

Cotswold Archaeology

Old Memorial Hospital Sheep Street Cirencester

Heritage Statement



for

Carter Jonas

on behalf of

Cotswold District Council

CA Project: 6008

CA Report: 16470

August 2016



Andover Cirencester Exeter Milton Keynes

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SUMMARYProject Name:Old Memorial HospitalLocation:Sheep Street, Cirencester, Gloucs.Project Type:Heritage StatementNGR:SP 02102 01836

Cotswold Archaeology was commissioned in August 2016 by Carter Jonas, on behalf of Cotswold District Council, to carry out a programme of historic building assessment to inform a planning application for demolition of the building.

To facilitate the assessment, a record was carried out to Level 2, in accordance with current Historic England guidance, and augmented by documentary and archive research.

The hospital was founded in 1873, at the height of the cottage hospital movement, by the soon-to-be Lord Bathurst in memory of his first wife. It was built in a Tudor cottage style, and was extended in sympathetic style in 1895 and 1913. Further substantial additions were made in 1931 and 1938 and yet more alterations made in the early years of the NHS.

The building has been in constant use as a hospital and has accordingly undergone many updates and modernisations. There is little left of historical or architectural significance in the interior, with one exception. This is the Bannatyne Memorial Staircase, a fine oak stair presented as a private war memorial in 1917. This is of moderate architectural and historical significance, and worthy of preservation. A lift was presented at the same time and this is of moderate technical interest.

Externally, although there are elements of moderate evidential and historic interest, the building has lost most of its architectural significance due to continuing alterations to the design of negative impact. Only the central entrance bay retains much of the original design intent.



1. INTRODUCTION

Outline

- 1.1. Cotswold Archaeology was commissioned in August 2016 by Carter Jonas LLP, on behalf of Cotswold District Council, to carry out a programme of historic building assessment at the Old Memorial Hospital, Sheep Street, Cirencester, Gloucs. (centred on NGR: SP 02102 01836; Fig. 1).
- 1.2. The record to inform the assessment was carried out to the Historic England Level 2 (Historic England 2016), to inform an application for planning consent for the redevelopment of the site, which will require the demolition of the building for additional parking.
- 1.3. The building, erected as a Cottage Hospital in 1873/5, and modified, especially during the First World War by the insertion of a lift and memorial staircase, is not Listed, but is described in part as a Rositive Building+in the councilos Conservation Area Appraisal, which contributes to the special character and architectural importance of the Conservation Area.
- 1.4. The hospital was founded by Allen Bathurst M.P. (later sixth Earl Bathurst) in memory of his wife, the Hon. Meriel Leicester Warren, ±or the benefit and accommodation of the poor when suffering from disease or accident which cannot be treated adequately in their own homesq (Viner and Viner 2009). This was recorded, monogrammatically, on the cartouche over the entrance. It first appears on mapping in 1875, in unusual detail even for the First County Series 1:500 OS mapping (Fig. 3).
- 1.5. The building was updated and extended in 1895, and much extended in 1913 from the benefaction of Daniel Bingham. The soubriquet & this time, in view of the expansion. After the war, the non-conformist chapel across the street (Apsley Hall) was taken over as part of the hospital, and specifically dedicated as a memorial to Cirencesters war dead. In addition, the family of E. J. Bannatyne installed an oak staircase and a lift in the main building as a memorial to the RFC pilot who died in Cirencester Hospital after his plane crashed. The hospital overall was re-christened the Memorial Hospital at this time.
- 1.6. Further alterations were made in 1931 and 1938, and piecemeal after the Second World War. In 1940, an air raid shelter was built in the grounds, which survives in good condition. The hospital closed in 1990, and then functioned as a registry office

and offices of the Living Memory Association until 2013. It has been empty since then.

1.7. An application for Listing for the Old Memorial Hospital and the air raid shelter was made in 2016. Historic England subsequently made the decision not to recommend either building for listing. Their assessment of June 9, 2016, considered that the Old memorial Hospital Building had been altered to such an extent that its architectural integrity and intactness had been severely compromised. The air raid shelter was similarly not recommended, on the basis of its loss of internal fittings and group value with the associated Hospital, and because it was considered to be a fairly common surviving type.

Location

- 1.8. The site is located on the east side of Sheep Street, Cirencester, in Character Area 6 of the Town Centre Conservation Area, at approximately 114m above Ordnance Datum. The site is bounded by Sheep Street on the west, by the staff car park of Tescoos supermarket on the east, and neighbouring properties on north and south sides (Fig. 2).
- 1.9. The building is surrounded by a modern car park, which represents the hospital grounds acquired in 1931 for the eastern and northern extensions of that year (Fig. 2).

3. OBJECTIVES

3.1 The objectives of the Historic Building Recording were to assess the structural and architectural history and character of the building, to provide an understanding, as far as possible, of the changes it has undergone, the dates of those changes and the survival and significance of any original and later architectural features. This assessment will inform the application to demolish the building.

4. METHODOLOGY

Historic Building Recording

2.1 A Level 2 Historic Building Survey, as defined in *Understanding Historic Buildings; A guide to good recording practice* (Historic England 2016), was undertaken.

- 2.2 In accordance with the above guidance, Level 2 is essentially a descriptive record. To meet this, both the interior and the exterior were photographed and an analysis of its development produced. A basic plan was constructed and used as the basis for a phased plan of the buildings development, and a general written description included any aspects of particular architectural interest.
- 2.3 Easily available documentary or historical sources were consulted.
- 2.4 The photographic record was undertaken using a DSLR digital camera, at a minimum of 18Mpx.

3 THE BUILDING

3.1 The building has an irregular, informal plan, which is partly the result of the original design intention and partly due to piecemeal growth, in 1913, 1931, 1938 and postwar. Demolitions since 1984 have removed some additions of 1913 and 1931 (Fig 2 and 3).

1873-5

- 3.2 Despite a symmetrical entrance front, the general appearance is also irregular, in a deliberately romantic Tudor style (Fig. 5). The original core of the building was constructed in even, shallow courses of roughly-squared Cotswold stone, except for the centre bay on the entrance front, which was an open loggia at the ground floor when first built. The loggia had two elaborately-profiled wooden columns. The first-floor was timber-framed, close-studded, with large, straight down-braces, and a central oriel window, and was topped with a gable with a king-post and many flanking raked struts. It was topped with a bossed vase finial, and simple barge boards.
- 3.3 The first floor was jettied between heavy end-corbels, and the jetty was coved and plastered. The memorial inscription was in the centre of this cove, in a strapwork cartouche.
- 3.4 The roof was covered in flat tiles, and dominated by four, tall brick and stone chimney stacks on the front black, and a fifth at the rear, all in Tudor style. These had elaborate brick detailing, and moulded stone caps.
- 3.5 The side bays of the entrance front were originally single-storeyed, with gables to north and south. There is a strong possibility that the gables were timber-framed. They certainly seem to have been rendered and projected slightly (Figs 7 and 9).

- 3.6 The rear section had a complex roofscape, which has become more complex over the years.
- 3.7 The north-west corner of the building is now of two-storeys, and its roof forms a right- angle with the roof behind the front gable. However, it is probable that this rear range, including and the south-east corner, was only single-storeyed when first built (Fig. 5 and below).
- 3.8 The rearmost range of 1875 was two-storeyed, plus a garret. It is not recorded who the architect was.

Early changes

- 3.9 In 1895 a %day room and private sitting room+ for the matron was added to the building. It is not stated where this was (Clews 1988, from where the historical information that follows was taken). It may have been the occasion for the addition of the upper storey to the south-east corner. This does not appear on Fig. 5, but the addition of an upper floor is shown on another photo taken before the additions of 1913 (Fig. 6). A verandah was added to the south side in 1912 (Annual Report and Balance Sheet 1912), and this is shown on the photograph (also still visible on Figure 7). The only substantial expenditure noted in this period (apart from the operating theatre) is for the for matroncs day room and private sitting room, a considerable sum of £420. It appears inescapable that this is the date of this alteration, but this means that Fig. 5 would pre-date 1895, and Fig 6 must be 1912 or early 1913.
- 3.10 The loggia was floored in brick when first built, and this was replaced with tile in 1898 (Clews 1988). Red quarry tile can still be seen under the Bannatyne Staircase (below).
- 3.11 The lower part of this verandah has been recycled to form the receptionistor kiosk in the front entrance hall, the former loggia (Fig. 8). This must have happened when the 1938 ranges were added.
- 3.12 In 1902, £500 was spent on a %ew operating room+. This must have been the room on the first-floor lit by the large window in the northern gable (Fig. 9). Early 20thcentury operating rooms were usually naturally lit with large windows, north-facing if possible, like artistsqstudios. It is possible, given the fact that the southern end of this range was at first of only one storey, that the new operating theatre was provided by actually adding a floor to this section, so that the original design might

have been single-storeyed too. Pebble-dash and later additions have obscured the point.

- 3.13 One observation that might support this view is the number of flues in the stack that rose through the roof here. All the stacks had two flues originally, and these can be related to the 1875 ground plan. This one has a third, rather awkwardly added to the south side (Fig. 9). This can only have been for the upper floor, as only two fireplaces serve this stack on the ground-floor. The extra fireplace would have been for the room south of the actual theatre.
- 3.14 It seems possible, then, that the original design was for a two-storey axial block with four single-storey rooms flanking it, and a rear two-storey block linked by a two-storey corridor block, and a single-storey lobby or hall.

The 1913 extension

- 3.15 The extensive new ranges built in 1913 were being discussed in 1911 (Annual Report and Balance Sheet 1911), but it was not until Daniel Binghamos donations were offered that work could begin, with the land on which it was built being given by Lord Bathurst (*op.cit* 1912 and 1913). The design was by the hospitalos honorary architect, a local practitioner, V. A Lawson.
- 3.16 The work essentially comprised the addition of a T-shaped block added to the west side, and a small, single-storey extension to the north-east corner of the main block of 1875 (Fig. 7 and 9). Much of this survives, although the upright of the T, on the east, has been demolished (Figure 10)
- 3.17 The work is distinguishable in the fabric by the much more variable coursing of the stonework.
- 3.18 The addition of these ranges had a significant impact on the layout of the 1875 block, which had already been much altered. In particular, corridors were driven from front to back on both floors, to link the new ranges to the old.

The Bannatyne Memorial

3.19 In 1917, an RFC pilot. E. J. Bannatyne, was injured in a plane crash nearby, and died of his injuries in the hospital. His family immediately offered to make a donation for works to the hospital in his memory. Some £111 was spent on an electric lift, which replaced the original staircase hall and stair, and gave direct access to the operating theatre, and on a fine oak staircase to replace the one removed for the lift

(Figs 11, 12 and 13). The work was reported, in December 1917, to be *well* in hand and will shortly be finished+(Annual Report and Balance sheet 1917).

- 3.20 A turret on the roof above the lift was provided, and must be for the lift machinery (Fig. 15).
- 3.21 The stair is of very high-quality workmanship, and a good example of the fusion of styles often found at this period, being a mix of Jacobean and Georgian.
- 3.22 Both features still remain in largely original and good condition, although the run of landing balusters on the first floor has been replaced by plain, hardwood planking under the handrail (Fig. 14). Balusters still survive at the west end, over the lower flight, but backed with boarding. There is a fine curtail at the foot (Fig. 13).
- 3.23 There is, incidentally, a polished oak refectory table in the entrance hall. This may the one donated in 1918 (Annual Report and Balance Sheet 1918).
- 3.24 Two polished hardwood pilasters form the south-west corner of the lift enclosure on the ground floor (Fig. 11), and the south-east corner of the first floor. The latter has been cut into, to accommodate part of the lift mechanism, and it is thought that these might be remnants of the original stair structure.

Memorial Hospital

3.25 In 1919, the disused non-conformist chapel, Apsley Hall, opposite on Sheep Street, was taken over as part of the hospital, to house X-ray services and become a specific War Memorial. The hospital was renamed the Cirencester Memorial Hospital at the same time.

1931 wing

3.26 Increased demand led to further additions being discussed in 1926, but money was not raised until 1929-30, and a northern block was added in 1931. This ran from the end of the surviving eastern block of the 1913 work. This has since been demolished, but no sign of its former existence is evident in the fabric (Fig. 10). It is partly visible on Fig. 15. This suggests that it was in a stripped-down Cotswold vernacular. The architect was Lawson¢ partner, A. P. Dowglass, who took over from Lawson as hospital honorary architect in 1928.

1938

3.27 Further alterations and extensions were made in 1938, also by Dowglass. These alterations and later works are not noted in Clews 1988, except to say that they

consisted of a white-painted, weather-boarded extension, which is partial and inaccurate. There are some <u>unpainted</u> weather-boarded structures here, but they are later extensions on the first floor.

- 3.28 These additions were made in a plain style, very much like the 1913 works, and in a very similar masonry style. As first built, they consisted of two parallel wards on the first floor, projecting southwards from the 1895 and 1913 southern gables. Their slightly different scales simply reflect the size of the blocks they were extending.
- 3.29 Each was given a sun lounge at the southern end (Figs 16, 17, 18 and 19). It is not clear if these were glazed originally or not, but the gable end walls of the wards are windowed as if this was an outside elevation, and the present window frames seem more recent. The western sun lounge roof is still glazed, although blocked from below, so it seems very likely, and in accordance with 1930s medical practice, that they were open to the fresh air (Fig 19).
- 3.30 The open wooden trusses of their roofs were, accordingly, always open, and not ceiled (Fig. 20).
- 3.31 The ground floor seems to have been entirely open, consisting of stone-clad steel piers (Figs 17, 21, 22). The space between the wards seems not to have been built on at this stage, thus the present passage under the wards was just part of this covered space.
- 3.32 As might be expected, the southern side of the 1875-1913 blocks was modified to provide access to these new wards. A corridor was built from the top of the Bannatyne stair, with a new bridge across the re-entrant between the 1875 and 1913 blocks here (Figs 2 and 22). This had a flat roof. The small bay window of 1875 was replaced with a larger projection further west (Fig. 21).
- 3.33 The wards were typical interwar designs, well lit, lofty, and well-ventilated, but still only heated with one fireplace (Fig. 23). The western ward appears to have been roofed with collared timber trusses, but the upper parts are concealed above the ceiling, and the visible parts are plastered. The eastern ward has what appear to be arch-braced trusses, but again all is obscured by plaster (Fig. 24).
- 3.34 In 1940, the semi-subterranean, concrete and earth air raid shelter was built the south-east corner of the plot. This is a military-style blast shelter, presumably just for staff and walking patients, and not a civilian type. The shelter survives in good condition, but retains no internal fittings. It is currently used as an exhibition space.

Post-1948

- 3.35 The open spaces at ground-floor level were infilled in a distinctive pale-coloured masonry aping the older styles, but with identical thickness, brick-like, machine-cut blocks interspersed with double-height blocks at random spacings (Figs 17, 18, 21, 22 and 25).
- 3.36 The space between the wards was provided with a flat-roofed, single-storey infill, with an entrance from the resultant passageway, flanked by half-round stone piers (Fig. 25). This gave access to the new ground floor, the only other door being in the single-storey range at the south-west corner. The shallow lean-to on the west elevation, below the western 1938 ward, is of the same build.
- 3.37 The interior of this section was not accessible during the site visit, but the stone door jambs (Fig. 25), the overhanging concrete eaves, and the now-vanished flat canopy over the western door, make a late 1940s date, presumably post-1948, very probable.
- 3.38 The flat roof now supports a timber-framed, weather-boarded structure containing WCs, and accessible from the eastern ward only. This is clearly a later addition, probably of later 1950s or early 60s date.
- 3.39 The addition of the upper floor to the 1913 extension, east of the operating room, also belongs to this period (Fig. 10).
- 3.40 At a date after the photograph in Fig. 15, and therefore later than the inserted ground-floor just described, the single-storey flanking rooms on the west elevation were given flat-roofed upper floors. Oddly, given the use of machine-cut masonry in the 1940s work, this masonry is much more vernacular, being similar to the 1913 work, but still easily distinguishable from the 1875 masonry, showing that the gables were replaced (supporting, incidentally, the view that they were probably timber-framed). The date is unknown, but is likely to be in the 1950s.
- 3.41 This was probably the period when the chimneys were taken down.

Interior

3.42 The interior has been much modified over the years, in common with most NHS hospitals, reacting to changes in medical requirements and practice. Most finishes and fittings are plain and recent. Only items and areas of interest will be noted in the following.

- 3.43 Interior fixture and fittings from the earliest period are extremely rare. Fireplace surrounds from 1875 survive in the north-west room, and in the room to its east (Fig. 26 and 27). The grates have been removed.
- 3.44 The lift replaced the original stair on the ground floor, but in the corridor on the first floor that the lift opens into, and which leads to the operating room, there is a trace of a stair that led into the attic of the central bay. This rose from the equivalent point to the one below, but the lower flight was longer as the east wall on this floor was located further east. It turned at a landing, and a shorter flight continued up into the roof (Fig. 28).
- 3.45 The operating room has a suspended ceiling at the top of the window. Above this, can be seen a shallow, barrel-vaulted ceiling, the 1902 plaster covered in vinyl or lino tiles (Figure 29). The rest of the room is fitted out with what appears to be 1950s or 1960s equipment.
- 3.46 Access to the rear range from the landing where the present stair and lift debouche, presumed to be the 1875 circulation space, is through a short corridor in the link building. This is currently lit from a roof-light (Fig. 30). The corridor continues across the 1875 rear range, and has a matchboard dado that ought to date from the 1913 changes.
- 3.47 The loggia was enclosed as part of the 1913 work, and the front door appears to belong to that phase. The hinges are original, but there is no other furniture (Fig. 31).
- 3.48 There is a stone cantilever stair, with plain wooden balusters and newels, in the north-west corner of the surviving 1913 block, which clearly belongs to that phase of work (Fig. 32).
- 3.49 A number of rooms are fitted out with thin, white glass tiles from floor to ceiling. These include convex and concave shapes for corners, and are obviously intended to facilitate careful cleaning and high levels of hygiene. The rooms are all of 1913 vintage, including the stair, although there they have been painted over and only rise to half the wall height (Figs. 33-35).
- 3.50 The Bannatyne features from 1917 have been described above.
- 3.51 There is little significant from the 1938 interiors which has not been described above, but it can be noted that the addition of the 1938 western wing was the

occasion for the removal of the 1912 verandah, elements of which have been used to make the kiosk in the entrance hall (Fig. 8), presumably at that time.

3.52 In the post-1948 room added to the east of the operating theatre, is a glass, galvanised steel-framed cabinet for surgical supplies. This is likely to date from the 1950s (Fig, 36). It was supplied by Edwards Surgical Supplies London W1, according to a stamped plate screwed to the back-plate. The company was founded in 1900, and incorporated in 1951. As the plaque does not say % dd+, it may be that the cabinet can be dated pre-1951. Stylistically, a mid-century date would fit.

4. STATEMENT OF SIGNIFICANCE

4.1 It is evident from the foregoing that the hospital has a great deal of historical and evidential significance. As first built, it was also of architectural significance. As a local hospital, run by a local charitable body until 1948, and playing a role in the First and Second World Wars, and as a local expression of the NHS until 1990, it also has a communal significance, which continued as the site of the Registry Office until 2013.

Historical Significance

- 4.2 The cottage hospital movement is generally held to have been begun by Albert Napper, a doctor in Cranleigh, Surrey (Winsford Trust 2012), although earlier small facilities in rural areas (usually) had been founded in the earlier 19th century, and a fully functioning cottage hospital was in operation from 1842 in Wellow, Nottinghamshire (Wikipedia 2016). However, Napperc hospital became the model for the impressive growth of the movement in the second half of the 19th century. He converted a cottage in the village for working men and women to avoid the need for moving patients to mainstream general hospitals, which were only to be found in the larger towns at that time. He provided four beds, and it was uncommon for the first generation of hospitals to have more than ten beds.
- 4.3 Over the following twenty years, 148 cottage hospitals were founded, as often in converted cottages (e.g. Berkeley Hospital 1877, moved to another converted building in 1895) as in purpose-built buildings, as here (or at Bourton-on-the-Water, where an early conversion of 1861 was replaced in 1879 and again in 1928 by new buildings). Even purpose-built hospitals often aped cottage design, partly in an

attempt to re-assure patients, to provide a ‰omely+atmosphere. By 1891, there were over 600 (Burdett 1891, 851)

- 4.4 Apart from the obvious advantages of local care in an era of poor transport links, small cottage hospitals were considered to provide cost advantages, to elevate the standing of the GPs who usually provided the medical services, and were thought to improve co-operation between doctors in the immediate area, providing a kind of college to improve practice.
- 4.5 By 1891, such hospitals, which had at first been converted from +some suitable cottage or similar buildingõ for the reception of patientsõ + were more commonly occupying % special buildings, and some of the cottage hospitals are as complete and hygienically perfect as any hospitals in the world.+ (Burdett 1891, 851). Cirencester exemplified this movement perfectly.
- 4.6 They were often, again as here, built as a memorial, either to a relative of the founder, as here, or the founder or funder (e.g. the Passmore Edwards Cottage Hospital in west London, 1900). The founding of the building and the ceding of land for further extensions also represents the relationship of the Bathurst family to the town, continuing the link between town and estate started by the first Lord Bathurst.
- 4.7 The Cirencester Cottage Hospital, as first designated, stood in the full flow of this early flowering of the movement as a typical example of the maturing of its early phase. It had seven beds, a consultant doctor, nurses and a matron, and was run by as a charity by a professionally constituted committee.
- 4.8 All of these hospitals were run by the local great and goodq as charities for those who could not afford private care or the full cost of treatment in a public hospital. They were not entirely free however; a contribution was required according to circumstances. Moral hazard was always at issue in charitable giving. An early historian of the movement noted % ever these small hospitals become free to any large extentõ they will prove a curse rather than a blessing to the labouring poor+ (Burdett 1891). A minimum fee per week is given as 2s 6d.
- 4.9 Cottage hospitals, as intended, ceased to function with the inception of the NHS, but continued as a focus for locally-based care, and were mostly re-christened as community hospitals. Most had long outgrown the limited role envisaged by their founders, Cirencester, for example, growing to twenty beds in 1913, and considerably increasing that number by 1938.

- 4.10 As an exemplar of the cottage hospital movement the Old Memorial Hospital has a moderate significance. Its existence represents a local expression of a major movement in the history of medical provision for the working classes and the poor.
- 4.11 Also of moderate historical significance is the Bannatyne staircase and lift, which are further considered below.

Evidential Significance

- 4.12 The building is of a high degree of evidential significance, the fabric representing the various stages and scale of provision since 1873. This is at a fairly coarse scale, however, relating to the addition and demolition of parts of the fabric, with certain construction techniques and design features in relation to changing medical practices and fashions.
- 4.13 Examples of this are the construction of better and more private accommodation for the matron in 1895 (recommended by Burdett for example in 1891), the creation of an up-to-date operating theatre in 1902, the liberal use of hygienic glass tiles in the alterations of 1913 (and the extension of that date), and the extensions in 1938 and after 1948.
- 4.14 However, the use of the building until recent times has meant that successive modernisations have removed nearly all evidence of earlier medical facilities and equipment.
- 4.15 An odd survival of evidence is the timber posts and arches recovered from the 1912 verandah, and re-used in the kiosk in the entrance hall.
- 4.16 There is also an evidential significance in the Bannatyne staircase and lift. Although there were no commemorative plaques attached to these items, they were intended as an individual memorial to a fallen hero, unusually commissioned, privately, *during* the First World War.
- 4.17 The national trauma of that war, and its great losses, led to many acts of commemoration, including here the conversion of the Apsley Hall into a war memorial as well as an x-ray department, together with the renaming of the hospital overall as the Memorial Hospital. The stair and lift are a reminder of that reaction, nationally as well as individually, thus they retain a mixture of historical and evidential significance.

- 4.18 The lift is also of direct evidential significance of a moderate to a high level. It was installed by Waygood-Otis. Waygood was an old-established British engineering company, which had an extensive hydraulic lift business. It acquired the London-based branch of the Otis Elevator Company in 1914, and became part-owned by Otis. It thus benefited from Otisœ expertise in electric lifts (first invented in the 1880s by Siemens). The lift in the hospital as thus an early example of this joint venture.
- 4.19 It was designed to accommodate patients on beds, or trolleys, and was a dual entry car, entered on the west on the ground floor, and on the east on the first. It has been modernised, to judge from the internal control panel, but still retains the 1917 design and details, including the concertina doors and sliding grills, with their brass-handled locks.

Architectural Significance

- 4.20 As first built, the hospital was a very competent essay in 75 wudor+ cottage architecture, with much careful detailing lavished on the brick and stone chimney stacks and the timber and plasterwork on the central entrance bay. The masonry was carefully specified and laid, and the tile roofs given finials and bargeboards. The windows were multi-paned wooden casements. Two-over-two sashes in the first floor rear, in the central bay, may be 1913 replacements.
- 4.21 In its original form, the building might well have become listable at Grade II for its architectural and historical interest. However, it has been extensively altered both externally and internally, and consequently retains little of its original overall quality. Only the central bay still retains aspects of this architectural quality.
- 4.22 The alterations and extensions are not of high architectural significance, although the two wards of 1938, and the sun lounges at the south ends, are typical of hospital design at the time. For 1938, the hold of the vernacular Cotswold Style was too strong to allow much in the way of innovation. The lounges are of interest, nonetheless, for the raising of the wards over an open ground-floor, on piers. The architectural significance of this is moderate, and reduced by the insertion of the post-1948 infill.
- 4.23 This latter has typical characteristics of the period, carrying over from Art Deco or Moderne. These are typified by the stone portal and the eaves cornice, which are interesting, but barely of moderate significance.

4.24 The Bannatyne stair exhibits a very high degree of design and craftsmanship, and is worthy of preservation for that reason. It is in good condition except for the missing landing balusters. No record was left in the hospital records as to who was responsible for the design and execution, but in the absence of a name it might be a reasonable assumption that it was V. A. Lawson, the hospitalœ honorary architect. It is certainly a typical example of late Victorian/Edwardian architectural design, when an eclectic classicism was returning to favour, and would have been within the capability of a good architectural joinery.

Communal Significance

- 4.25 Clearly, a long-established community hospital will have a high level of communal significance, playing a role in all aspects of the cityqs social history, treating the poor sick and injured, war-time casualties, focusing Remembrance and expanding services between the wars, and expanding yet again after the foundation of the NHS. Its later occupation by the Registrarqs Office (1990-2013), and the Living History Group, has provided yet another link to the community and community activities. There will be many local citizens with significant memories of the building.
- 4.26 Overall, the heritage significances of the building are moderate, although it has clearly occupied an important role in the local community since its foundation, its relationship to many of the townon communal activities elevate this aspect of its significances to high.

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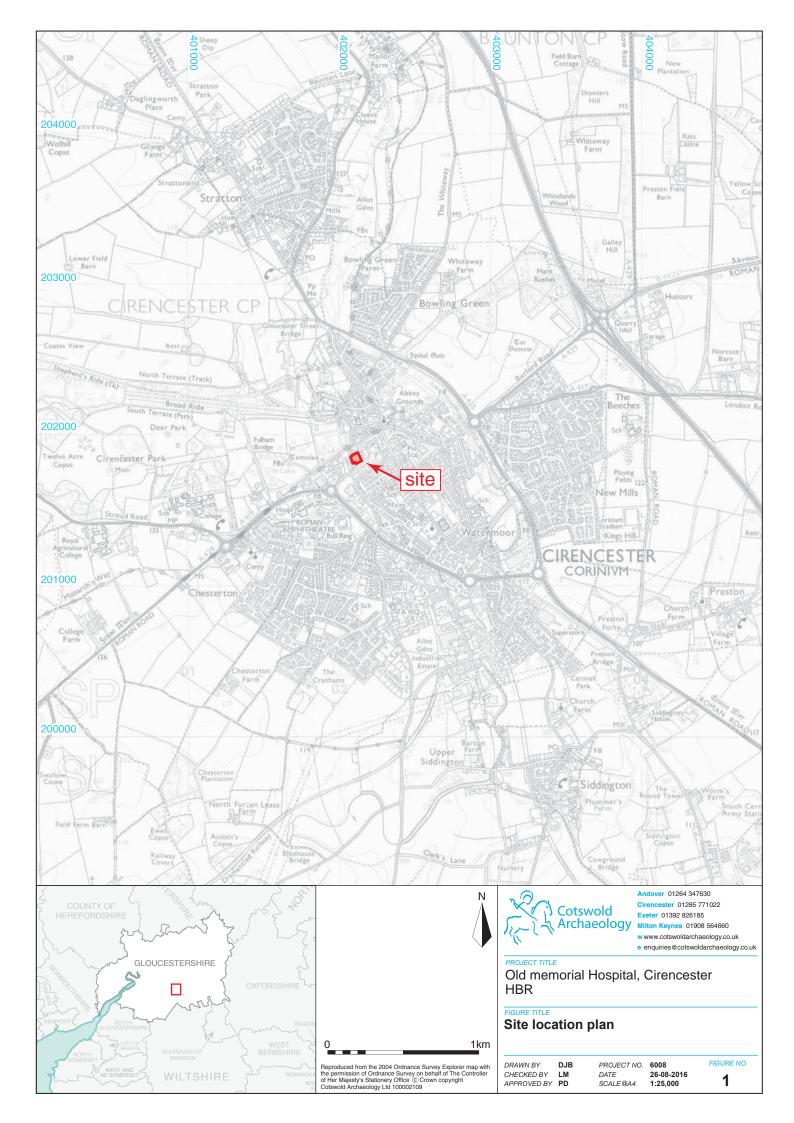
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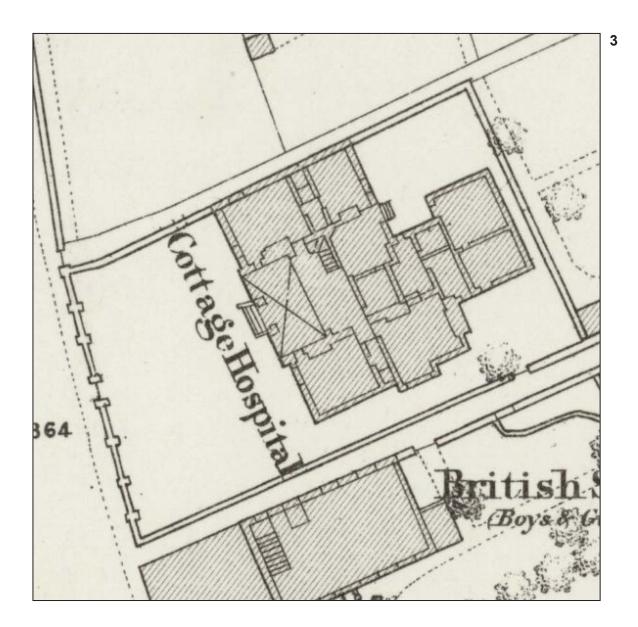
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1913	e enquiries@cotswoldarchaeology.co.uk PROJECT TITLE Old momential Haanital Circonacator
1913 (demolished)	Old memorial Hospital, Cirencester HBR
1931 (demollished) 1938	FIGURE TITLE Site plan
early NHS	
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3	The hospital ground plan in 1875 (from the 1:500 OS County Series First edition map of Cirencester)	Andover 01284 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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4 The entrance front in 2016 (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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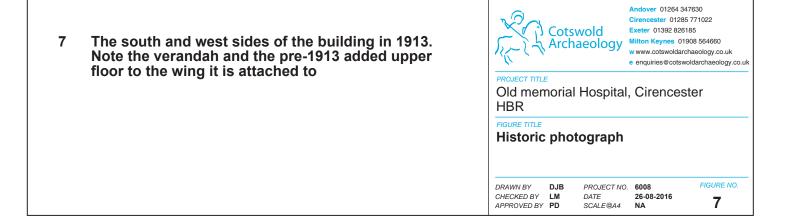


5 The entrance front as built, before 1912 and p before 1895	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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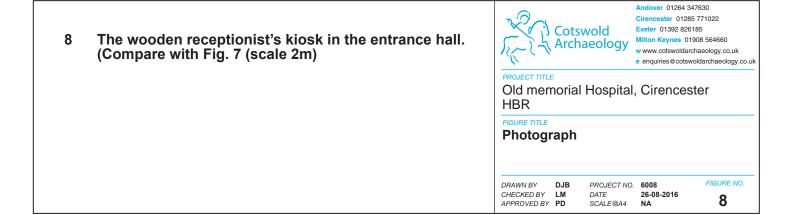


6 The entrance front in 1912	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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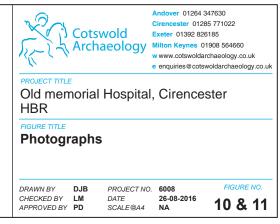


9	The hospital from the north-west after the additions of 1913	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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		FIGURE TITLE Historic photograph
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- 10 The east end of the north elevation of the hospital. The 1875 rear wing is just visible in the centre. The lower part of the block on the right and the gable on the left are the 1913 additions. The upper floor on the right is post-1948. Cf Fig. 9 (scale 2m)
- 11 The Bannatyne memorial lift on the ground floor looking north-east (scale 2m)



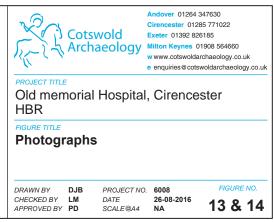


12 The interior of the Bannatyne lift car (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01308 564660 www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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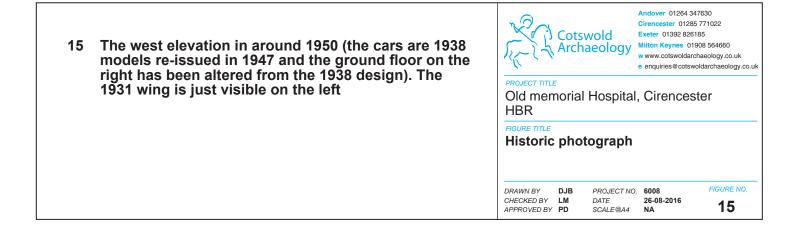




- 13 The foot of the Bannatyne memorial staircase in the former loggia, now entrance hall, looking south-east (scale 2m)
- 14 The landing balustrade on the first floor (scale 1m)











16	The east elevation of the hospital, 1913 and 1938 and later (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
17	The sun lounge at the southern end of the eastern ward of 1938, over an open ground floor, later infilled	Old memorial Hospital, Cirencester HBR
	(scale 2m)	FIGURE TITLE Photographs
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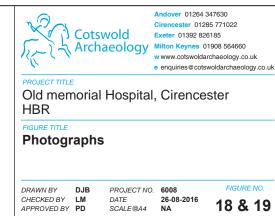
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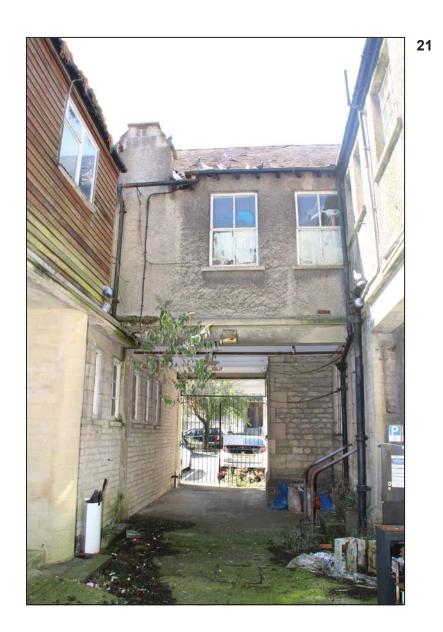
- 18 The west elevation of the western ward of 1938, first-floor sun lounge on right, later ground floor alterations (scale 2m)
- 19 The sun lounges (with a more recent weather-boarded inset), looking east





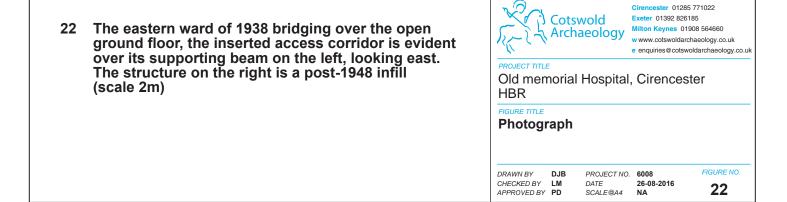
20 The interior of the western 1938 sun lounge	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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21 The western ward of 1938 spanning the open ground floor, looking west. The later post-1948 masonry infill between the piers can be seen on the left (cf Fig. 17) and the altered bay (lower right)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk HBR				
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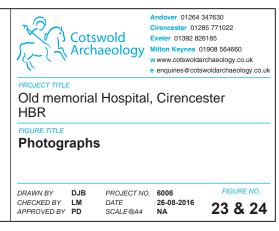






23	The interior of the western 1938 ward, looking south (scale 2m)

24 The interior of the eastern 1938 ward, looking south. The southern end has been partitioned off at a later date to make a corridor (scale 2m)







25	The portal of the door into the added ground floor under the 1938 wards, looking south-east	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
26	The fireplace in the north-west ground floor room, looking south-east (scales 1m)	PROJECT TITLE Old memorial Hospital, Cirencester HBR
		PIGURE TITLE Photographs
		DRAWN BY DJB PROJECT NO. 6008 FIGURE NO. CHECKED BY LM DATE 26-08-2016 25 & 26 APPROVED BY PD SCALE@A4 NA 25 & 26



27 The fireplace in the room east of the north-west room ground floor room, looking south (scales 1m)	Andover 01264 347630 Cirencester 01285 771022 Exter 01392 826185 Million Keynes 01908 564660 www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk e Million Keynes 01908 564660 www.cotswoldarchaeology.co.uk e Million Keynes 01908 564660 www.cotswoldarchaeology.co.uk	
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28	The corridor from the first floor landing and the lift to the operating room, looking north, note trace of stair top centre (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01390 564660 www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk PROJECT TITLE Old memorial Hospital, Cirencester HBR
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29 The plaster barrel-vaulted ceiling of the 1902 operating room above the modern suspended ceiling	Cotswold Archaeology www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
	Old memorial Hospital, Cirencester HBR
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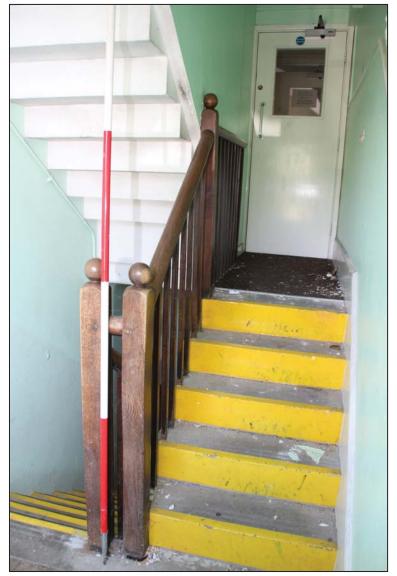


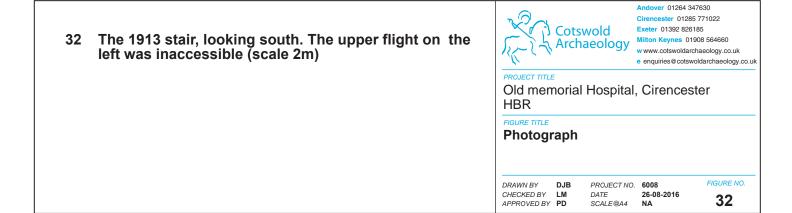
30	The top-lit link to the 1875 rear range. The room on the left is in the link, the corridor runs through the 1875 range and the 1913 block is through the door at the rear.	Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk PROJECT TITLE Old memorial Hospital, Cirencester HBR
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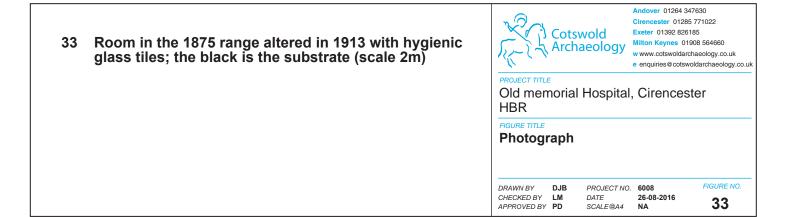
31 The interior of the front door in the entrance hall (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
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34	Complex all-over tiling in a 1913 room added to the south side of the original building (scale 1m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk PROJECT TITLE Old memorial Hospital, Cirencester				
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35	Complex all-over tiling in a 1913 room added to the south side of the original building, south of that in Fig. 34 (scale 2m)	Andover 01264 347630 Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk PROJECT TITLE Old memorial Hospital, Cirencester
		HBR FIGURE TITLE Photograph DRAWN BY DJB PROJECT NO. 6008 FIGURE NO. CHECKED BY LM DATE 26-08-2016 35



36	The metal-framed glass cabinet made by Edwards Surgical Supplies, in the room next to the operating theatre (scale 2m)	Cirencester 01285 771022 Exeter 01392 826185 Milton Keynes 01908 564660 w www.cotswoldarchaeology.co.uk e enquiries@cotswoldarchaeology.co.uk
		Old memorial Hospital, Cirencester HBR
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