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## **History and archaeology of the St Wulstan's Hospital site, Malvern Wells.**

**Helen Loney, Andrew Hoan and Bob Ruffle.**

### **Introduction**

Nature reserves form an important part of the heritage of Worcestershire, with over 177 known in the county. While it has long been recognised that part of the Malvern Hills AONB has significant natural, archaeological and cultural interest such as British Camp, other less well-known nature reserves within the AONB also have cultural as well as natural interest (Winton 2005). One such nature reserve is the former NHS hospital site at St Wulstan's (Fig. 1). Originating during the Second World War as one of five US military hospitals built around Malvern, after the war it was taken over by the NHS and used first as a tuberculosis hospital and then as a psychiatric hospital before closing in 1986. After closure the western part of the site was redeveloped for housing and the hospital buildings were demolished in 1994-96 with the eastern half of the site declared as a local nature reserve in 1997.

The psychiatric hospital phase at St Wulstan's was internationally renowned for the pioneering treatments in rehabilitation developed by the Superintendent Dr Morgan (Morgan, Cushing and Manton 1965). We chose to investigate this site as it forms part of two long running projects into the post medieval archaeology of Worcestershire being carried out at the University of Worcester. The first is into the archaeology of nature reserves, the second into the archaeology of mental health.

Hickman has argued that the degree to which gardens and the environments are considered part of medical practice in mental hospitals has varied over time (2013). Whilst early developments at mental hospitals clearly show the importance of outdoor physical work in gardens e.g. the work of Benjamin Rush in the eighteenth century (Plankinton 1973), from the 1930's the emphasis shifts away from outdoor work as therapy towards a new focus on interior spaces and new drug based therapies (Sempik and Aldridge 2006).

### **Methods**

The hospital grounds at St Wulstan's present a challenge to traditional archaeological survey methods. Conventionally, we would not consider vegetation survey as part of archaeological practice. However, vegetation trees and long living shrubs, together with various types of grassland ecologies are an integral part of both the cultural and natural landscape. We also needed to consider how the memory of the place as a hospital was incorporated into the site and whether people visiting were aware of its history. Therefore, in our investigation we have used a mixture of traditional field survey methods, such as artefact pickup, monument survey and geophysical survey, and more innovative methods, including a tree survey and a health,

well-being and heritage questionnaire. This study aims to build on an earlier study which has left a substantial archive at the HIVE (WCC 2009). Due to a lack of funds the archival material has yet to be properly accessioned and so documents do not as yet have accession numbers, but where used the title of the document and age have been referenced. By combining the documentary sources with mapping, building plans, aerial photographs and LIDAR it has been possible to examine landscape changes through time (see Hoan, Ruffle and Loney 2019 for a more detailed report on the tree survey and well-being questionnaire results).

### **History of St Wulstan's Hospital and Local Nature Reserve**

The original hospital at St Wulstan's was situated on a piece of poor-quality grazing land known as the Long Meadow (Stamp and Land Utilisation Survey of Britain, 1937). Analysis of the earlier Ordnance Survey maps confirmed that there was little if any previous historical use of the field beforehand. Further analysis of the Ordnance Survey, along with post 1945 aerial photographs and building plans, produced a detailed and accurate reconstruction of how the site developed during the early 20<sup>th</sup> century through to the present day.

Supplementing this prosaic reconstruction were the personal accounts and observations derived from oral history and documentary archives, and which related to all phases of the hospital's use. Synthesizing these types of evidence has enabled us to produce a reconstruction of the hospital which captures the fondness and positivity of the people who lived and worked at this site, giving us insight into the importance of emotional connections in healing.

Malvern is no stranger to the therapeutic approach. Seen as a place of well-being from the 18<sup>th</sup> century onwards, thanks to Dr Wall's exhortations on the purity of Malvern spring waters. With the establishment of clinics for the so-called 'water cure' in the nineteenth century, the health-giving properties of the waters were heavily promoted. The waters have not only been used locally for various forms of medical and paramedical treatment, but bottled and sold nationally and internationally. On the foundation of its reputation as a spa, Malvern acquired other features which contributed to its status as a place of well-being. Because of the spa, it became a place of resort more generally, an early tourist destination. The arrival of the railway in the 1860s boosted this aspect of the town's attraction. At the same time the foundation in 1862 of Malvern College as a boys' public school began a mushrooming of educational establishments, eventually including a well-known girls' boarding school and a number of other private schools. In the later nineteenth century threats to the hills from quarrying led to the passing of the first Malvern Hills Act in 1884, and the

establishment of the Malvern Hills Conservators (now the Malvern Hills Trust) to manage the hills and surrounding commons as a natural resource, open to the public for recreational purposes from walking to paragliding. The Victorians and Edwardians established a network of broad paths and carriageways and, for example, developed St Ann's Well as a place for taking the waters, and Clutters Cave, a man-made excavation with views over the landscape to the west of the hills. And the hills have served as inspiration for poets and musicians from Langland in the fourteenth century to Elgar in the nineteenth and twentieth. In all these ways the hills and the town beneath them have been recognised and enjoyed as places of resort for purposes of health, education, recreation and inspiration. In the mid-twentieth century these aspects of well-being were partly drawn upon and partly augmented by the necessities of war. In the early days of the Second World War plans were drawn up for the evacuation of government departments, and of the Royal Family, to the Malvern area. The boys' and girls' schools were transferred elsewhere to make room, and Madresfield Court, the seat of Earl Beauchamp in the valley below, was made ready for the Royal Family. These plans were not in the event fully implemented, but it is clear that Malvern was regarded in this context as a place of relative safety, distant from London and the south coast, and from the crippling air bombardment which in 1939 was feared as the major threat of modern warfare. For similar reasons, the vitally important radar research and development establishment was moved from the south coast to Malvern College, with its attendant flying facilities at Defford aerodrome, near Pershore. The place of well-being was thus augmented to encompass also a place of safety.

With the entry of the United States into the war in late 1941, and the subsequent planning for the Allied invasion of Europe, a further element was added. The US Army needed hospitals to look after those soldiers who fell ill before the invasion and, more to the point, those wounded in operations after it. Beginning in 1942, a huge organisation was set up, which included the 12<sup>th</sup> Medical Hospital Center, located in Malvern Link, administering a group of hospitals in Worcestershire and Herefordshire. These included a group of five located below the east side of the hills between Great Malvern, Malvern Wells and Upton upon Severn. The criteria for locating these hospital groups seem to have included proximity to main US troop concentrations, adequate rail connections, and the use of parks or estates rather than valuable agricultural land. The former branch railway between Malvern and Upton ran through the group, served by a station at Malvern Wells. The hospital at Brickbarns Farm, which is the subject of this paper, was constructed in late 1943 and occupied in November by the 56<sup>th</sup> General Hospital, which, however, only stayed until January 1944, when it was

replaced by the 96<sup>th</sup> General Hospital. This unit occupied the buildings until after the end of the war in Europe, leaving in July 1945. The 96<sup>th</sup> specialised in neuro-psychiatric cases, indeed was the only US army hospital with this specialisation in the European theatre until late 1944, when another was set up in Belgium. It thus took all neuro-psychiatric cases from the US army in Europe for the best part of a year. On opening it had 674 beds, later increased to 1025.

There was a standard design to the hospitals built in the Malvern area. The buildings were all brick built single story wards and accommodation blocks (Fig. 2). The wards were in the eastern half in what is now the nature reserve. The medical staff were housed in the western half in a mixture of Nissan huts and more permanent buildings. A sign of the haste with which the site was built can be gathered from the retention of mature hedgerow trees in between the blocks. Several of these trees survived the demolition of the hospital.

While the surviving account suggests that the men and women stationed at the hospital enjoyed their stay in Malvern (WCC 2009), there is little to suggest any attempt to soften the military severity of the buildings by plantings in the grounds. One amenity that was made was a baseball diamond in the south western corner which can be seen on aerial photographs (Winton 2005: 40). Oral history collected by the St Wulstan's Nurture to Nature Project (WCC 2009) suggest that local children came onto the hospital and played softball but were not allowed to play baseball.

With the cessation of hostilities in 1945, the hospital closed and stood empty for a short period before being used for refugees and other displaced persons. It was then closed again before being repurposed as a TB hospital which opened in 1950. It is at this period that thought turned to softening and improving the environment of the hospital interiors and exteriors. The Malvern Gazette celebrated the opening of the hospital with an account of the renovations of the wards to provide a cheery colour scheme and how the grounds were being transformed from "blank dreary wastes" by the plantings of silver birches and flowering trees. With the development and use of antibiotics tuberculosis became relatively rare and so once again the hospital was closed while discussions about its future took place.

Because of the investment that had taken place previously, it was decided to use the buildings and grounds for a psychiatric hospital. The medical superintendent Dr Roger Morgan was a pioneer in the rehabilitation of long stay patients. Patients from across the West Midlands were sent to Malvern so that they could make the transition from long term hospital care to living independently through Industrial Therapy. Developed during the post war period Industrial Therapy aimed to train patients in the types of work most common in their region

so that they were able to work and support themselves when well enough to do so (Long 2013, Morgan 1970). The use of this therapy is recorded by the staff at the hospital (e.g. Morgan, Cushing and Manson 1965) alongside visiting colleagues such as the American psychiatrist T. Query who wrote an interesting account of his work at St Wulstan's (1968). The work reflected the times so was based around manual and semi-skilled labour for the men typical of small industrial metal working workshops that were common in the West Midlands (Fig. 3). It was run as a business, patients were paid the maximum stipend that the laws at the time allowed. The business was a success with many clients for the products produced at the hospital. Through work the hospital successfully rehabilitated many patients who found jobs and homes in the Malvern area and in their original home towns. Gardening and other outdoor work was done by those male patients who were not considered suitable candidates for the workshops. Women were trained in secretarial, cooking and cleaning work. Over time the hospital grounds were transformed into gardens, with attractive trees, flower beds, orchards and allotments (Fig. 4). The psychiatric hospital kept the original east west division of the military hospital; staff accommodation and the administrative buildings were in the west and south of the site, whilst the main medical facilities and wards were in the east. Ornamental plantings and hedges were used to screen the wards from the main accommodation areas. In 1986 the site was closed for the last time.

In the early 1990's Bovis was successful in developing a plan to redevelop the site of the hospital. A well-run community campaign was able to save the western half of the site from redevelopment. Bovis incorporated the staff bungalows into their development and these are now the only buildings that survive from the hospital of the 1950's. The remaining buildings were demolished and the site landscaped. On the eastern half of the site houses have been built, although even here, trees have survived from the hospital period.

### **Survey results**

The monument survey was conducted by undergraduates of the University of Worcester on March 12<sup>th</sup>, 2018. We used a mixture of traditional offset survey together with a point survey of select features using handheld differential Trimbles (Geo 7x). The points were then corrected and incorporated into the current OS map, using GIS.

As expected, few upstanding remains of the hospital are visible. All features were cleared, and currently there is very little evidence of the older buildings aside from a few foundations, original and reused paths. As the LIDAR images (Fig. 5) and aerial photography makes clear the remaining archaeology at the site consists of trees planted before and during the hospital's

use. Using the LIDAR image and an earlier reconnaissance we therefore focused our recording efforts on the remaining archaeology.

The Matron's House and the Flagpole are two of the few features with upstanding elements, and so provided an opportunity to be recorded before further change occurs. Our results show that the Matron's accommodation and its associated garden (as defined by a hedge), still survives. This along with Matron's path retains most of its original plantings such as an avenue of limes, a pre-hospital oak avenue, the tarmac (matron's path) which is lined with flowering trees and rhododendrons together with associated poles for lighting and power, and areas of walling and landscaping with imported stone (Fig. 6). The area around the flagpole included the remains of the square as well as the associated tree plantings, represented by a number of mature Leyland Cyprus.

A number of spot find pickups resulted in the collection of over 80 pieces of pottery, glass, metal and plastics in various areas of the St Wulstan's nature reserve. The largest sample came from a midden, which had been disturbed during the construction of a pond in the western edge of the area. These pieces were collected on March 6, 2018 and identified and analysed by Bob Ruffle.

The pond collection consists of 75 pieces of pottery and glass, of which there are twelve pieces of marked glass shards and seven pieces of marked china and stoneware. The marked glass includes a Badoit bottle base and a Pond's cold cream container, as well others. A total of 67 pieces of pottery were collected, comprised of stoneware and earthenwares, as well as a few pieces of porcelain and/or bone china. The identifiable pieces of porcelain and/or bone china include a likely late 19<sup>th</sup> century Limoges fragment, as well as a number of sherds of British manufacturers such as T.G. Booth, Tunstall. There was also a well-preserved Lovatt & Lovatt ink bottle, and a complete Virol bone-marrow paste pot.

Despite the prevalence of domestic porcelain and china, it can be argued that the number of health-related items, including the Badoit and Virol bottles and the blue medicine bottle could have derived from the Hospital. Further work needs to be done identifying possible sources in the immediate vicinity. Spot finds collected by Martin Barnett the reserve manager from closer to the hospital proper include an NHS plastic tea mug and bowl, and a surgical steel implement. In briefest conclusion, therefore, the pick-up has revealed a complex archaeological history of the Nature Reserve, which includes evidence of domestic discard from the 19<sup>th</sup> and early 20<sup>th</sup> centuries, which may both predate and be contemporary with the occupation of the hospital.

The questionnaire survey was run as a trial, designed to see how easily a questionnaire could be produced for a single day's fieldwork, but also designed to readily investigate visitor's engagement with the nature reserve. The results have already been reported on in greater detail elsewhere (Hoaen, Ruffle and Loney 2019). The small sample size and the limited window of data collection reduces the need for exhaustive statistical analysis, but none the less, there are some strong trends we can report on.

Firstly, in a sample dominated by the over 65's, there is a further dominance of women. In total, 38% of the sample consisted of retired women over the age of 65, with 19% consisting of retired men also over the age of 65. Amongst the sample there is a strong trend for regular physical activity, with over 69% visiting the site at least once a week. Secondly, respondents appeared to feel that personal enjoyment of exercise was a secondary motivation to the functional necessity of walking their dog. In a future questionnaire, it would be worth asking if respondents had a dog with them in all of their visits. That said, the next most common response was getting regular exercise, presumably for themselves as well as their dog.

Almost all respondents felt that whatever their reasons for visiting the Nature Reserve, they felt relaxation was a key component of their emotional responses, followed by feeling cheerful. About half thought that a visit to the reserve aided problem solving. There was a strong anecdotal trend of their visits being encourage or 'prescribed' by their GPs, as part of a healing regime. Finally, most of the respondents were local, and most knew some if not all of the site's earlier history, particularly past use as a WWII hospital. This corresponds to oral histories mentioned above in which respondents remembered playing on the grounds of the hospital, being taught baseball, for example.

In conclusion, the limited results revealed a close, positive relationship with the site, where respondents visited regularly for personal and family fitness and health. Further, though respondents were not asked if they had any negative associations, there was a strong agreement associating visits to the site with feelings of relaxation and being cheerful.

### **Geophysical survey**

A number of aerial photographs (Winton 2005: 40) and the LIDAR image show a large rectilinear enclosure in the southwest corner of the site (Fig. 5). Much of this is now covered by a hedge. In an attempt to better understand this feature, a magnetometry survey was carried out using a Bartington magnetometer, the data being processed in GEOPLOT 4.0. The survey unfortunately was not able to identify any internal structures such as pits though there is evidence for an earlier ditch cutting the site, together with a location where a spring



rises. Further survey using resistivity or ground penetrating radar may throw more light on what appears to be a potential Romano-British or medieval enclosure.

### **Tree Survey**

The limited time meant that we could only carry out a brief tree survey. This has been reported on elsewhere, but we have been able to demonstrate that much of the plantings associated with the hospital and the earlier agricultural landscape survive. We have demonstrated that by using LIDAR we can rapidly identify locations for follow up tree survey. In conventional archaeological LIDAR survey, a digital terrain model is used (DTM), as this removes vegetation and trees from the image to only show archaeological features. If it is felt important to include woodland in the survey it was possible to produce a digital surface model which can then be manipulated to show trees of a certain height or size. These can then be accurately plotted and targeted for ground truthing. The developers Bovis produced an accurate map of the hospital and the trees and shrubs before demolition (undated map in Worcester Archives); by combining this map with LIDAR imagery it should be possible to produce a map of woodland survival and change for the future.

### **Discussion**

The archaeology of the St Wulstan's Nature Reserve revealed a complex picture of site development and changing needs and beliefs in hospital therapies during the 20<sup>th</sup> and 21<sup>st</sup> centuries. It also revealed an earlier landscape which predates the 20<sup>th</sup> century in the form of a rectilinear enclosure and pre-enclosure field systems. The LIDAR image (fig. 5) suggests that the rectilinear enclosure pre-dates the ridge and furrow and is therefore probably Romano-British in date. The foundation of St Wulstan's in 1942 to house the military wounded created a link between the local environment, residence and hospital care that arguably still has resonance today. The surveys have demonstrated the tendency of development to respect earlier buildings, particularly if there is local sentiment to do so. The monument survey has begun to reveal those aspects of the earlier phases which have influenced the current path development, such as the Flagpole and the Matron's house and tree avenue. It has also drawn attention to parts of the site which have less appeal, including areas of recent and relatively dense woodland regeneration (e.g. the southeastern portion of the site).

The tree survey and the descriptions of the plantings belies the utilitarian nature of the buildings and underscores the value of adding such information to archaeological interpretation. It takes what could be a very bleak picture of cinder-block barracks in a cold and remote location and imbues it with an appreciation of the Malverns, the value of living

colour in promoting health and well-being. It provides a back story to the ultimate phase of development of the site into a Nature Reserve, underscoring the affection it held in the local community, despite the negative connotations frequently ascribed to former mental hospitals. Finally, it is worth noting the importance of the inclusion of the students at the University of Worcester's Archaeology and Heritage program. Their participation in collecting the survey data and distributing the questionnaires provided the bulk of the archaeological field data. The development of a research project to include students as research partners is one of the benefits of working in an academic environment. In particular, the success of the questionnaire was in large part due to their willingness to engage with the public on behalf of the University.

### **Conclusion**

Archaeological and environmental history surveys are often considered as separate activities. However, an understanding of the vegetation at a site can often contribute to our own understanding of both the natural and cultural history of that place, over long periods of time. The work at St Wulstan's Nature Reserve not only adds to the history of both military and medical practice in 20<sup>th</sup> century Worcestershire, it provides evidence of the value of aesthetics in an otherwise utilitarian landscape. It has also demonstrated the potency of the past in shaping modern feeling and influencing local planning decision-making.

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