# ROYAL EYE INFIRMARY, APSLEY ROAD, PLYMOUTH

(NGR SX 48050 55614)

Results of an archaeological trench evaluation and historic building recording

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#### Summary

An archaeological trench evaluation and historic building recording was carried out at the former Royal Eye Infirmary, Apsley Road, Plymouth by AC archaeology in June 2014. The trench evaluation targeted the line of the 16th-century Stonehouse Leat that is known to pass through the development area. The evaluation demonstrated that the area to the east of the infirmary consisted of modern made ground to a depth of almost 2m, which directly overlaid the top of natural geology.

The infirmary is a Grade II listed building and core of the building was opened in 1901. In 2012 the infirmary closed and the eye services moved to Derriford Hospital. As part of the redevelopment of the site a 1938 extension is to be demolished; this section of the infirmary was recorded. It is of a utilitarian design; there were few indications remaining of the functions of individual rooms.

#### 1. INTRODUCTION (Fig. 1)

1.1 This document sets out the results of an archaeological trench evaluation and historic building recording carried out by AC archaeology in June 2014 at the former Royal Eye Infirmary, Apsley Road, Plymouth (SX 48050 55614; Fig. 1). The archaeological investigations were required by Plymouth City Council to support Listed Building Consent applications for redevelopment of the site. A brief for the evaluation was prepared by the Plymouth City Council Historic Environment Officer (PCCHEO; Daniells 2013). The work was commissioned by Eagle One Homes.

#### **2. THE SITE** (Plate 1)

2.1 The site lies on a triangular parcel of land between Apsley Road, Beechwood Avenue and Dale Road, in the centre of Plymouth, 600m to the north of the medieval and early post-medieval town. The site contains the 1901 eye infirmary (Plate 1) and attached 1938 extension, as well as associated car parking and landscaping. The area is generally flat, with a very slight drop to the north, and is situated at a height of around 20m aOD. Solid geology comprises Devonian mudstone and siltstone of the Torpoint formation.

#### 3. HISTORICAL BACKGROUND

- 3.1 The main archaeological interest in the site is the line of Stonehouse Leat that passes through the development area from east to west. An act of parliament for the 'Bringing of Fresh Water to the town of Stonehouse in the County of Devon' received its Royal Assent in April 1593. Although the leat was still depicted as an open channel in 1893 it is not clear whether any improvements took place when North Stonehouse, west of the development site, developed in the mid 19th-century (Hawkings 1987, 39-40). By 1893, immediately east of the development area it had been truncated by the cutting for Mutley Station (constructed in 1871). During the 19th century the development site was agricultural land associated with Houndiscombe Farm, which was situated to the north. It was accessed via a track from the town to the south.
- 3.2 The land to the north of the railway was developed for residential use during the early 20th century and the Royal Eye Infirmary was constructed in 1901 in a plot of land

between this development and the railway. Its grounds were landscaped, and the Stonehouse Leat had been entirely erased as a landscape feature in the area. Urban expansion crept westwards during the middle of the 20th century, extending as far as the south end of Central Park. The infirmary was extended on its east side in 1938. In 1977-8 a new plant room and boiler room were added to the west side of the extension, and the interior reordered. An operating theatre was moved from the original building into the extension (Burley 2013, 280. The Hospital closed in 2012.

#### 4. AIMS AND METHODOLOGY

- 4.1 The aims of the investigation were twofold. Firstly, through a trench evaluation to establish the presence or absence, extent, depth, character and date of any archaeological features, deposits or finds associated with the Stonehouse Leat. The results of the work will be reviewed and used by the PCCHEO to determine the extent of any archaeological mitigation prior to or during the development. Secondly, to prepare an historic building record of the 1938 extension to the infirmary prior to its demolition.
- 4.2 All works were carried out in accordance with a Written Scheme of Investigation prepared by AC archaeology (Passmore 2013). Due to the presence of services only a single trench was excavated, rather than the two as proposed in the written scheme of investigation. The trench contained no archaeological features or deposits and was deemed to be *negative*, and was recorded accordingly (as per section 6.5.1 of the written scheme of investigation).
- 4.3 The historic building recording of the 1938 extension was carried out to levels 2/3 as set out in English Heritage's 2006 document *Understanding Historic Buildings: A guide to good recording practice.* Reference was made to the *Heritage Appraisal and Impact Statement* produced by Heritage Vision (Burley 2013) that included an assessment of the 1938 extension and photographs of the architect's plans for the scheme. The record comprised (a) a full written description, (b) annotation of architect's as existing floor plans, and (c) a digital photographic record of both the interior and exterior of the extension. It considered the extension's relationship to the earlier infirmary building, as well as the survival of historic fixtures and fittings and breaks in build.

#### 5. RESULTS: ARCHAEOLOGICAL TRENCH EVALUATION (Fig. 2; Plates 2-3)

- 5.1 The evaluation comprised of the machine excavation of a single 10m long by 1.8m-wide trench, which was aligned N-S and located in the grass bank adjacent to the car park located to the east of the infirmary (Fig. 2). It was positioned to intersect the expected line of the Stonehouse Leat.
- 5.2 No archaeological features were revealed in the trench evaluation. The deposit sequence comprised a turf/topsoil layer (100), measuring 0.35m deep, from which a fragment of industrial china with a willow pattern design was noted. Below this was a made-ground deposit (101) consisting of dumps of crushed limestone, shillet, frogged bricks, with inclusions of tile, fragments of window glass, butchered animal bone, ceramic sewer pipe and slate, to a depth of 1.95m below ground surface. All of the finds were of late 19th-century or modern date. Below this, the natural geology (102) consisting of purple shillet, was exposed.

#### **6. RESULTS: HISTORIC BULDING RECORDING** (Figs 3-4; Plates 1, 4-19)

#### 6.1 Exterior description

The 1938 extension to the hospital is constructed using red brick laid in Flemish bond with a concrete string course over the ground and first floor windows on the south elevation and over the ground floor windows on the north elevation (Plates 4-5). It is more utilitarian in style than the original building, with little detailing – the concrete string courses being the principal features. It was however designed to blend in with the existing hospital, perhaps in part since it shares floor levels, which is reflected in the levels of the windows (although these are generally shallower than the primary building). The use of red brick and the overall massing does not overpower the infirmary. At the time of its construction it would have been a very modern style, and it is typical of utilitarian buildings of the mid-20th century, including those constructed during the Second World War and 1950s rebuilding.

The north elevation is on one plane, on the same alignment as the main range of the earlier building (Plate 5), but set back from the adjacent end wing. The south elevation is set back from the elevation of the earlier building and has two projecting bays, a two-storey bay in its central part containing ground floor toilets, and a full height bay at the southeast corner (Plate 4).

The building retains the majority of its original metal-framed windows, formed of 3, 4, 6 or 12 panes. All are rectangular except for one circular window at the east end of the north elevation (plate 6). They vary in size, with lager windows on the south elevation generally lighting corridors and public spaces. The windows on the north elevation providing light to the wards and consulting rooms are generally large. A few of the original windows in the basement level have been replaced with woodenframed windows. On the south side of the east elevation there is a metal fire escape, with glass-panelled fire doors on each floor giving access to it (Plate 7). On the ground floor beneath the fire escape is a brick store with double wooden doors.

Against the east elevation a tower, constructed in brick laid in stretcher bond, was added in 1977–78 (Burley 2013, 28), along with a separate boiler house and outbuilding to the north. The tower is taller than the extension and dwarfs the flat roof of the latter.

On the east elevation of the tower there are double doors and two windows on the ground floor, and a large slatted vent on the first floor (Plate 8). On the north elevation there are double wooden doors on the second floor that give access to the roof of the boiler house. Above this opening there is a regularly-spaced series of ceramic vents.

The boiler house is tall but single-storied, with a later lower store on its west side. It has double wooden doors with slated vents in the south elevation. On the north elevation there are plastic windows, with a wooden door in the western extension.

The 1938 extension has a flat roof, attached to which are large vents serving both this extension and the earlier building. One vent is attached to a large air conditioning unit on the flat roof of the 1977-78 extension. The boiler room also has a flat roof, as does the store, which is covered in corrugated metal sheets. Fall-arrest rails have been fitted to the roofs of the 1938 and 1977-78 extensions.

#### 6.2 The interior

The interior has a very light and airy feeling due to the many windows. The windows have top and bottom panels that open along with their central panels. They have metal catches and metal winder poles to operate the opening of the top panes (Plate 9). On the first floor, secondary internal glazing has been added.

The rooms all have a modern finish with plastered walls and ceilings and lino floors (Plates 10-12). The current layout of the building consists of consultation and treatment rooms in the basement level and on the ground floor, along with an additional reception on the basement level (Plate 13). The plant room and boiler room on these floors are still in use and were not entered. On the first floor are two operating theatres, an anaesthetic room, and a staff corridor with changing facilities and scrub-up area. The relationship between the extension and original buildings is hardly discernable internally with the movement of patients and staff easily flowing between the two. The 1938 architect's plans show that windows in the east elevation of the infirmary were blocked up and parts of the eastern wings removed to allow for the provision of openings into and larger spaces within the extension.

The current interior is the result of modernisation and internal reordering in 1977-78, as well as later alterations. On the ground floor new consultation rooms have been added by subdividing larger consulting and testing rooms. On the first floor the toilets were removed and the wards reconfigured to create a large central operating theatre surrounded by smaller rooms housing associated functions such as anaesthetics, changing and scrubbing up. The operating theatre has subsequently been reduced in size and a second smaller operating theatre created within the former anaesthetic room. Within the stairwell at the east end of the extension a goods lift has been added serving all floors (Plate 14). Many of the doorways in the extension have sliding doors (Plate 15), and from their location in relation to the floor plan these date to 1977-78.

Very few fixtures and fittings remain. On the basement level and ground floor there are some small sinks, along with the original radiators in the consultation and treatment rooms (Plate 16). In the reception area on the basement level a small safe remains displaying the label 'Thomas Withers & Sons Ltd. Established 1855. Fireproof safes. Trademark. Without which none are genuine. West Bromwich' (Plate 19). In the operating theatres on the first floor there are panels containing controls for the rooms' lights, as well as lightboxes for X-rays. (Plates 18 and 19).

#### 7. COMMENTS

- 7.1 During the archaeological trench evaluation no evidence for the Stonehouse Leat was found. The evaluation determined that the area to the east of the hospital consisted of modern made ground to a depth of almost 2m, with these deposits lying directly on top of solid natural geology. From this observation, it is clear that when the infirmary was constructed the local area was completely landscaped. It is therefore highly unlikely that any remains of the Stonehouse Leat survive within the site.
- 7.2 The 1901 eye infirmary is a late construction for this type of building, although falls into a group of health and welfare buildings constructed in Devon at this period; 'hospital' buildings constructed on new sites, as well as infirmaries within existing workhouses.

- 7.3 The 1938 extension to the 1901 eye infirmary must have been planning to cope with increasing demand during the inter-war period, which can be seen in the original architect's plans with the provision of a 100-seat waiting room. It was constructed in a modern, utilitarian style, which was much plainer than the 'modern' style adopted in hospitals of the interwar period (English Heritage 2011), although its design was carefully considered in relation to the existing infirmary. Its style is typical of 1940s and 1950s buildings. The only internal fitting probably dating to this period is the safe in the basement.
- 7.4 The building was modernised and reordered in 1977-78. New plant and boiler rooms were added, as was a goods lift. Internally, an operating theatre added to the first floor, surrounded by rooms associated with this function. At an unknown date the operating theatre was reduced in size and a second created in an adjacent room. X-ray light boxes and electrical switches are still present in these rooms.

#### 8. ARCHIVE AND OASIS

- 8.1 The paper and digital archive is currently held at the offices of AC archaeology Ltd, at 4 Halthaies Workshops, near Exeter, Devon, EX5 4LQ and on acceptance of the report will be deposited with the Archaeology Data Service.
- **8.2** An online OASIS entry has been completed, using the unique identifier 180717, which includes a digital copy of this report.

#### 9. ACKNOWLEDGEMENTS

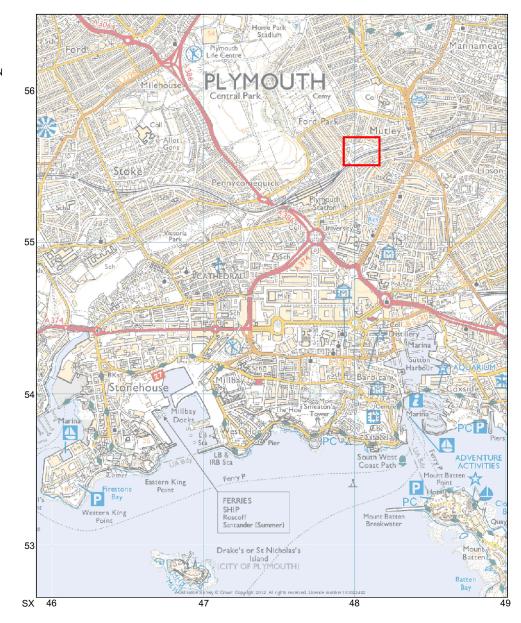
9.1 This investigations were commissioned by Mitchell Architects Ltd on behalf of Eagle One Homes, and were managed for Craig Smith (Mitchell Architects), Paul Withers (Eagle One) and Andrew Passmore (AC archaeology). The fieldwork was carried out by Stella De-Villiers, Will Smith and Abigail Brown. The report was written by Stella de-Villiers and Paul Rainbird, with the illustrations prepared by Sarnia Blackmore.

#### 10. SOURCES CONSULTED

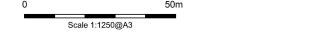
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Plan supplied by Mitchell Architects

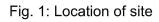




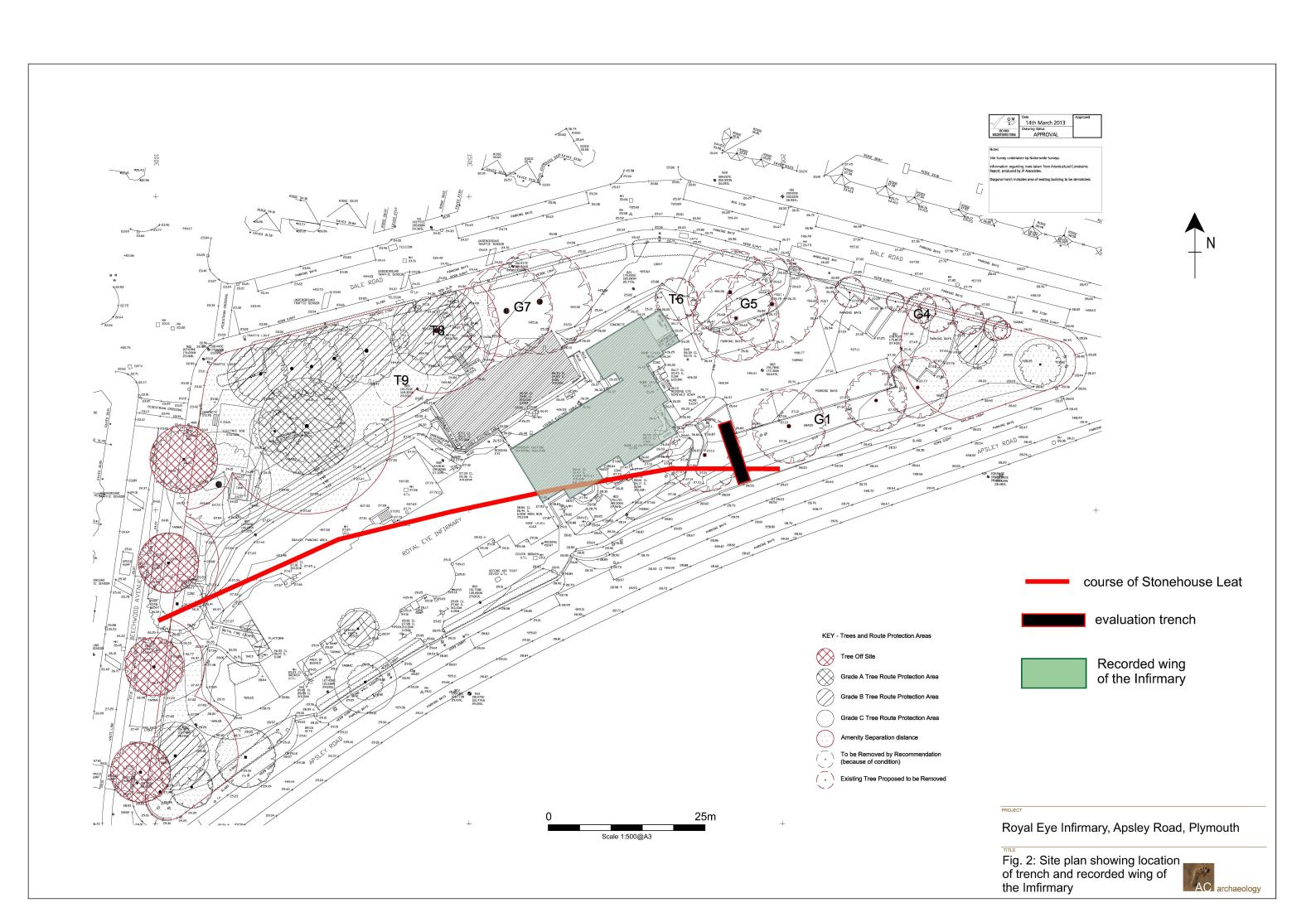
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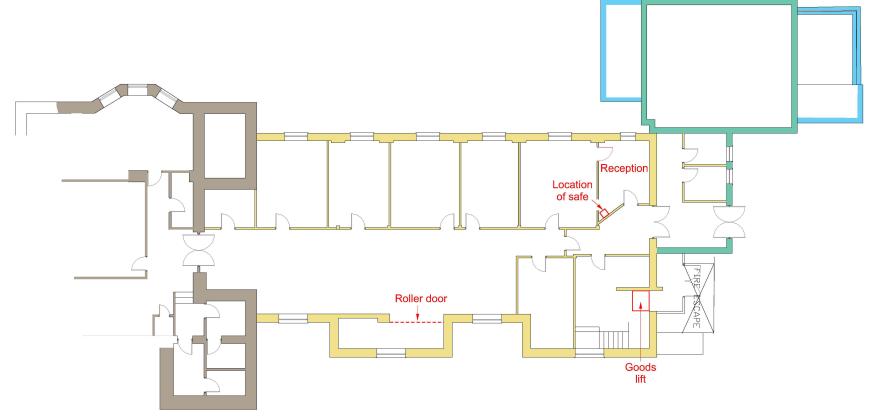
Royal Eye Infirmary, Apsley Road, Plymouth





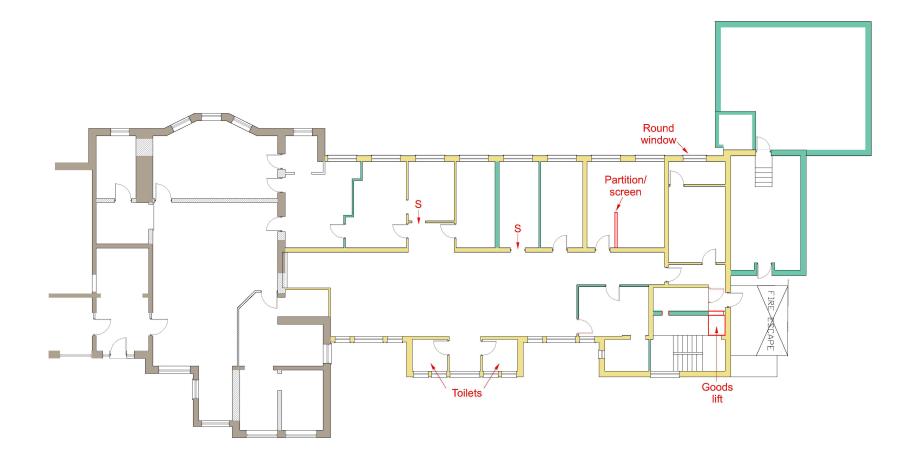






LOWER GROUND FLOOR (BASEMENT) PLAN FFL 26.20
(Extracted from existing drawings)

1938
1977-8
Post 1977-8



GROUND FLOOR PLAN FFL 29.40 (Extracted from existing drawings)

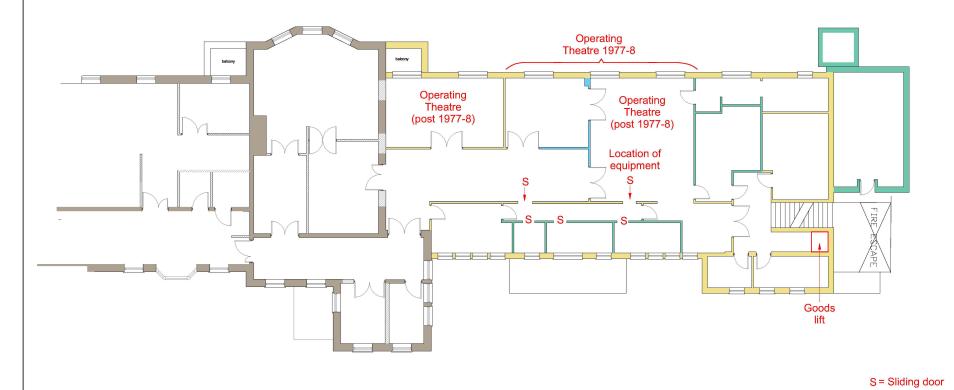
Plan supplied by Mitchell Architects



Royal Eye Infirmary, Apsley Road, Plymouth

Fig. 3: Lower ground floor and ground floor plans

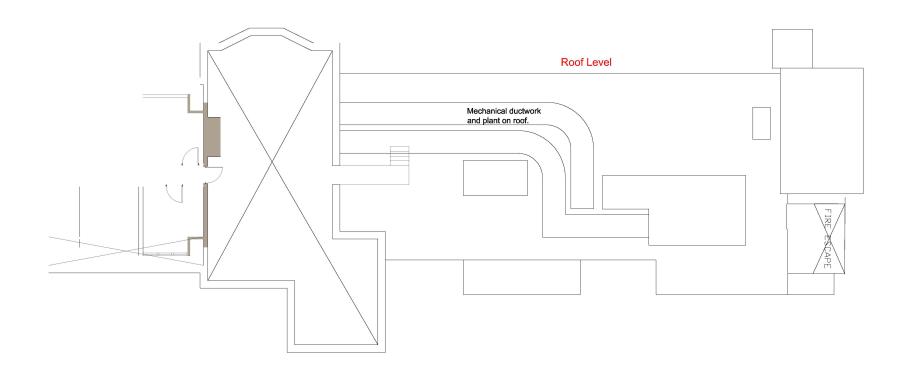




FIRST FLOOR PLAN FFL 33.66 (Extracted from existing drawings)



Post 1977-8



ROOF LEVEL PLAN FFL 37.90 (Extracted from existing drawings)

Plan supplied by Mitchell Architects



Royal Eye Infirmary, Apsley Road, Plymouth



Plate 1: The south front of the original 1901 building, looking northwest



Plate 2: Evaluation trench, looking south. 1m scale



Plate 3: Evaluation trench, west-facing section, south end.1mscale





Plate 4: The south elevation of the 1938 extension, looking northwest



Plate 5: The north elevation of the 1938 extension, with 1970s tower, looking southwest





Plate 6: The round window in the north elevation, looking north



Plate 7: An internal fire door, looking northeast. 1m scale

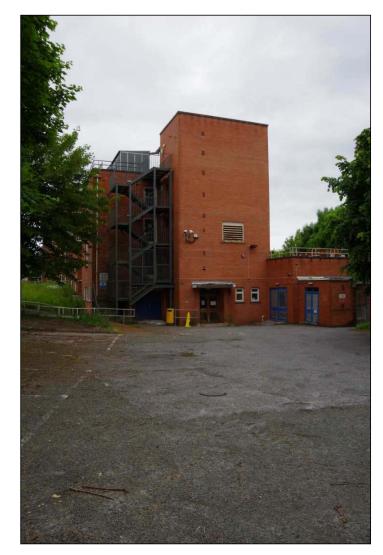


Plate 8: The 1977-78 tower, looking west. 1m scale





Plate 9: Details of internal fittings to a primary window, looking north. 1m scale



Plate 10: The ground floor, looking northeast. 1m scale



Plate 11: The first floor, looking southwest





Plate 12: The basement, looking southwest



Plate 13: The reception in the basement, looking north. 1m scale



Plate 14: The goods lift, looking northeast. 1m scale





Plate 15: An example of a sliding door, looking northwest. 1m scale



Plate 16: A sink and radiator on the ground floor, looking southeast. 1m scale



Plate 17: The safe in the reception room, looking southeast





Plate 18: The X-ray light box and control panel in the operating theatre, looking southeast



Plate 19: The X-ray light box and control panel in the operating theatre, looking southwest. 1m scale



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