

# HERITAGE IMPACT STATEMENT

## FINAL

### Dubbo Base Hospital Redevelopment Stage 1 & 2 State Significant Development DA

A report to accompany an application for new buildings and refurbishments to Dubbo Base Hospital for NSW Health Infrastructure



prepared by



Adaptive Architects Pty Ltd  
PO Box 1947, ORANGE NSW 2800  
M 0414 716 587 ABN 86 154 387 836  
www.adaptivearchitects.com.au  
E adaptivearchitects@gmail.com  
Nominated Architect - James Nicholson Reg. 7205



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## 1 Executive Summary

Adaptive Architects Pty Ltd has been commissioned to prepare a Heritage Impact Statement on behalf of the NSW Health Infrastructure as part of a proposed State Significant Development (SSD) development application for the Redevelopment of the Dubbo Base Hospital campus.

Dubbo Base Hospital site also contains a number of heritage buildings, which has resulted in the whole site being listed as a heritage item under the Dubbo City Council's Local Environment Plan, and also under the Department of Health's Section 170 list. Our assessment of the site has developed the following summary statement of significance.

**Dubbo Base Hospital is part of the very earliest public infrastructure in the town, and is significant in being founded by the community as a charitable institution to provide health care, and has served Dubbo for more than 140 years. The early hospital building group remains highly legible in telling the story of how medical services developed from infancy and has significance in retaining large sections of intact fabric from all stages of growth. Particularly rare are the surviving elements from the 1860s and the degree of fabric integrity of the main historic wing. The historic strip of buildings along Myall Street forms a homogenous group of buildings featuring excellent examples of the Arts and Crafts and Neo-Georgian styles. The building group is on raised ground and has landmark significance and can form a strongly cohesive group in a landscaped parkland setting if later intrusive development were removed. The**

**early site is an exceptional example of the work of Walter Liberty Vernon and a number of other significant Government Architects, including substantial involvement by Cobden Parkes. Significant early members of the local community include James Samuels Jnr and George Taylor, who served the hospital for most of their lives.**

The proposed works for the application will include bulk excavation, a new two storey building that includes a new Maternity Unit, a new Operating Theatre Suite, and new Central Sterilising Department. The works will also include a new Day Surgery Unit and Extended Day Surgery Unit along with the refurbishment of the Admissions/ Outpatients and Medical Records building to accommodate a new front of house, and the refurbishment of the Theatre Building to accommodate a new Renal Dialysis, Medical Records, and Cardiology Services. The old Maternity Building will be demolished.

This Heritage Impact Statement provides an assessment of the significance of the site and describes the proposal in relation to any impacts that it may have on the setting of the Dubbo Base Hospital site as required by the Dubbo Local Environmental Plan 2011. In such a large site it is necessary to isolate the heritage buildings and their curtilage within the broader site, and to assess the impact of the proposed works on this curtilage.

The proposed works do not intrude upon the curtilage of the heritage buildings on the site, and will not have any visual impact on any heritage feature.



## 1.1 Methodology and Limitations

The methodology used in this report is in accordance with the principles and definitions as set out in the guidelines of the *NSW Heritage Manual - Statements of Heritage Impact guidelines* and complies with the requirements of the *Dubbo City Council Local Environment Plan 2011 Clause 5.10 Heritage Conservation*.

This methodology meets the first point of the Director General's Requirements (DGR) under the key issue of "Heritage". The second point under the DGR for heritage refers to the archaeological potential. This report provides advice identifying potential sites of European archaeological potential, but the assessment of impact on the archaeology, both indigenous and European, is the subject of a separate concurrent report.

The historical background provided in this report is a short summary of the site and building derived from primary and secondary sources. No research into the workings or social history of the hospital has been carried out. A social history was prepared by Lorna Dicks in 1988, but may be an internal document prepared for the Board.

As a preliminary archaeological assessment was carried out concurrently with this report, only brief notes on Indigenous history and European archaeological potential have been included. This report does not address the heritage value of the natural landscape.

Due in part to the nature of the use, some areas of the hospital were inaccessible. All of the high significance areas were inspected.

Building nomenclature in this report follows standard heritage practice in using the original name of the building, or another appropriate identifier that does not change through time. This will usually be prefaced with "former" or "old", or use a date and designer to identify the building.

## 1.2 Authorship

This heritage impact statement was prepared by James Nicholson, Heritage Architect, of Adaptive Architects Pty Ltd. James is listed on the NSW Heritage Branch's Heritage Consultant's Directory, and has more than fifteen years experience in heritage assessment and conservation of historic buildings and sites.

A site inspection was conducted in May 2012 by James Nicholson, Heritage Architect (Adaptive Architects Pty Ltd).

## 1.3 Acknowledgements

We acknowledge the assistance of Catherine Lee (Project Manager) at TSA Management Pty Limited in organising and managing the information required for this report.

We also acknowledge the assistance of Brian Cusack, Maintenance Engineer from the Dubbo Base Hospital in guiding us through the site and providing the archival material for this report.

All current photographs of the proposed site used in this report were taken by James Nicholson, Adaptive Architects Pty Ltd in May 2012.

We'd like to thank Sandra Smith, Local Studies Officer at Macquarie Regional Library for her assistance with early photographs and reports on the site.



We'd like to thank Lorna Dicks for making time to see us on site and for her help in understanding the stages of development of the heritage buildings.

We'd like to thank Peter Oitmaa (Senior Associate) at Douglas Partners for the post war aerial photos in this report.

We'd also like to acknowledge the helpfulness of Brendan Whyte at the National Library of Australia mapping section, who helped us locate some early aerial photos.

#### 1.4 Site Location

Dubbo Base Hospital is situated approximately two kilometres north east of the centre of Dubbo. The site is on the south west side of a gently rising slope. This allows views to and from the south west. These views are most significant as they highlight the original heritage buildings, located on the edge of the rise. The Hospital was once well separated from the town extents, but now is incorporated into the expanding city area.

The western boundary of the site adjoins the Gilgandra – Dubbo Railway line, as the railway was subdivided from the original hospital allotment. There is a sweep of less developed land running in a north-south arc through the town that includes the hospital and the adjacent University Campus.

The current site title identifier is Lot 12 / DP1159243. The LEP lists the subject site as Lot 32 / DP747737, which is a cancelled title. In addition the Section 170 Register lists the site as "Original Building", and does not identify the location as Dubbo Base

Hospital. These listings will need to be amended in the light of this HIS.



**Figure 1** The large square grids of the original town can still be seen in the current aerial photo of the city, and the highlighted site area is to the north east. SIX Viewer - Dept of Lands



**Figure 2** The site boundary of Dubbo Base Hospital. NSW Health Infrastructure

The traditional entry to the site was from the south along Myall Street to the historic main buildings, but this entry has now been supplanted by an internal roadway accessed from Myall Street and leading to the new main entry deep within the site.



**Figure 3** A detailed aerial photo of the site taken in August 2011 – NearMap 2011



## 2 Historical Background

### 2.1 The Wiradjuri People

Wiradjuri people are originally from the land that is bordered by the Lachlan, Macquarie and Murrumbidgee rivers in Central New South Wales. The name Wiradjuri means, 'people of the three rivers' and traditionally these rivers were the primary source of food for the Wiradjuri people. A number of customs were unique to the Wiradjuri communities with one of the most significant being the marking on trees to signify the burial place of a Wiradjuri person. Logging and land clearing have destroyed almost all of these burial markers, with one surviving tree trunk now on display in Bathurst Museum<sup>1</sup>.



Figure 4 The large traditional area of the Wiradjuri<sup>2</sup>

The specific area around Dubbo is home to the Tubba Gah People who were the

<sup>1</sup> <http://about.nsw.gov.au/encyclopedia/article/wiradjuri-people/>

<sup>2</sup> [http://kurungabaa.files.wordpress.com/2009/11/aus\\_m\\_ap\\_covered\\_text\\_lined.jpg](http://kurungabaa.files.wordpress.com/2009/11/aus_m_ap_covered_text_lined.jpg)

traditional caretakers of the majority of the Wiradjuri land within the Dubbo local government area.

Early in the Colony's history, relations were amicable between Indigenous and Europeans in the Central West of NSW when white numbers were negligible. As settlement of the area west of the Blue Mountains escalated in the 1820s conflict increased<sup>3</sup>. European settlement followed the fertile land alongside inland rivers and the Wiradjuri people soon clashed with settlers. Dispossession of land and the decimation of their traditional fishing areas spurred on retribution killings from both settlers and the Wiradjuri clans and these violent incidents are referred to now as the Wiradjuri Wars<sup>4</sup>.

Kangaroos and possums, meat staples of the Wiradjuri, were slaughtered wholesale, sacred sites were desecrated, prime riverside land taken. Martial law was declared in 1824 and armed settlers roamed the countryside murdering Aborigines on sight, thereby decimating the tribe which was dispossessed and completely broken by the 1840s. William Cox, who made a significant contribution to their extermination, claimed the last local black died in 1876<sup>5</sup>.

The gold rush of the 1850s introduced the most significant period of change for the Wiradjuri people. With the gold rush, inland

<sup>3</sup> <http://www.smh.com.au/travel/travel-factsheet/gulgong--culture-and-history-20081119-6b2y.html>

<sup>4</sup> <http://about.nsw.gov.au/encyclopedia/article/wiradjuri-people/>

<sup>5</sup> <http://www.smh.com.au/travel/travel-factsheet/gulgong--culture-and-history-20081119-6b2y.html>



New South Wales quickly became some of the most densely populated areas the state, and soon significant numbers of Aboriginal people were lost to diseases introduced with these new settlers. Today there are large Wiradjuri communities in a number of inland centres including Condobolin, Griffith, Wagga Wagga and Parkes<sup>6</sup>.

## 2.2 European History of Dubbo

The following summary history is quoted from the Sydney Morning Herald travel fact sheet on Dubbo's culture and history. This is a good summary to set the context for the hospital, and from its structure appears to depend on the *History of Dubbo* by James Jarvis, which appears to have been an unpublished report in Macquarie Regional Library.

*The first Europeans in the area were the party of John Oxley who passed the future site of Dubbo in 1818. Oxley noted the quality of the soil, the water supply and the abundance of wildlife, including howling dingoes which kept him awake at night.*

*In 1824 two squatters, GT Palmer and John Wylde, were given permits to set up large sheep and cattle properties adjacent the Macquarie River. The first permanent settler was Robert Dulhunty - described as one of the colony's wealthiest citizens - who departed Penrith with a party of some forty Aboriginal guides sometime between 1829 and 1833, choosing grazing land which he named 'Dubbo' just to the south of the present town site. It is certain he took the word from the local Aborigines but its meaning is entirely unclear.*

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<sup>6</sup> <http://about.nsw.gov.au/encyclopedia/article/wiradjuri-people/>

*In 1839 records indicate that there were 28 persons over 12 years of age at Dubbo station and 18 male convicts (no females). Dulhunty may have established a form of roadside inn in 1839 and built a homestead at Dubbo in 1840 but remained an absentee landlord until 1847 when his family moved from Emu Plains to Dubbo. His wife was allegedly the first person to cross the Blue Mountains in a carriage. The first school in the district was a slab hut built on the Dubbo property in the 1840s.*

*In 1846 the government decided to establish law enforcement institutions at Dubbo. Dulhunty was angry when a site was chosen about 5 km downstream of his property but he lost an appeal and a crude slab police residence and lock-up became the first buildings on the future town site in 1847. An equally rough courthouse was completed in early 1848 and a post office opened within the courthouse that same year.*

*Meanwhile, Jean Serisier, a Frenchman in the employ of a Sydney-based firm, entered into negotiations with Dulhunty over the establishment of a store and an inn near Butler's Falls - the area's main river crossing - which was located on Dulhunty's property. The idea was to benefit from the growing through-traffic as settlers began to head westwards from Wellington - then the most westerly point of settlement in the state. However, the two argued and Serisier opened a general store near the new lock-up in 1847. Nicholas Hyeronimus established an inn adjacent the store in 1848. However, as neither Serisier nor Hyeronimus had tenure of the land, and as both had incurred the wrath of the leading landholder, they organised a petition of local residents requesting that allotments be laid out for sale on the site.*

*Although the surveyors failed to affirm that the establishment of a village on the site was necessary, the village of Dubbo was planned and*



proclaimed in 1849 with the first land sales taking place in 1850 (Dulhunty's estate subsequently became known as 'Old Dubbo'). The population was recorded as 47 in 1851, at which time there were seven completed houses.

Development was slow initially as the squatters held almost all of the land and were antagonistic to the existence of the village. However, in the 1850s, the buoyant markets of Melbourne began to attract stockmen from the north who overlanded their cattle and sheep from NSW and Queensland. To its benefit, Dubbo was located just off the Great North Road (the principal north-south stock route) which crossed the Macquarie River at Butler's Falls. Consequently, a crude makeshift bridge was built in the late 1850s and Dubbo became a major trading post on the Great North Road. The first Catholic Church was in existence by 1856, a national school was built in 1858 to replace an earlier private school and an Anglican church and parsonage were erected in 1859

As late as 1864, there were only two stores and two hotels in town. However, the town underwent rapid change from this point. When the first proper bridge over the Macquarie was built at Dubbo in 1866 a journalist reported that the village had 'magnificent and commodious' stores, five hotels with a sixth nearing completion, a mill under construction, and a 'well designed court house and lock-up'. The most notable inmate of the lock-up in question was bushranger Johnny Dunn who escaped from its confines in 1865 (he was later recaptured and hung in Sydney).

Dubbo's first newspaper went into print in 1866, the first bank opened in 1867 and the first hospital was built from 1867-68, and opened in 1870. Moreover, as the squatters' licenses began to elapse, selectors began to take up smaller holdings, gradually altering patterns of land

usage to include agriculture, although wool-production remained important amidst the new income from wheat, fruits, maize, potatoes, tobacco, pumpkins and cotton. Jean Serisier established a vineyard in 1868 which became one of the largest in the colony in the 1870s. Gold, coal, chalk, copper, diamonds and other precious stones were also mined in commercial quantities in the district. A tannery and a wool-scouring works were opened in 1873.

By the time Dubbo became a municipality in 1872 it had a population of some 850 people and it had become the major manufacturing and service centre to much of western NSW. The arrival of the railway (and a railway bridge) in 1881 further contributed to Dubbo's importance. By that time it had 29 hotels, three breweries and a population of 3199, although the railway precipitated further settlement and population growth.

Thomas Alexander Browne served as police magistrate at Dubbo from 1881 to 1884. As 'Rolf Boldrewood', he wrote what is considered one of Australia's first novels of any note, *Robbery Under Arms*, which was published in serial form while he was still at Dubbo.

A visitor in 1885 described Dubbo as a 'pretty little town, built on an extensive plateau of squatting land'. He also noted three banks, streets 'mostly lined with neat red brick cottages' and 'a number of substantial shops'. By this time there were also several substantial churches and schools, a library and the town's third and present courthouse was under construction. A flour mill opened in 1893.

Dubbo has grown considerably since World War II, almost doubling its population between 1947



and 1971, and doubling it again since 1971. Dubbo was declared a city in 1966.<sup>7</sup>

### 2.3 Notes on major stages in history of hospitals in NSW

In NSW at present the hospital system is run by the State Government with the Federal Government providing part of the funding. This is a relatively recent model. Hospitals in the Mid-Victorian Period were substantially different in management technique and outlook. Those hospital buildings that survive from this period can only be understood in the context of this history.

To comprehend the society that built the earliest stages of Dubbo Hospital, why it was designed and the purpose to which it was originally put, it must be seen in the broader context of how health services developed in the State. Dubbo Hospital has operated independently from Government control for a large part of its history, and the early days of hospital development sits within an unfamiliar context.

#### 2.3.1.1 HOSPITAL BEGINNINGS

*Before self government in the NSW Colony in the 1850s the large general hospitals were independently controlled by their elected board, and any supervision was exercised through the Inspector of Public Charities, a non-medical post. These early convict hospitals developed a poor reputation until the Colonial Medical Service passed to military control in 1836, after which*

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<sup>7</sup> <http://www.smh.com.au/travel/travel-factsheet/dubbo--culture-and-history-20081117-68td.html>

*conditions improved under military discipline and a systematic and accountable administration.*<sup>8</sup>

An early newspaper article refers to the first hospital at Dubbo being run on the "military system", and this is what it was referring to.

*The intervention into the social needs of the vulnerable members of society was the province of the charities, such as the Benevolent Society, which led to the development of hospitals in NSW.<sup>9</sup> They developed the Sydney Asylum, the progenitor of the system of State hospitals.<sup>10</sup> The character of society in the early days of the NSW Colony was difficult if you were a person who could not provide for yourself. Poverty and destitution were rife. The principle of self-help was the underlying basis of the philosophy of benevolence in Great Britain, and the official attitude was likewise in NSW. Systematic assistance to the sick, destitute and afflicted was left to voluntary private effort and not built-in to Government services.<sup>11</sup>*

*In the establishment of these asylums, the development of medical services was something of an afterthought. The proportion of disabled and infirm inmates resident in the asylum rendered necessary the provision of a medical service.<sup>12</sup>*

#### 2.3.1.2 DEVELOPMENT OF NURSING

*In the early days of the Colony magistrates were prone to sentence female convicts for offences to serve a term as a nurse at the Hospital as a punishment in lieu of prison. It was not until*

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<sup>8</sup> Cummins C.J. *History of Medical Administration in NSW 1788-1973* p24

<sup>9</sup> *ibid* p48

<sup>10</sup> *ibid* p51

<sup>11</sup> *ibid* p47

<sup>12</sup> *ibid* p52



after Governor Macquarie's regime that they were carefully chosen by the Principal Superintendent of Convicts and were liable to instant dismissal for misconduct. A system of gratuities was introduced and one wardman and one nurse were made senior. The latter was officially called the Matron and was responsible for the supervision of domestic staff as well as the female nursing staff.<sup>13</sup>

### 2.3.1.3 MENTAL ASYLUMS AND CENTRALISATION

It was the Mental Asylums that were the first centrally organised Government health service. This was largely due to the influential figure, Norton Manning. He carried out a study tour of the chief asylums in the developed world. He established a centralised system of organisation of lunatic asylums, standards of care, legal procedures and even architectural details of institutions.<sup>14</sup> These early developments in the Mental Hospitals would eventually form the template for the running and many of the characteristics of the general hospitals.

The first attempt at Government control of general hospitals ended poorly in the Royal Commission on Public Charities – 1873, which abolished the Government Board.<sup>15</sup>

*In the last quarter of the nineteenth century, the larger State asylums were auxiliary hospitals – part poorhouses and part chronic diseases hospitals. Their facilities were limited, their policies restrictive, penny-pinching and open to frequent criticism. Yet they were the hospitals for the chronic and incurable patients in the*

*community other than those who could afford private treatment.<sup>16</sup>*

### 2.3.1.4 VOLUNTARY HOSPITALS

Dubbo Hospital would have officially been called a "Voluntary Hospital" in its early days.

*The voluntary hospitals were as much a part of medical benevolence as were the benevolent asylums, and were founded by private enterprise on the same principle of mutual self-help divorced from Government interference. Unlike the benevolent asylums, which became Government institutions after self-government, the voluntary hospitals continued independent of Government control, each under its own individual board of management. They provided a complete medical service to the poor and indigent through their outpatient and inpatient facilities, supplemented by the charitable attitudes of private medical practitioners, who would attend the poor in their homes for no fee or a nominal fee.<sup>17</sup>*

*They were widely recognised by the community as benevolent institutions for the poor or "charity hospitals". From their management there was a common attitude to their patients implying relative or absolute pauperism. This was so evident that the Inspector of Public Charities suggested in 1877 that a payment of one shilling a day be asked of patients in order to inculcate "feelings of self-reliance and self-respect by paying in part for the benefits received". This proposal was never effectively introduced as a compulsory requirement, and the voluntary hospitals remained essentially free charities, although they sought voluntary contributions from patients able to provide. The implications*

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<sup>13</sup> *ibid* p28

<sup>14</sup> *ibid* p41

<sup>15</sup> *ibid* p54

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<sup>16</sup> *ibid* p55

<sup>17</sup> *ibid* p55



of ownership and consequential independence from direct Government control were jealously guarded by these hospitals, even as late as 1972.<sup>18</sup>

The Government recognised its responsibility to support financially the voluntary hospitals. The formula was officially on a pound for pound basis of income from subscriptions or other avenues.<sup>19</sup> In country districts hospitals were established by local effort, usually on the basis of a grant of land from the Government, and a local board raising the capital sum in whole or part. A considerable number of these hospitals were founded between 1856 and 1870 wherever local opinion determined it expedient, and a doctor was available. Among those so established were the hospitals at Orange, Goulburn, Yass, Tamworth, Maitland, Deniliquin and Dubbo, all rural centres of expanding population.<sup>20</sup> There was no quality control and quality of care was generally poor.

By the end of the 1870s a system of voluntary hospitals had arisen in NSW, with independent boards of management which were untrammelled in their administration. The function of these hospitals was restricted largely to the treatment of acute and episodic illness and trauma. The autonomy of the boards was guaranteed by the Hospitals Act of 1847, which enabled public hospitals to sue and be sued for their debts, and provided for the acquisition of real property by these hospitals. The voluntary hospitals were demanding of Government for financial support and yet strongly reactive against any form of government supervision or control. Government itself was apprehensive and developing a statutory system of supervision, which at this stage was not effective. Reform was to come stimulated by the establishment of

nursing services and a growing public awareness of the hospitals' deficiencies, often and critically expressed in the press and Parliament. The culmination was the Second Royal Commission on Public Charities 1888-1889, after which Government mechanisms of inspection and financial control were to emerge, on equal footing with the systematic organisation of administrative health services.<sup>21</sup>

#### 2.3.1.5 EPIDEMICS LEAD CHANGE

One grand theme that emerges from the early history of health services is that Government action on public health required a severe threat before anything significant would be done.

Public health was not a priority of Government despite isolated critical outbursts in the press demanding action and pointing to the example of Great Britain and its health laws following the cholera epidemic of 1847. Disease and death were commonplace especially in the lower socio economic groups, and were viewed with complacency, even by the medical profession, as inevitable to the times. Demand for reform and action arose not from outraged public morality, but from panic and fear engendered by the first major smallpox epidemic which threatened the personal security of all, rich and poor alike.<sup>22</sup>

In 1881 a major smallpox epidemic occurred. It was the first to seriously involve NSW. It stimulated public and political demand for health laws and preventive health services. It was responsible for the formation of the Board of Health around which the organisation of public health services devolved until 1973. Medical men of consequence now had a vehicle within which they could advise and serve the State and involve

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<sup>18</sup> *ibid* i55

<sup>19</sup> *ibid* p57

<sup>20</sup> *ibid* p58

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<sup>21</sup> *ibid* p58

<sup>22</sup> *ibid* p65



the private practising sector of the medical profession. The Government, in turn, had expertise which it could harness in its Royal Commissions and Expert Committees, which were to influence its attitudes to the independent hospital and welfare institutions.<sup>23</sup>

The Board of Health was established in 1882, shortly after Pasteur had demonstrated the microbial theory of communicable diseases and in an era when the biological sciences were the least developed of the physical sciences. After the Public Health Act of 1896 the field of microbiology began to become more important.

The reluctance of local authorities generally to pursue their public health responsibilities led to the policy development by the Board of Health to centralise control of public health administration. And so, until its dissolution in 1973 it controlled the appointment of Medical Officers of Health, the establishment of Health Regions and the official authorities under which public health personnel worked.<sup>24</sup> From 1904 to 1913 the Chief Medical Officer controlled an expanding health service. The official emphasis on quarantable diseases changed as quarantine facilities were better organised so permitting a concentration on other infectious diseases, including typhoid fever, diphtheria, venereal disease, poliomyelitis and influenza.<sup>25</sup>

Prior to the Royal Commission on Public Hospitals and Charities in 1897 the oversight of general hospitals, and such supervision as was necessary from time to time was handled by the Division of Charitable Institutions. It was not until 1913 that a degree of supervision was formally structured. If

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<sup>23</sup> *ibid* p63

<sup>24</sup> *ibid* p68

<sup>25</sup> *ibid* p83

approved, and if finance was available, assistance for capital expenditure was provided by the Government, which also met the deficit between income and expenditure on a pound for pound basis.<sup>26</sup>

In 1919 the pandemic of Spanish Influenza had a large influence on the centralisation of health services, its statistics were of a magnitude difficult to grasp by modern health administrators. Approximately one-third of the population of Sydney was involved with a death rate of 1.3%, and some 14,000 hospital admissions occurred during its course of 9 months.<sup>27</sup>

In 1923 the Director-General outlined a problem that had become overdue for consideration :“The question is a very important one for the State, as the method of control of Public Hospitals throughout NSW is rather haphazard...The Government that contributes practically half the cost of all hospitals retains very little effective control over these institutions”.<sup>28</sup> No action was taken until the 1929 Public Hospitals Act.<sup>29</sup> From this it would appear that from 1929 onwards, Dubbo Hospital was increasingly government managed. Between 1924 and 1934 the health department’s meagre resources were constantly strained by recurrent epidemics, which were further dampened by the great depression of the early 1930s.<sup>30</sup>

#### 2.3.1.6 POST WAR - HEALTH SERVICES EXPAND RAPIDLY

Prior to World War II the apparently fruitless campaign against the ravages of infectious diseases, which filled the whole horizon of

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<sup>26</sup> *ibid* p136

<sup>27</sup> *ibid* p85

<sup>28</sup> *ibid* p136

<sup>29</sup> *ibid* p137

<sup>30</sup> *ibid* p85



preventive medicine, suddenly took a successful turn towards the dramatic success of this campaign in the immediate post-war years.<sup>31</sup> There were still times of crisis, scandal and drastic reorganisation in the late twentieth century, most specifically following the Royal Commission into Callan Park Mental Hospital (1961); the prolonged period of consolidation and development thereafter; culminating in yet a further reorganisation following the Eglington Report and the consequential Starr Committee Report of 1969, which led to the Health Commission Act 1972.<sup>32</sup>

In 1993, a restructure of the health system resulted in the replacement of six Health Regions, and the boards of 137 Hospitals, with 23 District Health Services. The board of Dubbo Hospital would have ceased to exist at this point. The Health Services Act 1997 increased the status of all the Rural Health Services by granting the same obligations and powers granted to the Metropolitan Area Health Services, which were defined as statutory corporations.

#### **2.4 Architectural Influences in the planning of Hospitals**

The following notes are taken from Noni Boyd's thesis on Walter Liberty Vernon.<sup>33</sup>

*In NSW it is in public architecture, particularly in the design of buildings for the Department of Health, that the transition from the Queen Anne Revival to the Arts and Crafts Free Style is evident. The transition occurred initially in the*

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<sup>31</sup> *ibid* p86

<sup>32</sup> *ibid* p88

<sup>33</sup> Boyd, N. *No Sacrifice in Sunshine: Walter Liberty Vernon: Architect 1846-1914* PhD Thesis RMIT 2010 pp378-379

*design of individual buildings rather than in the overall site planning. John Horbury Hunt, Sir John Sulman and Walter Liberty Vernon were all familiar with Florence Nightingale's advice on hospital planning. Based on her experience in the Crimea, Nightingale developed a series of principles for hospital designs in the 1860s, demanding light, ventilation and fresh air. These were published as her Notes on Hospitals in 1863. Her principles continued to be used in the planning of hospitals in Great Britain and the colonies until the 1920s. The identifying features of wards planned according to Nightingale principles are the arrangement of the windows between the beds and the separate 'sanitary towers' located at the end of the wards, containing toilets and bathrooms.*

*Australian-based architects were familiar not only with Nightingale's published handbooks, but also with international examples of recently completed hospitals. Both Sulman and Vernon were members of the Australian Association for the Advancement of Science, presenting the occasional paper. Sulman's paper: Notes on the Construction of Hospital Wards, presented in 1893<sup>34</sup>, outlined the findings of his visits to overseas hospitals undertaken whilst he was preparing the detailed design for the Thomas Walker Convalescent Hospital. He illustrated the typical window detail that forced the air to circulate as Nightingale demanded.*

*Nightingale's persistence in demanding good hospital planning and healthy locations had led to hospital designs, including designs for additions to Sydney hospital, being submitted to her for approval. One of the earliest designs to incorporate her requirements was the Catherine Hayes Hospital at Randwick designed by Hunt in*

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<sup>34</sup> Sulman, J. A Note on the Construction of Hospital Wards, A paper presented to the Australasian Association for the Advancement of Science in 1893



1866-67, whilst he was working in Edmund Blacket's office. International designs were widely studied via architectural periodicals and visited; the aim was to incorporate what Vernon termed 'the best features' into the design of institutions in NSW. His report to the Minister outlines these 'best features', innovations in planning, lighting, heating and ventilation.<sup>35</sup>

*A preoccupation with the provision of sunlight can be found in the hospitals and mental asylums designed by the Government Architects Branch under Vernon, in Sulman's competition entries and in hospital designs dating from the 1890s.*

The 1907 building Vernon designed for Dubbo follows his standard hospital plan, which was influenced by Nightingale's work. Now towards the end of his career, the design is the result of his study and experience in hospital design. It is somewhat unusual that Vernon was involved in the design of the 1907 building, as it was not Government owned.

## **2.5 History of Dubbo Base Hospital**

The impetus behind the first hospital in Dubbo in 1866 was the rapid growth of the town in the late 1860s. The long awaited railway bridge that made the town accessible in 1866, and Robertson's 1861 Land Act that allowed people to buy land, was credited by the people of the time for the town's very existence. The town's favourable position along the stock routes gave it a natural advantage and it grew rapidly.

The normal signs of Government, the court house, lock up and post office had been

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<sup>35</sup> Vernon, Report Submitted By, in Connection with his recent visit to the United Kingdom and the Continent of Europe. Report No. 22

built in the 1840s; the churches were being completed in the late 1860s in the wake of the railway; and at this early stage of their history the local Dubbo residents turned their thoughts to the building of a hospital.

As noted in the history of hospitals, this was seen at the time as providing a charity largely for the poor and helpless. Those with enough resources already had doctors who would see them in their homes from about 1849, with the services of Dr Charles Toogood, who married the sister of the wealthiest resident in the district.

As noted also, the hospital was not something run by or owned by the Government, and so this charity for the poorest of their society was going to take up a significant amount of the advocates' time and energy. There was also some sense of civic pride in the establishment of a hospital, as all the most substantial towns were building a hospital at the time, but it does give a window into the civic and community mindedness of that generation.

A note that there were none to oppose the petition for a municipal government in Dubbo shortly afterwards in 1871 shows that Dubbo had unity of purpose in its early days.

The idea for the hospital was floated in 1865 in the new local paper, and a community meeting was held in early 1866, with a number of distinguished citizens present. The two most prominent advocates were Drs Ramsay and Rendall. Other important persons present, who would later play a big role in the hospital, were Mr James Samuels, who served as treasurer for sixty years, and George Taylor, who served as president for more than forty years. Dr Tibbits, the first



medical officer, also served for a lengthy term of eleven years.

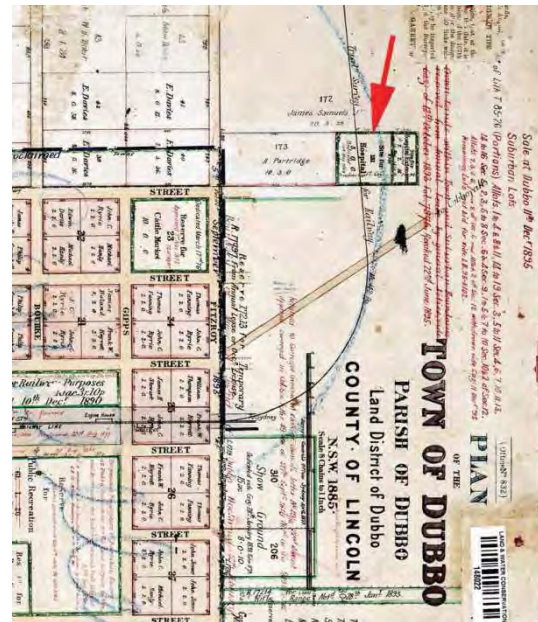
Hospital support in this period was derived from a group of “subscribers”, and funding was from donations and special events. Numerous events were staged and £200 was raised before the first meeting. The fundraising for the hospital would continue for many years and was a major part of Dubbo's charitable activities.

In 1866 a site of 5 acres was selected, the local Member Legislative Assembly G W Lord had successfully lobbied the Government for funds to buy the land, and James Samuels Jnr provided an additional lot of about 2 acres for hospital expansion.



**Figure 5** The original site of the early hospital. The site dates from 1866 and showing original c1868 buildings and the site of the original well. The proposed site for the railway extension has been pencilled in later. – Douglas & Partners "Site History" – the plan appears to be Vol 536 Fol 151, but this should be confirmed

The location of the hospital is instructive. An early parish map shows that the bounds of the town were well defined and yet the hospital was located well outside the town boundary to the north east, to share space with the cemetery. This demonstrates that hospitals were regarded as a fairly dangerous place of disease that needed to be isolated. This was in keeping with the rudimentary level of medical knowledge at the time.



**Figure 6** 1885 Parish Map of the town of Dubbo. Rotated so that north is up the page. The site is identified with a red arrow – Land and Property Information.

## 2.5.1 The 1868 building

The first building on the site was the hospital designed by a local architect G A Hartley and built by Jobe Edwards in 1868. At the same time a well reportedly 150' deep (46m) was dug, and is shown on the early title above (Fig 5) alongside the railway zone. The well was most likely infilled once a reliable source of town water was available around the turn of the century. No further evidence of the location of the well has been identified, but it appears to be located close to, or underneath a large tree.

G A Hartley is also something of a mystery. It would be expected that a local architect would have other projects in the papers, and also should manage tenders. But there are no other references to a G A Hartley in the papers, other than a person of the same name as the Inspector General of Schools in Adelaide in 1896. His design is quite competent for the time so one would



expect he did other work, but nothing has made it to the public record.



**Figure 7** Photograph of hospital shortly after it was built, dated 1870-75. The shadow of the kitchen can be seen at the rear. SLNSW PXA 4999 Holtermann Collection - Home and Away - 40091



**Figure 8** Alternate view of the hospital. As the tree is much the same as the image above, and the site is denuded of any low planting, we can assume this is a very early shot, possibly at the building's completion 1868-1870. Macquarie Regional Library - Local Studies Collection - D0000511

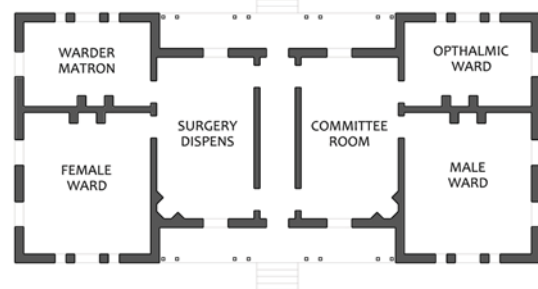


**Figure 9** Sketch in newspaper in 1881. Sketch in newspaper in 1881. The artist has added a picturesque 45° pitch to the roof and has made the Georgian windows more like lancets, and the arched highlight more like a trefoil. The artist has changed the pilasters to stepped quoins. Perhaps he was trying to urge the building to be more Gothic. This image is also important for showing the small section of the 1874 building behind the hospital. *Town and Country Journal* 26.02.1881 p.409

The first hospital design was a simple symmetrical design, very much in keeping

with what is expected from an 1860s building. It was too early for a hospital to be automatically rendered in Gothic, and the architect has instead opted for Victorian Georgian, a subdued Classical style. It featured twelve pane double hung windows, with a clear Palladian inspired window to each front gable. The building sits on a solid plinth with strong rendered quoining that is actually a pilaster, as it doesn't reach the corner.

We have no plans of the building from this period, but there is enough information to make a good attempt at reconstructing the building. There is enough of the building on later plans to put it back together.



**Figure 10** The very simple and symmetrical plan of the building in 1868. Room uses interpreted from newspaper description (below). Adaptive Architects Pty Ltd 2012

A good description of the original establishment can be found in an 1874 newspaper article.

*Among charitable institutions, the Dubbo Hospital claims more than a passing notice. It is conducted on the military system, and it is far and wide acknowledged to be one of the best in the country, in regard to the buildings, as well as situation and management. The hospital is situated on a reserve, a mile east of the town, and on an elevation which commands an extensive and beautiful view. The grounds embrace an area of six acres, and are planted with pines, and other trees. The hospital buildings are of brick, from a design by Mr.*



Hartley, which is well adapted for the object in view. The main building has two wings, and a centre hall. The centre building contains, besides the hall, the surgery and dispensary to the left, and the committee-room to the right. The eastern and western wings are the male and female ward respectively. These are lofty, cool, well ventilated, and temperately lighted. At the rear of the eastern wing is a slightly darkened room, known as the Ophthalmic Ward – a very necessary provision. The warder's and matron's quarters are at the rear of the female ward. In a separate building, also of brick, are the dining and operating rooms, excellently constructed and lighted. The kitchen, laundry, and the morgue are in a detached building of brick. The total cost of the buildings exceeded £1000, and may be regarded as remarkably cheap.<sup>36</sup>

The description of the dining and operating rooms must exclude the two surviving rear rooms on the building, as they do not appear on an 1884 newspaper sketch, and could not be called a separate building. The rest of the description can be identified from surviving plans, but the "brick operating room and dining room" does not appear on any later plans.

For reasons unknown the original hospital construction was commenced in 1867, was reportedly nearly complete in 1868, but the hospital did not open for patients until 1870. The tone of the newspaper articles remains supportive until the middle of 1869 when a somewhat critical article was posted.

*HOSPITAL. - The Dubbo Hospital is being made a sad bungle of. The committee cannot be got together, and so they have lost at least £100*

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<sup>36</sup> Town and Country Journal 15.08.1874 via Trove website

*which they might have obtained from Government had a little more unity and energy been displayed. Even the treasurer's accounts from the commencement of the building have not yet been audited. This is not the fault of the treasurer (Mr James Samuels, jun.), who to my knowledge, has almost prayed for an audit, lest the Government Inspector of Charities should call upon him. I could say a good deal about this hospital that would not be at all palatable. Two or three of the committee are for progress and proper action; the rest are stupid and negligent. I know bushmen who have come for hundreds of miles, with means in their pocket, to gain admission into the Dubbo hospital; but the poor fellows had to tramp on to Wellington. The Dubbo hospital should have been completed, in working order, and receiving the Government subsidy in proportion to private subscriptions, long ago.<sup>37</sup>*

Once the hospital was opened in July 1870 the articles once again are filled with praise.

### **2.5.2 The 1874 additions**

Unpicking the development of the hospital from newspapers and drawings will inevitably leave holes in the story. A later drawing shows the plans of a kitchen, laundry and a separate morgue, but does not show a building labelled as the 1874 operating room and dining room. It would thus seem possible that the later Isolation Ward shown on this plan (dated 1913) was not built in 1877 (see below) but was adapted from the operating room and dining room when the typhoid epidemic began to impact Dubbo in the late 1890s.

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<sup>37</sup> The Empire, Sydney 27.07.1869 p4 via Trove Website



The reason for this conclusion is that there was a large brick building that has evidence for its existence in 1874, and that this was unlikely to have been demolished by 1913. The evidence for a separate 1877 infectious ward is poor, as shown below.

Equally we must note that the kitchen and laundry are mentioned in the 1874 newspaper article, but not part of the works of 1874. This means they are likely to date from the original hospital in 1868.



**Figure 11** Excerpt from 1913 plan showing early buildings behind the reconstructed 1868 building. *Dubbo Base Hospital Archives*

This is of archaeological interest only as all structures behind the 1868 building were demolished in 1926 for a new ward. The archaeology here is very muddled as it consists of the demolished layers of the c1868 kitchen block, the c1874 operating theatre/isolation ward, and the demolished layers of the 1926 former Female Ward, and on top of that a car park initially done in gravel, and later in bitumen.



**Figure 12** Drawing of hospital in 1884 showing a later western verandah. The original kitchen building is shown behind. This image is also important as it does not show the attached addition at the rear. *The Mail – Sydney 1884 – Macquarie Regional Library Local History*

### 2.5.3 The 1877 infectious ward

In James Jarvis' history he notes that a Government grant of £800 was awarded in 1877 for building wards for infectious cases. We assume this information may have come from the Board minutes, to which we did not have access. This is repeated in other histories. This sort of grant was broadcast in the local papers and was also recorded in the Colonial Secretary's records published with the enabling legislation.

The problem in this case is it wasn't. There is no record in the newspapers or the Colonial Secretary's grant list of £800 going to Dubbo for building works. This is not through lack of information. There is ample information about the running costs of the hospital that year, a grant for furnishings, and how much was received in pound for pound funding matching the donations.

It is also inconsistent that when a high powered delegation visited Dubbo in 1884 the main lobbying was for a fever ward, which was supposedly already received in 1877. Similar lobbying at an 1877 visit does not mention the hospital.

When a grant for the same amount, £800, was received in 1887 it was fully reported in all the expected places.



The only evidence that does support the building of an isolation ward is the 1913 drawing above that shows such a building behind the hospital. Based on the evidence available, it would appear more likely that the isolation ward was adapted from the dining room and operating theatre. In this case it would also appear that the 1877 grant may not have existed.

#### 2.5.4 The 1887 Fever Ward

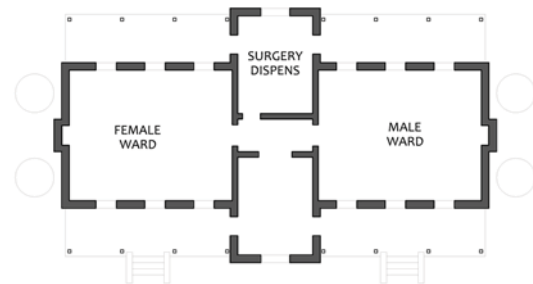
The £800 grant in 1887 was the result of intense lobbying and many newspaper articles decrying the overpopulation of the hospital. This grant was heralded in the local papers, and can be found in the enabling legislation.<sup>38</sup> However, unusually there is no tender advertisement and no architect is mentioned in association with this development. Once again there are no plans of this building, but the plan can be reconstructed from the early photos and detailed demolition notes on Vernon's later drawing. There are no available descriptions of how the spaces were used, but these can be approximated from the practice of the times. The architectural expression was still effectively a Victorian Georgian building with some of the Picturesque detailing that was common in the last decade of the 19th Century.

These two buildings shared a fairly similar expression, and from this it would be plausible to argue the new building may also from the hand of G A Hartley, now nearly twenty years on. The building is at least strongly influenced by the 1868 building. From the photos it is hard to tell if

the windows are twelve pane double hung, but that is most likely. The heavy pilasters reappear as a major feature this time as quoining.



**Figure 13** The 1887 Fever Ward building. *Macquarie Regional Library Local History*



**Figure 14** The very simple and symmetrical plan of the building in 1887. Room uses are estimates only. *Adaptive Architects Pty Ltd 2012*



**Figure 15** The two buildings formed a streetscape that had a high degree of unity from 1887 to 1907. *Macquarie Regional Library Local History*

In this case however the architect has become aware of the new theories of hospitals and has raised the ceiling to allow for high windows for ventilation. The theories of Florence Nightingale were influencing hospitals as early as 1883 on the North Head Quarantine site. The building is

<sup>38</sup>

[www.legislation.nsw.gov.au/sessionalview/sessional/act/1886-32a.pdf](http://www.legislation.nsw.gov.au/sessionalview/sessional/act/1886-32a.pdf)

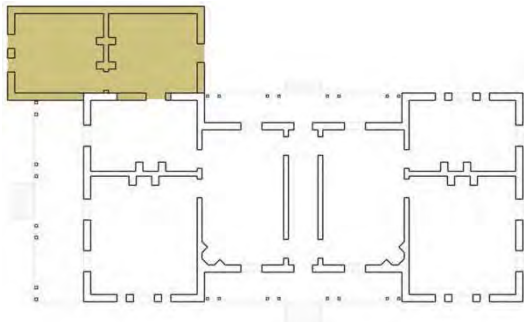


still a rudimentary interpretation and is missing many aspects advocated by Nightingale.

There is no reason to assume the Colonial Architect was involved with this building, as it was not Government owned. James Barnet had added the Dubbo Court House (1884) and the Dubbo Post Office (1887) at around the same time. This building does not have his signature design elements and is almost certainly not from his office.

### 2.5.5 The additions to the rear of the 1868 building

We cannot identify the exact date of the addition of two rooms to the rear of the 1868 building, but they are not shown on an 1884 sketch of the building (above) but do appear on a c1908 photo. As they are Victorian in character, and may have been added when the 1887 ward was constructed, we have assigned them a date of c1890.



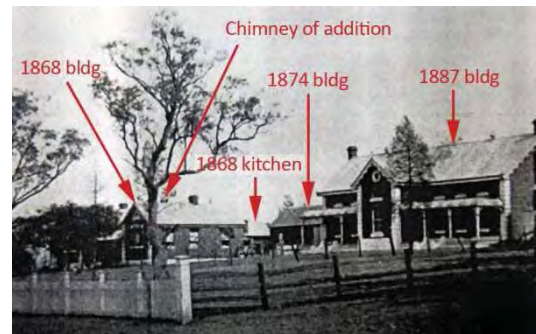
**Figure 16** Reconstructed addition of two rear rooms to original 1868 building. *Adaptive Architects Pty Ltd 2012*



**Figure 17** Photo of addition to 1868 building. The source dates it at c1908 but that would mean there should be a

two storey building next door. This photo dates anywhere between 1884 and 1907. *Perumal Murphy Wu - Architectural Heritage Assessment – Marion Dormer in Dicks, p8*

These two rooms are important because they survive intact. They have even been fortunate to survive many alterations and additions and have the most intact joinery and detailing of any room in the complex, including intact fireplaces. They survived the 1926 stripping out of joinery that affected the remainder of the 1868 building. However, the original windows have been removed, and a later addition covered over the gabled end.



**Figure 18** This photo, again of poor quality, has one too many chimneys for the original 1868 building. Dated c1900, it shows the additions to the 1868 building predate the 1907 building. *Hospital Archives in Dicks, p7*

### 2.5.6 1907 building - Walter Liberty Vernon, Government Architect

The involvement of the Government Architect in 1907 is unusual in a building not owned or operated by the Government. However, the Government provided almost all of the funds for the building (£3,000 out of £3,400) and may have wanted to have control of the design.

Apart from being one of the most successful and influential Government Architects in NSW, Vernon was also very influential in the development of hospital designs. He had travelled overseas to study them, had a working knowledge of Florence Nightingale's recommendations,



and had produced many seminal hospital designs by the time he came to design Dubbo Hospital. The plan he produced had become something of a standard layout for the time, and can teach us much about the development of medical practice at what was really the infancy of the profession.

Vernon was also very much leading architectural developments and was one of the most influential in developing the Arts and Crafts style within the Federation Period. In this hospital he creates an Arts and Crafts centrepiece between two wings which are largely Victorian Georgian, due to the retention of the 1887 wing. The centrepiece is largely responsible for the building's heritage listing on aesthetic merit.

Vernon's plan shows the normal setout for a small "cottage hospital" such as was being built throughout country towns in NSW. Very few of these have survived with the degree of intactness as that of Vernon's building at Dubbo.

The plan had separate wings for male and female patients with a central area for the nursing staff. This included the dispensary, the matron's bedroom, the board room and a private ward for more well to do patients, who would normally not make use of the hospital.

The operating theatre was a separate building by this stage, and the sterilisation of the space was beginning to become understood. There was a very small sterilisation room associated with the operating theatre, which would later be one of the fastest growing parts of the hospital. The kitchen was also a separate building not due to the risk of fire as in the Colonial period, but because Florence

Nightingale believed that "miasmas" or bad air coming from the kitchen was a cause of disease. By the 1920s the new germ theory of disease would displace this view.

The 1907 hospital made space available for nursing accommodation in the upper floor. Without the modern forms of transport, nurses in this period lived on site. Nursing accommodation would expand significantly as the hospital grew. The upper floor of the building is largely unchanged and includes a wreathed timber handrail to the stair.



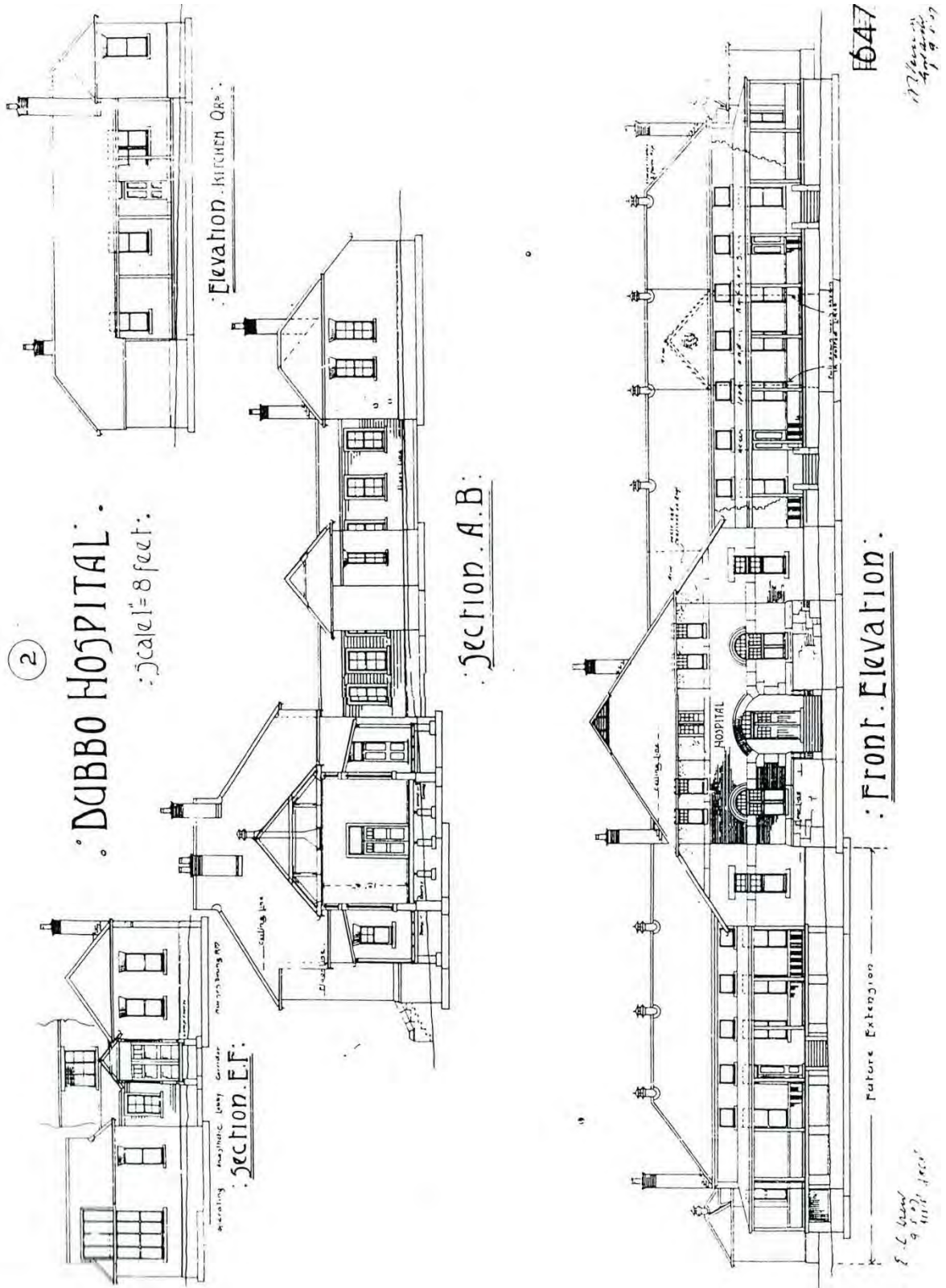


Figure 20 Vernon's elevations for the 1907 works to the hospital – Dubbo Hospital Archives



The Female Ward and its associated service rooms was designed to be a future extension as the available funds provided did not meet the cost of the whole building. So the central wing coexisted with the old 1868 building for another five years. This extension took place in 1913 (see below).

#### 2.5.6.1 1907 DEMOLITION OF 1887 BUILDING

A consequence of the 1907 plans was serious damage to the 1887 building, which was incorporated into the building as the east wing. This involved retaining the end walls and solid returns, but demolishing the central gabled feature, along with the front and back walls down to sill level, as shown on Vernon's plans. The building was then rebuilt to the same height with the same opening configuration.

The changes were cosmetic, as Vernon adopted the same large double hung window under an awning highlight window for ventilation. The reason for the change was to remove the distraction of the central 1887 gabled feature, and to make the building look like a wing of his new building. The spacing of the windows would not allow for his seven bays, and so all the windows were demolished and rebuilt about a metre offset.

The 1887 walls do not have a cavity, and so the 1907 builders chose to rebuild the wall as a solid brick wall, replicating the original Flemish bond brickwork. In Vernon's new sections the walls have cavities and are built in stretcher bond. During construction it would seem that the need for engaged piers was also introduced, as perhaps the walls were unstable without the central gable feature.

This means that the 1887 floor most likely survived, along with the entire east and west walls (minus the west chimney), much of the north and south walls (except the zone including windows). The roof would need to have been rebuilt.

#### 2.5.7 The 1913 wing

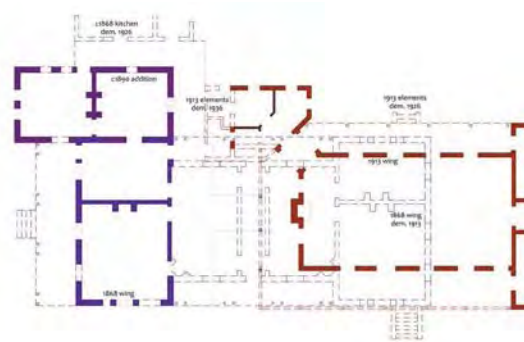
Vernon's plan was completed after his term as Government Architect was completed, and was overseen by his successor George McRae. Overlaying the plans show that they were enlarged somewhat, but otherwise was carried out as Vernon designed them.



**Figure 21** 1912 plans by McRae showing the new west wing. - Dubbo Base Hospital Archives

The downside of the 1913 changes was that they overlapped the 1868 building, and as a result a large section of the earliest building on the site was demolished to accommodate it. All previous studies on this site assumed that the western side of the 1868 building was demolished, for reasons that were unknown.

However, aligning the buildings and overlaying them shows that the demolition of the eastern sections was necessitated by Vernon's design, and largely because he incorporated the nearby 1887 wing.



**Figure 22** Plans to scale and overlapped as laid out on site. The 1913 wing requires the removal of most of the 1868 hospital. It is possible that Vernon was unaware of this. However, contemporary newspaper reports refer to the then 45 year old hospital building as completely inadequate<sup>39</sup>, and so there may have been little will to retain it. - Adaptive Architects Pty Ltd 2012



**Figure 23** Photo showing the 1907 building next to the intact 1868 building. - Macquarie Regional Library Local History

A later photo shows how for a time a gable was mocked up to seal the exposed part of the roof space of the old building.



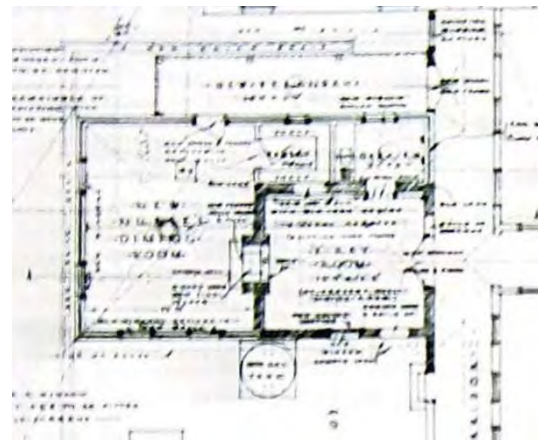
**Figure 24** Photo showing the 1913 wing completed. The gable to the left is now the west gable of the partly demolished 1868 building. The transverse gable now facing towards the 1913 wing is the temporary means of addressing the exposed roof space. Incidentally, this is almost the view that could potentially be recovered if the 1966 building was removed and the verandahs reinstated (see below) - Macquarie Regional Library Local History

### 2.5.8 1918 Isolation Block

In 1918 George McRae designed a new isolation block. It sat well removed from the rest of the site to the north east. It remained intact until 1966 when it was demolished for a new ward.

### 2.5.9 1925 changes to Nurses' dining room

Gorrie McLeish Blair made a very small change to the hospital, but it is one that has survived and is critical to deciphering the building that is now known as the Chapel. The old 1907 nurses' dining room was converted to an x-ray room adjacent the operating theatre, and so Blair added a nurses' dining room. What is clear is that Vernon's room remained intact during this addition.



**Figure 25** Plan of new nurses' dining room – c1925. Dubbo Base Hospital Archive

### 2.5.10 1926 Additions – Female Ward, verandahs, additions to 1868 bldg

Richard Seymour Wells was still only acting Government Architect when he prepared some very significant alterations and additions to the hospital site. His largest work was the then Female Ward to the north west of the 1907 building. This building required the demolition of the c1868 kitchen and laundry, and the c1874

<sup>39</sup> Dubbo Liberal 1907 in Dicks p13



isolation ward. The new female ward was called the *Samuels Ward*, dedicated to the 60 years service of James Samuels Jnr. This ward was not opened until 1930, but stood until c2004 when it was demolished for a car park behind the old 1868 building.

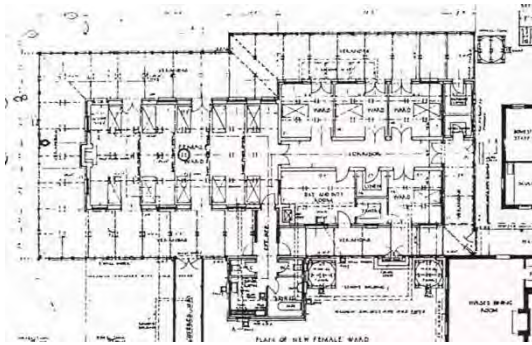


Figure 26 Plan of 1926 Female Ward. – Dubbo Base Hospital Archive

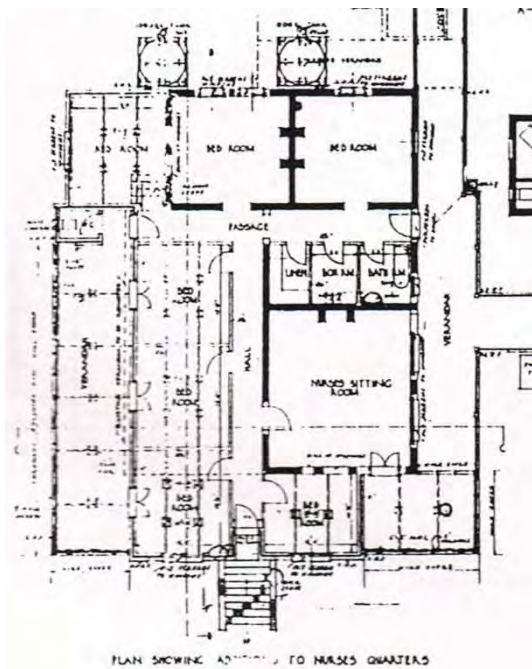


Figure 27 Plan of 1926 additions to the old 1868 hospital building to create a new nurses' residence. – Dubbo Base Hospital Archive

Still surviving are Wells's changes to the 1868 hospital building. Having been left only 4 rooms of the original building, RS Wells was given the task of building another half of this building. Once completed it was a nurses' residence. His

new building effectively transformed the old building into a fairly conservative Arts and Crafts residence.

On the north face the workers cut almost seamless new openings into the brickwork, which shows that there was still some excellent craftsmanship available. However the lintel type, sill type and window type don't fit the older style.

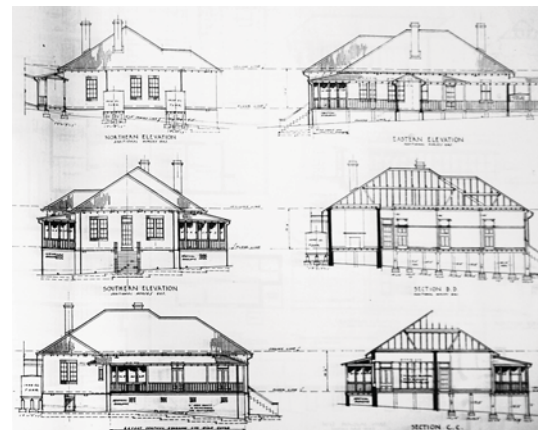


Figure 28 Elevations of 1926 additions to the old 1868 hospital building to create a new nurses' residence. – Dubbo Base Hospital Archive

Wells also enlarged the verandahs to the main hospital. He changed the detailing to the verandahs and enclosed them in mesh. These verandahs would later become fully enclosed, possibly with the original framing intact. This has unfortunately had a detracting impact upon the building as a whole.

#### 2.5.11 1936 – New male ward, Nurses' building, kitchen additions, boiler house and bathrooms

The transition to further Government control in 1929 was a significant time for most rural hospitals as it usually introduced them to the Government Architect, who had a much higher level of experience with hospitals. However, Dubbo was already the subject of the Government Architect, and had been since 1907. Nonetheless as soon



as the 1930s Depression lifted it appeared Dubbo was still in great need of expansion, as a large number of developments were proposed in 1935-6 by the new Government Architect, Cobden Parkes. In the lead up to the Second World War, Parkes sought to remodel a number of elements on the site where technology and social needs had changed significantly.

The site was also expanded at this point, as three acres were purchased from a Mrs Moore to allow space for a new nurses' home. The Hospital took out a loan for £11,000 to cover all the 1936 building works by Parkes, and some of the money came from the Goode Estate. The Goode Estate was a series of buildings, including a hotel, which had been left to the hospital in a will. The Hospital Trustees chose to manage these assets rather than sell them, and obtained an on-going return<sup>40</sup>. It was noted that this meant the hospital was deriving income from the sale of liquor in the midst of the most determined temperance movement in the State's history.

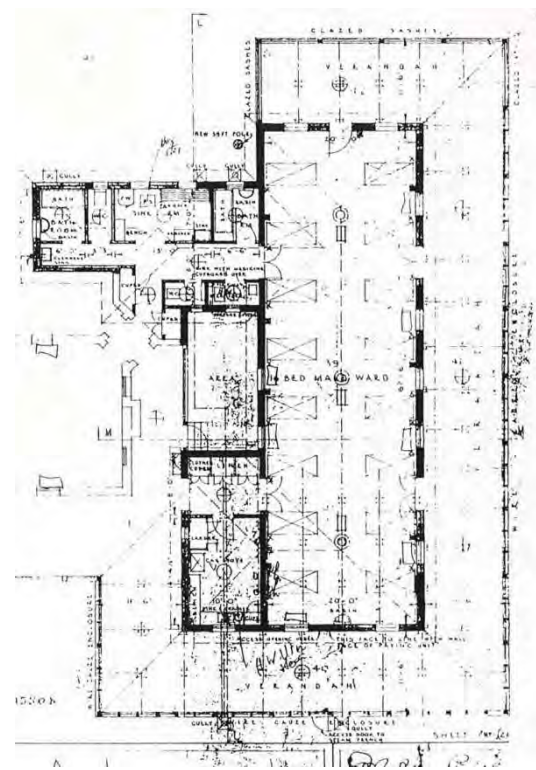
The shift in the hospital's growth may also have been enhanced by a local accident in April 1936, when the balcony of the Macquarie View Hotel collapsed. So many people (mainly women) had to be hospitalised that there was no room between beds in the female ward. This was followed closely by a diphtheria epidemic, and so the pressure on the hospital during this stage would have been intense.<sup>41</sup>

Parkes seems to have taken his architectural lead from Vernon, McRae and Wells and continued working in a style that

mixed elements of the Arts and Crafts with Georgian, depending on what the immediate context was. The end result of this was that as the hospital went into the 1939-45 War, it had developed into a little Arts and Crafts village.

#### 2.5.11.1 NEW MALE WARD

One of the 1936 changes was the new male ward to the east of the old modified 1887 building.



**Figure 29** Parkes' plan for the new male ward. Showing some sensitivity, Parkes pulls away from the old building and allows the verandah to return between the old and new buildings. *Dubbo Base Hospital Archives*

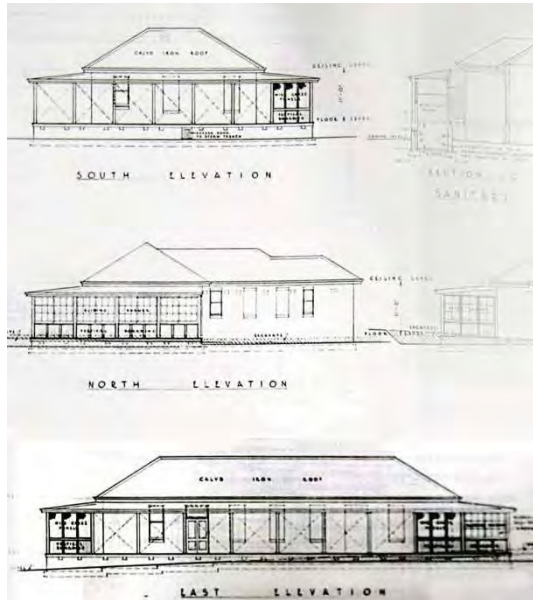
Here Parkes's work was more Georgian and featured wrap around verandahs and red brickwork in keeping with the earlier building. Unfortunately the verandahs have been demolished and later buildings butt up against this structure, so it is very hard to appreciate it on site any longer. However, it appears to be otherwise

<sup>40</sup> Dicks, p18

<sup>41</sup> *ibid*



substantially intact although it is clear some openings have been modified.



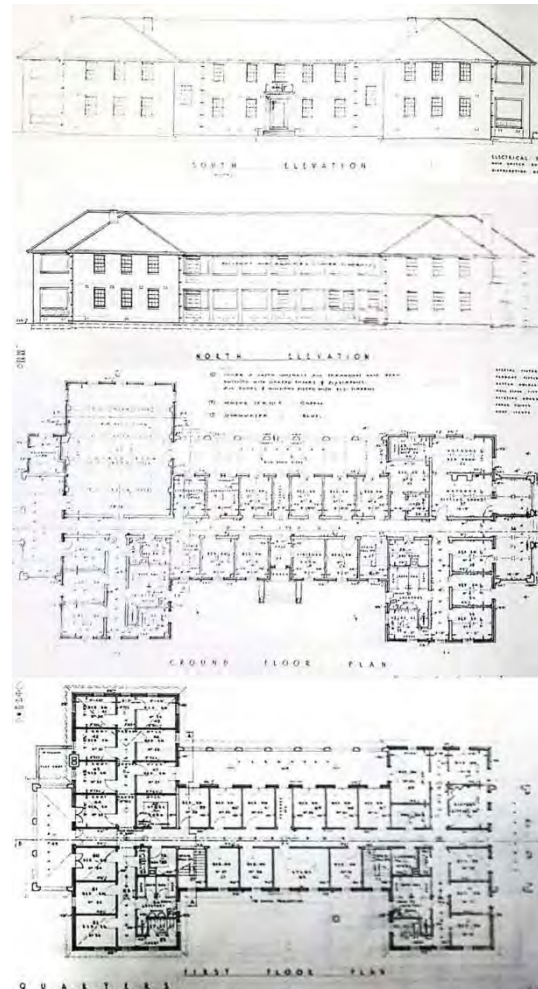
**Figure 30** Parkes's elevations of the new male ward are influenced by the Georgian expression of the wings to Vernon's building, which was influenced by the 1887 building, and in turn by the 1868 building. - Dubbo Base Hospital Archives

#### 2.5.11.2 NURSES' ACCOMMODATION

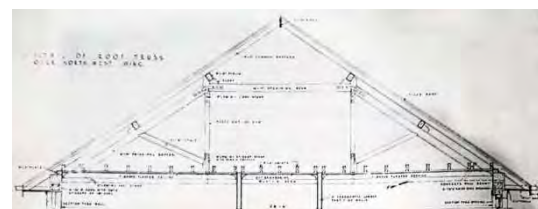
The 1936 nurses' accommodation building is the first sign of the expansion that was about to happen to Dubbo Base Hospital. A very large building compared to the scale of the site to that date, it sought to meet what appears to have been a very strong need for growth in the hospital.

The Nurses' Building is a standalone building set well to the east of the original building group, and designed to form a streetscape with the earlier building. The original design for this building was actually done in 1934 by Edwin Smith, and the floor plan has not changed in Parkes' design. Parkes dresses the repetitive design up in Georgian style, which works well in the original building. By 1938 the building needed extending, and the extensions of the front wings meant the scale of the

building started to get a bit large for the Georgian style. Nonetheless the building still has architectural merit, and reportedly also has some interesting original interior features, and has a very interesting roof framing.



**Figure 31** Parkes's plan for the nurses' accommodation building. This is the 1936 plan; the building was extended to the south in 1938. Dubbo Base Hospital Archives

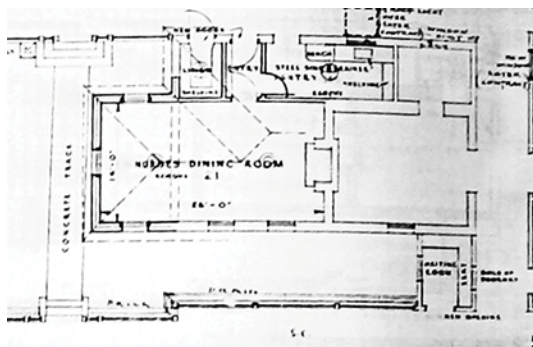


**Figure 32** Parkes's truss detail for the nurses' accommodation building. Dubbo Base Hospital Archives



The building has had some later additions, and some very brutalist stairs added to the south, which have impacted its character. The nurses' building demonstrates some interesting construction detailing including some rather well crafted queen post trusses. This sort of framing is well worth preserving.

### 2.5.11.3 OTHER 1936 CHANGES THAT HAVE SURVIVED



**Figure 33** The room that now forms the chapel before the removal of the internal fireplace. – Dubbo Base Hospital Archives

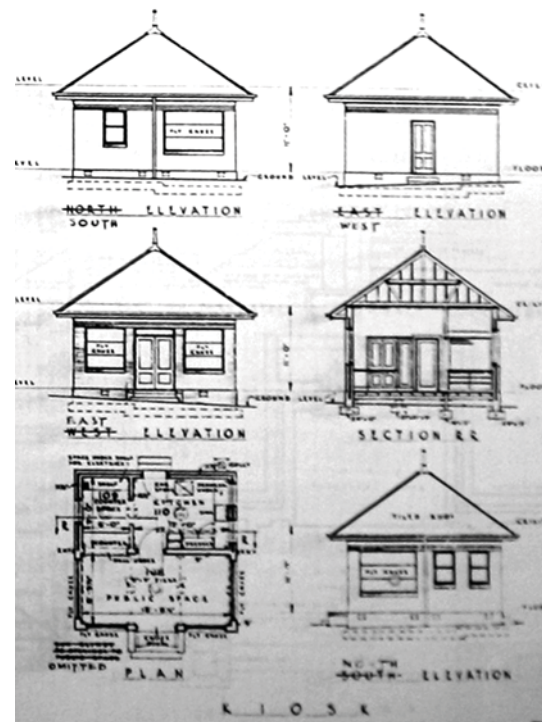
Parkes added the final addition to the former nurses' dining room, which is now the hospital chapel. Only the removal of the internal wall was necessary to form the present chapel space. This means this little room has 1907, 1925 and 1936 fabric elements.

A smaller contribution is the little kiosk designed by Parkes in 1936. This remains very much as designed, with aluminium framing infill to the large openings he had filled with wire gauze. This sits in the foreground of the hospital and contributes to the aesthetic character of the whole.

Parkes also added the toilets to the 1926 additions to the 1868 building. These have survived.

### 2.5.11.4 PARKES'S 1936 CHANGES THAT HAVE NOT SURVIVED

The majority of the remaining buildings that Parkes' designed for the site in 1936 have since been demolished.



**Figure 34** 1936 Kiosk designed by Cobden Parkes. – Dubbo Base Hospital Archives

He introduced a new boiler room, which was the third upgrade of a boiler on site. The boiler started as a small attachment to the operating room for sterilising equipment, then was enlarged twice in that location and then became a room of its own in 1936. Parkes would enlarge the boiler again in 1942 before it became an even larger building in 1962, which is now again scheduled for demolition.

Parkes also made major additions to the kitchen, which had already been extended in 1926 by Wells. All of this work was demolished in 1966 when a new kitchen and dining area was introduced.

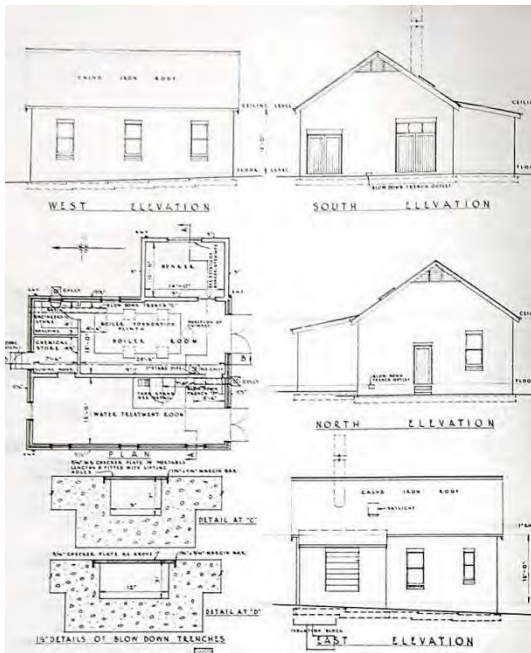


Figure 35 Parkes's 1936 boiler house, since demolished.

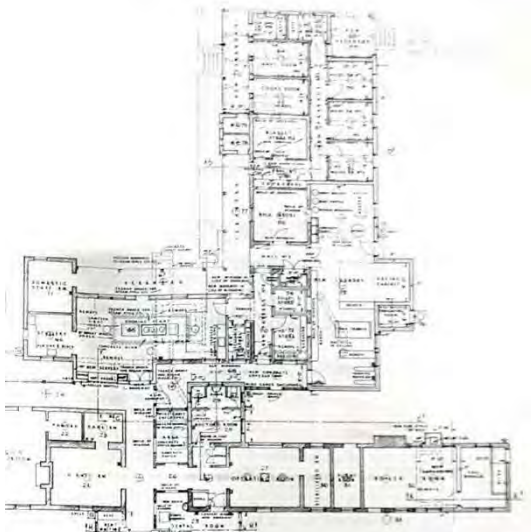


Figure 36 The extensions to Vernon's outbuildings make them almost unrecognisable by 1936. A number of stages of growth modified the kitchen, most notably in 1926, and in 1936. *Dubbo Base Hospital Archives*

### 2.5.12 The Military wards

During 1940, the army established a large training camp on the outskirts of Dubbo, and approached the hospital with a bid to establish a Military unit within the grounds. Drawings for this ward existed as early as 1937. The new ward would be at the

Commonwealth's expense and handed over after the war. In 1941 further land was purchased from Mrs Moore and a military annexe, consisting of two buildings, were built. One of these buildings was used for the officers, the other used for the other ranks. These buildings survived until they were demolished in a large redevelopment in 1999. Perhaps one remnant from that time would be the Second World War air raid shelter, which remains on site.

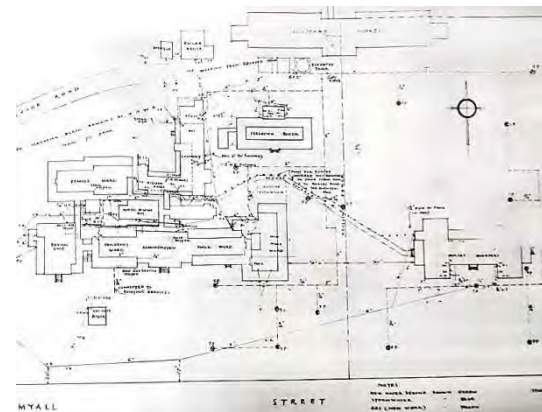


Figure 37 1937 plan showing the 1936 nurses' home but not the 1938 additions. The military wards can be seen at the top right. – *Dubbo Base Hospital Archives*

### 2.5.13 Work in the 1940s

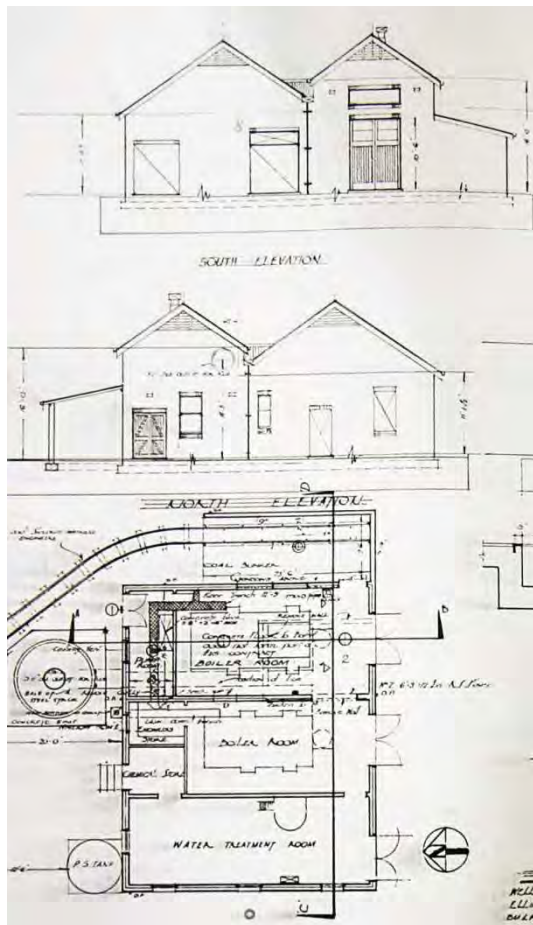
Many small alterations were carried out in the 1940s, but already the work was cluttering up the site and infilling every available space around the kitchen behind the main 1907 wing. All of this work would be demolished in 1966.

Dubbo District Hospital was gazetted as a Base Hospital in 1944. Shortly thereafter the Kimberley Private Hospital closed, leading to crowding of the hospital's maternity accommodation, which was housed in the 1868 building at the time. The Military wing was converted into the Maternity unit in response.

Further problems of accommodation arose in 1946 with the advent of the 44 hour



week for nursing staff. Nursing staff had been suffering extremely poor hours for almost the life of the hospital, and this change in the law required a large number of new nurses to make up the shifts. With these sorts of pressures one can understand why Dubbo was the focus of a very grand scheme in the late 1940s.



**Figure 38** 1942 works to enlarge boiler house - Cobden Parkes. - Dubbo Base Hospital Archives

### 2.5.14 The Promises of Premier James McGirr 1947-1952 – A new high rise hospital

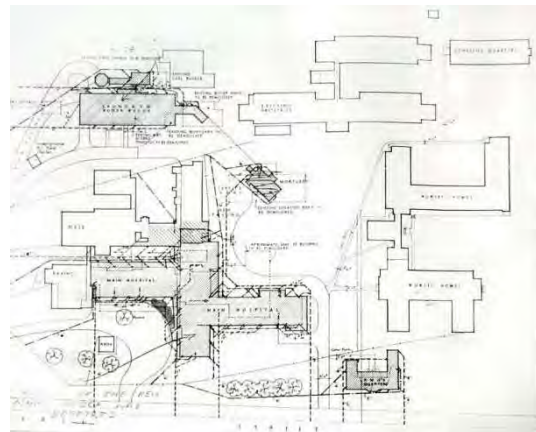
The political situation in NSW became very interesting in the late 1940s, and had some impact upon Dubbo Hospital. Designs for large nurses' accommodation wings were drawn up by Parkes, as part of the large election infrastructure promises in the 1947

campaign. However, post war financial struggles meant that most of these promises were not delivered. Of the designs produced in 1947 only the Domestic Accommodation block was built, and that did not arrive until 1952.

A very large hospital was designed for the site, and detailed drawings were prepared in 1950. These involved the demolition of most of the heritage buildings on site.



**Figure 39** Cowra Hospital was originally designed for Dubbo by Cobden Parkes 1947-1950.<sup>42</sup>



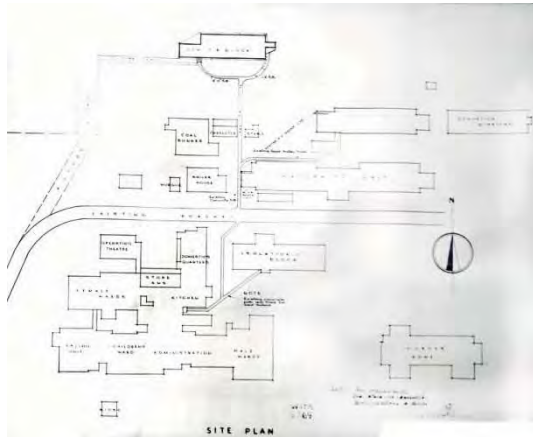
**Figure 40** 1950 proposal for high rise hospital that did not eventuate. Note that this plan would have demolished almost all heritage buildings on the site - Cobden Parkes. - Dubbo Base Hospital Archives

However by this time the 1950 election had been held, resulting in a hung parliament and a terminal blow to the Premier, who

<sup>42</sup> <http://www.redbubble.com/people/garts/works/7097652-cowra-hospital>



was replaced by Joseph Cahill in 1952<sup>43</sup>. The very large hospital was transferred to Cowra, and Dubbo did not see any of the grandiose plans intended for it.



**Figure 41** 1954 site plan showing that only the domestics quarters had been built. – Dubbo Base Hospital Archives

It did receive a temporary operating theatre in 1947, which was not demolished until 2004.

### 2.5.15 Post War Hospital

After the war, medical science started to develop at an astounding rate, and the buildings had to keep up with it. It was not uncommon for a building to be built and then torn down again a decade later.

The site wide plan (Fig 48) shows the general sweep of development across the site corrected by reviewing the documentary evidence.

#### 2.5.15.1 THE 1952 DOMESTICS BUILDING

The Domestics' Accommodation building was the only result of the abortive 1952 proposals. This is a more pragmatic design, once again by Parkes, in keeping with the transformation in architecture that was a product of the material and skills shortages after the War. Design was pared down to

the bare minimum and the concerns of addressing the public realm were overtaken by concerns of functionality. The building is so large that the Georgian style would be an inappropriate expression.



**Figure 42** 1952 Domestics Quarters – designed by Cobden Parkes in 1947. – Dubbo Base Hospital Archives

#### 2.5.15.2 THE LAUNDRY AND BOILER – 1962

The Minister for Health visited Dubbo in 1962 to open a new Boiler House, Laundry and Nurses Training School. The Training School was demolished in 2001. The other buildings look fairly similar to the grand design Parkes put together in 1950, but were built after his term finished. Once again these buildings are all about function and economy, and are a sign that Dubbo Hospital was becoming a large and significant facility in that it needs such a large facility to process its laundry.

#### 2.5.15.3 THE 1968 BUILDINGS

The 1968 redevelopment of the site was the most intrusive in terms of heritage impact. When opened by the Minister the buildings were identified as a new Intensive Care Unit, Pathology, Blood Bank, Kitchen, Cafeteria, Kiosk, Administration

<sup>43</sup> ADB Online – Premier James McGirr 1947-1952



Block and Medical and Surgical Wards.<sup>44</sup> These buildings were designed by Leighton Irwin & Company Pty Ltd, Architects and Engineers.<sup>45</sup> The new kitchen building swept away the cluttered centre of the site, but also removed all of Vernon, Blair and Parkes buildings within the zone in the process. A new block, now the surgical block, occupied the centre of the site, demolishing the 1918 Isolation Wing. Another new block, now the Ambulatory Care building, occupied the space between the original building and the 1936 Nurses' Accommodation building.



**Figure 43** The 1954 archive plan (shown in light brown) overlaid with 1960s buildings (green). – Adaptive Architects Pty Ltd

By far the most intrusive was the new administration wing placed in front of the historic building along Myall Street. These last two buildings effectively stripped the Parkes's 1936 Male Ward of its architectural character, removing the verandah and the vantage points for its facades. The Administration Block removed an

<sup>44</sup> Dick 1988, p.28

<sup>45</sup> Perumal Murphy Wu 1996, p.5

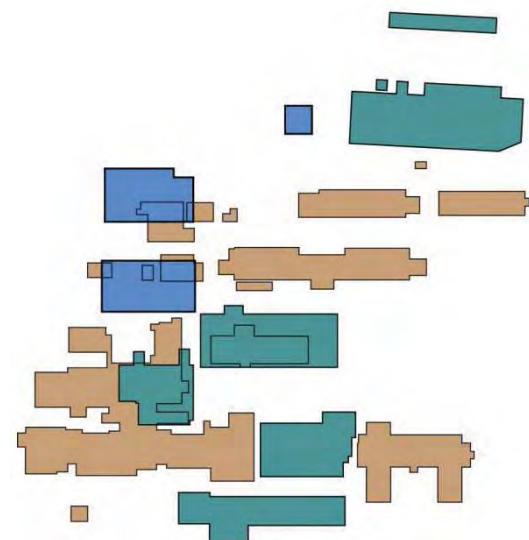
important sight line to the main hospital historic buildings and intruded deeply into their curtilage.



**Figure 44** The view from the south east could be to a visually interesting group of well unified heritage buildings by a range of highly skilled architects. Instead a very utilitarian building intrudes on the streetscape.

#### 2.5.15.4 THE 1972-75 BUILDINGS

After this there was another large building phase in 1975. This added the maternity unit, a large building with operating theatres, and a new morgue. The Maternity Block was designed by Leighton Irwin & Company Pty Ltd, Architects and Engineers. The morgue once again has a resemblance to the Parkes' plans from 1950.



**Figure 45** The 1970s buildings added in blue. – Adaptive Architects Pty Ltd



#### 2.5.15.5 THE 1980S BUILDINGS

During the 1980s there was an extension to the operating theatres, a new stores depot, asset maintenance, child care centre and doctors' residence.

#### 2.5.15.6 THE 1999 REDEVELOPMENT

Major works began again in 1999 with the large additions of an inpatient unit, ICU, paediatric unit and oncology department. A mammography unit and accommodation building were located on the adjacent site.

#### 2.5.15.7 RECENT REDEVELOPMENT

2001 also saw major developments in the new main building and a number of refurbishments of older buildings. 2005 saw the new mental health unit and Acacia Cottage, and a Diabetes unit were added in 2006



## 3 Assessment of Heritage Significance

### 3.1 Existing Heritage Status

The subject site is not listed as an item on the State Heritage Register.

The site is listed as a heritage item in the Dubbo Local Environment Plan 2011 Schedule 5. The site is listed as Item 172: "Dubbo Base Hospital, 170 Myall Street (Lot 32, DP 747737). The title reference is a cancelled title and the site should be identified as Lot 12 / DP1159243. The correct lot should also be entered into the SHI listing card. The consent authority for heritage matters would normally be the local Council.

The site is listed on the Department of Health's Section 170 Heritage Register. Government agencies have responsibilities under Section 170 of the Heritage Act 1977 (NSW) to identify, conserve and manage heritage assets owned, occupied or managed by that agency. Section 170 requires government agencies to keep a Register of heritage items owned or managed by a NSW government agency. S.170 Registers are submitted to the Heritage Council of NSW for endorsement.

The site is not listed on the Register of the National Estate. The Register of the National Estate was closed in 2007 and is no longer a statutory list. The site does not appear on either the Commonwealth Heritage List or the National Heritage List.

The site was identified in the Dubbo Heritage Study by Perumal Wrathall and Murphy Pty Ltd in 1986. It was again identified in the Dept of Health s170 Register study by Schwager Brooks and

Partners Pty Ltd (preliminary list d. 1992). In both cases a detailed statement of significance in was not prepared.

A report was prepared by Perumal Murphy Wu Pty Ltd in 1996 titled "Architectural Heritage Assessment – Dubbo Base Hospital" in which the base criteria found in the Burra Charter were applied. These statements need to be updated to the new heritage requirements, and also our research has been able to confirm issues that were unclear during the study.

#### 3.1.1 Consultation

In response to a client request for a consultation with Dubbo City Council's Heritage Advisor and with the Office of Environment and Heritage we prepared a short statement of our findings in terms of the building history, our assessment of significance and a preliminary curtilage diagram. We issued a copy to Graham Hall, Heritage Advisor at Dubbo City Council and to Michael Ellis at the NSW OEH.

Graham Hall rang with his comments on the brief. He said he would look at it in more detail once the HIS was submitted but that his preliminary response was that we'd done quite a lot of detective work to unravel the history of the heritage buildings and he was supportive of our discoveries. He agreed that the 1936 Nurses' Home should be considered of some heritage value, and generally agreed with our curtilage plan. He agreed that the existing works were well separated from the heritage precinct, but wanted to focus more on the need to encourage the removal of the front balcony enclosures and to restore the historic buildings' context.



Michael Ellis reviewed the brief and commented that there appeared to be no State significant aspects of the site. He said that the NSW OEH would only comment on items of State significance and if any research identified any aspect as being of State significance. We noted that this was not the case in this instance.

### **3.2 Detailed Assessment of Significance**

#### **3.2.1 SHI Criteria a - Historical Significance**

Dubbo Base Hospital is part of the very earliest public infrastructure in the town, but is the only early element that was founded by the community, not the Government, as a charitable institution to provide health care for the neediest members of the community. LOCAL

An important part of the community, the hospital has continually served the local community for 142 years, and retains a section of the original building on the site. LOCAL

#### **3.2.2 SHI Criteria b - Associative Significance**

The main historic section of the hospital, which centres on the 1907 sections and incorporated the modified 1887 wing and the later 1913 wing, was designed by Government Architect, Walter Liberty Vernon, who was responsible for a large number of significant buildings throughout the State, and who was a leading proponent of the development of hospital buildings, as well championing the more domestic look of the Arts and Crafts style applied to public buildings. The hospital is one of his more modest country schemes, but still displays his design skill. LOCAL

The hospital has historic associations with a number of leading local identities who chose to associate themselves with the hospital for lengthy periods including James Samuels Jnr and George Taylor who dedicated the better part of their lives to the institution. LOCAL

The hospital has had a long association with the office of Cobden Parkes, who designed a substantial number of the buildings on the site, both intact and since removed. LOCAL

#### **3.2.3 SHI Criteria c - Aesthetic Significance**

The historic strip of buildings along Myall Street forms a homogenous group of buildings featuring Georgian and Arts and Crafts stylistic influences. Sitting on top of a sharp rise in the land, the buildings have landmark significance and would form a strongly cohesive group if later intrusive development were removed and the original fabric and verandahs restored. As they presently stand the group focuses on the Vernon central building, which is an excellent example of his Arts and Crafts design. LOCAL

The landscape is an example of a modified European landscape with mature exotic species that is a characteristic of NSW Central West towns as a whole. LOCAL

#### **3.2.4 SHI Criteria d - Social Significance**

Without surveying community sentiment it is not possible to specifically state the social significance of a site. However, the historic buildings on the site will have social associations for the many local staff, patients and other workers who have long associations with the hospital. The site will



thus have some social significance and local esteem. LOCAL

### **3.2.5 SHI Criteria e - Research Potential**

The way Dubbo Base Hospital has developed has left the heritage buildings in a piecemeal and complicated state. However, the largely post-war move to expand the site and build new structures when the facility's needs expanded has left the original buildings relatively intact for such an early hospital. The interiors have not been redeveloped to meet the post war requirements of hospital use, and this means there is research potential in tracking the many developments in hospital design and early practice of the medical profession from the very earliest rural cottage hospitals in the 1860s through to the immediate period before the Second World War. Even the site's location relative to the town has research potential. These buildings should be retained as an historical resource and should remain highly legible and not be modified away from their original configuration further in future adaptations. LOCAL

There are a number of intact sub-floor spaces that would have high archaeological potential. These would include the remaining sections of the 1868, 1887, c1890, 1907, 1913, 1926 and 1936 buildings. LOCAL

The 150 foot (46m) well dug in 1867 would be of high archaeological potential. Probably infilled around the turn of the century, the well appears to be closely associated with the tree adjacent the railway, and may be located underneath it. Should this resource ever be recoverable it may hold important artefacts. LOCAL

The demolition zones around the c1868 kitchen and laundry, the c1875 operating theatre/dining room (isolation ward), and the 1926-30 Female Ward (F. Samuels' Ward) may have archaeological potential. Other demolished buildings are underneath later buildings. LOCAL

### **3.2.6 SHI Criteria f - Rarity**

A surviving element from an 1860s hospital is a rare feature in NSW. The remaining section is only two rooms, and those are heavily modified. LOCAL

The main historic wing is also rare in that there are so few remaining turn-of-the-century hospital buildings that have not been seriously damaged by later development. What remains of the early Dubbo hospital has a very high degree of integrity in its layout, details and features. LOCAL

### **3.2.7 SHI Criteria g - Representativeness**

The historic buildings as a group demonstrate Neo-Georgian and Arts & Crafts expression and detailing with some level of three dimensional modelling. This demonstration would be greatly enhanced by recovery of the obscured buildings and reconstruction of the early verandahs. LOCAL

### **3.2.8 Intactness**

It is interesting in the case of Dubbo Hospital that most of the demolition that occurred to the earliest fabric was brought about by other early stages of development. Some early fabric was destroyed by post war development, but for most of the second half of the 20<sup>th</sup> Century the new buildings have stayed well clear of the early buildings.



This means that while the plan of the site, even as early as 1936, is already complicated, much of this early complexity remains intact and the early character of the sections that remain have not been altered by post war services and functional requirements. The layout of the main wing is largely intact, and in large areas is highly legible as a record of medical historical developments. Original fireplaces have been retained, historical doors and windows have not been altered, and the various stages can be identified from the fabric.

The two largest intrusions on the historical group are the enclosed verandahs and the 1968 buildings that obscure views to the group. The verandahs should be reinstated and the buildings allowed to be read as early heritage structures. The intrusive 1968 buildings should be removed, and a more appropriate expression that respects the heritage curtilage along Myall Street developed.

### **3.3 Summary Statement of Significance**

**Dubbo Base Hospital is part of the very earliest public infrastructure in the town, and is significant in being founded by the community as a charitable institution to provide health care, and has served Dubbo for more than 140 years. The early hospital building group remains highly legible in telling the story of how medical services developed from infancy and has significance in retaining large sections of intact fabric from all stages of growth. Particularly rare are the surviving elements from the 1860s and the degree of fabric integrity of the main historic**

**wing. The historic strip of buildings along Myall Street forms a homogenous group of buildings featuring excellent examples of the Arts and Crafts and Neo-Georgian styles. The building group is on raised ground and has landmark significance and can form a strongly cohesive group in a landscaped parkland setting if later intrusive development were removed. The early site is an exceptional example of the work of Walter Liberty Vernon and a number of other significant Government Architects, including substantial involvement by Cobden Parkes. Significant early members of the local community include James Samuels Jnr and George Taylor, who served the hospital for most of their lives.**



## 4 Fabric Assessment and Elemental Analysis

The heritage buildings on the site of Dubbo Base Hospital are a complex group of interwoven building phases that have defied assessment in past reports, mainly because they require quite a deep level of research to understand them. The buildings have been deliberately fused, partially demolished and then merged with later fabric. What is left is a complex group of buildings that retain enough fabric to tell an intriguing story of the medical profession. That these buildings are so small against the backdrop of what the hospital has now become, that the original hospital buildings were so exceptionally simple and the services so basic, and that they developed different physical expressions based on new understandings of health services is the main principle of why heritage buildings are important to us.

The diagram overleaf attempts to explain the various layers that remain on the site and their various levels of significance.

Of the first building on the site, the 1868 building, there remain only two rooms, one of which has been modified in 1926. Small details such as the pilaster remain intact, but windows and doors have been bricked up and new openings introduced. Reportedly there remain many early footings under the buildings.

The 1887 building retains a large amount of its fabric, even though Vernon changed all the windows on the north and south faces. The floor structure, lower part of walls, end walls and one chimney remain intact. What perhaps is more critical is that the nature of the volume in this ward is largely the same

as would have existed in the original building, except that the central gable feature has been removed. But we get the sense of light and air that was the intention of this design, introducing the new understanding derived from Florence Nightingale.

The c1890 additions to the 1868 building have a high degree of intactness internally. They retain their original fireplaces and door joinery, but have lost all original windows.

The 1907 and 1913 buildings are exceptionally intact. The historic buildings were relieved from the normal pressure to widen doors, introduce services, block up windows and remove fireplaces because the hospital had a large site on which to develop new buildings. This reflects well on the site managers and later architects, but mostly reflects well on the generosity of James Samuels Jnr who provided this additional land. The Vernon buildings have been allowed to retain their character, showcase the quality of their famous designer, and the site is the better for it.

The small chapel building conceals the many changes that have occurred to it. It has fabric from 1907, 1925 and 1936. Most importantly this building is the only remaining piece of the outbuildings that Vernon designed, and its location recalls the axial plan of the outbuildings in the 1907 design, which was central to how he dealt with these then secondary services, which developed into the core services of the hospital.

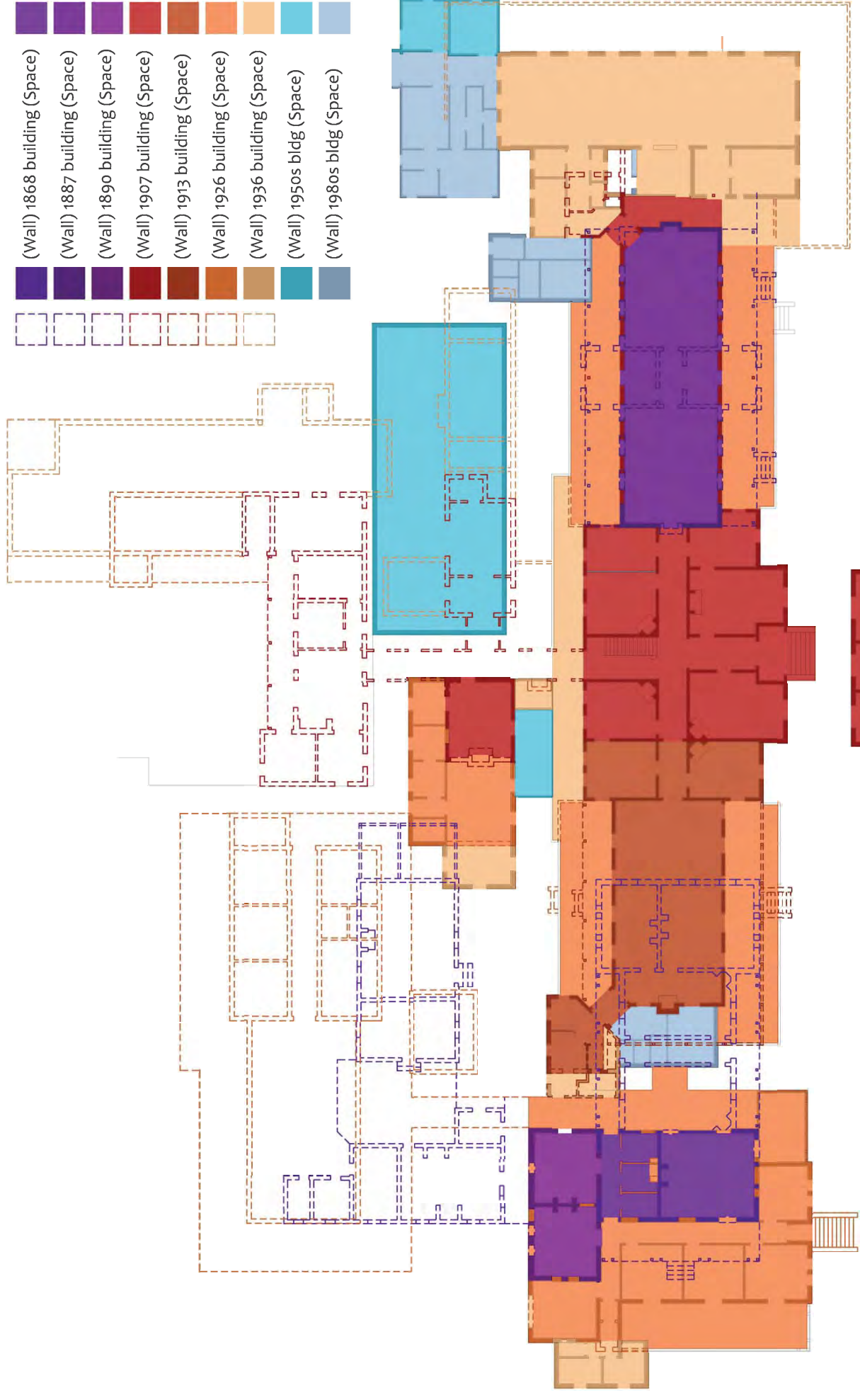
The 1926 elements have also survived well, and showcase some high level craftsmanship that is not available today including the brickwork modifications.



McRae's showpiece Female Ward (Old Samuels Ward) has been demolished, so we only get to see his work in smaller additions and modifications, which have largely remained intact.

The majority of Cobden Parkes' work has been demolished, so we don't get to see what a large impact he had on the site. His Nurses' Home is largely intact, and the 1996 report notes that the interior of this building still features a lot of original fabric elements. The roof structure in this building demonstrates the craftsmanship that existed in this period. Parkes' 1936 male wing has lost a lot of detail including changes to openings, the removal of the verandah, additions to the exterior and changes to the internal fitout. We could not inspect this building to see the extent of works, but the building fabric appears to be recoverable should the will be there.

There are later layers amongst the heritage buildings, but they are few and generally small. Perhaps the most detracting is the infill of the verandahs, which may have occurred in the late 1960s.



- (Wall) 1868 building (Space)
- (Wall) 1887 building (Space)
- (Wall) 1890 building (Space)
- (Wall) 1907 building (Space)
- (Wall) 1913 building (Space)
- (Wall) 1926 building (Space)
- (Wall) 1936 building (Space)
- (Wall) 1950s bldg (Space)
- (Wall) 1980s bldg (Space)

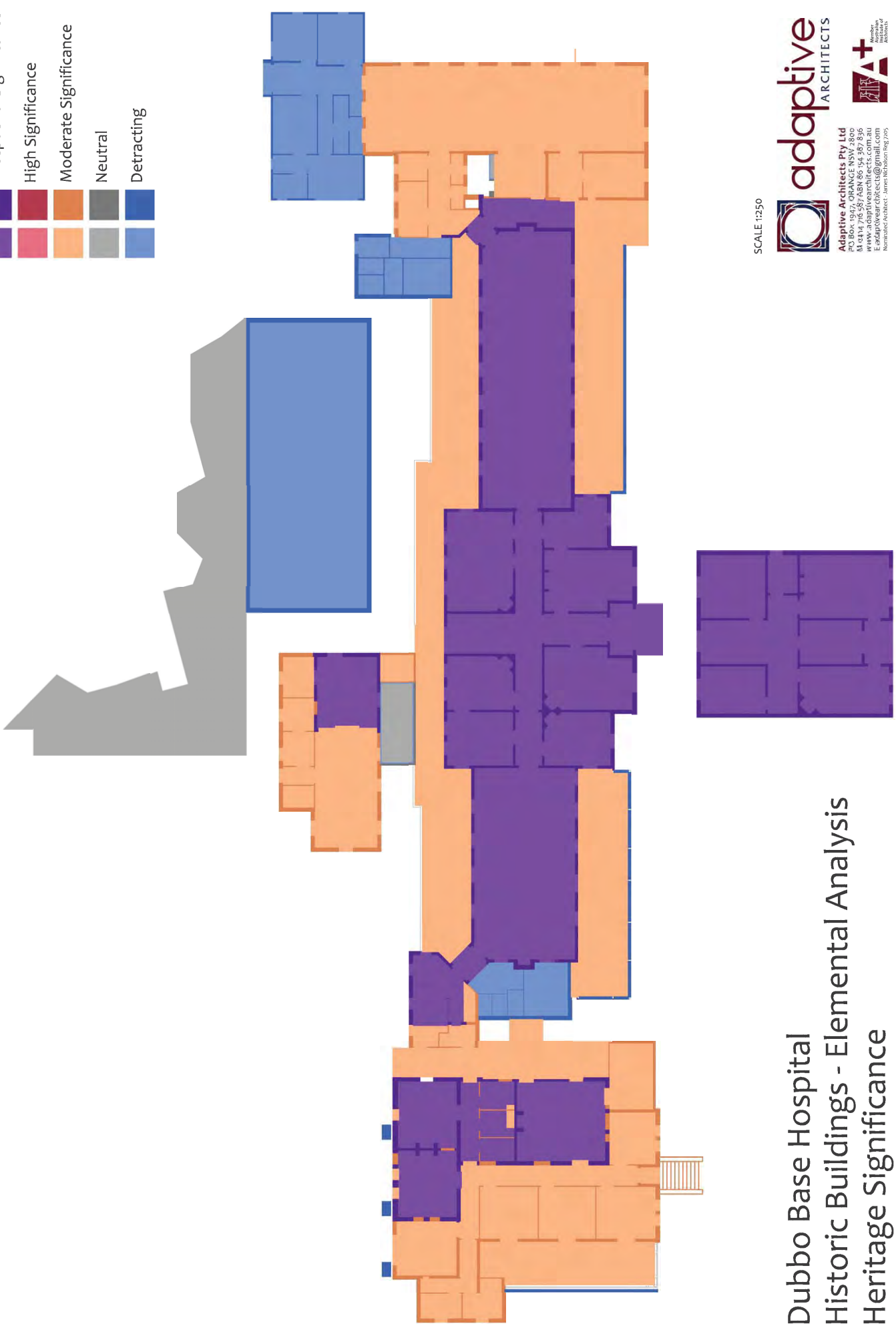
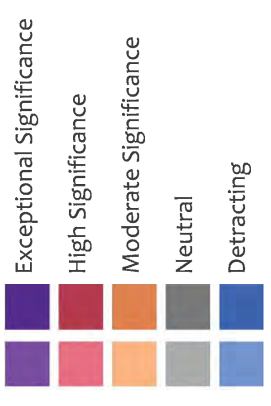
# Dubbo Base Hospital Historic Buildings Phases of development



**Adaptive Architects Pty Ltd**  
 PO Box 1947, ORANGE NSW 2800  
 0814 700 7000 FAX 0814 387 836  
 www.adaptivearchitects.com.au  
 E: adaptive@adaptivearchitects.com.au



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# Dubbo Base Hospital Historic Buildings - Elemental Analysis Heritage Significance

SCALE 1:250



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ARCHITECTS

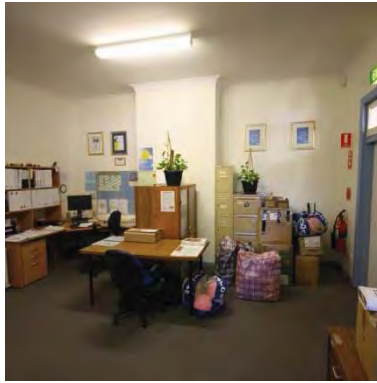
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PO Box 1947, ORANGE NSW 2886  
M 0414 716 587 / ASN 86 154 987 836  
www.adaptivearchitects.com.au  
E adaptivearchitects@gmail.com  
Heritage Architect: James Robinson Reg 205







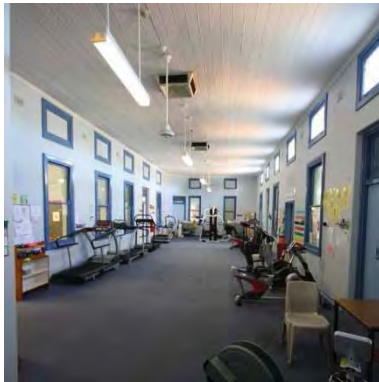
**Figure 49** 1868 building interior showing original pilaster



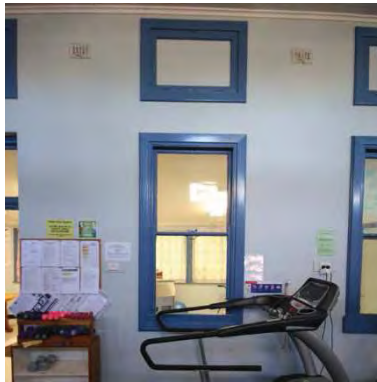
**Figure 50** 1868 building interior showing only original intact room



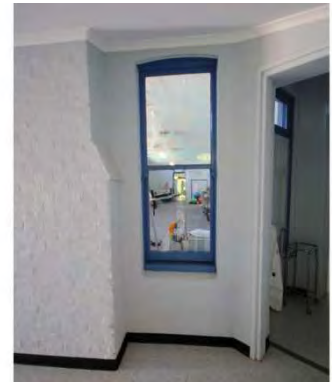
**Figure 51** 1868 building exterior showing original chimney



**Figure 52** 1887/1907 building interior showing old fever ward



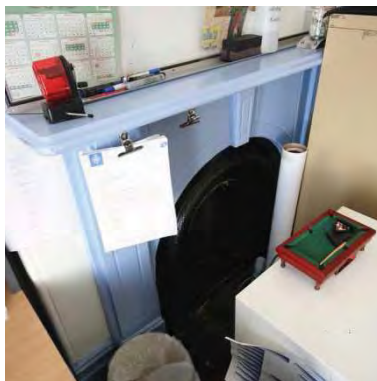
**Figure 53** 1887/1907 building interior - 1907 windows, possibly modified 1926



**Figure 54** 1887 building exterior showing original chimney with 1907 window



**Figure 55** 1887 building exterior showing original quoining



**Figure 56** c1890 additions to 1868 building interior showing early fireplace



**Figure 57** c1890 additions to 1868 building interior showing early intact doorset. All other architraves were stripped out 1926



**Figure 58** Completed hospital building with 1887, 1907 and 1913 wings. Intrusive infill to verandah greatly reduces the aesthetic impact of the building.



**Figure 59** 1907 foundation stone



**Figure 60** 1907 building exterior showing intact main entry door



**Figure 61** 1907 building exterior showing intact main entry door



**Figure 62** 1907 building exterior showing intact main entry door inside brick arch



**Figure 63** 1907 building exterior showing entry



**Figure 64** 1907 building exterior showing central wing



**Figure 65** 1907 building exterior showing feature windows



**Figure 66** 1907 building exterior showing feature windows



**Figure 67** 1907 building exterior showing feature windows



**Figure 68** 1887/1907 building exterior showing highlight ventilation window – note Flemish bond to brickwork



**Figure 69** 1907 building exterior showing central wing



**Figure 70** 1907 building exterior showing central wing in context of 1913 wing. This view would be greatly enhanced through recovery of verandah.



**Figure 71** 1907 building exterior showing roof ventilator



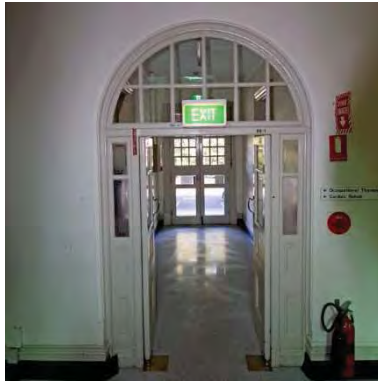
**Figure 72** 1907 building exterior showing original chimney



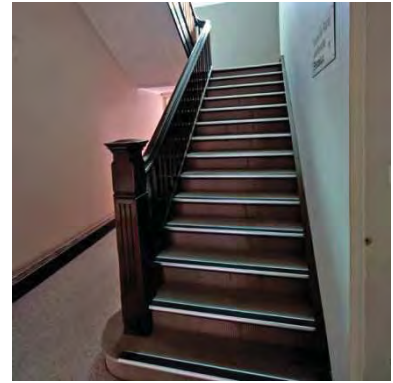
**Figure 73** 1907 building exterior rear showing how hospital services can impact heritage. Generally there is sensitivity in the servicing of the old building.



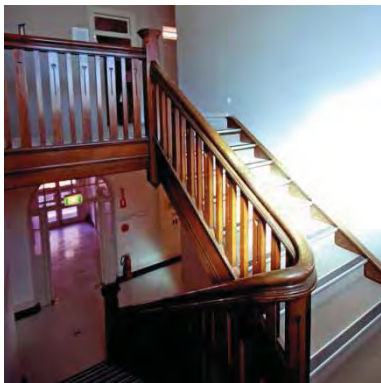
**Figure 74** 1907/1913 building exterior rear showing car park and current chapel building in context



**Figure 75** 1907 interior showing intact original doors



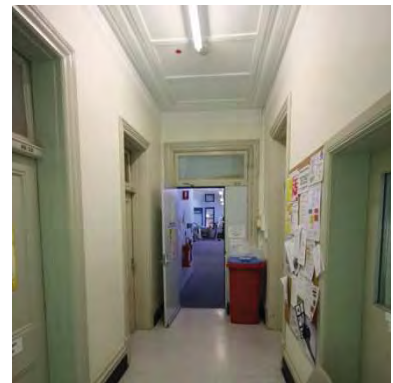
**Figure 76** 1907 interior showing intact original stairs



**Figure 77** 1907 interior showing intact original stairs



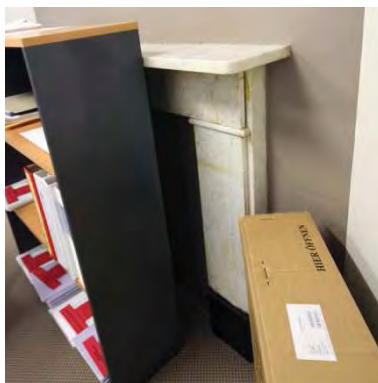
**Figure 78** 1907 interior showing intact original stairs



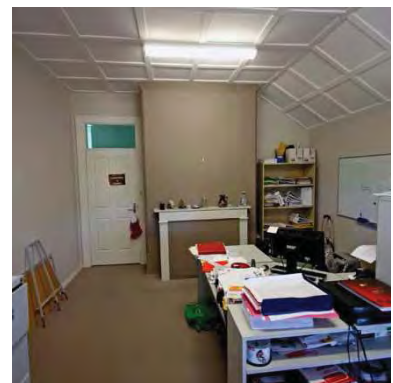
**Figure 79** 1907 interior showing main hallway to wards. Intact joinery throughout



**Figure 80** 1907 interior upper floor showing intact original nurses' quarters



**Figure 81** 1907 interior upper floor showing intact original nurses' quarters – original marble fireplace



**Figure 82** 1907 interior upper floor showing intact original nurses' quarters



**Figure 83** 1907 exterior upper floor showing balcony doors



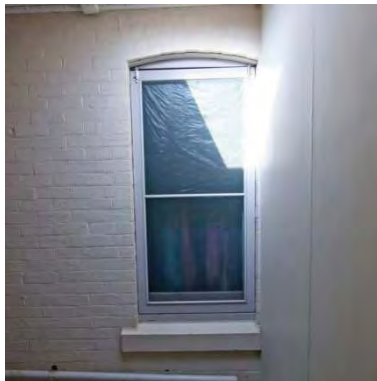
**Figure 84** 1907 exterior lower floor showing 1907 central wing windows



**Figure 85** 1887/1907 exterior lower floor showing 1907 windows from former verandah side



**Figure 86** 1887/1907 exterior lower floor showing 1926 modified window into door



**Figure 87** 1913 building exterior from verandah showing McRae modified Vernon's window type, and strangely the sill height



**Figure 88** 1913 exterior showing intact bathroom windows



**Figure 89** 1926 additions to 1868 building exterior showing remodelled south elevation



**Figure 90** 1926 additions to 1868 building exterior showing change to hipped roof



**Figure 91** 1926 additions to 1868 building exterior showing verandah. The c1970 louvres have not survived well and are now detracting from the building



**Figure 92** c1890/1926 additions exterior north face showing modifications to wall including the junction between the two



**Figure 93** c1890 additions exterior north face showing 1926 windows cut into wall. The discoloured mortar shows where bricks were removed.



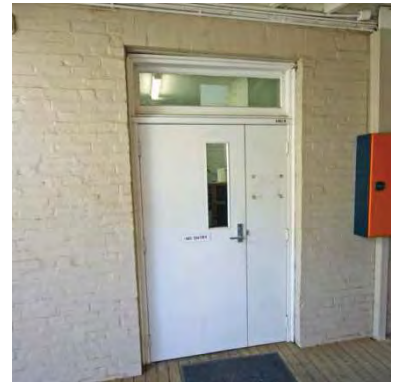
**Figure 94** 1926 additions exterior north face showing window cut into face c1936



**Figure 95** c1890 external wall where the soft bricks are being seriously damaged by air conditioning unit – the units need to be removed



**Figure 96** c1890 external wall at junction with 1926 addition where the stronger bricks are not suffering as greatly.



**Figure 97** 1868 building exterior showing 1926 door cut into wall



**Figure 98** 1936 kiosk – east elevation



**Figure 99** 1936 kiosk – north elevation



**Figure 100** 1936 kiosk – from south west. This building is largely intact but could be presented better



**Figure 101** 1936 nurses' building exterior showing typical window



**Figure 102** 1936 nurses' building exterior showing main entry



**Figure 103** 1936 nurses' building exterior showing later fire stairs



**Figure 104** 1952 former domestics home exterior from north west – this building is to be demolished in the proposed works



**Figure 105** 1962 boiler house exterior from south west – this building is to be demolished in the proposed works



**Figure 106** 1962 boiler house exterior from north west – this building is to be demolished in the proposed works



**Figure 107** 1968 administration building exterior from entry of 1907 building looking towards Myall Street



**Figure 108** 1968 administration building and 1907 hospital exterior from looking west



**Figure 109** 1975 morgue building

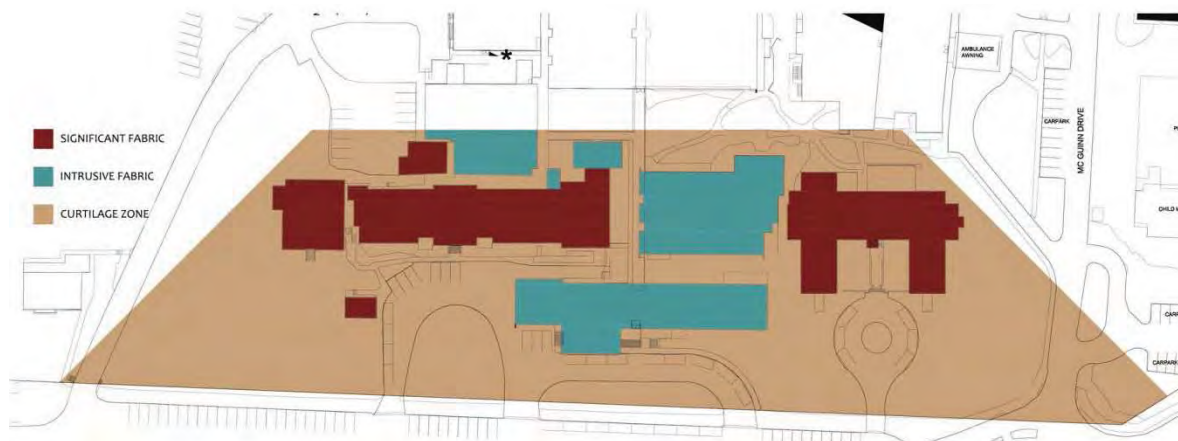


**Figure 110** Current chapel room. The first division is the extent of the 1907 fabric. The rear part is made up of 1925 and 1936 fabric. The fireplace was removed c1978.



**Figure 111** The hospital from the south west showing the rise in ground level that provides a good view point

#### 4.1 Curtilage Zone



**Figure 112** Proposed curtilage zone. The long term goal would be to remove intrusive elements from this zone to allow the original heritage group to be read together.

The historic buildings within the site of the larger hospital campus were all designed in the period before the Second World War, and at this early stage the hospital site did not extend much further than the original grant of land. The buildings all addressed Myall Street and were designed as a group of related buildings with each architect being influenced by the preceding designs as to how to maintain the unity of the group. The concern for the public realm in pre-war buildings was paramount and even subordinated function if necessary. These

designs focus their features on the public street to the south and the north side of the buildings was the "back of house" where the utility buildings were placed. Unfortunately many of these utility buildings have since been demolished.

What this translates to when we need to establish a protection zone around these heritage buildings is that the group were meant to be read together, and that they were meant to be seen from the street. The curtilage zone must thus extend out to



Myall Street, with splayed sides to ensure that views to the buildings are not intruded upon. However, at the rear there is no such need for a large viewing zone, and the curtilage zone can be a minimal zone of about 3m to allow for these areas to be appreciated.

The curtilage zone does not preclude work being carried out within the zone, but it should require that any work within the zone be compatible with the heritage buildings within the group. It should also require any currently unsympathetic buildings and works to be removed in the long term, as resources are available.

In the long term a way should be found to remove the 1968 Ambulatory Care, Administration and Pathology buildings and relocate these services elsewhere. The verandahs to the 1907 and 1913 buildings should be restored to their original forms, and the 1936 building should be restored along with its verandah. Preferably no building should sit between the old hospital wing and the 1936 nurses' home, but if there was to be a building in this location it should be of a compatible form and scale, addressing the street, and being influenced by the character of the adjacent buildings.

A restored heritage group along Myall Street would greatly enhance the public realm and be a landmark feature for the rest of the hospital.



## 5 Description of Proposal

### 5.1 Scope of Works

The proposed project consists of the following elements.

1. Bulk excavation
2. New 1 and 2-storey building with future flexibility to expand to 3-storey building to include:

New Maternity Unit	2,200m <sup>2</sup>
New Operating Theatre Suite	3,200m <sup>2</sup>
New Central Sterilising Department	800m <sup>2</sup>
New Day Surgery Unit and Extended Day Surgery Unit	1,200m <sup>2</sup>

3. Refurbishment of existing Admissions/ Outpatients and Medical Records building to accommodate new front of house
4. Refurbishment of existing Theatre Building to accommodate new Renal Dialysis Unit – 800m<sup>2</sup>
5. Demolition of the existing Maternity building and construction of new car parking spaces on the footprint of the existing Maternity building
6. Provision of new landscaping to Renal outlook

The proposed concept plans and a plan showing the area of works can be seen overleaf. From these plans it is clear that none of the above works will impinge upon the identified heritage curtilage zone.

### 5.2 Siting and Landscape

As can be seen from the attached proposal concept plans, all of the proposed works fall well outside the heritage zone identified in this report. The nearest works is the renal dialysis refurbishment, which is set behind the 1968 kitchen building within

an existing structure. The new buildings on the site will be located to the north east of the site, where the entrance to the hospital has been located for more than a decade. These buildings occupy a part of the site that was not owned by the hospital in 1936, and has no potential impact on the heritage buildings.

### 5.3 External Form

As the new buildings do not have any proximity to the heritage curtilage zone, and are in the context of a large and modern hospital campus, there is no need for constraints on the external form of the new buildings.





## **6 Assessment of Heritage Impact**

### **6.1 Impact of the development on the Heritage significance of the item**

#### **6.1.1 Primary significance**

The primary significance of the heritage buildings on the site are their historical importance and their aesthetic character. The proposed works have no impact on either of these characteristics.

#### **6.1.2 Impact on existing fabric**

The proposal has no impact upon significant fabric. The historic curtilage is well removed from the proposed area of works.

#### **6.1.3 The impact on the setting, landscape or horticultural features**

The proposed works will have no impact on the historical setting of the hospital. There will be changes to the landscape setting of the hospital site, but the historical landscape setting around the heritage buildings will not be impacted.

#### **6.1.4 Any impact on significant views to or from the heritage item**

As noted in the assessment of curtilage above, the primary views to and from the historic elements of the site are from the south west and the south along Myall Street. The historic buildings do not address the north. Even taking this into account, the proposal is well removed even from the north of the historic buildings, and sits behind a number of other buildings that separate the site from the works. There is no impact on historic views.

#### **6.1.5 Details of the size, shape, scale of, setbacks for, and materials used in any proposed buildings or works**

As noted above, the separation of the works from the heritage buildings means it would be inappropriate to constrain the new buildings' scale, form and materials.

#### **6.1.6 Retaining related use of site**

The proposal involves no change of use for the site, and instead enhances the existing hospital facilities.

#### **6.1.7 Whether any archaeological site or potential archaeological site would be affected**

We have not identified any potential archaeological sites within the proposed area of works. The building proposed for demolition is the first building in its location, and it has been identified as being of no heritage significance.

The only archaeological potential identified is the site of the well along the railway to the west of the site, and the areas to the immediate north of the 1868 building where earlier layers have been demolished including the c1868 kitchen and laundry, the c1874 isolation ward / dining and operating theatre, and the 1926-30 former female ward (old Samuels Ward). In all other cases demolished buildings have been replaced with new buildings on the same site. None of these potential sites are close to the proposed work area.

### **6.2 Consideration of Alternatives**

Given the lack of heritage impact and the nature of the works, no alternatives need to be considered in this case.



## 7 Conclusion

The proposed works have been assessed against the heritage significance of the heritage buildings and the assessment has found no heritage impact. This is because of the isolation of the works from the heritage zone on the site, and the compact nature of the heritage precinct.

We have identified the heritage fabric in detail to inform future decision making processes on site, and provided a curtilage zone to inform the design process.

Dubbo Base Hospital includes an important group of heritage buildings that show the impact of changing hospital practice and the rapid development of medical knowledge and its impact upon the fabric of the buildings that house it. Dubbo is rare in having surviving fabric elements that date back to the very infancy of medical practice in the 1860s, and then examples of the changing and developing understanding of health needs through the advent of the twentieth century and up to the Second World War. These buildings form an attractive group due to the design skill and cooperative approach of the various architects who worked on the site, and drew inspiration from each other to maintain a unified approach to the various buildings. This group would be enhanced if in the long term they could be restored to their earlier forms and allowed to address Myall Street without impediment.