



# The History of the Charles Hastings Building



*Pound Day at Worcester General Infirmary, 1914. Matron Mary Herbert on the steps receiving gifts from local schoolchildren.*

## Preface

This guide is not intended to be a definitive history of the Worcester Royal Infirmary. 1947, William McMenemy, the Infirmary's pathologist, provided a detailed history of the Infirmary and his work remains the key reference text for this magnificent building. McMenemy's work was built upon extensive research of local newspapers, Infirmary records from the Worcestershire County Records Office and the George Marshall Medical Museum, and personal contact with many of the named individuals' families and descendants.

In recent years, work to restore and repurpose the Infirmary has led to archaeological desk assessments and watching briefs, three of which have been consulted for this guide: an archaeological desk-based assessment produced by Mercian Archaeology in 2004 and revised in 2005; an osteological analysis of human remains found at Worcester Royal Infirmary by Ossafreelance (2010), and the draft historic building record report by CgMs (2010).

In addition, this guide does not cover the most recent period of the Infirmary's history in any depth. At the time of writing, a book is being written by Miriam Harvey about her experiences as a nurse at the Infirmary in the latter half of the 20th Century. In addition, a collection of nursing memories has been drawn together by Muriel Clayson, which includes a wonderful selection of anecdotes from members of the Worcester Royal Infirmary Nurses' League ('I Remember...' in 2009). In light of this, this guide deliberately focuses on the Infirmary from its earliest days to the early 20th Century.

Many of the images used in this guide have been taken from original photographs in the George Marshall Medical Museum collection. Thanks to Mr George Marshall (a local GP and surgeon who completed a great many years' service in employment at the Infirmary throughout the 20th Century) we have thousands of medical artefacts from the region and beyond, including numerous photographs, archives and artefacts relevant to the history of the Worcester Royal Infirmary. Further information about the Museum can be found at [www.medicalmuseum.org.uk](http://www.medicalmuseum.org.uk)

Thanks go to Karl Hulka and John Prosser for advice on details in this guide, as well as Jane Harvey and Claire Ingham for permission to use their materials.

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*Catriona Smellie, Medical Museum Curator/Manager, University of Worcester, 2011*

*Caption – front page:  
The Worcester Royal Infirmary around 1866.  
The second of a pair of prints drawn to illustrate  
newly installed iron railings transferred from  
the Arboretum.*

**Sir Charles Hastings was on occasion heard to pronounce the well-known phrase 'si monumentum requirere circumspice', which translates as 'if you seek a memorial, look around you'.**

## Introduction

It has been 240 years since a plot of land was purchased on Castle Street for the Worcester Royal Infirmary to solve the increasing problem of limited beds at the earlier Silver Street Infirmary. When the attic was extended to create an additional storey in the 19th Century, the total number of beds in the Infirmary was increased to 100 – thought to be sufficient for all time. Lack of space was a problem then, just as now, and the Worcester Royal Infirmary transferred the last of its patients to the new Worcestershire Royal Hospital on Newtown Road at the end of the 20th Century. Today, this beautiful, grade II listed Georgian building has received a new lease of life as the University of Worcester's City Campus and has been carefully restored, respecting the building's original purpose and status.

The importance of this building in the hearts and minds of the residents of Worcester and the surrounding area cannot be underestimated. For almost three centuries it has stood as a monument to healthcare in Worcester; to its dedicated staff – physicians, surgeons, nurses, ambulance drivers, porters, voluntary buffet staff, 'Notes' (medical records), receptionists, and a great many others – and, perhaps most importantly, to each patient who spent any time within its walls.



*Newly installed X-ray department in the lower ground floor, around 1902.*



Operating Theatre, 1890s.

Until the mid-19th Century, operations were a movable feast, conducted on a basic wooden table (currently on display at the George Marshall Medical Museum) with assistants and straps employed to hold down the fully conscious patients to prevent sudden movements from fear or pain.

## Early beginnings

For many centuries, medical hospitals in England and Wales were associated with monastic communities, such as that at Worcester Cathedral. When Henry VIII dissolved the monasteries and created the Church of England in the 16th Century, the monastic communities were disbanded and their infirmaries ceased to operate. Henry quickly re-established two medical hospitals in London – St Bartholomew's and St Thomas's – and it was not until the 18th Century that other hospitals began to spring up, first in London and then in the provinces.

When the first Infirmary was opened in Worcester at Silver Street in 1746, it was a voluntary hospital, established for the working classes associated with the city's industry (the very poorest of society had access to healthcare through the infirmaries attached to the workhouses of the time). The title 'voluntary' referred to the particular method of funding the hospital – through voluntary subscriptions.

Key individuals instrumental in establishing Silver Street Infirmary included Sir John Rushout, Bishop Isaac Maddox, and Dr John Wall. Wall is more widely known today as the founder of Royal Worcester Porcelain but was a well-respected physician of the 18th Century described by McMenemy as an energetic and enthusiastic man.

Almost as soon as this Infirmary opened its doors, it became apparent that the meagre provision of beds was not going to be sufficient for demand and a new, larger building was required. To this end, a plot of land was purchased in the north of the city to build the Worcester General Infirmary (which received its Royal status from King George V in 1932).

### The Infirmary building

Building work began in 1768 with bricks made on Pitchcroft, suffering several setbacks due to unscrupulous workmen who did not keep to schedule (and one builder who had to be threatened with legal action), flooding on Pitchcroft, and funds running out. In spite of these problems, the new Infirmary was finally occupied on 17 September 1770 and the final patients were transferred the following year.

Initially, the building comprised two storeys arranged in a 'H' shaped layout with a basement and an attic. The extension of the attic space to create full-sized wards on this floor can be observed in the smaller size of the windows on the top floor. Closet wings were added to three of the corners at various dates in the 19th Century containing baths as well as plumbed toilet facilities, and the southern wing has been extended eastwards to create larger wards on that side.

It is worth noting that, when the Worcester General Infirmary first opened, neither anaesthetic nor antiseptics had been discovered, and there was no such thing as successful human blood transfusion. Until the mid-19th Century, operations were a movable feast, conducted on a basic wooden table (currently on display at the George Marshall Medical Museum) with assistants and straps employed to hold down the fully conscious patients to prevent sudden movements from fear or pain. At this time, operations were certainly a fearful prospect with around half of surgical cases ending in death from gangrene or other infections, and many others dying on the operating table from shock or blood loss. Anaesthetics (first ether, then chloroform) were discovered in the 1840s, and antiseptics in the 1860s,

though the latter was not immediately adopted as many practitioners found the notion of the germ theory of disease difficult to accept. Blood transfusion was not truly successful until the turn of the 20th Century and the discovery of the major blood groups.

### Dispensary

Dispensaries were often set up independently of infirmaries to provide medication and basic healthcare advice to the local populace. Worcester General Infirmary housed its own dispensary within its walls as well as an Apothecary (later, 'House Surgeon') to produce the medication prescribed by the Infirmary's physicians. Benjamin Tipton was the first Apothecary to the new Infirmary and the lock and key shown in this image comes from the door to the dispensary store from around the time when Hastings held this office (1812).



Fire escape practice, 1896.



Illuminated address presented to Miss Mary Herbert, Matron to the Infirmary between 1894 and 1917, on the occasion of her retirement.



Worcester Royal Infirmary hospital badges presented to Miss Tarren, Nurse and then Nurse Tutor to the Infirmary. The badge dated 1944 is made of cheap, coated metal as a result of limited wartime resources, whereas the other, later one, is solid silver.



Matron Mary Herbert in her parlour, around 1904.



Sir Charles Hastings towards the end of his life.

Extract From Hastings' Address to those present at the inaugural meeting of the Provincial Medical and Surgical Association, 1832

'I congratulate you, Gentlemen, that the day for forming a Provincial Medical and Surgical Association has, at length, arrived... Feeling, as I have long done, the disadvantages under which the prosecutors of medicine, resident in English provincial towns have laboured, in consequence of the want of any system of co-operation, by which their separate exertions, for the promotion of our knowledge of the healing art, may be so united as to render them more influential, and more extensively useful; I cannot but hail this day... as one of peculiar promise; as one likely to lead to the most important results. Neither, Gentlemen, will I affect to hide, on the present occasion, the feelings of unmixed joy which I experience in the reflection that the Infirmary of my native county has the honour of receiving within its venerable walls the first meeting that is called for carrying into effect the admirable purposes we have in view.'

# The Provincial Medical and Surgical Association

Worcester Royal Infirmary is perhaps best known as the site of the founding of the Provincial Medical and Surgical Association in 1832. The formation of medical societies in the late 18th and 19th Centuries became the method of professional self-regulation by practitioners, established against a backdrop of societal development from the late 17th Century onwards. Sir Charles Hastings famously presided over the Provincial Medical and Surgical Association's inaugural meeting which took place in the Infirmary's Board Room, and is often credited with the establishment of the Association (which was later to become the British Medical Association in 1856). In reality the establishment of the Association was the combined effort of a group of dedicated local individuals of which Hastings was perhaps most prominent.

In Hastings' inaugural address at the Association's first meeting, he expounded its key purposes, which were, in summary:

- the collection of useful information relating to medical and surgical cases
- an increase in the knowledge of medical topography (the study of place in terms of weather, air quality and water sources, amongst other things)
- investigations into endemic and epidemic diseases

- advancement of medico-legal science
- the maintenance of the honour and respectability of the profession

Hastings and his peers had developed these ideas as members of the earlier Worcester Medical and Surgical Society, during which time Hastings had started a new medical journal – the *Midlands Medical and Surgical Reporter (with Topographical and Statistical Journal)*. In this he hoped to share knowledge of medical cases amongst provincial doctors.

Members of the Association campaigned for a great many improvements to the medical profession including the establishment of the General Medical Council, and advocating the importance of public health in towns.

## Sir Charles Hastings

Born in Ludlow and spending most of his childhood at Martley in Worcestershire, Charles Hastings was the ninth of fifteen children. While Hastings was quite young, his father suffered a serious accident which left him permanently disabled, and unable to continue in his post as rector of Martley Parish Church. It is plausible that Hastings had a role in nursing his father and that this injury encouraged Hastings to take an interest in medicine.

Hastings trained in Edinburgh and showed signs of becoming great (he had been given the post of House Surgeon at the Worcester Royal Infirmary at the tender age of 18). Due to his early successes in Edinburgh in particular, Hastings' contemporaries expected him to go to London to work with the medical 'greats' of the era. However, he said at the time, '*my aim was to become the first physician of my native county*', and he instead settled back into Worcestershire life after his training.

Charles Hastings spent much of his career campaigning for reform of the medical profession and working to improve the public health of those on his doorstep through local building programmes as well as his work at the Infirmary. He lectured on the use of the stethoscope when it was first introduced, despite some ridicule from older physicians, and treated the majority of Worcester's cholera cases during the first outbreak in 1832. Hastings was a philanthropist too and was a prominent member of the Worcester Natural History Society, endowing what is now the Worcester City Museum and Art Gallery with many of his own geological and natural history collections (the Museum was named the Hastings Museum in honour of his connection).



# Anatomy & Dissection

Medical education of the 18th and early 19th Centuries was seriously handicapped by the limited number of bodies for dissection and teaching of anatomy, despite a steady increase in the number of medical students. At this time, executed prisoners were the only legitimate source of anatomical specimens for teaching and study (other than occasional autopsies which were frequently used for comparative case notes). Reports in the *Berrows Worcester Journal* in the 19th Century talk of bodies being removed from the gaol after hanging and taken to the Infirmary to be 'anatomised' (dissected). A gaol was constructed opposite the Infirmary in 1813 and the first man to be hanged there (for burglary) was sent across the road afterwards for study. The location of the gaol next to the Infirmary gave rise to the popular local phrase, 'Here we lie and suffer in pain while over the road they suffer the same'.

In order to facilitate this macabre traffic without offending public sensibilities, a tunnel was created underneath Castle Street that connected the Infirmary to the gaol. Although the gaol was pulled down in the mid-20th Century, sections of the tunnel remain *in situ* and the arch which marks its bricked-up entrance can still be

seen in what is now the University's plant room in the Charles Hastings Building. Archaeologists studying this site during the recent redevelopment removed several bricks at the tunnel's entrance and their only archaeological find was a human tooth.

During the redevelopment, two pits were unearthed containing disarticulated pieces of human skeleton. This represents the largest collection of human remains associated with a post-Medieval provincial hospital. According to the 2010 Ossafreelance report, the collection includes sections of the body which may have been amputated, as well as remains that were evidently turned into teaching models (stained, and pinned together) or for study after amputation. The date of the two pits is inconclusive but predates a programme of building development in the 1860s. It is therefore entirely possible that these remains relate to Hastings' work or teaching at the Infirmary in some capacity.

Between 1805 and 1820, only around 1,100 executions took place in the whole of England and Wales, and not all of those will have made it to dissection tables. Medical professionals were occasionally forced to rely

upon 'resurrectionists', or body-snatchers, to provide corpses for study. Most famously, in Edinburgh, Burke and Hare 'snatched' hundreds of bodies from their graves and eventually resorted to murder to procure sufficient anatomical models. Burke and Hare were hanged and dissected as punishment when their activities were discovered by the general public (ironically, the skin of Burke was later made into a notebook which is currently on display at the Royal College of Surgeons, Edinburgh). Activities such as these understandably led to public outcry and the UK medical establishment began a campaign to allow access to enough cadavers to suit requirements.

Sir Charles Hastings helped to lead this campaign from Worcester by supporting other medical organisations in their petitions, and by submitting a petition to parliament with support from members of the local medical profession. In 1832, an Anatomy Act was passed which enabled the medical establishment to dissect bodies of unclaimed paupers as well as criminals – vastly increasing the number of cadavers available for this purpose.

Captions (left to right): Pencil drawing of the gaol as seen by a patient from a Northern ward, 1880s. Pathology lab with new equipment, around 1904. Outpatients' Hall, 1904.

Opposite page – (left to right): Sister Lucy Ford in 'battle dress', Second World War. Matron Mary Herbert and her nurses outside the Jenny Lind Chapel around 1900. Mrs Joanna Spreckley as a voluntary Red Cross nurse at the Infirmary during the Second World War.



# Nursing

Nurses were frequently lampooned in the middle part of the 19th Century, with comparisons being made to the dreadful Sarey Gamp of Dickensian creation. In reality, nursing before the Nightingale reforms was relatively disorganised, but the beneficial effect of a good nurse was widely accepted (as was the negative effect of a poor one). Nurses at this time were largely drawn from the working classes, generally the same social class as the patients, and could therefore easily put them at ease.

With Nightingale reforms of nurse training, new ranks of nurses joined the country's infirmaries and for the first time nursing was seen as a viable career path for the middle-class woman.

## Matron Jane E. Bigwood

When the redoubtable Mrs Lovell resigned the post of Matron in 1861 due to ill health, Jane Bigwood, a single mother, was offered the post on the condition that her three-year-old son Ernest was sent away to live elsewhere and only allowed onto the site as an occasional visitor. At this time, nurses were not permitted to have husbands or children living with them on the Infirmary site. Mrs Bigwood agreed to this condition initially but had a change of heart shortly afterwards. She wrote to the committee asking them to allow her son to live with her at the Infirmary until he was of an age to attend school saying, 'my feelings as a mother having so completely got the upper hand of me that I feel it impossible to give up my child altogether'. After a vote of the committee, Jane Bigwood was allowed to keep her son and her appointment as Matron. It is pleasing to find in the census for England and Wales that Ernest thrived in the years that followed, attending school as his mother had planned and eventually becoming an important

auctioneer for the county. Jane Bigwood went on to the prestigious role of Matron of the Birmingham General Hospital in 1871.

## Matron Mary McClelland

Little is known of Matron McClelland's background. She arrived at the Infirmary in 1888 from the Bradford Infirmary and remained in post for five years. What is known is that she established a nurses' medical library at the Infirmary, and arranged a series of lectures for nurses and members of the Nursing Institute. These additions to the training of nurses at the Infirmary reflect changes in the training of nurses across England. Access to information through the library and through courses of lectures must have led to a great improvement amongst the Infirmary's nursing staff.

In September 1892, Miss McClelland was the defendant in a court case in which a nurse at the Infirmary, Harriet Belsey, sued for libel and damages. When Nurse Probationer Belsey had complained of an ulcerated throat, McClelland had forcibly 'painted' the girl's throat (a traditional remedy), calling her an 'idiot, a fool and an ass' when she struggled. In her defence, Miss McClelland said she had never met any girl of her years who was so childish and silly, and that Belsey had often complained including requesting to be removed from night duty due to a distaste for it. The judge of the case ruled that no Matron should be bullied for acting honestly and justly in her duties as Miss McClelland had done, admitting that the case was, 'rather a tempest in a teapot'. The judge exonerated McClelland, clearly believing the case to be of little consequence, though for some time members of the public complained about McClelland's apparently brusque attitude towards the nurse. Nevertheless,

Mary McClelland continued unperturbed in her efforts to improve standards of nurse training, and organised a concert for patients at Christmas in the same year. An article in the Nursing Record for March 1893 laments Miss McClelland's retiring from nursing to be married. We can only guess as to whether the previous year's court case had had any bearing on this decision but it seems unlikely that a redoubtable woman such as herself would be cowed so easily.

## Matron Mary Herbert

Mary Herbert was born in Gateshead, County Durham, in the late 1850s and was roughly 36 when she joined the Infirmary in Worcester, in 1894, having been at St Thomas's Hospital, London. In September 1910, the British Journal of Nursing reported a sale of work by nurses and patients opened by Lady Beauchamp. Mary Herbert had organised the sale in order to raise funds for a children's balcony which would allow improved access to beneficial effects of sunshine and fresh air. Because it was installed for children of the Bonaker Children's Ward, the balcony became known as the Bonaker Balcony, and was situated on a southern section of the Outpatients' Department roof.

During the remainder of her time as Matron, Miss Herbert did much to improve standards of nurse training at Worcester, and in 1903 her reputation secured her an invitation to the India Office Nursing Board.

It is no small testament to her character and standing in the community that all of the 'great names' of the period placed themselves amongst the number of well-wishers listed in the illuminated address presented to Matron Herbert on her retirement.

# Hospital life

## Life as a patient

Smoking, swearing and both card and dice games were forbidden to patients and staff in the early days of the Infirmary. Patients sufficiently fit and able to do so were required to assist the nursing and maid staff in daily chores.

The patient diet was a source of continual discussion by the Board. The full hospital diet in the first half of the 19th Century consisted of five ounces of meat, sixteen ounces of bread, twelve ounces of potatoes and two pints of beer per patient per day, with seven ounces of butter per week.

Bread was baked onsite in the earliest days of the Infirmary, and beer brewed (small beer was drunk more often than water before it was possible to reduce the amount of disease-causing impurities found in water). In 1854 the Weekly Board voted that nurses' beer should be rationed to just three pints a day. In 1861, 6,436 gallons of beer had been accounted for by the Infirmary accounts. As a result, it was concluded that boys under fourteen would only receive half a pint per day while children under eight would have to be content with milk only. In 1859, a nurse on night duty was caught and reprimanded for stealing two candles, a few potatoes, two mutton chops, some dripping and a small portion of cooked meat – presumably for night-time entertaining.

Cost of supplies, particularly during the Napoleonic and subsequently the two World Wars, led to rations for hospital staff in an attempt to provide sufficient nutrition for patients. The Infirmary Board was continually forced to seek additional sources of funding when subscriptions were few or delayed. Even in the 1780s, the Board had to make a plea to the public for additional supplies, asking that residents of the area donate whatever money they could do as well as cloth for the Matron and medicinal herbs for the Apothecary. Anniversary sermons were preached annually from the Cathedral to encourage a spirit of generosity and the land around the Infirmary site was leased for allotments from the mid-1770s until necessary expansion required it. In March 1861, the Board ordered the removal of House Surgeon Mr Knapp's two ducks from the premises as they were causing devastation to the seed beds in the garden.

Bathing was difficult for many ordinary people in the 18th and early 19th Centuries, but the Infirmary boasted a cold bath from 1772 onwards. In later years, members of the public could pay a small gratuity for the use of the Infirmary's bathing facilities, much as with many public baths in English cities.

In the 1860s, Matron Lovell was criticised for being a poor manager of the Infirmary, facing charges of drawing beer too early and allowing it go flat, producing heavy

bread puddings, and washing bedclothes too infrequently so that bed bugs were often rife. Bed bugs were a common feature of life for bed-bound patients. In the 1790s, the Committee went so far as to write to staff at St Bartholomew's Hospital, London, for advice. In an attempt to combat bed bugs, the laundry was crucial. The original laundry was on the lower ground floor of the main Infirmary building but the sheets would not dry easily in the dark, cool conditions. A Ladies' Committee was established to solve domestic issues such as this and it is possible that it was this committee which recommended the building of a separate laundry elsewhere on the site with a more appropriate aspect for drying.

The cold was a constant source of problems for staff and patients alike and there are references to additional stand-alone furnaces being installed in wards and the main entrance during particularly cold winters. Gas lighting and heating was installed throughout the Infirmary in 1867, and electric lights were introduced to the operating theatre in the 1890s.



Matron Perry on the balcony of Bonaker Ward with young patients – from the Lucy Ford collection.



# Infirmary to University

## How to get into hospital

In order to receive access to medical treatment at the Infirmary, an individual had to be recommended by 'subscribers' (wealthy local businessmen and landowners). Recommendations were restricted to one in-patient and one out-patient per year for every one guinea donated.

In the hospital Rules, Subscribers were required to fill out a set form of words in order to obtain admission for a patient:

*To the Governors of the Infirmary, I desire you will admit \_\_\_\_\_, of the Parish of \_\_\_\_\_ (whom I believe to be a real and poor object of charity) to be a patient at the Infirmary.*

Children under seven years of age were only accepted for major surgical procedures, whilst expectant mothers, patients with a contagious disease, or those with sexually transmitted infections were all denied access. This rule also applied to those suffering from mental illnesses or who were already considered to be dying (the Infirmary Rules emphasised the admission of the curable, wherever possible).

## Photographing the Infirmary

In 1903 the Pathology Department was re-established after it had lain dormant since the mid-19th Century, and a sum of £15 was spent on new laboratory equipment. This coincided with the arrival in 1902 of Dr Percival George Harvey, the first House Physician and a keen amateur photographer. Around this time, he took a series of photographs of the Infirmary to include the new pathology department, and several of the images in this guide are his photographs.

It seems likely that Harvey was in fact the photographer who took most of the surviving photographs of the Infirmary from this period as, given the financial difficulties the Infirmary was continually suffering, the Board would have been unlikely to employ another photographer when a member of staff was willing and had his own photographic equipment. Harvey remained at the Infirmary for just a few years, and in fact met his future wife here – Nurse Jane O'Connell.

## Infirmary ghosts

As with many British buildings of any antiquity, the Infirmary has its share of reported ghosts.

## The grey lady

Numerous stories abound of a lady wearing flowing grey garments, seen walking around the vicinity of the Entrance Hall, Board Room and Jenny Lind Chapel. A recent visitor to an open day at the City Campus recalled that, while she was clearing away afternoon tea in the Board Room at about 5.30pm, she witnessed a ghostly figure disappearing through the closed door into the Jenny Lind Chapel.

## Tom Bates the Elder

The surgeon Tom Bates the Elder (so called because his son, Tom Bates, was also a surgeon at the Infirmary) joined the staff of the Infirmary in 1879, working for 31 years before retiring in 1909. When War was declared in 1914, the Infirmary Committee offered the use of two empty wards to the War Office and soon after the first Infirmary staff left to join the war effort abroad.

The first wounded soldiers arrived in October 1914 (a group of 50 Belgian, and 6 weeks

after this a group of 13 British soldiers), and in the same year the Committee was unable to find a suitable male House Surgeon so appointed the first woman doctor to the staff, Miss Martha Stewart. As a result it became ever more apparent to Bates (whose two sons, Tom and Mark, had signed up to the war effort) that additional support was required for the Infirmary and he therefore volunteered to continue in his role as Surgeon. He continued working in this voluntary capacity and was on duty when he caught influenza in April 1916. Bates remained at work for three days despite his fever, but died in the Infirmary after a week-long struggle.

A benevolent spirit, Bates the Elder was said to roam the Bates Medical and Bates Surgical corridors (despite the fact that these were built shortly after the Second World War as a memorial to Bates' eldest son, and long after his death), keeping a watchful eye over recuperating children, ever unable to rescind his duty of care to the patients of the Infirmary.

*Captions (left to right): This prescription was written on 30th March 1914, just three days before Tom Bates the Elder died of influenza. The Board Room around 1900 with the Hastings library before it transferred to BMA House, London. Tom Bates the Elder. The Infirmary operating theatre in the 1920s.*

The transformation of the former Infirmary into an establishment of higher education seems entirely fitting. From its beginnings, the Infirmary was a place of education and training, made ever more prominent with the formation in 1832 of what later became known as the British Medical Association. In his introduction to the first Transactions of the Provincial Medical and Surgical Association of 1840, Sir Charles Hastings said, 'we hope to be the means of promoting that intercourse between localities... by withdrawing the individual from the little world of self... and placing him in contact with his fellow men. "Eloqui copiose, modo prudenter, melius est quam vel acutissime sine eloquentia cogitare", or, in other words, the prudent interchange of knowledge benefits society more than the workings of the deepest reasoning powers confined within the narrow circle of man's own thoughts'.

In September 2010, the new City Campus of the University of Worcester opened to students and staff on the site of the former Infirmary, giving a new, 21st Century purpose to this beautiful building. Now home to the Worcester Business School, the former wards, domestic rooms, and offices have been sympathetically converted to light, contemporary teaching spaces with wireless networks and modern digital technology supporting learning, teaching and research.

As a further tribute to the history of the Infirmary, as well as its patients and staff, the University has secured significant grant funding from the Heritage Lottery Fund to establish an interactive museum of medical history within the former Infirmary, in partnership with the George Marshall Medical Museum. Schools, families and the wider community are welcome to visit the University and enjoy learning more about medical history and the story of the former hospital.

# Lower ground floor



## Lower Ground Floor

The lower ground floor was originally used as a service range to include food and beer production, a coal yard, laundry, domestic staff sleeping quarters, and some nurse accommodation. This floor included a mortuary and dissecting room, as well as Matron's parlour situated near to the kitchens. Various indicators suggest that the North wing was used for consultation rooms of varying types, especially once the Outpatients' Hall was attached to this side of the building. The Southern wing appears always to have been used as a service wing only.

The X-ray Department was created at WRI almost as soon as X-rays were discovered by Wilhelm Roentgen in 1895. This was located somewhere on the lower ground floor, and by 1904 a photograph was taken of the X-ray machine in place. When first installed (and before the dangers of X-rays were understood), the machine became an additional money-spinner for the Infirmary coffers with curious visitors being able to pay one guinea to have their hands X-rayed.

## McClelland Centre for Health and Wellbeing

Outpatients' Hall: built in 1874 on the site of the original Infirmary coal yard, dustbins and brewhouse. Consulting rooms led off the main waiting area, which was originally replete with rows of benches for outpatients as well as large boards naming Infirmary donors.

## Toilet/showers onwards to East

King Edward VII Memorial Annex: this was built in 1912 to extend the Outpatients' Hall with funds from the Edward VII Memorial Fund. Part of this extension was used for dental surgery.

## CH LG021/022

Former Kitchens: this was the original location of the Infirmary kitchens.

Underneath a side room in the Southern wing is a half set of spiral stairs leading down to a small barrel-vaulted basement, in which the Infirmary's beer and spirits were most probably kept.

Immediately outside the south door is a series of graffiti etched into the external wall. For many years, the area directly outside this door was a perambulation area for male patients.

# Ground floor



## Ground Floor

The main floor of the Infirmary, this floor contained the principal administrative offices and rooms for the highest ranking staff, as well as the Board Room and two large wards. The high ceilings in the wards on this and the floor above were praised for an abundance of light and air. Ward names have changed often over the centuries and the names listed below are those which were in place when the Infirmary closed. This change can be witnessed on the painted ward sign on this floor in the corridor leading from CH G005 to the Entrance Hall.

### Main Reception

The area from the reception desk towards the café was previously known as the Bonaker Balcony, created as a terrace for convalescing children after a fundraising campaign in 1910.

### CH G005/Museum

Rushout Ward: named after Sir John Rushout (1685-1775), a wealthy local landowner who had been instrumental in funding and developing the original Silver Street Infirmary.

### CH G006A/CH G011A

Closet wing extensions were added to three corners of the building in the 19th Century to become bathrooms

for patients as well as sluices to allow nursing and housekeeping staff to empty chamber pots and other effluents.

### CH G016

Matron's office: from the 1860s, the Matron took over much of the work of the House Surgeon in managing the Infirmary and her responsibilities included maintenance of the buildings and grounds, as well as housekeeping and nursing staff.

### CH G012 Former Entrance Hall

This hall was the original entrance into the Infirmary for visitors until the Outpatients' block was built, and is largely unchanged. If you look closely at the floor on the right, you will see a dip in the bath stone floor tiles where countless individuals have stood to ask for information, wearing away the stones as they did so. The same indentations are visible leading away from the reception desk and through the left and right columns; evidence of thousands of footsteps of visitors to the Infirmary over the centuries.

### WCs off Entrance Hall

Dispensary (North of Entrance Hall): this room was once used by the Apothecary to prepare remedies from a vast array of herbs and chemicals. Leeches for

bloodletting were heavily used until the turn of the 20th Century.

### House Surgeon's Room (South of Entrance Hall)

This room still contains the mid-19th Century fireplace visible on photographs of the House Surgeon's Room from around 1900. This room was originally a room for patients but this became redundant with the addition of the Outpatients' Hall.

### Board Room CH G012

Originally known as the Physicians' Room, the Board Room was the location in 1832 for the inaugural meeting of what later became the British Medical Association. It was occasionally used as a chapel until the Jenny Lind chapel was built. The Board Room was extended in the 1850s when the chapel was added.

### Jenny Lind Chapel CH G014

The Jenny Lind chapel was added to the Infirmary as a replacement for the former chapel above the Board Room. The chapel is named after Jenny Lind, a Swedish singer known as 'The Swedish Nightingale', who was extremely popular at the time. In 1849, Lind visited Worcester and agreed to give a fundraising concert towards any charitable cause in need of assistance.

# 1st & 2nd floor



Proceeds from the concert raised a total of £840 and the first service in the new chapel was held on 3 October 1851.

The chapel's small, apsidal Sanctuary includes mosaics, beautifully worked in gold and depicting Christian symbols including the Star of David, the *chi-rho*, and the alpha and omega.

The west wall carries a stone memorial to Herbert Cole, House Surgeon of the Infirmary who succeeded Charles Hastings to the post in 1815 and stayed to 1852. Until the 1860s, the House Surgeon was in effect the manager of the whole Infirmary site as well as all staff therein. Cole died while on enforced sick leave – during his 37th year in post.

#### Lift entrance, South of Board Room

This area was once the Surgeons' Room, a shared area for the surgeons to write their case notes and receive patients. The enclosed room was opened up to allow corridor access to the new theatre blocks to the West in 1932.

#### CH G009-011

Wheelely Lea Ward: Charles Wheelely Lea, a member of the Lea family (famous for Lea and Perrins Worcestershire Sauce), left £10,000 to the Infirmary in the 1890s.

## First Floor

### CH 1001

Garlick Ward: Edward Garlick, a wealthy sugar merchant from Bristol with considerable experience of infirmary development in that town, advised the Board about the planning of the new Infirmary at Castle Street.

### CH 1008 Chapel/Operating Theatre

This room, directly above the Board Room, was first established as a dedicated chapel for staff and patients. By the mid-19th Century it was in use as an operating theatre due to a lack of space elsewhere. Before this, operations were relatively infrequent and surgeons would simply have used any available room. This room remained in use for surgery until the Bates operating theatre (named after Bates Elder) and Nuffield Orthopaedic Department was built and officially opened by the Prince of Wales (Edward VIII) in 1932.

The remaining rooms leading from the central corridor were used for private wards as well as a bedroom for the Apothecary and Matron. Until Mulberry House was built, nurses would be required to sleep in wards when not in use for patients.

### CH 1007

Ganderton Ward: hailing from Pershore, Charles Ganderton made his fortune in the wool trade and in 1893 left

a legacy of £7,000 to the Infirmary. Altogether he gave £21,000 to hospitals in England, a fortune for the time.

## Second Floor

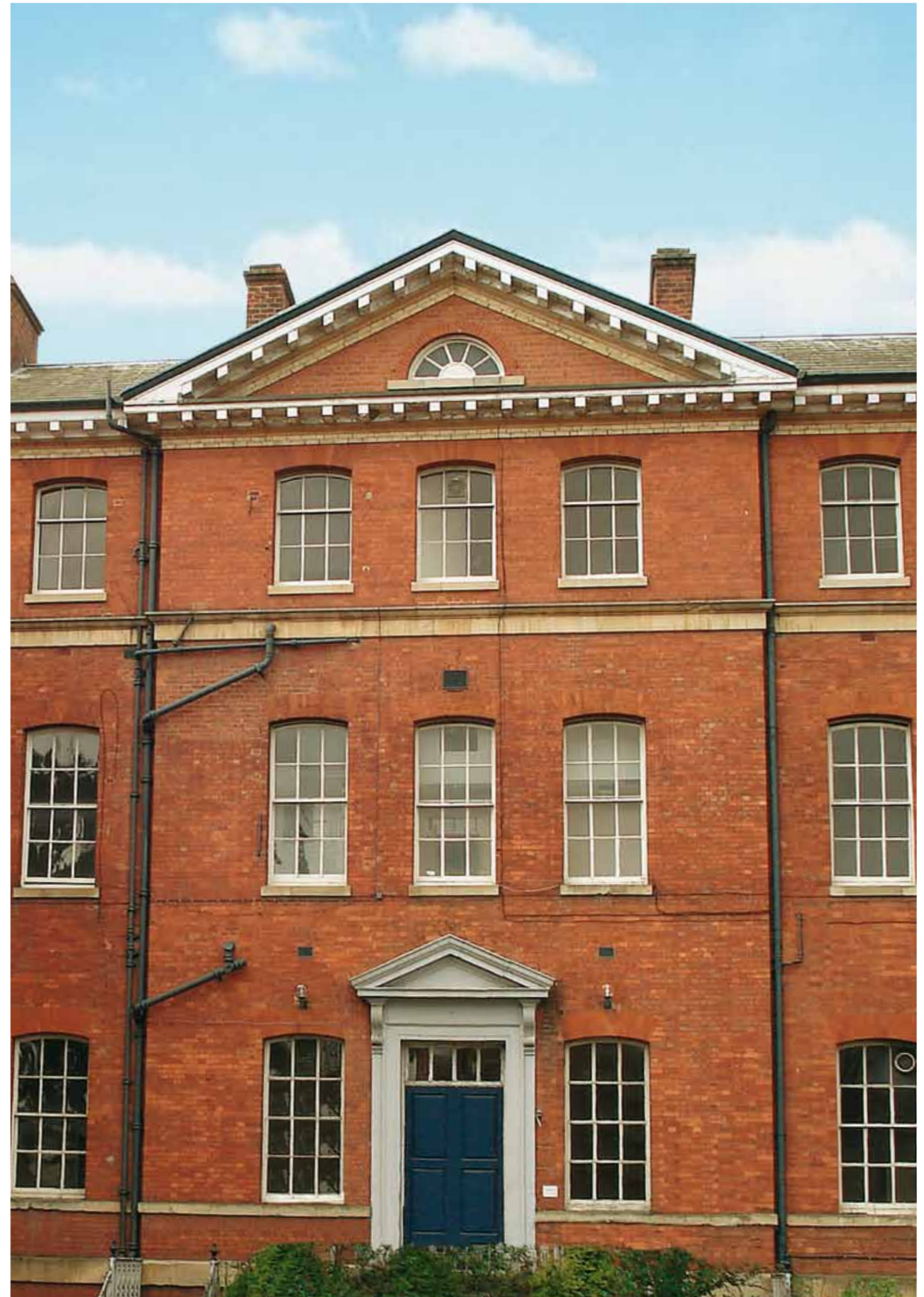
Originally known as the 'garret floor', the former attic spaces on this floor were used as storage and lodging for nursing and domestic staff. When cases of infection due to leg ulcers became a problem in the early 1800s, these cases were transferred from the wards to the attic rooms in an attempt to avoid contagion. Lumbar (abdominal) medicine and some ophthalmic cases were also housed here for a time. The floor was extended upwards to create full wards in 1865 and a forced air system with ceiling vents was installed to allow better circulation of air.

### CH 2001-003

Maddox Ward: named after Bishop Isaac Maddox who was instrumental in founding the Silver Street Infirmary.

### CH 2006-008

Bonaker Ward: named after Reverend Bonaker of Honeybourne who donated £8,762 in 1881 to create a dedicated children's ward at the Infirmary. Until this time, cots for children were placed in the centre of the adult wards.





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