Oxford Radcliffe Hospitals

Aseptic Services Unit, Churchill Hospital, Oxford ARCHAEOLOGICAL EVALUATION REPORT

NGR SP 5464 0584

Planning Application No. 00/190/NF

OXFORD ARCHAEOLOGICAL UNIT

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OXFORD ARCHAEOLOGICAL UNIT

April 2000

Aseptic Services Unit, Churchill Hospital, Oxford

ARCHAEOLOGICAL EVALUATION

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SUMMARY

The Oxford Archaeological Unit carried out a field evaluation at Churchill Hospital, Oxford on behalf of Oxford Radcliffe Hospitals. The evaluation revealed that the majority of the area investigated had been disturbed and sealed by a hospital land fill site. A single piece of Roman pottery was found within a small area of a partially truncated subsoil, which was similar in nature to other soils where Roman activity has been identified, during previous investigations within the Churchill Hospital site.

I INTRODUCTION

1.1 Location and scope of work

In April 2000 the Oxford Archaeological Unit (OAU) carried out a field evaluation at Churchill Hospital on behalf of Oxford Radcliffe Hospitals in respect of a planning application for the proposed construction of a single-story building and services (Planning Application No. 00/190/NF). The evaluation was completed according to a brief set by and a Written Scheme of Investigation (WSI) agreed with Brian Durham of Oxford Archaeological Advisory Service (OAAS). The development site is situated within the southern limit of the Churchill Hospital Complex to the south of Old Road, Oxford (NGR SP 5464 0584), and is c. 0.06 hectares in area (Fig 1).

1.2 Geology and topography

1.2.1 The site sits on a fairly level plateau, bounded to the east by the deeply incised Lye Valley. The site is currently a disused tennis court, and its location at the top of the valley suggests that previous landscaping during the construction of the hospital is possible. The geology is sand and gravel overlying Oxford Clay.

1.3 Archaeological and historical background

1.3.1 There are several known sites with archaeological remains in the immediate vicinity of the development site. Archaeological excavations at the Churchill Hospital between 1971 and 1973, as close as 10 m south and west of the development area, revealed extensive remains associated with the northern production area of the Oxford region Roman pottery industry. Surface indications of such a site were first noted at the end of the 19th Century, and kilns were discovered here in 1953, 1955 and 1962. This kiln site appears to have been in use in the late 3rd and 4th Centuries AD (Young 1972). Similar kiln sites have been recorded nearby at the Nuffield Orthopaedic Centre,

Oxford School, Between Towns Road (Cowley), and at Harry Bear's Pit. In October 1999 and February 2000 OAU undertook a Watching Brief (OAU 1999) and trenched evaluation (OAU 2000) at the site of the proposed Centre for Vaccinology at the Churchill Hospital, c. 70m north-west of the current development site. No evidence for pottery production was found, suggesting that the area lay outside the kiln site.

2 EVALUATION AIMS

- 2.1.1 The general aims of the evaluation, as stated in the WSI, were as follows:
 - To establish the presence/absence of archaeological remains within the proposal area.
 - To determine the extent, condition, nature, character, quality and date of any archaeological remains present.
 - To establish the ecofactual and environmental potential of archaeological deposits and features.
 - To make available the results of the investigation.
- 2.1.2 The specific aims of the evaluation were as follows:
 - To establish ground level prior to the building of the hospital in order to ascertain the level at which the current development is most likely to impact on archaeologically significant deposits.
 - Identify possible routes for the drainage trench through an area of lesser archaeological significance.

3 EVALUATION METHODOLOGY

3.1 Sample size

3.1.1 The evaluation consisted of two trenches measuring 15 m by 1.6 m (Fig 2).

Under close archaeological supervision they were excavated by a mechanical excavator (JCB) with a toothless ditching bucket, to the level of the natural drift geology. Trench 1 extended southwards beyond the area of the current development so that an area of known sensitivity could be evaluated with a view to identifying a route for the drainage trench. A step was excavated around Trench 1 to allow for excavation and recording below 1.2 m.

3.2 Fieldwork methods and recording

3.2.1 In both Trenches 1 and 2 the revealed deposits were sampled to determine their extent and nature, and to retrieve finds. All archaeological features were planned and sample sections drawn at scales of 1:20. All features were photographed using colour slide and black and white print film. Recording

followed procedures laid down in the *OAU Fieldwork Manual* (ed D Wilkinson, 1992).

3.3 Finds

Pottery by Paul Booth

3.3.1 A single rim sherd of Young (1977) type P24, a parchment ware carinated bowl dated 240-400, was recovered from a buried plough soil (204). The sherd was heavily abraded and discoloured which suggested that it had been in the soil for some time and was from an earlier context.

3.4 Environmental data

3.4.1 No environmental samples were taken during the course of the evaluation.

4 RESULTS: GENERAL

4.1 Soils and ground conditions

4.1.1 Excavation of the trenches revealed an orange and yellow natural sand overlain by a dark grey brown sandy topsoil. In Trench 2 a browny orange sandy subsoil lay between these layers. A layer of hospital rubbish dump deposits within a sandy matrix lay over the buried topsoil, which in turn was overlain by a tarmac tennis court and associated make-up. Ground conditions were dry with no preservation of waterlogged materials.

4.2 Distribution of archaeological deposits

4.2.1 In both trenches a dark grey-brown topsoil was seen, which represented the original ground surface prior to the creation of the hospital rubbish dump. This overlay a browny-orange sandy ploughsoil (204) in Trench 2; both these layers had been formed during processes which may have truncated earlier archaeological deposits, i.e. ploughing or cultivation.

4.3 Presentation of results

4.3.1 Section 5 includes individual context descriptions, with archaeological deposits and features described from earliest to latest. Context information is summarised in the context inventory (Appendix 1).

5 RESULTS: DESCRIPTIONS

5.1 Description of deposits

5.1.1 *Trench I* (Fig 3)

A natural deposit of orange and yellow sands (100) was seen at approximately 95.00 m OD (1.55 m below ground level). This deposit was cut by a sub-rectulangular feature (104) over 1.60 m long and over 0.90 m wide to a depth of 0.60 m. The barren greenish-grey sand fill (105) combined with the slightly undulating base of the cut suggested that this was a tree-throw hole. Sealing 100 and 105 was a dark grey-brown sandy soil (101) 0.15 m thick, which appeared to be a topsoil pre-dating the hospital rubbish dump. The hospital dumping (103) and associated cut (102) had truncated 101 and were in turn overlain by the tennis court (106). This trench may represent the centre of the dumping area due to the level nature of the base of 102.

5.1.2 *Trench 2* (Fig 3)

The orange natural 205 was seen at 1.50 m below ground level (bgl) or 95.66 m OD in the north end of the trench and 95.08 m OD (1.80m bgl) in the south of the trench. No features were seen but 0.40 m of a browny-orange sand subsoil (204) overlaid the natural in the northern end of the trench and tapered off towards the its centre. A single piece of Roman pottery was retrieved from this soil. The dark grey-brown buried topsoil (203) overlay 204, and was 0.60 m thick to the north and 0.40 m thick to the south. The hospital rubbish dump deposits (201) filled associated cut 202, which truncated 203 and originated at the very north of the trench. The sand based waste ranged from 0.02 m thick in the north to 1.00 m thick to the south and was overlaid by the tennis court and a small area of turf (200).

6 DISCUSSION AND INTERPRETATION

6.1 Reliability of field investigation

6.1.1 The evaluation covered a high percentage of the development area and also an area outside of the site and as such was more than sufficient to determine the extent and nature of deposits liable to be affected by the proposed development. The previous work in this area supports the theory that the Roman activity is concentrated to the west and south of this site (Young 1972,

1973 and 1975), so it would seem unlikely that archaeology is present in the area not covered by these trenches.

6.2 Overall Interpretation

6.2.1 Summary of results

No archaeological features were encountered during the evaluation, but a greater understanding of the topology can be obtained. It would appear that the existing slope to the south was originally more gradual and originated further to the east. The level plateau on which the tennis court sits is all made ground and the pre-hospital landscape would have been over one metre lower than the present ground level. The browney-orange subsoil (204) also noted in previous work in the area may be Post-Roman as the single piece of pottery recovered appeared to be redeposited. Truncation may have occurred in a period between the deposition of 203 and 204 as the subsoil tapered out towards the centre of Trench 2.

6.2.2 Significance

The evaluation revealed no significant archaeological deposits. It would appear that the site of the proposed development lies outside the northern limit of the kiln site encountered during previous excavations (Young 1972, 1973 and 1975).

6.3 Drainage location

It is recommended that the proposed drainage route should be located to the south of the development site (Fig 4) running predominantly through the area where archaeology has been recorded during previous excavations (Young, 1972, 1973 and 1975). Outside the area previously investigated archaeological remains are only likely to be disturbed in the southern 15 m of the drainage run, as it is assumed that the northern 15 m will not be deep enough to intrude beyond the base of the hospital dump deposits.

APPENDIX 1: ARCHAEOLOGICAL CONTEXT INVENTORY

Trench	Ctxt No	Туре	Width (m)	Depth (m)	Comment	Finds	No.	Date
1								
	100	Layer			Natural			
	101	Layer		0.15	Buried topsoil			
	102	Cut		2	Landfill and landscaping			
	103	Fill		2	Landfill and waste			
	104	Cut	>1.60	0.54	Tree bole hole			
	105	Fill		0.54	Tree bole hole fill			
	106	Layer		0.25	Tennis court surface			7

Trench	Ctxt No	Туре	Width (m)	Depth (m)	Comment	Finds	No.	Date
2			7.2			ACTUAL LINE		
	200	Layer		0.25	Tennis court surface			
	201	Fill	0	1	Landfill and waste			
	202	Cut		I	Landfill and landscaping			
	203	Layer		0.60	Buried topsoil			
	204	Layer		0.40	Buried ploughsoil	pot	1	Roman
	205	Layer			Natural			

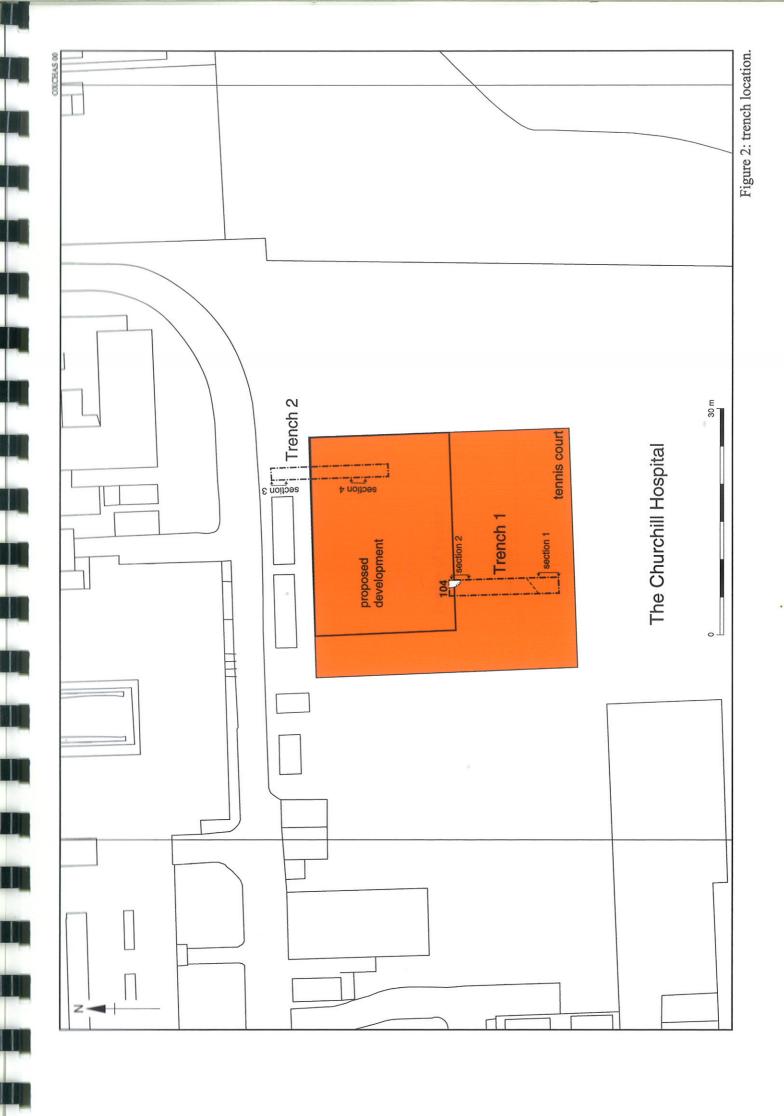
APPENDIX 2: BIBLIOGRAPHY AND REFERENCES

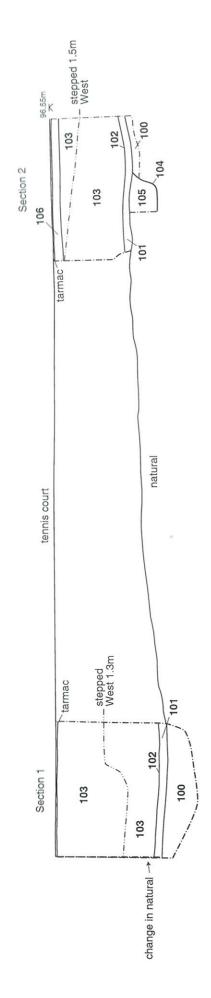
OAU	1999	Centre for Vaccinology and Tropical Medicine, Churchill Hospital, Oxford, Archaeological Watching Brief Report. OAU unpublished report.			
OAU	2000	Centre for Vaccinology and Tropical Medicine, Churchill Hospital, Oxford, Archaeological Evaluation Report. OAU unpublished report.			
Wilkinson, D (ed)		1992	Oxford Archaeological Unit Field Manual, (First edition, August1992). Unpublished.		
Young, C J		1972	Excavations at the Churchill Hospital, 1971: Interim Report. Oxoniensia XXXVII		
Young, C J		1973	Excavations at the Churchill Hospital, 1972: Interim Report. <i>Oxoniensia</i> XXXVIII		
Young, C J		1975	Excavations at the Churchill Hospital, 1973: Interim Report. Oxoniensia XXXIX		



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Figure 1: site location





Profile of Trench 2

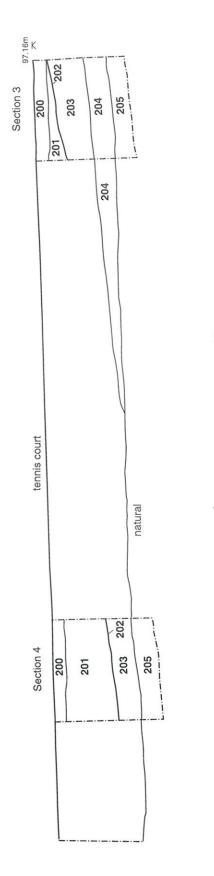


Figure 3: trench profiles and sections.

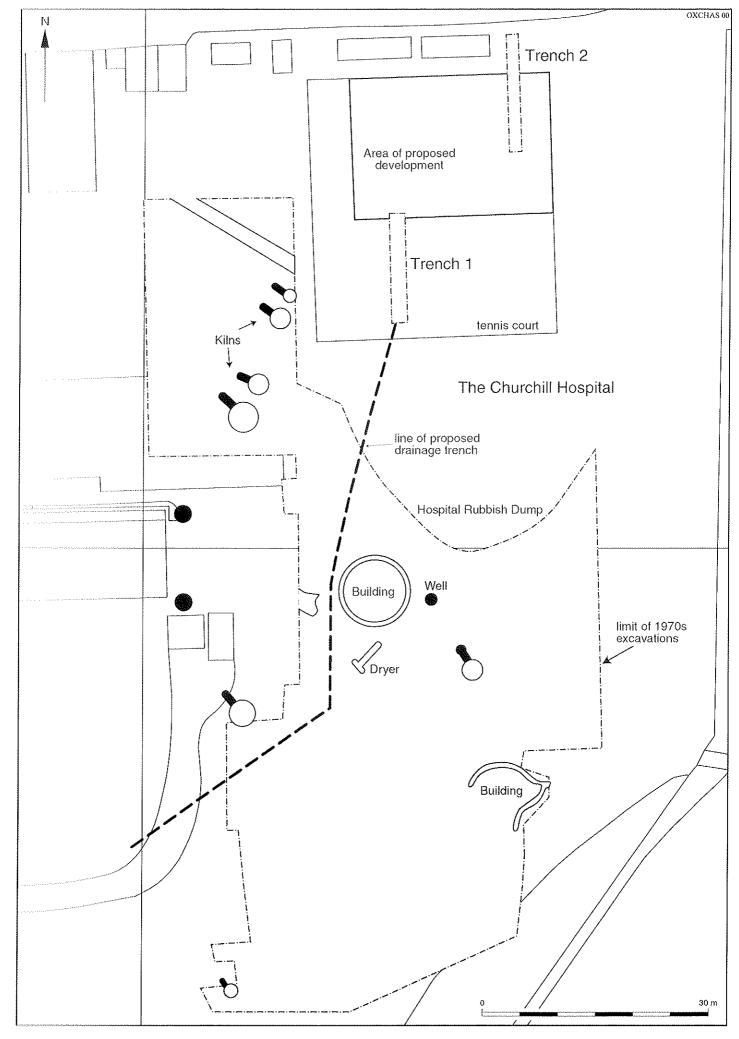


Figure 4: location of proposed drainage route.



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