6.0 HISTORICAL ARCHAEOLOGICAL POTENTIAL

This section broadly encompasses the European "heritage" values of the study area with respect to a possible archaeological resource. Heritage values are understood to mean the appreciation and value placed upon the resource by contemporary society in terms of the criteria expressed in the Burra Charter and formalised by the Heritage Council of NSW. Archaeological evidence, "relics", is defined by the Heritage Act of NSW to be physical evidence (structures, features, soils, deposits and portable artefacts) that provide evidence of the development of NSW, of non-Aboriginal origin and are fifty or more years in age.

6.1 ARCHAEOLOGICAL INVESTIGATION IN THE VICINITY

There have been a number of assessments and investigations carried out around the Lismore area, although very little has occurred within the Lismore basin itself. The only archaeological study found during the research for this report was is the 2002 report prepared for Lismore Railway Station for the NextGen Fibreoptic Network. Whilst not in immediate proximity, the site is located within the Lismore Basin and is subject to similar environmental influences including soil types, European influences, etc. The subject of this report is the sub-surface archaeological resource that may be contained within land encompassed by the Lismore Railway Station heritage precinct. The objective of the work has been to determine the probability of finding archaeological evidence within a trench that is to be excavated to lay a fibre optic cable through the precinct. It determines the extent, nature, integrity and significance of the resource and the impact of the excavation on archaeological relics. It provides strategies to mitigate that impact. The work fulfils statutory requirements of Lismore LEP 2000 and a request for information to support a Development Application and a Section 60 application to the Heritage Council of NSW.

Other studies include:

- Archaeological Survey of the Grafton-Lismore transmission line. Unpublished report for the Electricity Commission of NSW. (D Byrne, 1981)
- Wiy-abal aboriginal clan (Bundjalung Nation) cultural heritage and values relating to the Lismore City Council local government area : an archaeological and anthropological survey (June 2000)
- Indigenous & Non-Indigenous Heritage Review: Dumaresq - Lismore 330kv Electricity Transmission Line (OzArk Environmental and Heritage Management, September 2009)
- Aboriginal Archaeology Impact Assessment- Watermark Coal Project Environmental Impact Statement (AECOM, February 2013)

6.2 PHASES OF THE SITE'S OCCUPATION & POTENTIAL FOR ARCHAEOLOGICAL REMAINS

An assessment of the archaeological potential of the subject site must consider the sequence of events and the material and/or structures associated with those events compared with later modifications and developments across the site. The level of subsequent modification can determine the extent of the impact on the potential archaeological resource. An understanding of this process will facilitate the grading of significance for archaeological potential on the site.

The history of the Lismore Base Hospital site is firmly linked with health care. There were no previous functions or uses identified in this area. The history of development of the site is extensive. As new buildings have developed on the LBH campus over time they have by necessity responded to the existing conditions and requirements of the site, necessitating extensive demolition and clearing.

As no previous land use exists, the archaeological remains of the area would relate to former structures. While former landscaping and pathways would also have been present in this area, their remains are not considered to be of archaeological significance, given the ongoing use of the area in its original function and the overlay of current pathways and landscaping. In addition, these types of constructions are unlikely to leave an archaeological imprint that would be intact.

Given the consistent development and redevelopment of the site, the phases for archaeological potential for the subject site are difficult to distinguish post 1900. However, they can be divided into the following chronological periods.

1. **1880s: Land dedicated and early structures**
2. **1890s: Expansion**
3. **1915-1933: First Major Development**
4. **1935-1954: Lismore Base Hospital & Post War Development**
5. **1963- 1967: First Phase of Redevelopment**
6. **1969-1973: Second Phase of Redevelopment**
7. **1988: Third Phase of Redevelopment**

The structures from each period, and the likelihood of their remains to exist on the site are presented chronologically below.

Date	Building	Extant
1883	Timber Structure known as "Lismore and Richmond Hospital."	No
1887	Washhouse	No

Date	Building	Extant
1893	Isolation Ward	No
1893	Operating Theatre	No
1904	New brick hospital building	No
Sometime between 1903 and 1913	Nurses Quarters	No
1912	New operating theatre	No
1916	New Morgue	No
1918-1920	New Maternity Ward	No
1921	Tennis Court	No
1925-1928	New Isolation Block	No
1930s	Laundry	No
1930s	Additional story to wards blocks for Maternity and Children's Wards	No
1933	Nurses Home	Yes
1933	Operating Theatre	No
1947	New Maternity Ward	No
1950	Boiler house and laundry with brick chimney stack	No
1951	"Workshop"	No
1951	83A Uralba Street (Armstrong House)	Yes[29]
1951	New mortuary	No
1954	10 new tuberculosis units	No
1967	Stage 1 (1963 Plans): New Hospital Block	No
1973	Physiotherapy department	No
1979	Renal Dialysis Unit	No
1982	Hospital laundry relocated offsite	No
1985	Day Only Surgery Ward	No
1985	Bus shelter	Yes?
1989	Cancer Care Unit	
1988	Redevelopment and proposed total demolition then • Two new wards • One new Orthopaedic ward • Four new operating theatres • New Accident/Emergency and Outpatients department • New Medical Records Department • New Pharmacy • New Medical Imaging Department • Additions and alteration to the Stores department • Refurbishment of three floors of A Block • A new ICU department • A new Psychiatric Ward	Yes
1990	66 Hunter Street acquired	Yes
1990	58 and 79 Uralba Street acquired	Yes
1990	Laurel Lodge acquired	Yes

[29] http://www.environment.nsw.gov.au/heritageapp/ViewHeritageItemDetails.aspx?ID=3540228

The 1988 redevelopment is extensive and considerably expanded the footprint of the subject site. This redevelopment in particular was of such a nature that extensive excavation was required, and any relics remaining from the earlier phases of development would have been uncovered or disturbed at that point. As such, it is not anticipated that any archaeological deposits remain. It must also be noted that for the archaeological potential of the former structures, the subsequent layers of landscaping, developing, services, clearing and construction that have been the focus of this area are considered to be extensive enough to have removed or at the very least, very heavily impacted on the former structural remains.

Figures 6.1 - 6.4 indicate the changing face of the Lismore Base Hospital throughout the second half of the 20th century and the extent of redevelopment on the footprint of the hospital. The northern portion of the site, reserved for hospital expansion since the late 1800s, has been developed more recently than the bulk of the site. However, photographic evidence (Figure 6.4) clearly shows the degree of excavation in this area required for building foundations. Like the remainder of the site, if any relics previously existed in this previously under developed, they have either been uncovered (although it is noted that no archaeological finds have been previously recorded on site) or disturbed and will no longer remain in situ.

This northern area remains the area of highest archaeological potential, particularly under the car park area. Particular care should be taken during excavations of this area, and the implementation of a 'stop work' policy is advised in case any unexpected archaeological deposits are recovered. The contractor should then contact the heritage consultants who will inspect and advise on appropriate actions accordingly.

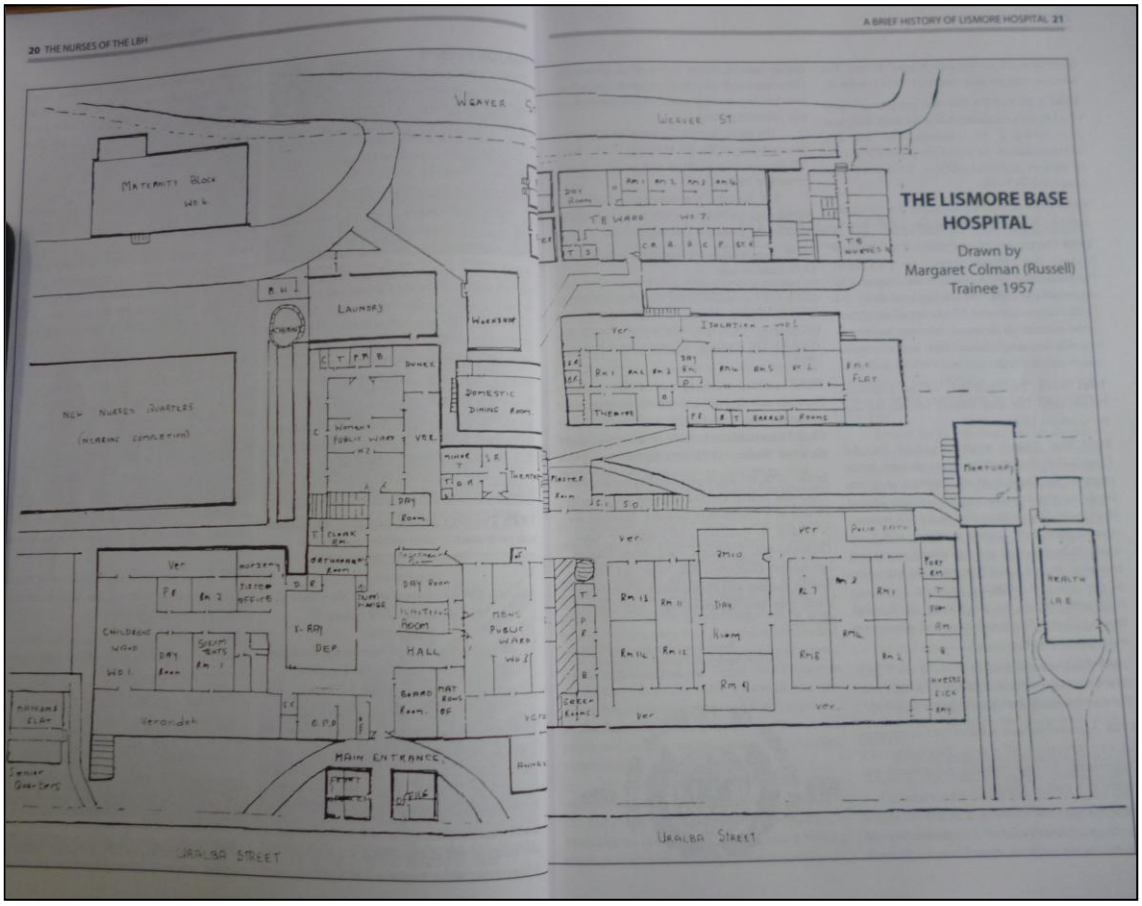


Figure 6.1: Hospital Plan 1957
(Source: A Brief History of Lismore Hospital, p 21)

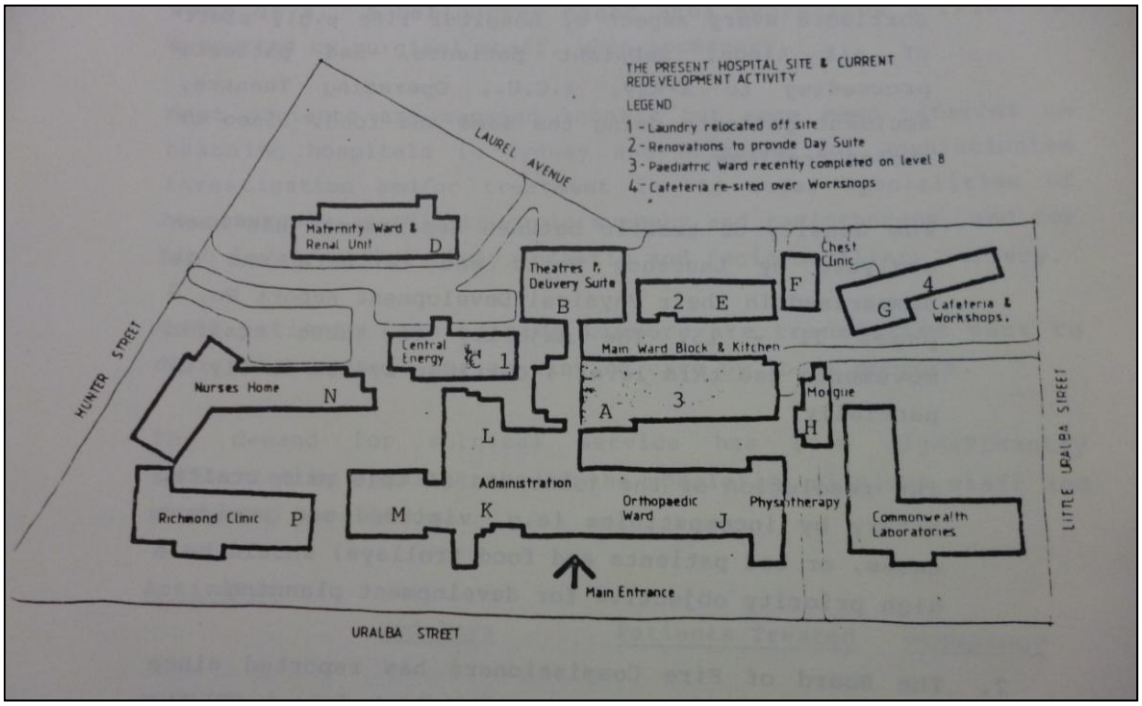


Figure 6.2: Hospital Plan 1985
(Source: Functional Brief for the Redevelopment of Lismore Base Hospital, 1985)

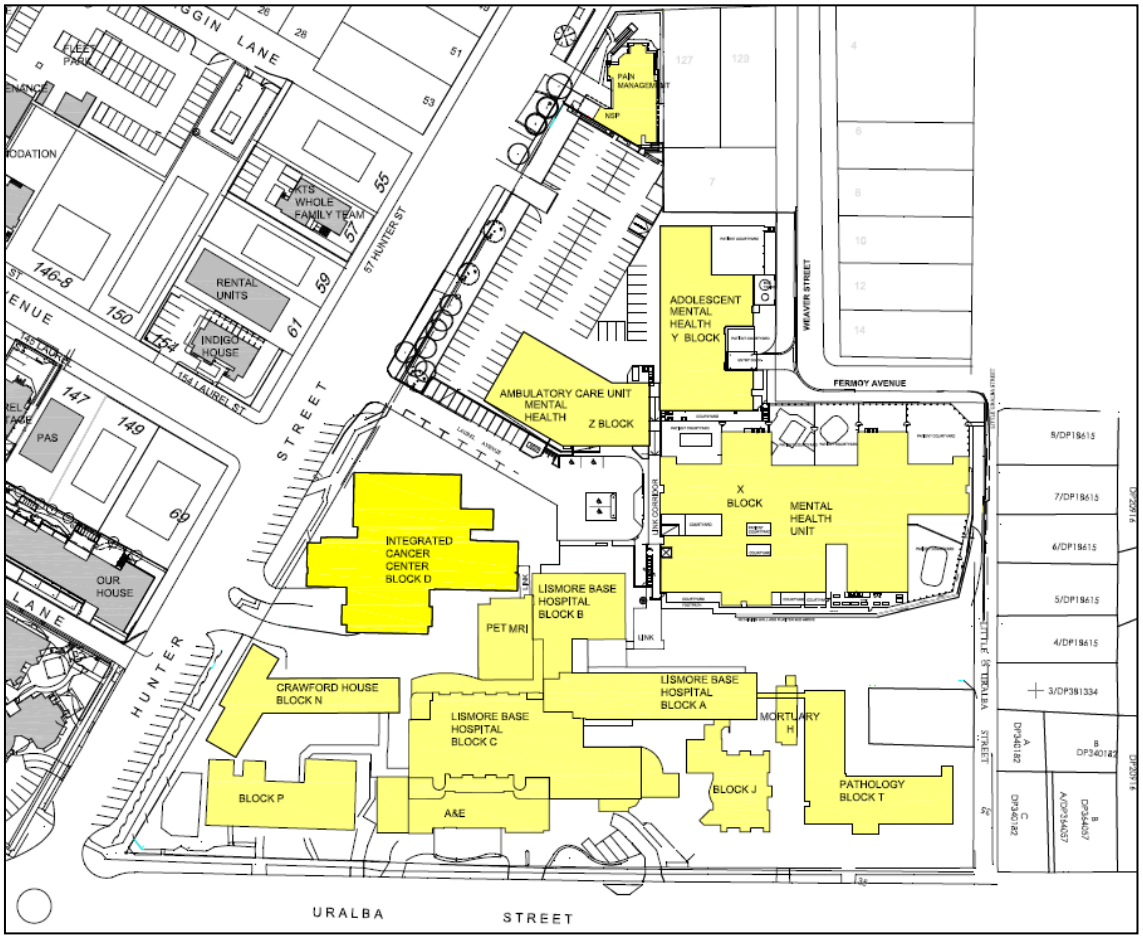


Figure 6.3: Current Site Plan, with the Lismore Base Hospital shown in yellow.

Figure 6.4: Excavation works as part of redevelopment planned in 1988.
(Source: Courtesy of Owen Byrnes - Richmond Network Physical Resources Manager, NNSWLHD)

6.3 CONCLUSIONS

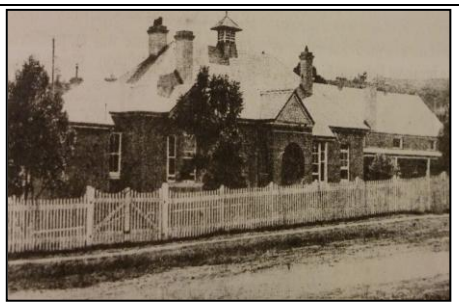
The history and chronology of the Lismore Base Hospital and related development is extensive. This has been established in the previous section, Section 3.0. It is unlikely that previously undocumented finds would be located here.

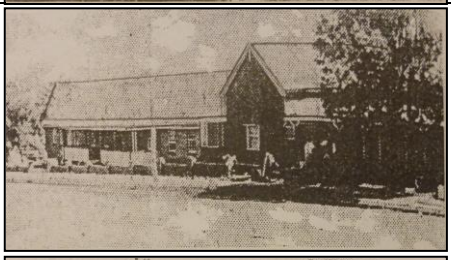
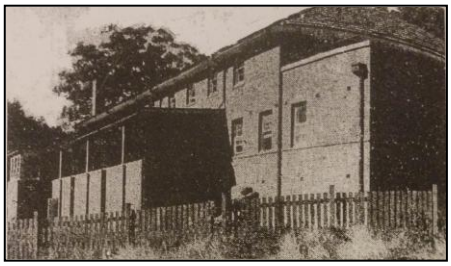
Currently there are only no original structures located and archaeological remains likely to remain would be confined to the foundations of previously demolished buildings, such as former brick structures. However, the extensive impacts of the recorded successive developments would have disturbed any remaining archaeology in this area. Therefore the archaeological potential of the area is considered to be low. Nonetheless, the possibility of unexpected archaeological finds is a possibility- particularly in the northern portion of the site, and a stop work provision is recommended in construction policies.

7.0 BUILT HERITAGE

7.1 CHRONOLOGY OF BUILT ELEMENTS

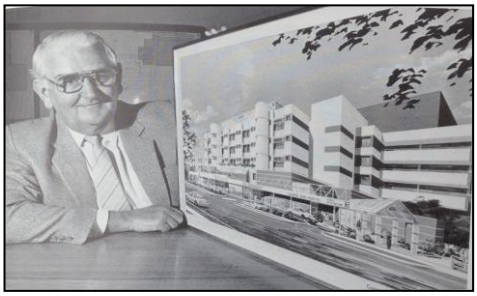
The following table compiles the built elements that were constructed and demolished within the site of the Lismore Base Hospital since the 1880s.

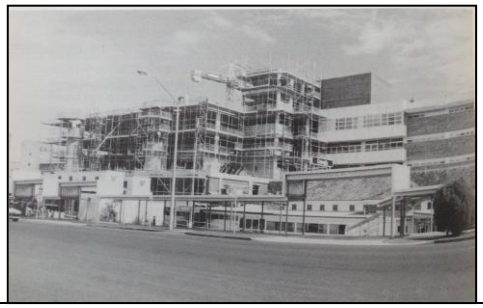
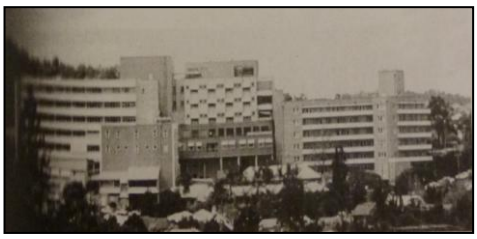
Date	Event	Image
1880	First Hospital Public Grant from the Government was 3 acres on 10 August 1880.	
1883	First timber structure hospital built at Postman's Ridge. Built by John Lumley, it probably had a timber kitchen to the rear. It was managed by Matron Daly. It was called Lismore Cottage Hospital.	
1885	A mortuary was erected.	
1886	Further Government Grant of 7 acres made on 12 December 1886.	
1887	A washhouse was added to the hospital. Lismore City, p.108, 1891	
1892	Typhoid fever and isolation ward was accommodated into tents. Lismore City, p.108, 1892	
1893	Isolation Block (or Fever Ward) was built by Messers Green & Son. Most likely also an Operating Theatre was added to the complex the same year on Hunter Street.	
1899	The hospital was provided with an Ambulance	
1900-5	Design and construction of a new brick building hospital designed by Architect Keithel and built by Mr R. Hughes. Lismore City, p.109, c1913 And 1916 Annual Report	
1912	New operating theatre and New Horse Ambulance	
1915	Restoration of Isolation Block and Nurses Quarters	
1916	New Morgue	
1918-20	Maternity ward is constructed	
1921	Tennis Court laid down where laboratory now stands	

1925-28	Completion of new Isolation Block Lismore City, p.110, 1928	
1931-33	Setting up of a new laundry at the hospital. Second storey added to host Maternity ward and Children ward. Lismore City, p.110, 1905 (?)	
1933	Opening of new Nurses Home (now Richmond Clinic) and Operating Theatre Lismore City, p.110, early 1933 Lismore City, p.111, 1936	 
1935	The Hospital acquires the status of “Base Hospital”. A new Children’s Ward was opened (now Ward 7) Lismore City, p.109,nd	
1937	A new porte-cochere was built in front of the main building, forming a covered entrance and ambulance access to the hospital. Lismore City, p.112, 1945	
1947	A new Maternity Ward opens Lismore City, p.112,1947	

1948	Army hut was purchased and built in front of the hospital to house administrative staff, dispensary and board room. G. Everingham 1987,p.14	
1950	New boiler house and laundry is completed with a chimney stack. The chimney stack was demolished only in 1990s. Photo from 1953	
1951	Completion of the new Preliminary Training School near ward 9. This later became a workshop. Armstrong House was purchased for nursing accommodation following the closing down of the new Nurses Home in 1953. New mortuary completed. ARMSTRONG HOUSE	
1954	Tuberculosis Unit built with attached nursing accommodation	
1958	New Nurses Home completed from the conversion of the old Richmond Clinic. Lismore City, p.113 New Nurses Quarter in 1958	
1963-67	New 7 storey block built Stage 1 was the block in the photograph. Stage 2 was the extension of the stage 1 Stage 3 was the complete replacement of the hospital on Uralba Street G. Everingham 1987, *The Nurses of Lismore Base Hospital,* p.8)	
1967	New wing opened (see previous image location) G. Everingham 1987, *The Nurses of Lismore Base Hospital,* p.8)	
1968	New Physiotherapy department	
1969	Alterations to old Men's Ward for its conversion to admin offices, board room, matron, deputy matron, senior sites office, pharmacy, waiting room, records	

	department etc. Approved the conversion of old Maternity Ward as a geriatric ward	
1971-74	Renovation of Orthopaedic Ward with a swimming pool adjacent to Ward 10. G. Everingham 1987, *The Nurses of Lismore Base Hospital,* p.8)	
1972-73	Physiotherapy block is built. Ward 8 became a Psychiatric Clinic and opened as Richmond Clinic.	
1974-75	New carparks laid down with funds from the Regional Employment Development Scheme.	 A car park at the rear of the Hospital, constructed with Regional Employment Development Scheme funds made available by the Australian Government. 
1979-80	The Lions Club financed the construction of a Renal Dialysis Unit. Government Architect was appointed to prepare a Master Development Plan for the hospital redevelopment. 8 stages are identified and the plan is approved by the Health Commission of NSW.	
1982	Stage is implemented: The hospital laundry is relocated off-site.($1.6M)	
1985	The Day Only Surgery Ward is completed. Cancer Care Unit is also started (previously ward 7 of the hospital).	

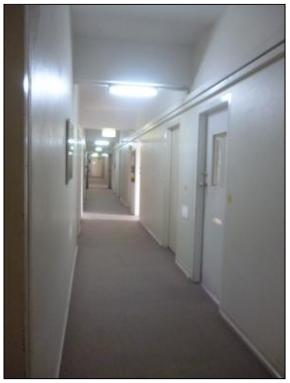
	Construction ended in 1989. Funds raised for a new bus shelter in front of the Hospital. A Functional Brief for the preparation of a Master Development Plan is prepared.	
1983-84	New Children's Ward and Cafeteria opened ($1.4M) Restoration of Armstrong House at 83A Uralba Street (Residence of Medical Officers)	
1988	Announcement of the new stage of development	
1993	The development is completed Lismore City, p.113, 1993	
1986	Proposed new Richmond Clinic	
1987	View from the rear	

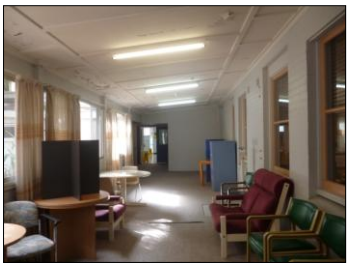
1991	View of the new development under construction (Mahaffey Wing)	
2009	General configuration of the Hospital after further development in the 2000s. Lismore City, p.113, 2009	

7.2 EXISTING BUILT ELEMENTS

The following table briefly describes the built heritage within the Lismore Base Hospital site.

No	Building	Brief Description	Image
Block A	Clinical Support	1960s-70s multi-storey brick and concrete clinic buildings with a number of later additions and modifications. Internally	
Block B	Clinical Services	Block B dates from the same period as Block A presenting similar detailing with face brick and concrete structure and simple internal finishes. These buildings have been further refurbished as part of the works in 2000s.	
Block C	Clinical Services	1990s building adjacent directly to the earlier 1960s-70s emergency building. It is a yellow brick structure with circular vertical circulation bays. Interiors are typical of modern hospital buildings with simple detailing and refurbishment.	

Blok D	Integrated Cancer Centre	This block also dates from the later development stage of the hospital. It is of similar style of that blocks A, B and N with balconies dominating the facades with terminating end vertical wings.	
Block N	Crawford House Admin & Accommodation	Ten storey brick building dating from the 1958-60 and is the second oldest building within the Lismore Base Hospital grounds. It relatively retains its original external detailing while it has been refurbished internally over the years. It is typical of its period similar to those hospital buildings with horizontally emphasised balconies extending as an outdoor space for the rooms connecting the vertical wings at both ends. This building is said to be completed from the conversion of the old Richmond Clinic but no fabric is visible from that earlier Clinic. Internally the building is a very simple health facility with almost no detailing such as cornices or ceiling decoration.	 
	Ambulance & Emergency	Incorporating a 1960s-70s brick single storey structure with a 1990s porte-cochere for ambulances this building sits at the front of the 1990s Block C. It is a simple horizontally emphasised structure with aluminium windows and remnant parapet. It has an unremarkable style.	
Block P	North Coast Brain Injury Rehabilitation Centre & Rural Spinal Cord Injury Centre, & Library (Richmond Clinic)	Built in 1933 as the new Nurses Home and Operating Theatre (also known as Richmond Clinic) this building is now accommodates the Brain Injury Rehabilitation and the Rural Spinal Injury Centres as well as the Hospital's Library. It appears as a single storey building on the corner of Hunter and Uralba Streets and has a lower ground floor connecting to Crawford House (Block N). It has been added to and altered	

		significantly as such its Inter-War period fabric only visible in part at the painted brick enclosed veranda at the rear (where the library now is adjacent to) and at the Uralba Street frontage. The street façade is dominated by a central decorative flying gable. This building is the earliest remaining structure within the Lismore Base Hospital grounds.	 
Block T	Pathology	Pathology building is the most utilitarian looking structure within the hospital grounds with simple face brick and slab construction. It is subject for demolition under the current proposed development works.	
Block X	40 Bed Mental Health Unit	These complex of buildings sit at the lowest part of the Lismore Base Hospital grounds thus only their roofscape is visible from the rear of Blocks A and B when approached along Little Uralba Street. They are the most recent buildings dating from the late 2000s.	
Block Y	8 Bed Child & Adolescent Mental Health unit	Built at the same time as Block X and in the similar style and detailing.	
Block Z	Ambulatory Care Unit (Mental Health).	Built at the same time as Blocks X and Y in the similar style and detailing.	

7.3 CONCLUSION

As detailed in the above tables the majority of the extant buildings within the Lismore Base Hospital site relate to the later redevelopment stage of the hospital with the earlier buildings being significantly modified and added to over the years. The earliest extant building is the Block P building dating from 1933 and now operating as the North Coast Brain Injury Rehabilitation centre and the Rural Spinal Cord Injury Centre incorporating the hospital library at the rear. The building has been modified and added to as such its original layout and configuration is no longer distinguishable. The buildings dating from the late 1950s and 60s adjacent to Block P including Crawford House are of typical hospital buildings of their period with no particular architectural or aesthetic quality.

The six Canary Island Palm trees along the Uralba Street frontage are the oldest and largest of the trees growing on the site planted in the 1940s. The trees, which were identified in the Lismore Heritage Study as potential landscape items, should be protected and preserved. However, it should be noted that the proposed current development does not impact on these trees.

8.0 COMPARATIVE ANALYSIS

8.1 LISMORE HOSPITALS

The pictorial 150 years of progress history of Lismore, which was compiled by Janet E. McNaught O.A.M, provides considerable information on various facilities and developments in the city. Public and private hospitals are two of the facilities that have been detailed with changes made to their respective sites between 1924 and 2011. Given consideration to the considerable changes made to the original buildings of the Lismore Base Hospital and its relatively limited heritage values, the following comparative analysis will consider the hospitals in Lismore as documented in the McNaught's book with a comparable two examples from across NSW to give a broader understanding of the Lismore base Hospital's values.

St Vincent's Private Hospital in Lismore

St Vincent's Private Hospital was established by the Most Reverend John Carroll, D.D and was entrusted to the care of the Sisters of Charity from 1921 until 1980. It was the first non-metropolitan Catholic hospital to be founded in New South Wales. The Presentation Sisters then assumed responsibility for providing a continuous religious presence through the current Pastoral Care Service.

The original hospital was in a weatherboard building located on site. It is still standing today and known as 'Tarmons'. In 1923 a convent was built in the hospital grounds and in 1931 a two story brick building was opened now known as the Ryan Wing. The first student nurses began their training in 1932 with many nurses graduating from St Vincents until the final group in 1987, when nurse training was transferred to Universities. 1966 saw the establishment of a 25 bed Rehabilitation Unit and in 1982 St. Joseph's Nursing Home was opened. A Day hospital facility known as the Carroll Centre at the Avondale Avenue entrance to the hospital grounds was opened in 1985. The hospital was privatised in 1990, following the completion of new accommodation. The Specialist Medical Centre and Coffee Shop was added in 1997.[30]

Figure 8.1: St Vincent Private Hospital
(Source: Lismore St Vincent's Private Hospital http://www.svh.org.au/page/Content?&content=History)

[30] History taken from St Vincent's Private Hospital, Lismore, available online at http://www.svh.org.au/page/Content?&content=History, accessed May 2013.

8.2 OTHER PAVILION HOSPITALS IN NSW

The original main block dating from 1960s shows that the Hospital was originally intended to be a pavilion hospital, with the male and female wards separated by centralised administration block and connected by passageways or breezeways according to Florence Nightingale's design principles. Florence Nightingale (1820-1910) was a celebrated English social reformer and is today recognised as the founder of modern nursing.

Catherine Hayes Hospital in Randwick

The earliest surviving example of Nightingale's ward pavilions in Sydney is the 1867 Catherine Hayes Hospital attached to the Destitute Children's Asylum at Randwick (now the Prince of Wales Hospital). Here, the wards take up the full width of the building and are cross-ventilated. Each bed is separated by a window or a pair of French doors. The windows were arranged so that air circulated around the beds and there was often a high light window to facilitate air movement. Verandahs were wider than a bed, so that patients could be wheeled out into the fresh air. Toilets and bathrooms were placed at the far end of the wards and were separated by a breezeway. In multi storey ward blocks these separate sanitary towers formed towers and were given a separate roof. Air circulation was achieved by means of a highlight window above the verandah, a feature also used in the male and female wards of the Admissions block at North Parramatta (1908-09) and the wards at Morriset Hospital (from 1907).

Royal South Sydney Hospital

Following his return from his study tour to Great Britain and Europe in 1897 the NSW Government Architect Walter Liberty Vernon adopted the Arts and Crafts 'free style' for the new hospital buildings at South Sydney. The plans prepared by the Office of the Government Architect were for a main Administration building which fronted Joynton Avenue. It had a two storey section setback behind the main entrance, with nurses' accommodation in the upper level and single storey wings for male and female wards, which also included outpatients facilities and domestic areas respectively, located to the north and south of the central block. The other original structures planned (and constructed) were the small mortuary and a laundry building as well as the sandstone fence to Joynton Avenue.

The drawings are signed by E.L. Drew, Principal Architect and the design of the buildings is in the manner of Free Style Arts and Crafts, which was popular in Australia and Britain particularly up to 1915.

The main entrance to the hospital is pronounced and is unlike any other of the hospital designs, other than the Sanatorium at Mount Kosciuszko (which was later converted into a hotel). The front elevation of the South Sydney hospital (which was later altered) is unusual.

The use of brickwork with stone trims, the prominent chimney, the gable set back from the street with a roof terrace and a variety of window types reflecting different internal functions are all characteristic of urban compositions by the leading members of the Arts and Crafts Movement in London that Vernon was familiar with.

8.3 CONCLUSION

Lismore Base Hospital is one of very few hospitals in Lismore and is the only public hospital. It has been modified and added to over the years similar to other hospitals elsewhere in the state and has lost its ability in demonstrating the original hospital layout with most of its original buildings demolished and replaced with new buildings of various types and architectural styles. It does not represent any original pavilion hospital design intend as seen in other pavilion hospitals, which are also sustained many changes in their configurations.

It should be noted that the Lismore Base Hospital still maintains its original hospital operation and activities as a health facility whereas the Royal South Sydney Hospital no longer is in use.

9.0 ASSESSMENT OF SIGNIFICANCE

There is no evidence to suggest any significant indigenous or non-indigenous archaeological potential. The findings of this assessment have concluded that there is little potential for sites or places of Aboriginal Heritage Cultural Significance likely to remain within the subject site. There are no identified Aboriginal Sites registered on the AHIMS Database either within the site of its immediate surroundings.

The findings of this assessment regarding built heritage concludes that the majority of the buildings within the Base Hospital site relate to the later redevelopment stage of the hospital with the earlier buildings being significantly modified and added to. The earliest extant building is the Block P building dating from the 1933. However, it has been modified and added to as such its original layout and configuration is no longer distinguishable. The buildings dating from the late 1950s and 60s adjacent to Block P including Crawford House are of typical hospital buildings of their period with no particular architectural or aesthetic quality.

The six Canary Island Palm trees growing next to Uralba Street are the oldest and largest of the trees growing on the site and are planted in the 1940s at the Uralba Street frontage, representing this phase of development. They represent a major contribution to the streetscape on a well trafficked local road.[31]

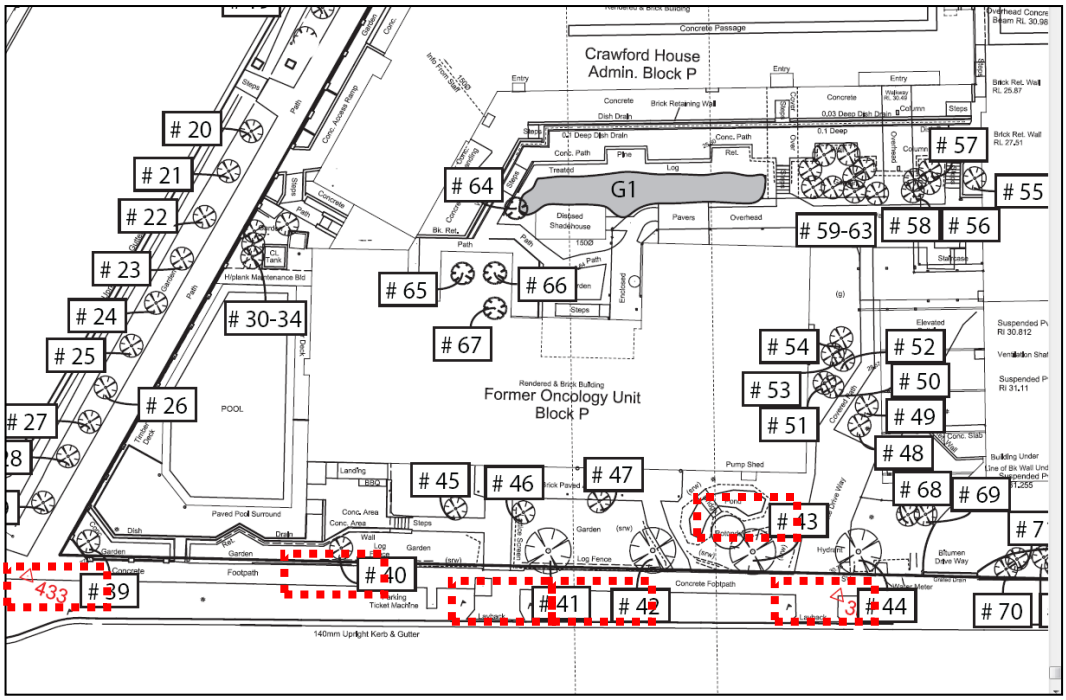


Figure 9.1: Canary Island Palms shown by red hatched area
(Image Source: Lismore Hospital Tree Report. Compiled by Northern Tree Care. Rev 27th November, 2012)

[31] Lismore Heritage Study, 1995

The following assessment of significance has been prepared in accordance with the 'Assessing Heritage Significance' guidelines from the *NSW Heritage Manual*.

a) an item is important in the course, or pattern, of the local area's cultural or natural history

- The subject site is part of the development history of Lismore demonstrating the health services in the area since the late 1890s. The site exhibits changes in the hospital and medical technology as well as the design treatments.

b) an item has strong or special associations with the life or works of a person, or group of persons, of importance in the local area's cultural or natural history

- The research undertaken for this assessment did not locate any association with life or works of a person, or group of persons, of importance in the local area's cultural or natural history.

c) an item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area

- The subject site does not demonstrate any particular aesthetic characteristics or creative or technical achievement in the Lismore area. The extant hospital buildings are typical of their type relating to their respective construction period with no particular architectural or aesthetic value.
- The main aesthetic quality of the site relates to the six Canary Island Palm trees along the Uralba Street frontage of the site. They are the oldest and largest trees in the locality.

d) an item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons

- The research undertaken for this assessment did not locate a special association with a particular community or cultural group in the local area.

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

- Research undertaken on the subject site has not revealed any information that warrants historical archaeological investigation of the site.

f) an item possesses uncommon, rare or endangered aspects of the local area's cultural or natural history

- It does not possess any uncommon, rare or endangered aspects of the local areas cultural or natural history.