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Client: Multiplex

Auburn Hospital Site
Hargrave Street, Auburn NSW

Interpretation Strategy



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Introduction

1.1 Context of the Report

This report has been commissioned by *Multiplex Constructions Pty Ltd*, to satisfy one of the conditions of consent (D3) for a Development Application to the Auburn Council for redevelopment of the Auburn Hospital Site (includes the Arthur Stone Annexe). The condition is to be met prior to occupation or commencement of use and relates to preparation of a site interpretation strategy based on the following recommendation of the Heritage Council:

An interpretation strategy and plan shall be prepared for implementation as part of the proposed works. The plan is to include site specific interpretation and signage to promote an understanding of the significance of the former buildings, their history, appearance and nature of the recent changes.

The interpretation of the Arthur stone Annex may include interpreting the footprint of the building on site via the use of distinct paving.

The Council's condition of consent D3 also states:

The site interpretation strategy shall require the retention of the horse trough currently located on the corner of Water Street and Auburn Road in-situ, or identify suitable alternative locations on either the Main Hospital Site or Arthur Stone Annex.

The proposed development involves the demolition of all hospital buildings on site except for two of the four residences in area 3 (see fig. 1-2).

What is interpretation?

Interpretation of heritage places and items of significance is a way to facilitate the dissemination of information into communities and cultures. It allows the values and physical fabric of items, buildings, or landscapes to be explored, understood and appreciated in an appropriate and respectful way by both the local community and by visitors. Interpretation can be expressed in a variety of forms that enables the significance of the item, and its role within a wider context, to be handed on to future generations. Interpretive devices not only address the fabric of the place, but endeavour to explore and transmit historical, social, aesthetic, and scientific elements that may not be readily visible to the audience.

An Interpretation Strategy according to the NSW Heritage Office is:

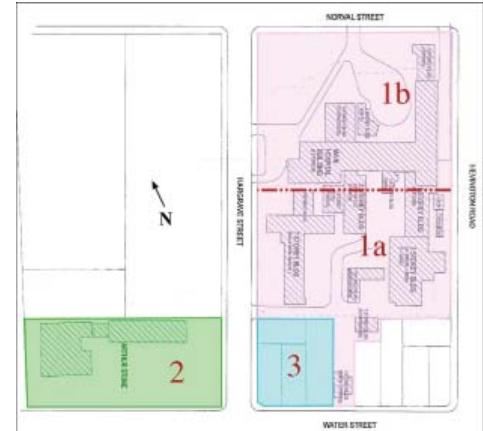


Figure 1-1: Plan showing buildings on site
Source: Archaeological Report

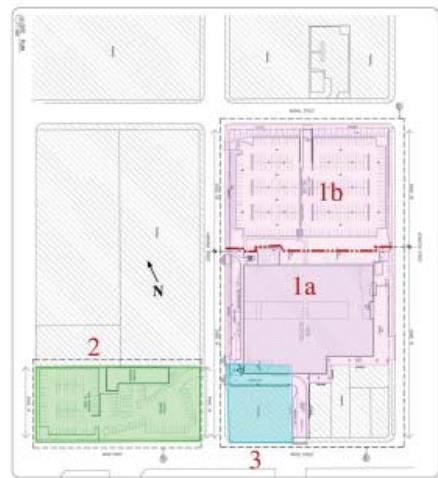


Figure 1-2: Plan showing proposed redevelopment scheme
Source: Archaeological Report

A document that provides the policies, strategies and detailed advice for interpreting a heritage item. It is based on research and analysis and plans to communicate the significance of the item, both during a conservation project and in the ongoing life of the item. The plan identifies key themes, story lines and audiences and provides recommendations about interpretation media. It includes practical and specific advice about how to implement the plan.

A forecast of the potential audience helps to direct the media choices for the interpretative message. This audience assessment guides the use of the interpretive resource material. Successful interpretation of appropriate material increases accessibility, reinforces cultural significance, and promotes a sense of respect and appreciation.

A vital tenet of heritage principles relating to conservation and interpretation is access to the cultural significance of the places we seek to protect. Publicly accessible interpretation of the cultural heritage significance of the site is crucial to providing an understanding of, and access to, the place.

1.2 Terminology

In order to achieve a consistency in approach and understanding of the meaning of conservation by all those involved a standardised terminology for conservation processes and related actions should be adopted. The terminology in *The Burra Charter* is a suitable basis for this.

The following terms apply to the historic fabric of the site and are included here to assist in understanding of the intent of the conservation requirements in this section.

Place means site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views.

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.

Fabric means all the physical material of the place including components, fixtures, contents, and objects.

Conservation means all the processes of looking after a place so as to retain its cultural significance.

Maintenance means the continuous protective care of the

fabric and setting of a place, and is to be distinguished from repair. Repair involves restoration or reconstruction.

Preservation means maintaining the fabric of a place in its existing state and retarding deterioration.

Restoration means returning the existing fabric of a place to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.

Reconstruction means returning the place to a known earlier state and is distinguished from restoration by the introduction of new material into the fabric.

Adaptation means modifying a place to suit the existing use or a proposed use.

Use means the functions of a place, as well as the activities and practices that may occur at the place.

Compatible use means a use, which respects the cultural significance of a place. Such a use involves no, or minimal, impact on cultural significance.

Setting means the area around a place, which may include the visual catchment.

Related place means a place that contributes to the cultural significance of another place.

Interpretation means all the ways of presenting the cultural significance of a place.

1.3 Report Objectives

The main objective of this document is to develop strategies and guidelines for interpretation of the site that can be incorporated into the proposed redevelopment of the site. It outlines the history of the site and its significance, and recommends appropriate options and policies for interpretive installation, long-term use and maintenance in accordance with NSW Heritage Office provisions.

1.4 Site Identification

The site comprises the Main Hospital Site, the area 3 (fig. 1-2) at the corner of Hargrave Road and Water Street, presently occupied by four residences, and the Arthur Stone Site.

The main hospital site is bound by Hargrave Road to the west, Water Street to the south, Newington Road to the east and Norval Street to the north. The Arthur Stone Annexe is located at the corner of Auburn Road and Water Street.

1.5 Heritage Management Framework

None of the items on the overall hospital site are on the State Heritage Register. The Arthur Stone Building is the only building listed on the Auburn Local Environmental Plan 2000 as a heritage item. The Horse Trough located on the corner of Auburn Road and Water Street is a locally listed heritage item.

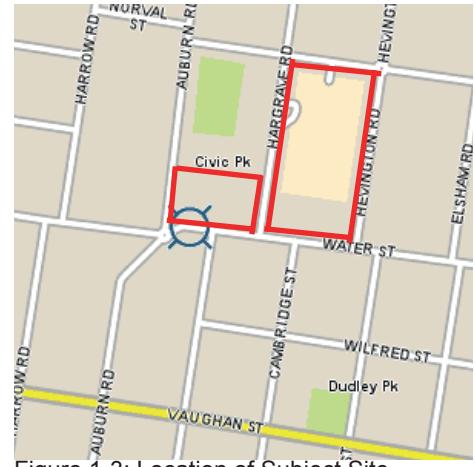


Figure 1-3: Location of Subject Site

1.6 Methodology and Structure

This Interpretation Strategy has been based on the guidelines determined by the Heritage Office of New South Wales (August 2005) to be used for the production of Interpretation documentation.

Methodology for this Strategy involved determining significance of the site, fabric and context, identifying available historical material and synthesizing these aspects into core strategies for interpretation.

1.7 Limitations

The information in this Strategy has been principally sourced from the Heritage Report prepared by Weir + Phillips in May 2006 and the Archaeological Impact Assessment and Mitigation Strategy report by Cosmos Archaeology Pty Ltd in March 2007. Additional research has not been carried out for the purposes of this Interpretation Strategy.

1.8 Documentary and Photographic Sources

Documentary material in the History, Physical Description and Significance sections (Chapters 2, 3 & 4) has been sourced from the above mentioned reports. All contemporary photographs of the site were taken in March and April 2007 by Graham Brooks and Associates Pty Ltd unless mentioned otherwise.

1.9 Authorship

This Interpretation Strategy has been prepared by Rajat Chaudhary of Graham Brooks and Associates, Pty Ltd.

Historical Summary

2.0

2.1 Early Land Grants and Site Development

Liberty Plains was the original name for the locality and the Parish incorporating the Hospital site. It was bounded on the north side by the Sydney - Parramatta Road, on the west by a line running south from near Irish town (now Bankstown) to the Liverpool Road, on the south side by Liverpool Road and Cook's River to the Rev. Richard Johnson's farm at Canterbury and on the eastern side by Johnson's, Lucas' and Captain Piper's farms to Iron Cove Creek and thence up to Parramatta Rd.

In Liberty Plains, five original grants, of between 60 and 120 acres, were made by Lieutenant-Governor Grose on 7th February 1793 to Thomas Rose, Frederick Meredith, Thomas Webb, Edward Powell and Joseph Webb. Preparations for cultivation probably began immediately because by December 1793 22 bushels per acre of wheat, sown in April was submitted to the government stores in Sydney. Numerous subsequent land grants were issued in Liberty Plains between 1806 and 1823 as shown in Figure 2-1. The site of Auburn Hospital is outlined in red.

Although there generally appears to have been an initial period of agricultural activity on the grants made in Liberty Plains, the extent to which the locality was cleared, occupied and farmed is somewhat indeterminate. Contemporary records for the period between c1800 and the 1860's provide sketchy details. For example, a plan of the area in 1867 (Figure 2-3) displayed a near complete absence of recorded dwellings, however, properties boundaries, fence lines, area under cultivation and bush land were clearly depicted.

The locality certainly appears to have been quite sparsely populated through to at least the mid-19th century. The 1851 Census recorded only 270 people living in 49 dwellings in the area comprising Granville, Auburn, Lidcombe and Homebush. This changed rapidly after 1855 when a railway line was established between Sydney and Parramatta, however, contemporary accounts noted a lack of dwellings or other structures.

A railway station was established at Auburn in October, 1876, and the first sub-division plans for Auburn are recorded in 1877. The area incorporating the current Auburn hospital site was located between the sub-division estates of Woodburn Park

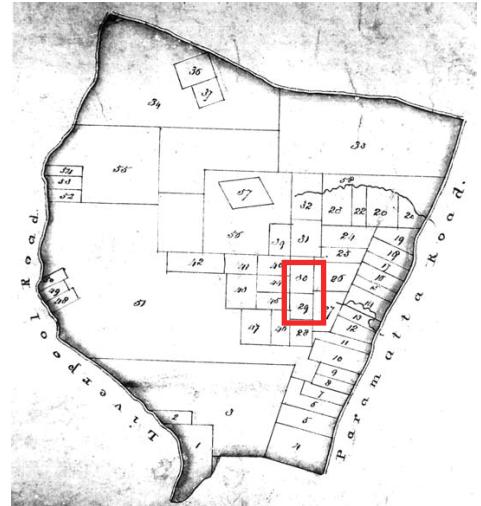


Figure 2-1: Land grants in the Parish of Liberty Plains. Prior to the 1830s.
Source: (AO Map 3334, NSW State Records)

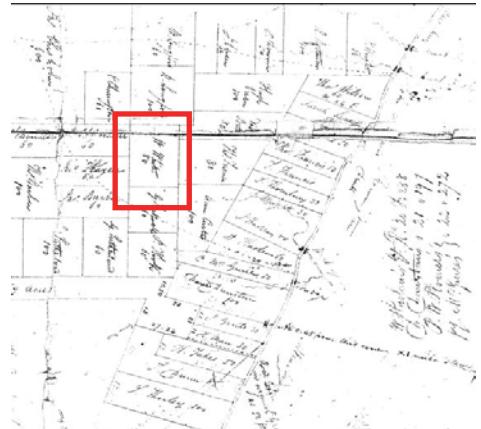


Figure 2-2: Peter Lewis Bemi Plan, September 1831. The study area falls mostly with the allotment owned by William White. (Mitchell Library, 811.133/1831).

and Grassmere Estate. The township of Auburn developed relatively slowly over the next ten years, however, by 1886 the first public school, an Anglican church (St Phillips) and nine grocery stores had been established in the locality.

Older residents of Auburn remembered large areas covered by bush and scrub as late as 1900. According to the Sand's Sydney and Suburban directory for the streets surrounding the present day hospital site, Water Street was not established until 1884. At that time, there were only two residents (P. Donnelly and Thomas Kemp, both in Water Street) recorded in eight subdivided blocks stretching from Chiswick Street to Railway Parade. By 1890, Hargrave Road and Hevington Road were named in Sand's Directory. Hargrave Road between Water Street and Queen Street, had one occupant, Frederick Lejendre, a butcher, who remained there up until 1900. No residents were recorded in Hevington Road, adjacent to the current Hospital site, between 1880-1900, and only three were recorded there between 1890 and 1900.

The obvious exception to this late, low density settlement pattern was, of course, the establishment of a substantial residence known as 'Moolabin' in 1888. The history of this building, which now forms part of the Arthur Stone Annex, is discussed in subsequent sections of this report. It was built on land formerly part of an eighty acre Crown Grant made to William White in June 1823. Sixty-two years later, in 1885, Harriet Jane Oxley, wife of the surveyor John Oxley, acquired the two allotments on which the building now stands from a subdivision of part of this original grant.

2.2 The History of the main Hospital Site and its buildings

1905-1963: Granville Electorate Cottage Hospital

The first hospital in the Auburn area was St. Joseph's Hospital, in Normanby Street, opened by the Sisters of Charity in 1892. As Auburn grew the local people felt the need for a second hospital. A meeting in 1905, was held in the Auburn Town Hall, electing an executive committee of 11 members. The committee obtained support and approval for construction of a local hospital which was proposed to be named the Granville Electorate Cottage Hospital. A Ladies Auxiliary was created organizing fund raising through bazaars, sales, socials, dances and concerts. By 1907, £5,600 had been raised and the Committee was able to buy land for the hospital in Norval Street. The foundation stone was laid 21st November, 1907 by the Premier of NSW, the Hon. C.G. Wade, K.C. The hospital,

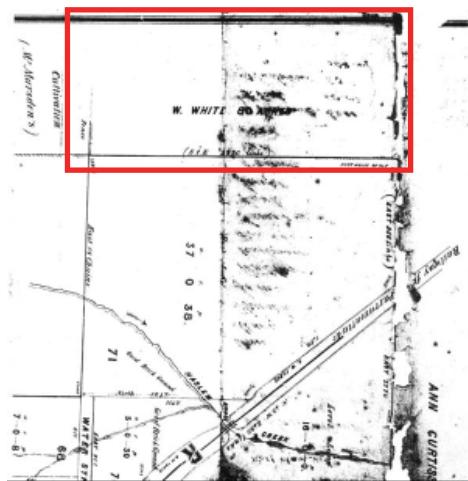


Figure 2-3: Township of St Joseph around Haslam Creek railway station, from a survey of February and March, 1867, by F.W. Birmingham

Source: (Mitchell Library 811.1338.1867).

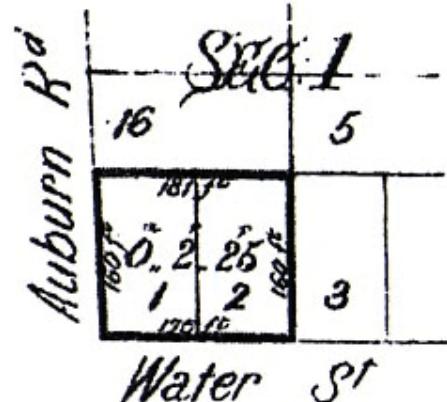


Figure 2-4 : Site of Moolabin, now Arthur Stone Annex, 1885.

Certificate of Title, Vol. 796 Fol. 234. NSW LPI.

Source: Heritage Report



Figure 2-5 : Subdivision Plan for the Gram-pian Hills Estate, Auburn, 1882.

NSW LPI, DP. 873.

with a capacity of eighteen beds, was officially opened on the 23rd May, 1908 by the wife of the President of the Executive Committee, Mrs. Gibbons. In 1909 a book of Rules & By-Laws for the Granville Electorate Cottage Hospital was released. The objectives of the hospital were given as follows:

(a) *The reception and treatment of such cases of accident and illness as may be suitable for treatment within the Hospital, and which may occur among the poor of the following suburbs of Sydney, viz., Auburn, Rookwood, Flemington, Homebush, Strathfield, Bankstown, Clyde, Granville, Merrylands, and Guildford (which are hereinafter referred to as the district).*

(b) *The enlargement of or addition to the Hospital as the needs of the district from time to time require, and the purchase of additional lands and buildings if required.*

A number of requirements were laid down for staff members. All medical officers had to be legally qualified, registered and residents of the district. These officers had the power to decide who was admitted to the hospital.

Incurable cases of consumption (tuberculosis), cases of lunacy, and cases for benevolent asylums were considered inadmissible. If patients could afford it, they were expected to pay £2 for the first fortnight and £1 per week after, or what they could reasonably afford.

Women wishing to become nurses at the hospital had to produce evidence of previous good character and provide satisfactory evidence as to moral character, good health, intelligence, fair education and general fitness of disposition and temperament for the duties of a sick nurse. They had to be of average height and physique and between eighteen and thirty-five years old. Candidates were given a trial period for one month and, if appointed, were required to serve a term of two years.

Rules for patients were also laid down. Patients were required to strictly observe and follow all directions given by the medical staff, were not leave the hospital without written permission of the matron, should not give any reward or gratuity to the matron or other employees of the hospital, should not damage the property of the institution and should not be guilty of rude or improper behavior, or of using indecent language, on the 'pain of instant dismissal.'

The Hospital was enlarged in 1911 when a cottage was built for the matron and nurses. The cost of the cottage was £500, £200 of which was granted by the Government. The cottage was opened by Mrs. J.R.H. Gibbons on the 10th June, 1911. The opening celebrations took the form of a Furnishing Tea,

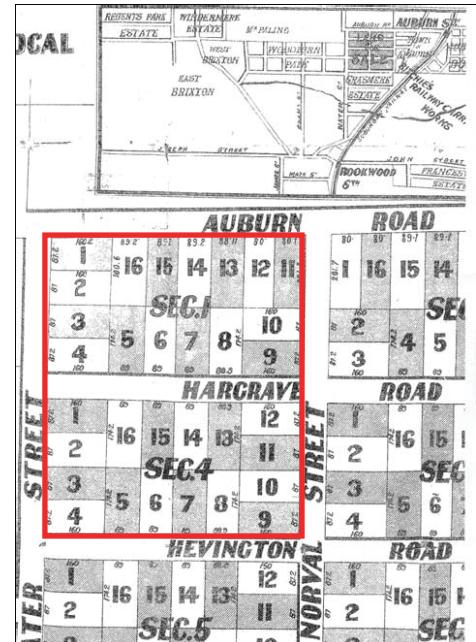


Figure 2-6: Sub-division plans from late 1880's.

Source: Mitchell Library A10/33



Figure 2-7: 1902 sub-division plan depicting streets within land grants. Note that plan still referred to the locality incorporating the hospital study area as being part of William White's 80 acres which had been granted in 1823

Source: Mitchell Library, Z1902

where people donated items to furnish the quarters. One of the rooms in the hospital vacated by the staff was made into a private ward. Matron Shiel, who had worked at the Hospital since its opening, resigned to visit the 'Old Country' in 1911. Her replacement, Matron Ward, came from Nepean Cottage Hospital.

The hospital was still being run on fund raising and donations and a Lady Collector was appointed to help organise this side of the finances. Donations came in all forms, ranging from food, books, ice, flowers, labour, old linen, papers and 'Christmas Cheer.' Further works, entailing 'heavy expenditure in building and purchasing new ground', took place in 1912. In this year, a dining room and a covered walkway to the nurses' quarters were constructed. The Committee also '*...purchased a cottage facing Hargreave(sic) Road and an allotment immediately behind it facing Hevington Road, which now gives a frontage of 350 feet by about 360 feet.*' Despite these improvements, further works were considered essential to the hospital. In his medical report in the Granville Electorate Cottage Hospital Annual Report, 1913, Medical Superintendent O.E. Bruce Withers made a plea to the Committee: *'I would like to call your attention to the fact that during the past five years your Medical Staff has been working under very serious disadvantage in having only a temporary operating theatre. This room is entirely inadequate, and seeing that during the past year more than half the patients admitted have been surgical cases, we feel sure that you will see your way clear to give us better facilities for carrying on this important branch of our work...'*

In the annual report of 1914 the President of the Committee, J. Mashman, anticipated the erection of an operating theatre, 'for which we have been in treaty with the Colonial Secretary', and also of an isolation ward. In 1914 the hospital was visited by the Minister for Health, Hon. Fred. Flowers, who saw, due to the increase in patients, the need for extra accommodation for the women's and men's wards, an isolation ward and, most pressingly, a new operating theatre. The outbreak of World War I, however, disrupted plans for expansion. Dr W.C. Grey joined the Expeditionary Force and went to the front in Egypt, leaving Dr Withers to lament the lack of an operating theatre.

During 1915 the hospital suffered financial setbacks as people donated to war funds. Two more doctors departed to help the war effort- Dr Waugh to the front and Dr Stanton to the army camp at Liverpool. The Committee offered the hospital to the Commonwealth Military authorities for the duration of



Figure 2-8: Aerial photograph of the study area in 1943. (From the Skies: Aerial Photographs of Sydney 1943. RTA 2005).



Figure 2-9: The Granville Electorate Cottage Hospital. Liberty Plains: A History of Auburn, 1992



Figure 2-10: 1930's upgraded Auburn Hospital. Liberty Plains. (A History of Auburn NSW, Centenary Edition 1992:138).

the war and for six months after, for the treatment of wounded soldiers; their offer, however, was not accepted. The wartime Government had no spare funds to fulfill the promised grant and the hospital continued to feel the absence of an operating theatre. In 1916 the hospital lost more doctors to the war effort. They, however, welcomed home Lieut.-Colonel Gray back from his two years of service.

Mr. Thomas Simpson, secretary of the Committee, died, and the hospital renamed the male ward the Thomas Simpson Ward in his memory. The construction of the operating theatre finally commenced in this year. The room previously used for this purpose became a waiting room for referred patients. Dr Withers was happy with the progress of the operating theatre, stating that 'it would be one of the finest in the state'; he then turned his attention to the need for an extension to the women's ward. The operating theatre was completed and opened on 31st March, 1917 by the Hon. J.D. Fitzgerald, the Minister of Health. During 1918, the hospital had to obtain extra beds and put patients on the verandahs. The Committee approached the Minister for Health to ask for funding to build a new women's ward.

Although sympathetic, the Minister could not promise the hoped for funds. In 1919, in order to raise funds for the extension of the hospital wards to cope with the increasing population as returning soldiers set up homes in the district, a hospital carnival was organised: '*Owing to the rapid growth of this district during the past few years, the accommodation is not sufficiently large to cope with the needs of the community; additions to the women's wards are absolutely imperative if the Institution is to meet the demands made on its services. The Government has promised frequently to assist the Committee, but with so many calls made upon it during the past few years, there is no sign of the desired help forthcoming at present. Believing that God helps those who help themselves, the two Committees of Management have co-operated in the organisation of this carnival, and feel confident that their efforts in this direction will receive the hearty support of the community.*'

The Auburn Hospital Ambulance Carnival was held between the 14th and 22nd March, 1919, with two thirds of the proceeds going to the Granville Electorate Hospital and one third to the Auburn District Division St. John Ambulance. The population of the Granville district had grown to thirty thousand, many of whom could not afford to go to private hospitals. In 1920, the Hospital name was changed to the Auburn District Hospital. The new wards had still not been constructed. The

new women's ward was constructed in 1925 and officially opened by Miss Charles Fairfax. The new men's ward was not completed until 1936; it was officially opened by the Hon. J.T. Lang, M.L.A.

By the 1940s there was talk about a new hospital being built in Auburn on the site of the existing one. The Auburn Citizens Development Committee had been lobbying for improved hospital facilities, including a maternity wing, at Auburn Hospital for sometime. The Hospitals Commission provided £350,000 in its estimates of 1946-47 for the construction of a new two hundred bed hospital at Auburn. The new hospital was to include a maternity ward, X-ray and pathology departments, as well as quarters for the surgical and nursing staff. The secretary of Auburn District Hospital, Mr. A.J. Gould, met with the Hospitals Commission and reported to the Development Committee that '*...he was confident that the work would be started soon, as the Commission realised the urgent need for a modern hospital at Auburn. He knew that it was an extremely high priority*'. Construction of the new hospital, however, would not begin until the early 1960s.

1961-2004: Auburn Hospital

The foundation stone for the new hospital was laid by the Minister for Health on 4th March 1961. The old hospital continued to be used during construction (Figure 2-11). The new hospital was designed by the architect Thomas Edmund O'Mahony (1914-2000) and constructed by T.C. Whittle Pty Ltd to Department of Public Works drawings and specifications. O'Mahony had experience in hospital design, having worked for the architectural firm Stephenson and Turner during the 1930s and early 1940s. Stephenson and Turner designed many major metropolitan hospitals in Sydney and Melbourne during the period 1930 to the early 1960s revolutionising this type of building design in Australia in the process. Two major examples of the work of Stephenson and Turner in New South Wales during this period are provided by the George V Memorial Hospital at Camperdown and the Concord Repatriation Hospital. On the foundation stone of Auburn Hospital, O'Mahony received no credit for his role as architect.

The old hospital was to be kept in operation while the new one was being built. On 1st July, 1963, the old hospital buildings were vacated for demolition and the new hospital was opened with an initial capacity of 61 beds. On 13th October, 1963 the maternity wing was opened by Mr. T.V. Ryan M.L.A with a



Figure 2-11: Showing the cottage hospital with the new buildings behind, 1963.
Mitchell Library, GPO Collection.



Figure 2-12: Auburn Hospital, 1978.
Auburn Gazette, 1978. Auburn Library.



Figure 2-13: Auburn Hospital 1984.
Auburn District Hospital 75th Annual Report, 1984.



Figure 2-14: Corridor of newly completed Auburn Hospital.
Mitchell Library.

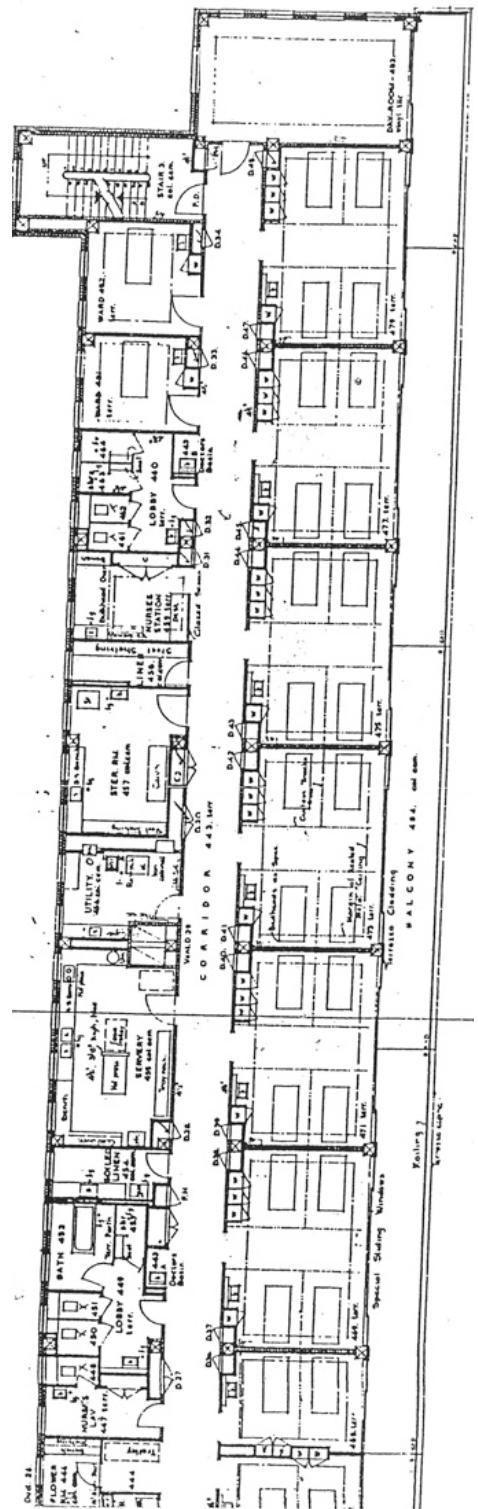
capacity of 19 beds. When the hospital was officially opened in March 1964 by Mr. W.F. Sheahan Minister of Health, 22 additional obstetrics beds and a further 20 general beds had been put into use and the Out-Patient Department building completed. The style of the new hospital was reminiscent of those designed by Stephenson and Turner during O'Mahony's employment there in the 1930s and 1940s, that is, multi storey hospital buildings in a "Y" or "T" shaped layout, with open balconies running along the wards. O'Mahony was also influenced by the architecture of Alvar Aalto, in particularly Aalto's Paimio Sanatorium, seen during his travels overseas on the Robert and Ada Haddon Scholarship he had won in 1936.

The new Auburn Hospital had cost £2,000,000 and was described soon after opening as: '*Of pleasing conventional brick design incorporating extensive use of glass and open railed balconies running full length of the wards, the whole scheme comprises a main block of seven floors, a six-storey 200-room nurses' home, a double-storey pathology wing and a singlestorey block containing kitchen, laundry and ancillary facilities, all interconnected by a system of tunnels and internal ramps obviating the necessity for any outside transit. Construction has proceeded on a plan surrounding the existing 50 bed cottage hospital which, when demolished, will be replaced by a new out-patient department and an attractive garden area.*'

The hospital was further described as having: '*Among the many ultra-modern features are the extensive use of stainless steel and aluminium throughout the hospital, the special attention given to the needs of children, space and comfort in the living quarters, for both nurses and the resident medical staff, training facilities, modern kitchen, laundry and power-unit equipment, and such special amenities as a most efficiently planned morgue, a blood bank and a well designed electrotherapy and physiotherapy departments.*'

The hospital also included controlled heating, air-conditioned labour and delivery rooms, five operating theatres on the sixth floor, a central sterilizing department, an intensive therapy ward, lecture and training rooms for both medical and nursing staff, an audio induction paging system and synchronised electric clocks.

The hospital evolved with changing needs, undergoing addition of new buildings. Legislative change in the mid 1980s had a profound effect on New South Wales hospitals. From 1st January, 1985, all basic nursing education was



undertaken at colleges of advanced education instead of at hospitals. Up until this time, Auburn Hospital had been a large training hospital affiliated with the University of Sydney. Nurses in their training years no longer had to reside in the nurses' quarters at the hospital.

Even with these refurbishments there were rumours of the hospital closing. At the end of the 1990s local people protested the possible downgrading or closure of Auburn Hospital: *'To people who have lived here for many years, some all their lives, and those persons from the 100 different language groups who having arrived as immigrants and refugees and now reside in Auburn, the hospital and the personnel who work there are an essential health service for the community.'* The Shadow Health Minister, Mrs. Jillian Skinner, stated that there were five proposals being considered for the future of Auburn Hospital: *'Under two of them, the hospital will close and under all five of them, it will be downgraded. I have never suggested that the hospital will close but I believe, along with other community representatives and hospital staff, that the hospital could end only as a day surgery facility.'*

Auburn Hospital continues to provide a range of services to the region, including acute surgical, acute medical, obstetrics, radiology, emergency and social work.

Modifications to Hospital Site

In more recent times there have been a number of changes to the hospital buildings. The majority of changes have been to the interior of the buildings or separate extensions, leaving the 1960s exteriors relatively intact. These changes included a brick veneer addition to the Social Work Department building, new kitchen appliances and an upgrade of facilities in the Maintenance Department, completed in 1984. By 1992 the hospital had undergone major refurbishments. These included a new surgical wing, an Intensive/Coronary Care Unit, refurbishment of the maternity services and an upgrade and expansion of the Accident and Emergency Department.

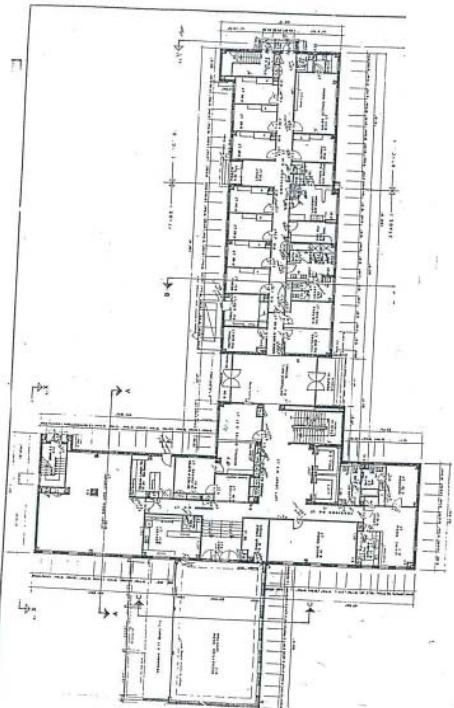


Figure 2-16: Ground Floor Plan of Nurses Quarters

Source: Heritage Report, 2006

2.3 The History of the Arthur Stone Annexe Site

1888-1911: 'Moolabin House'

The first evidence of a building on the site is provided by the John Sands Suburban Directory of 1888, when John N. Oxley is recorded as residing at 'Moolabin House' on Auburn Road.

Sands Directories continue to list Oxley at the site until 1892. John Norton Oxley, son of the explorer and surveyor John Oxley, was the Member of the Legislative Assembly for the Western District of Camden at its first sitting.

Listings in Sands Directories indicate that 'Moolabin House' was leased in 1894-5 to Alban Gee, the manager of The Sydney Meat Preserving Co. Ltd, who had been elected Mayor of Lidcombe in 1893. Harriet Jane Oxley took out a mortgage on the house with Charles Clarence Gale, a solicitor from Moss Vale. Gale sold the property to John Nobbs, a conveyancer and politician from Granville in 1900. Nobbs served as Mayor of Granville, was founder and president of the Fruitgrowers' Union of NSW, a founder of the Royal Australian Historical Society, president of the NSW Football Association, a leading freemason and a member of the Australian Protestant Defence Association. Between 1903 and 1911, the property changed ownership three times before being bought by William Marcus, Dill Macky, Richard B. Orchard, Thomas Henley, Richard John Charles Ferguson and Robert Booth as joint tenants. The new owners were all members of the Board of Directors of the King Edward VII Home for Orphans.

1911-1913: King Edward VII Home for Orphans

The King Edward VII Home for Orphans was owned and operated by the Australian Protestant Orphans Society. It was officially opened in September 1911. It was one of many charitable homes run by church organisations during the first half of the nineteenth century. The motto of the Protestant Orphans Society was 'A Real Home for every Orphan or Homeless Child.'

1913-1971: Dr. Dill Macky Memorial Protestant Home for Orphans

The King Edward VII Home for Orphans was renamed Dr Dill Macky Memorial Protestant Home for Orphans in 1913, after the death of the founder and chairman of the Australian Protestant Orphans Society was Dr W.M. Dill Macky (1849-1913). Few records survive for the Home. The cover of the 1918 Annual Report depicts the Home. The 1918 Annual Report provides the only information for this period relating to the structure. It simply reveals that: '*...no extraordinary expenditure has been required for repairs, etc., all the property being now in a good state of preservation*'.

Mr. Richard Dill Macky, son of Dr W.M. Dill Macky, took over

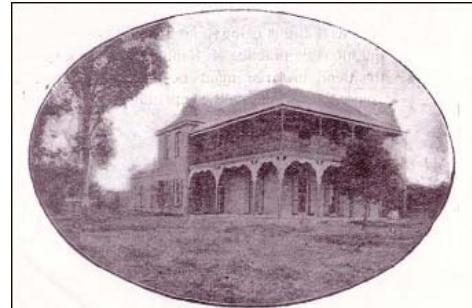


Figure 2-15: The King Edward VII Home for Orphans. (Australian Protestant Orphans' Society, Ye Old Englishe Faire, 1911. Mitchell Library).

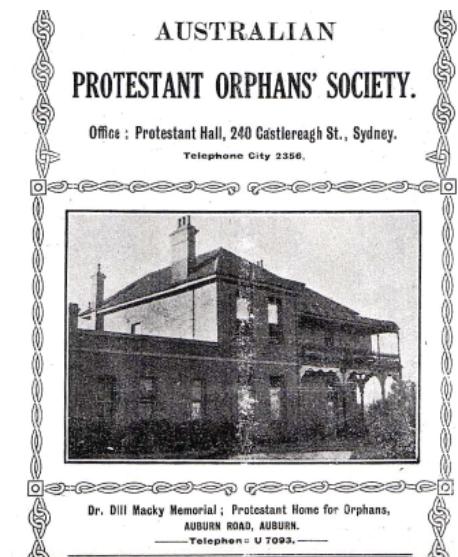


Figure 2-16: The King Edward VII Home for Orphans. (Australian Protestant Orphans' Society, Ye Old Englishe Faire, 1911. Mitchell Library).



Figure 2-17: The King Edward VII Home for Orphans, 1918. Australian Protestant Orphans' Society Annual Report, June 1918.

as trustee of the Protestant Orphans' Society. During 1917 the Home had thirty-four children; twenty one boys and thirteen girls, sixteen children being admitted that year and thirteen departing. The 1943 aerial photograph of the study area possibly shows the original ground plan of 'Moolabin House' (Figure 23). A small outbuilding, possibly a kitchen or toilet, is situated to the immediate north of the building. The rest of the allotment appears is grassed. A well defined wall is evident around the property.

It is not clear when the property stopped being used as a children's home. It is also not clear when the extensions and renovations to the original 'Moolabin House' were made. In 1951, however, ownership of the property was transferred to the Perpetual Trustee Company Ltd, who transferred it in the same year to William Carter (a printer of Crows Nest), Annie McFarland (a widow of Haberfield), May Hobday (a married woman from Hurstville) and Clifford Bingham (a commercial traveller from West Ryde), as joint tenants. In 1970 May Hobday was listed as the sole surviving tenant. The following month, May Hobday, Leslie Thomas William Heble (a retired compositor from Bondi Junction) and Frank Douglas Smith (a printer from Regents Park) were listed as owners. On 4th March, 1971, the property was transferred to the Auburn District Hospital.

1971-2004: Arthur Stone Annexe

When the former children's home became part of Auburn Hospital it was renamed the Arthur Stone Annex, in commemoration of Arthur Stone, the President of the Hospital Board when the new Auburn Hospital was opened in 1964. The property was used until 1988 as a post-natal facility of twenty-eight beds. Part of the building was also used during this period as a dental clinic. It was after 1964 that the aged care centre was constructed and the car park was established.



Figure 2-18: A function at the King Edward VII Home for Orphans, undated.
Council of the Municipality of Auburn, Liberty Plains – A History of Auburn, 1992.

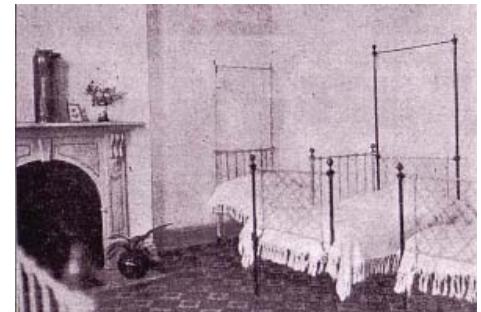


Figure 2-19: Typical bedroom at King Edward VII Home for Orphans.
Australian Protestant Orphans' Society Annual Report 1918. Mitchell Library.

Description of the Site

3.0

3.1 Site Context

The area surrounding the Auburn Hospital Site and the Arthur Stone Annex Site is located on a low north-south ridge that lies between Haslem and Duck Creeks. This ridge gives a high level of prominence to the hospital buildings and creates extensive vistas to and from their upper levels. The land slopes gently from the Arthur Stone Annex Site down towards and beyond the Hospital Site in a north-easterly direction. The character of the immediate area is predominately residential and includes single dwellings on single allotments, multiple dwelling sites and low rise residential flat buildings. Norval Street and Hevington and Hargrave Roads, the streets immediately surrounding the two subject sites, are tree lined and, with the exception of the hospital sites, are characterised by single and two storey dwellings. In addition to these residential dwellings, there are also facilities closely allied with the hospital, such as doctors' surgeries. Building styles range from late nineteenth and early twentieth century weatherboard cottages through to Interwar bungalows, post World War II residences and modern residences.

The Hospital Site occupies the entire block bound by Norval Street, Hargrave Road, Water Street and Hevington Roads, with the exception of a number of houses on the corners of Hargrave Road and Water Street and Hevington Road and Water Street. The site has a number of points of access and a gentle slope from south west to north east. The site is dominated by the seven to eight storey Main Hospital Building and the seven storey Nurses Quarters, as described below. In addition to these buildings, there are a number of buildings of substantially smaller scale and massing. Landscaping consists of large areas of hard surfaces to provide parking and vehicular access. There are mature trees scattered throughout the site and a small park on the Norval Street and Hargrave Road corner.

The Auburn Hospital buildings are visually prominent on approach. Within the immediate streetscape, however, their scale and impact is partially mitigated by stands of mature street trees. Norval Street is dominated by the Main Hospital Building, the main entrance to which is set back from the street front to provide a curving entrance area and small park on the Norval Street and Hargrave Road corner. Hevington Road is dominated by the long rows of the balconies and windows



Figure 3-1: Site Plan (aerial) showing the main hospital site and the Arthur Stone Site and the surrounding context
Source: Heritage Report 2006



Figure 3-2: Streetscape along Norval Street, looking west
Source: Heritage Report 2006



Figure 3-3: Streetscape along Hargrave Road, looking east.
Source: Heritage Report 2006



Figure 3-4: Streetscape along Hargrave Road, looking west.
Source: Heritage Report 2006

belonging to the eastern side of this building. The seven storey Nurses Quarters have a similar impact on Hargrave Road.

3.2 The Main Hospital Site

The main hospital building is a multi-storeyed brick building with a flat concrete roof. The building is composed of two main wings set at right angles to each other around a lift core. To the front and rear are attached ancillary buildings. The main entrance to the building is approached through a forecourt area formed by the intersection of the seven storey north-south wing with the eight storey east-west wing.

The North-South Wing

The north-south wing runs parallel to Hevington Road. The northern, principal, elevation of this wing is dominated by cantilevered concrete balconies with steel balustrades that run along the entire elevation on the first to fifth floor levels. Access to these balconies is provided through large aluminium frame doors which run in closely grouped sets along the length of the elevation at each level. The concrete floors of the corresponding balcony above provide a roof to each; the fifth floor balcony is protected by a cantilevered concrete roof. The upper most level of this wing (the sixth floor level) has a row of small double hung aluminium windows along the entire length of the elevation. The dominant architectural element of the northern elevation is the return of balconies from the eastern elevation of this wing. The returns do not occupy the full face of this elevation. At ground and first floors this elevation is occupied by a two storey brick addition. Access to flat roof of this building (which provides outdoor space to a staff dining room) is provided from the first floor of the east-west wing.

The East-West Wing

The northern elevation of the east-west wing is dominated by the lines of evenly spaced double hung windows that run the entire length of the elevation and corresponds to each individual floor. The principal entrance to the main foyer of the hospital is located at ground floor level at the point of intersection of the two wings. Attached at right angles to the western most end of this elevation is the recent three storey brick and concrete surgery wing. There is a single storey aluminium and glass structure, containing a kiosk, within the corner formed by these two buildings. This structure has a curved roof line. The principal elevation of the east-west wing is the northern elevation, addressing Norval Street. This elevation is detailed to correspond with the eastern elevation



Figure 3-5: Streetscape along Hargrave Road, looking west.

Source: Heritage Report 2006



Figure 3-6 : Main building.



Figure 3-7: Main building and extension



Figure 3-8: Main building and extension

of the north-south wing. Cantilevered concrete balconies with steel balustrades run along the third, fourth, fifth and sixth floor levels. Large aluminium framed sliding doors similarly provide access to these balconies and the upper most balcony is protected by a cantilevered concrete roof. There are lines of aluminium double hung windows along the length of the elevation, corresponding to those floors without balconies. The remaining elevations of the two wings are characterized by lines of evenly spaced double hung windows that correspond to floor levels. The fenestration is unrelieved and designed to give the impression of holes punched into the brickwork. The interior layout of these buildings is best understood with reference to architectural plans. Materials used for interior finishes are invariably durable and utilitarian. They vary according to the period of refurbishment, but have the common characteristic of having almost no decorative pretensions. The use of more decorative materials and finishes are confined to the use of terrazzo and marble in the front foyer and terrazzo in the lift foyers on subsequent floors.

Ancillary Buildings to the Main Hospital Building

Behind the north-south and east-west wings, and connected to them, are single and two storey brick buildings arranged to form a three sided courtyard, with the intervening space between used for car parking.

The Nurses Quarters

The nurses quarters is a seven storey brick building (with a eight storey stair well) with flat concrete roof located to the south of the east-west wing of the main hospital building. This building consists of two intersecting wings: the larger north-south wing, running along Hargrave Road, and an east-west wing to the rear. The two wings intersect at right angles towards the northern most end to from a 'T' shape. The elevations of both wings of the building are characterised by lines of evenly spaced double hung windows similar to that of the main hospital building. The north-western corner of the north-south wing has return concrete cantilevered balconies (first to sixth floors) accessed through large sliding aluminium doors. These balconies have aluminium balustrades; the top floor balcony has a cantilevered concrete roof. The location of these balconies corresponds to common rooms on each floor. The interior of the building is best understood with reference to plans. Floor plans vary according to the function. Most floors have central corridors running along the principal axes with rooms on either side.



Figure 3-9: Wing looking along Hevington Street



Figure 3-10: Wing, looking along Hargrave Road



Figure 3-11: Nurses quarters block, looking along Hargrave Road



Figure 3-12: Lift lobby to main building

3.3 The Arthur Stone Annexe Site

The site of the Arthur Stone Annex is on the crest of a ridge that slopes gently to the north east. The site is bound by Hargrave Road, Water Street, Auburn Road and, to the north, a line running parallel to Water Street. The Auburn Road/ Water Street corner of the site is occupied by the two storey building original Victorian Cottage building and single storey additions all around it. The remainder of the site is occupied by bitumen-paved access ways and parking areas and, on the Water Street side, a small area of lawn and mature trees. The Arthur Stone Annex is set back on its site. This diminishes its visibility from the street and hence its contribution to the streetscape.

Exterior

The original component is the two storey rendered brick building with a hipped terracotta tile roof and shallow enclosed eaves. There are attached single storey wings of face brick with terracotta tile and corrugated metal roofs to the west and north. To the western side there is a two storey projection with three evenly spaced double hung timber windows on both levels and a simple label mould at first floor level. These windows are rectangular and slightly inset. There are metal security bars on the windows of the ground floor level; one window on each level has a unit air conditioner inserted into the frame. This projection has a hipped roof of terracotta tiles and a rendered chimney to the front and side. The remainder of the ground floor level of the Water Street elevation is occupied by an enclosed verandah (in rendered brick) with fixed timber windows.

On the second floor level there is a wide verandah with a separate flat metal sheet roof. The verandah shades rectangular double hung timber windows, finished to match those of the projecting section. The verandah has a steel balustrade; the eastern end is of rendered masonry. A modern steel structure with a flat roof extends at first floor level across the middle part of the front elevation (including part of the side projection) and the driveway to form a porte cochere. Attached to the eastern side of the building, and slightly recessed from the Water Street elevation, is a small single storey wing of rendered brick construction with a flat metal sheet roof that continues over a caged area along the side elevation of the main building. Beneath this area is a line of timber double hung windows.

There is a single double hung timber window in the upper part of the elevation. In the south eastern corner, a set of rendered

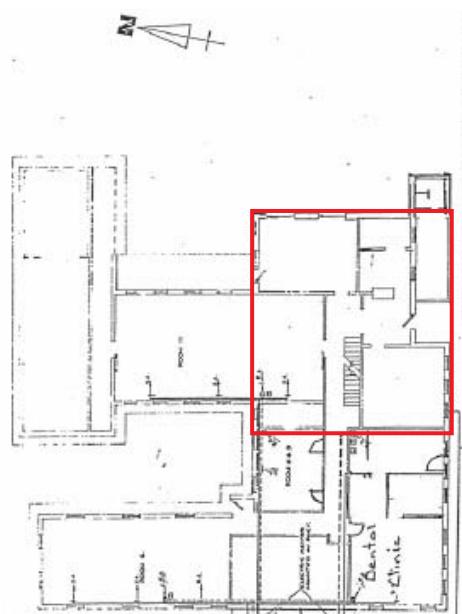


Figure 3-13: Plan showing original component (in red)

Source: Heritage Report 2006



Figure 3-14: Original two-storey component and single storey later additions



Figure 3-15: Additions to the rear (north)



Figure 3-16: Wing in the n-w corner

stairs with a solid rendered balustrade lead down from a door in the first floor. The northern (rear) elevation of the Arthur Stone Annex is dominated by a single storey wing of face brick with a terracotta tiled gabled roof. The elevations of this wing have double hung timber windows with four horizontal panes and a number of entry-access points. Attached to the western side and in line with the Water Street elevation is a single storey face brick building with a terracotta tiled gable roof. The building is built of two types of face brick and has double hung timber windows on all elevations; there are a number of access points. Part of the western elevation is occupied by a wire cage, while part of the southern (Water Street) elevation is shaded by a flat roofed metal porch.

Interior

The principal entrance to the Arthur Stone Annex is on the Water Street (southern) side. An understanding of the complex layout of the ground floor is best provided with reference to architectural plans. While this floor contains some original joinery, including four panel timber doors, the floor coverings, ceilings and wall finishes are of a more recent date. The two fireplaces on this level are face brick and of a style characteristic of the 1930s-1950s period. The kitchens and bathrooms in the rear wings are fitted out using Post World War II materials and finishes. The timber staircase leading to the first floor has Art Deco Style newel posts. The original risers have also been altered. A small bathroom opens off a landing half way up. Two rooms on the first floor have decorative plaster ceilings consistent with evidence of a 1930s refurbishment also provided by the brick fireplaces and the external fire stairs to the rear.

Other Buildings on the Site

The second building on the Arthur Stone Annex Site is a single storey building of brick and fibro construction with aluminium windows and a flat roof dating from the 1970s. This building is orientated towards the Water Street frontage and has an access ramp. The building provides for various functions associated with Auburn Hospital.



Figure 3-17: Wing to the west



Figure 3-18: Detail of original timber staircase



Figure 3-19: 1970s fibro extension with flat roof

Assessment of Cultural Significance

4.0

4.1 Introduction

Heritage, or “cultural” value is a term used to describe an item’s value or importance to our current society and is defined as follows in *The Australia ICOMOS Burra Charter*, 1999, published by Australia ICOMOS (Article 1.0):

Cultural significance means aesthetic, historic, scientific or social or spiritual value for past, present or future generations.¹

Significance may be contained within, and demonstrated by, the fabric or an item: its setting and relationship with other items: historical records that allow us to understand it in terms of its contemporary context, and in response that the item stimulates in those who value it.²

An historical analysis and understanding of the physical evidence provides the context for assessing the significance. Cultural heritage values may be contained within the fabric of an item, its setting and its relationship to other items, the response that the item stimulates in those who value it now and in the historical records that allow us to understand it in its own context. Cultural significance may change as a result of new information.

Determining the cultural value is the basis of all planning for places of historic value. A clear determination of significance permits informed decisions for future planning that would ensure that the expressions of significance are retained, enhanced, interpreted or, at least, minimally impacted upon. A clear understanding of the nature and degree of significance determines the parameters for heritage interpretation of the site.

The following is the site’s significance as assessed in the Heritage Report prepared by Weir + Phillips Architects and Heritage Consultants in May 2006.

¹ The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance, (1999), p.2.

² ie “social”, or community, value

4.2 Assessment of Significance

Criterion (a) –*An item is important in the course, or pattern, of NSW's cultural or natural history (or the cultural or natural history of the local area)*

The Auburn Hospital Site has regional historic significance for its unbroken association with the provision of health care to the community from 1907 to the present. The Hospital began as the Granville Electorate Cottage Hospital in a small building erected in 1907 as a result of community fund raising efforts. As the population of the district grew, larger, more comprehensive, medical facilities were introduced to the site. The evolution of the site thus demonstrates the growth of the provision of services to the surrounding region. This aspect of significance is demonstrated primarily through historic records, given that the original cottage hospital building, representing the first phase of the site's use for medical services, as long since been demolished.

The Auburn Hospital has minor historic significance as one a series of hospitals designed and built in the greater Sydney area during the period from the mid 1930s to the 1960s. Built at the end of this period, the hospital represents the final expression of modernist hospital design arising from:

- The work of Stephenson and Turner in introducing modern hospital design principles from the United States and Europe;
- The architectural influence of the Dutch architect Dudok on the form and material and the Finnish Architect Alvar Aalto on the use of balconies;
- The then still pervasive hand of Florence Nightingale on the method of patient care.

Auburn Hospital lacks the exuberance of the best examples of hospitals constructed during this period, as represented by the work of Stephenson and Turner. It is therefore in the second rank of examples, being eclipsed by earlier and more illustrative sites such as King George V Memorial Hospital and Concord Repatriation Hospital.

Criterion (b) –*An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area)*

The Auburn Hospital Site has significance under this criterion for its association with the architect Thomas Edmund O'Mahony who designed the 1960s buildings on the site.

Criterion (c) - An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area)

The Auburn Hospital Site is a late example of a style and plan of hospital building that had reached its peak in Australia during the 1940s. Modern hospitals built during this era were typically multi-storey buildings with simple, clean lines and long open balconies opening from wards. At Auburn, O'Mahony produced a group of three buildings, comprising the hospital building, nurses quarters and a service wing, using a limited palette of materials in a formal composition. Although lacking the flair of Stephenson and Turner's earlier hospitals, there is a correctness and consistency about the buildings.

The formal composition of Stephenson and Turner's Concord Repatriation Hospital is relieved by the curved end balconies and enclosed verandah ends, giving it an optimism that belies the emergency conditions under which it was built. By comparison, Auburn Hospital, built in more prosperous and stable times, is more stolid and lacks any detail pointing to future architectural styles. The relative merits of the two sites as representative examples of their type is reflected in the listing of only Concord Repatriation Hospital on the RAIA Register of Twentieth Century Buildings.

The Auburn Hospital Site has local aesthetic significance for its landmark qualities. O'Mahony's early 1960s buildings dominate the surrounding streetscape with their scale and massing. These factors, combined with the site's location on a low ridge, give the site prominence within the wider landscape.

Criterion (d) - An item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons

The Arthur Stone Annex may have significance for the children who grew up within the orphanage and who may be still alive.

Criterion (e) - An item has potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area)

The Arthur Stone Annex is not considered significant under this criterion.

The extent of alteration has been such that, outside of historic records, the building and site do not readily reflect any phase of its use outside of its more recent use by Auburn Hospital.

Criterion (f) - An item possesses uncommon, rare or endangered aspects of NSW's cultural or natural history (or the cultural or natural history of the local area)

The Arthur Stone Annex is not considered significant under this criterion.

There are many, better preserved examples of the Victorian villa in the greater Sydney area. Even if comparatively rare to the local area, the building does not demonstrate the attributes of the Victorian villa.

Criterion (g) - An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places; or cultural or natural environments (or a class of the local area's cultural or natural places; or cultural or natural environments)

The Arthur Stone Annex is not considered significant under this criterion.

4.3 Statement of Cultural Heritage Significance

The Hospital Site

Auburn Hospital has regional historic and social significance for its unbroken association with the provision of health care to the community from 1907 to the present. The hospital began as the Granville Electorate Cottage Hospital in a small building erected on the site in 1907 as a result of community fund raising efforts. As the population of the district grew, larger, more comprehensive, medical facilities were introduced to the site.

The evolution of the site thus demonstrates the growth of facilities to serve the surrounding region. This aspect of significance is demonstrated primarily through historic records, given that the original cottage hospital building, representing the first phase of the site's use for medical services, has long since been demolished. The site has high social significance for the close level of community interaction and identification with the site that has occurred over a prolonged period. Designed by architect Thomas Edmund O'Mahony, Auburn

Hospital has minor historic significance as one a series of modern hospitals designed and built in the greater Sydney area during the period from the mid 1930s to the 1960s. Built during the early 1960s, the hospital represents the final expression of modernist hospital design arising out of the work of the firm of Stephenson and Turner in introducing modern hospital design principles from the United States and Europe; the architectural influence of the Dutch architect Dudok on the form and material and the Finnish Architect Alvar Aalto on the use of balconies; and the then still pervasive hand of Florence Nightingale on the method of patient care. Auburn Hospital lacks the exuberance of the best examples of this type of building as represented by the work of others, in particular of Stephenson and Turner. It is therefore in the second rank of sites of this type when compared to George V Memorial Hospital and Concord Repatriation Hospital.

Auburn Hospital has local aesthetic significance as for its landmark qualities. The buildings dominate the immediate area and have high visibility within the wider landscape.

The Arthur Stone Annex Site

The Arthur Stone Annex has minor local significance for its association with a number of local identities and organisations. At the centre of the building lies the Late Victorian residence, 'Moolabin', built c.1888 for John Oxley, surveyor, member of the first sitting Parliament in New South Wales and son of the surveyor and explorer John Oxley. The site is similarly associated with local notables, Alban Gee, one time Mayor of Lidcombe and John Nobbs, one time Mayor of Granville. None of these gentleman, however, occupied the property for any substantial length of time. As the King Edward VII Protestant Home for Orphans (1911) and the Dr. Dill Macky Memorial Home (1913), the Arthur Stone Annex is representative of a number of large Victorian buildings around Sydney that were purchased by charitable organisations during the early nineteenth century. Its renaming in 1913 gives it an association with Dill Macky, a prominent figure in the late nineteenth century Presbyterian Church of New South Wales.

The site has minor local significance for its use by the Auburn District Hospital from the early 1970s onwards. Its renaming as the Arthur Stone Annex commemorates the President of the Hospital Board in 1964. Its incorporation into the hospital reflects local patterns of growth in the surrounding area. The above aspects of significance lie solely in historic records. The original late Victorian building that was a private residence and orphanage has been extensively and unsympathetically

altered. The site and building are no longer representative of a Late Victorian residence, nor are they capable of meaningfully demonstrating their historical evolution.

4.4 Integrity

The integrity of a site, in terms of its heritage significance, can exist on a number of levels. A site, for example, may contain an intact example of a particular architectural style or period and thus have a high degree of significance for its ability to illustrate this style or period. A site may display a continuity of physical presence in the landscape. Equally, heritage significance may arise from a lack of architectural integrity where significance lies in a site's ability to provide information of evolution or change in use.

How a site is presented can impact upon its integrity. Lack of interpretation or an undue emphasis on one aspect of a site's significance can affect the heritage significance of the site as a whole. At present, the only on-site interpretation of the site's history is provided by the built forms themselves.

The Hospital Site

The Hospital Site displays a high degree of integrity with regard to its form and function. With the exception of the recent surgical wing, later works have been located towards the rear of the 1960s buildings and have not challenged the architectural style, bulk or massing of these buildings. The limited changes that have occurred also gives the buildings a high degree of integrity, with regard to external presentation, as a suite of hospital buildings.

Internally, the hospital buildings have undergone refurbishment over time; the architectural integrity of each floor differs. The survival of the basic floor plan and of some original interior fabric means that, taken as a whole, the buildings have a moderate to high level of internal architectural integrity. The Hospital Site displays a high degree of integrity with regard to its physical presence within the surrounding landscape. When the hospital building and the nurses' quarters were constructed in the early 1960s, they dominated the surrounding area. There have been no buildings erected close to the site that challenge this dominance. Maturing street and on site trees have, however, lessened the bulk and scale of the buildings at street level. Significant vistas remain to and from (from upper levels) of the site.

The Hospital Site has a low degree of integrity with regard to its ability to record the evolution of the site from a local cottage

hospital to a major regional hospital. The original cottage hospital was demolished after the construction of the existing hospital building and, with the exception of a number of small commemorative plaques, survives only in historic records. A degree of integrity with regard to function was also lost when the nurses quarters ceased to be used as such.

The Arthur Stone Annex Site

The Arthur Stone Annex consists of 'Moolabin', the original house on the site and additions varying style added as the children's home, and later the hospital, evolved. There are traces of alterations carried out in the 1930s as well as additions from the 1940s, 1950s and 1970s. Historical photographic evidence indicates that the original residence was similar in massing and form to many other two storey villas built throughout Victorian Sydney. These photographs show that the building was once dominated by a two storey verandah with cast iron ornamentation to the upper floor and unusual timber detailing to the ground floor verandah. This differing treatment of the two verandah levels is unusual; it is more likely that both floors of the verandah were originally ornamented with cast iron. This treatment suggests a later Federation Period alteration when the orphanage was established. The timber frieze may have been added to 'smart up' the building without extravagant spending. This is supported by the extensive use of photographs of the building in reports and fund raising literature of the time.

Alterations and additions carried out to the building after 1913 have had little or no regard to the original style of the Victorian building. Architectural characteristics important to understanding a building of this period have been lost, including the original pattern of fenestration, original windows and, most significantly, the return verandah. A similarly low level of architectural integrity is displayed by the interior of the building from which most of the late Victorian fabric has been removed. As a result, the existing building bears little resemblance to the original late Victorian building shown by early photographs. There are few on site reference points that clearly associate it with the private residence and children's home it once was. The building most strongly reflects its most recent use by Auburn Hospital.

The 1970s building on the site has little architectural merit and is not cited in the Council's heritage listing sheet for the Arthur Stone Annex. The Arthur Stone Annex Site has a low degree of integrity as an example of a Late Victorian residence and as a site capable of clearly illustrating its process of evolution.

Themes

5.0

The New South Wales Heritage Council identifies a series of themes, from which key historical activities or events can be grouped to better contextualise their role in the cultural development of Australia. Themes have been classified according to National and State themes. The Auburn Hospital Site has been assessed to determine pertinent themes that have emerged since its construction, and which provide potential areas to explore using interpretive devices. These have been identified as:

Australian Theme	NSW Theme	Site/Local Theme	Notes
Developing local, regional and national economies	Health	Hospital site	Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans
Marking the phases of life	Birth and Death	Post natal care, morgue, obstetrics facility	Activities associated with the initial stages of human life and the bearing of children and with the final stages of human life and disposal of the dead
Building settlements, towns and cities	Towns, suburbs and villages	Hospital serving local area	Activities associated with creating, planning and managing urban functions, landscapes and lifestyles in towns, suburbs and villages.
Building settlements, towns and cities	Accommodation	Nurses Hostel, home for orphans	Activities associated with the provision of accommodation, and particular types of accommodation.
Educating	Education	Training hospital associated with University of Sydney for medical and nursing students	Activities associated with teaching and learning by children and adults, formally and informally.
Governing	Welfare	Home for orphans	Activities and process associated with the provision of social services by the state or philanthropic organisations

Potential Target Audiences

6.0

6.1 Introduction

Effective interpretation of cultural significance of a place or item is dependent upon accurate identification of target audiences. Identification of a particular audience will influence the choice of media for interpretation of a place/item, and the content of the information provided. Identifying multiple audiences may necessitate multiple strategies, which may or may not be effective across one or more of the target groups.

The site will remain in use as a hospital thus giving a fair idea of the target audience. These would chiefly comprise:

Patients and visitors

This will be the primary target audience with short term exposure ensuring a successful and widespread communication. It will cover the multicultural local community as well outside population. The audience will comprise the general public such as patient's visitors, who are not pressed for time and have more leisure time to closely examine the interpretive material. It will include work related visitors and service related staff who may have less time to spare. Hence, simple communication means, such as signage graphics with text and illustrations should be an appropriate strategem. Complicated and obtuse means may not be as effective.

Locating these in key public points within the proposed new facility will encourage this group to linger and closely examine interpretive material during moments of waiting, leisure, during coffee breaks or smoking breaks, en route to leave/enter the building, etc.

Staff

This will be the secondary target group comprising only a small percentage of the overall audience. There is also the risk of indifference bred through familiarity and long-term exposure leading to a diminished level of interest. Periodic attempts to 'refresh' the site with appropriate material may maintain interest levels.

Since public areas can be accessed by both groups, proposed items shall be located in such spaces.

Transients and commuters

This audience is not expected to be a key target group. Contact with the building is fleeting, and there is low pedestrian as well as vehicle traffic around the site. Interpretive devices such as those implanted in the pavement or for passing by vehicles will hence not be very effective.

The users of the proposed parking site at Arthur Stone Annexe may form a small potential audience group. Attention span is expected to be small and hence long written text may not be effective. The proposed items will mostly be in the open and adequate protection from weather as well as vandalism should be considered.

None of the audience groups is expected to be actively seeking information. Curiosity and the need to pass time will be the primary reasons to generate interest. Images and illustrations should prove effective in catching attention.

Interpretation Strategy

7.0

7.1 Introduction

Good interpretation is based on a detailed knowledge of the needs and desires of our many audiences, a sophisticated understanding of the significance of the site and sound communication skills. Interpretation seeks to be:

- *Entertaining* - it seeks to hold the audience's attention
- *Relevant* - it seeks to make connections with the audience's knowledge, interests, concerns and experience
- *Organised* - it will be structured in a way that makes it easy for the audience to follow it
- *Thematic* - it will be structured around a central message or messages
- *Best practice* - it will be based on the best contemporary research in interpretation and scholarship
- *Consultative* - it will involve staff, community interest groups and other stakeholders in planning and delivering interpretation
- *Audience focussed* - ongoing audience research and evaluation will contribute to planning and delivery of interpretation

Interpretation of the subject site should focus on the variety of uses of the land and link into the wider historical context of the area.

7.2 Interpretive Approach to the Site

Typically, interpretation generally falls into one of two categories. These can be summed up as:

1) Primary Interpretation Sites

These may include heritage buildings, residence-based museums, relics, memorials, or sites of significant natural history where the heritage item or landscape is the reason for visitation. Such sites may contain interpretive centres, education units, or exhibition spaces where diverse interpretive strategies may engage the audience, e.g. multi-media, signage, printed materials and public programmes. Equally, they may be simply interpreted with signage or a plaque. The key factor is that the built, movable or natural heritage element is interpreted for its significance with no other purpose associated with it.

2) Secondary Interpretation Sites

This comprises sites where new or adaptive reuse developments occur. While there are significant layers of history which require interpretation, the primary purpose of visitation is for purposes not usually associated with the history of the site. For this reason, interpretation should be uncomplicated, without high maintenance requirements nor too many themes and stories which result in an overload of information and waste of resources.

The Auburn Hospital Site is a secondary interpretive site, and is representative of its unbroken association with the provision of health care to the community from 1907 to the present. The site experienced growth and evolution as a response to that of the surrounding suburbs and holds significance for the local community.

Interpretation of the site should highlight this significance and the site's place within its historical context.

7.3 Interpretation Strategy

(1) Commemorative Plaques/Foundation Stones

The various plaques and stones on the site should be reinstated at an appropriate exterior or interior location, possibly at the main entrance to the new building or adjacent to the foundation stone of the proposed new building. These are:

- Commemorative stones laid by Hon. CC Wade, premier of NSW in 1907; Charles Fairfax in 1926; and Hon. JT Lang, MLA in 1936 installed on the ground in the surface car park outside the main entrance
- The foundation stone for the main building at the main entrance, laid by Hon. WF Sheahan, Minister for health
- Plaque at the entrance to Arthur Stone Annexe by Hon. KJ Stewart, Minister for health, naming the site as Arthur Stone Annexe in 1977.

Care should be taken in removing them from their existing state. These must be safely stored during the construction phase.

The three stones require general mild cleaning. Chemicals or mechanical equipment should not be used.

These may be installed together, continuing with their existing form of installation- the three commemorative stones set at ground level and the two foundation plaques set in walls.



Figure 7-1: Commemorative stones outside the main hospital building



Figure 7-2: Detail of stone 1



Figure 7-3: Detail of stone 2



Figure 7-4: Detail of stone 3



Figure 7-5: Detail of plaque installed at the entrance to the main hospital building

These should be accompanied by an information panel explaining their relevance with a brief history and significance of the dates. This should include reference to the Granville electorate Cottage Hospital; its change of name to the Auburn District Hospital in 1920, the addition of the new women's ward in 1925 and officially opened by Miss Charles Fairfax; the new men's ward officially opened by the Hon. J.T. Lang, M.L.A. in 1936 and the new hospital building and nurses hostel in 1961. The panel should be similar to the other panels proposed in the following section.

(2) Information/Interpretation Panels (4 no.)

- One panel exploring the theme of suburban settlement and describing the historical development and evolution of the site as part of the evolution of the suburb. This will include plans of early land grants, etc.
- One panel exploring the theme of health and describing the first Cottage Hospital building and its everyday functioning. The interesting first person accounts mentioned in the history section of this report (such as the eligibility criteria for nurses, the condition of the operating theatres, etc.) can be used to give a glimpse into hospital functioning and everyday life in the early 20th century. It should inform the audience about the hardships faced by the hospital.
- One panel describing the main hospital buildings including their architectural significance and description. This will also include early photographs as well exterior, interior and aerial shots and if possible, a layout plan/elevation of the 1960s buildings.
- One panel relating to the Arthur Stone Site, exploring the theme of welfare and including the history of the original Victorian Cottage and later changes. This will include early photographs of the cottage and a plan showing footprint of the original component and the later additions. This should be installed at a suitable location within the former Arthur Stone site.

The panels will comprise text in a suitable font size and images which are legible. The panels should be designed by an experienced graphic designer.

The images and information in this report should be utilized for the interpretation panels. The sources for these can be obtained from the Heritage Report prepared by Weir + Phillips in May 2006. Copyright of historical images would need to be obtained from the respective authorities, such as the State Library of NSW, before these images can be legitimately used.



Figure 7-6: Detail of metal plaque at the entrance of the Arthur Stone building

The panels should be installed at suitable locations, indoor or outdoor, where they receive high public exposure.

They should be either wall mounted or installed in a dedicated frame/structure at eye level and be of a suitable size (not less than A0 in area) and proportion.

They should be durable and weatherproof (including UV), and be able to withstand vandalism including easy removal of graffiti, especially for less secure locations such as proposed car park on the Arthur Stone site.

They should be safely and securely fixed, with provisions for servicing.

Arrangements should be made for their adequate lighting.

They should be of suitable material which is long lasting and presentable, and providing easy legibility for text and graphics, such as- vinyl film sandwiched between acrylic sheets, vinyl on or metal/stainless steel sheet, or other innovative materials and techniques.

(3) Horse Trough

Interpretation will include the Concrete Horse Trough located at the corner of Water Street and Auburn Road donated by Amis and George Bills, philanthropists who lived at Epping and donated horse troughs in many areas of Sydney in the 1920s and 1930s. There are several surviving examples of similar troughs all over Sydney.

The trough should ideally be retained in-situ or reinstated in its existing location. If not possible, it should be installed along with the commemorative stones/plaques within the proposed main hospital or on the former Arthur Stone Annexe site.

(4) Picture Montage Display

The main building contains a framed display of old photographs of the official opening of the hospital in 1964. This frame should be reinstated within the proposed new facility. It should be located close to the entrance or along with the other commemorative stones/plaques, if possible.

Note (interpretation of Arthur Stone annexe footprint):

The proposal to interpret the Arthur Stone Annexe building footprint, as suggested by the Heritage Office in its letter to Department of Planning dated 15 November 2006, may not be



Figure 7-7: Concrete Horse Trough at the corner of Water Street and Auburn Road

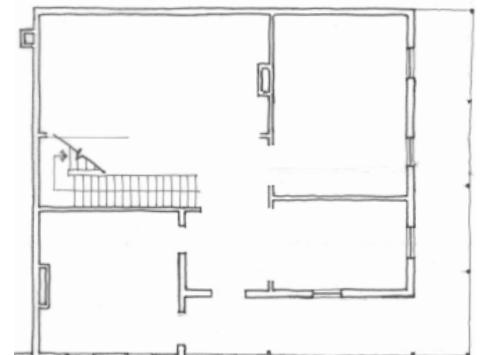


Figure 7-8: GF Plan (conjectural) of the original two-storey cottage



Figure 7-9: Montage Display installed at the opening of the New Auburn Hospital in 1964

feasible. The site is to be developed as a temporary car park (with a temporary 12mm thick bitumen spray seal as surface finish) and, as per the Hospital site redevelopment scheme, the site will eventually be sold off for residential use, which is what it is zoned for. Hence, interpretation of the footprint will be an onerous exercise. This issue has already been brought to the notice of the Heritage Office. In lieu, the interpretation panel to be installed at the site may provide information on the original footprint.

7.8 Sample Images of Interpretive devices

The following are examples of interpretive devices from a range of sites with heritage significance that could be potentially used in interpretation of the Auburn Hospital Site:



Figure 7-13: Example of wall mounted interpretation panel



Figure 7-10: Example of a floor insert used as an interpretation device



Figure 7-11: Example of an interpretation panel installed at an outdoor location



Figure 7-12: Example of an interpretation panel wall mounted at an indoor location

Maintenance and Evaluation

8.0

Interpretation of an item or place can inform the audience about its significance, but it is essential to assess the success of the interpretive methods used and to initiate new strategies should opportunities arise, or building activities and audiences change. This process can aid in reaching new audiences that may have emerged since the initial development of the interpretation policies, and update the information presented to the audience.

The points below demonstrate this assessment process in relation to the recommended devices in the Interpretation Strategy for the subject site.

Maintenance

- Repair and maintenance of interpretation panels, including replacing the printed material.
- Cleaning of stones and plaques
- Repair and maintenance of associated light fittings and structures

Evaluation

- Survey for target audience feedback, carried out in vicinity of site, to determine success of interpretive displays and brochures
- Updating of historical information as additional details become available
- Ensure captioning and presentation remains culturally appropriate and target-oriented.
- Install new interpretative elements or update existing information if there are any changes in building activity or audience or when other opportunities arise.

Recommendations & Conclusions

9.0

This Interpretation Strategy has been shaped as a means by which core interpretive concepts applicable to the Auburn Hospital Site and its broader context can be identified. The subsequent Implementation stage, following Council endorsement of this Framework, will entail the selection and production of specific historical data and images, and provide details as to the graphics, materials, dimensions, fixings, etc., of installations to be tailored for the site. Mock-ups of the proposed interpretation devices should then be presented to the Auburn Council for endorsement prior to production.

As part of this process, it is recommended that:

- Key aspects of future interpretive devices should include the integration of interpretation into the future use and activities carried out on the site, and maximizing the sustainability of interpretive devices in an urban environment.
- Should archaeological material be revealed in site work, additional interpretive installations should be implemented that include new archaeological information.
- This Interpretation Framework complies with Council and NSW Heritage Office guidelines for a Plan and Strategy and is submitted prior to issue of the Construction Certificate for review and endorsement.

This Interpretation Strategy forms part of the wider scheme of conservation works for the Auburn Hospital Site. It reflects the thematic development of the land, identifies potential audiences and details an Interpretation Strategy in which information about the site can be appropriately conveyed based on the existing conditions of the site.

The Strategy addresses the condition of consent (as mentioned at the beginning of this report) for the proposed redevelopment of the Auburn Hospital Site and is submitted to the consent authority for approval.