that notion, showing the chapel of 1850, but not the towers. Furthermore, the extension and tower on the northeast wing along with the canted bay on the northern elevation were never constructed. This raises a number of questions as to the date of both the base plans and later pencil amendments. The most obvious conclusion is that the towers post-date the construction of the chapel and that the pencil additions represent a revised scheme once the idea of the perpendicular wing was discounted. In turn, not all the revised scheme was realised.
- 6.17 Nonetheless, archaeological discoveries made during the redevelopment work support the belief that teaching was being carried out in an organised way at the Infirmary. Two pits, recorded by Worcestershire Historic Environment and Archaeology Service during groundworks associated with the redevelopment of the hospital site in 2009, produced an assemblage of human bone which was subsequently analysed by Ossafreelance³⁹. Both pits were located close to the southwest corner of the current Infirmary footprint. One pit (5013) was situated beneath the foundations of an extension to the Infirmary (Building 24c), thus giving a terminus anti quem for the deposit of the late 1940s.
- 6.18 The analysis of these remains indicated that a significant minority of the bones had undergone surgical procedures, which were manifested in a series of modifications, including saw marks, cut marks, knife marks and staining, all of which could be the results of medical intervention. Given the location and manner of their disposal, it seems likely that the individuals represented in these deposits underwent some form of post mortem surgery such as autopsy or dissection, which would negate the requirement for a more traditional (religious) form of burial. Whilst it is difficult in many cases to distinguish between surgical interventions carried out for autopsy and dissection undertaken for teaching purposes, the analysis of the skeletal remains identified a number of features which strongly suggest the occurrence of dissection and the preparation of educational tools at Worcester.
- 6.19 Good examples in support of this theory are the prevalence of surgical intervention to the skull, examples of bone sectioning and of bone staining. The skull fragments at Worcester exhibited more excessive cutting, along with

³⁹ Osteological Analysis of Human Remains from the Worcester Royal Infirmary, Castle Street, Worcester, Ossafreelance (June 2010)

interventions to the eye sockets which are not associated with contemporary autopsy procedures, as defined by comparative examples from lay cemeteries not directly associated with hospitals. The sectioning of bones is also not a typical result of contemporary surgery and a sawn talus (ankle bone) was cut in such a way that it is likely to have occurred after the foot had been amputated from the lower leg. This may also be indicative of post mortem dissection. Finally, and most indicative of the hospital's role in educating student anatomists, was the numerous stained bones which are typical of teaching models where colour is applied to dissected skeletal elements to highlight particular features.

- 6.20 Documentary sources indicate that the Infirmary at Worcester took on students of anatomy at between four and six times the going rate charged at well recognised institutions such as Edinburgh⁴⁰ and this suggests the provision of high standard teaching facilities in order to justify the fees charged. However, there is little evidence within the surviving fabric of the buildings to indicate purpose-built teaching facilities, such as the dissection rooms or lecture theatres provided at 16 Great Windmill Street, London or the University of Edinburgh Medical School.
- 6.21 These two famous examples were both academic institutions and it is possible that teaching within a working hospital was carried out in the physician's private rooms (the *Surgeon's Room* seen on Keck's plan), with dissections carried out in the existing operating theatre, as seen at Glasgow Town Hospital. It is equally possible that rooms which had later been stripped bare of earlier features served in these capacities. A good example of this is the room beneath the boardroom, which has large windows and may well have been lit by windows in the canted bay which existed until the addition of the chapel in c.1850. The absence of a large lecture theatre may be a reflection of the numbers of students taken on at any one time and this may also have a bearing on the excessively high fees charged, with exclusivity raising the cost of tuition.
- 6.22 The subject often associated (and glamorised) with the teaching of anatomy during the late 18th and 19th centuries is that of the procurement of cadavers for teaching purposes. Grave robbing was always frowned upon, but British law protecting the buried was not formalised until the introduction of the 1832 Anatomy Act. Prior to that *ressurrectionists* were responsible for the exhumation

⁴⁰ McMenemey, 1947

of thousands of newly buried souls for supply to the medical schools of London, Glasgow and Edinburgh.

- 6.23 This in turn led to the popular stipulation in wills that a person be *laid-out* for up to seven days above ground before being buried. Many people of the period were equally as afraid of being buried alive as of being dug up by grave robbers. Being *laid-out* ensured that the individual was both dead and in an unfit condition to serve as a cadaver at the local medical school as the latter required a fresh corpse. The absence of available documentary sources on the subject of grave robbing in Worcester would, however, suggest that it was not considered as a serious problem in the City. It is likely that, if the teaching part of the Infirmary was reasonably small, subjects for dissection could be procured through legitimate means such as family consent.
- 6.24 In addition, it has been suggested that the Infirmary had an arrangement with the adjacent prison for the supply of recently hanged criminals (hearsay). This has no doubt arisen from the presence of a tunnel between the two establishments, the southern entrance to which was identified during this record in the boiler room on the north-west corner of the Infirmary (Building 48). The northern end of this tunnel has long been known about, located in the basement of County Furnishings which now occupies part of the prison site and from which four death masks (plaster casts of the heads of executed criminals) were recovered. It is possible that this subterranean link was used for such nefarious activities as supplying cadavers to the Infirmary, particularly after 1832, but it is equally likely that the legitimate purpose for this tunnel was as a secure conduit for inmates requiring medical treatment.

Provision for Infectious Diseases

- 6.25 The establishment of the Isolation Cottage (Building 18) in the 1880s was part of a widespread movement at the time to make provision for those who could not be accommodated safely within the main hospital building. During the middle of the century epidemics followed one after another with perhaps the worst of all being the smallpox epidemic of 1870. This forced a number of hospitals to resort to quick fixes in the form of lightweight or temporary accommodation such as that at North-Eastern Hospital in Tottenham, London.

- 6.26 In the later 1870s and 1880s these isolation units became more permanent structures until at the turn of the 20th century, a number had become independent institutions. The easiest and cheapest mechanism for providing isolation care was to requisition an existing house or other building for the purpose and by 1890 it is estimated that almost one fifth of the isolation hospitals in England were converted houses or other suitable buildings including factories.
- 6.27 The Local Government Board authorised loans specifically to allow for the construction of isolation hospitals and although there is no evidence that this was the case at Worcester Royal Infirmary, it would go some way to explaining the quality of the Isolation Cottage when the dire financial situation at the time would appear to preclude it. The types of building were also increasingly being formalised throughout the latter part of the 19th century and Local Government Board memoranda were issued giving plans of the latest approved designs. The Isolation Cottage at the Infirmary most closely fits a type 'C' building which was first issued in 1888 and revised in 1900 and 1902. Although similar, the Isolation Cottage on this site showed a number of variations and it is clear that other factors or individuals had a hand in the design.

Provision of Nurses' Accommodation

- 6.28 The nurses' accommodation within the hospital precinct has developed and expanded over the years and, like other aspects of accommodation within the Infirmary, the earliest arrangements are ambiguous. The original plan for the Infirmary indicate a *Matron's Room* on the ground floor adjacent to the boardroom, but there is no indication of accommodation for ordinary nurses or other lower orders of hospital staff. Singleton's arrangement for Gloucester Infirmary has a matron's room in the same position, but goes on to identify lodging rooms (unspecified) on both the first floor and within the attic storey. It is not until the mid 19th century that the upper floors at Worcester are set out in plan form and these indicate that the matron's room and one nurse's room were situated on the first floor, with the bulk of nurses' accommodation in the attic storey along with other service staff. In these plans a further matron's room is shown in the basement.

- 6.29 During the second half of the 19th century it has been suggested⁴¹ that nurses were housed in the basement of the southeast wing of the recently extended Infirmary, but that this rapidly became insufficient and for a time the building on the eastern corner of Infirmary Walk and Castle Street was used. This initial shift in accommodation from the attic to the basement is undoubtedly associated with the formalisation of the upper floor into a full storey which was used for medical purposes. The growth in nursing staff is likely to relate to the measures implemented following the Crimean War. The shock of reports from battlefields such as Solferino along with the recommendations of medical staff such as Henry Dunant, Edward Mason Wrench and particularly Florence Nightingale, had a wide-ranging impact on the provision of medical care well beyond the theatres of war.
- 6.30 Clearly the volume of nurses which needed accommodation at Worcester was ever growing, along with the general level of staffing. However, the nature of the nursing profession, even today, is that their numbers are for the most part made up of young women. During the late 19th century and the first half of the 20th century it was usual for young women to leave the family home only on becoming married. Therefore, for a family to relinquish guardianship of their unmarried daughters required a strict and formal arrangement between them and the hospital which included appropriate 24 hour supervision and secure accommodation.
- 6.31 Oral testimony of nurses has indicated that even in the 1950s, a prospective nurse would be brought up to the Infirmary by her parents and a two way interview conducted, as much between her parents and the matron as between the matron and the prospective nurse. The process would allow the parents to reassure themselves that their daughter was to be under the supervision of an appropriate mentor. This is reflected in the arrangement of the nurses' homes built at Worcester in 1897 (Building 43) and 1932 (Building 27a), where junior nursing staff were accommodated alongside ward sisters and the matron.
- 6.32 Although the original nurses' home was built on the recommendations resulting from the Crimean War, the second home was almost certainly a reflection of the number of wounded servicemen requiring ongoing treatment following the Great War and throughout the country similar nurses' accommodation was provided at around this time.

⁴¹ McMenemey (1947)

- 6.33 Other factors, such as a growth in the general population and an increasing level of social welfare also played a significant part. Stylistic differences abound, but most nurses' homes were well designed with architectural embellishment, often above and beyond the vogue of the day (see Oldchurch Hospital, Romford – nurses' home of 1924) and this is all likely to have served to reassure parents and guardians that the nurses were entering into a controlled and well-ordered establishment that would care for the young women as well as, if not better than, they had been at home.
- 6.34 At Worcester, this continued through to the building of the third nurses' home in 1936 (Building 27b). This was designed with yet further expansion in mind, although by then the internal styling of the building had become more functional and the layout less formal, possibly relying on the earlier building to which it was attached to lend the necessary sense of formality and control. The building was not enlarged as envisaged until after WWII, during which most non-military building came to an abrupt end. The third nurses' home was enlarged in 1946/7 and the following year the National Health Service was established. Whilst the arrival of the National Health Service saw considerable growth in other areas of the hospital complex, the nurses' accommodation on site had reached its peak, largely as a result of the increased independence of women during the war years and the impact that this had on wider social attitudes beyond the nursing profession.

7.0 CONCLUSIONS

7.1 In total, forty-seven buildings were identified and recorded as part of this survey, numbered on the plan at Figure 3 and described above. The buildings had all undergone some degree of alteration since their original construction, in some cases involving large scale enlargement through the addition of annexes, extra storeys and ranges.

7.2 The recording exercise has confirmed the broad phasing of the complex as set out in the various assessment documents, but has refined this through detailed analysis of the surviving fabric of the structures. The principal phases of development are illustrated in Figure 50. The detailed phasing of the individual buildings has been demonstrated and are summarised in the table below.

Bldg N ^o	Original construction date	Function	Significant later alterations
1	1954 - 62	Materials store	
2	1954 - 62	Kitchen and mess room	c.1980s - refurbished
3	1954 - 62	Offices	c.1980s - refurbished
4	1954 - 62	Stores/ cycle parking	c.1990s - divided into 2 parts
5	1954 - 62	Lavatories	c. late 1960s - extended to west
6	1954 - 62	Workshops	c. late 1960s - roof altered - extended to south
7	1970s	Virus lab	c. 1990s - limited refurbishment
8	1990s	Flue stack	As built
9	1990s	Mains water riser enclosure	As built
10	1947	Main boiler house	1969 - alterations to western elevation and boilers 1986 - alterations to western elevation and boilers c.1990 - alterations to western elevation and boilers
11	1940s	Water softening plant	1967 - partial rebuild of southern side
12	1967	Calorifier house	As built
13	Late 1930s	Stores/ aids clinic	c. 1980s - internal refurbishment
14	c. 1874	Laundry	Late 1930s - extension to the west and internal refurbishment 1967/8 - insertion of doors to Building 15 c. 1980s - internal refurbishment
15 & 15A	1967/8	A + E link corridor	As built

16	1947	Offices/ storage	Late 1950s c.1970s/ 80s	- extension to the east of third floor -refurbishment
17A	1931	Operating theatre block	1938 1947 c. 1960	- 4 storey extension to south side - extension to basement - addition of Building 16 to link corridor -addition of water tank to lift shaft -full height extension to east side of link corridor
17B	1937	V. D. block	1938 1947	- 3 storeys added to the original block - balconies added to the west side
18	Late 1870s	Isolation cottage	c. 1900 1970 – 1980	- extension of closet wings - removal of enclosed yard to the west - internal rearrangement
19	c. 1985	Gas bottle store	As built	
20	1954 - 62	Microbiology department	c. 1980s	- limited internal refurbishment
21	Late 1960s	Store	As built	
22	1849/ 50	Chapel and connecting range	1890s 1931 1947	- partial sub-division and refurbishment of lower ground floor - addition of 17a link corridor to south with associated blocking of windows - internal refurbishment and alterations to access to lower ground floor
23	1932	Link corridor to b. 27a	Late 1930s c. 1980s	- blocking of southern windows and creation of opening to canteen - further blocking of southern windows and openings to extended canteen
24	1768 – 70 (Phase 1)	Infirmary	1823 1828 1849 – 50 1865	- 2 storey extension to northwest wing (Phase 2) - 2 storey extension to southwest wing (Phase 3) - addition of chapel and rearrangement of canted bay on west (Phase 4) - formalisation of attic storey, raising of north

			1865 - 74	and southwest extensions to 3 storeys and provision of forced air ventilation (Phase 5)
			1874	- addition of western corner towers (Phase 6)
			1887	- addition of outpatients dept. to north side (Phase 7)
			1930s	- 4 storey extension to southeast wing (Phase 8)
			1980s	- major refurbishment (Phase 9)
				- major refurbishment (Phase 10)
25	c. 1992	Coal conveyor	As built	
26	1966/7	Casualty department	1967	- addition of casualty department
			1972	- addition of x-ray department
27A	1931	Nurses' home	1936	- first floor access corridor added to south side
			1947	- ground floor access corridor added to eastern side
27B	1936	Nurses' home	1947	- 2 additional stories added
			1980s	- major refurbishment and conversion of LGF
28	1950S	Cycle store	1980S	- greenhouse removed from west side
29	1950s	Garage	As built	
30	1750 - 68	Private house	1820s	- single storey extension to southwest
			1850s	- major refurbishment
			1896	- additional storey added to southwest rear wing
			c.1930s	- reconfiguration of roof and chimney stacks
			Late C20th	- purchased by hospital (used as doctors residence?)
				- replacement of internal staircase
				- major refurbishment
				- addition of southeast rear wing
31	1930s	Caretaker's residence?	1980s	- conversion to children's unit
				- addition of southern single storey range
32	1992 - 2000	Staff restaurant kitchens	As built	
33	1930s	Staff changing	c. 1950s	- re-arrangement of

		room		north elevation and internal layout
34	c. 1870s	Kitchen stores	1980S	- internal re-arrangement and refurbishment
35	1887 - 1904	Staff accommodation/workshop?	1932 1980s	- extension to west associated with b.23 - major refurbishment
36	Early 1880s	Water tank plinth	c.1920s	- removal of water tank above - insertion of door in north side
37	1962 - 70	Stores	As built	
38	1897 - 1904	Patient records	As built	
39	1982	E, N & T dept.	As built	
40	1912	Extension to outpatient dept.	1930s 1980s	- limited re-arrangement and refurbishment - limited re-arrangement and refurbishment
41	1874	Outpatient dept.	c.1980s	- introduction of mezzanine to north - re-arrangement and refurbishment of rooms to west
42	1866	Gates, piers and railings	c.1950s 1982	- replacement of vehicular gates - partial replacement of railings with B.39
43	1897	Nurses' Home	c.1930 Late C20th	- replacement of staircase - internal re-arrangement and refurbishment
44	1859 - 61	Railway branch line	1960s	- western part demolished
45 & 46	1768 - 70	Southern Infirmary boundary wall	1874 - closure	- continual modification
47	c. 1870s	North western Infirmary boundary wall	1874	- re-arrangement of eastern and southern ends
48	1865 - 74	Boiler room	c. 1930s c. 1970 c. 1980s	- construction of canopy over western end - construction of adjacent gas bottle store - construction of first floor room/ extension to B. 41
49	1960s	Staff canteen	c. 1992	- addition of new kitchen block (B.32)

- 7.3 In general terms the hospital is not particularly unusual in either its original form or its subsequent development. The initial design appears to have been a direct copy of Singleton's Infirmary at Gloucester, which was already built and well-established by the time that Keck submitted his designs for Worcester. The Radcliffe Infirmary (1770) and Norfolk & Norwich Hospital (1771) are also thought to be based on the Singleton design. Singleton's Infirmary was demolished in the early 1980s and both the Radcliffe and Norfolk & Norwich have now been redeveloped.
- 7.4 Expansion at Worcester appears to have been confined to the enlargement of the original Infirmary building (Building 24) for the first century or so, following its initial construction with extended wings, additional ranges (principally the chapel) and an additional storey, all forming relatively piecemeal provision of desperately needed extra accommodation. During the last quarter of the 19th century however, expansion extended for the first time beyond the existing building and detached ranges were constructed along with a new out-patients department. This in itself demonstrated the pressure of patient numbers on capacity at the hospital and the out-patient scheme can be seen as a method of treating sickness without the need for 'residential' accommodation. During the early 1870s, these detached and additional blocks remained confined to the limited space around the fringes of the original compound with no development of the open area between the main building and Infirmary Walk, or in the field/garden to the west. This was to change in the latter part of the 1870s when, in response to a series of epidemics and in line with medical doctrine of the day, a new isolation hospital was built some distance to the west, marking the beginning of the Infirmary's development in that direction.
- 7.5 Equally significant was the decision taken in the late 1880s to begin expansion to the east. This clearly marked the point where the external appearance of the principal elevation of the hospital was considered of less importance than the provision of additional ward space. The 1890s saw an equally momentous decision to acquire land to the south of the original hospital compound which reflected not only the increasing need to accommodate professional nursing staff on site through the construction of the first dedicated Nurses' Home, but also the start of a nationwide decline in the suburban country house whereby Walnut Tree House and its extensive grounds became subsumed into the hospital facilities. Further expansion into the grounds to the east of the main building took place in 1912 and constituted an enlargement of the out-patients

department. However, this was confined to the northern perimeter and the principal elevation of the Infirmary was left relatively unaltered, although the reasoning behind this was as much a reflection of the need to allow public access directly to the department from Castle Street as with the architectural integrity of the original building.

- 7.6 The focus of activity during the opening decades of the 20th century was not so apparent, with relatively little new development taking place until after the Great War. This period of apparent inactivity cannot be satisfactorily explained when the extent of new building works of this period in and around Worcester is considered, but it is possibly the result of two principal factors. It is likely that the provision of additional accommodation during the late 19th century gave the hospital sufficient flexibility to deal with any increased pressure on resources without the need for further building works and equally, it is likely that funding through subscription and donation was at a low point.
- 7.7 Despite this, the decade preceding World War II saw a building programme unparalleled in scale since the initial construction of the Infirmary, with the addition of new buildings to the west and south. The new operating theatre to the west was almost immediately enlarged and it is tempting to think of the addition of the adjacent venereal disease clinic as a reflection of wider social attitudes to sex and promiscuity. Such clinics were established at many hospitals at this time. Development to the south of the Infirmary followed a similar pattern with a new Nurses' Home during the early 1930s being added to by a second block in the middle of the decade.
- 7.8 A lull in development is to be expected during World War II and was paralleled throughout the country, not only in hospitals but in all development not related to the war effort. However, very shortly after, the expansion of the Infirmary at Worcester began with renewed vigour and saw the enlargement of the 1930s developments.
- 7.9 In line with Aneurin Bevan's assertion prior to the establishment of the National Health Service in 1948, that the vast majority of the country's hospitals were "mediocre and too small", a raft of new buildings were added during the final fifty years of the hospital, including the A + E department (Building 26), the ear, nose and throat/ speech therapy department (Building 39) and a scattering of smaller service buildings. These were, on the whole, low rise buildings of cheap

or temporary construction and the majority of resources were concentrated on the redecoration and re-equipping of the existing buildings.

- 7.10 The closure of the hospital site in 2002 reflects the modernisation of healthcare provision within the National Health Service which has provided new facilities on another site in Worcester. For many years the site at Castle Street had been considered too restrictive in terms of the potential for expansion. The consented scheme for redevelopment of the site as a University of Worcester campus further demonstrates the expansion of higher education provision, as student numbers increased throughout the closing decades of the 20th century and into the 21st century.

8.0 SOURCES AND BIBLIOGRAPHY

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8637	Fuel Store (23.7.1948)
8640	Store Building (23.7.1948)
9541	Buildings and layout (information only)
14969	Erection of additions to pathological, orthopaedic, Out-patients departments, etc. (05.02.1960)
18014	Improvements to out-patients department (10.06.1964)
18014/1	Erection of a single storey casualty building (1966)
19957	Erection of calorifier house and service duct (02.09.1966)
67/422	Erection of an accident department (05.05.1967)
69/0352	Conversion of boiler plant (1969)
72/0410	Erection of extension for x-ray to existing accident department (05.05.1972)
81/1607	Extensions to adaptations to out-patients department (19.3.1982)
83/1169	Alterations to Wall House.
P85C0051	Proposed gas bottle store (12.3.1985)
P85C0206	Proposed extension to wall house to provide entrance lobby (02.07.1985)
P85C0230	Proposed gas store (02.07.1985)
B91C0573	Building notice application to form new doorway (30.12.1991)
B93C0250	Building notice application for internal alterations to Bonaker ward (27.05.1993)
P94M0506	Construction of coal bunker to boiler house and demolition of existing coal conveyor (31.01.1995)
P96M0220	Erection of replacement gas meter house (12.07.1996)

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BA369.899:22	Lithograph [n.d] c.1820-1840. Present view and view with proposed alterations.
BA2651.899:16	Annual Report. 1868 [not copied]
BA3744/8 705:380	Plan centred on Infirmary [n.d] early 20 th c.
BA599/8.705:232	Annual Reports. 1859, 1881-82. [not copied]
BA5306/2 (i).705:480	Annual Reports. 1943-1946 [not copied]
BA7786/8 (vi) Class 489:16	City of Worcester Wheelers Gardens, copied from ordnance plan by Albert Buck and Son, 1888
BA8779/10(i).705:414	Annual Report. 1843 [not copied]
BA9890/2 (2) 899:427	Newscutting showing photograph of Infirmary.
010:6 BA9119	Infirmary Annual Reports 1919-1945.

Plans

BA8720/2 (ii) 6	The new Infirmary at Worcester, includes eastern and western elevation.
496.5 BA9360 CAB18 BOX 3	2342 - proposed nurses home, November 1893 Infirmary at Worcester, by Henry Keene, architect. [these plans are by a different architect and whilst similar to the Keck's plans do not appear to be the original plans]
B496.5 BA10465 Parcel 52	5887 - new operating block, July 1931
B496.5 BA10465 Parcel 61	6771 - new V D department, October 1936
B496.5 BA10465 Parcel 62	6796 - additions to nurses home, December 1936
B496.5 BA10465 Parcel 71	7621 - blast proof walls, August 1940
B496.5 BA10465 Parcel 75	7994 - extensions, January 1946
B496.5 BA10465 Parcel 75	8036 - new boiler house, March 1946
B496.5 BA10465 Parcel 77	8159 - children's ward and x ray department, November 1946
B496.5 BA10465 Parcel 79	8279 - additional floors to nurses home, June 1947
B496.5 BA10465 Parcel 79	8326 - water tank room, August 1947
B496.5 BA10465 Parcel 79	8327 - isolation ward, August 1947

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Wellcome Library

Worcester Planning Department

Worcester Record Office

GLOSSARY

Calorifier	Industrial scale water heater for supplying hot running water to large buildings or complexes
Comms room	Communication room containing telephone links, computer feeds etc
Hopperlight	Bottom hung pivoting window, often restricted in the amount it can open by sliding side bars or cheeks
Plat Band	Plan string course which projects only slightly from the field of a wall to define internal storeys (sometimes called a 'storey band')
Plenum Chamber	a chamber intended to contain air, gas, or liquid at positive pressure
Softening Plant	A large storage vessel constantly filled by mains water, into which sodium chloride is added to reduce the amount of suspended calcium carbonate. Often used in industrial processes to prevent the build-up of scale in water heating plant.
Weathering	Sloping cap of a plinth to shed water and prevent ingress of rainwater

Report written by: Karl Hulka
Report reviewed by: Jon Lowe, James Dinn, Carl Jukes
Research done by: Karl Hulka and Luke Denison
Date: 29th February 2012

APPENDIX 1

SITE LAYOUT, BUILDING IDENTIFICATION AND DEMOLITION/ HB RECORDING PHASES



Building Identification

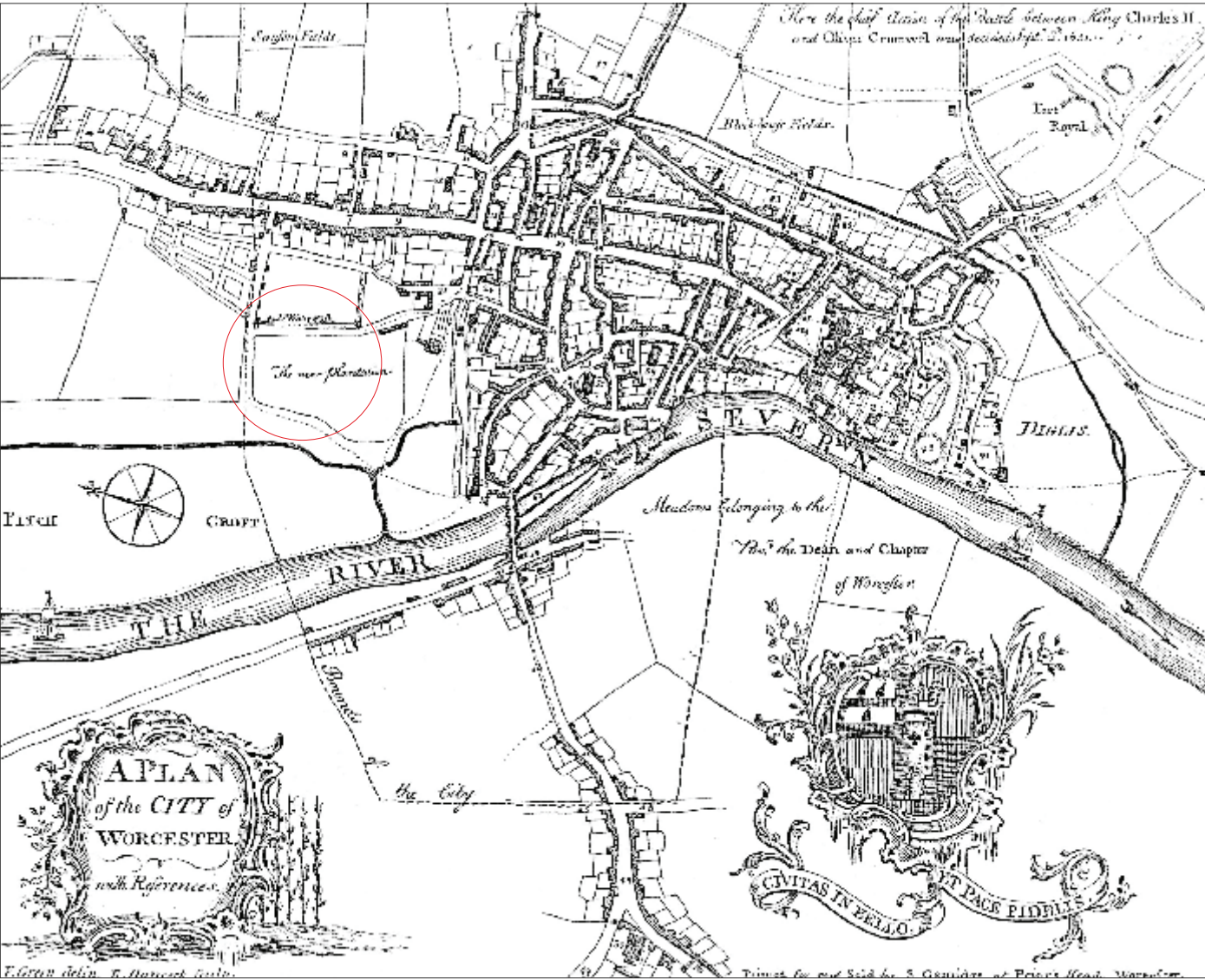
1 - Works Offices
2 - Works Offices
3 - Works Offices
4 - Works Offices
5 - Works Offices
6 - Works Offices
7 - Virus Lab
8 - Chimney
9 - Shed
10 - Boilerhouse
11 - Calorifier
12 - Calorifier
13 - Severn Suite
14 - Medical Secretaries
15 - Medical Secretaries
16 - Medical Secretaries
17 - Bates and Theatre Blocks
18 - Isolation Cottage
19 - Substation?
20 - Sheds
21 - Number not used
22 - Infirmary Chapel
23 - Number not used
24 - Infirmary Block
25 - Boiler House extension
26 - Service Block
27 - Nurses Home
28 - Shed
29 - Shed
30 - Walnut Tree House
31 - Wall House
32 - Shed
33 - Service Block?
34 - Service Block?
35 - Service Block?
36 - Service Block?
37 - Service Block?
38 - Service Block?
39 - Security Block
40 - Edward VII Memorial Annex
41 - Edward VII Memorial Annex
42 - Former Arboretum Gate Piers and Railings
43 - Mulberry House
44 - Butts Siding Viaduct
45 - Boundary Wall
46 - Boundary Wall
47 - Boundary Wall
48 - Extension to Edward VII Memorial Annex
49 - Temporary Annex

Figure 1: Site Layout, building identification and demolition/ HB recording phases 1:400 @ A3

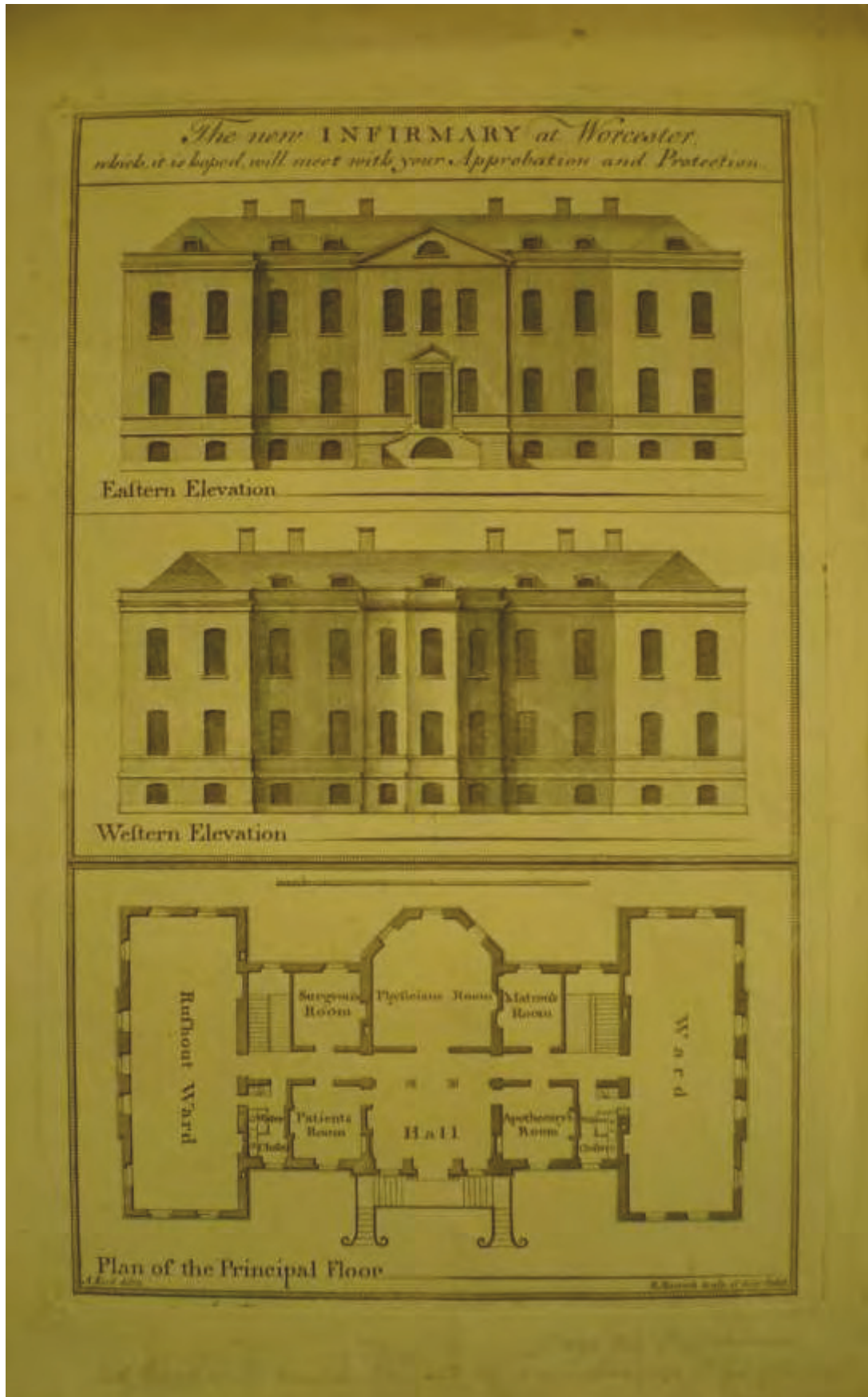
Appendix 2: Historic Maps, Plans, Photos and Sketches



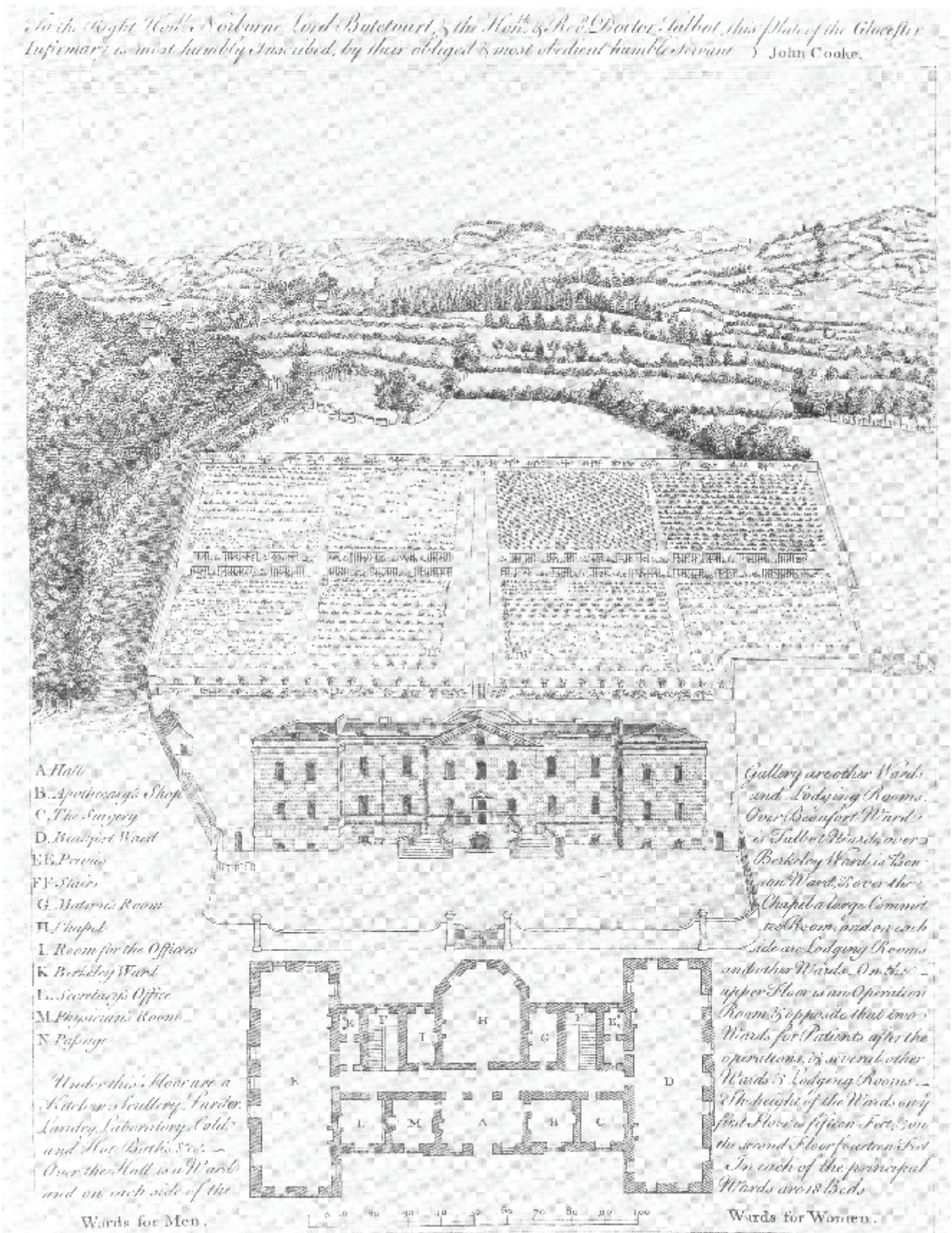
Appendix 2.1: 1741 -Map of Worcester by Doharty



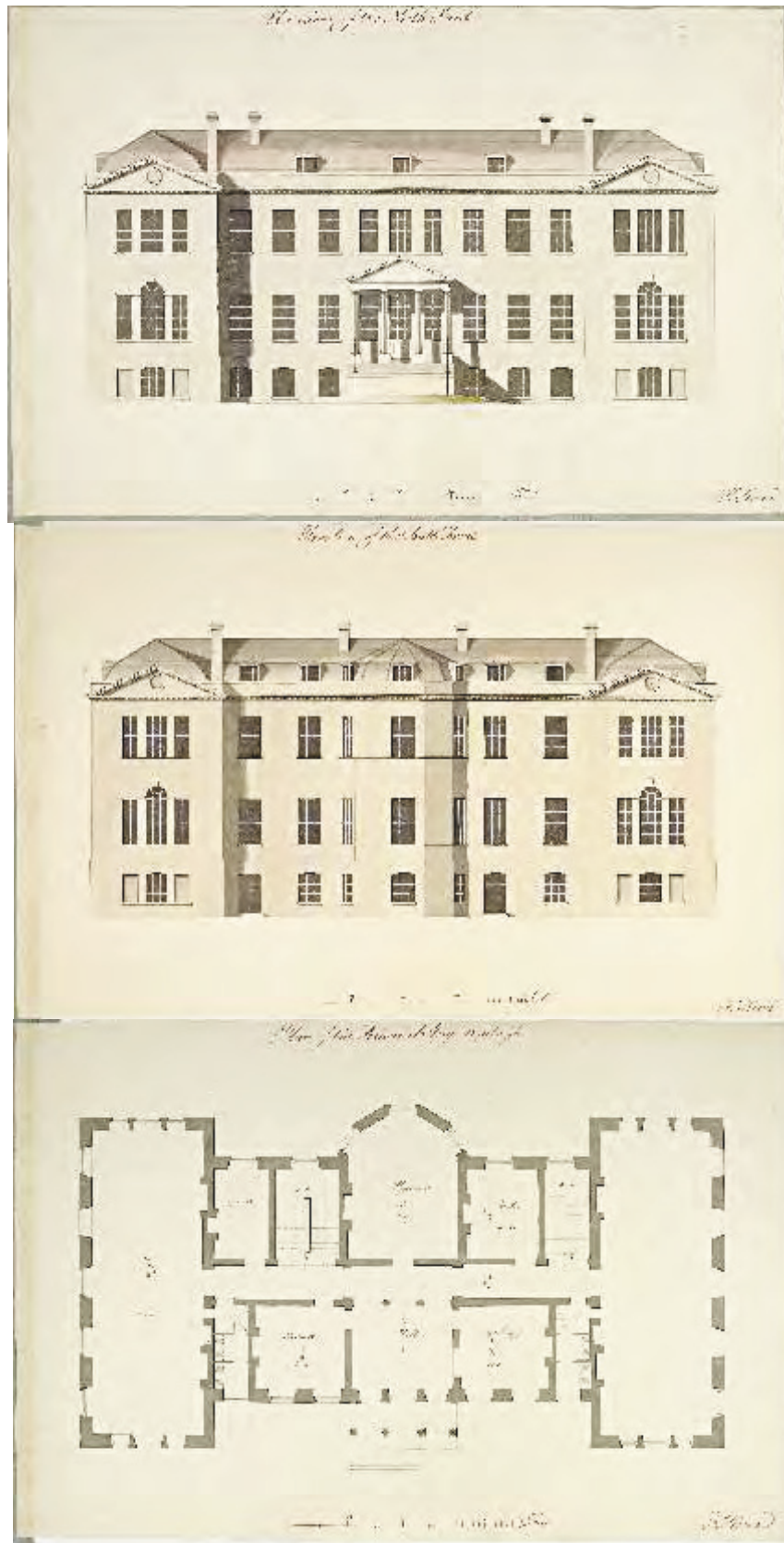
Appendix 2.2: 1764 – 'A plan of the City of Worcester' by Green



Appendix 2.3: 1766 - *The new infirmary at Worcester* by Anthony Keck



Appendix 2.4: 1764 – 'Plate of the Gloucester Infirmary' by John Cooke



Appendix 2.5: 1766 – Elevation of the North and South Fronts and 'Plan of the Principal Storey' of Infirmary (proposed) by Henry Keene



Appendix 2.6: 1768 – Richard Broad's town plan



Appendix 2.7: 1779 – 'Plan of the City and Suburbs of Worcester from Actual Survey' by George Young



Appendix 2.8: 1781 - 'Plan of the City and Suburbs of Worcester from Actual Survey' by Nash



Appendix 2.9: 1790 – 'Plate of the City and Suburbs of Worcester' by Valentine Green



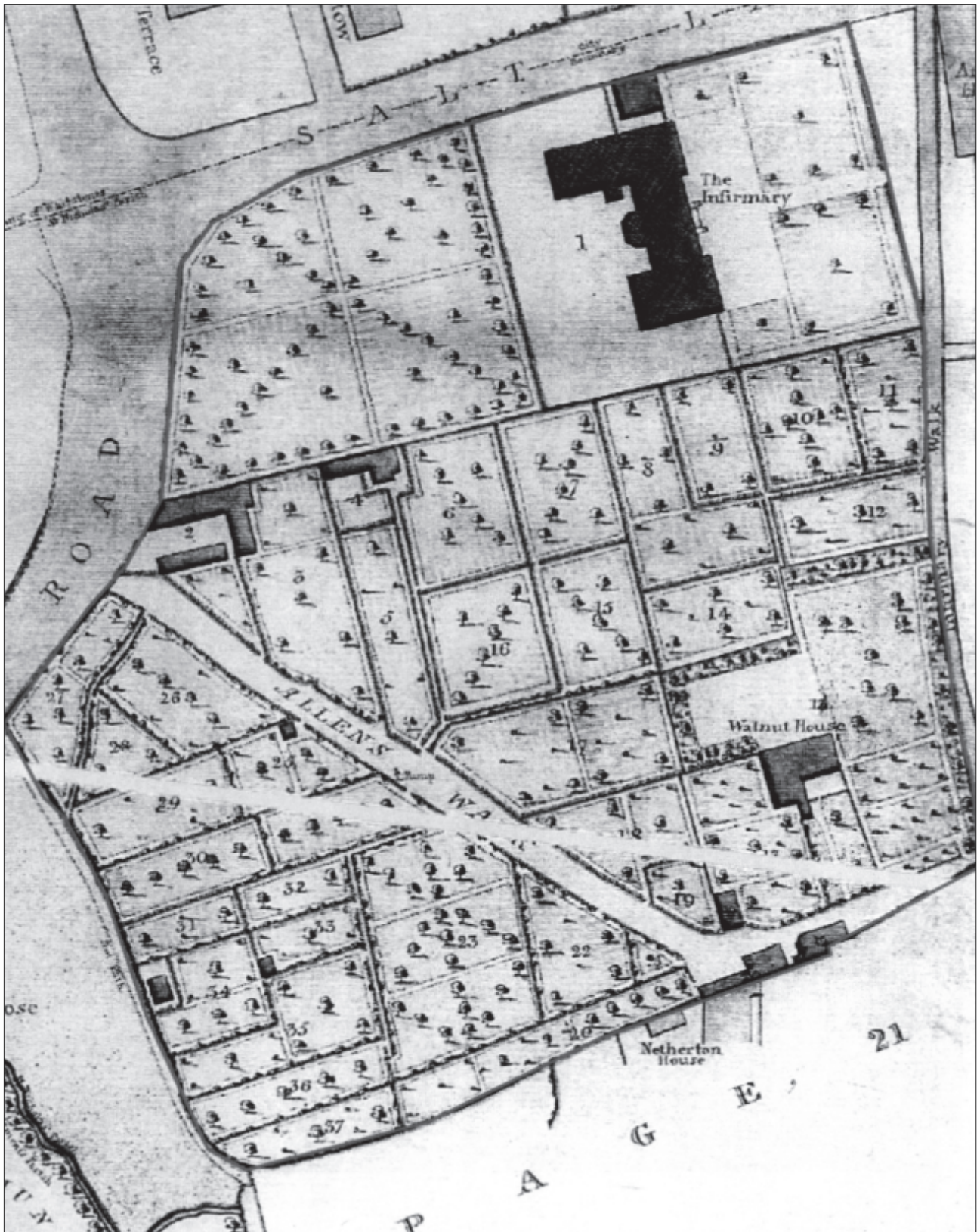
Appendix 2.10: 'An engraving by J. Ross' taken from the 4th Edition of Tymb's Worcester Guide of 1806



Appendix 2.11: 1808 – *'Plan of Worcester'* by T. Eaton



Appendix 2.12: 1822 – Samuel Mainley’s map



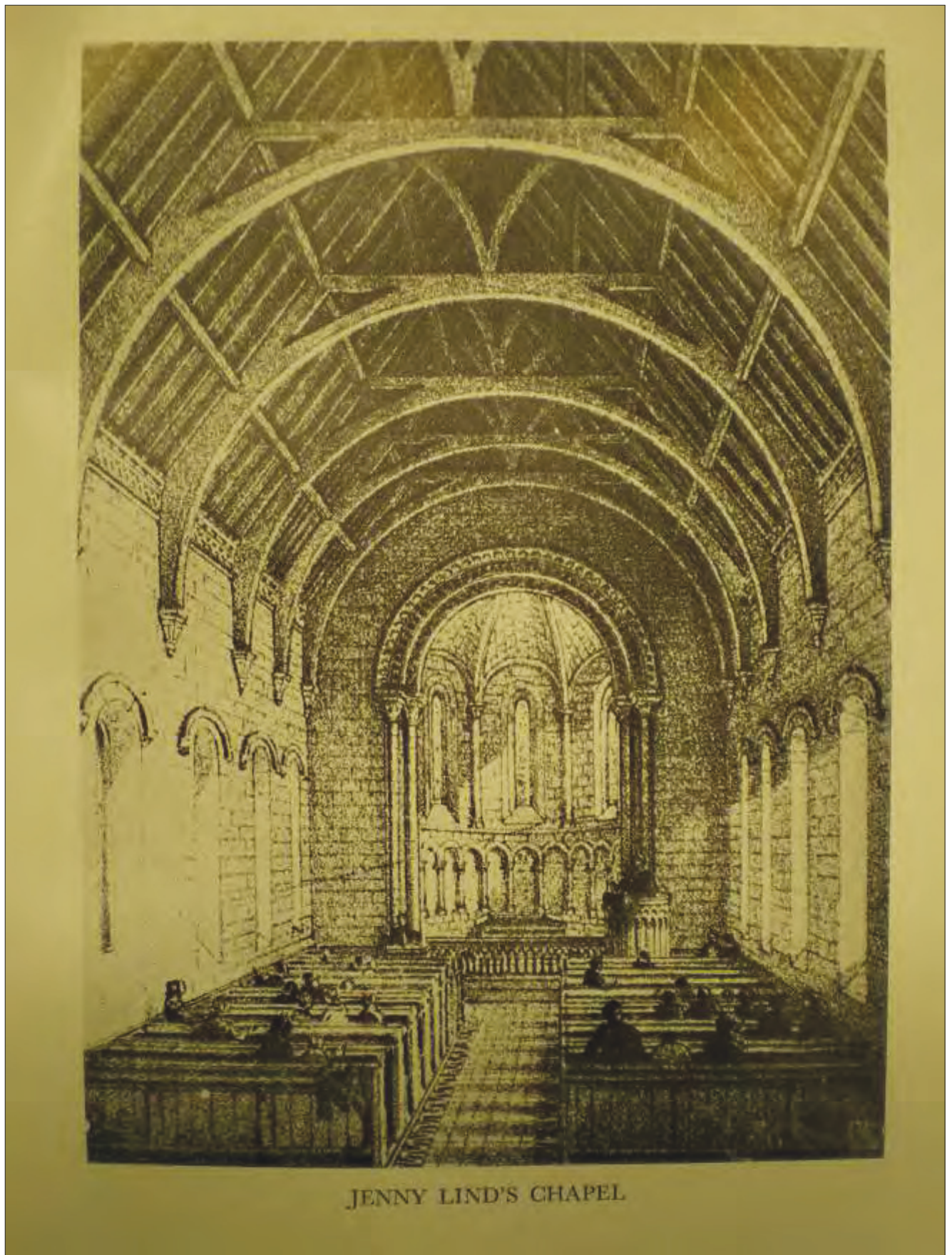
Appendix 2.13: 1825 – Worcester Corporation Plan



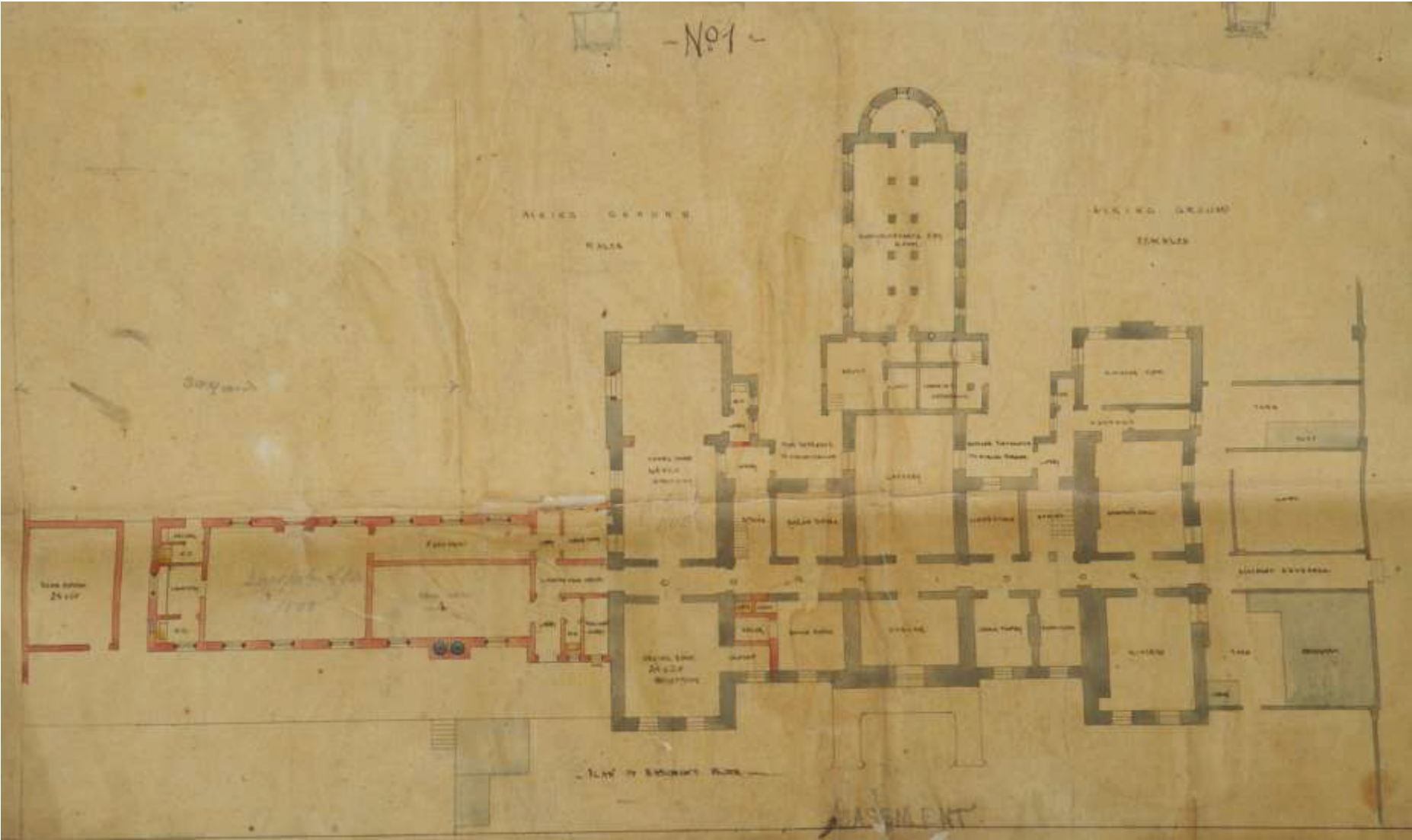
Appendix 2.15: 1835 – 'A map of the City and Suburbs of Worcester' by Clement



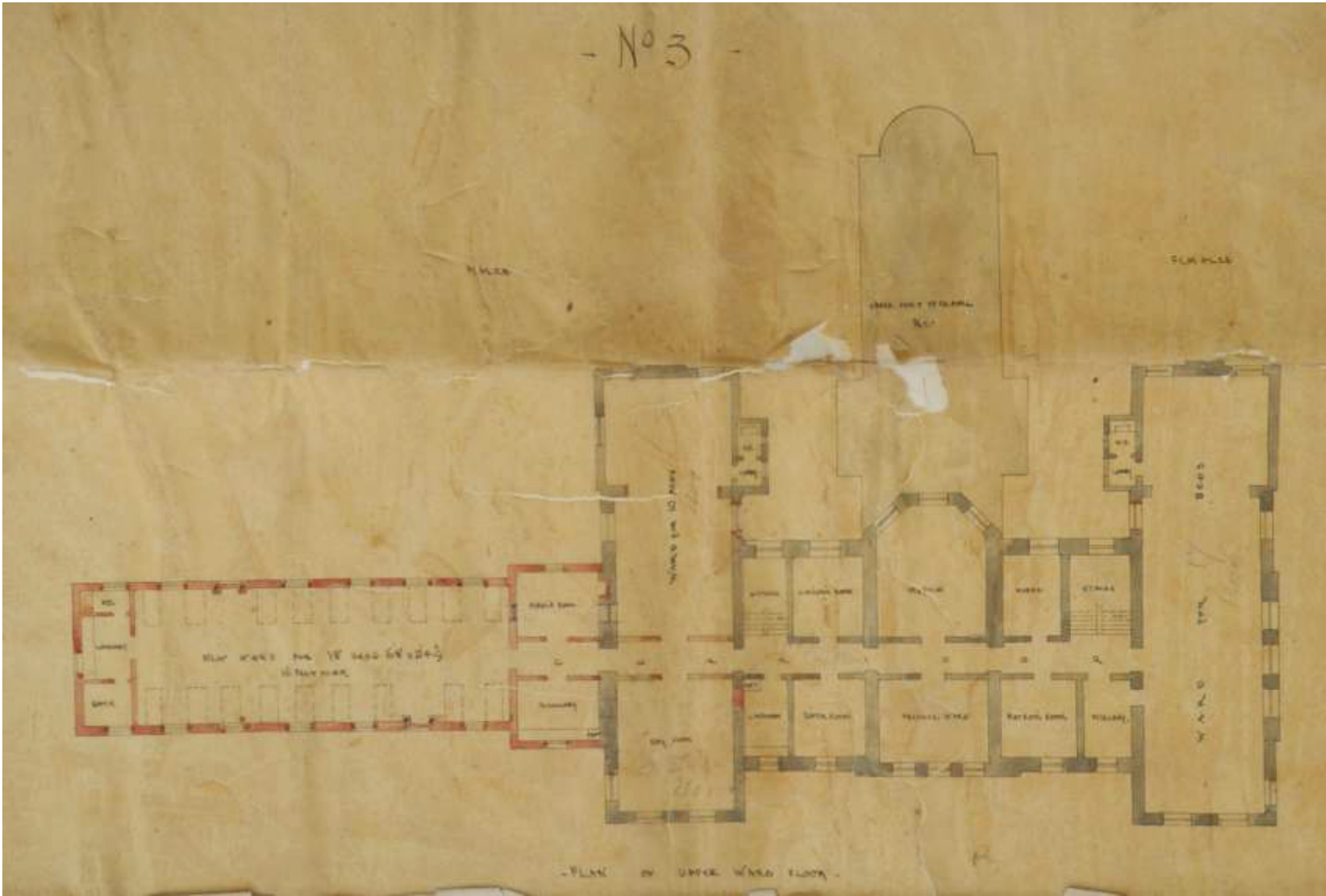
Appendix 2.16: 1840 – Bentley's map



Appendix 2.17: c.1850s – Jenny Lind's Chapel



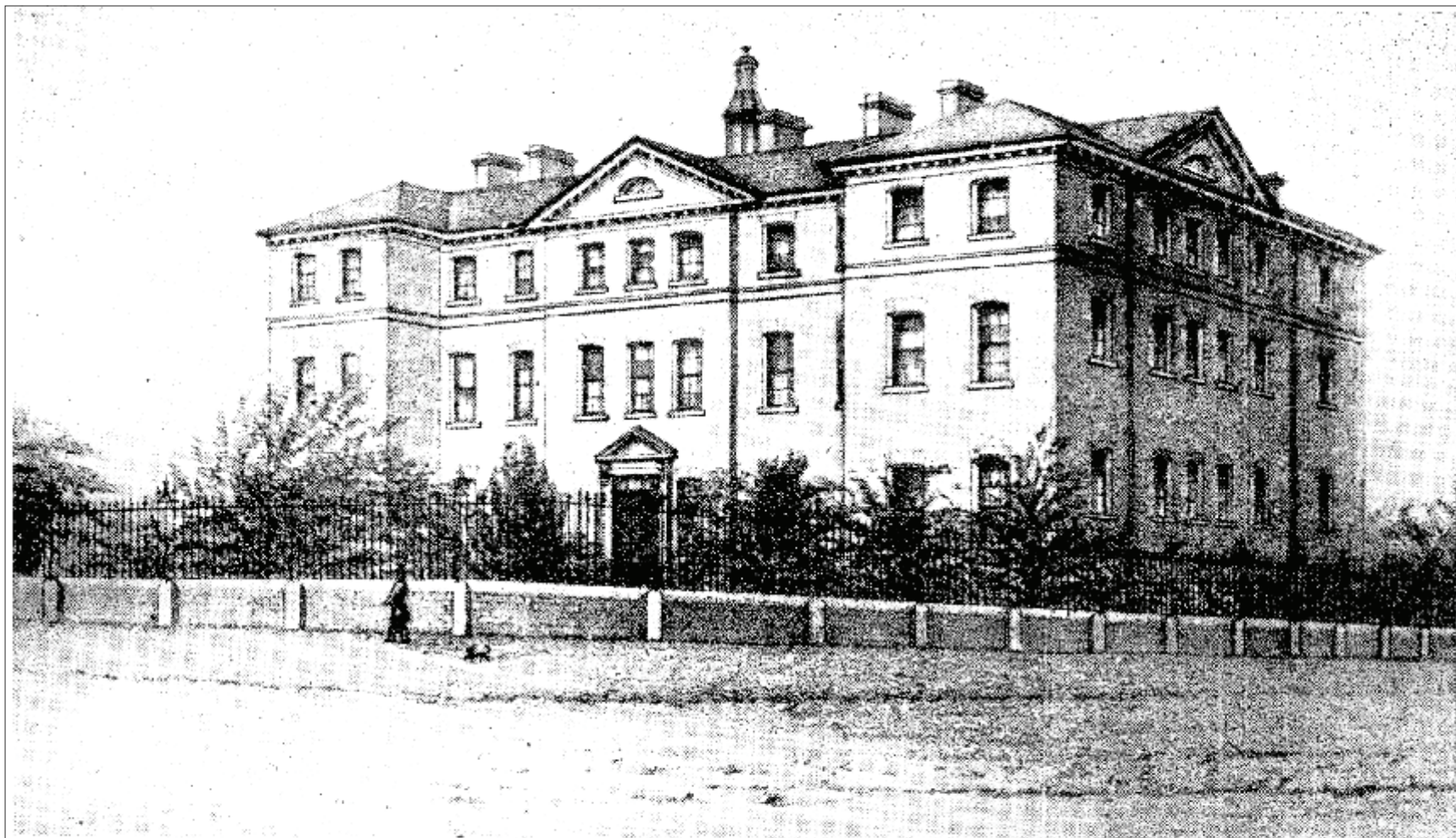
Appendix 2.18: 1851 – 1864 Proposal Plan of the Infirmary (Basement)



Appendix 2.20: 1851 – 1864 Proposal Plan of the Infirmary (Upper Ward Floor)



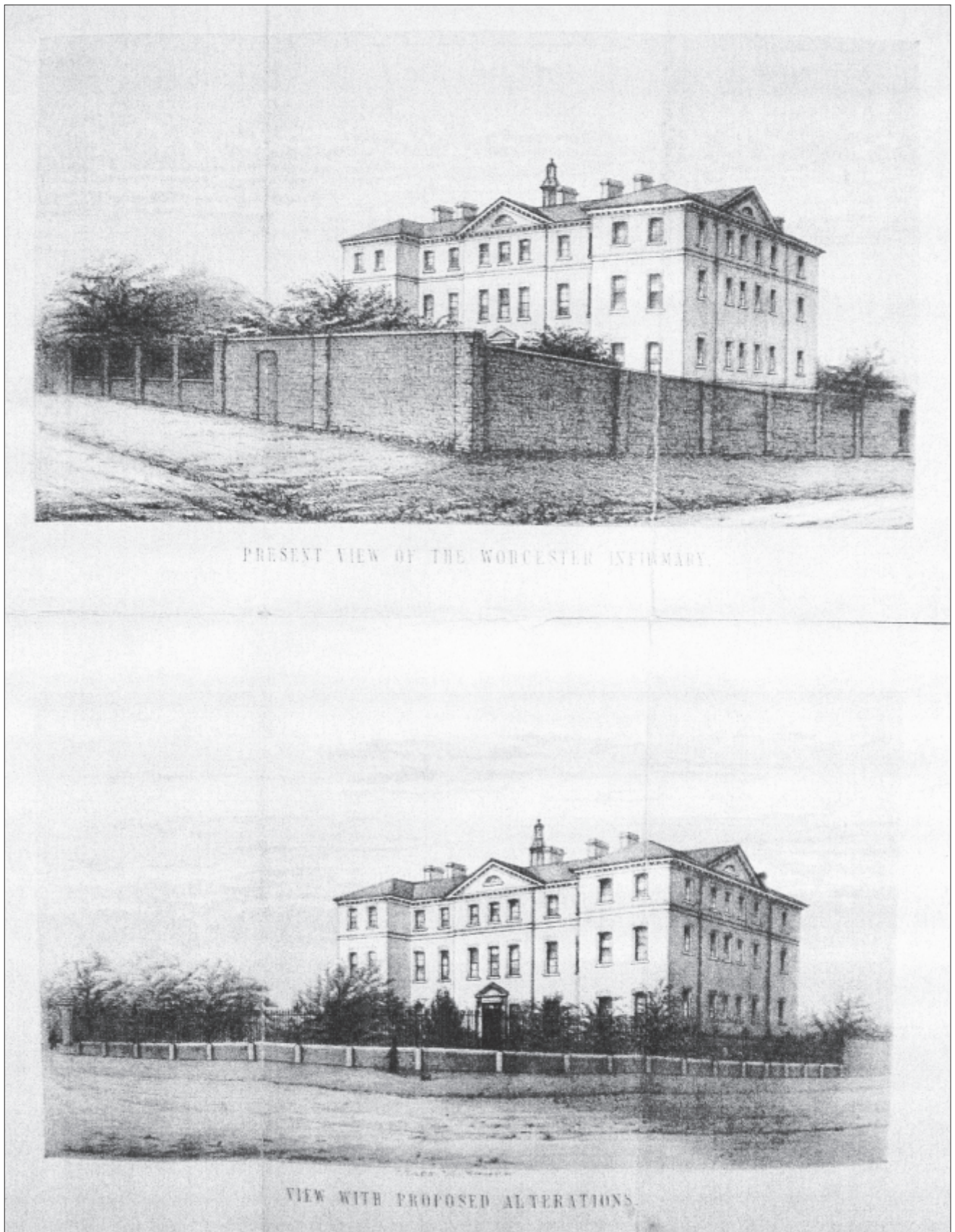
Appendix 2.22: 1848-1858 – Composite image of the 'Board of Health plan'



THE INFIRMARY FROM THE NORTH-EAST

From a coloured lithograph, undated, but presumably *circa* 1825

Appendix 2.23: c.1866 – *'The Infirmary from the North-East'*



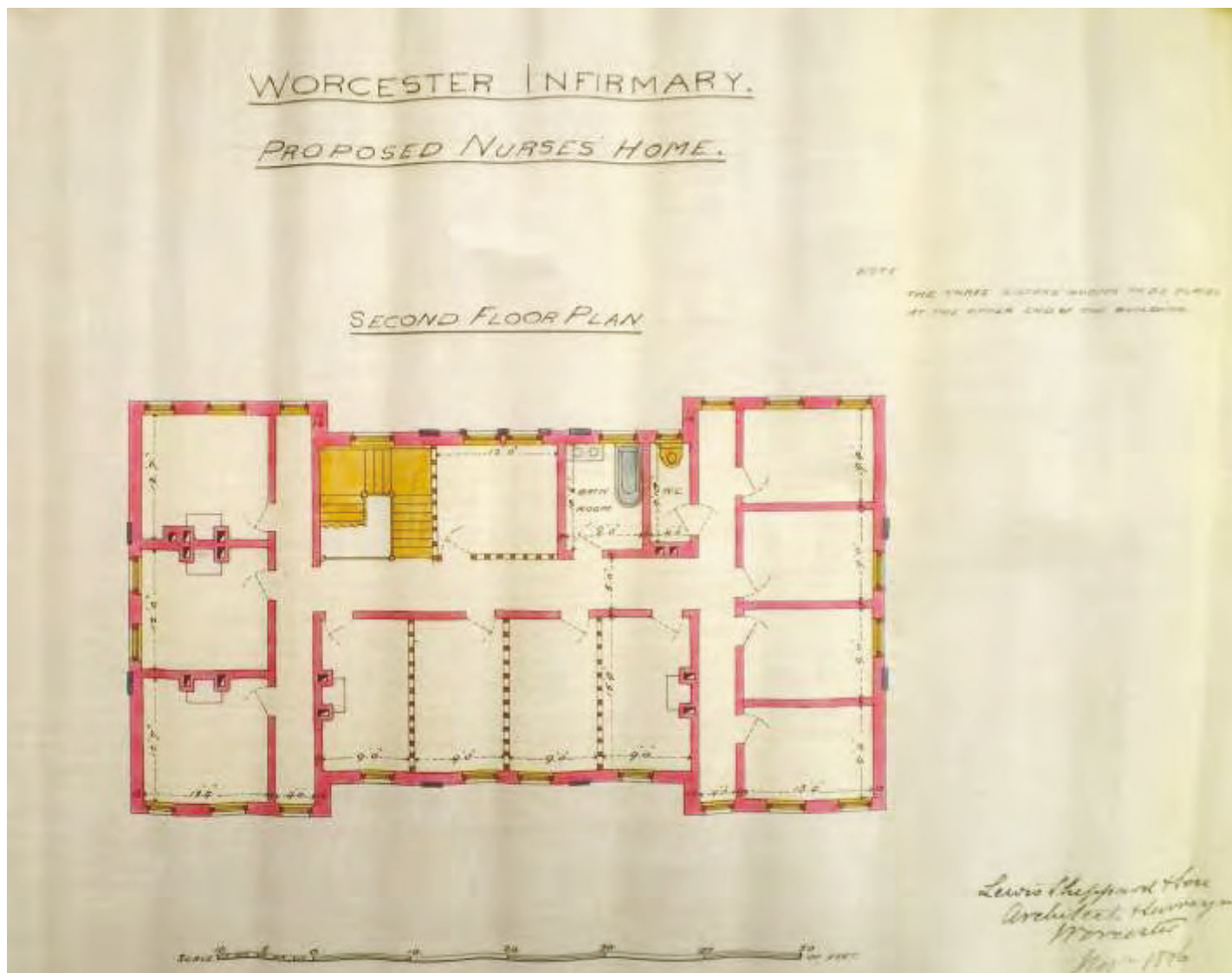
Appendix 2.24: c.1866 – Two images of the Infirmary from the northeast showing 'Present View...' and 'View with Proposed Alterations'



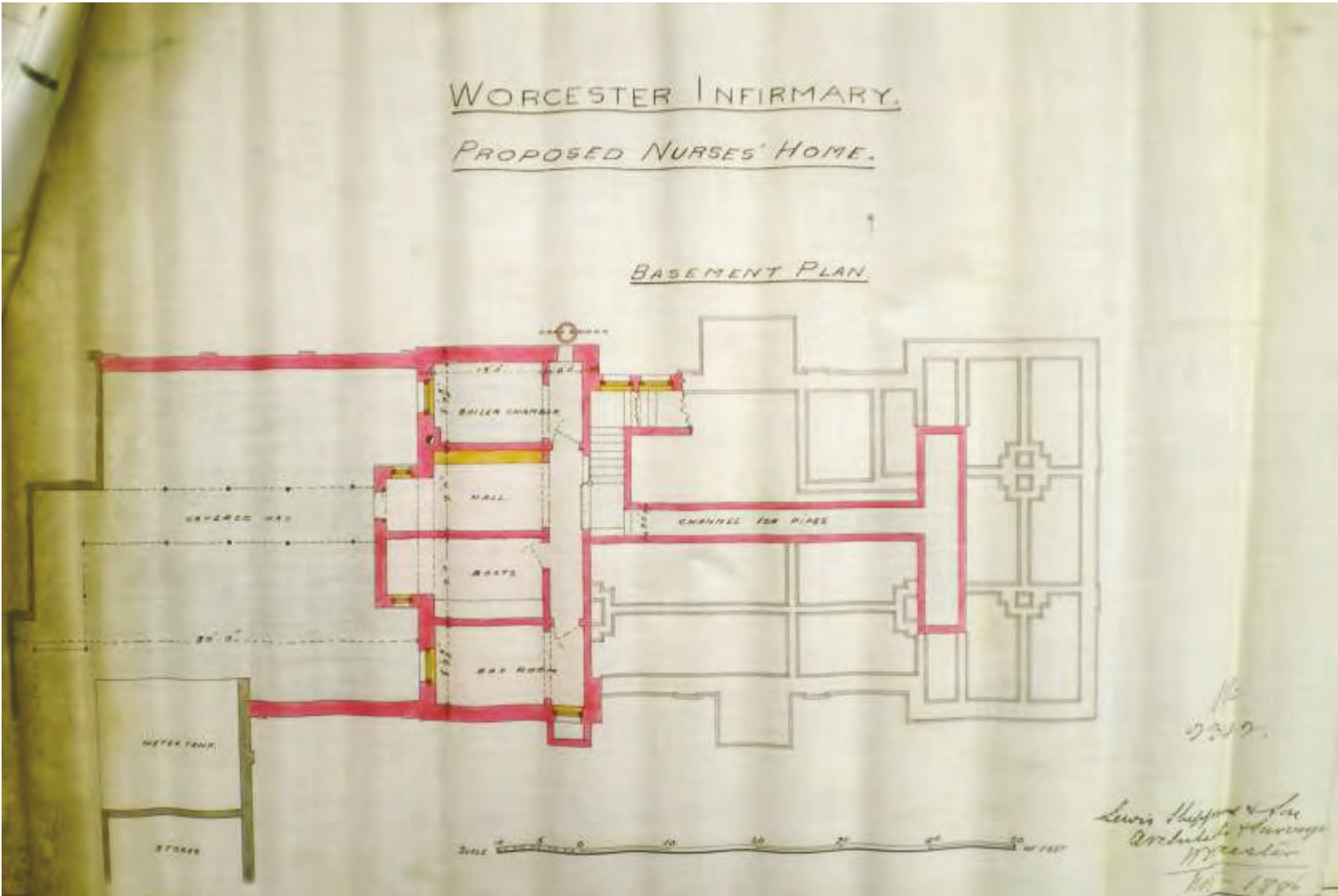
Appendix 2.25: c. 1874 Estate Plan?



Appendix 2.26: 1886 (1st Ed) Ordnance Survey map (1: 2,500)



Appendix 2.29: 1896 – Proposals for a new Nurses Home (Second Floor Plan)



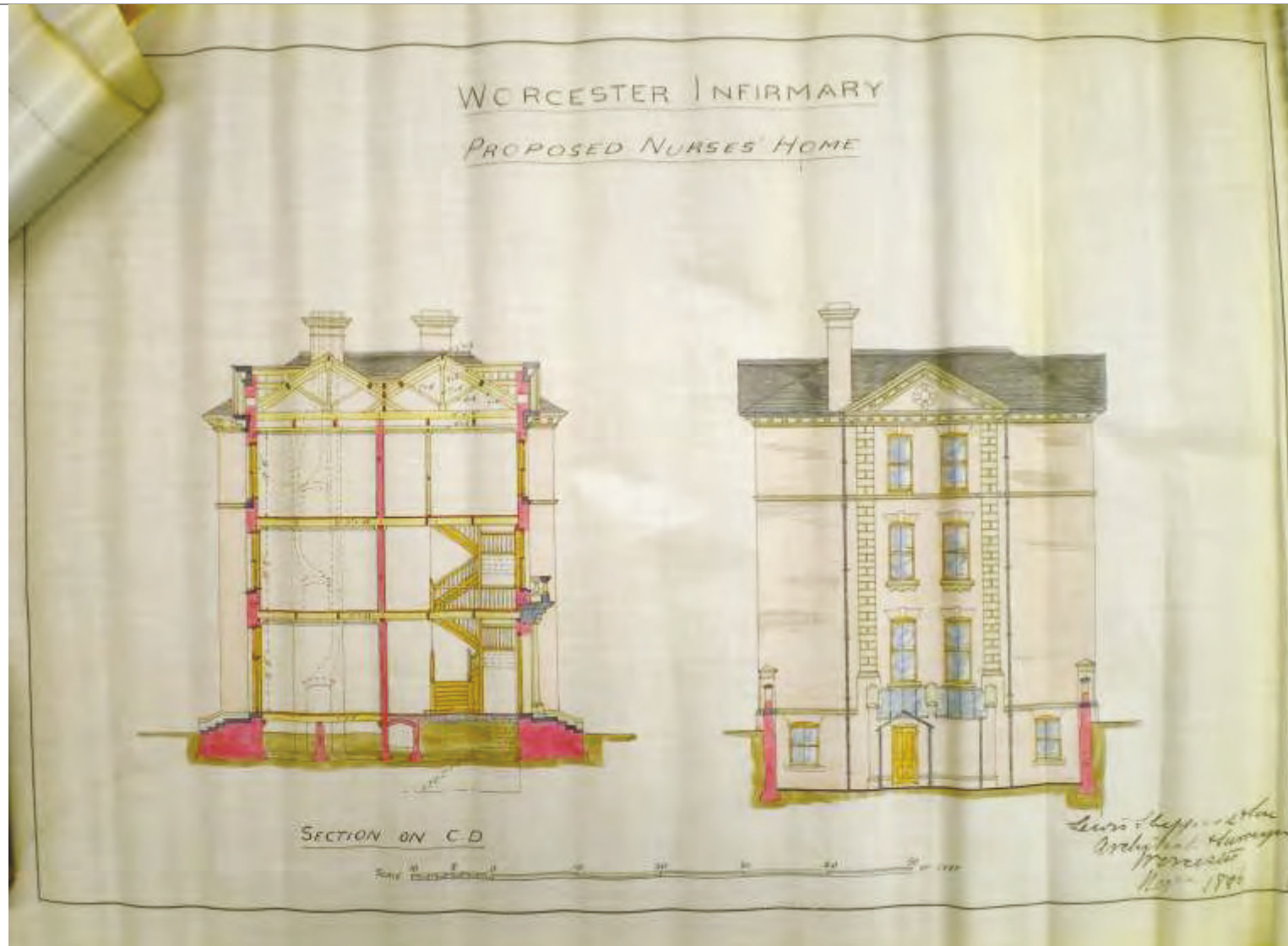
Appendix 2.30: 1896 – Proposals for a new Nurses Home (Basement Plan)



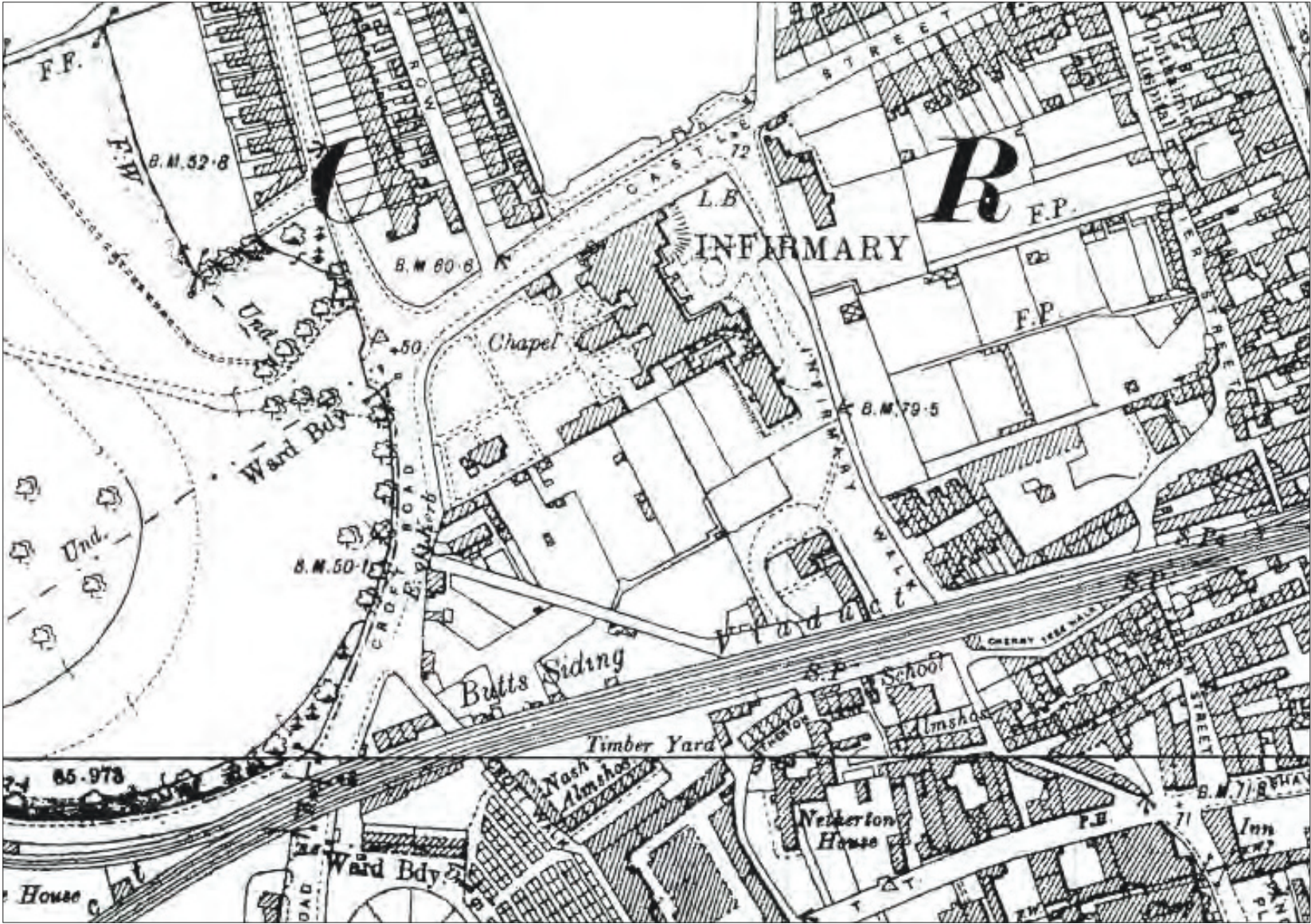
Appendix 2.31: 1896 – Proposals for a new Nurses Home (Principal Elevation)



Appendix 2.32: 1896 – Proposals for a new Nurses Home (N – S Cross-Section)



Appendix 2.33: 1896 – Proposals for a new Nurses Home (E – W Cross-Section and North Elevation)



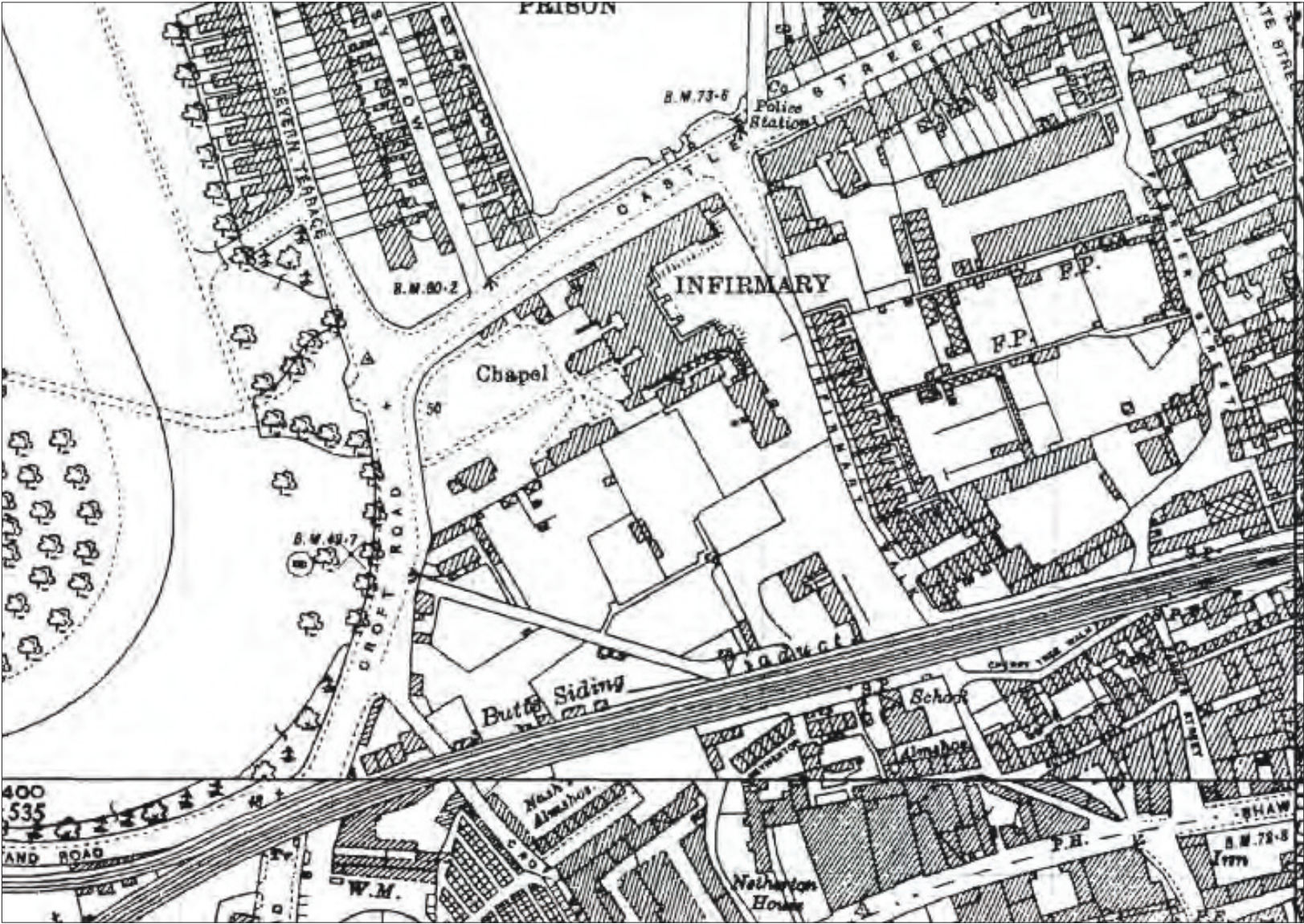
Appendix 2.34: 1904 (2nd Ed) Ordnance Survey map (1:2,500)



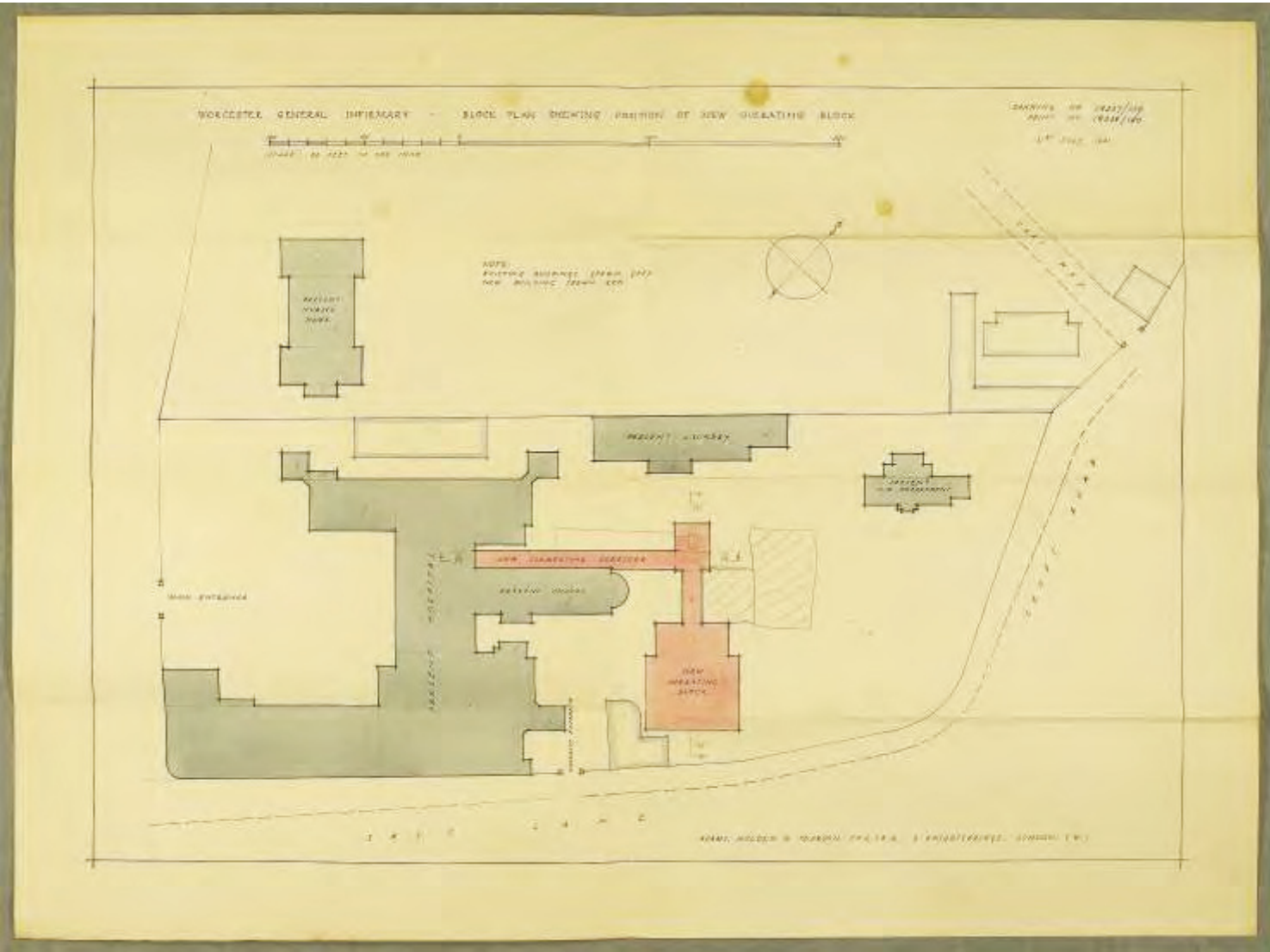
Appendix 2.35: 1905 – Photograph from Pitchcroft looking up Castle Street



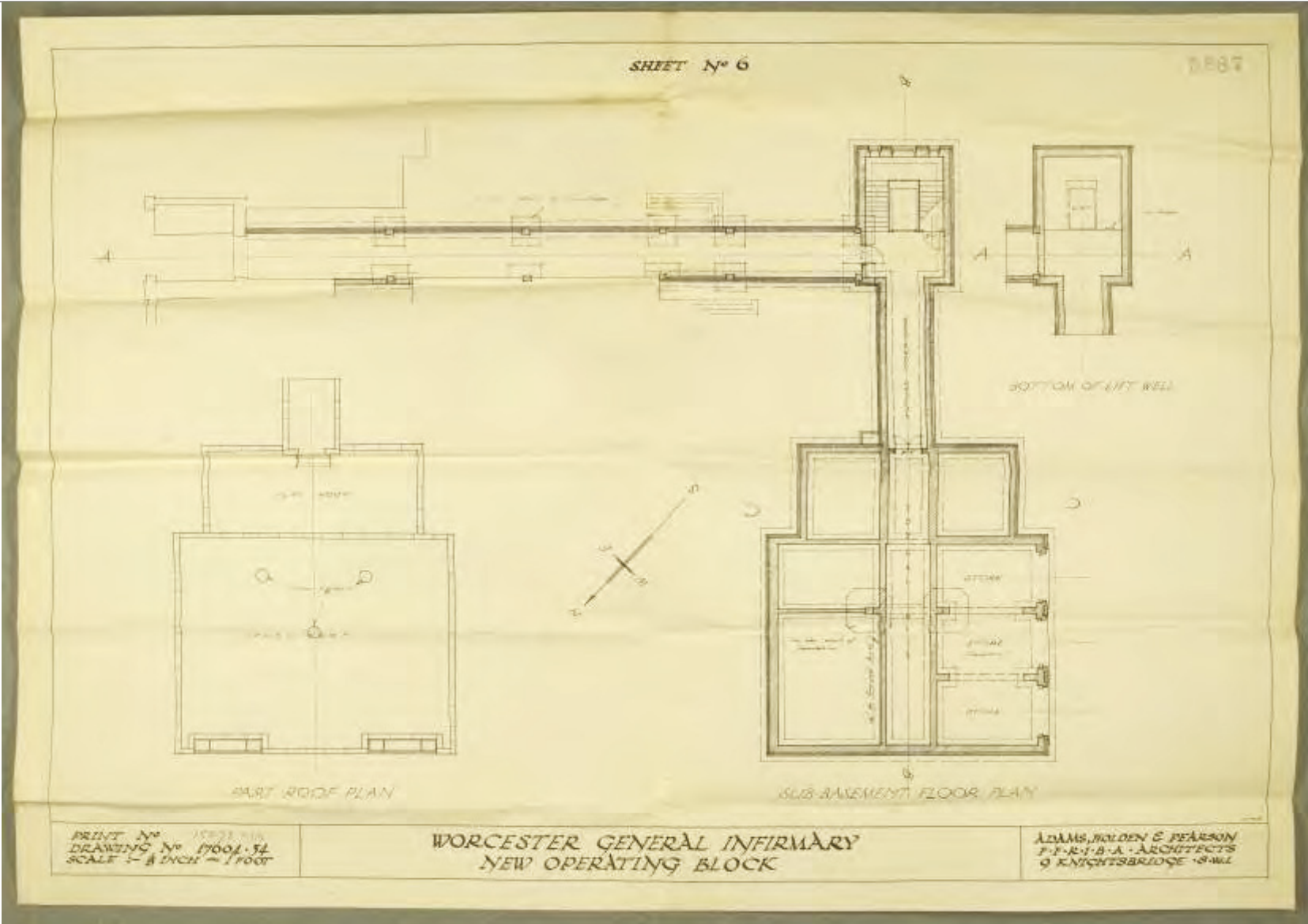
Appendix 2.36: 1912 - 32 - Aerial photograph of the hospital from the southeast



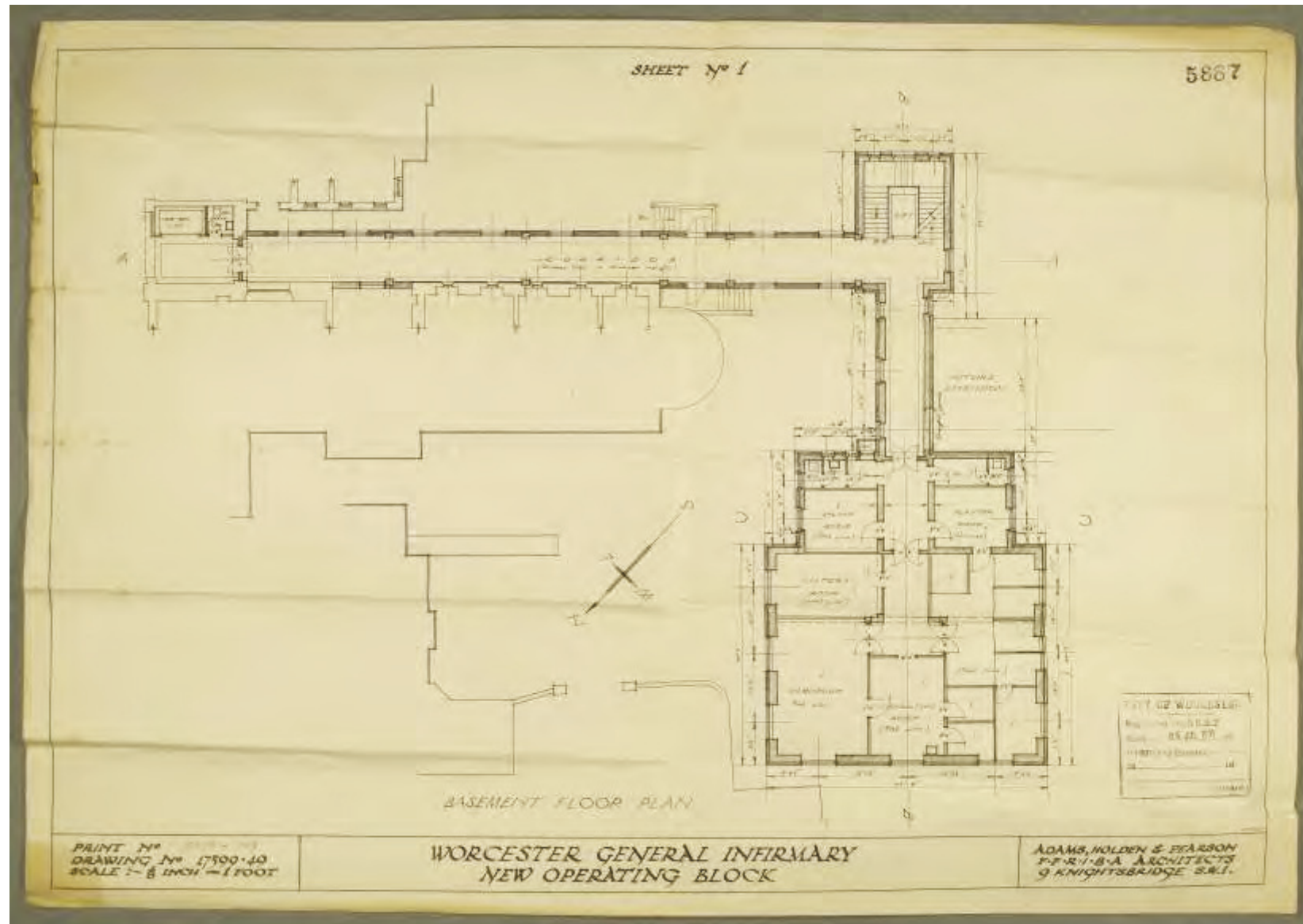
Appendix 2.37: 1928 Ordnance Survey map (1:2,500)



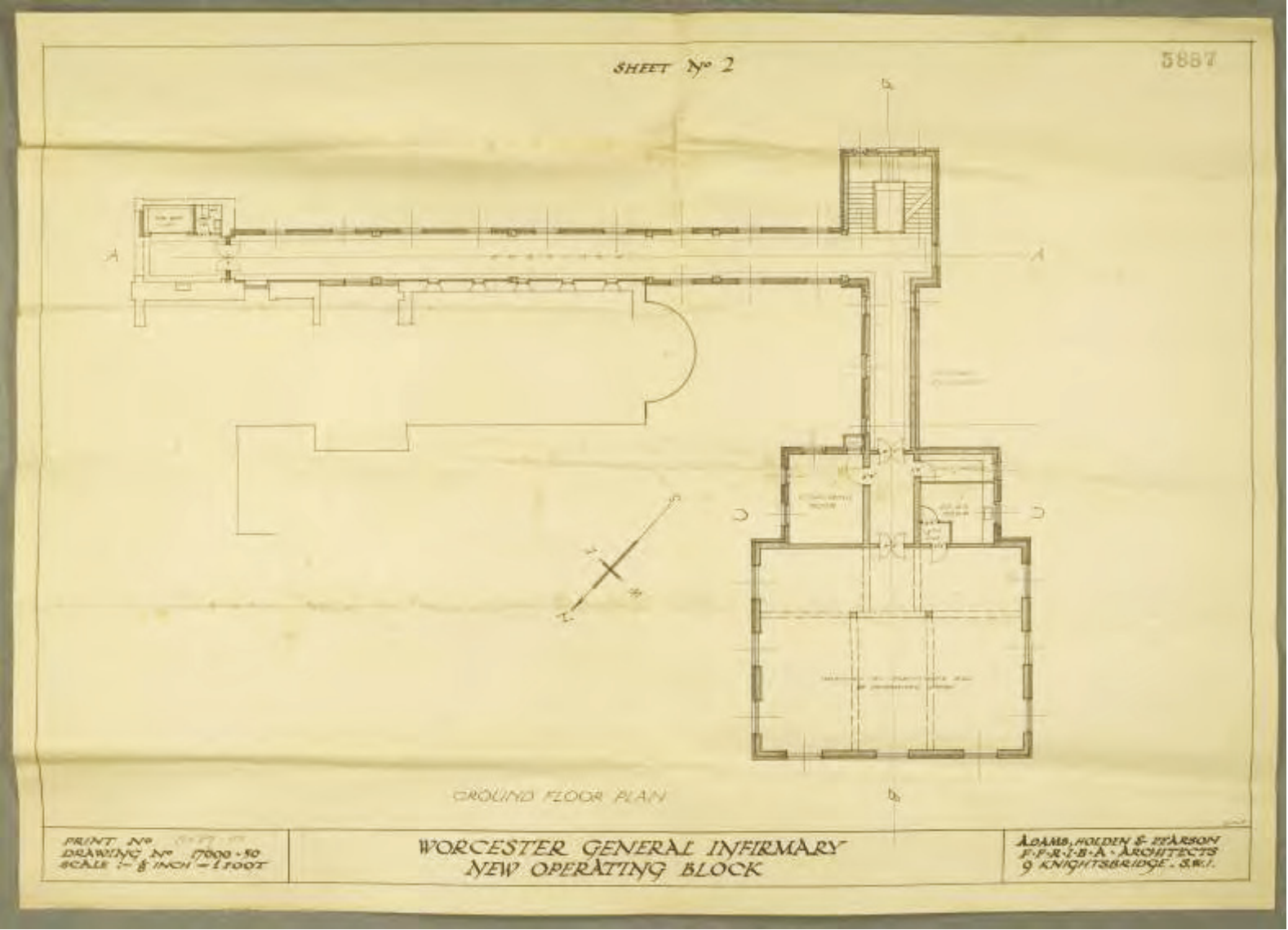
Appendix 2.38: 1931 – Proposed new theatre block (Location Plan)



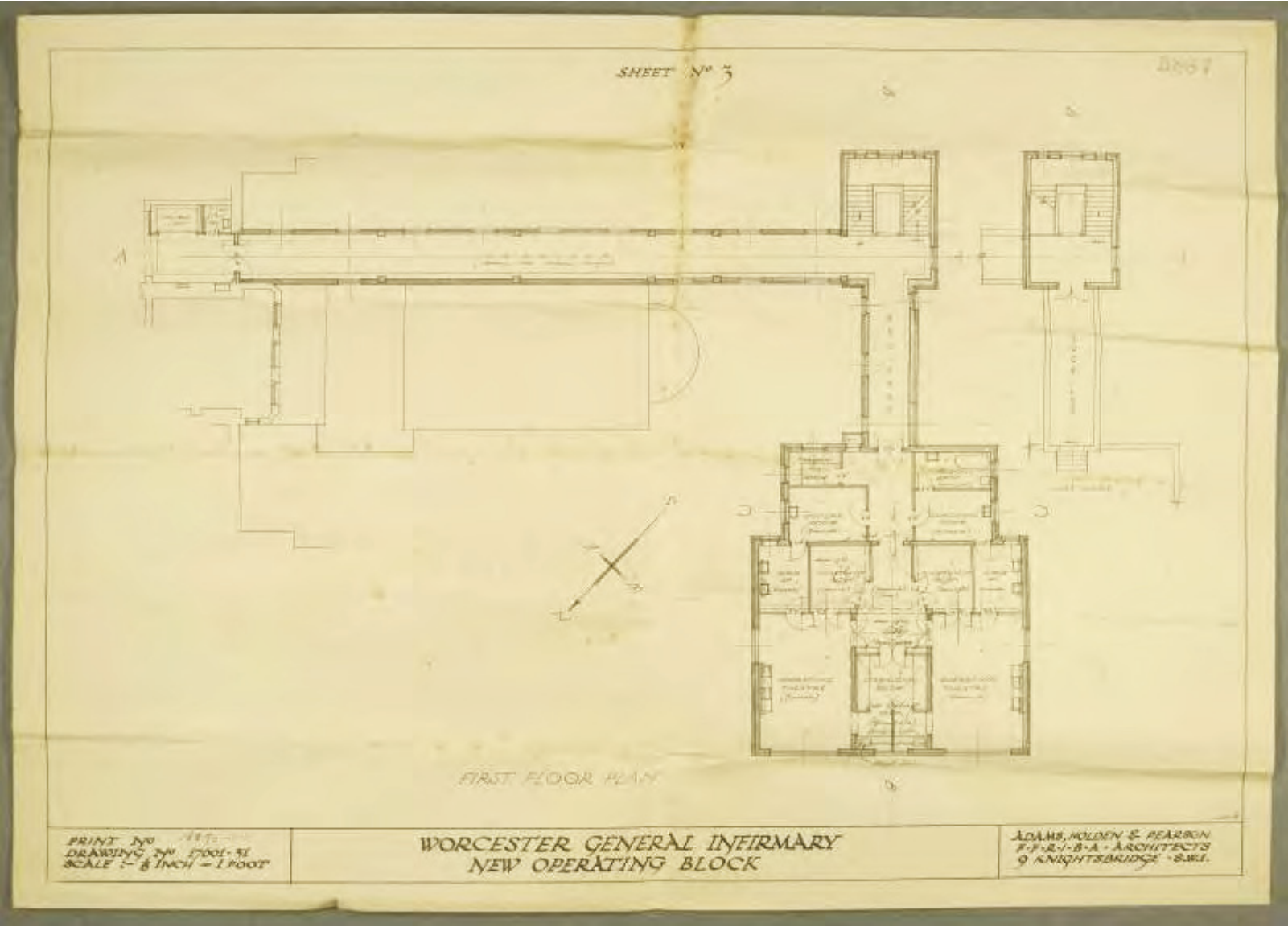
Appendix 2.39: 1931 – Proposed new theatre block (Sub-basement and Roof Plan)



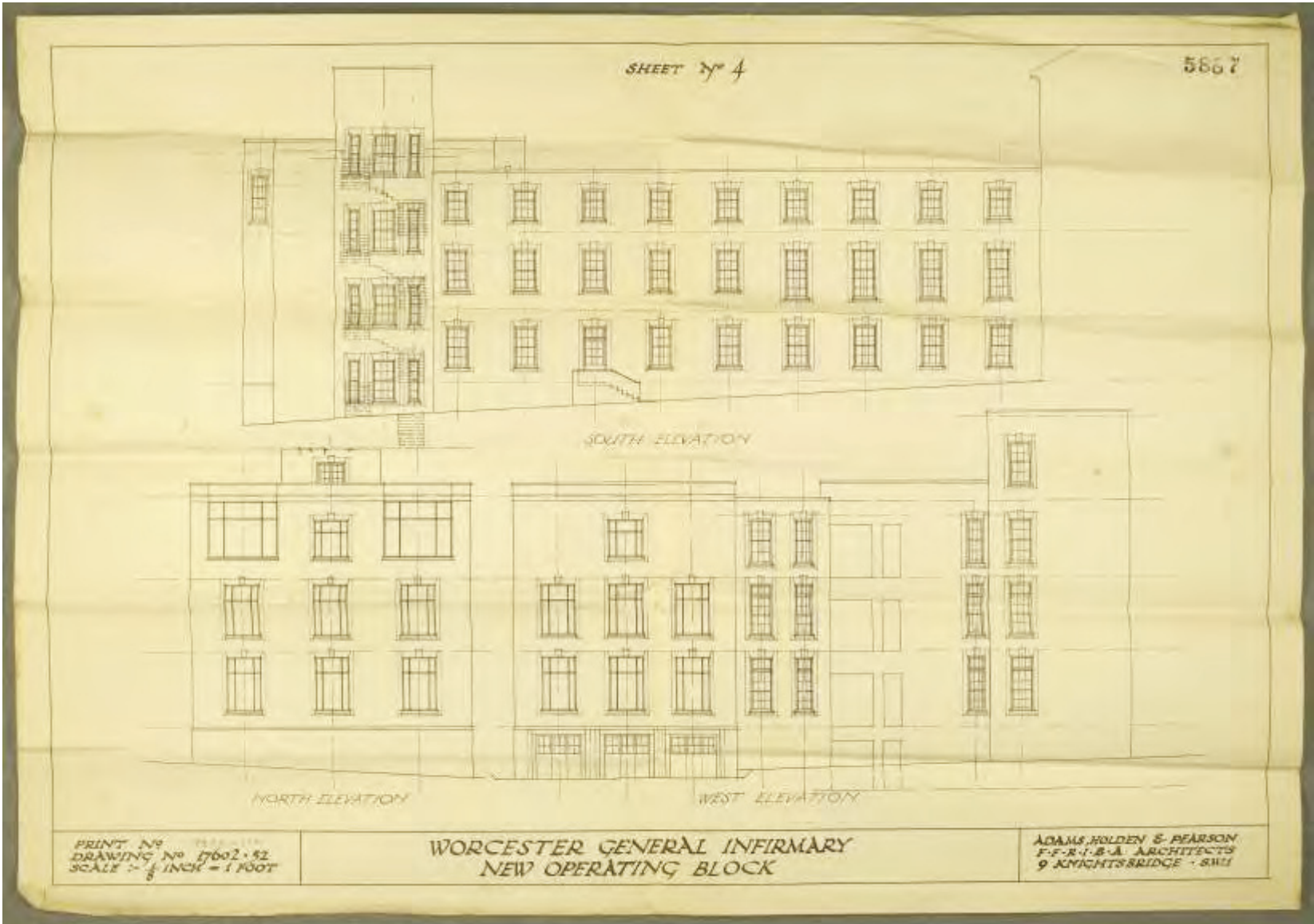
Appendix 2.40: 1931 – Proposed new theatre block (Basement Plan)



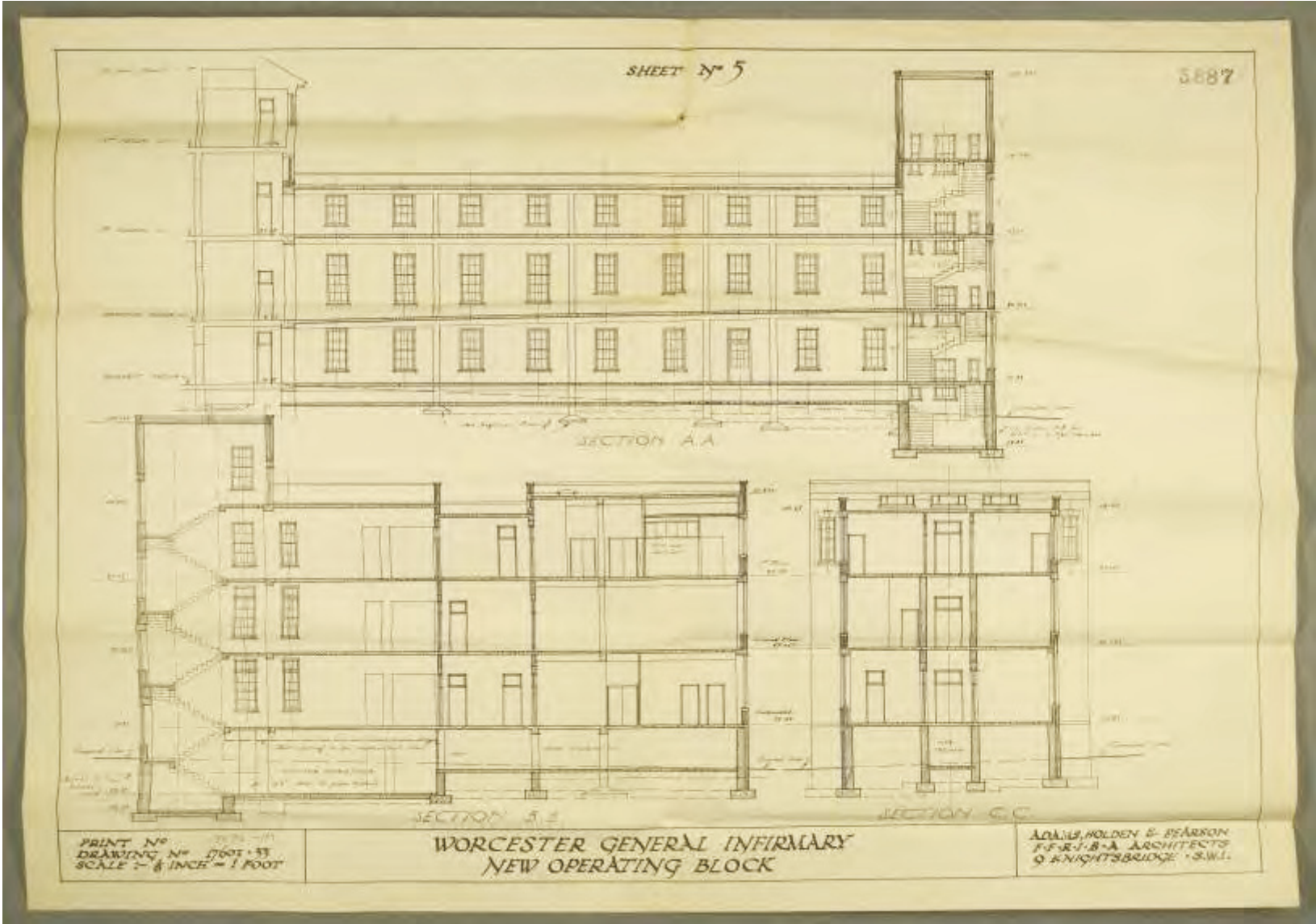
Appendix 2.41: 1931 – Proposed new theatre block (Ground Floor Plan)



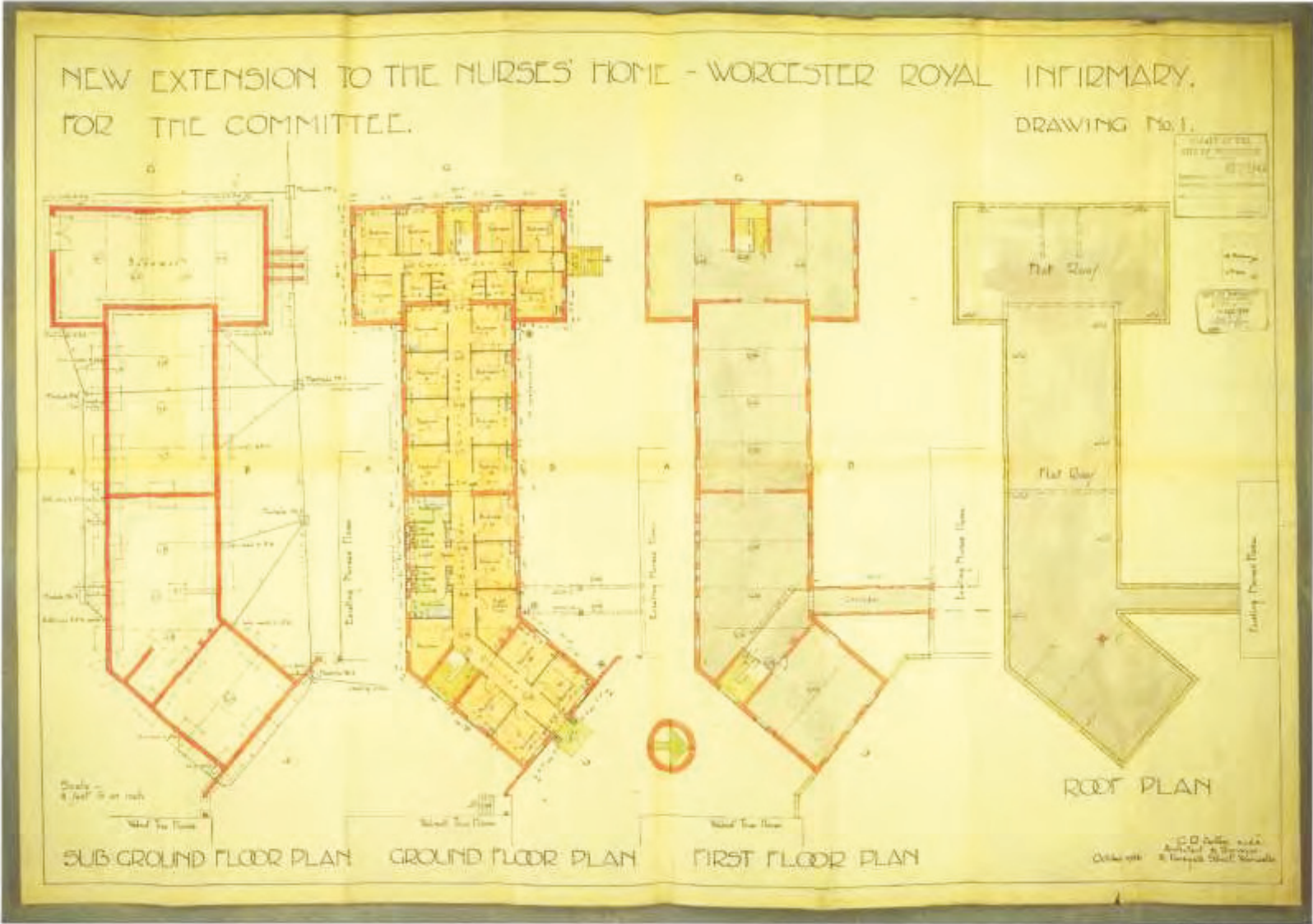
Appendix 2.42: 1931 – Proposed new theatre block (First Floor Plan)



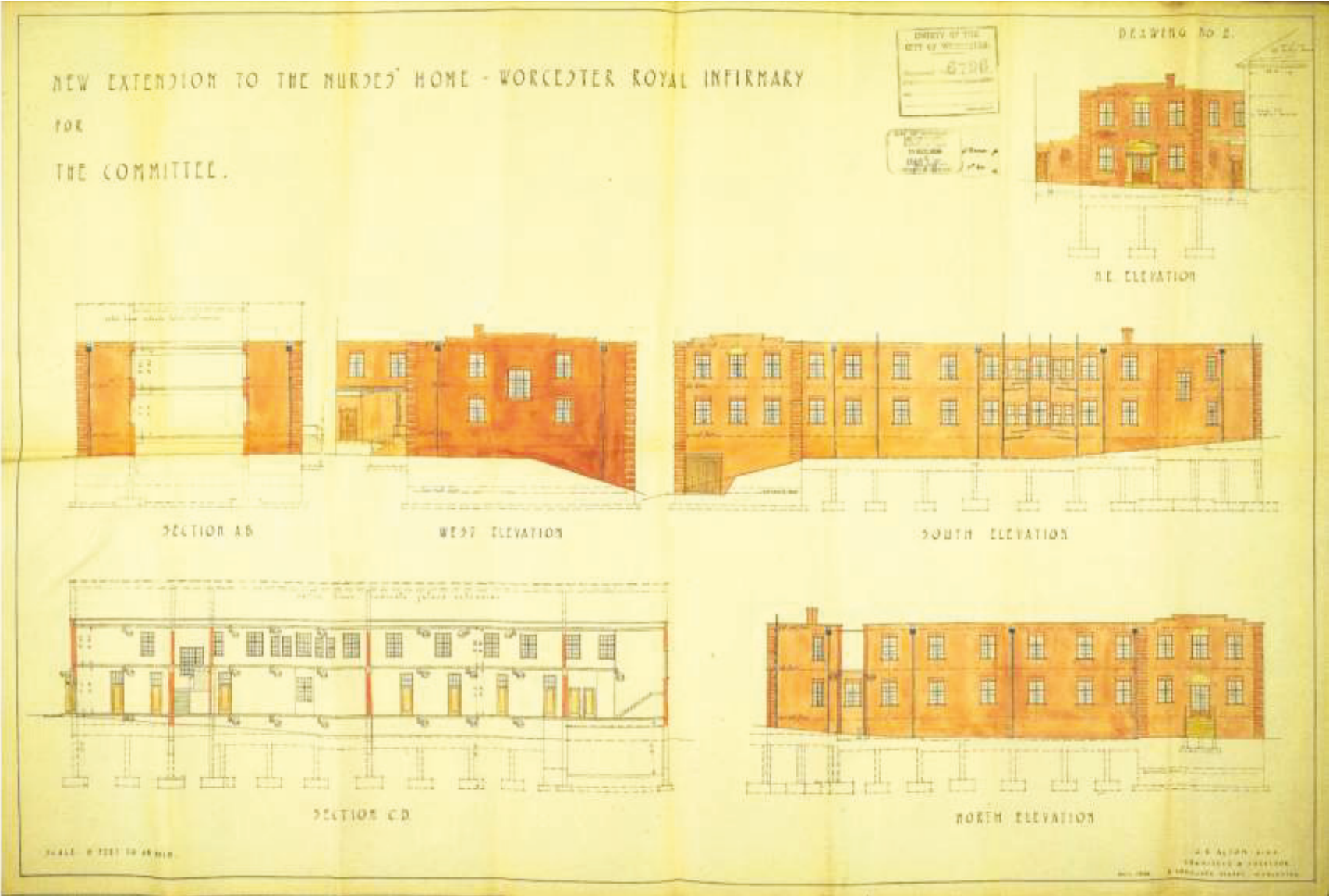
Appendix 2.43: 1931 – Proposed new theatre block (Elevations)



Appendix 2.44: 1931 – Proposed new theatre block (Sections)



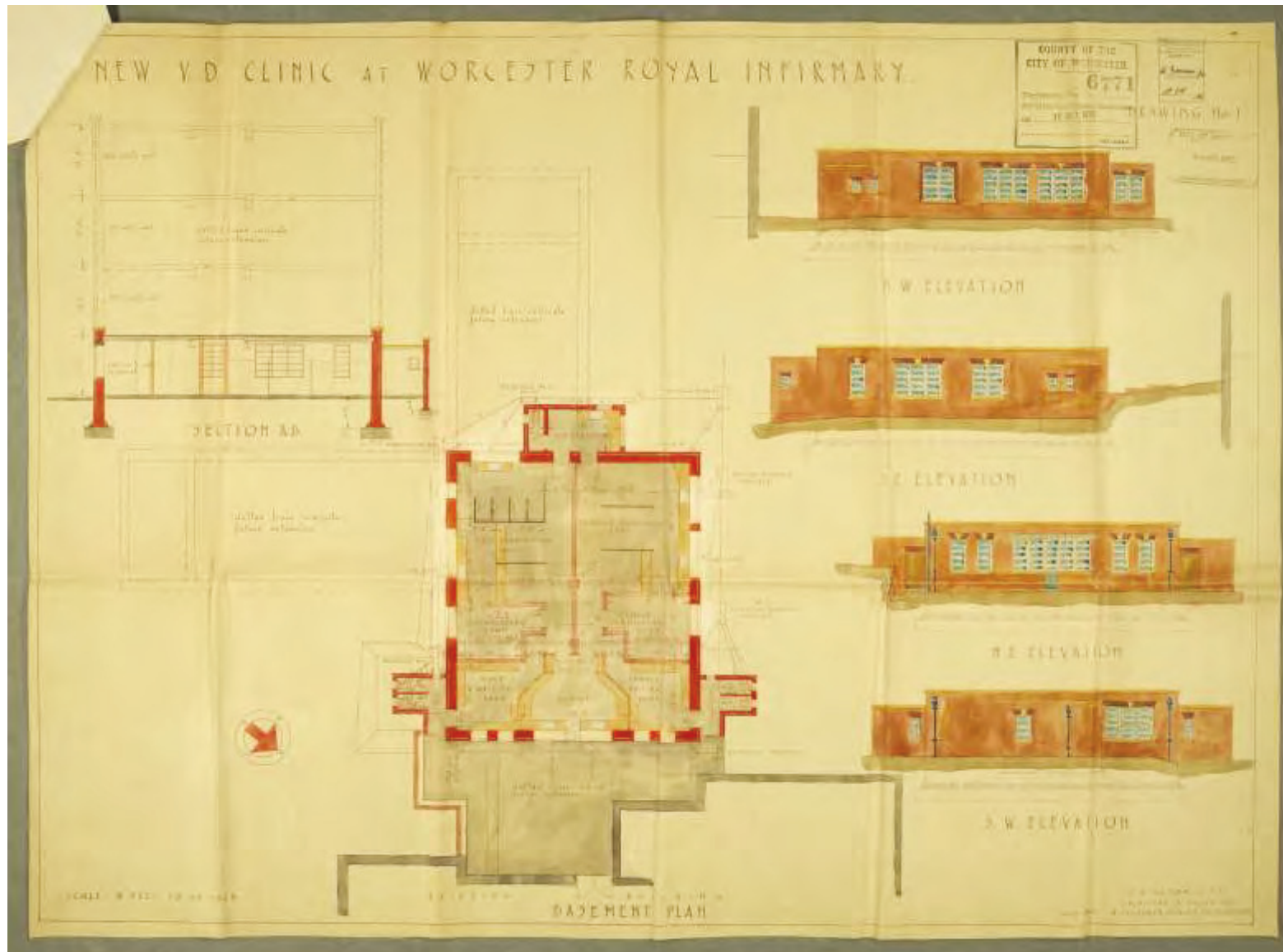
Appendix 2.45: 1936 - Proposed 'New Extension to the Nurse's Home' (Plans)



Appendix 2.46: 1936 – Proposed 'New Extension to the Nurse's Home' (Elevations and section)



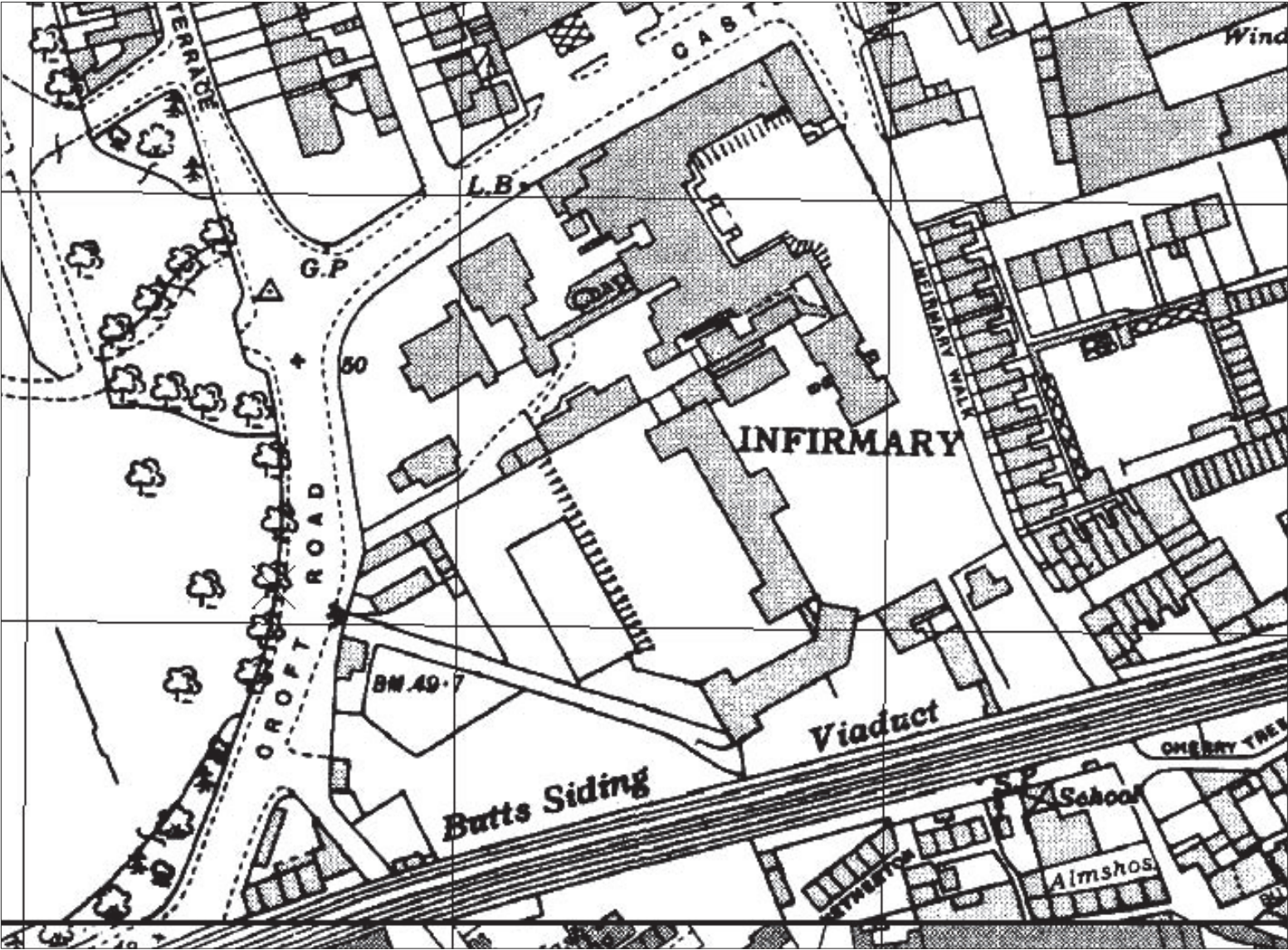
Appendix 2.47: 1936 - 'Proposed New VD Dept' (Block Plan)



Appendix 2.48: 1936 - 'Proposed New VD Dept' (Plan, Section and Elevations)



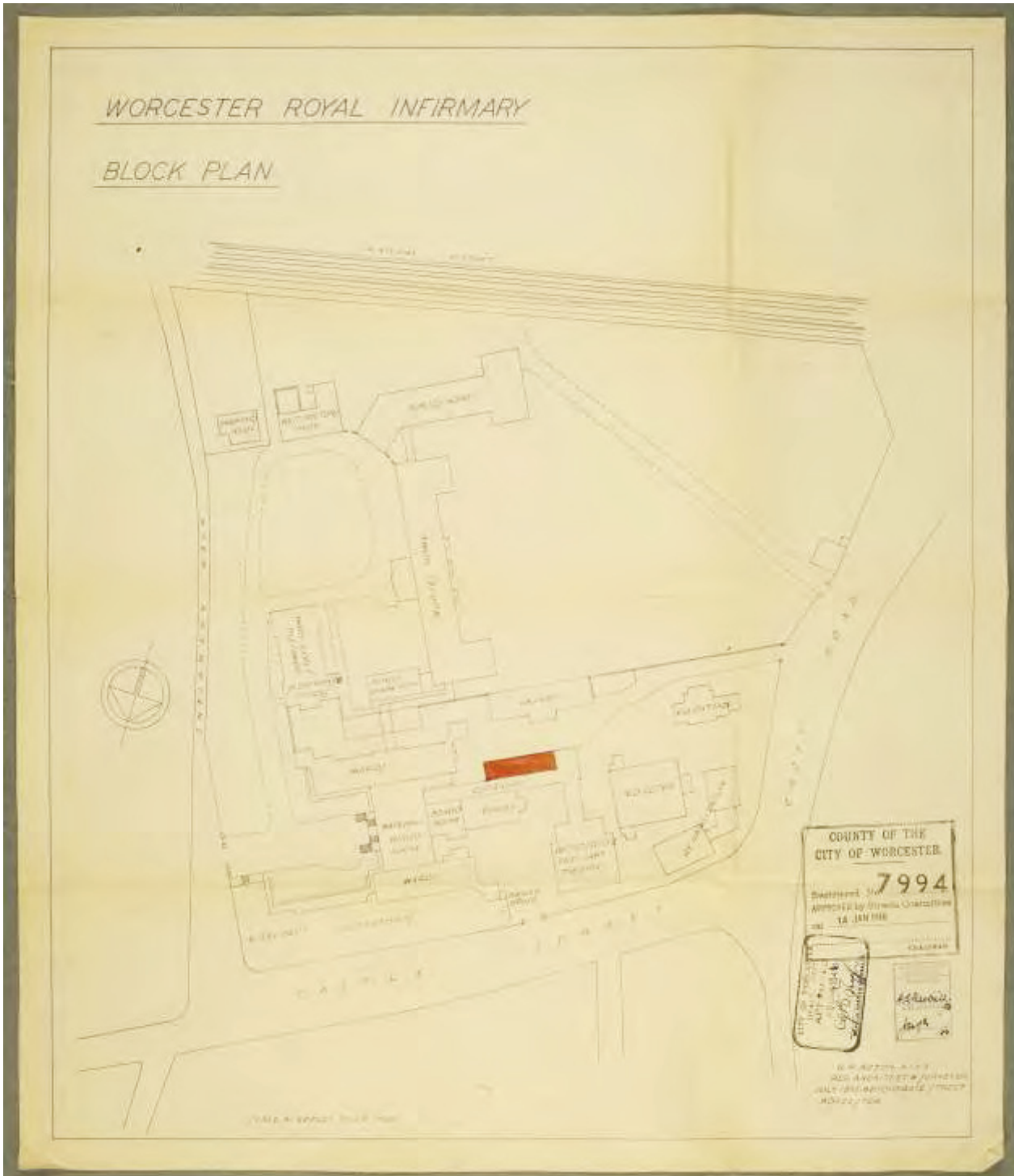
Appendix 2.49: 1937 - Aerial photograph of the hospital from the southwest



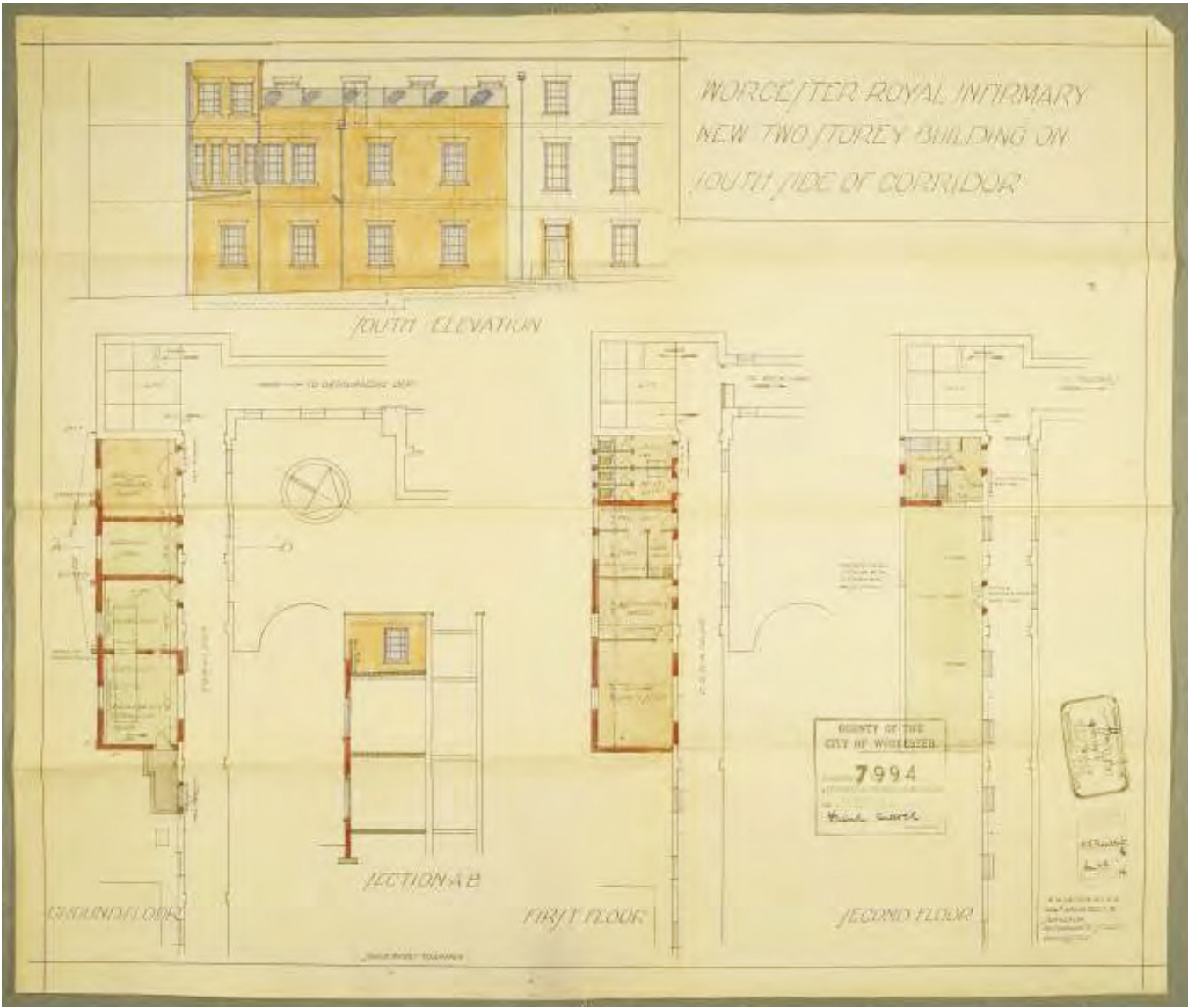
Appendix 2.50: 1940 Ordnance Survey map (1:2,500)



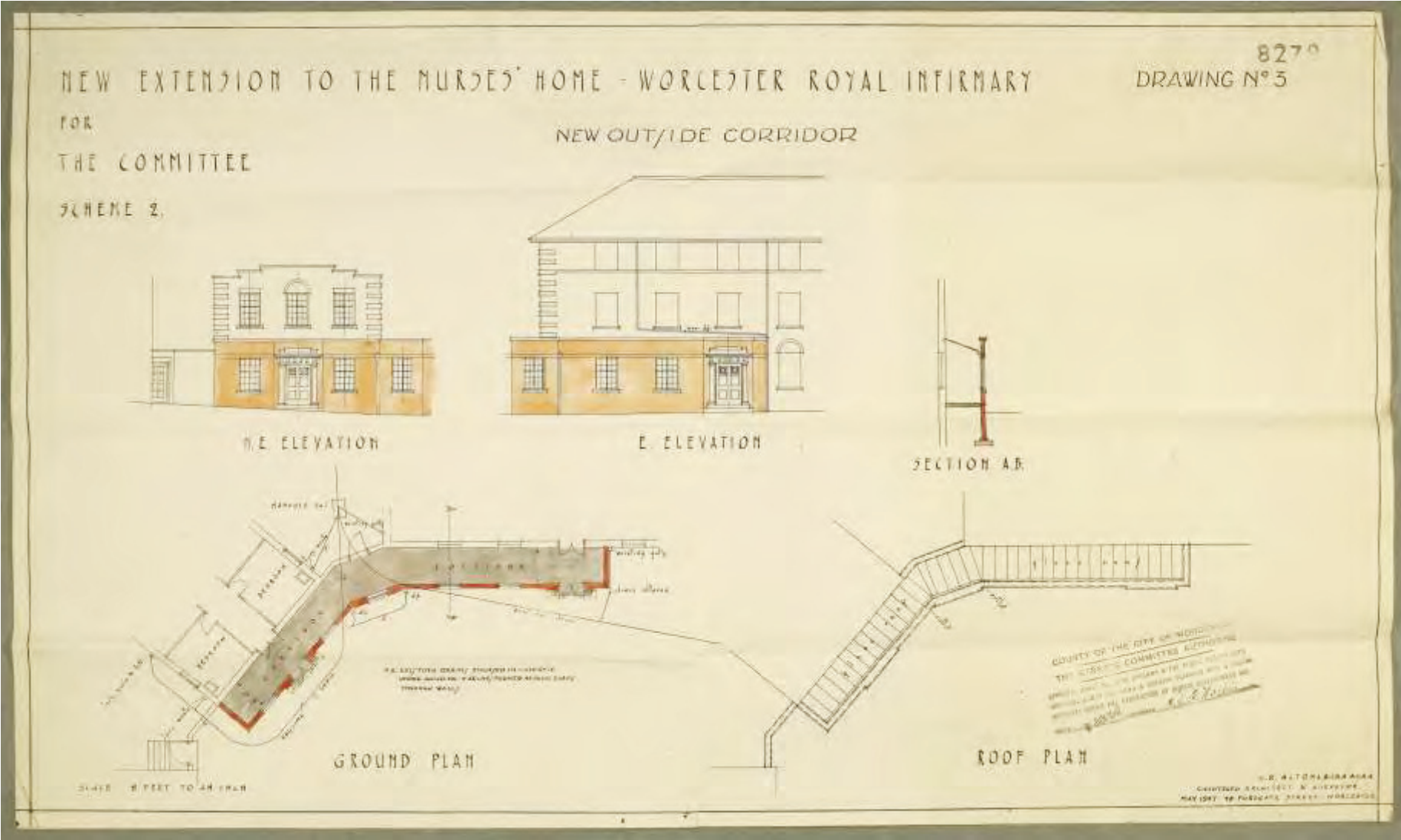
Appendix 2.47: c.1940 – Photograph of the hospital from the northeast



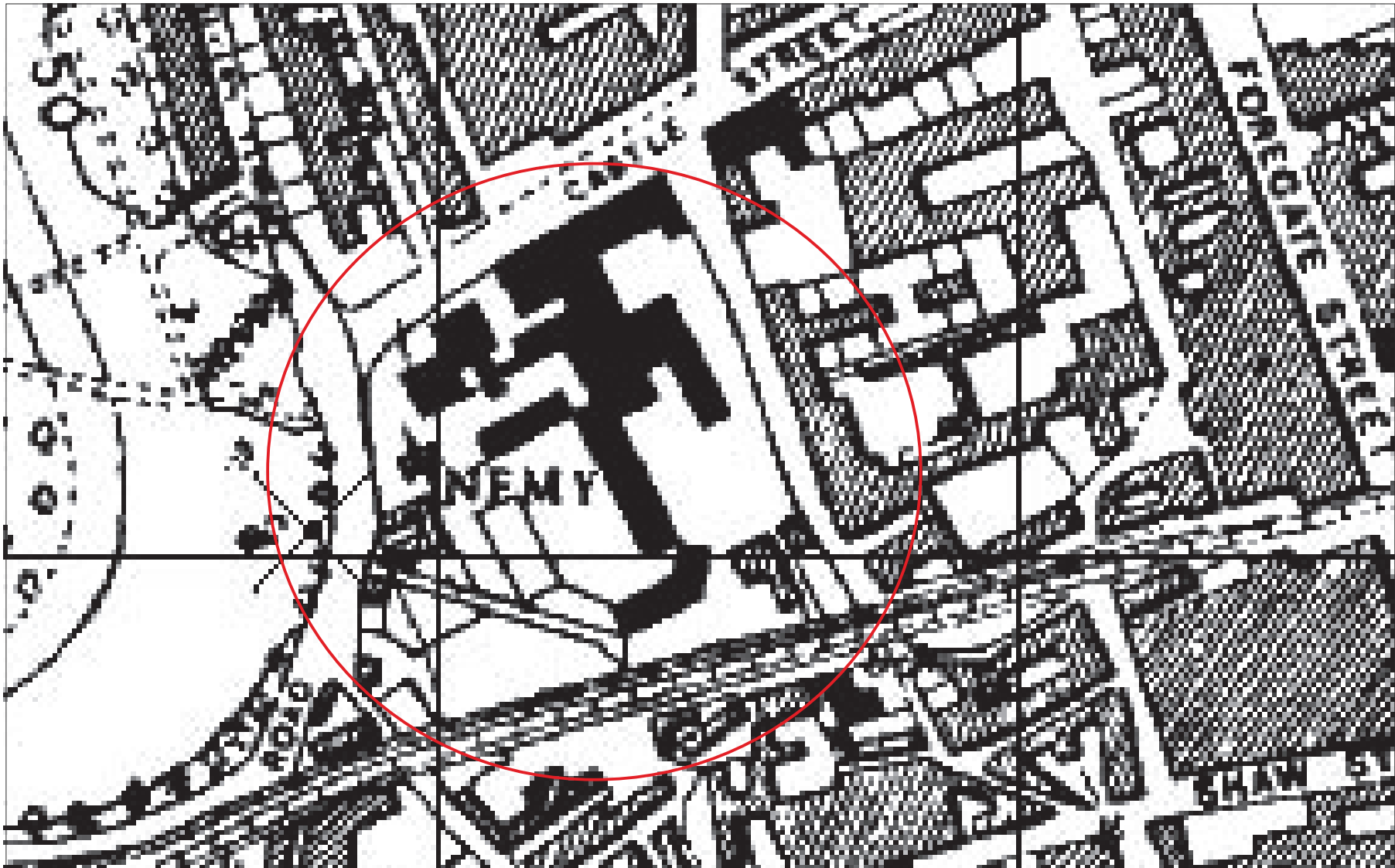
Appendix 2.52: 1946 - 'New Two Storey Building on the South Side of Corridor' (Block Plan)



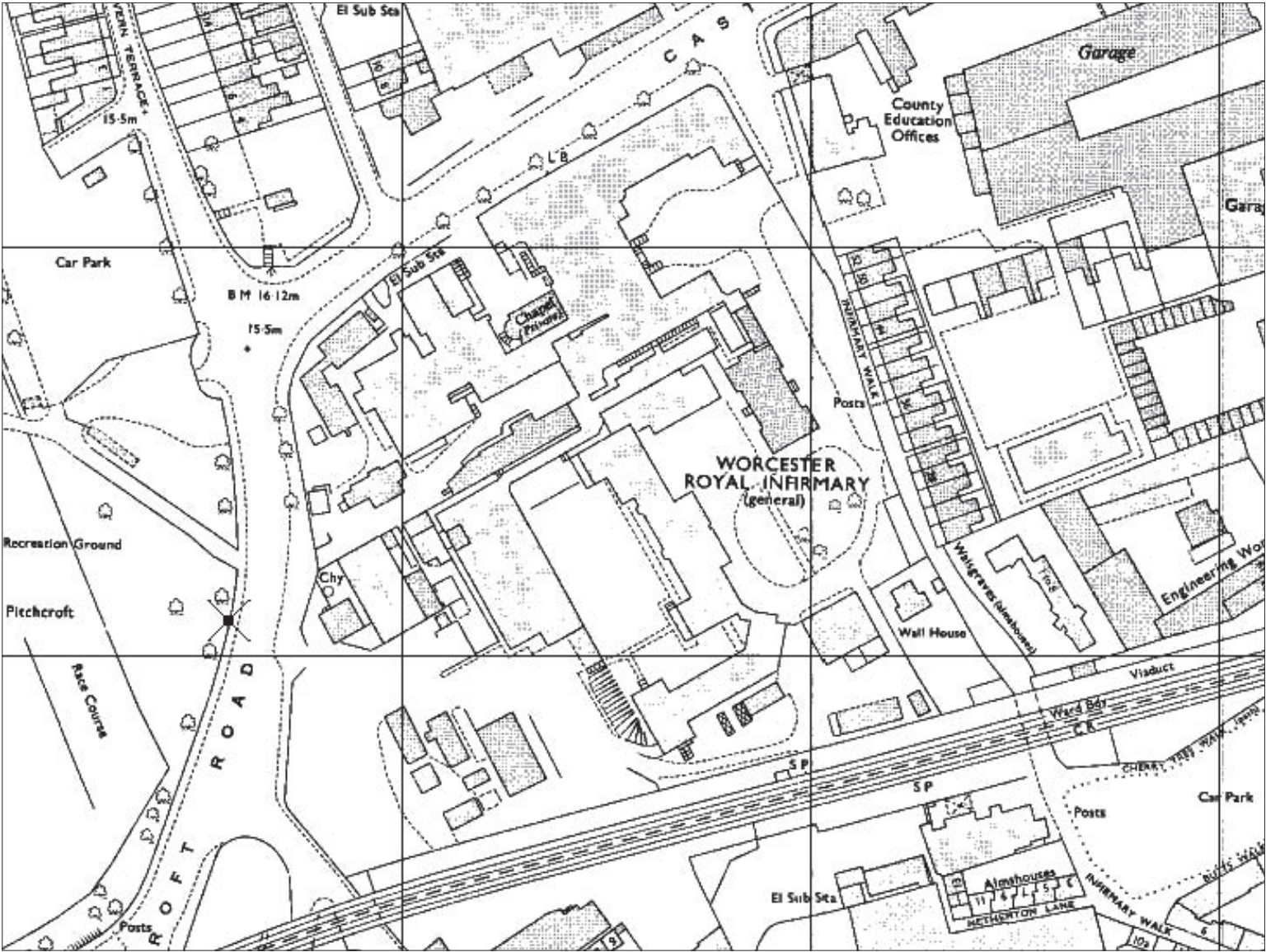
Appendix 2.53: 1946 - 'New Two Storey Building on the South Side of Corridor' (Plans, Section and Elevation)



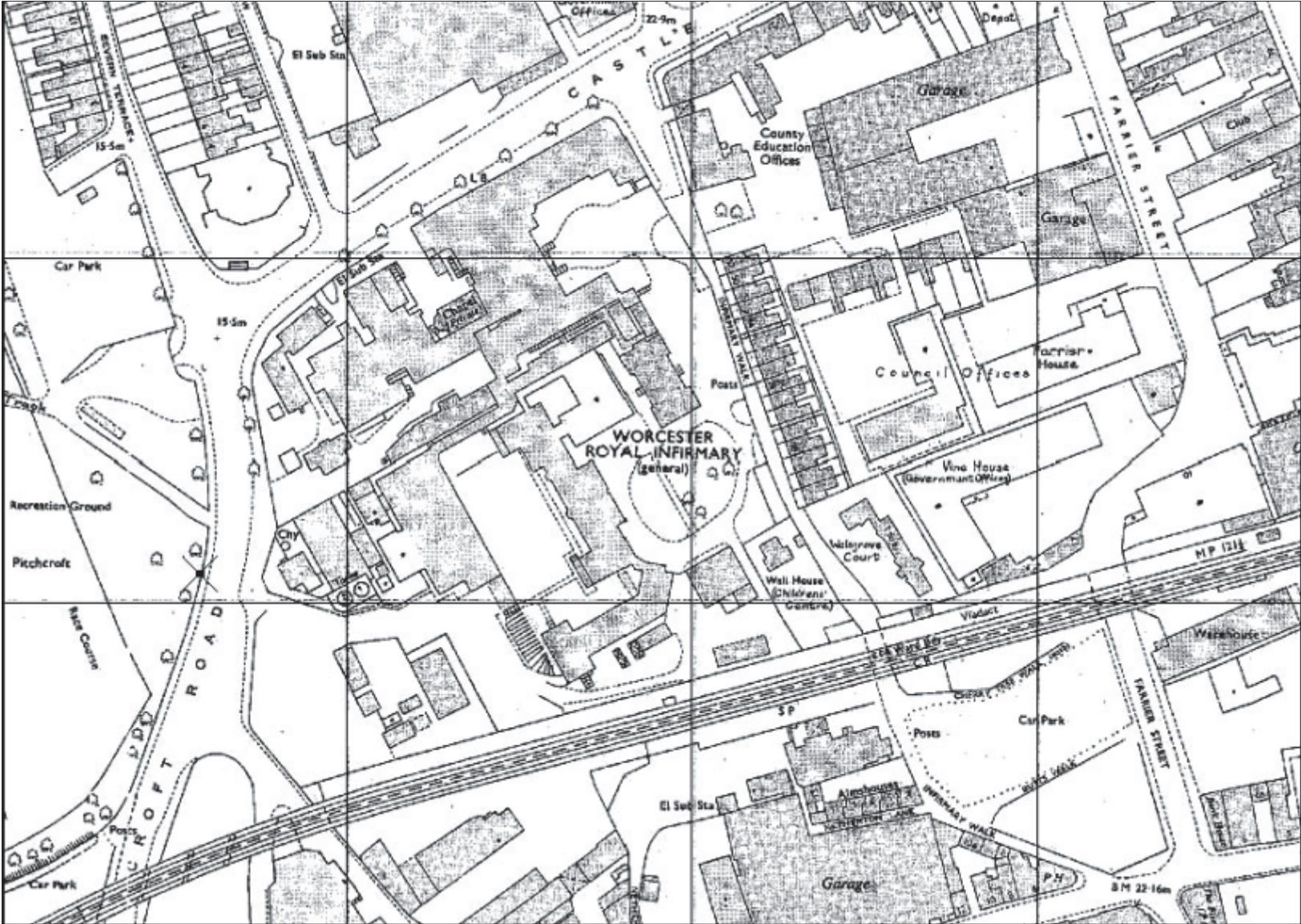
Appendix 2.55: 1947 - 'Extensions to the Nurses Home - New Outside Corridor'



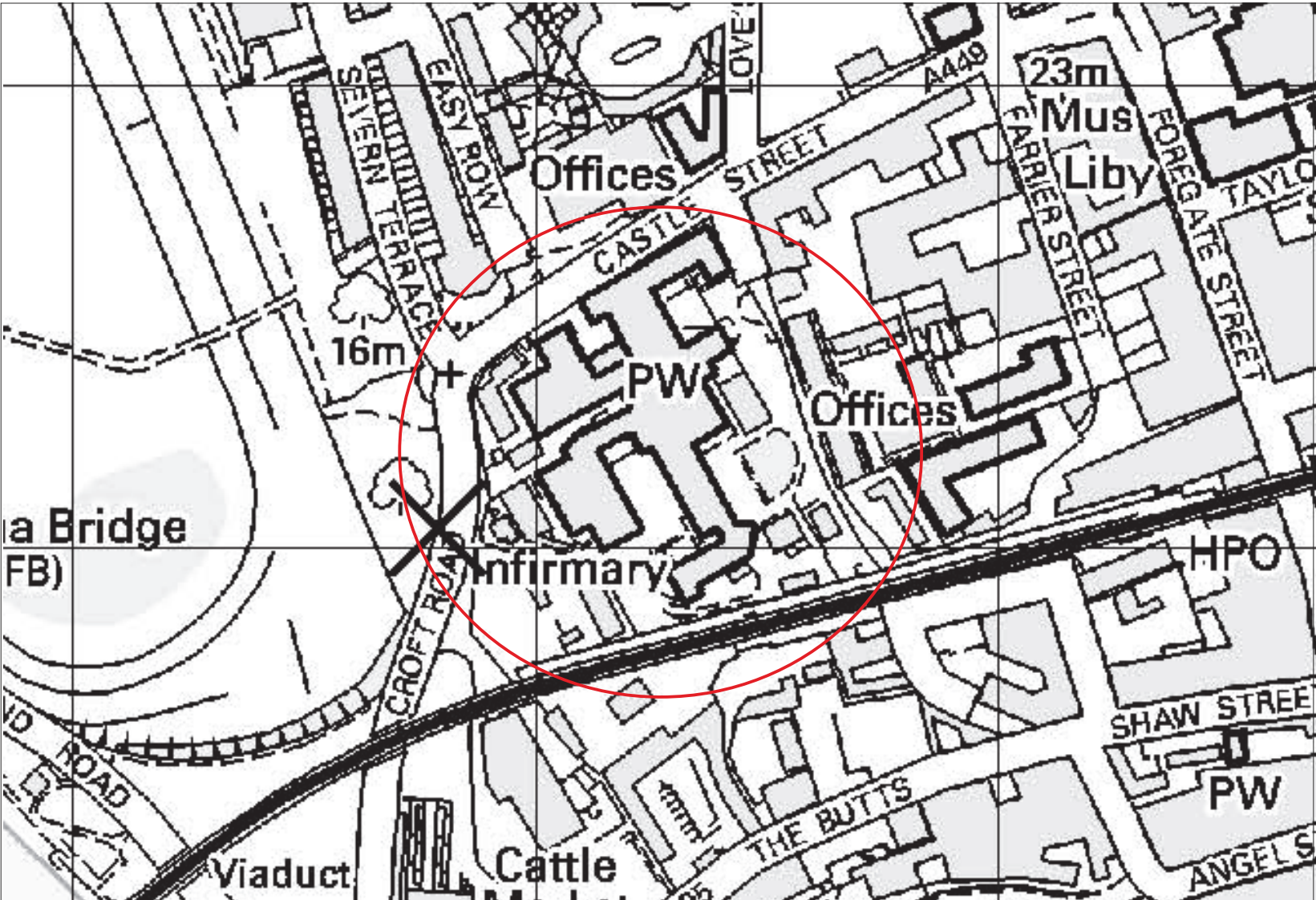
Appendix 2.57: 1954 Ordnance Survey map (1:10,560)



Appendix 2.59: 1970 Ordnance Survey map (1:2,500)



Appendix 2.60: 1980 Ordnance Survey map (1:1,250)



Appendix 2.62: 2000 Ordnance Survey map (1:10,000)

Appendix 3: Finds and Salvage List

Worcester Royal Infirmary		Artefact and Salvage Register				
Artefacts	Bldg No.	Description	No.	Date	Condition	Other Details
Leather						
Boots						
	32	Female ankle boots	10	late C19th - early C20th	Good	Selection of late victorian and edwardian servants boots (Worn)
Clothing/ Fabrics						
	32	Wool Blanket	1	C. mid C20th		
	32	Girls Nightdress?	1	c. early C20th	Poor	Lace edged cotton (Worn)
Correspondence						
	27a	Invitation to Dance	17	1952	Good	To 'Sister' from RAF for 10 Girls (Sooty)
Newspapers/ Mags						
	24a	Parade magazine	1	19-Sep-64	Moderate	In roof space over boardroom extension
	32	Daily Mirror		1914	Poor	Eastern loft space (Degraded)
Miscellaneous						
	26	Kiln mould	1	c.1960s	Poor	Kiln waste, moulds and plastic bags of porcelain clay used as slab make-up
	27b	Roof vent	1	1954	Good	Galvanised steel with conical top and wooden finial
Architectural Salvage						
Windows						
	18	Sashes, sash boxes & architrave	5	c.1871/ 2	Good	
	27a	Metal framed casements	6	1932	Good	
	27b	Metal framed casements	5	1932 & 1954	Good	
	32	Sashes, sash boxes & architrave	6	c.1750 - c.1820	V. Good	c.1750s Sash Box. c.1820s Sashes and shutters and shutter case
	10	Metal framed casements	1	c. Late 1930s	Good	c/w Art Nouveaux handle
Doors						
	32	Front Door	1	c.1750	Moderate	6 paneled oak door
	32	Internal paneled doors	2	c.1750	v. good	6 paneled oak door
Fixtures/ Fittings						
	27a	Door handle	1	1931/2	v. good	Art Nouveau handle from metal framed French windows
	32	Fist and Ring Knocker	1	c. 1760s	v. good	From front door currently with CB but to be returned to C. Jukes
	32	Staircase	1	c. 1900	good	Balusters mach those in the S. stair of infirmary, newels have crown motif
Commercial Salvage						
Timber						
Oak Members						
	18	Wall Plate	100%	c.1872	good	Oak
	32	Trusses, floor joists & boards	c.90%	c.1760s	v. good	Large, oversized oak with some elm
Bricks						
	18		<50%	c.1872	good	Kiln fired, machine made reds
	32		70%	c.1760s	good	Clamp fired, hand made reds
Steel/ Copper/						
	All		100%			recycled
Roof Tiles/ Slates						
	34	Welsh Slates	<50%	c.1880s	poor	damaged in the course of removal due to corroded fixing nails
Other						
	27a	Concrete entrance porch	1	1931/2	Good	Off-the-peg' concrete sections of Columns and open pediment

Figures

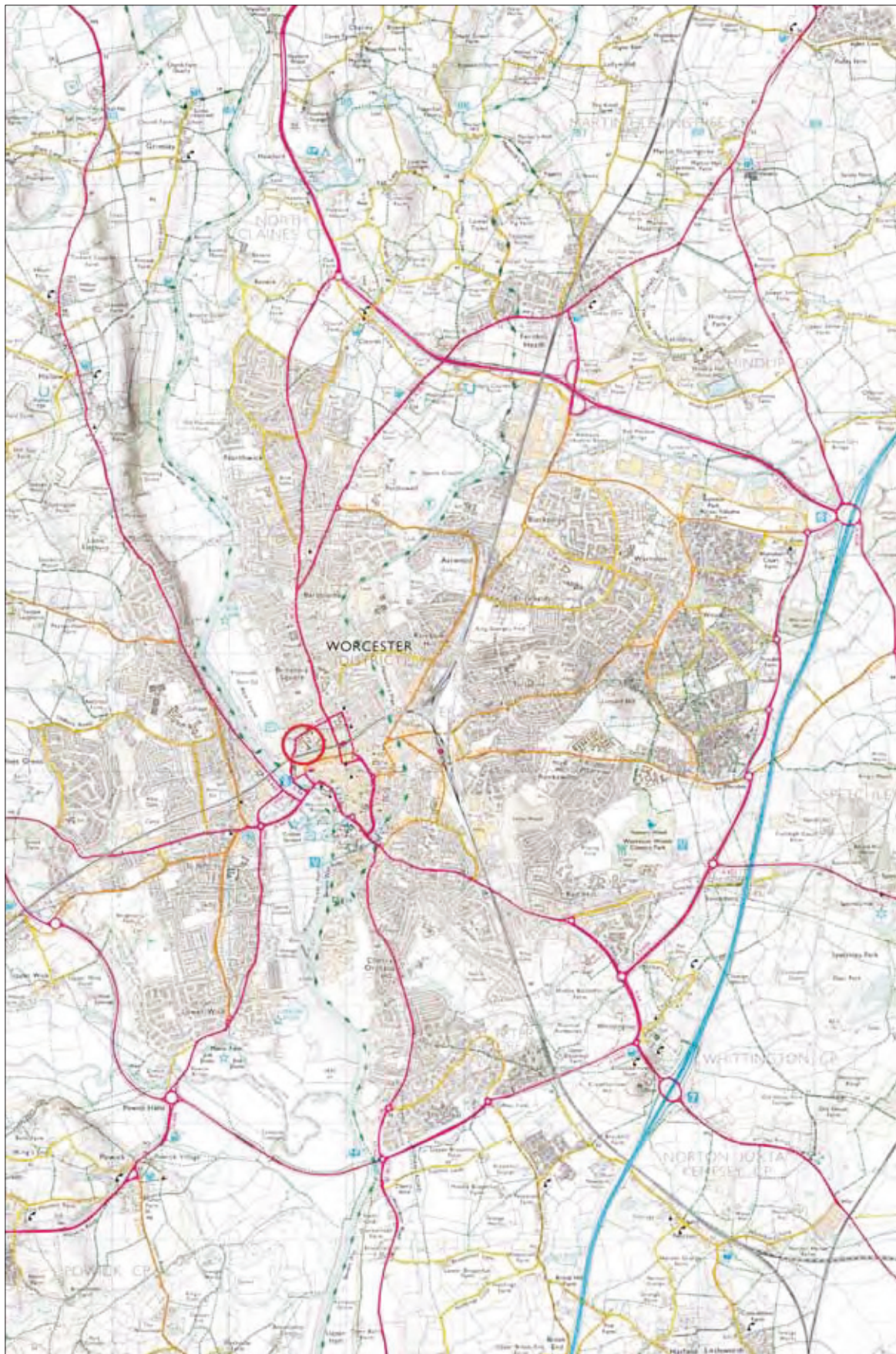


Figure 1: Site location

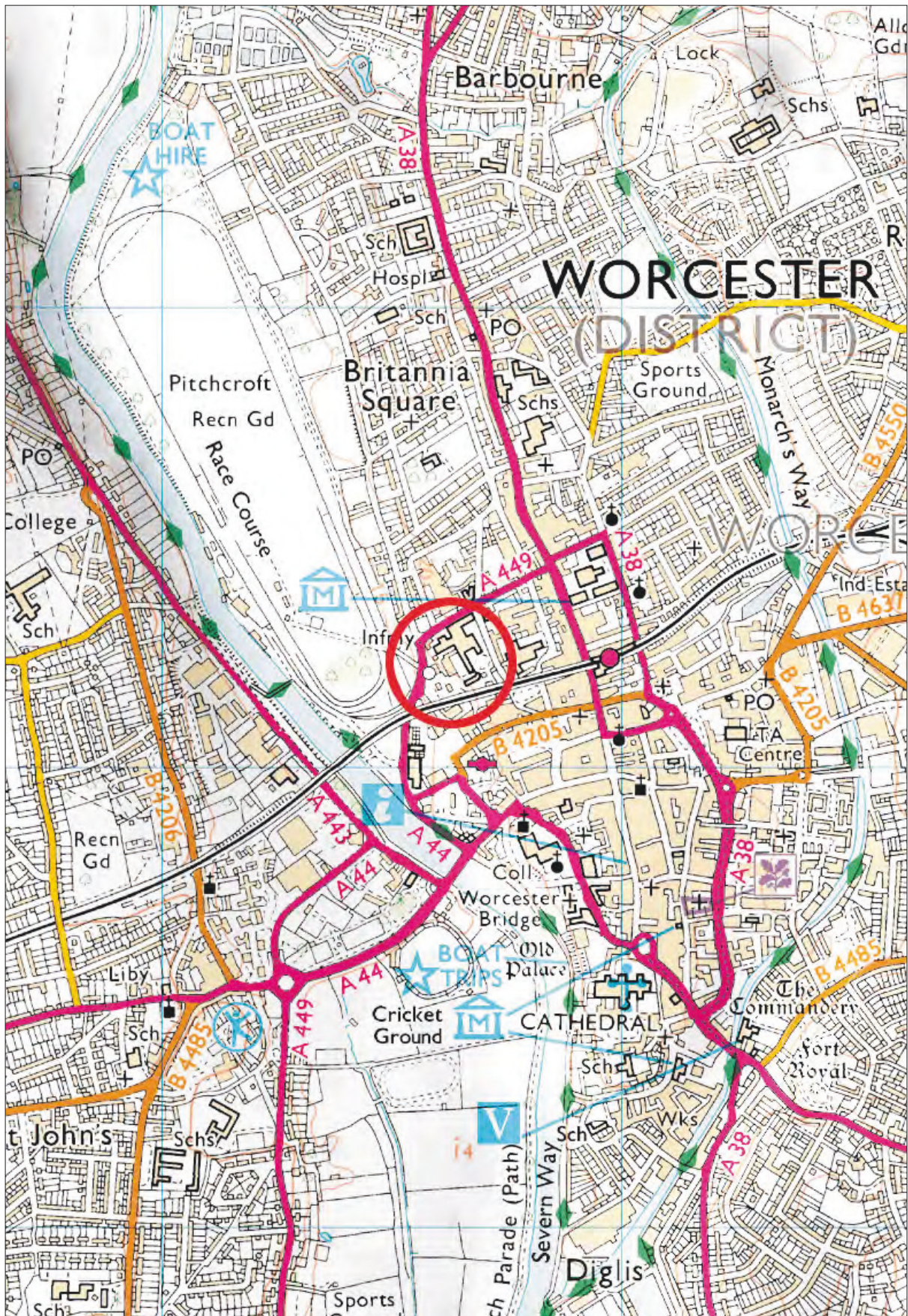


Figure 2: Detailed site location

HER No.: WCM101621

Building Identification

1 - Works Offices
2 - Works Offices
3 - Works Offices
4 - Works Offices
5 - Works Offices
6 - Works Offices
7 - Virus Lab
8 - Chimney
9 - Shed
10 - Boilerhouse
11 - Cafeteria
12 - Cafeteria
13 - Severn Suite
14 - Medical Secretaries
15 - Medical Secretaries
16 - Medical Secretaries
17 - Bates an Theatre Blocks
18 - Isolation Cottage
19 - Substation
20 - Sheds
21 - Not Used
22 - Infirmary Chapel
23 - Not Used
24 - Infirmary Block
25 - Extension to Boilerhouse
26 - Service Block
27 - Nurse's Home
28 - Shed
29 - Shed
30 - Walnut Tree House
31 - Wall House
32 - Shed
33 - Workshop/ Works Stores
34 - Workshop/ Works Stores
35 - Workshop/ Works Stores
36 - Works Stores
37 - Library
38 - Patient Records
39 - Speech Therapy/ Consultation Rooms
40 - Edward VII Memorial Annex
41 - Edward VII Memorial Annex
42 - Gate Piers and Railings
43 - Mulberry House
44 - Butts Sliding Viaduct
45 - Boundary Wall
46 - Boundary Wall
47 - Boundary Wall
48 - Boilerhouse
49 - Staff Restaurant



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Figure 3: Building layout, identification and consented development

HER No.: WCM101621

Building Identification

1 - Works Offices
2 - Works Offices
3 - Works Offices
4 - Works Offices
5 - Works Offices
6 - Works Offices
7 - Virus Lab
8 - Chimney
9 - Shed
10 - Boilerhouse
11 - Calorifier
12 - Calorifier
13 - Severn Suite
14 - Medical Secretaries
15 - Medical Secretaries
16 - Medical Secretaries
17 - Bates an Theatre Blocks
18 - Isolation Cottage
19 - Substation
20 - Sheds
21 - Not Used
22 - Infirmary Chapel
23 - Not Used
24 - Infirmary Block
25 - Extension to Boilerhouse
26 - Service Block
27 - Nurse's Home
28 - Shed
29 - Shed
30 - Walnut Tree House
31 - Wall House
32 - Shed
33 - Workshop/ Works Stores
34 - Workshop/ Works Stores
35 - Workshop/ Works Stores
36 - Works Stores
37 - Library
38 - Patient Records
39 - Speech Therapy/ Consultation Rooms
40 - Edward VII Memorial Annex
41 - Edward VII Memorial Annex
42 - Gate Piers and Railings
43 - Mulberry House
44 - Butts Sliding Viaduct
45 - Boundary Wall
46 - Boundary Wall
47 - Boundary Wall
48 - Boilerhouse
49 - Staff Restaurant



■	Level II
■	Level III
■	Level IV

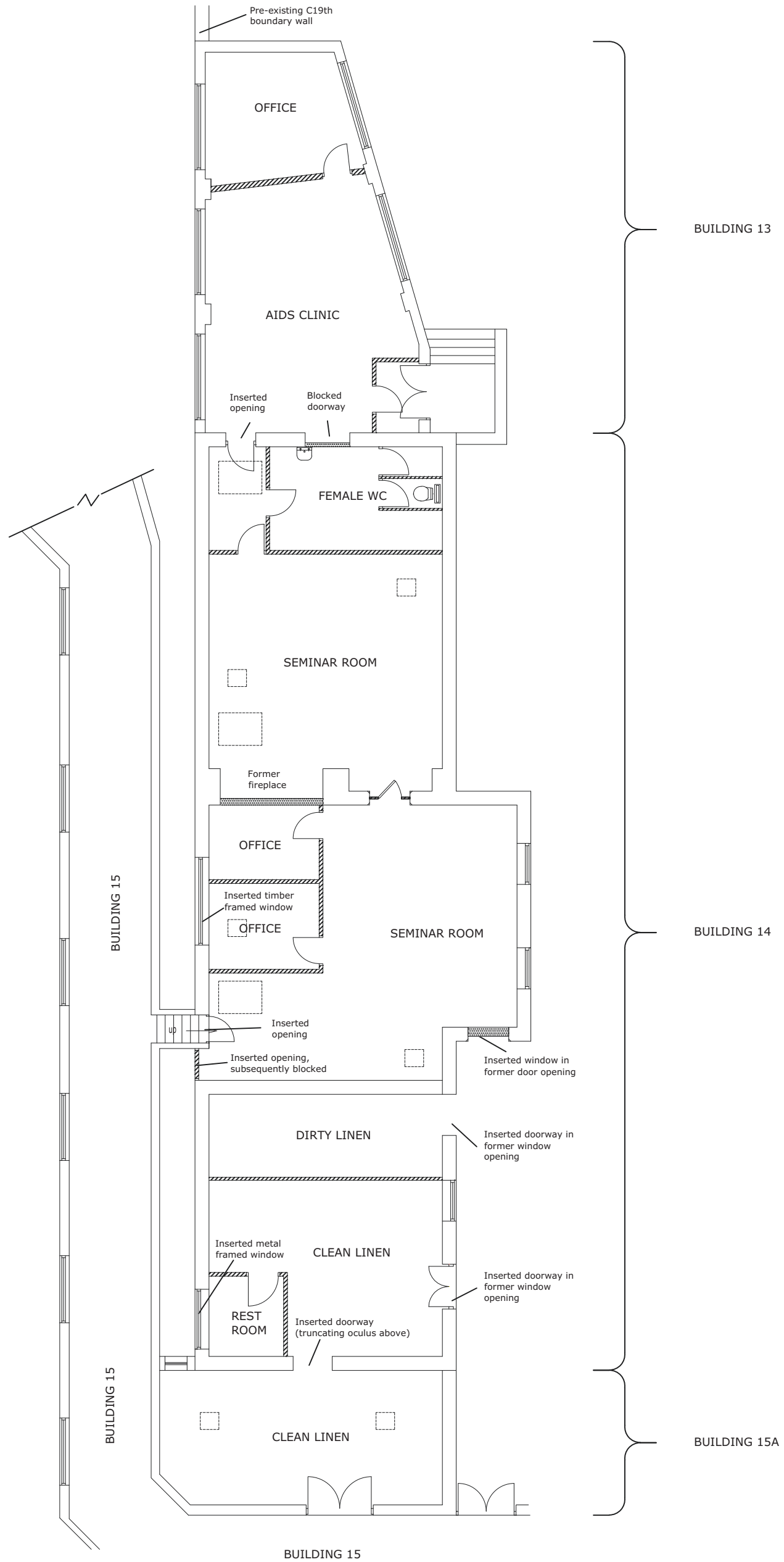
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Figure 4: Levels of recording




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



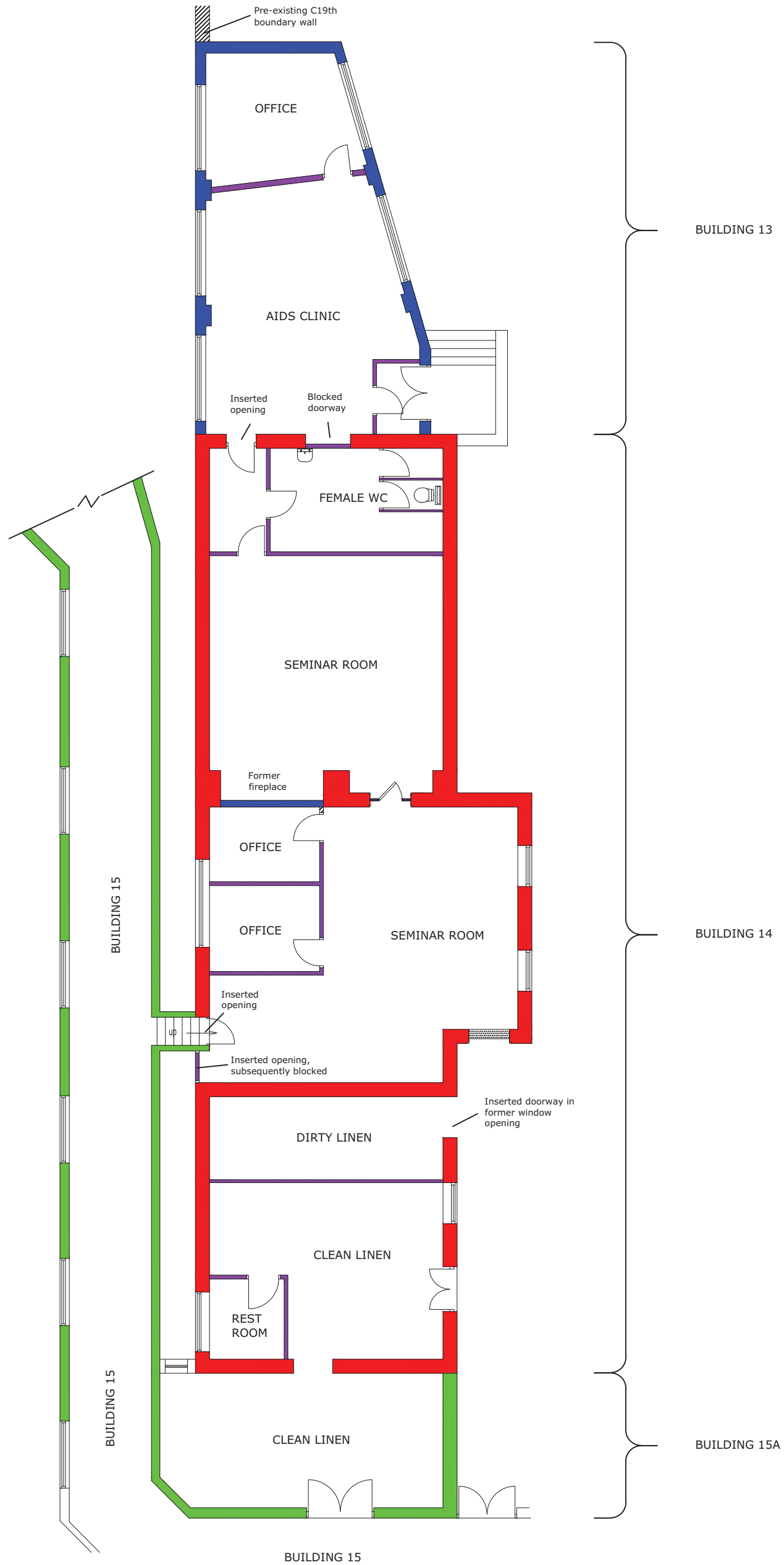

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Figure 5: Former laundry (B.13, 14, and 15a) - ground floor plan




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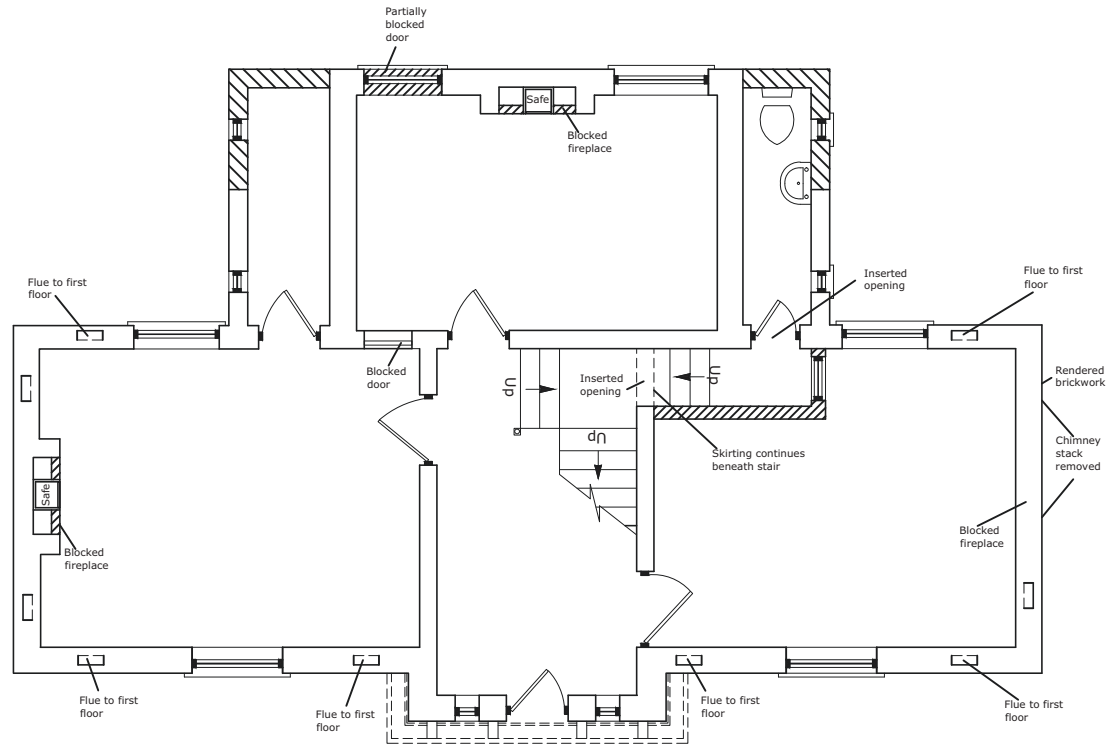
 Phase I - c.1874
 Phase II - 1930
 Phase III - 1968
 Phase IV - c.1980s


Figure 6: Former laundry (B.13, 14 and 15a - phase plan

Additional information:

Legend

-  Late 19th century additions
-  Mid 20th century additions



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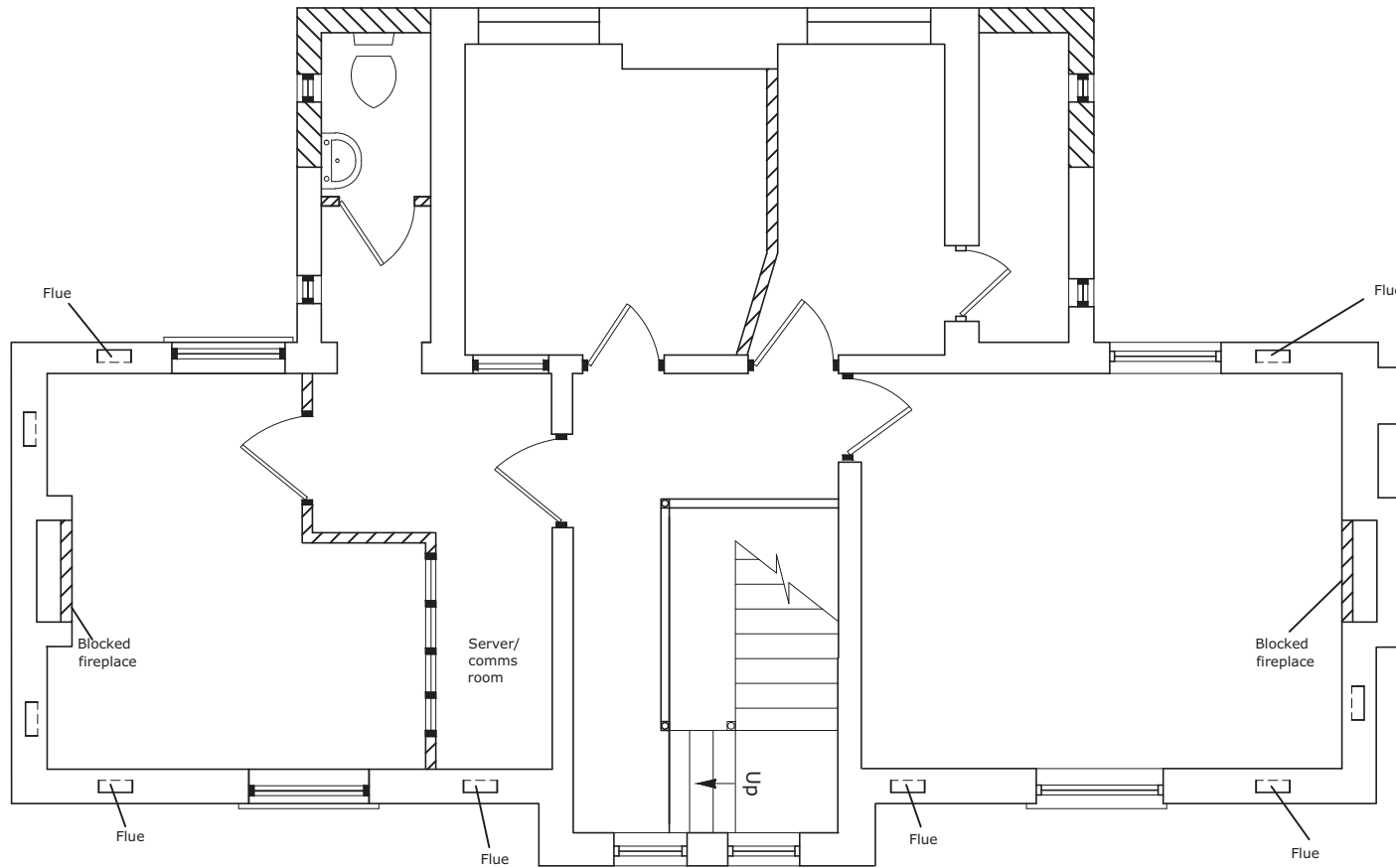
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

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Figure 7: Former isolation cottage (B.18) - ground floor plan



Additional information:

Legend

-  Late 19th century additions
-  Mid 20th century additions



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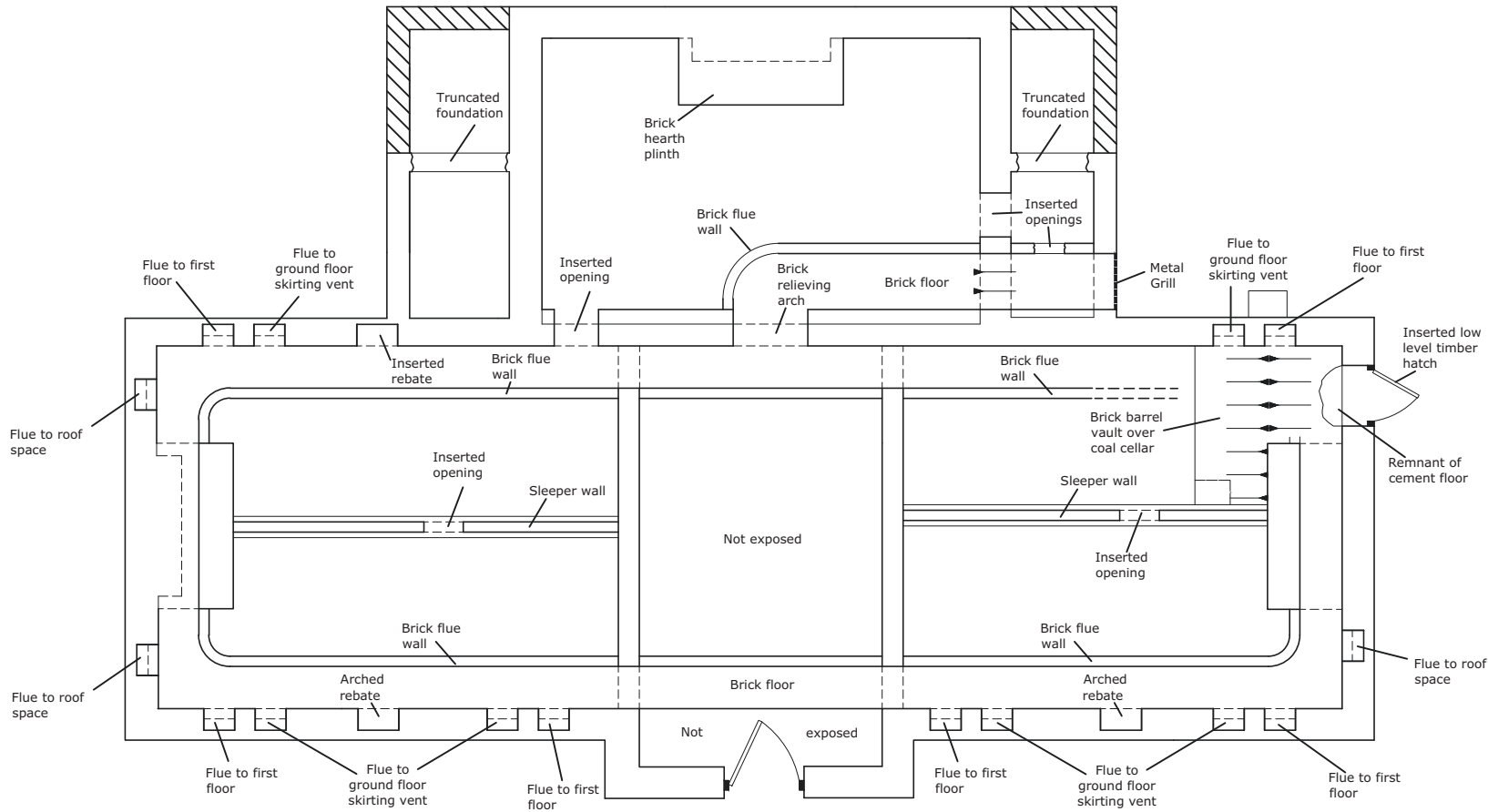
Date printed:

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Figure 8: Former isolation cottage (B.18) - first floor plan



Additional information:

Legend

-  Late 19th century additions
-  Mid 20th century additions



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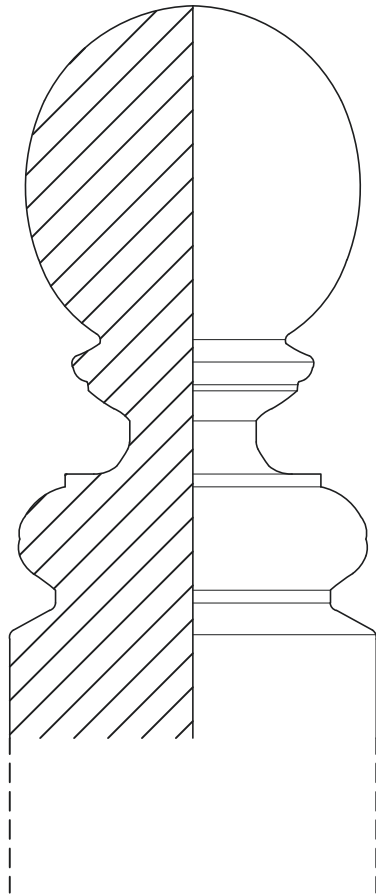
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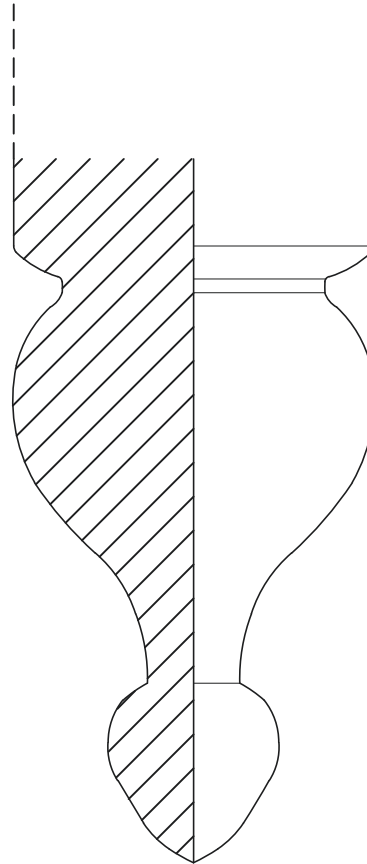
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Figure 9: Former isolation cottage (B.18) - sub-ground floor plan

Additional information:



Newel Post



Drop finial

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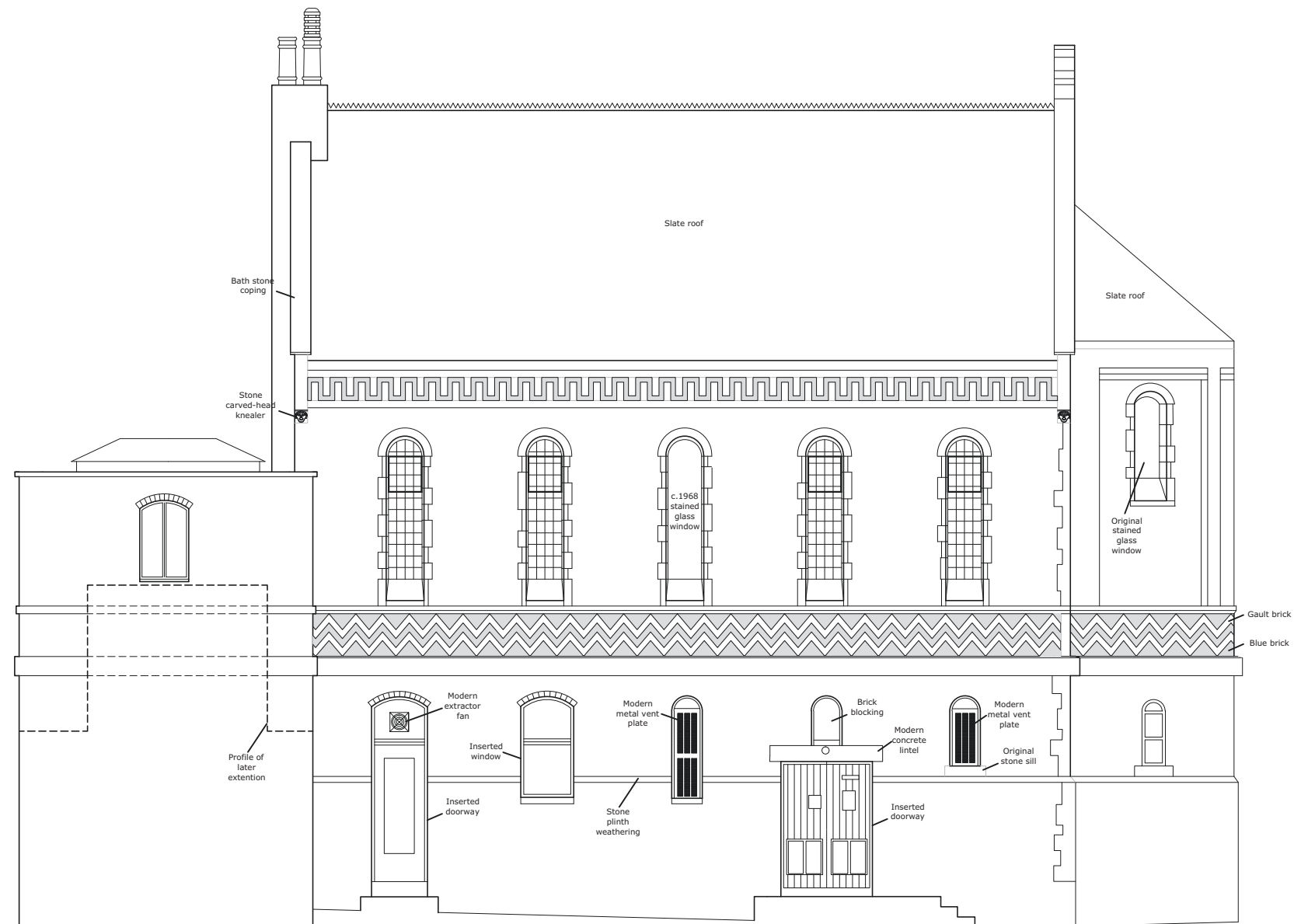
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Figure 10: Former isolation cottage (B.18) - moulding profiles

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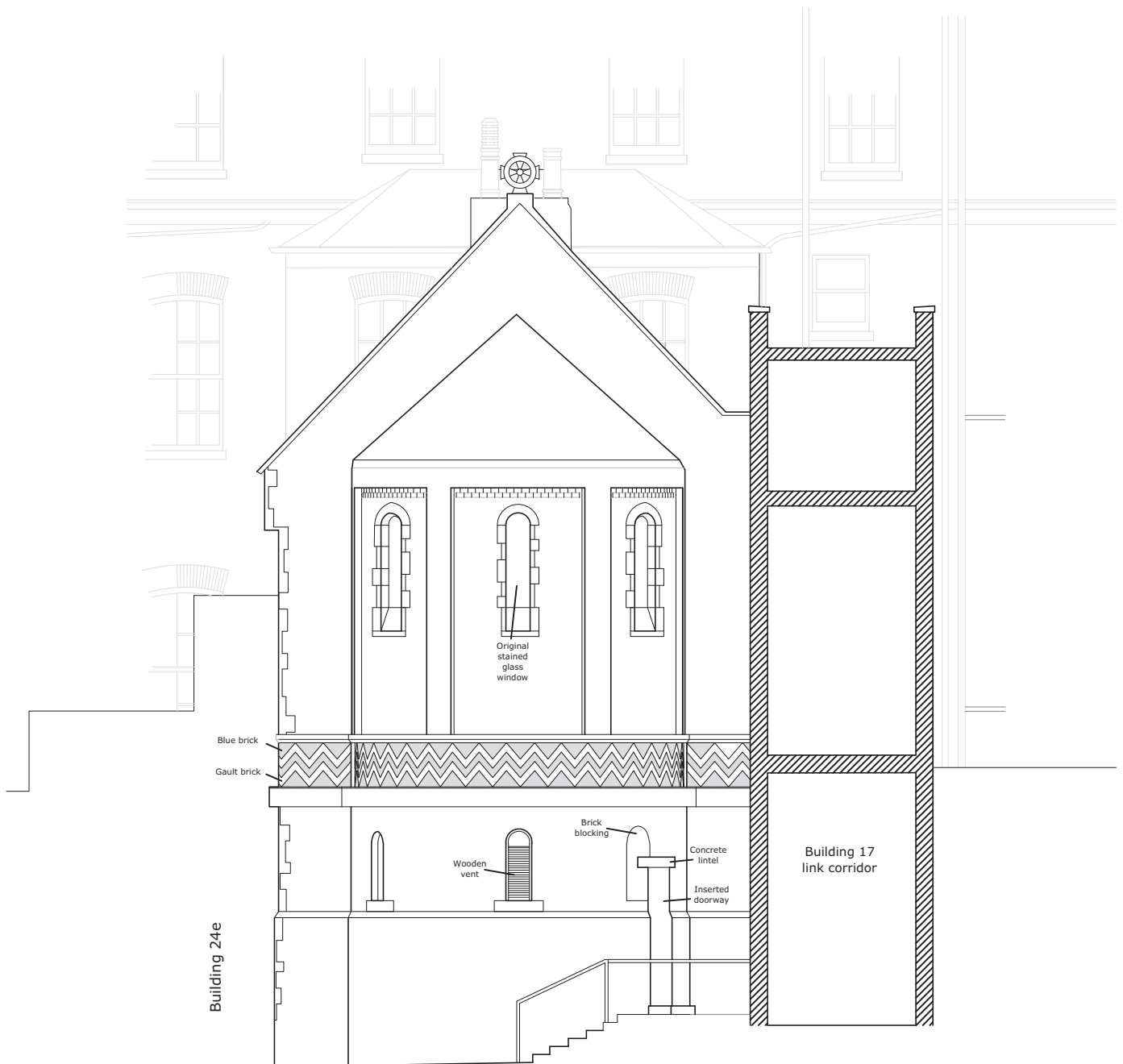
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Figure 11: Chapel (B.22) - northern elevation






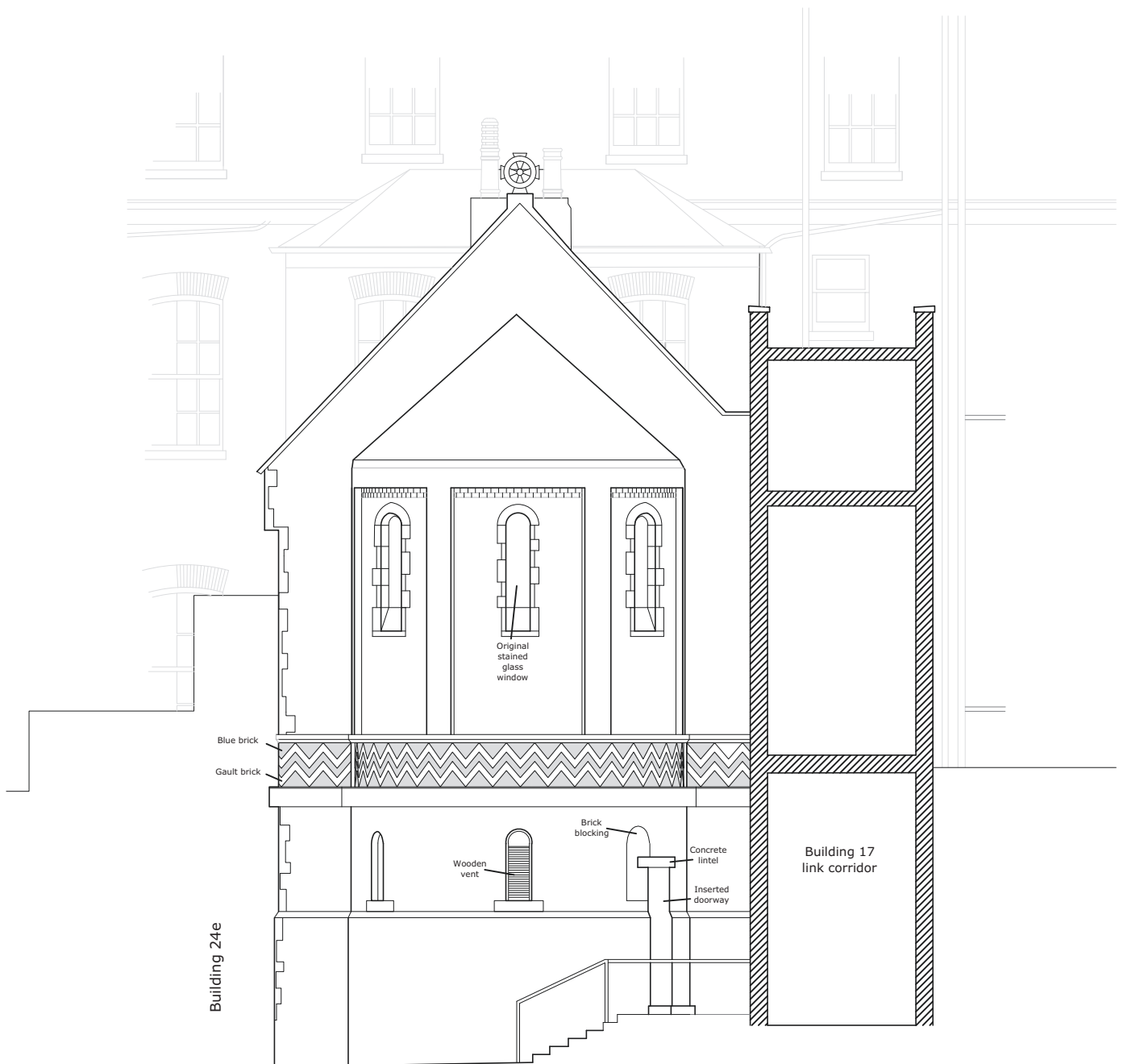
<p>Legend</p> <p> 1932 additions</p>	<p>HER No.: WCM101621</p>	<p>Project title: The former Worcester Royal Infirmary, Castle Street, Worcester</p>	 <p>London Cheltenham Kettering Newark Birmingham www.cgms.co.uk</p>
		<p>Scale at A4: 1:100</p> <p>0  2 m</p>	

Figure 12: Chapel (B.22) - western elevation






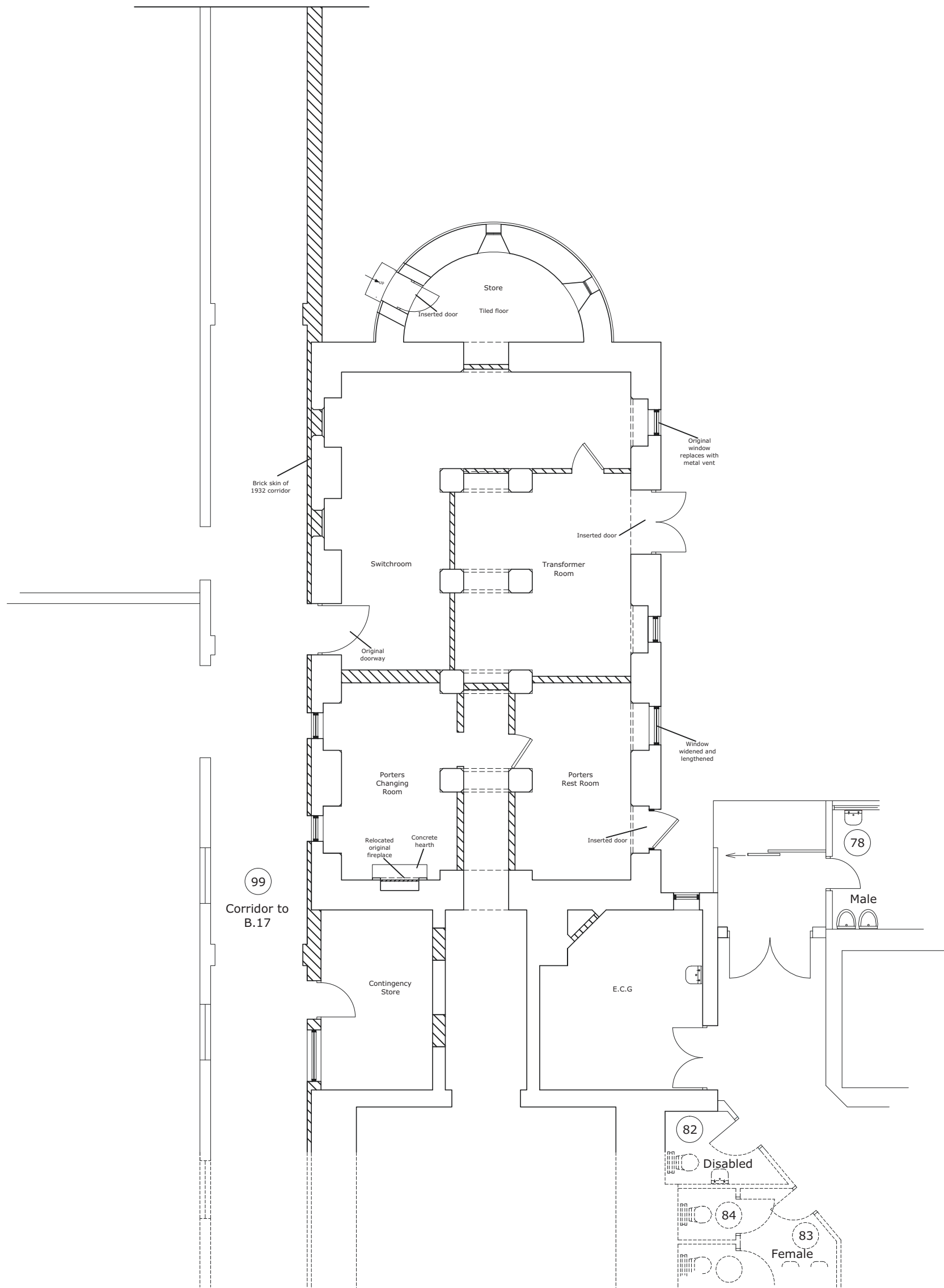
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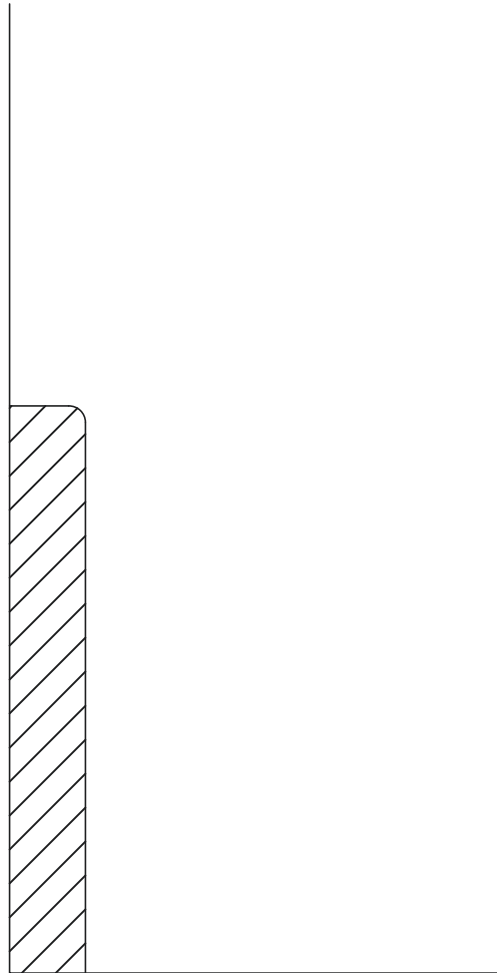
Figure 12: Chapel (B.22) - western elevation



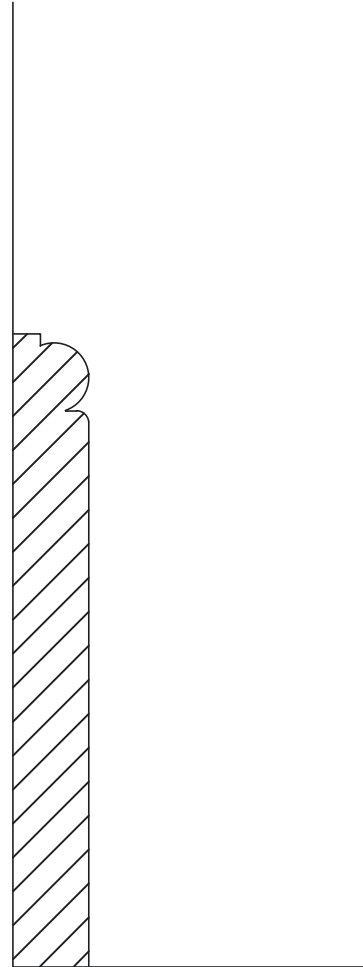
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		<p>Scale at A3: 1:100</p>	
		<p>Date printed: 24/12/11</p> <p>Drawn by: KH</p> <p>Checked by:</p>	

Figure 14: Chapel (B.22) - lower ground floor

Additional information:



Profile through skirting in lower ground floor corridor



Profile through skirting in Porters Rest Room

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Figure 15: Chapel (B.22) - moulding profiles



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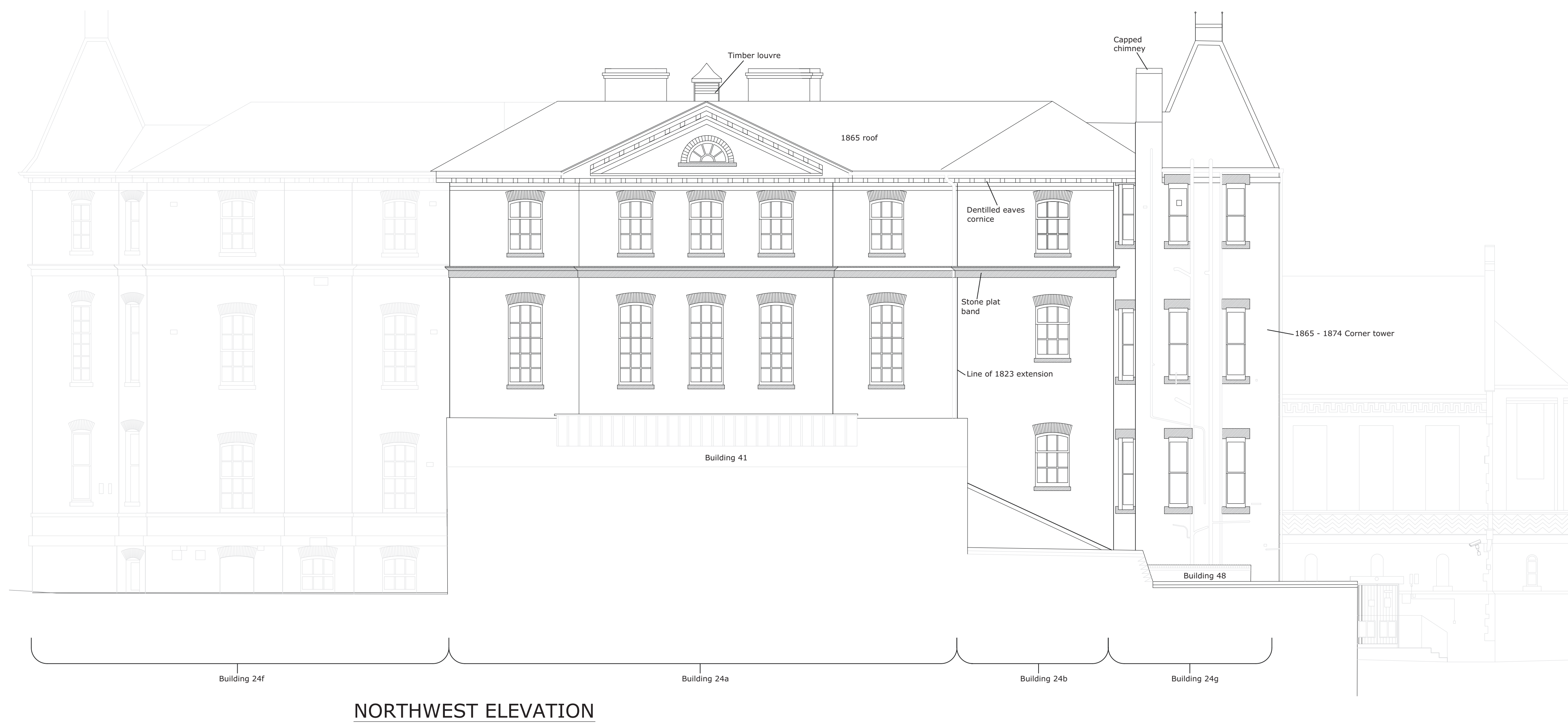
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Figure 16: Infirmary (B.24) - eastern elevation



Additional information:

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Figure 17: Infirmary (B.24) - northern elevation



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■ Stonework

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Figure 18: Infirmary (B.24) - western elevation



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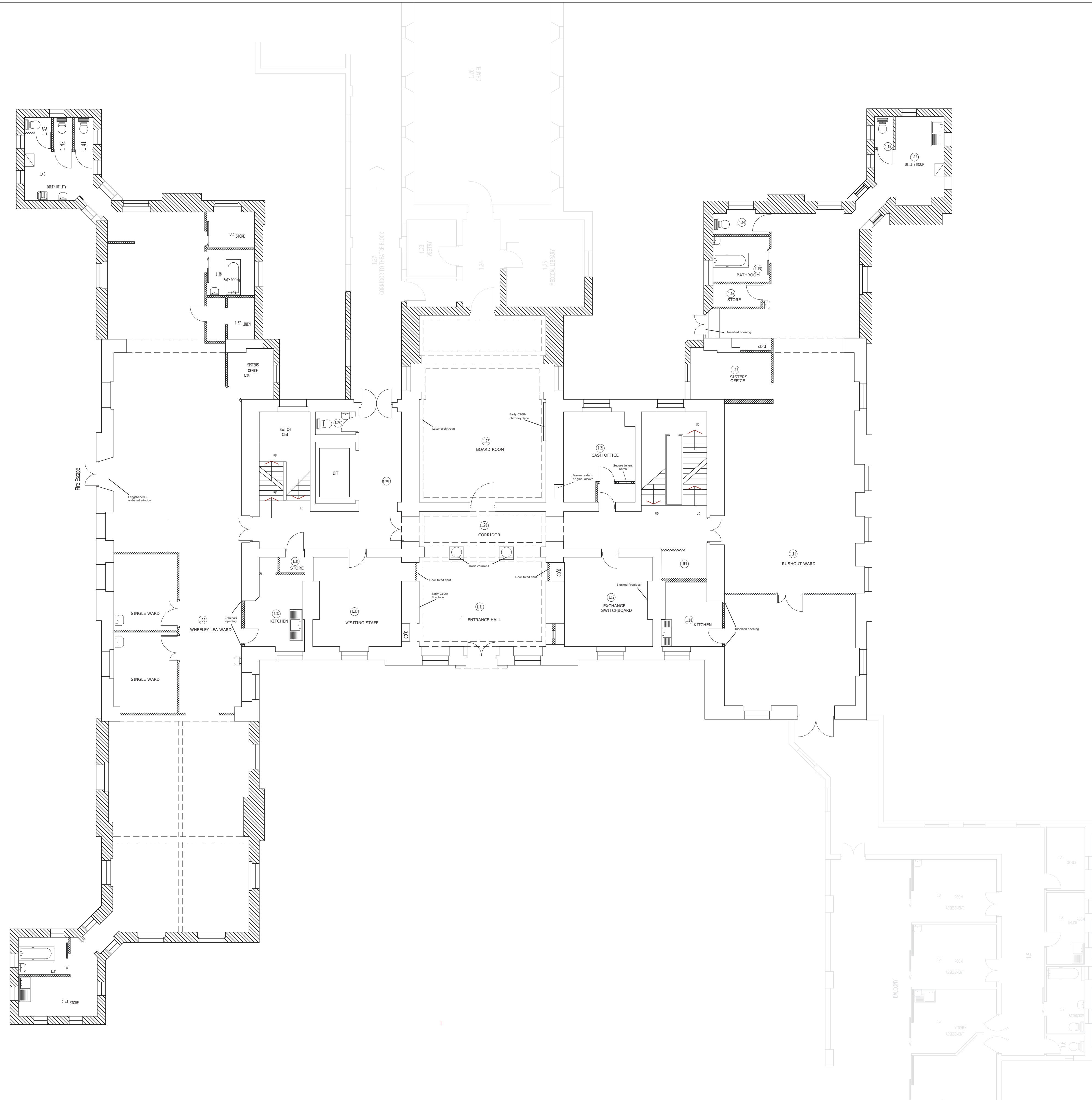
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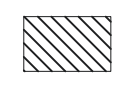
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Figure 19: Infirmary (B.24) - southern elevation



Additional information:

 Later brickwork (see Figure 24 for dates)



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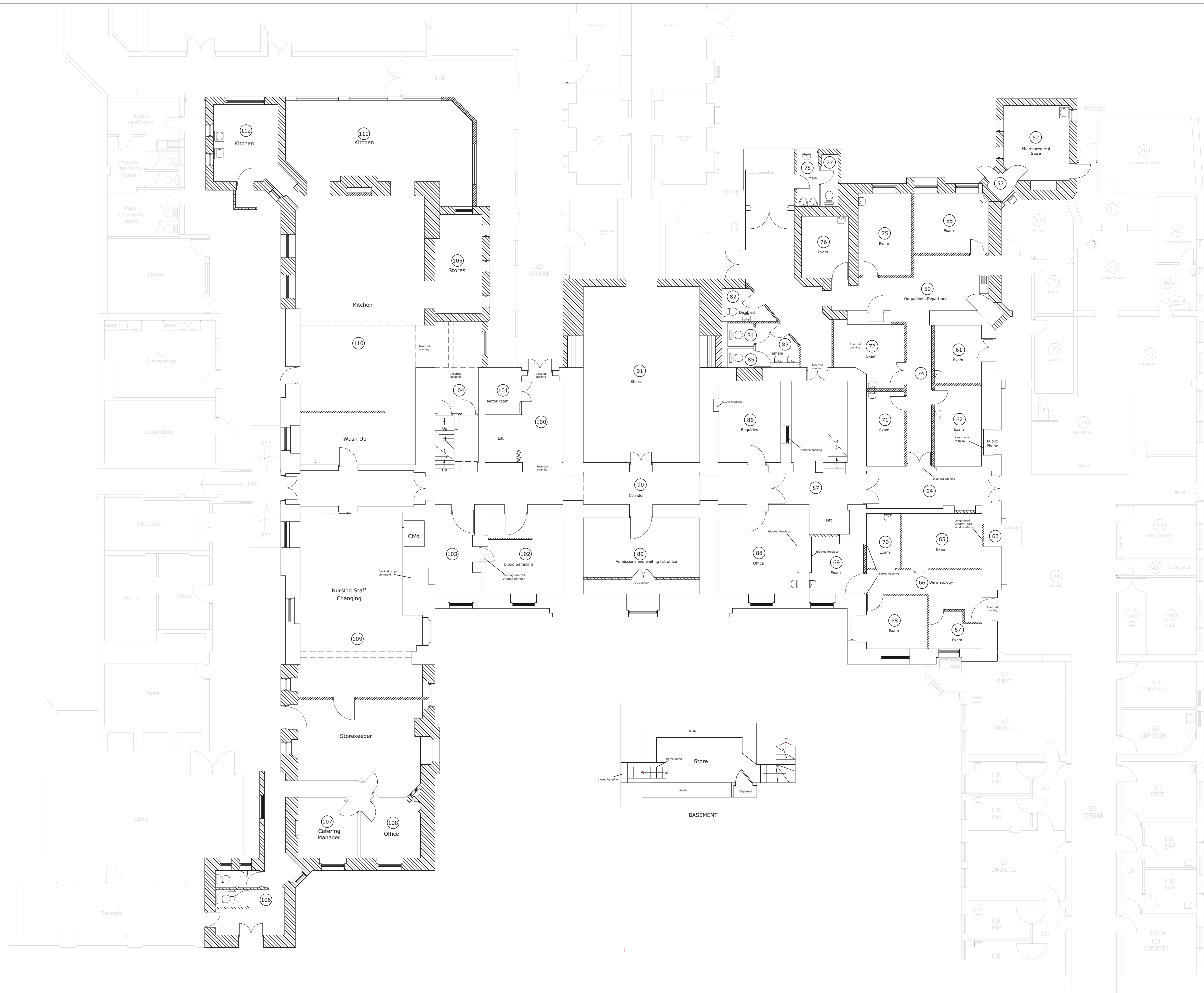
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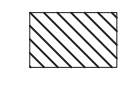
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Figure 20: Infirmary (B.24) - upper ground floor plan



Additional information:

 Later brickwork (see Figure 25 for dates)




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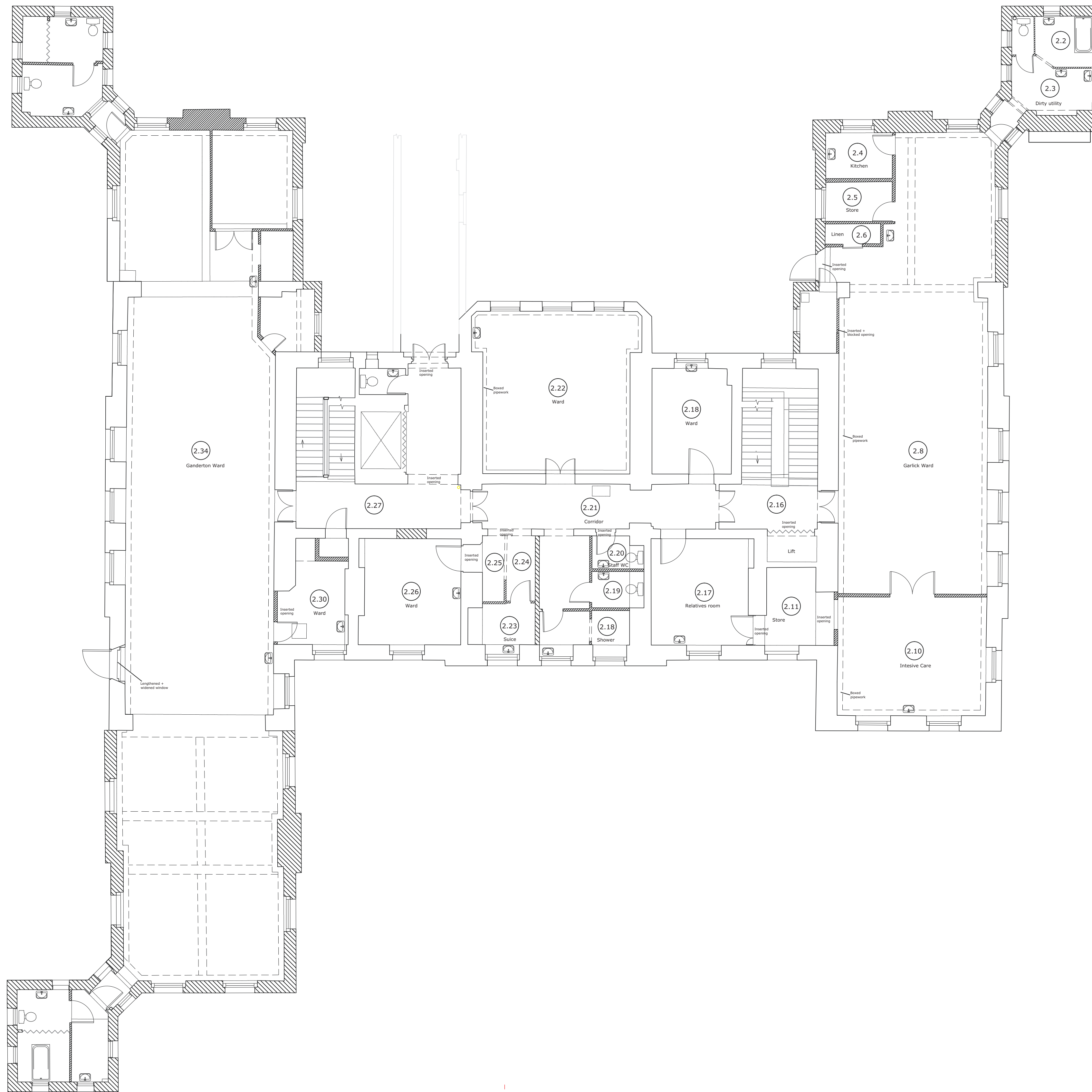
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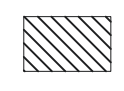
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Figure 21: Infirmary (B.24) - lower ground floor plan



Additional information:

 Later brickwork (see Figure 26 for dates)



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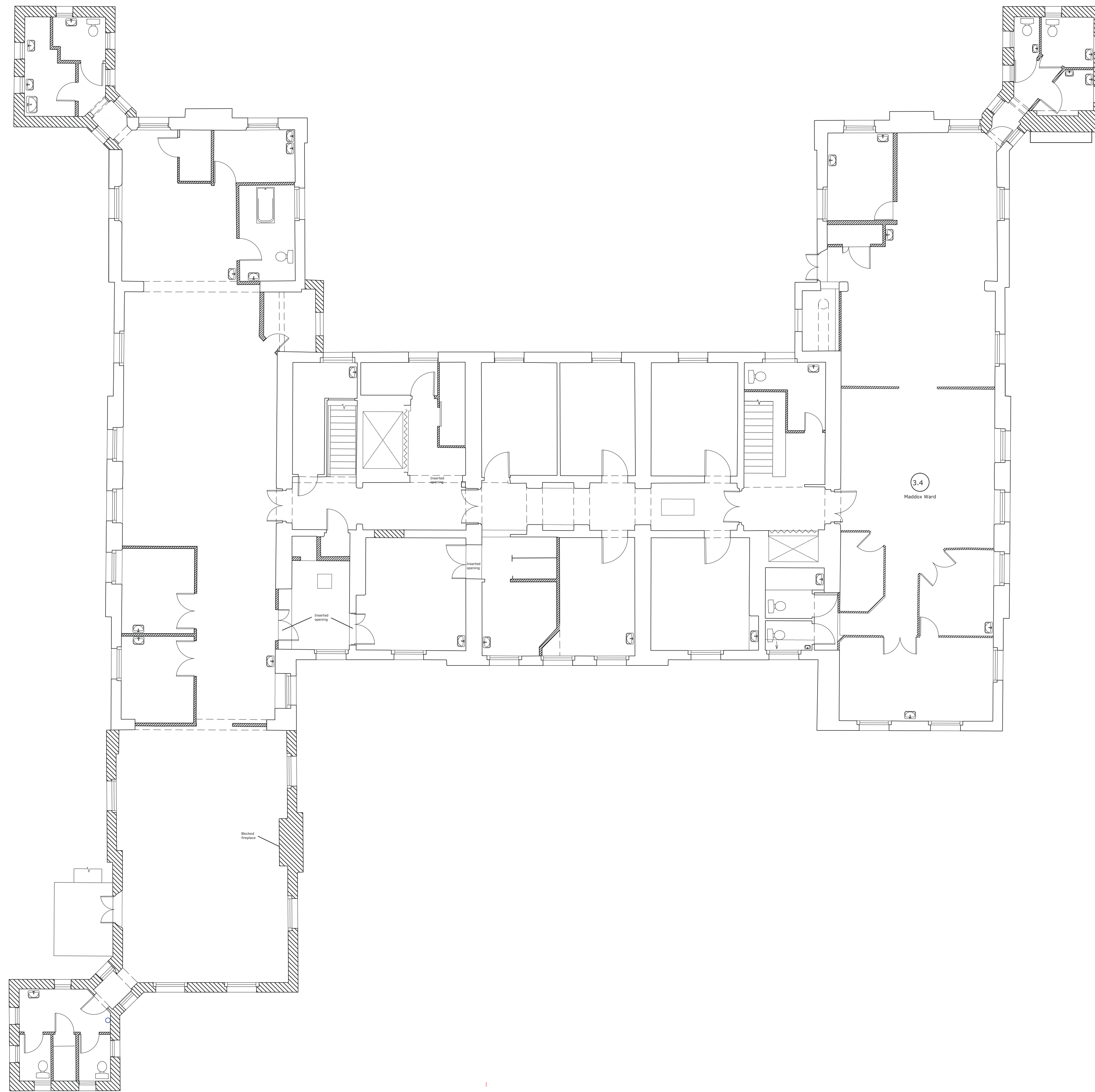
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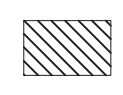
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Figure 22: Infirmary (B.24) - first floor plan



Additional information:

 Later brickwork (see Figure 27 for dates)



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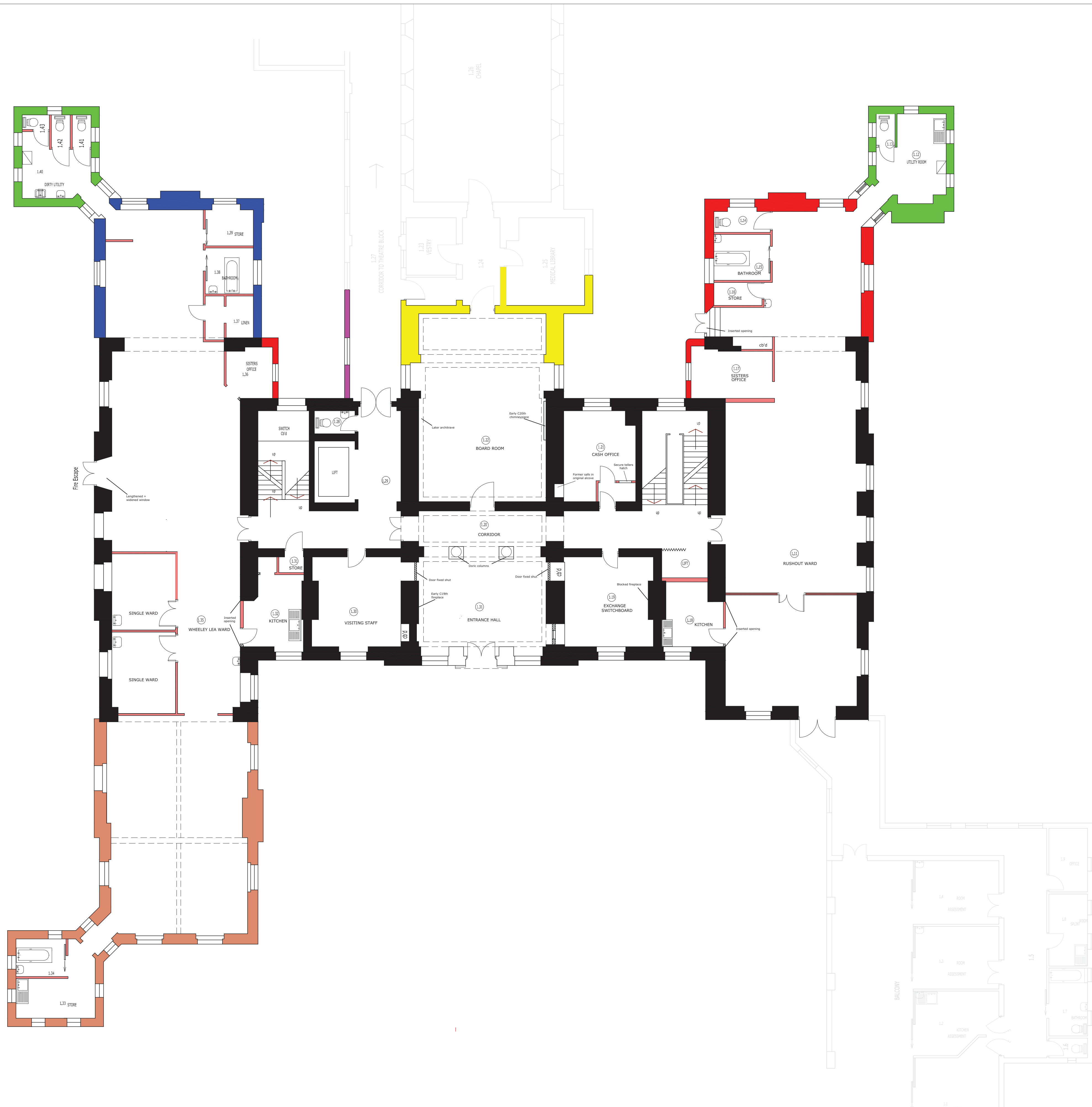
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Figure 23: Infirmary (B.24) - second floor plan



Additional information:

- Phase 1 - 1768 - 70
- Phase 2 - 1823
- Phase 3 - 1828
- Phase 4 - 1849 - 50
- Phase 5 - c. 1864 - 1865
- Phase 6 - 1865 - c.1874
- Phase 7 - 1874 - 87
- Phase 8 - 1887 - 90
- Phase 9 - 1930s
- Phase 10 - 1950s - 90s




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Figure 24: Infirmary (B.24) - upper ground floor phase plan



Additional information:

- Phase 1 - 1768 - 70
- Phase 2 - 1823
- Phase 3 - 1828
- Phase 4 - 1849 - 50
- Phase 5 - c. 1864 - 1865
- Phase 6 - 1865 - c.1874
- Phase 7 - 1874 - 87
- Phase 8 - 1887 - 90
- Phase 9 - 1930s
- Phase 10 - 1950s - 90s

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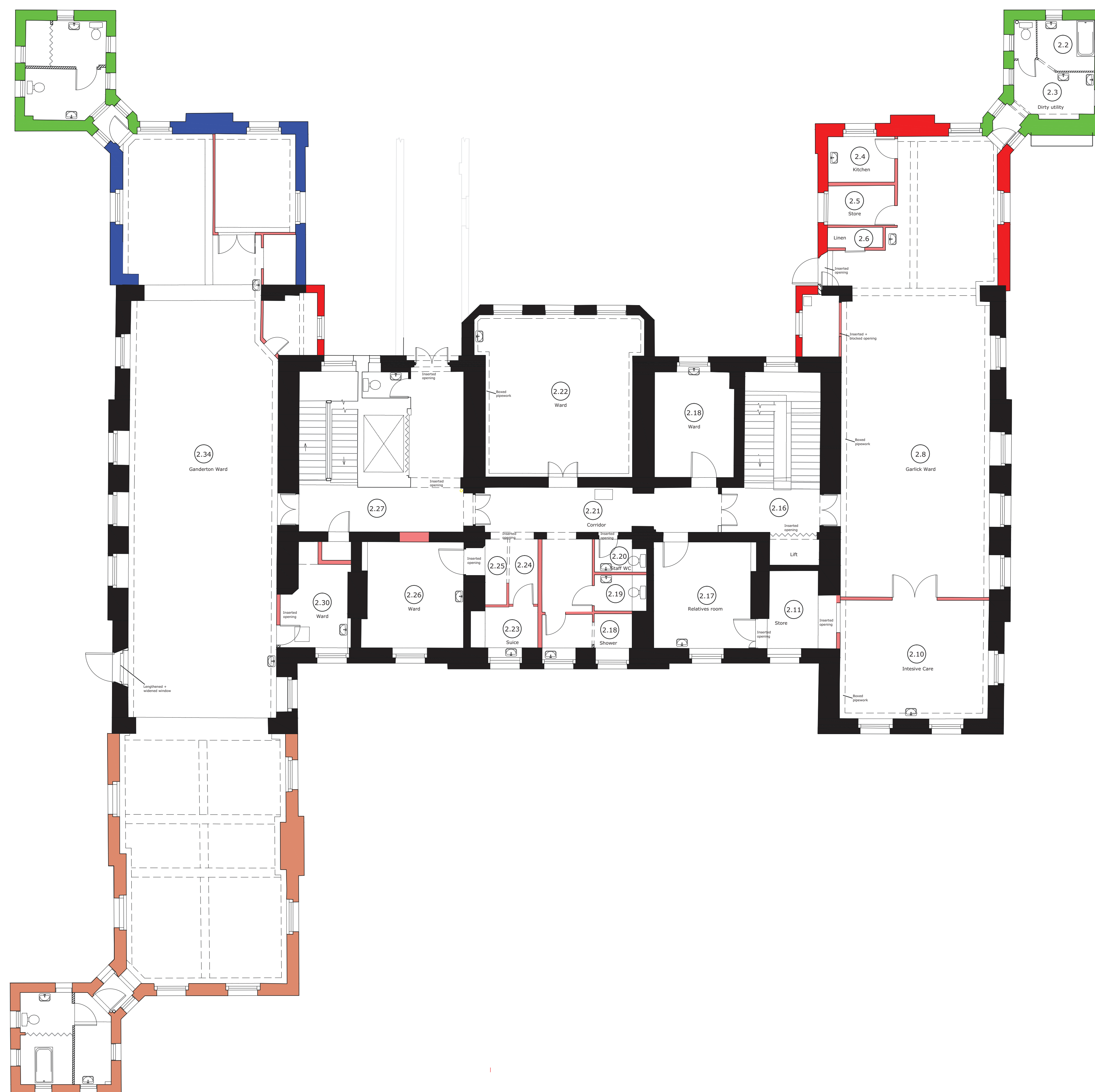
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Figure 25: Infirmary (B.24) - lower ground floor phase plan



Additional information:


- Phase 1 - 1768 - 70
- Phase 2 - 1823
- Phase 3 - 1828
- Phase 4 - 1849 - 50
- Phase 5 - c. 1864 - 1865
- Phase 6 - 1865 - c.1874
- Phase 7 - 1874 - 87
- Phase 8 - 1887 - 90
- Phase 9 - 1930s
- Phase 10 - 1950s - 90s



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Figure 26: Infirmary (B.24) - first floor phase plan



Additional information:

- Phase 1 - 1768 - 70
- Phase 2 - 1823
- Phase 3 - 1828
- Phase 4 - 1849 - 50
- Phase 5 - c. 1864 - 1865
- Phase 6 - 1865 - c.1874
- Phase 7 - 1874 - 87
- Phase 8 - 1887 - 90
- Phase 9 - 1930s
- Phase 10 - 1950s - 90s



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Figure 27: Infirmary (B.24) - second floor phase plan



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Figure 28: Walnut Tree House (B.30) - northern elevation

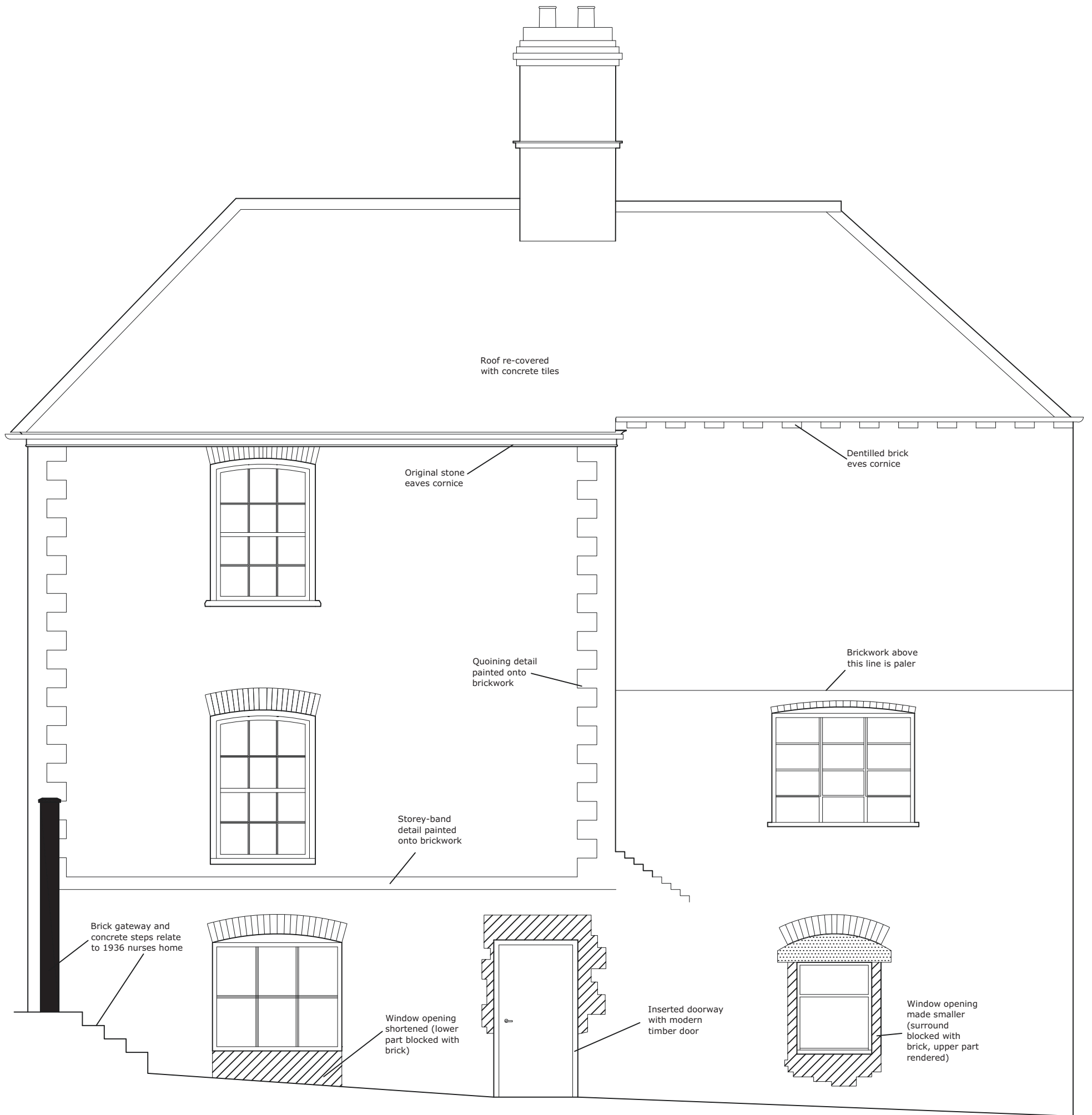






Figure 29: Walnut Tree House (B.30) - western elevation

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Figure 30: Walnut Tree House (B.30) - southern elevation

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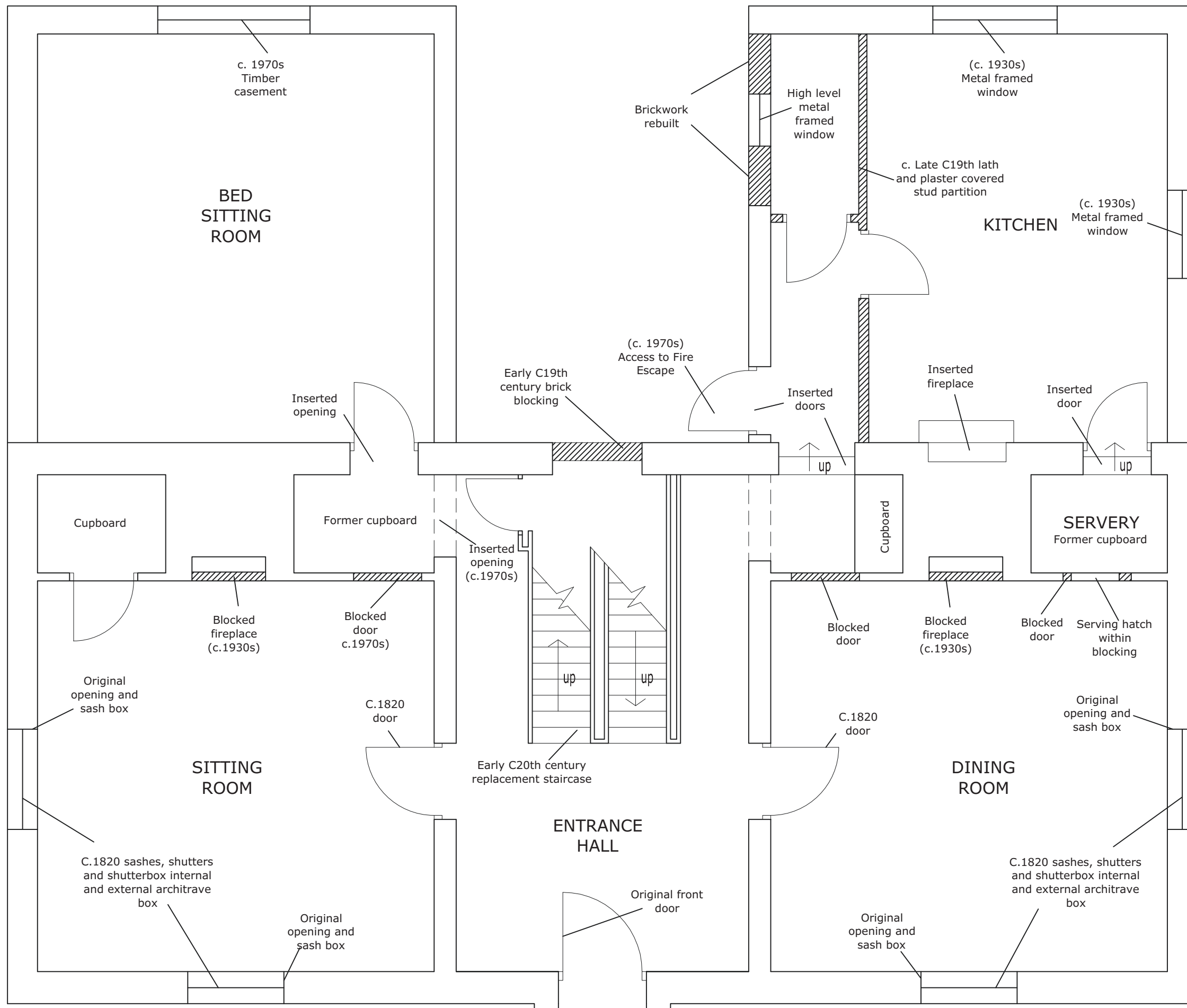
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Figure 31: Walnut Tree House (B.30) - eastern elevation



Additional information:



 Later partitions/ blocking

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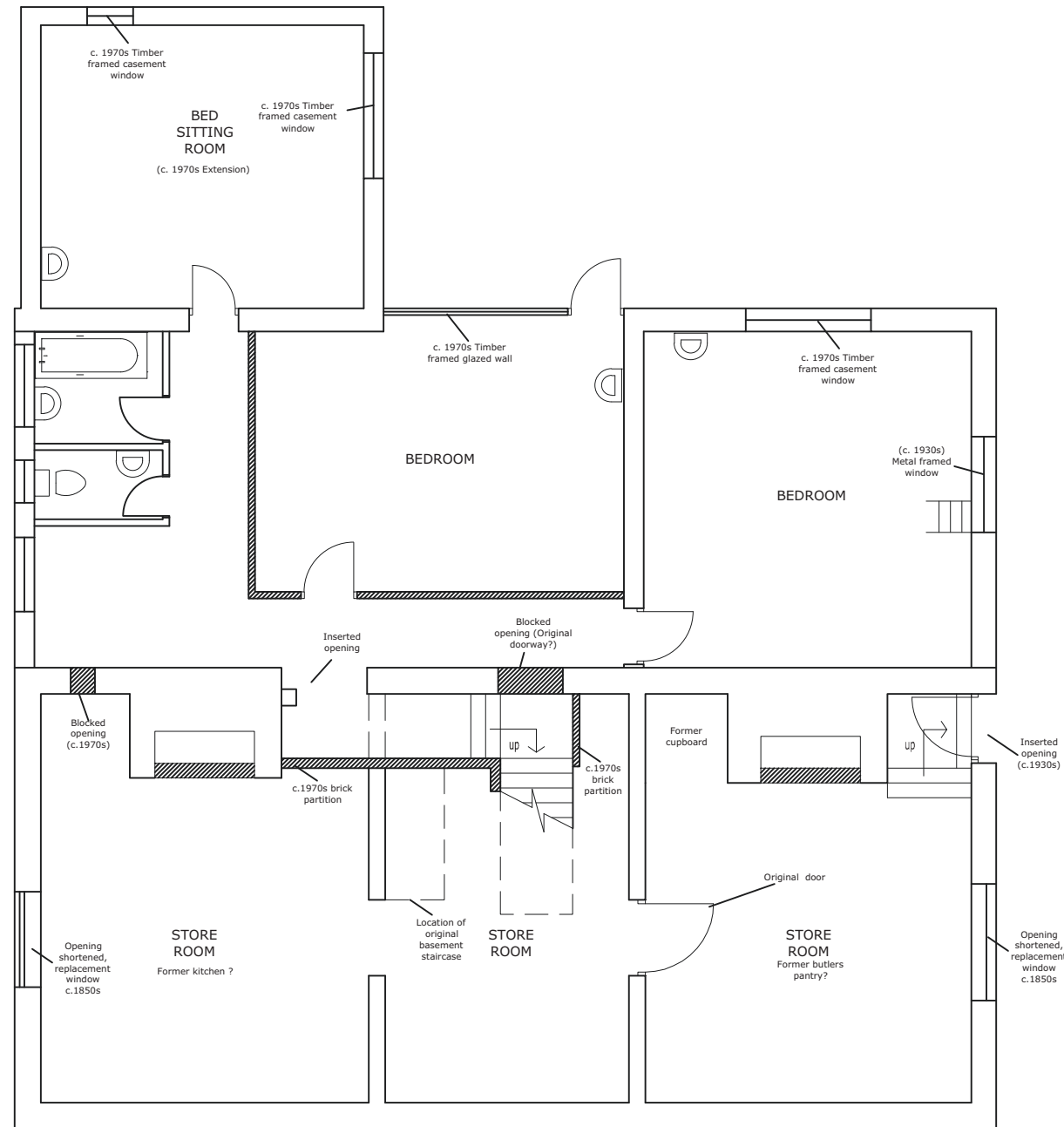
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Figure 32: Walnut Tree House (B.30)) - upper ground floor plan

Additional information:



 Later partitions/ blocking

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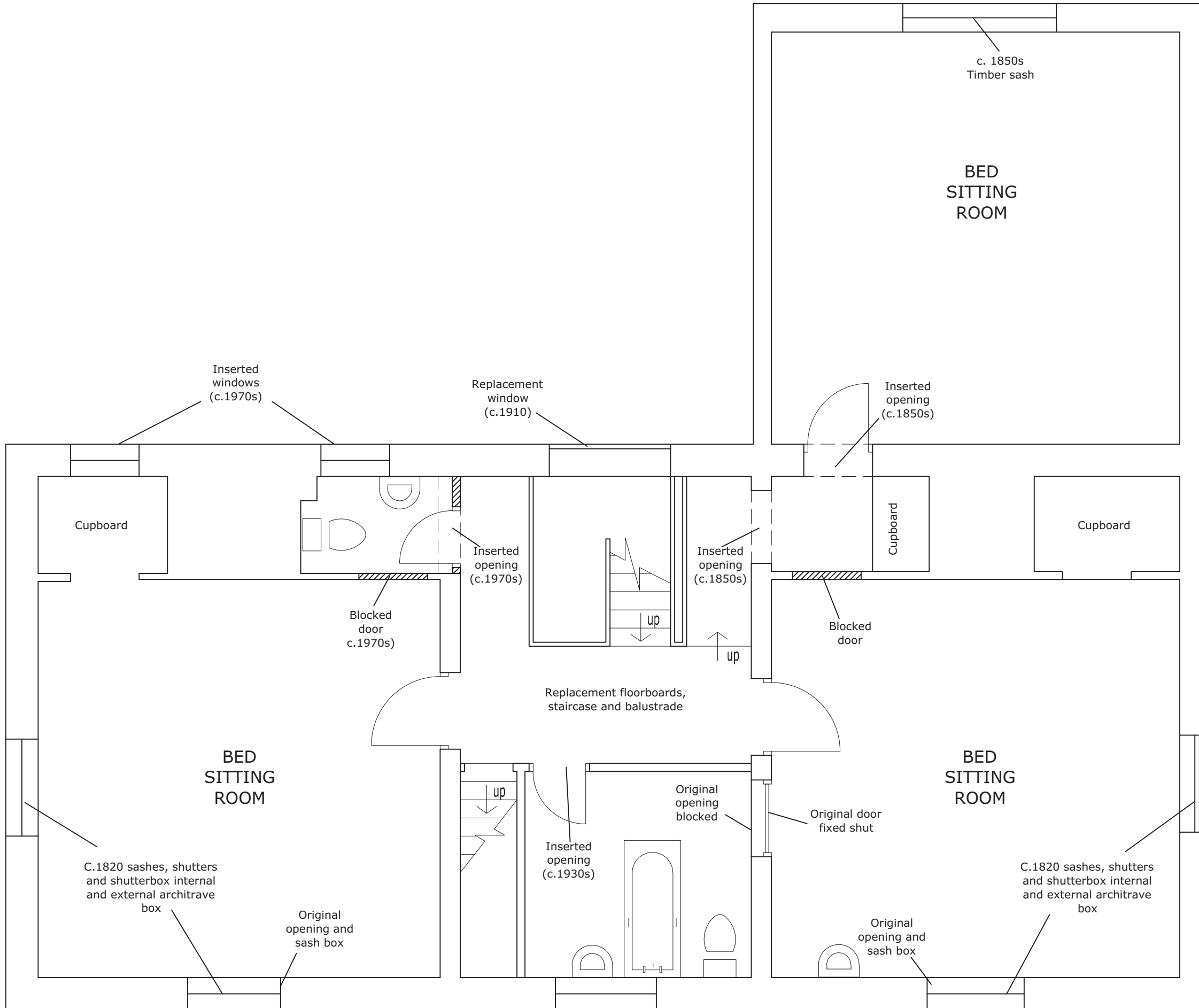
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Figure 33: Walnut Tree House (B.30) - lower ground floor plan



Additional information:



 Later partitions/ blocking

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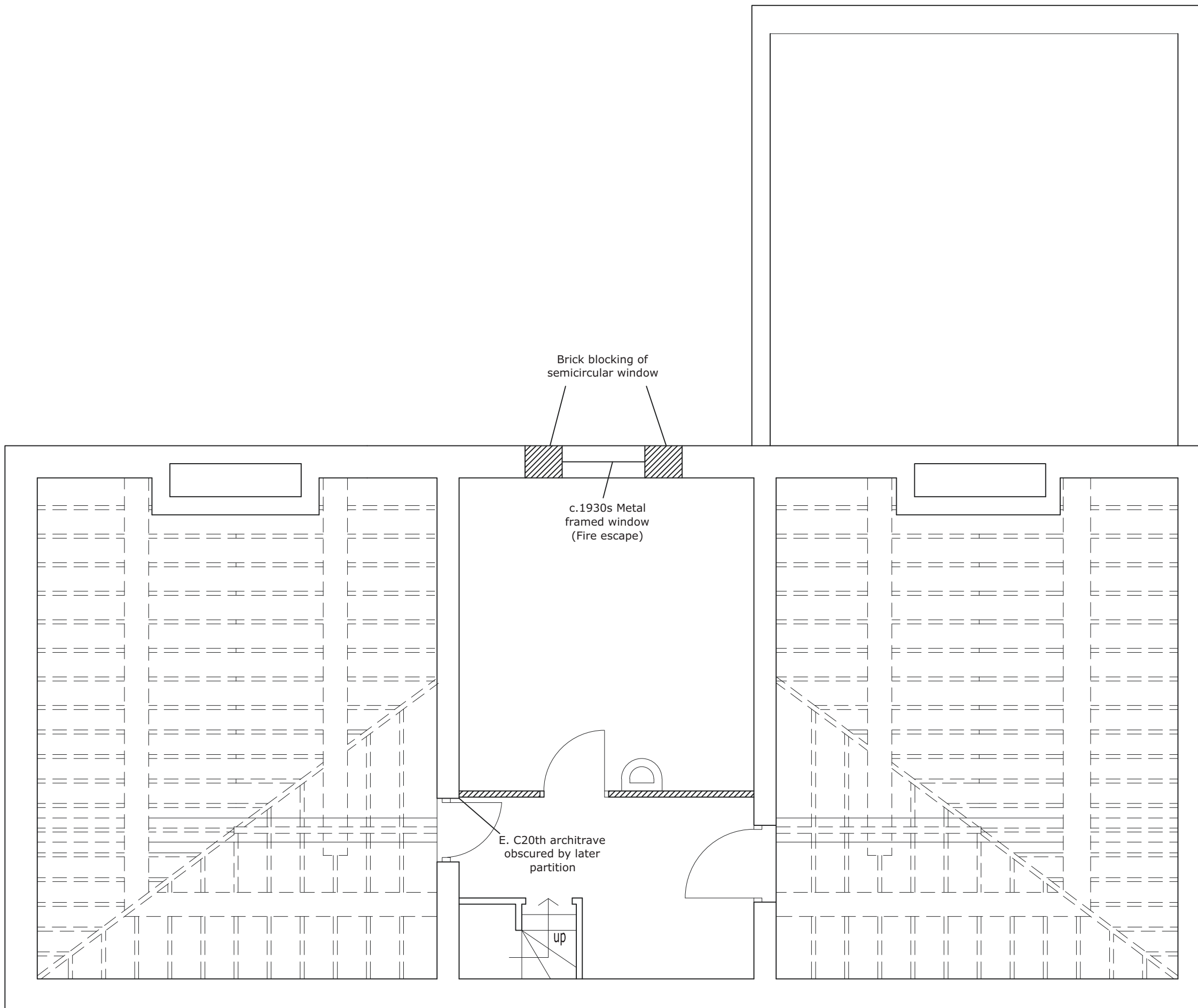
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 0 1 m


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Figure 34: Walnut Tree House (B.30) - first floor plan



Additional information:



 Later partitions/ blocking

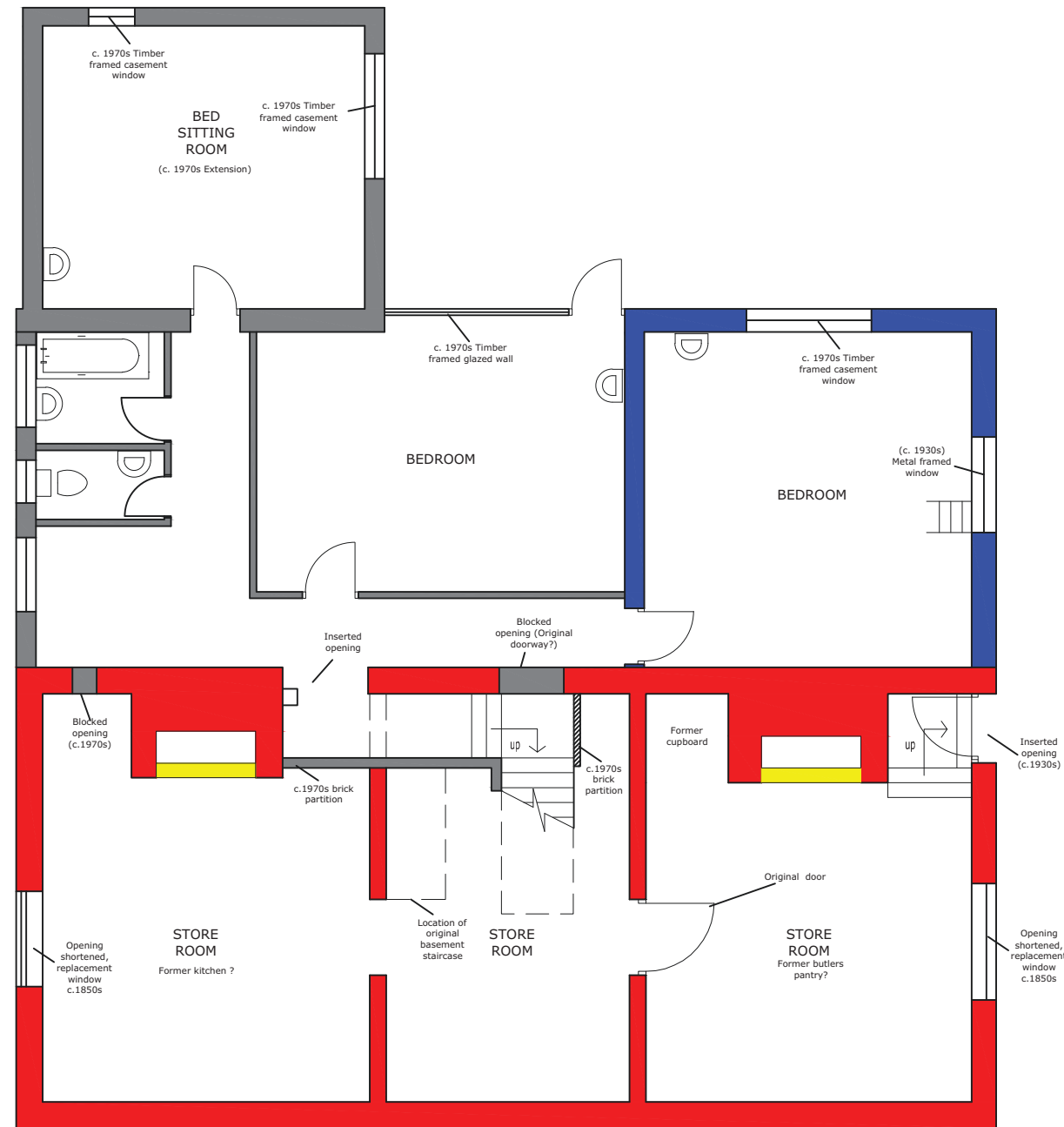
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Scale at A3: **1:50**
0 1 m

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Figure 35: Walnut Tree House (B.30) - attic floor plan



Additional information:

- Phase I: 1750 -1768
- Phase II: Early C19th
- Phase III: Mid C19th
- Phase IV: Early C20th
- Phase V: Late C20th



Project title:
The former Worcester Royal Infirmary, Castle Street, Worcester



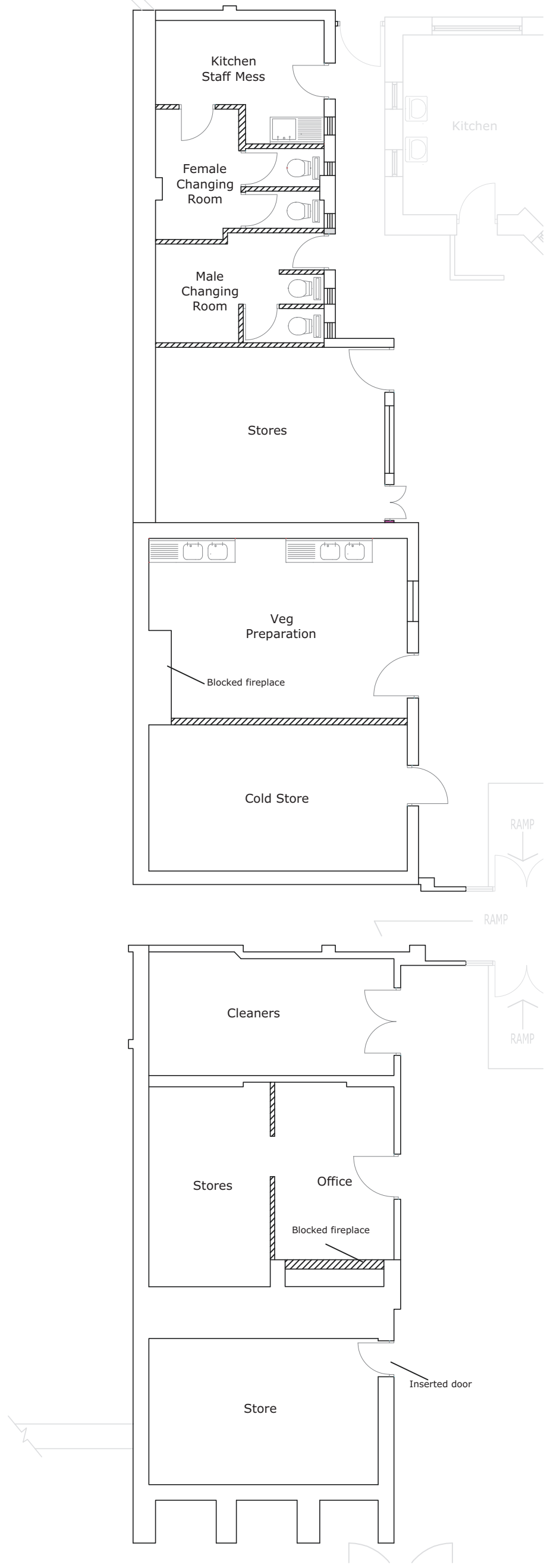
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Scale at A3: **1:100**
 0 ————— 2 m

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Figure 36: Walnut Tree House (B.30) - lower ground floor phase plan






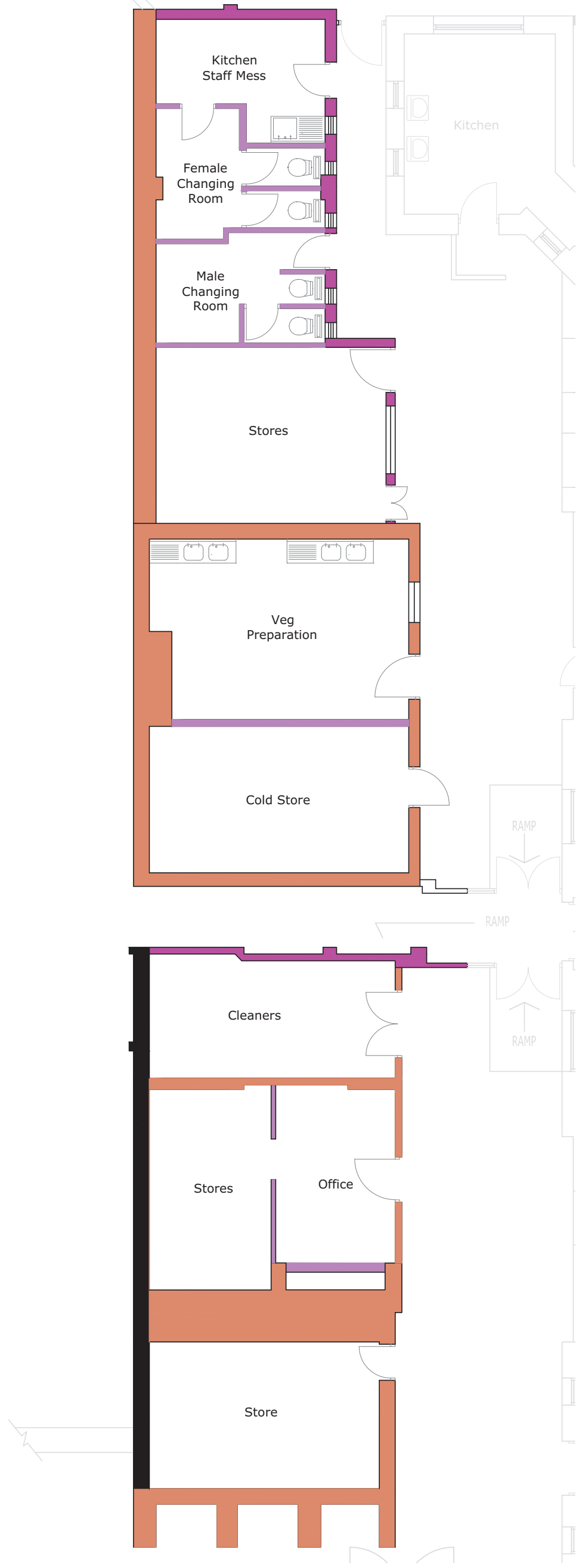

 Inserted partition HER No.: WCM101621	 N	Project title: The former Worcester Royal Infirmary, Castle Street, Worcester	 London Cheltenham Kettering Newark Birmingham www.cgms.co.uk <i>Planning & Development Archaeology & Historic Buildings</i>
		Scale at A3: 1:100	

Figure 37: Southern service range (B.33 - 36) - ground floor plan



<p>HER No.: WCM101621</p>	<p>■ c.1770</p> <p>■ 1887 - 1890</p> <p>■ 1930s</p> <p>■ 1950 - 1980</p>	<p>N</p>	<p>Project title: The former Worcester Royal Infirmary, Castle Street, Worcester</p>	 <p>London Cheltenham Kettering Newark Birmingham www.cgms.co.uk</p>
	<p>Scale at A3: 1:100</p>		<p>Date printed: 24/12/11</p>	

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Figure 38: Southern service range (B.33 - 36) - ground floor phase plan

Additional information:


 Stonework



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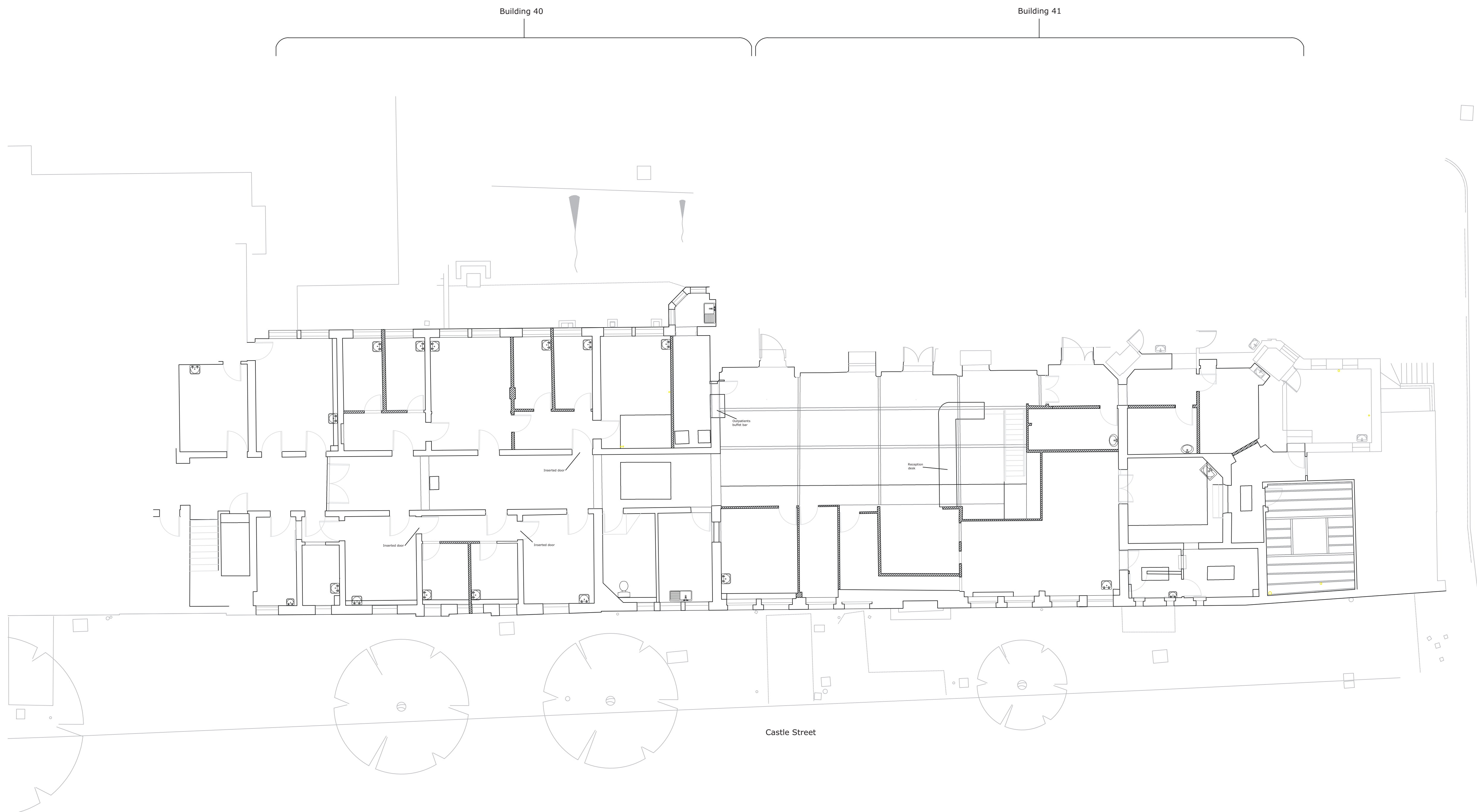
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Drawn by: KH
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Figure 39: Outpatients department (B.40 and 41) - northern elevation



Additional information:

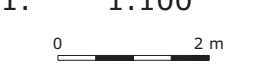
 Inserted partition (1930s)

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Figure 40: Outpatients department (B.40 and 41) - lower ground floor plan

Additional information:



-  Stone
-  Later replacements

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

Scale at A3: **1:100**
0 2 m

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Figure 41: Mulberry House (B.43) - eastern elevation



Additional information:

-  Stone
-  Later replacements

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Figure 42: Mulberry House (B.43) - northern elevation

Additional information:



-  Stone
-  Later replacements

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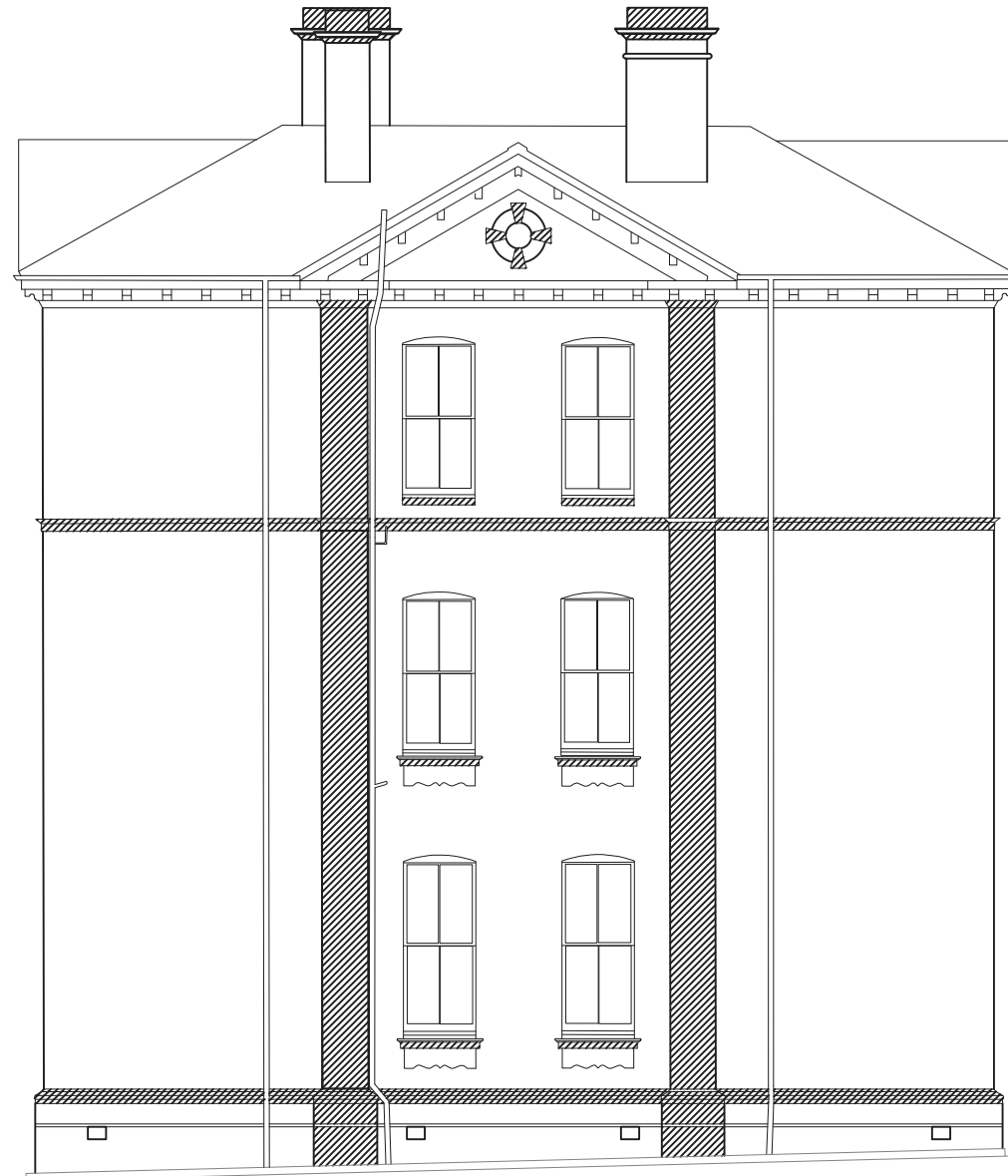
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0 2 m



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Figure 43: Mulberry House (B.43) - western elevation



Additional information:



-  Stone
-  Later replacements

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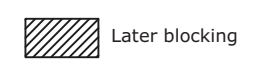
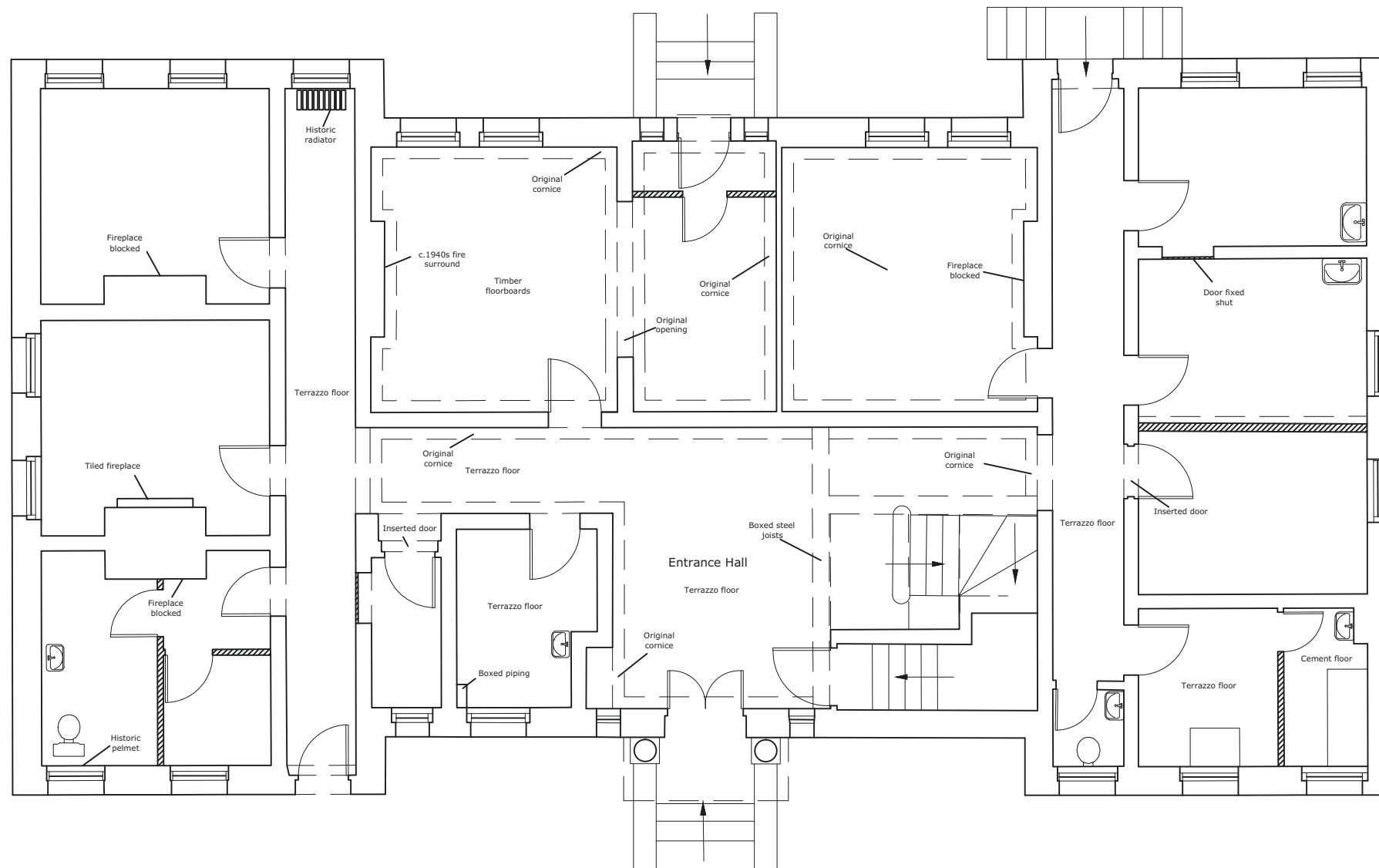
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Figure 44: Mulberry House (B.43) - southern elevation

Additional information:



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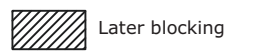
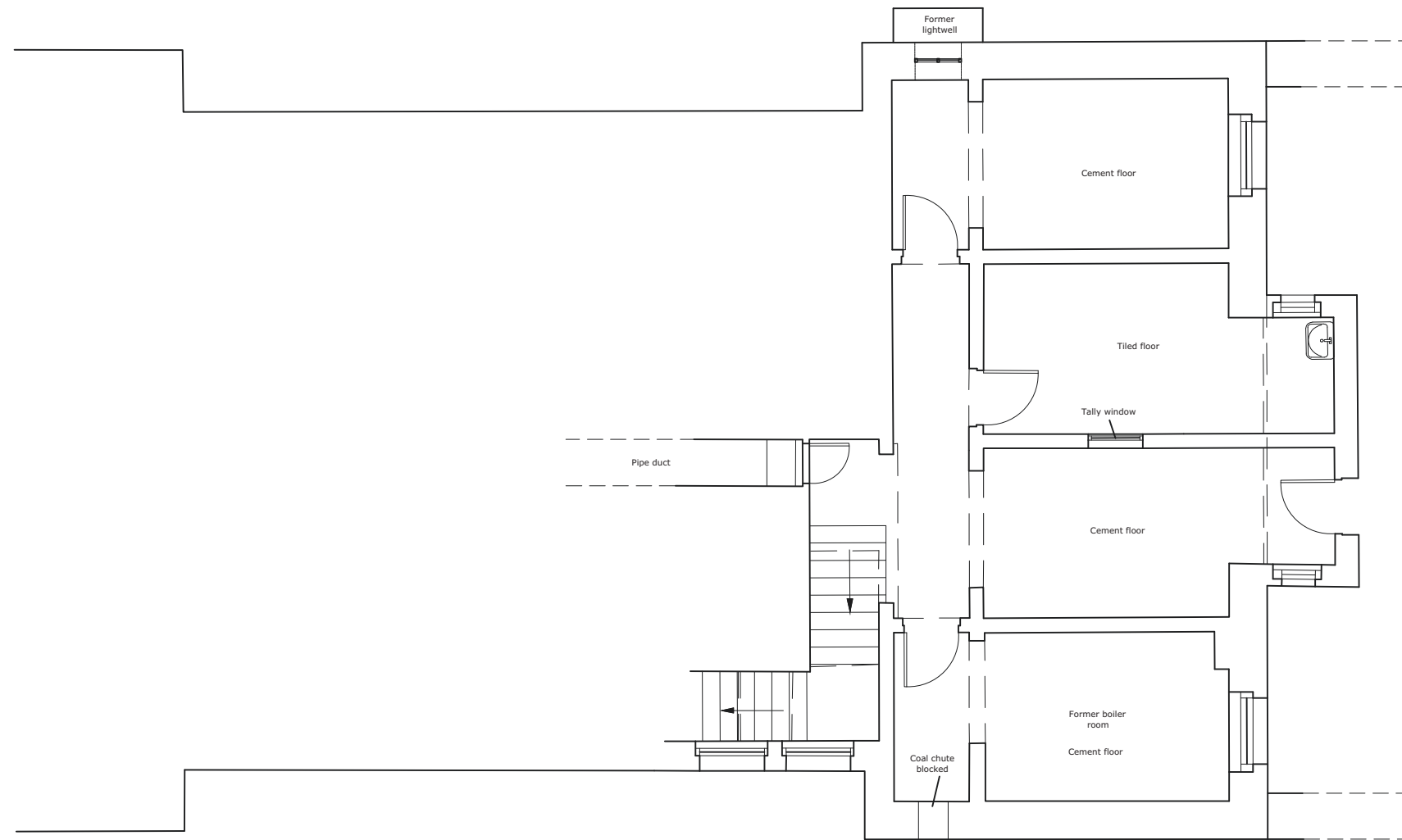
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Figure 45: Mulberry House (B.43) - ground floor plan

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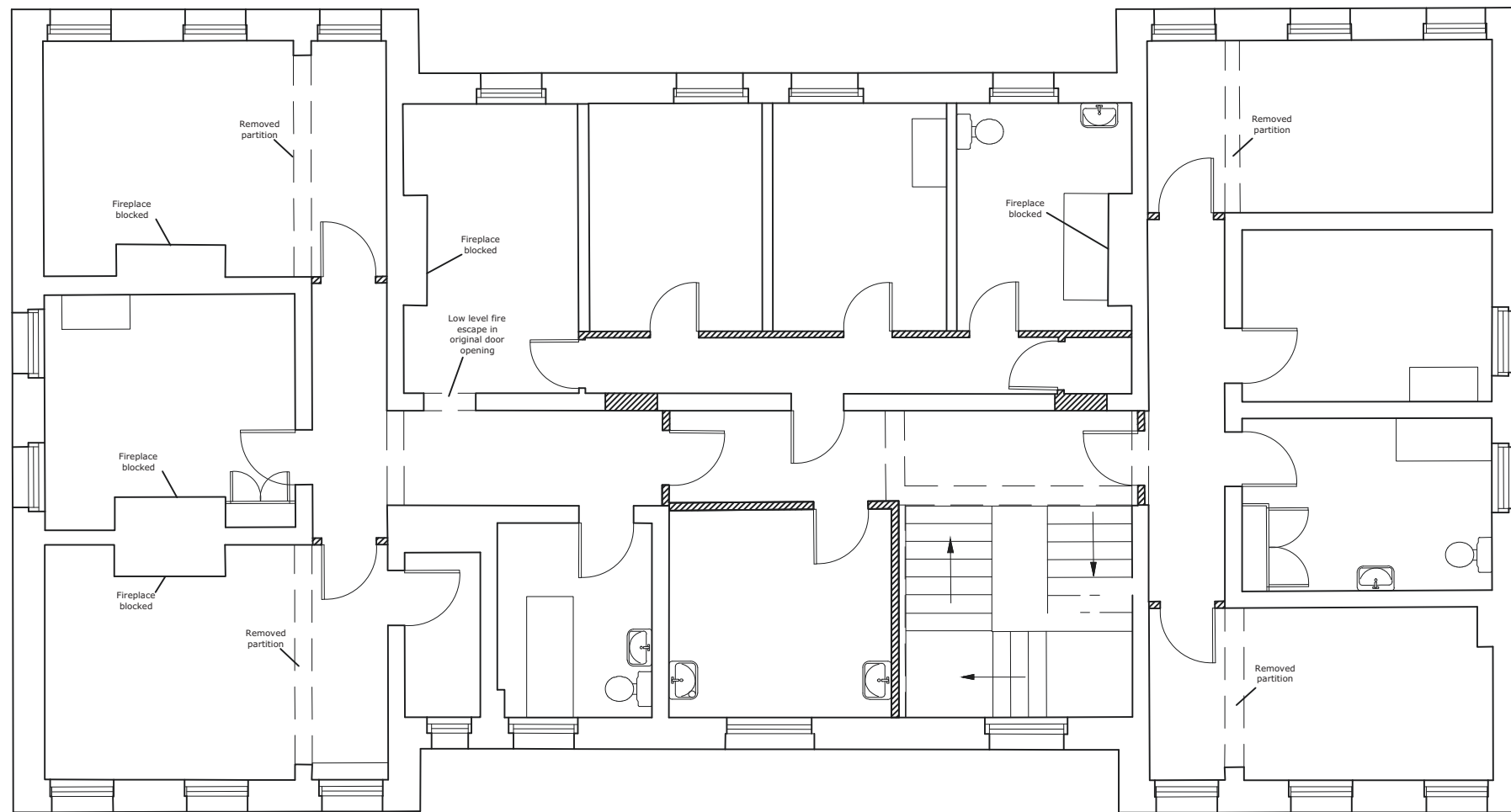
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Figure 46: Mulberry House (B.43) - basement floor plan

Additional information:



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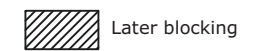
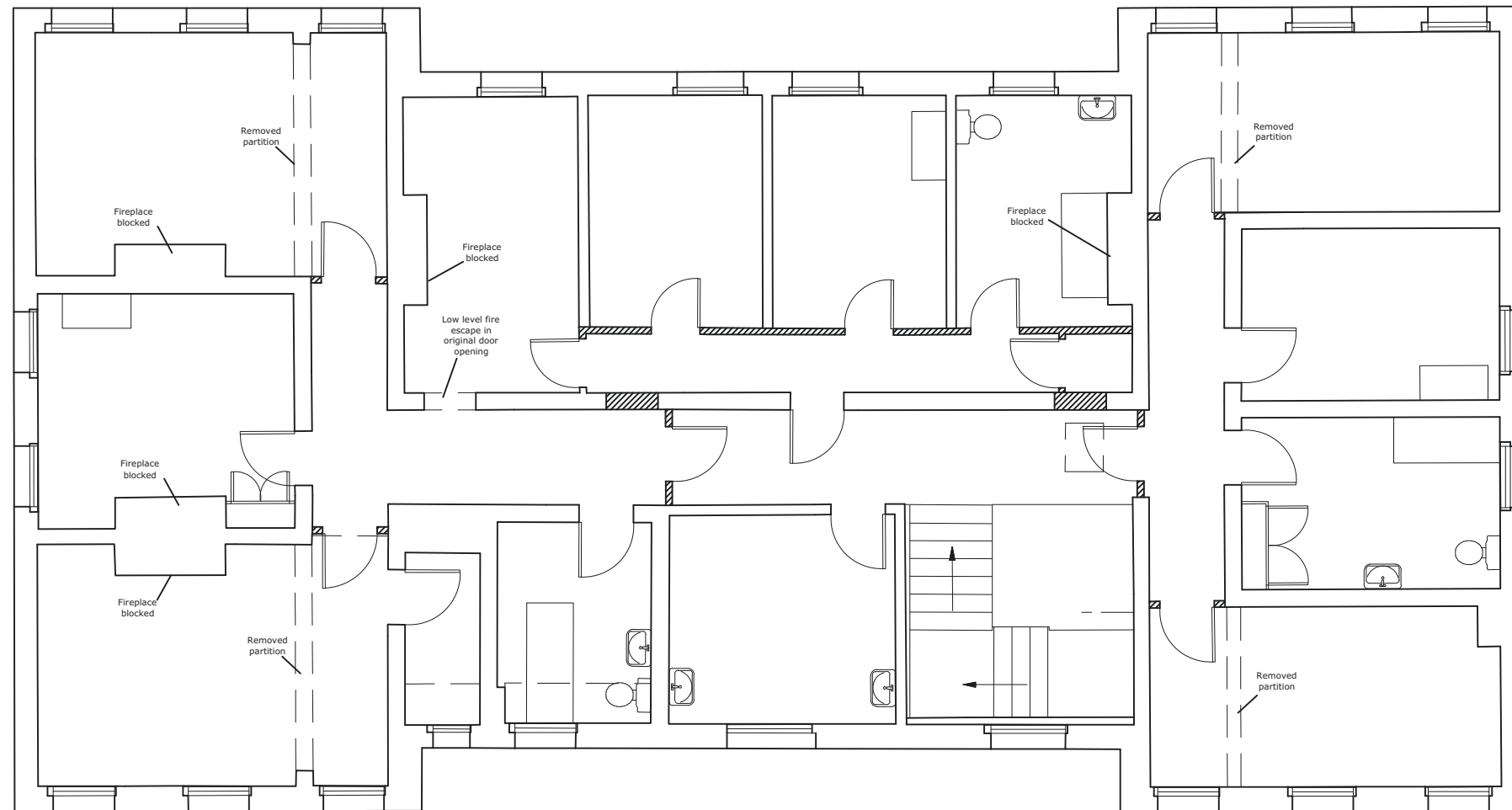
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Figure 47: Mulberry House (B.43) - first floor plan

Additional information:



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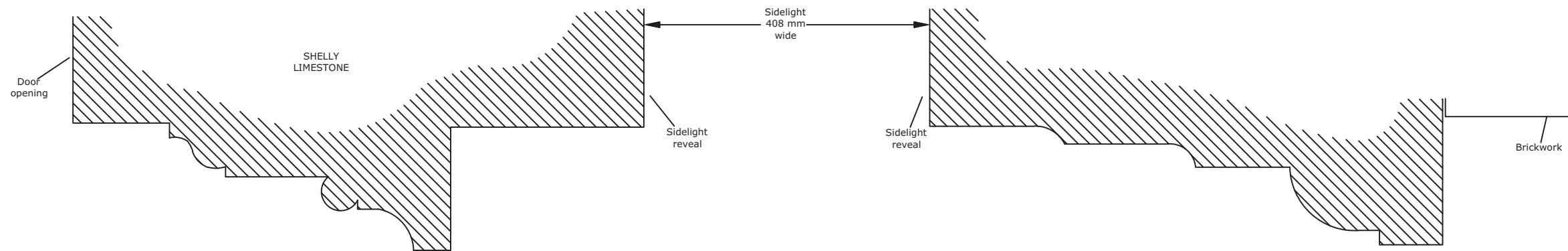
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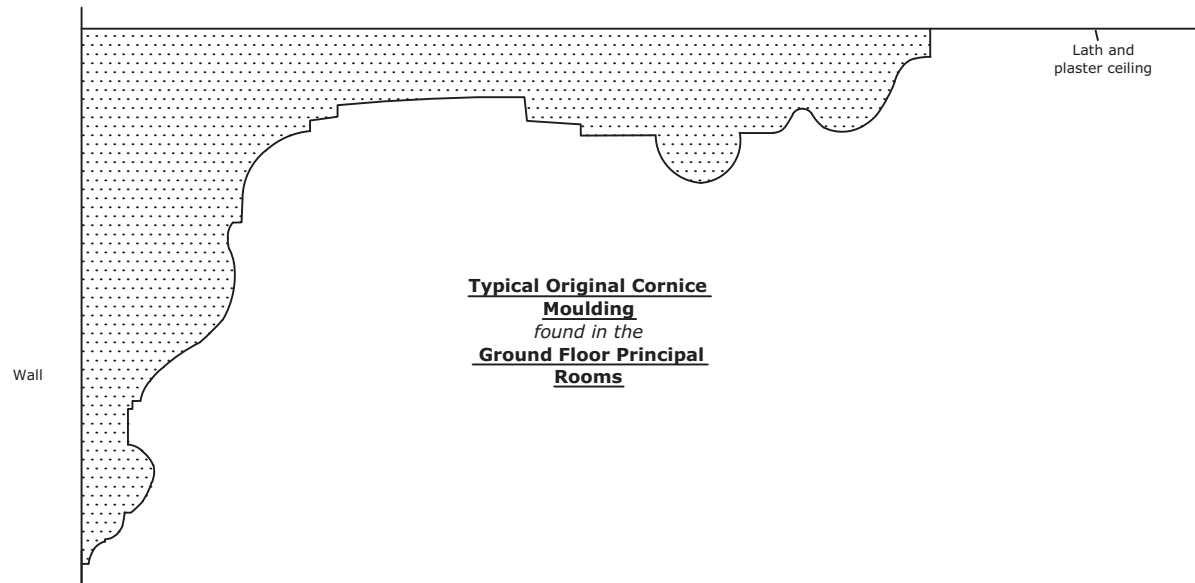
Scale at A3: **1:100**
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Figure 48: Mulberry House (B.43) - second floor plan



Original External Architrave Moulding around the Rear Entrance
(1897)

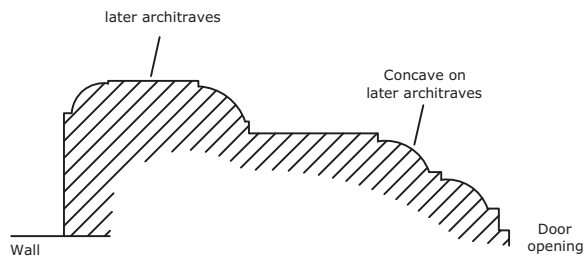


Typical Original Cornice Moulding
found in the Ground Floor Principal Rooms

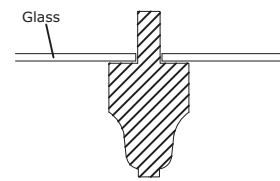
Typical Original Skirting-board Moulding
found in the Principal Ground Floor Rooms

Typical Original Skirting-board Moulding
found in the Ground Floor Rooms

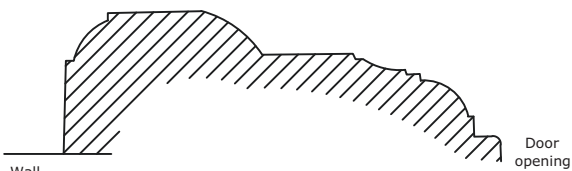
Typical Early C20th Skirting-board Moulding
found Throughout



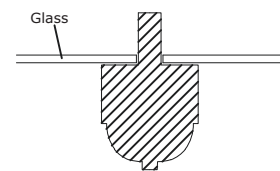
Original Architrave Moulding
(1897)



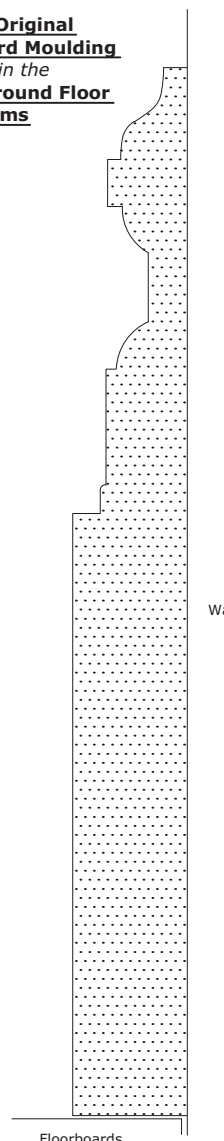
Typical Original Internal Glazing Bar Moulding
Ogee with keel (1897)



Early C20th Architrave Moulding
(c.1910)

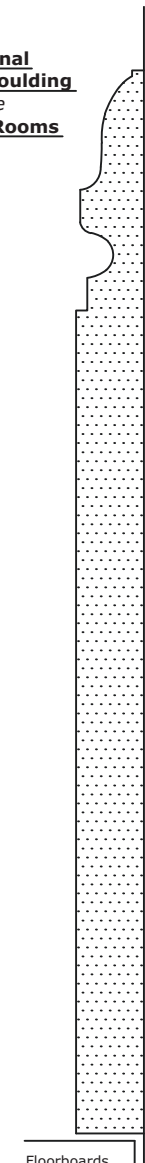


Early C20th Internal Glazing Bar Moulding
Roman Ovolo with keel (c. 1910)



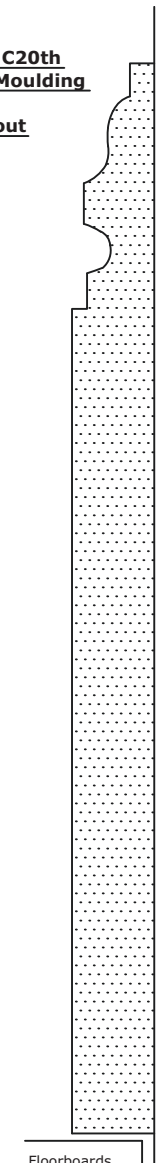
Wall

Floorboards






Wall

Floorboards



Wall

Floorboards

-  Timber
-  Stone
-  Plaster

Additional information:

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Figure 49: Mulberry House (B.43) - moulding profiles

HER No.: WCM101621

Building Identification

1 - Works Offices
2 - Works Offices
3 - Works Offices
4 - Works Offices
5 - Works Offices
6 - Works Offices
7 - Virus Lab
8 - Chimney
9 - Shed
10 - Boilerhouse
11 - Calorifier
12 - Calorifier
13 - Severn Suite
14 - Medical Secretaries
15 - Medical Secretaries
16 - Medical Secretaries
17 - Bates and Theatre Blocks
18 - Isolation Cottage
19 - Gas Bottle Store
20 - Microbiology Department
21 - Microbiology Department (Store)
22 - Infirmary Chapel
23 - Staff corridor to Nurse's Home
24 - Infirmary Block
25 - Boilerhouse fuel store/ supply
26 - Accident and Emergency Department
27 - Nurse's Home
28 - Shed
29 - Garage
30 - Walnut Tree House
31 - Wall House
32 - Shed
33 - Workshop/ Works Stores
34 - Workshop/ Works Stores
35 - Workshop/ Works Stores
36 - Works Stores
37 - Library
38 - Patient Records
39 - Speech Therapy/ Consultation Rooms
40 - Edward VII Memorial Annex
41 - Edward VII Memorial Annex
42 - Gate Piers and Railings
43 - Mulberry House
44 - Butts Siding Viaduct
45 - Boundary Wall
46 - Boundary Wall
47 - Boundary Wall
48 - Boilerhouse
49 - Staff Restaurant



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Figure 50 : General phasing of Infirmary development



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