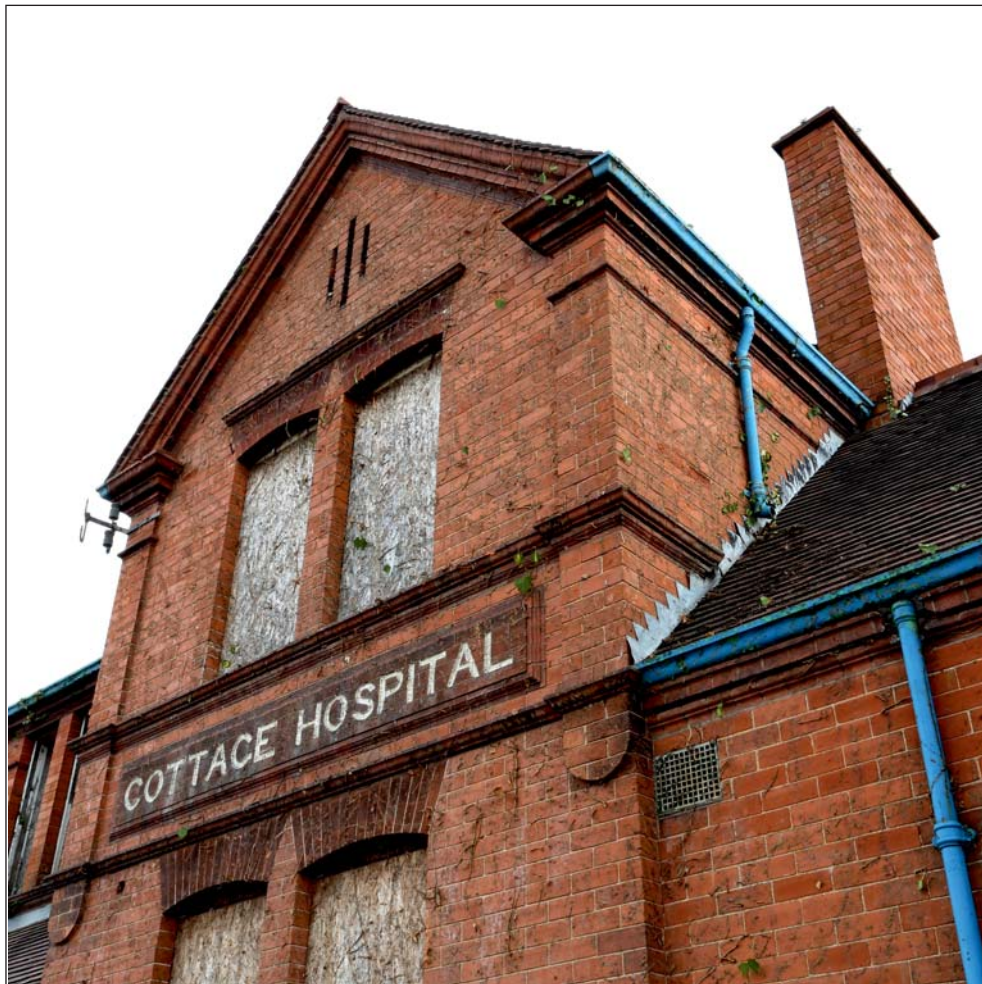




making sense of heritage

# Former Cottage Hospital Defford Road, Pershore Worcestershire

Historic Building Record



Ref: 112400.01  
July 2016



**Former Cottage Hospital  
Defford Road  
Persnore  
Worcestershire**

**Historic Building Record**

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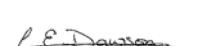
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# Former Cottage Hospital Defford Road Pershore Worcestershire

## Historic Building Record

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# Former Cottage Hospital Defford Road Pershore Worcestershire

## Historic Building Record

### Summary

Wessex Archaeology was commissioned by CgMs Consulting to create an historic building record of the former late 19th century Cottage Hospital at Defford Road, Pershore, Worcestershire. Wychavon District Council granted planning consent for the demolition of the existing buildings and the redevelopment of the site to 23 sheltered apartments for the elderly including communal facilities, access, car parking and landscaping.

In response to planning proposals, pre-application advice from the Historic Environment Advisor at Worcestershire Archive & Archaeological Service to Wychavon District Council recommended an Historic England Level 3 survey of the buildings to ensure that the buildings were documented prior to their demolition. The building recording exercise was carried out between February and April 2016 and consisted of a measured survey, digital photographic record, documentary research and a written record.

The first Cottage Hospital was set up in a converted cottage in the village of Cranleigh, Surrey in 1859 by Dr Albert Napper. These hospitals began to be built to a fairly simple and similar plan form, although with a great variety of different architectural styles. Pershore Cottage Hospital was constructed in 1895 and opened in November of the same year with only two beds and a cot, although by 1905 this had expanded to eight beds. By this time there were an estimated 300 Cottage Hospitals built in England. Anecdotal evidence suggests that Florence Nightingale was involved in the design at Pershore.

Pershore Hospital prospered through the early 20th century and a separate nurse's home was built in 1925. Later, in 1937, an operating theatre was added complete with x-ray machine. Any further expansion was hindered soon afterwards by the outbreak of World War II. In 1948 the Cottage Hospital became part of the new National Health Service.

Like many former Cottage Hospitals, Pershore continued to benefit from local support, in this case from the Friends of the Cottage Hospital Association. In 1976 a new ward was opened, added onto the rear of the original buildings, and later still, a new physiotherapy block was built as well as a reorganised Minor Injuries Unit.

Pershore is a well-preserved example of the Cottage Hospital design. It is well designed and constructed with machine-made bricks with interesting architectural detailing. The interior was badly decayed as the building had stood neglected for some time. This report will ensure that a suitable record of the building is documented for posterity prior to its demolition.



**Former Cottage Hospital  
Defford Road  
Pershore  
Worcestershire**

**Historic Building Record**

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The site survey and photography was carried out by Bob Davis assisted by Vijaya Pieteron. Documentary research was carried out by Vijay Pieteron. This report was compiled by Bob Davis who also created the phased plans. Other illustrations were prepared by Elizabeth James.

The project was managed for Wessex Archaeology by Lucy Dawson.





# Former Cottage Hospital Defford Road Pershore Worcestershire

## Historic Building Record

### 1 INTRODUCTION

#### 1.1 Project background

- 1.1.1 Wessex Archaeology was commissioned by CgMs Consulting to create an Historic Building Record (HBR) of the former Pershore Cottage Hospital, Defford Road, Worcester, WR10 1HZ. Planning permission (planning application ref: W/15/03239/PN) was granted by Wychavon District Council for the demolition of the existing buildings and the redevelopment of the site to 23 sheltered apartments for the elderly including communal facilities, access, car parking and landscaping.
- 1.1.2 The former Cottage Hospital stands within a conservation area and has been identified as a locally important building within the Pershore conservation area appraisal.
- 1.1.3 In response to planning proposals, pre-application advice from the Historic Environment Advisor (HEA) at Worcestershire Archive & Archaeological Service (WAAS) to Wychavon District Council (WDC) recommended an Historic England Level 3 survey of the buildings was required to ensure that the buildings were documented prior to their demolition.
- 1.1.4 The historic building recording was carried out in accordance with a Written Scheme of Investigation (WSI) (Wessex Archaeology 2016), which was submitted in advance of the work to WDC for approval.

#### 1.2 Site location and description

- 1.2.1 The former cottage hospital was located approximately 300 m to the west of the River Avon in the town of Pershore, Worcestershire. The general site is bounded to the west by Defford Road, residential properties to the north, sports fields to the east and a doctor's surgery to the south. The former Hospital is centred on NGR 394856 245362 (**Figure 1**).
- 1.2.2 The main hospital building occupied the majority of the site. It consisted of a large brick building of many different dates and styles and roof types. At the time of the survey the buildings had been neglected for some time. Parts of the exterior had become covered in ivy and the interior was very decayed. The first floor was not accessible due to structural concerns, however, access was possible to the ground floor rooms.

#### 1.3 Previous work

- 1.3.1 An archaeological Desk-Based Assessment (DBA) was produced by CgMs Consulting in 2015 for the whole site. This document was required to assess the archaeological potential of the site, identify the presence of heritage assets and to assess the impact of the proposed development on their significance.

- 1.3.2 A Heritage Statement (HS) and Heritage Impact Statement (HIS) were also produced by Richard K Morris & Associates in 2015.

## **2 METHODOLOGY**

### **2.1 Aims**

- 2.1.1 The principal aim of the HBR, as set out in the WSI, was to create a permanent record of the cottage hospital building prior to its demolition, so that it was 'preserved by record'. This was to be achieved using a variety of recording methods as outlined below. The recording was in line with English Heritage Level 3 analytical record as set out in the document '*Understanding Historic Buildings, a guide to good recording practise*' (English Heritage 2006).

### **2.2 On site recording**

- 2.2.1 The site was digitally photographed using a Canon Eos 5D Mark III full frame camera. Canon Raw files were taken and, from these, Tagged Image File Format (TIFF) image files have been created for recommended archive standard and are typically 29MB each.
- 2.2.2 A selection of the archive images has been reproduced in this report for illustration purposes (**Plates 1-31**). General views were taken of the building and its setting and also close elevation details. The ground floor was accessible with care and individual rooms photographed. The first floor was not accessible due to structural concerns. A second visit was made after the excessive ivy growth over the front façade had been removed. A third visit was made in order to take photographs of the front roof construction. This was carried out externally utilising a Mobile Elevating Working Platform (MEWP).

### **2.3 Documentary research**

- 2.3.1 The existing Heritage Statement (Richard K Morris & Associates, 2015) has been utilised to provide a detailed documentary background history for the site. In addition, a visit to the Worcester Archive and Archaeology Service (WAAS) was made.

### **2.4 Drawn record**

- 2.4.1 Existing floor plans of the cottage hospital were provided by the client. These are presented in **Figures 3-4**. Hard copies of these floor plans were taken to site and checked for inaccuracies and annotated with any significant features and the direction and number of plates forming the archive.

### **2.5 Site visits**

- 2.5.1 The site was visited on three separate occasions: 29th February, 21st March and Thursday 14th April 2016.

### **3 HISTORIC BACKGROUND**

#### **3.1 Introduction**

3.1.1 The previously produced DBA (CgMs 2015) and HS (Richard K Morris & Associates 2015) set out a comprehensive historical background to the site. This report focuses on the cottage hospital and, it is considered appropriate, given the level of record, to repeat the detailed background in this report.

#### **3.2 The Cottage Hospital**

3.2.1 Up until the mid-19th century most hospitals for the general public were fairly large institutions in the larger towns, and treatment of the sick, especially the poor, in smaller communities was often limited.

3.2.2 Dr Albert Napper moved from Guildford, Surrey, to a rural practice and was well aware of the *'impossibility of rendering efficient aid in urgent cases of accident or disease, with no other accommodation than that afforded by the miserable abodes of the poor'* (Richardson 1998).

3.2.3 In 1859 he opened a small hospital in a converted cottage which he named Cranleigh Village Hospital, and this idea of rural community hospitals – offering much of what the larger town hospitals could but on a much smaller scale - swiftly became popular; by the end of the century there nearly 300 in England alone.

3.2.4 Cottage hospitals began to be built to a fairly simple and similar plan form, although with a great variety of different architectural styles. In general there would be two wards – male and female – separated by an office or reception block and with further services in a block projecting from the rear.

3.2.5 Several books were written about the setting up and running of a cottage hospital, usually recommending that the 'cottage' aspect should never be forgotten and that the architecture should reflect the local vernacular of the area in which the hospital was to be built – though this was certainly not always adhered to.

3.2.6 Many cottage hospitals were built to reflect national events – such as the various Jubilees of Queen Victoria, or a coronation. In the aftermath of World War I, where there was still a clear need for such a hospital, it could be dedicated as a memorial to those who had lost their lives in the conflict.

#### **3.3 Pershore Cottage Hospital**

3.3.1 Many cottage hospitals relied on large donations from wealthy individuals, usually local philanthropists, and this was the case at Pershore. Although a new infirmary was built at the town's workhouse in the 1890s, to cater for its 'destitute inhabitants', there was no other facility for the 'deserving' people of the town.

3.3.2 In 1893, a wool merchant living at Perrott House in the town, Charles Ganderton, left a legacy of £500 in his will to set up a cottage hospital with the proviso that the townsfolk had to match that amount. Ganderton also left a much more substantial amount, of £7,000, to the Worcester Royal Infirmary – where a ward was subsequently named after him.

3.3.3 Anecdotal evidence suggests that the Victorian nursing pioneer Florence Nightingale helped to encourage fund raising and also had an input into the design of the hospital itself.

- 3.3.4 The land on Defford Road was bought in March 1894. Costing an initial sum of £1,141 the hospital was opened by Lady Coventry on the 14th November 1895. Initial provision was modest with just two beds and a cot, although this had expanded to eight beds by 1905.
- 3.3.5 According to the Hospital rules it was designed to receive '*persons from Pershore and the neighbouring parishes suffering from accidents and diseases requiring active medical or surgical treatment*' (Stewart 2010). *It was not intended for infectious diseases but its 1911 report noted that 'under circumstances which no amount of foresight or care could prevent, Scarlet Fever has twice introduced itself into the Hospital during the year...the cases were promptly removed to the Isolation Hospital'*; this was in Three Springs Road and probably run by the cottage hospital (Ibid).
- 3.3.6 Initially the hospital had three 'Honorary Surgeons': Dr's. M Woodward, J B Rusher and J G Rusher. A Sister Jesse was the first Matron but had been replaced by a Sister Digwood by 1900 and a Sister Bolt by 1905.
- 3.3.7 The hospital continued to be run through voluntary donations and bequests and in the 1920s had an endowment of around £60 a year from stocks and shares held by the Trustees. Alfred Ricketts Hudson gave £100 in order that the interest be used to 'cheer the patients at Christmas'.
- 3.3.8 In 1925 a new Committee was established to look after the district nursing of the area, which had been undertaken by the cottage hospital. A new home for the nurses was built to the south of the main hospital buildings in the same year.
- 3.3.9 Largely due to a donation of £2,000 by a Mr Salisbury, a new operating theatre block was built between the main hospital and the nurses home in 1937. It also included an anaesthetic room and some X-ray equipment. Any further expansion was hindered by the outbreak of World War II soon afterwards. Following the end of the war and the landslide Labour victory, in 1948 the Cottage Hospital became part of the new National Health Service.
- 3.3.10 Like many former cottage hospitals, Pershore continued to benefit from local support, in this case from the Friends of the Cottage Hospital Association. In 1976 a new ward was opened, added onto the rear of the original buildings, and, later still, a new physiotherapy block was built as well as a reorganised Minor Injuries Unit.
- 3.3.11 In June 2002, the Minor Injuries Unit was closed because of lack of staff and local health service needs were then being reorganised by the new South Worcestershire Primary Care Trust which had come into being on the 1st April that year.
- 3.3.12 The Primary Care Trust eventually decided to close the hospital and to build a new combined health centre and hospital at the opposite end of the town. This opened in December 2006 and the old cottage hospital site was closed. It appears to have lain empty since this time.

### **3.4 Cartographic evidence**

- 3.4.1 The cottage hospital is first depicted on the 1904 Ordnance Survey (OS) map (**Figure 2a**). This map shows the Hospital standing in a square plot of land on the east side of Defford Road, with access off the road in the north-west corner of the plot. The building is shown as irregular in plan with projections to the north side, north-east corner, east side and south-west corner. There are no other buildings depicted on the map. The map refers to the building as 'Cottage Hospital'.

- 3.4.2 The cottage hospital is next shown in the cartographic sequence in 1938 (**Figure 2b**). The OS map of this time shows that there had been significant change to the site. The site boundary has changed with part of the south plot integrated into the Cottage Hospital plot.
- 3.4.3 Along the north side of the building, the recess visible between the north side projection and the north-east, shown on the 1904 map, has been infilled creating a continuous north side. Part of the east projection has also been extended and the south-west 'L' plan extension is now built. To the south is an additional free-standing building considered to be the nurses home.
- 3.4.4 Further additions had taken place by the time of the 1967 OS map (**Figure 2c**). The free-standing Nurses Home, to the south, is now rectangular in plan. This is thought to be because the gymnasium had been built onto the east side. The east side has also been extended further to match the length of the north side of the building and a small free-standing structure, thought to be the small garage, is shown a short distance away from the north-east corner.
- 3.4.5 The late 20th century saw the last major changes to the floor plan. The 1985 OS map (**Figure 2d**) shows that, by this time, the west side of the hospital had been extended further to the west to incorporate the female ward and TV/dayroom. The south-west corner of the original cottage hospital building has also been changed. Gone is the small south-west projection seen on the 1904 OS map. In its place is a small square plan building projecting out from the corner and from the west and south sides of the main building.
- 3.4.6 The nurses home at this time is still free-standing and only became tied to the main building to the north after 1985.
- 3.4.7 An early 20th century post card (present in the HS & HIS, although not reproduced in this report) and also shown on Peter Maleczek's Flickr page [www.flickr.com/photos/backmanmal/3381868454](http://www.flickr.com/photos/backmanmal/3381868454), shows the main frontage of the cottage hospital. It is not certain when exactly the post card image was taken but, it must have been a few years after it was completed as the front is partly covered in climbing plants. The image shows the gated entrance and gravel apron surrounding the main building. The asymmetrical frontage shows a mixture of window types, including large pane vertical sashes to the first floor and top hinged vents, and sashes to the ground floor. The small sun lounge is painted white with moulded columns and large glazed panels facing the west sun shine. The small south-west projection is shown unchanged at this time. It consists of a small brick structure with pitched and gabled roof. The image also shows the varied roof pitches and heights across the whole building. The north side of the building can just be seen. Here, a single storey extension with low level brick chimney can be seen.

## 4 BUILDING DESCRIPTION

### 4.1 Introduction

- 4.1.1 The following description is presented by phase. As the building was very decayed internally, much of this phasing is based on cartographic evidence and restricted assessment of the existing fabric. The various identified phases of build are shown on **Figures 3-4**. Where they have been identified, the internal rooms are referred to by the names provided on supplied plans. These are thought to represent the last use of the individual spaces at the hospital and are annotated accordingly on the phased floor plans.

## 4.2 Phase 1 1895

4.2.1 The original cottage hospital building was largely 'fossilised' within the present building (**Figures 3-4**). Although the interior had been much altered, the plan form had been mostly retained. The main west facing façade had also been largely retained (**Plate 1**). Here, the original asymmetrical frontage well illustrates the cottage style typical of such buildings.

### Exterior

4.2.2 The building is constructed in high quality machine made red brick laid in stretcher bond with architectural styling including a plinth with moulded top, a moulded string at window sill level and at window head level to the ground floor. These architectural devices are repeated at first floor, with a moulded string at window sill level. However, the upper moulded string breaks the line of the first floor windows. The single gable, to the projecting two storey front of the building, had an open pediment supported on capitals with moulded verges and paired window heads. Other detailing consists of brick pilasters beneath the moulded capitals, the base of which is carried below the ground floor window heads breaking the vertical line (**Plate 2**). Within the open pediment are three vertical vents providing air circulation to the inner space of the roof.

4.2.3 The large window in the west side of the north projection 'staff dining room' is framed in a plain narrow projection. This also breaks the line of the plinth and sill moulding (**Plate 3**).

4.2.4 At the time of the survey the roofs were covered in plain red clay tiles with red clay ridge tiles and a variety of pitches, half hips and gables. Where the roof slopes were set against other gables or walls, then lead flashing had been set into the brickwork preventing water ingress. Comparison between the early 20th century postcard image of the Cottage Hospital and the present building suggests that the chimneys have been rebuilt. The two main stacks at the front of the building are shown on the postcard with large corbelled heads; the present chimneys have plain stacks.

4.2.5 The coloured postcard also suggests that originally the roofs were covered in blue slates.

4.2.6 The north side of the building illustrated the extensive alteration to this part of the building. The staff dining room, located in the north projection and parts of the kitchen wing, were original (**Figure 3, Plate 4**). The north projection carried the same architectural detail as the front elevation. An additional feature, more obvious on the north projection was the presence of wall air-vents. This is an indicator of a cavity wall construction.

4.2.7 The single storey kitchen wing was treated in a lesser architectural style. This reflects its original utilitarian purpose, possibly always having been the kitchen. However, there was some detailing in the form of moulded profiled bricks along the eaves. The construction of the walls is also different as the bricks are of lesser quality than the main front of the building. Laid in English bond, they contain more flared or blue headers (**Plate 5**). The roofs here are also of different levels, pitched and covered in plain red clay tiles.

4.2.8 Much of the east side and south side of the original building had been 'over-built' by later phases of extension and were not possible to record in detail.

### Interior

4.2.9 Although the interior of the original building was badly decayed and, in places, semi-derelict and unsafe due to it being uninhabited for several years, it was possible to record some of the original circulation and spaces. There were also some remnants of original features



present. The functions of the interior spaces are not fully understood as they have changed use over the years, but some original use can be inferred.

- 4.2.10 The interior of the staff dining room had a high ceiling. The walls retained an original skirting board, dado rail and picture rail and the room was heated by a chimney on the south wall (**Figure 3, Plate 6**). The location of this room, partly set away from the ground floor wards, and the more domestic features such as dado and picture rails suggest that this room was an office.
- 4.2.11 The rooms along the ground floor west side of the building were probably all originally wards. They lacked the dado and picture rails seen in the staff dining room. However, they were heated by back-to-back fireplaces and had ready access to the west sun lounge (**Figure 3, Plates 7-8**). The ceilings appear original consisting of lath and plaster and the two west windows in the smaller ward are also original. They match the windows shown on the early 20th century postcard and consist of large paned vertical sashes with original fasteners.
- 4.2.12 The sun lounge, a small narrow room along the west front of the building has been altered since the publication of the early 20th century postcard. On the card the glazed framing is shown as moulded or turned columns painted white, while the existing framing is clearly a replacement in plain dark hardwood (**Plate 9**).
- 4.2.13 The entrance hall retains its original appearance. The floor surface is plain herringbone pattern ceramic tiles and simple bead moulded softwood skirting board. There was a decorative dado bead in the wall plaster and the front door appears to be original (**Plate 10**).
- 4.2.14 The entrance leads to a hall containing the original stairs located in the centre of the original building. (**Figure 3**). The open well staircase has a turned newel post, moulded hand rail and turned balusters (**Plate 11**). There was an original window in the south wall providing natural light to the quarter landing.
- 4.2.15 The male ward on the south side of the staircase, although largely part of the original building, was probably altered into its existing plan form. In the south-west corner is an angled chimney which may have been added when the 1937 operating theatre was added changing this end of the original building (**Figure 3, Plate 12**).
- 4.2.16 To the east of the hall is a large room possibly used as a ward originally. Little remained of any original fixtures and or fittings but it did retain its lath and plaster ceiling (**Figure 3, Plate 13**).
- 4.2.17 The north single storey kitchen wing has been extensively altered in order to maintain modern hygiene practises. This meant that little remains of the original interior. However, the small food store building at the east end of the original kitchen retains an original stone food preparation bench (**Figure 3, Plate 14**).
- 4.2.18 Unfortunately, it was not possible to access the first floor due to evidence of collapse. However, from the existing plan form, it would appear that it was probably laid out for staff accommodation (**Figure 4**). This was the only section of the original hospital with a first floor. It can be assumed that it was probably not meant for patients as there would have been stairs to negotiate. There may have been some later alterations to the plan form but, the west side of the building has two chimney stacks providing heat to the two principal rooms on this side as well as a third chimney on the east side, which provided heat to the

east room. A small toilet was also provided at the north-east side of the landing area. This has later been widened to incorporate a shower.

#### Roof

- 4.2.19 During the careful removal of the roof coverings over the front west of the building it was possible to gain visual access via a mobile working platform from the outside. Internal access was not possible. However, it was possible to assess the general construction of the main part of the roof and the north projection.
- 4.2.20 The main roof was not trussed in the traditional sense. Rather single purlins were fixed to the main hip rafters and supported internally by brick walls. It is thought that, due to the different levels and pitches of the roof, traditional trusses spanning across the width of the building were not suitable. The result still forms a well-supported structure that has stood the test of time (**Plates 15-16**).
- 4.2.21 The roof over the north projection is simpler in comparison to that over the main building. Here it consists of a brick gable to the north with opposing single purlins set into both the gable and north wall of the main building (**Plate 17**). Common rafters are set over the purlins and nailed to a ridge board at their apex.

### **4.3 Phase 2 pre-World War I**

- 4.3.1 Cartographic evidence would appear to suggest that the kitchen wing was extended further to the east shortly after the cottage hospital was completed (**Figure 3**). This small extension is constructed in very similar style to the main kitchen (**Plate 5**) comprising red brick walls laid in English bond with the eaves of similar moulded design. The interior was fitted out with red quarry tiled flooring and rendered walls and a door knocked through from the kitchen store room (**Plate 18**).

### **4.4 Phase 3 1925**

- 4.4.1 The 'new' home for nurses was built to the south of the main hospital building in 1925. This two storey building was built in order to house nursing staff or to replace and upgrade the existing first floor accommodation to the main hospital building.

#### Exterior

- 4.4.2 Constructed in red brick laid in stretcher bond, this extension is simply designed and lacks the architectural flourishes of the earlier building (**Plate 19**). Two external chimney stacks heated the interior whilst high level plain window openings lit the interior. The roof is hipped and covered in plain red clay tiles. The north-west end has been altered to accommodate a new entrance and the east side has a single storey extension.

#### Interior

- 4.4.3 It would appear from the existing circulation of the ground floor that this part of the building had undergone significant changes from its original layout (**Figure 3**). The present ground floor consists of a large treatment room for casualty patients (**Plate 20**).
- 4.4.4 No access was possible to the first floor, but plans supplied by the client suggest that the general layout of nursing staff bedrooms was retained (**Figure 4**). This consists of a staircase to the central north side and four bedrooms and a toilet. This layout may not be original as the two chimney stacks only heat two of the bedrooms. It is therefore possible that originally the bedrooms were designed as dormitories with more of an open plan form.
- 4.4.5 At this time the north kitchen wing was altered (**Figure 3**). The small recess between the staff dining room and the west end of the kitchen seen on the 1904 map was infilled (**see**



**Plate 4).** The bricks were different than those seen on the earlier pre-WWI phase of kitchen extension. This phase of alteration to the kitchen consisted of creating two new dormer windows and a window on the east side of the door opening with a flat lintel.

#### **4.5 Phase 4 1930s**

4.5.1 The north-east of the building was further extended between 1925 and 1937. During this time the mortuary was constructed and located at the north-east corner of the building and away from the main occupied parts of the building for obvious reasons (**Figure 3**).

4.5.2 The design of the building gives reference to the established architectural style of the earlier parts of the hospital. It is constructed in red brick laid in English bond similar to that seen on the kitchen building and stores (**Plate 21**). Architectural reference has been paid to the eaves where, rather than incorporate moulded cornice bricks, standard bricks laid in stepped profile have been used.

4.5.3 The north elevation has a small window and a double set of doors (blocked at the time of the survey). The door opening has a timber lintel and two doors tie-back hooks fixed to the outside brickwork. There was no access to the interior, although plans supplied by the client suggest that the interior was empty (**Figure 3**).

4.5.4 Cartographic evidence would also suggest that the single story boiler house, boiler plant room and small toilet were added to the east side of the main Hospital by this time (**Figure 3**). These plain utilitarian buildings were probably built when the hospital heating was converted from coal to gas. The buildings were constructed in red brick with flat roofs and a tall brick chimney vented fumes (**Plate 22**). No internal inspection was possible.

#### **4.6 Phase 5 1937**

4.6.1 A significant addition to the hospital was made at this time with the construction of an operating theatre, anaesthetic room and x-ray equipment built with the aid of a £2,000 donation from Mr Salisbury. This important addition to the hospital services was located on the south-east corner of the existing building (**Figure 3**).

4.6.2 Some alteration to the existing south side of the building was necessary to connect the new operating theatre rooms to the main hospital. As mentioned above (para.4.2.15), a connecting corridor was created between the two parts of the building and the corner of the small male ward was probably angled at this time to allow for trolley access.

4.6.3 It appears that the north room of the operating theatre extension was divided at a later date, as a blocked chimney, visible at the east end, and on the west side of the small single bed ward, has been blocked and a doorway created on its north side (**Figure 3, Plate 23**). The chimney originally heated the large north room and possibly the small single ward to the west. The operating theatre would not have been fitted with a coal fired chimney for obvious reasons. This room had a high ceiling and was fitted with a large metal framed casement window in the west wall providing some natural illumination to the interior (**Plate 24**).

4.6.4 The single bed ward was probably used for patient recovery and is simply decorated (**Plate 25**). The room still retains its plain 1937 skirting board, but the original window in the south wall has been replaced.

#### **4.7 Phase 6 1955-67**

4.7.1 This phase saw the hospital extended further. A single storey gymnasium was constructed on the east side of the nurses' home (**Figure 3**). This functional building has a flat roof and,

internally, provided a physiotherapy unit fitted out with wall bars and individual treatment bays. The east wall was fitted with two aluminium windows (**Plate 26**).

- 4.7.2 At the same time as the gymnasium was built extra storage buildings were being added to the boiler house wing (**Figure 3**). Most recently described as 'store, bottle store and garden store', they are single storey and constructed in plain fletton bricks laid in stretcher bond with a mono-pitched roof covered with corrugated tin sheeting (**see Plate 22**).

#### **4.8 Phase 7 1979**

- 4.8.1 The last significant expansion of the hospital complex involved the construction of a large extension to the south-east side of the original hospital and the east side of the operating theatre extension (**Figure 3**). This single storey building is flat roofed and built in red brick laid in stretcher bond. Large picture windows have been incorporated in the east and south walls (**Plate 27**).

- 4.8.2 Internally, the north half of the new build formed a large female ward (**Plate 28**). This forms a comparatively modern open space with windows to the east. The south side was set aside for a day room and television room (**Figure 3**). The day room has double doors in the north-east corner allowing for access out and onto a small patio area in fine weather (**Plate 29**). Little remained in the TV room, although there were the remains of chairs, tables and TV cabinets scattered across the room (**Plate 30**).

#### **4.9 Phase 8 late 20th early 21st century**

- 4.9.1 The final stage of build concerned the linking of the original nurses' home and the south of the main hospital building with a covered link building (**Figure 3**). At the same time the small south-west projection, first seen on early 20th century mapping and the early 20th century post card, was demolished and a larger building built in its place. This particular building was further enlarged to the west a short time after but, both phases of construction are considered part of this last modern phase (**Plate 31**). The interior houses a toilet and bathroom. The covered link building forms part of the patient access and casualty reception area and waiting.

### **5 DISCUSSION**

- 5.1.1 Pershore Cottage Hospital began life as a relatively modest establishment built at a time of greater social awareness of the medical needs of small local communities. The survey undertaken on the existing building has shown that much of the original plan form of the building could be identified within the present structure.
- 5.1.2 The later changes and additions reflect the changing nature of hospitals through the 20th century. These extensions have significantly enlarged the footprint of the original hospital creating a building of somewhat eclectic appearance, although some of the earlier phase of extensions give reference to the established architectural style of the original building. The disjointed external appearance is matched by the complex internal circulation arrangement where the piecemeal nature of the extensions detracts from, what was originally, a well-built and well-designed cottage hospital.
- 5.1.3 The later phases of extension were added using a variety of styles and varying levels of financial support. This is reflected later in the purely functional style of the many different wings and extensions where cheaper materials, including low quality bricks, flat roofing and plain internal decoration are present. Fortunately, the majority of these unattractive additions had been built out of view to the rear allowing views of the original well-designed and attractive frontage including the purpose made front signage.



- 5.1.4 While the building will shortly be demolished, it is understood that the attractive 'Cottage Hospital' sign will be retained as a feature in the new design.

## **6 STORAGE AND CURATION**

### **6.1 Museum**

- 6.1.1 Following approval by the HEA at WAAS, a copy of the final report will be supplied to the Worcestershire HER.

### **6.2 Archive**

- 6.2.1 The complete site archive including digital data and paper records will be prepared following the standard conditions for the acceptance of archaeological material and in general following nationally recommended guidelines (SMA 1995; ClfA 2014; Brown 2011; ADS 2013). Any relevant archive will fully conform to the standards for deposition required and will be appropriately stored.

### **6.3 Discard policy**

- 6.3.1 Wessex Archaeology follows the guidelines set out in Selection, Retention and Dispersal (Society of Museum Archaeologists 1993), which allows for the discard of selected artefact and ecofact categories which are not considered to warrant any future analysis. Any discard of artefacts will be fully documented in the project archive.

### **6.4 Copyright**

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### **6.5 Security Copy**

- 6.5.1 In line with current best practice (e.g. Brown 2011), on completion of the project a security copy of the written records will be prepared, in the form of a digital PDF/A file. PDF/A is an ISO-standardised version of the Portable Document Format (PDF) designed for the digital preservation of electronic documents through omission of features ill-suited to long-term archiving.
- 6.5.2 For small projects we may retain only digital copy of the records. The digital records will be submitted to the SHC, with a copy retained in the Wessex Archaeology security-copied and backed-up digital archive storage facility, under its designated Wessex Archaeology project code 112400.

## 7 REFERENCES

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### 7.2 Cartographic sources

1904 Ordnance Survey map

1938 Ordnance Survey map

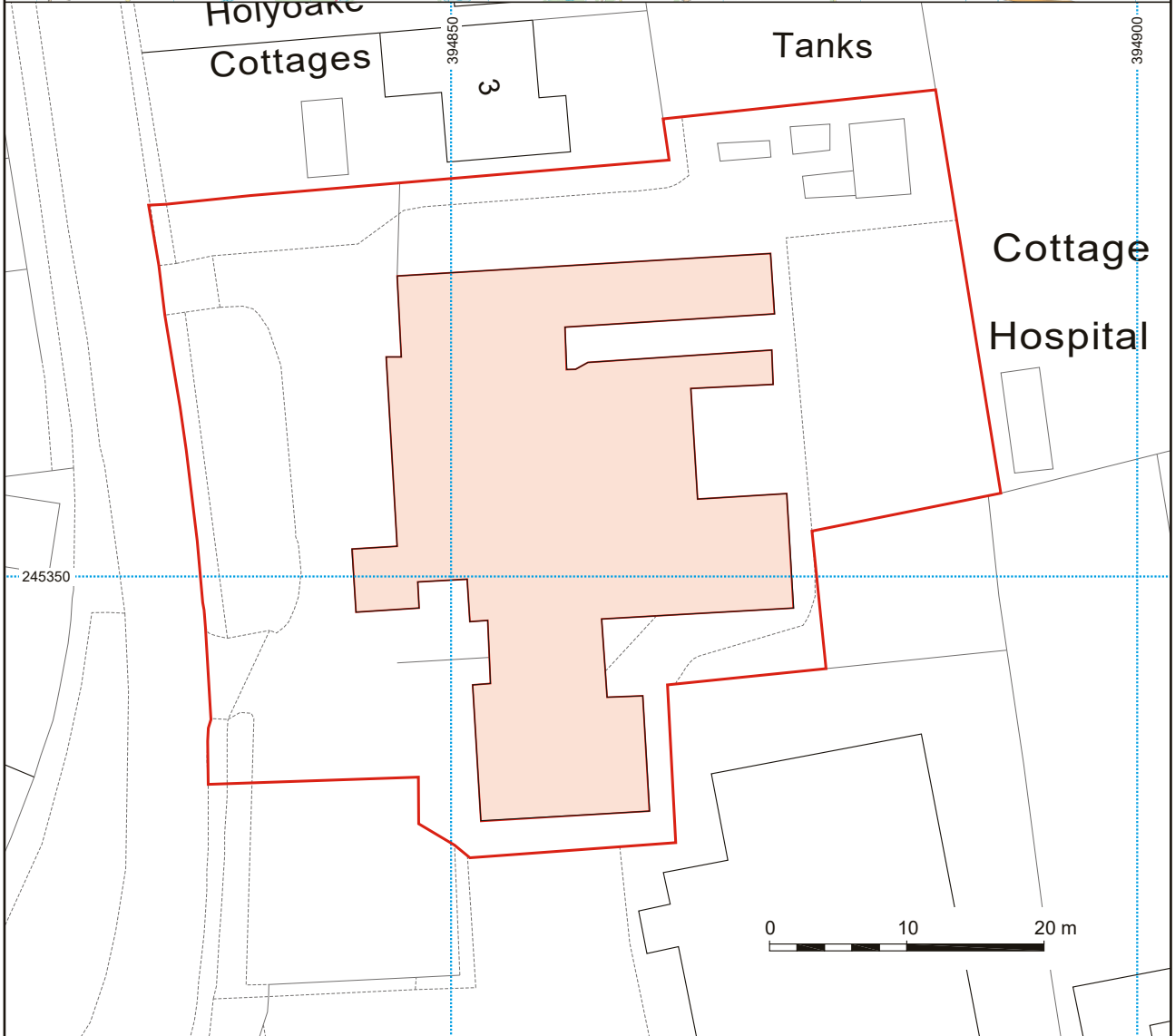
1967 Ordnance Survey map

1985 Ordnance Survey map

### 7.3 Online sources

[www.flickr.com/photos/backmanmal/3381868454](http://www.flickr.com/photos/backmanmal/3381868454)

<http://www.petersnursingcollectables.com/home.php>



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Site location

Figure 1



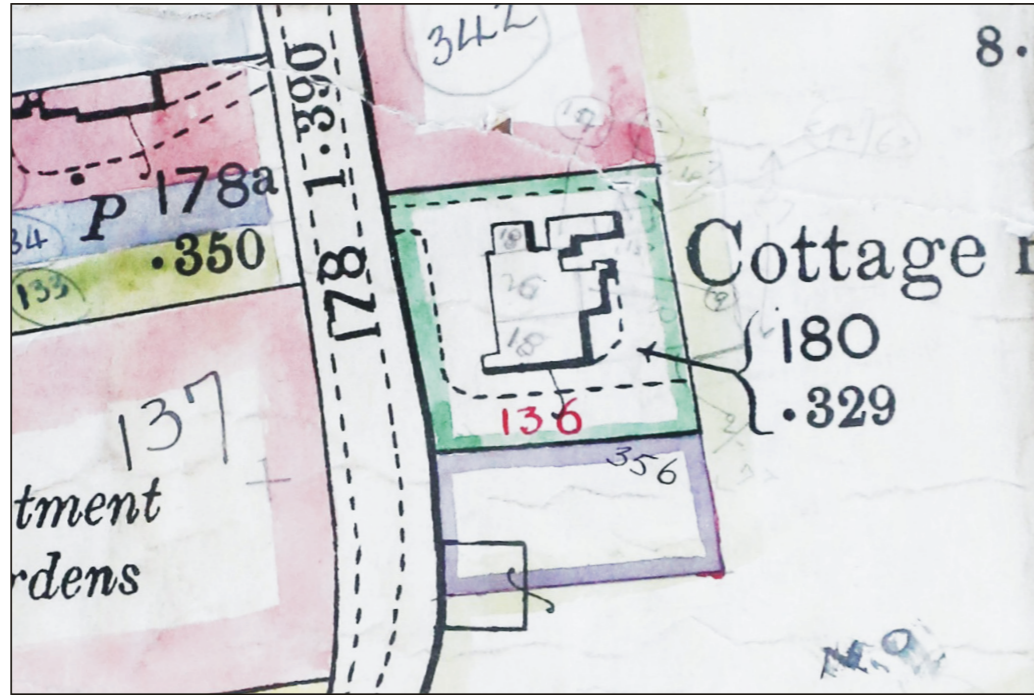


Figure 2a 1904 Ordnance Survey map

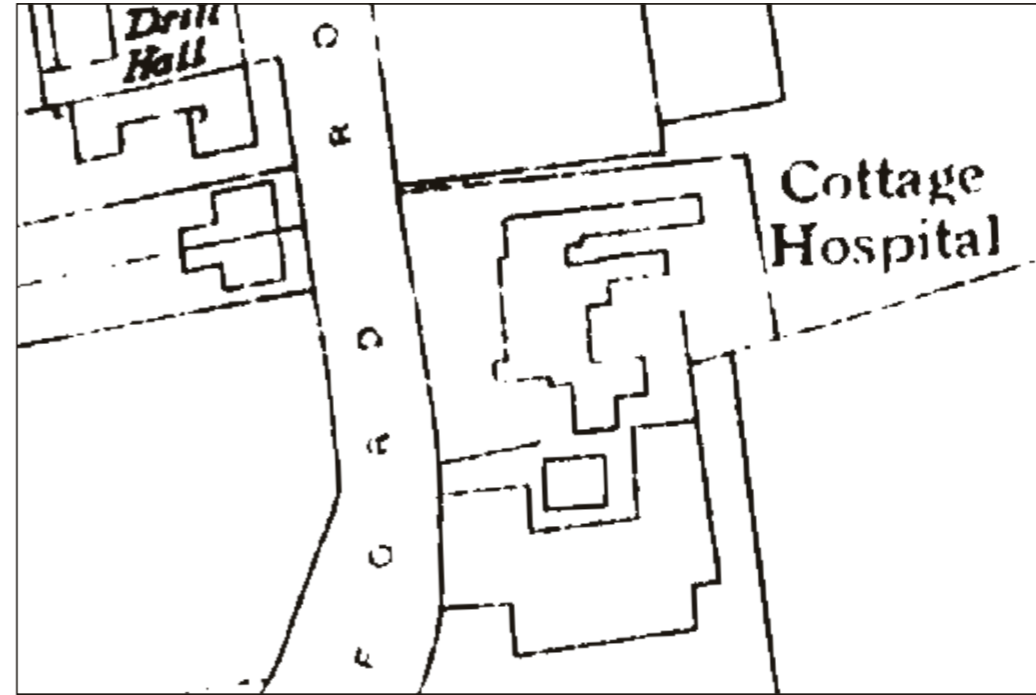


Figure 2b 1938 Ordnance Survey map

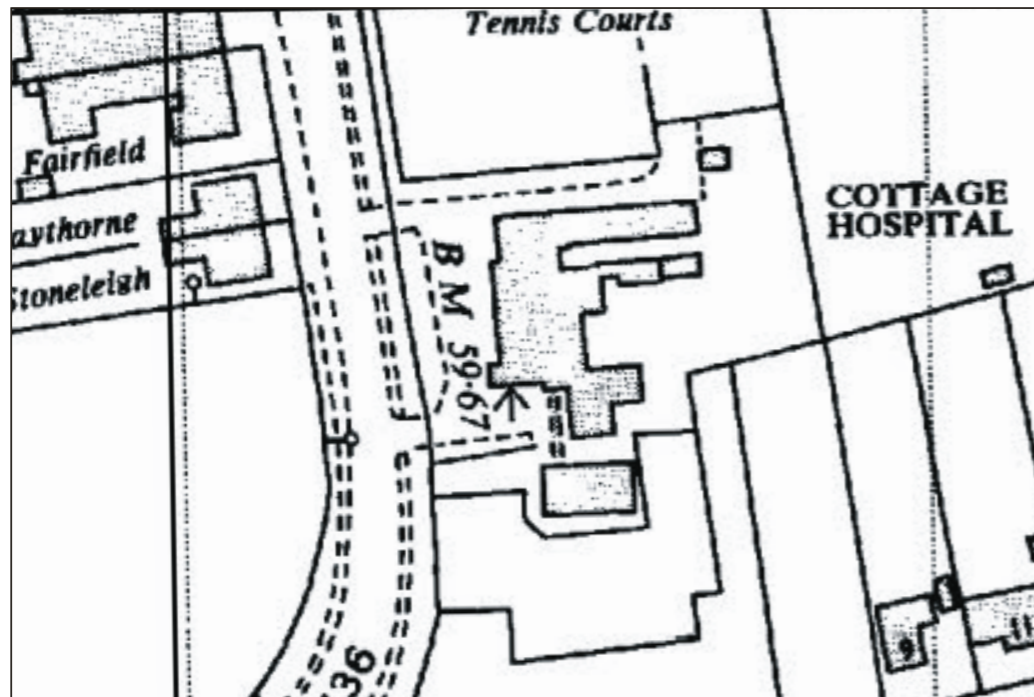


Figure 2c 1967 Ordnance Survey map

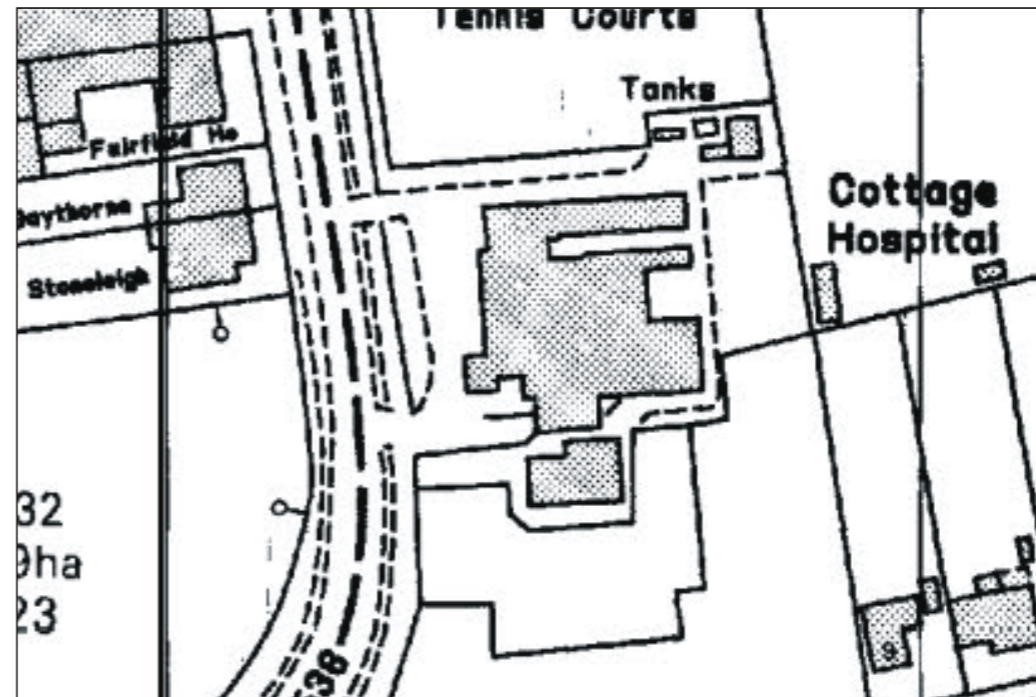
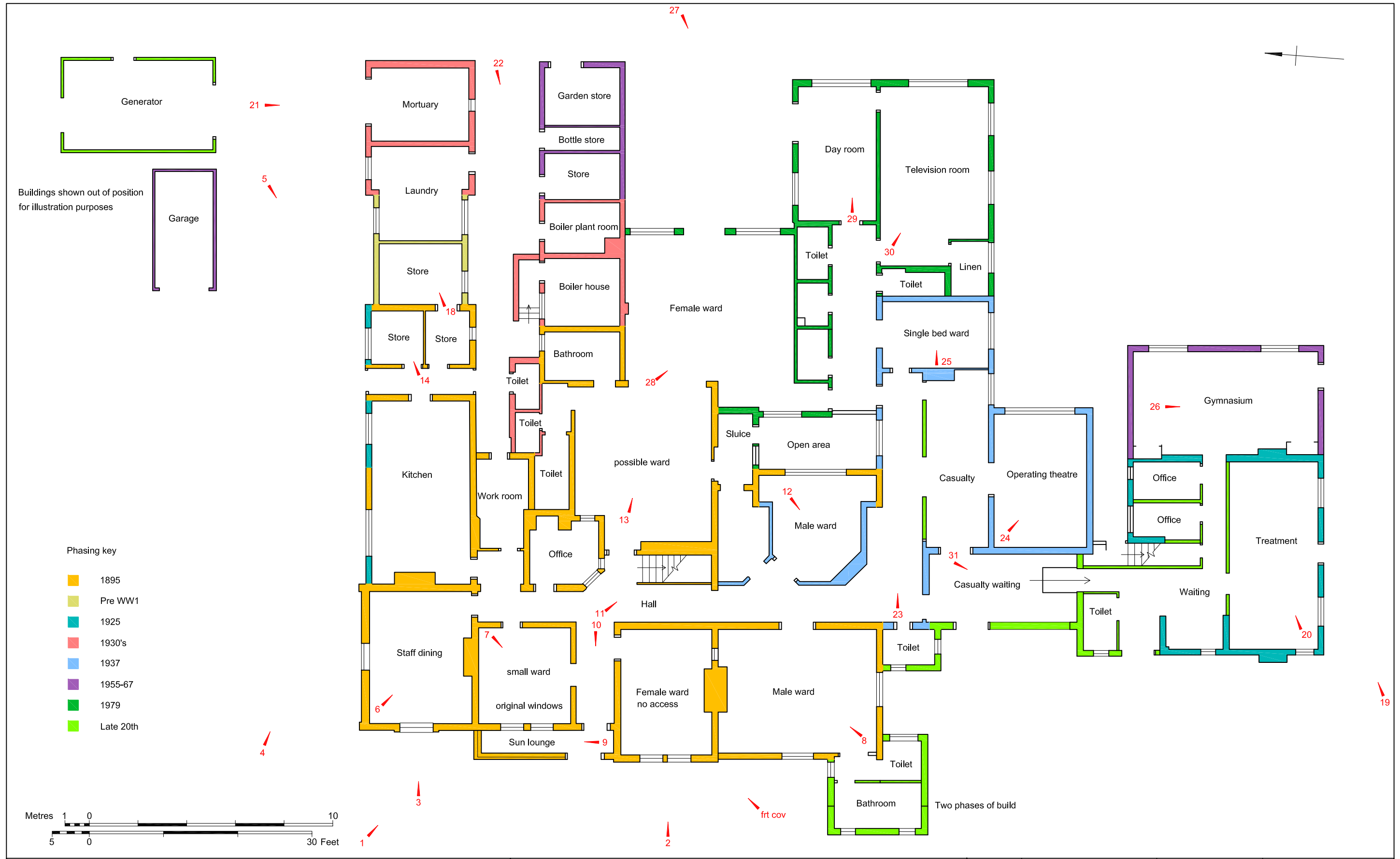


Figure 2d 1985 Ordnance Survey map



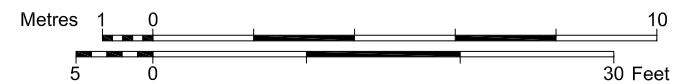
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Phasing key

- 1895
- Pre WW1
- 1925
- 1930's
- 1937
- 1955-67
- 1979
- Late 20th

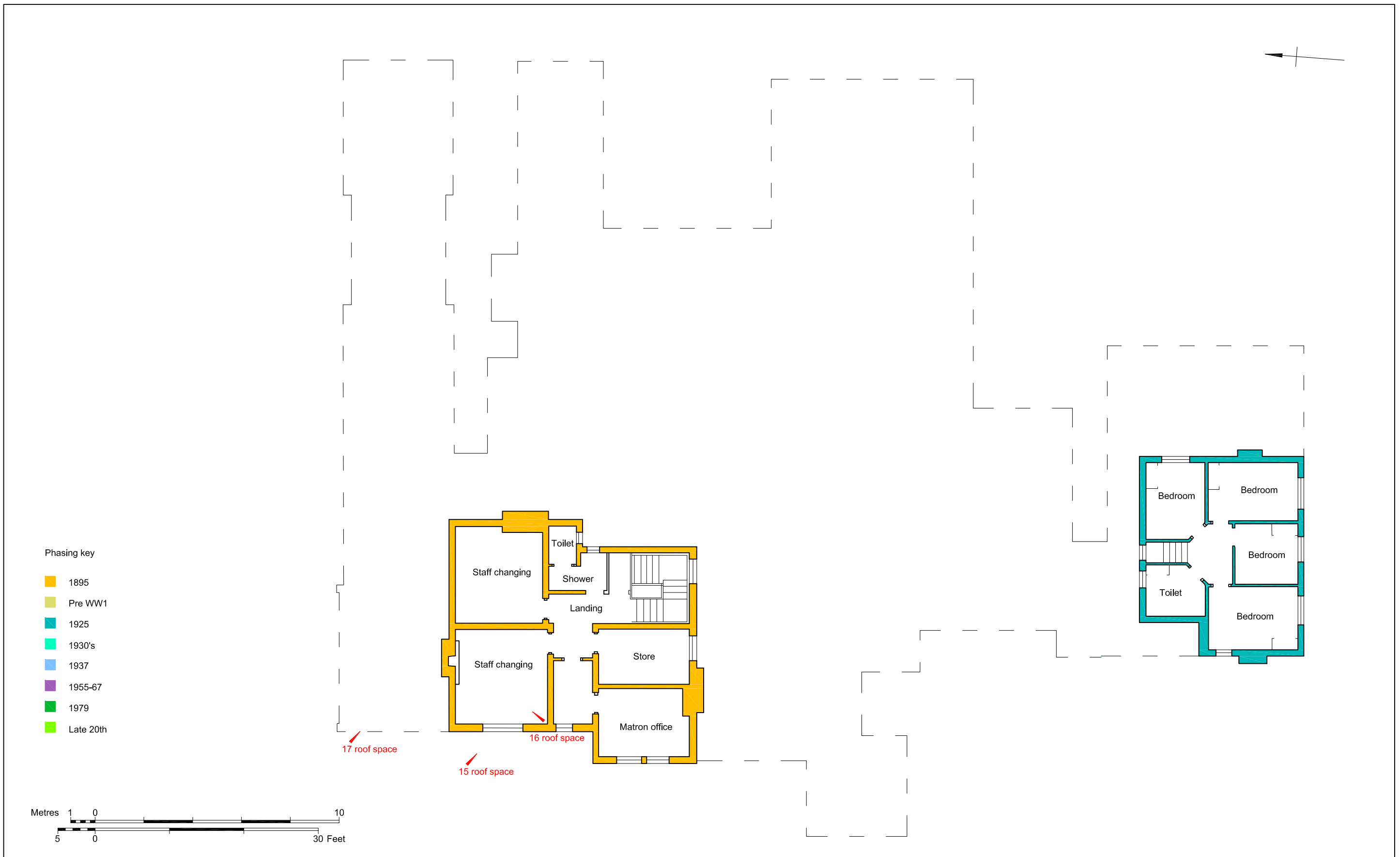


1 Number and direction of plate  
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Annotated phased ground floor plan also showing number and direction of plate

Figure 3



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Annotated phased first floor plan also showing number and direction of plate

Figure 4





Plate 1: West front viewed from north-west



Plate 2: Two storey projection showing architectural detailing


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Plate 3: North 'staff dining room' plain window projection



Plate 4: North side single storey wing also showing air vent in north projection wall


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Plate 5: Showing original single storey kitchen to right of image and lower pre WW1 extension. Mortuary to left



Plate 6: Staff dining room showing original dado, picture rail, skirting and chimney


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Plate 7: Ground floor ward still retaining original sash windows



Plate 8: Ground floor men's ward


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Plate 9: 'Sun lounge' with replacement glazed frames



Plate 10: Main entrance with original door

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Plate 11: Hall and original staircase



Plate 12: Altered original ground floor room


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Plate 13: Ground floor east ward room



Plate 14: Original food preparation bench in kitchen wing


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Plate 15: View through rafters of main front roof



Plate 16: Interior of main roof


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Plate 17: Roof over north projection



Plate 18: Interior of pre WW1 kitchen extension


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Plate 19: Nurses home exterior viewed from south-west



Plate 20: Nurses home ground floor treatment room


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Plate 21: North elevation of mortuary



Plate 22: View of boiler house and chimney, behind pampas grass


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Plate 23: View of 1937 operating theatre north room with later partition to right of image



Plate 24: 1937 operating theatre showing original window


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Plate 25: 1937 single ward/recovery room



Plate 26: Mid-20th century gymnasium interior


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Plate 27: External view of day room and TV room



Plate 28: Interior of large female ward


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Plate 29: Interior of day room showing double doors



Plate 30: Interior of TV room

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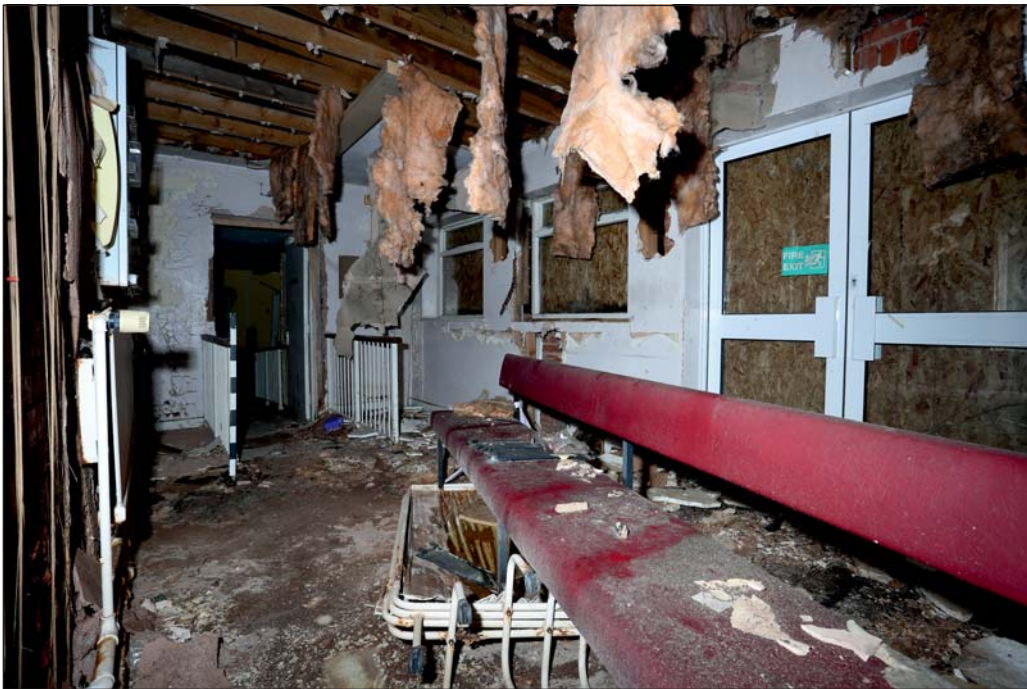



Plate 31: Interior of link building and main entrance

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