HERITAGE IMPACT STATEMENT

Dubbo Health Service Redevelopment
Stages 3 & 4
State Significant Development

A report to accompany an SSD application for NSW Health Infrastructure

prepared by

adaptive ARCHITECTS
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
Member Australian Institute of Architects

Issue B / Dec 2016

CONTENTS

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) application for the Redevelopment of the Dubbo Health Service.

The Dubbo Health Service site contains a number of heritage buildings and the site is listed as a heritage item under the *Dubbo Local Environment Plan 2011*, 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 Health Service 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 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.

Our elemental analysis has found that the fabric elements of *Exceptional Significance* include the two remaining rooms from the 1868 hospital building, the remains of the 1887 fever ward, the c1890 additions to the 1868 building, the 1907 hospital core (ground and first floors) and *f.* Nurses dining room, and the 1913 wing.

In light of the expected future demolition of the 1936 Nurses' building the 1936 former Male Ward wing will become a rare element demonstrating the role of Cobden Parkes on the site and is thus of *High Significance*.

We found the elements of *Moderate Significance* include the 1926 and 1936 additions to the 1868 building, the altered verandahs to the 1887 and 1913 wings, but not the detracting enclosure, the 1926 and 1936 additions to the *f.* Nurses dining room (now chapel), and the 1936 former Nurses' building (George Hatch).

We defined a curtilage zone to protect the Myall Street Group of heritage buildings, which also defines the heritage precinct on the site. The curtilage zone extends across the forecourt to Myall Street, and provides 6m clear at the rear of the buildings.

The proposed scope of works for the SSD application consists of the following elements.

Stage 4 – Site preparation works

- *Demolition of George Hatch and Existing Nurses Administration*
- *Demolition of Existing Surgical Ward (S Block)*
- *New Construction – Temporary Corridor Bypass Link*
- *New Construction – 1 permanent corridor bypass link south*

A new 3-storey clinical building comprising:

Ground Level

- *Medical Imaging*
- *Emergency Department, including Short Stay Unit*
- *A refurbished and expanded Main Entry*

Level 1

- *Renal Dialysis Unit*
- *Ambulatory Care Services*

Level 2

- *20 bed CCU/ Cardiovascular/ Stroke Unit*
- *12 bed ICU*
- *Cardiovascular Suite*

Level 3 – Plant Area

Other associated works

- *Expansion of at grade car parking facilities and improved access and wayfinding.*
- *Dedicated ambulance access off Myall Street*
- *Amendments to the Cobbora Road roundabout to facilitate entry to the Hospital*
- *Demolition of Playmates/Doctors Accommodation*
- *Demolition of external component of existing Ambulatory Care Unit*
- *Landscaping including tree removal and other public domain works*
- *Upgrades of related engineering services infrastructure supporting Stage 4.*
- *Refurbishment of the two ICU ensuites within the medical inpatient ward (G-ward).*

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 Health Service 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 have been assessed against the heritage significance of the heritage buildings and curtilage. The assessment has found some heritage impact upon the curtilage and on fabric of moderate significance. This requires mitigation measures.

In a previous HIS / policy document from 2014 we analysed the constraints on the site and the 1936 Nurses' Building (George Hatch Building) including the preservation of heritage significance, the owner's needs, the statutory requirements and the building's physical limitations. On that occasion we found that it was imperative that the hospital campus develop towards the central heritage block to ensure the

preservation of the highly significant core around the 1907 Vernon building. The nature of hospital funding and use of the site means that as development moves away from this heritage core it makes it more difficult to find a suitable use for the heritage buildings, opening them up to the risks and vulnerability that vacancy can cause. This remains relevant for the current redesign of the Stage 3 & 4 works.

The two primary heritage aims are retaining a viable use for the main heritage group, and raising the profile of the heritage group to generate funding for the reconstruction works and the removal of detracting elements in the future.

In the previous scheme a new building occupied the footprint of the 1936 Nurses' Building, requiring its demolition. In the current revised scheme the new works have been redesigned and no longer intersect the building. However, the detailed requirements for the separation of hospital emergency services provide only one sensible point of access for the ambulance entry. This entry point is of sufficient importance to require the demolition of the 1936 Nurses' Building.

In 2014 we looked in depth at the consequences of demolishing the 1936 Nurses' building and the mitigating factors that can preserve its historic, associational and aesthetic significance. These include a photographic and measured drawing archival record of the building and an Interpretation Plan for the history of the site. In that case we also established guidelines for a building that projected into the heritage curtilage zone.

The present scheme does not enter the curtilage zone, but instead will work as a backdrop to the heritage precinct. In such case it is not required to reference the heritage precinct in terms of materials or form. The designers have introduced a gesture of gradually turning their light coloured timber screens to a brick red colour as it approaches the heritage precinct to mark this area as a special precinct.

The present scheme does not replace the 1936 Nurses' Building, instead using the area for access, parking and landscaping. The main issue thus becomes interpreting the Myall Street alignment of the heritage buildings, which would otherwise be lost. This is done by introducing some masonry heritage markers into the landscaping along the historic alignment in the area of the demolished building to show where the original streetscape was positioned.

We conclude that the loss of the 1936 Nurses' Building and the reduction of the heritage precinct along Myall Street involve impacts to items of moderate significance. These impacts are caused by the proximity of the new buildings, a proximity that is required in order to preserve more important items of high and exceptional significance. The loss of significance can be mitigated by photographic and measured archival recording, suitable interpretation policies, the material gesture on the new building highlighting the heritage precinct, and the masonry markers that interpret the historic alignment of the Myall Street group.

Dubbo Health Service 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.

2 Introduction

2.1 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.*

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.

A preliminary archaeological assessment was carried out independently of this report in the early stages of the project. This report will only identify archaeological potential where an important earlier structure has been identified from early plans or images. Only brief notes on Indigenous history and European archaeological potential have been included in this report. This report does not address the heritage value of the natural landscape.

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.

2.2 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 twenty years experience in heritage assessment and conservation of historic buildings and sites.

A site inspection was conducted in May 2012, and updated by a return inspection in July 2014, by James Nicholson, Heritage Architect of *Adaptive Architects Pty Ltd*.

2.3 Acknowledgements

All current photographs of the proposed site used in this report were taken by James Nicholson, *Adaptive Architects Pty Ltd* in May 2012 and July 2014.

2.4 Site Location

Dubbo Health Service 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 *Dubbo Base Hospital* 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 Health Service. It needs to be identified as *Dubbo Health Service – Heritage Core Precinct*. 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 Health Service. *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 Aerial photo of the Myall Street frontage taken in November 2013 – *NearMap 2013*

Figure 4 A detailed aerial photo of the whole site taken in August 2011 – *NearMap 2011*

3 Historical Background

3.1 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[1].

Figure 5 The large traditional area of the Wiradjuri[2]

The specific area around Dubbo is home to the Tubba Gah People who were the 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[3]. 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[4].

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[5].

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

[1] http://about.nsw.gov.au/encyclopedia/article/wiradjuri-people/

[2] http://kurungabaa.files.wordpress.com/2009/11/aus_map_covered_text_lined.jpg

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

[4] http://about.nsw.gov.au/encyclopedia/article/wiradjuri-people/

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

introduced with these new settlers. Today there are large Wiradjuri communities in a number of inland centres including Condobolin, Griffith, Wagga Wagga and Parkes[6].

3.2 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.

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

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

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.[7]

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

3.3 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 the hospital at Dubbo, 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 Health Service 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.

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 conditions improved under military discipline and a systematic and accountable administration.[8]

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.[9] *They developed the Sydney Asylum, the progenitor of the system of State hospitals.*[10] *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.*[11]

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.[12]

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 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 wardsman and one nurse were made senior. The latter was officially called the Matron and was responsible

[8] Cummins C.J. History of Medical Administration in NSW 1788-1973 p24

[9] *ibid* p48

[10] *ibid* p51

[11] *ibid* p47

[12] *ibid* p52

for the supervision of domestic staff as well as the female nursing staff.[13]

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.[14] 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.[15]

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.[16]

VOLUNTARY HOSPITALS

The hospital at Dubbo 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.[17]

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 of ownership and consequential independence from direct Government control were jealously guarded by these hospitals, even as late as 1972.[18]

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. [19]

[13] *ibid* p28

[14] *ibid* p41

[15] *ibid* p54

[16] *ibid* p55

[17] *ibid* p55

[18] *ibid* i55

[19] *ibid* p57

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.[20] *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.[21]

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.[22]

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 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.[23]

The Board of Health was established in 1882, shortly after Pasteur had demonstrated the microbial theory of communicable diseases and in an era when

[20] *ibid* p58

[21] *ibid* p58

[22] *ibid* p65

[23] *ibid* p63

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 lead 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.[24] *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 through fever and isolation wards permitting a concentration on other infectious diseases, including typhoid fever, diphtheria, venereal disease, poliomyelitis and influenza.* [25]

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 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. [26]

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.[27]

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".[28] *No action was taken until the 1929 Public Hospitals Act.*[29] *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.*[30]

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 preventive medicine, suddenly took a successful turn towards the dramatic success of this campaign in the immediate post-war years.[31] *There were still times of crisis, scandal and drastic reorganisation in the late twentieth century. The largest was that following the Royal Commission into Callan Park Mental Hospital (1961) after which there was a prolonged period of consolidation and development that culminated in yet a further reorganisation following the Eglington Report and the*

[24] *ibid* p68
[25] *ibid* p83
[26] *ibid* p136
[27] *ibid* p85
[28] *ibid* p136
[29] *ibid* p137
[30] *ibid* p85
[31] *ibid* p86

consequential Starr Committee Report of 1969, which led to the Health Commission Act 1972.[32]

In 1993, a most significant 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 Base 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.

3.4 Architectural Influences in the planning of Hospitals

The following notes are taken from Noni Boyd's thesis on Walter Liberty Vernon.[33]

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 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[34]*, 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 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.[35]

A preoccupation with the provision of sunlight can be found in the hospitals and mental asylums designed by the Government Architects Branch

[32] *ibid* p88

[33] Boyd, N. No Sacrifice in Sunshine: Walter Liberty Vernon: Architect 1846-1914 PhD Thesis RMIT 2010 pp378-379

[34] Sulman, J. A Note on the Construction of Hospital Wards, A paper presented to the Australasian Association for the Advancement of Science in 1893

[35] Vernon, Report Submitted By, in Connection with his recent visit to the United Kingdom and the Continent of Europe. Report No. 22

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 yet Government owned.

3.5 History of Dubbo Health Service

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

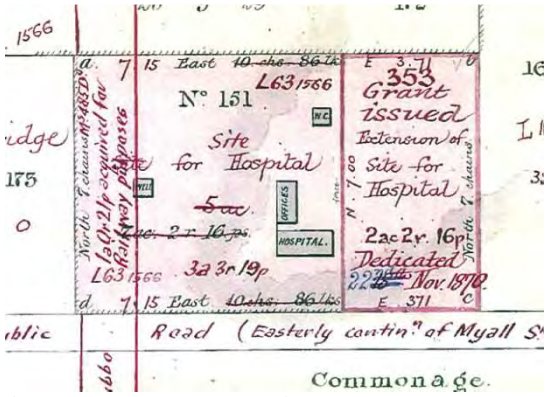

Figure 6 The original site of the early hospital. The site dates from 1866 and showing original c1868 buildings and the site of the original well. The proposed site for the railway extension has been pencilled in later. – *Douglas & Partners "Site History" – the plan appears to be Vol 536 Fol 151, but 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.

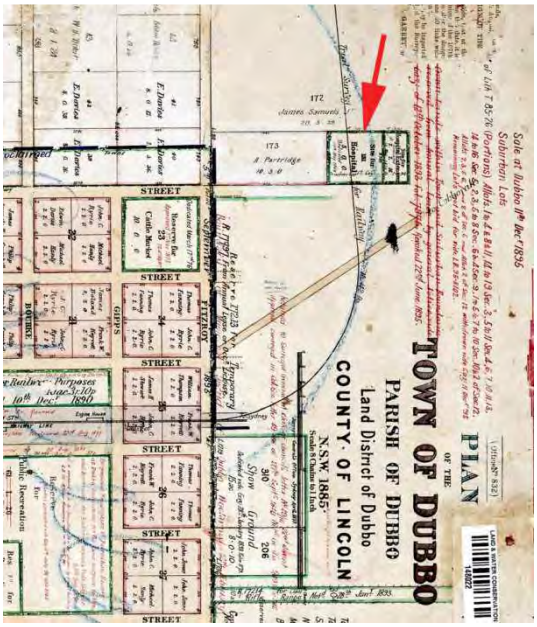

Figure 7 1885 Parish Map of the town of Dubbo. Rotated so that north is up the page. The site is identified with a red arrow – *Land and Property Information*

3.5.1 The 1868 building

The first building on the site was the hospital designed by a local architect GA 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 6) 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. There appears to be no further evidence of the location of the well on site. Overlaying the early plan with the modern aerial photograph (Fig 8 overleaf) , and lining up the remaining section of the 1866 building and the railway easement to scale indicates that the old well was located close to, or underneath a large tree that has since been cut down.

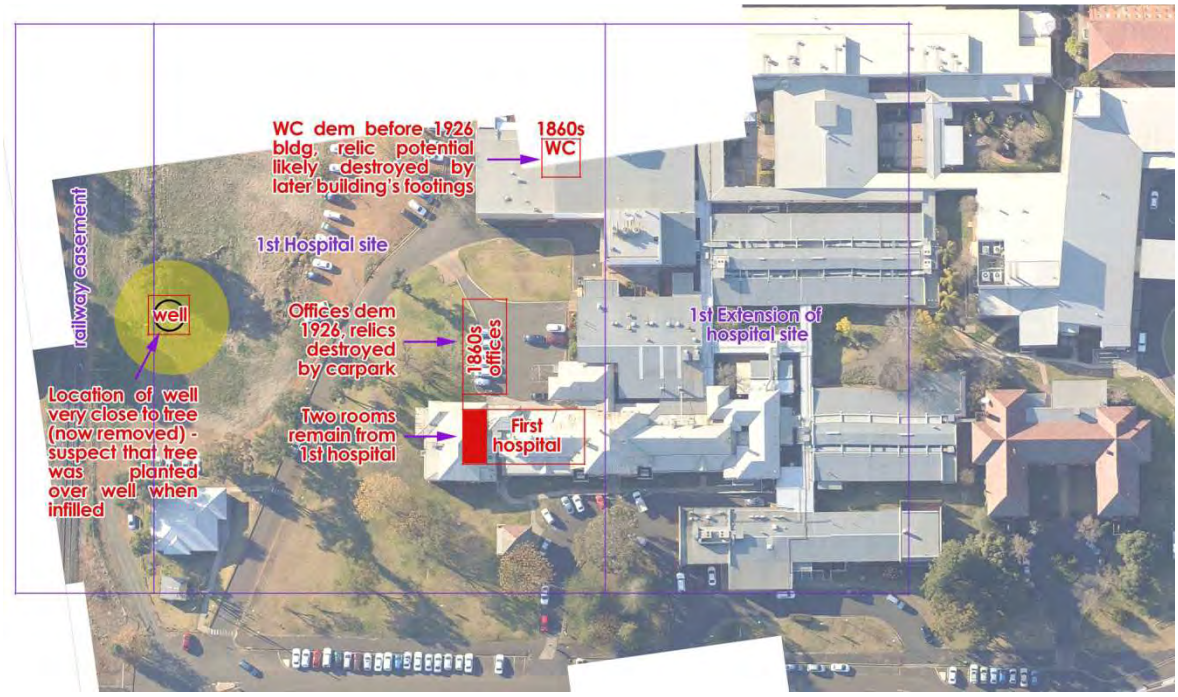

Figure 8 Overlaying the original 1866 site plan on top of the current aerial photo indicates the most likely position of the well. It is very close to the railway boundary, possibly underneath a large tree that has since been cut down – *Near Map*

GA Hartley has very little information about him in the public domain. It would be expected that a local architect would have other projects in the papers, and also should manage tenders.

Figure 9 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*

But there are no other references to a GA 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.

The first hospital design was a simple symmetrical design, very much in keeping with the expectation of a 1860s design. 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.

Figure 10 Alternate view of the hospital. As the tree is slightly smaller than 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*

There are no surviving plans of the building from this period, but there is enough information from later plans and photographs to reconstruct a plan of the building.

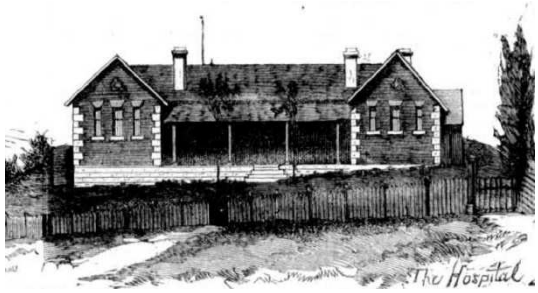

Figure 11 Sketch in newspaper in 1881. The artist has added a picturesque 45° pitch to the roof and has made the Georgian windows more like lancets, and the arched highlight more like a trefoil. The artist has changed the pilasters to stepped quoins. Perhaps he was trying to urge the building to be more 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*

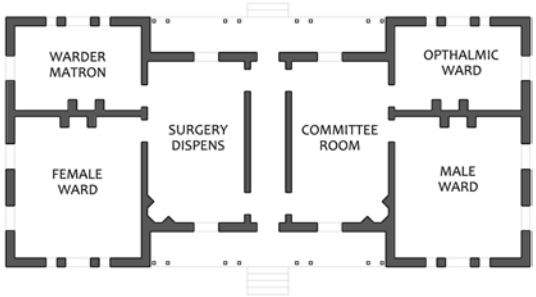

Figure 12 The very simple and symmetrical plan of the building in 1868. Room uses interpreted from newspaper description (below). *Adaptive Architects Pty Ltd 2012*

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 Opthalmic Ward – a very necessary provision. The warder's and matron's quarters are at the rear of the female ward.[36]

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 which they might have obtained from

[36] Town and Country Journal 15.08.1874 via Trove website

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.[37]

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

3.5.2 The early outbuildings

The 1874 newspaper description also notes the following outbuildings as being present on the site.

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. [38]

A drawing for the 1913 additions shows the plans of the original kitchen, laundry and a separate morgue (Fig 13) running north from the west corner of the original hospital building, and so we have a documented plan of their layout. They can also be seen as the shadow behind the hospital in the Holtermann photo (Fig 9) dated 1870-1875, and very clearly drawn in an 1884 sketch (Fig 14).

The 1913 plans also show what by then is labelled a two room brick Isolation Ward at the rear with lightweight additions or service rooms. It does not show a building labelled as the 1874 brick Operating Room and Dining Room. However, a brick building in the same location of the Isolation Ward is sticking out from the side of the hospital in the 1881 sketch (Fig 11).

In James Jarvis' history he notes that a Government grant of £800 was awarded in 1877 for building wards for infectious cases. This is an error as there is no record in the newspapers or the Colonial Secretary's grant list of £800 going to Dubbo for building works, and these things were always recorded. When senior Government members visited Dubbo in 1884 the main lobbying was for a fever ward, showing no grant had been awarded. Jarvis has made a typographical error, as there was an identical grant for the same amount, £800, for a fever ward in 1887, which was fully reported in all the expected places.

Dubbo did receive smaller grants in its early years and a later article notes that many additions were made to the hospital after opening.

During the first four years of its existence, many important additions and alterations were made to the hospital... there was no fever ward then;

[37] The Empire, Sydney 27.07.1869 p4 via Trove Website

[38] Town and Country Journal 15.08.1874 via Trove website

that has only been added within a recent period. In 1888 the new wing was opened…[39]

The outbuildings noted in the 1874 article were thus built 1870-1874 and included the Kitchen block and the Operating/Dining block, which occupies the same position as the building show in the 1913 drawings as the Isolation Ward.

It is fairly clear from this that in 1907 or 1913 the c1874 Dining Room and Operating Theatre were converted to an Isolation Ward to replace the 1887 Fever Ward that had been incorporated into Vernon's 1907 Hospital Building. As such we have documentation of the layout of the original 1870s Operating Theatre (the smaller room) and the 1870s Dining Room (the larger room with fireplace).

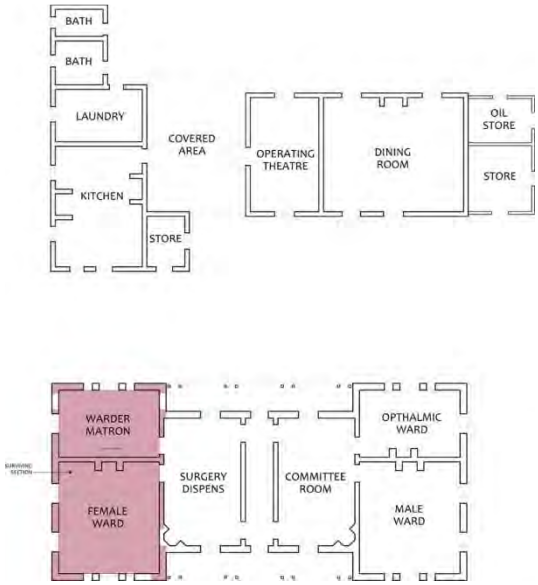

Figure 13 Layout of 1870-1874 outbuilding additions to original hospital based on 1913 plan. *Dubbo Health Service Archives*

Figure 14 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 1890s addition at the rear. *The Mail – Sydney 1884 – Macquarie Regional Library Local History*

3.5.3 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.[40] 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 Gothic detailing that was common in the last decade of the 19th Century. This includes a steeper pitched roof, decorative fretwork to the barges, and iron lace to the verandah. However the design remains firmly Georgian with decorative voissour

[39] *Dubbo Liberal and Macquarie Advocate* – 26.02.1896 p2

[40] www.legislation.nsw.gov.au/sessionalview/sessional/act/1886-32a.pdf

arches to the windows, the heavy pilasters reappear as a major feature this time as quoining, and the building has a seven bay frontage with a feature central bay.

Figure 15 The 1887 Fever Ward building. *Macquarie Regional Library Local History*

The two main buildings on the site at the time shared a very similar design character, and from this it would be plausible to argue the new building may also from the hand of GA 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.

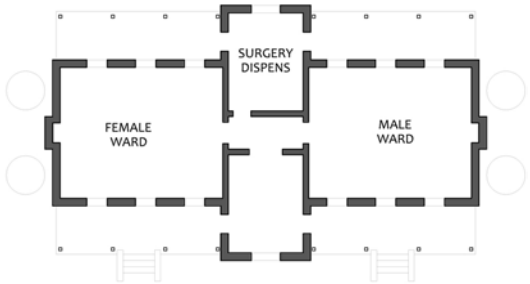

Figure 16 The very simple and symmetrical plan of the building in 1887. Room uses are estimates only. *Adaptive Architects Pty Ltd 2012*

By this time the architect has become aware of the new theories of hospitals and has raised the ceiling to allow for highlight windows for ventilation. The theories of Florence Nightingale were influencing hospitals as early as 1883 on the North Head Quarantine site. The building is still a rudimentary interpretation and is missing many aspects advocated by Nightingale.

Figure 17 The two buildings formed a streetscape that had a high degree of unity from 1887 to 1907. *Macquarie Regional Library Local History*

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.

3.5.4 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 in an 1884 sketch of the building (Fig 14 above) but do appear in a c1890 photo (Fig 19). As they have a very similar character to the 1887 ward and may have coincided with that work we have assigned them a date of c1890.

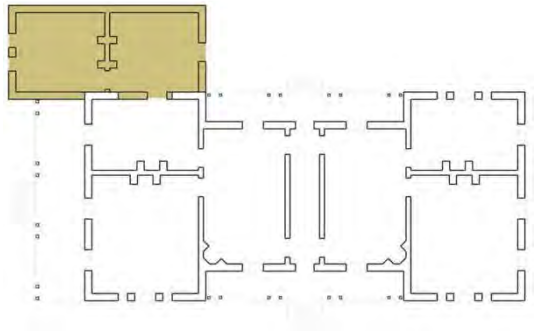

Figure 18 Reconstructed addition of two rear rooms to original 1868 building. *Adaptive Architects Pty Ltd 2012*

Figure 19 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, so it cannot be after 1907. This is likely to be a photo of the completed c1890 additions. It shows the additions were very like the 1887 Fever Ward and may be contemporary. *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.

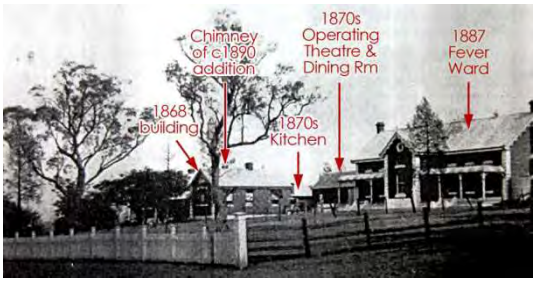

Figure 20 Photocopy of photo showing chimney of c1890 addition. Loosely dated turn of the century, it shows the additions to the 1868 building predate the 1907 building. *Hospital Archives in Dicks, p7*

3.5.5 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 thus wanted 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 and adaptation 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.

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).

1907 PART DEMOLITION OF 1887 BUILDING

A consequence of the Vernon design was serious damage to the 1887 building, which was incorporated into the 1907 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 but with a different opening configuration to accommodate the beds between windows. This extensive and costly renovation shows how seriously Vernon took Florence Nightingale's recommendations.

Vernon adopted a similarly sized large two pane double hung window under an awning highlight window for ventilation as the original building's large twelve pane double hung windows, and substituted a simple segmental arch for the Georgian voissour lintels of the original. He needed to remove the distraction of the central 1887 gabled feature and to make the building look like a wing of his new building.

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. Where Vernon introduced a new external wall they have cavities and are built in stretcher bond. Not shown on his plans, it would seem that the need for engaged piers was also introduced during construction, 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.

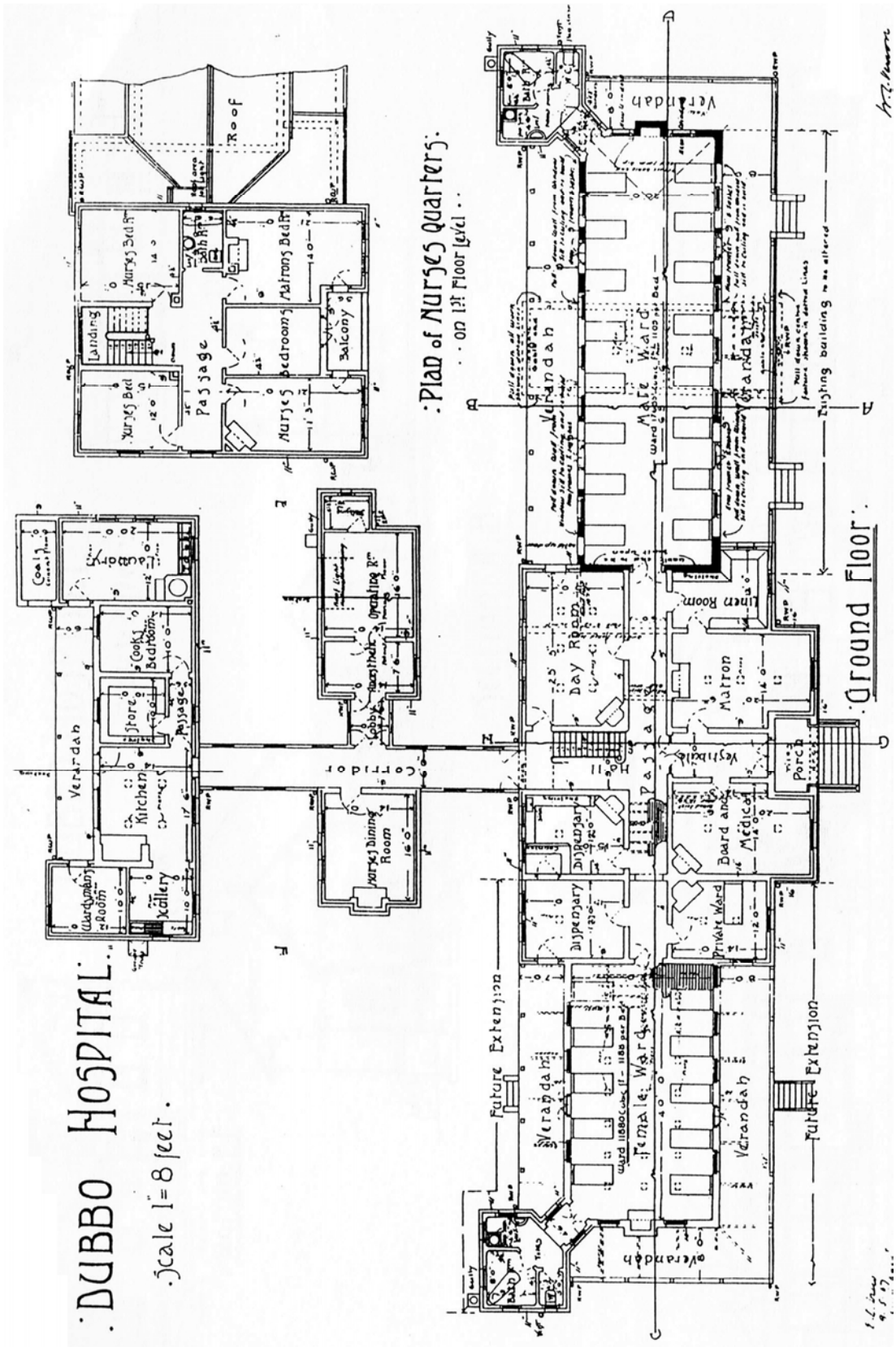

Figure 21 Vernon's plans for the 1907 works to the hospital – *Dubbo Health Service Archives*

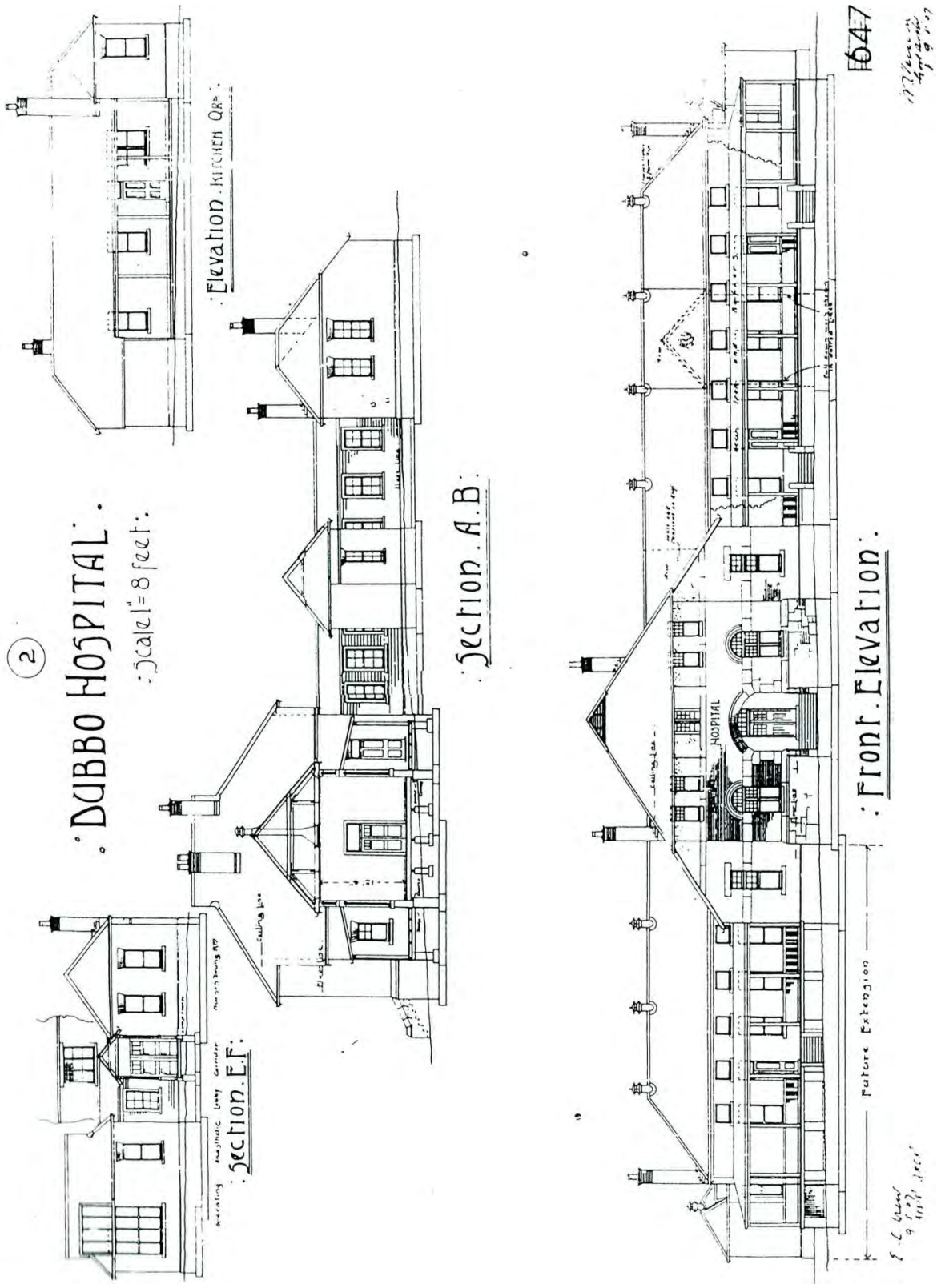

Figure 22 Vernon's elevations for the 1907 works to the hospital – *Dubbo Health Service Archives*

3.5.6 The 1913 wing

Vernon's plan was completed after his term as Government Architect was completed, and was overseen by his successor George McRae. McRae pushed the building out 3'6" (1.07m) longer and 1' (305mm) wider, but otherwise it was carried out as Vernon designed it.

Figure 23 1912 plans by McRae showing the new west wing. - *Dubbo Health Service Archives*

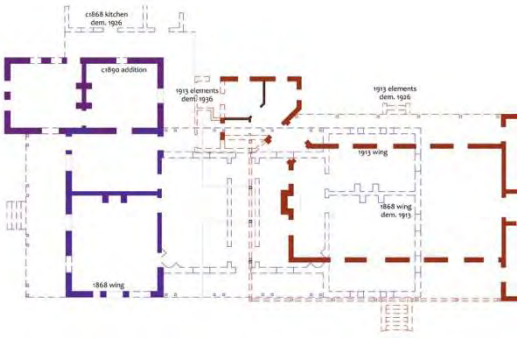

Figure 24 Plans to scale and overlapped as laid out on site. The 1913 wing requires the removal of most of the 1868 hospital. It is possible that Vernon was unaware of this. However, contemporary newspaper reports refer to the then 45 year old hospital building as completely inadequate[41], and so there may have been little will to retain it. - *Adaptive Architects Pty Ltd 2012*

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 25 c1908 photo showing the 1907 building next to the intact 1868 building before the 1913 wing was added. - *Macquarie Regional Library Local History*

A c1913 photo shows how for a time a gable was mocked up to seal the exposed part of the roof space of the 1868 building once the 1913 wing was completed.

Figure 26 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*

3.5.7 1918 Isolation Block

In 1918, in response to the significant Spanish Flu epidemic, George McRae designed a new isolation block. It sat well removed from the rest of the site to the north east, as would be expected. It remained intact until 1966 when it was demolished for a new ward.

[41] Dubbo Liberal 1907 in Dicks p13

3.5.8 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 extended 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.

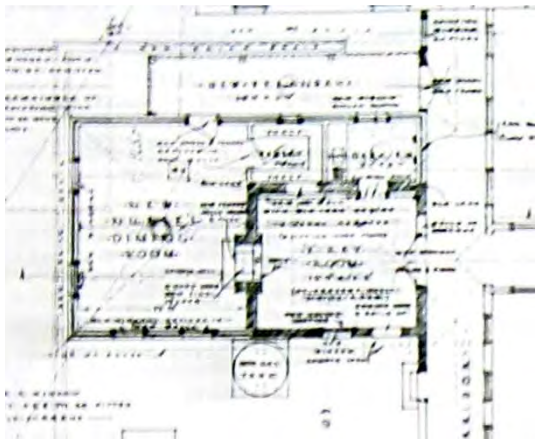

Figure 27 Plan of new nurses' dining room – c1925. *Dubbo Health Service Archive*

3.5.9 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 1870s kitchen and laundry, and the 1870s operating theatre-dining room / 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.

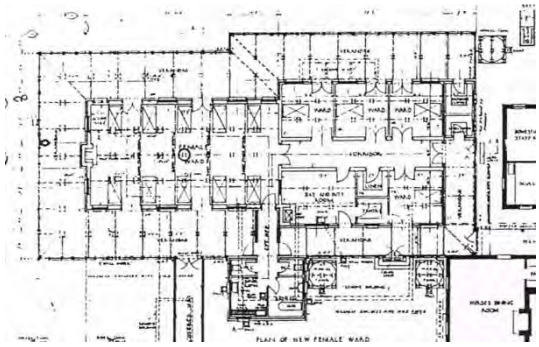

Figure 28 Plan of 1926 Female Ward. – *Dubbo Health Service Archive*

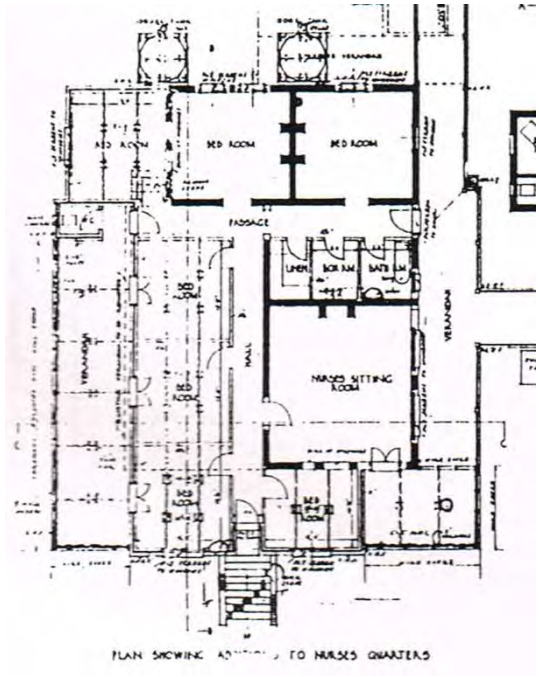

Figure 29 Plan of 1926 additions to the old 1868 hospital building to create a new nurses' residence. – *Dubbo Health Service Archive*

Still surviving are Wells's changes to the 1868 hospital building. Having been left only four rooms of the building, Wells was given the task of building another half onto 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 original windows were changed to narrow windows. The lintel type, sill type and window type don't

fit the older style and the c1890 windows were lost in the process.

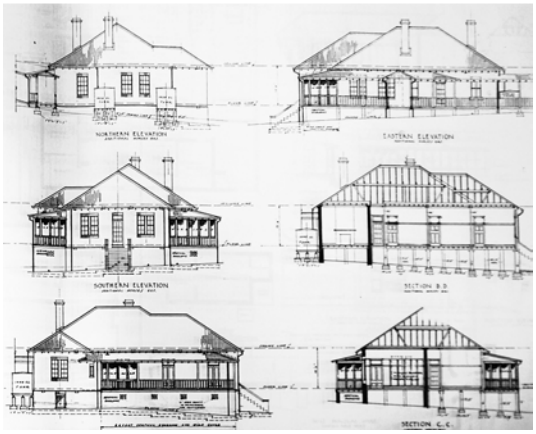

Figure 30 Elevations of 1926 additions to the old 1868 hospital building to create a new nurses' residence. – *Dubbo Health Service Archive*

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. This has unfortunately had a detracting impact upon the building as a whole.

3.5.10 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 commenced in 1935-6 by the new Government Architect, Cobden Parks. 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[42]. 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.[43]

Parkes took 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 / Georgian village.

[42] Dicks, p18

[43] ibid

NEW MALE WARD

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

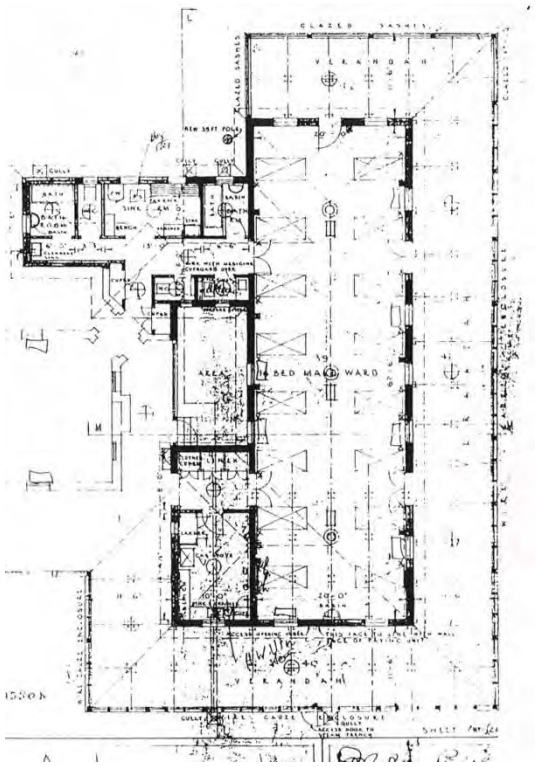

Figure 31 Parkes' plan for the new male ward. Showing some sensitivity, Parkes pulls away from the old building and allows the verandah to return between the old and new buildings. *Dubbo Health Service Archives*

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.

A detailed review of the status of this building has shown that it has been significantly modified, but that the overall form is intact and can be recovered. The main ward room remains as one space, with low subdivisions, but all the openings have been changed and some parts of walls have been cut out.

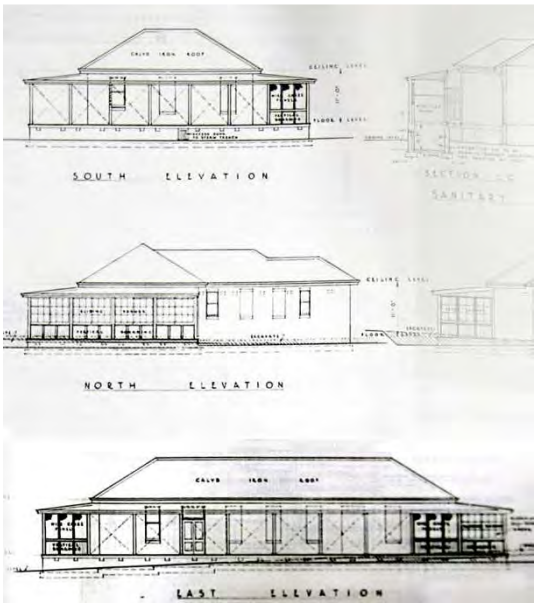

Figure 32 Parkes's elevations of the new male ward are influenced by the Georgian expression of the wings to Vernon's building, which was influenced by the 1887 building, and in turn by the 1868 building. - *Dubbo Health Service Archives*

Most of the original openings, despite being bricked up, retain their original lintels, indicating their original position, width and height. Only some windows on the south face are missing lintels.

Figure 33 Lintels on east wall of 1936 f. Male Ward for the former door and window. The eaves and roof remain intact – *Adaptive Architects Pty Ltd 2014*

Figure 34 Matching window lintel on south side of door – *Adaptive Architects Pty Ltd 2014*

Figure 35 Significant reworking is evident on the south facade. The lintel to the left has been shortened by later brick changes, while the lintel to the right is completely missing perhaps due to the much larger window introduced. The only section of verandah surviving is on the left side of the image – *Adaptive Architects Pty Ltd 2014*

Figure 36 This view is quite instructive showing that Parkes's verandah was significantly higher than the altered verandah to the 1887 wing, and gives the dimensions to reconstruct the verandah. It also shows the surviving section of brickwork from the 1887 Fever Ward – *Adaptive Architects Pty Ltd 2014*

Internally the ward room is one large open space, but all openings have been infilled. The lime render has been stripped and hard cement render has been used throughout. Given the damage that results from trying to remove hard render it would be best to leave this be.

Figure 37 Internally the former Male Ward remains as a single space. The ceilings are modern, and may have been installed below original ceilings as in common in small hospitals. The internal walls have had their lime render stripped off for hard cement render. The floors are concealed and may have been concreted or are intact – *Adaptive Architects Pty Ltd 2014*

Figure 38 A large section of the original internal wall has been removed to open into an adjacent space, and a lightweight partition encloses a space – *Adaptive Architects Pty Ltd 2014*

It is unclear if the floors remain under later finishes. We would expect the original ceilings to remain above later ceilings, as this is common practice in the small hospitals on which we have worked, and the roof appears otherwise unaltered.

In summary, reconstruction of this wing is possible, but will involve a fair amount of work.

NURSES' ACCOMMODATION

The 1936 Nurses' Accommodation building (later George Hatch building) is the first sign of the rapid expansion that was about to happen to Dubbo Health Service. A very large building compared to the scale of the site to that date, it sought to meet a very strong need for growth in the hospital, particularly in nursing accommodation.

The Nurses' Building is a standalone building set well to the east of the original building group on a newly purchased site, and was designed to form a streetscape with the earlier buildings. In its original form it aligned with the predominant Myall Street setback created by the other buildings on the site.

The original design for this building was done in 1934 by Edwin Smith, and the floor plan has not changed in Parkes' 1936 design. Parkes dresses the repetitive design up in Georgian style, which works well for the original extents of the building.

Photographs of the 1936 nurses' building in progress of construction can be found in the *Narromine News and Trangie Advocate* on Thursday 5 November 1936 p4.

By 1938 the press were echoing community pleading for extensions to the hospital, which seems to have overrun its facilities dramatically. The first proposals to give up on the whole site and build a new hospital elsewhere were being put seriously, and a massive redevelopment was being planned.[44]

Reports of chronic shortages of nursing accommodation lead to a very quick expansion of the nurses' building in 1938.

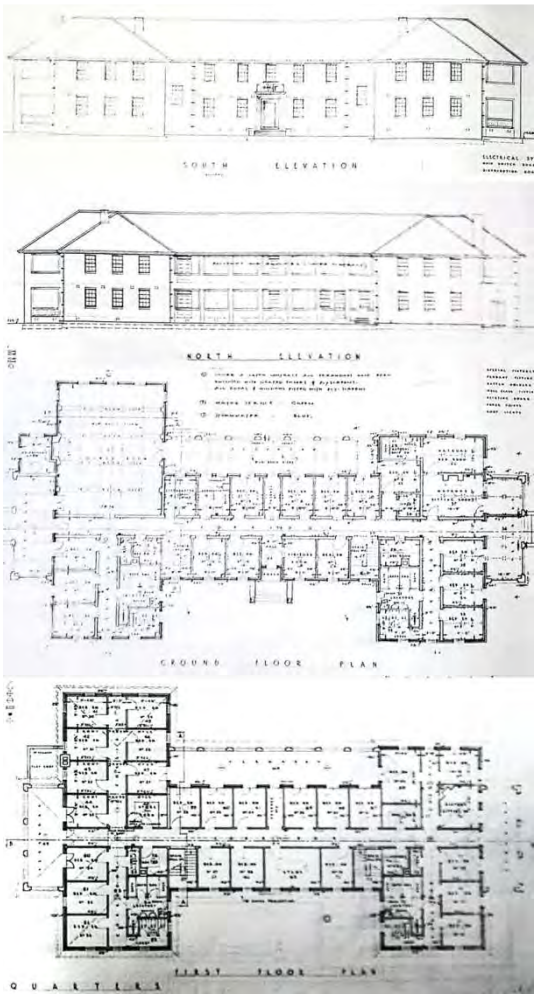

Figure 39 Parkes's plan for the nurses' accommodation building. This is the 1936 plan; the building was extended to the south in 1938. *Dubbo Health Service Archives*

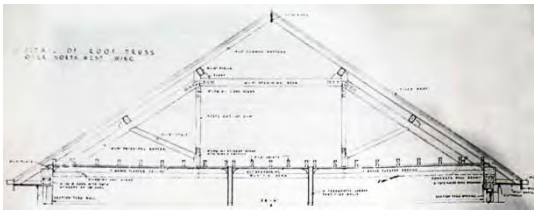

Figure 40 Parkes's truss detail for the nurses' accommodation building. This means that all internal walls are non loadbearing, but may play a role in stabilising the building. *Dubbo Health Service Archives*

Unfortunately the extensions of the front wings meant the scale of the building started to get too large for the Georgian style. Nonetheless the building still has architectural merit, and reportedly also has

[44] *The Dubbo Liberal and Macquarie Advocate* – 26.02.1938 p1

some interesting original interior features, and has a very interest roof framing.

In 1938 there was a significant problem with the building and it was left unoccupied for five months due to what was reported as severe cracking and problems with the concrete beams over the common room (conference room). The Department was of the view that it was safe for occupancy, but a local architect wrote a report saying it wasn't. An inspection found large cracks in six rooms and the hallway, one brick had even split in half. Portions of the wall were out of alignment by inches (~50mm) and the floor had sunk considerably. This was caused by the failure of the 28' (8.5m) reinforced concrete beams in the common room ceiling.[45] These faults were rectified.

Figure 41 Ground floor fire egress plan of the building in its current configuration.

Our 2014 inspection noted that the interior of the building is highly intact with a good range of original finishes, doors, windows and even ceilings. The building is very highly compartmentalised and repetitive, with fairly narrow corridors. Outside the large conference room with its fireplace and the former Matron's rooms there are no real features. The hurried 1938 extensions to the south have exacerbated the sense of a long and narrow corridor by doubling their length.

Figure 42 Original stairs are intact and add an interesting design element. Made from terrazzo treads with steel balustrades and heavy timber wreathed handrails – *Adaptive Architects Pty Ltd 2014*

Figure 43 The workmanship found in the original section is still at the high level of craftsmanship of earlier periods, usually with a creative approach – *Adaptive Architects Pty Ltd 2014*

Much of the natural light that was originally available in the building has been covered by later development, particularly

[45] *The Dubbo Liberal and Macquarie Advocate* – 15.12.1938 p5

the complete enclosure of the north verandahs. As a result, the building feels very enclosed and much of the environmental character intended by Parkes has been lost.

The building has had some very recent additions, some c1950s sash infill of the previously open verandahs, and Brutalist concrete 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, but these are concealed in the structure. This sort of framing would be worth preserving or at the least salvaging.

The original Parkes 1936 structure could not be recovered without demolishing a large proportion of the building, which would reduce its overall value for retention. It is thus not feasible to try to recover the original design of the building. The structure can only be assessed in its present form, which has some significantly compromised fabric.

The 1938 structure has much less value aesthetically due to its impact on the original, and as it was driven by political necessity as a stop gap measure with the architect expecting that it may be demolished as part of the large renovations to the site. It has to be seen as a detracting element, despite being so close in date to the original.

The other additions; the sash infill to verandahs and the c1980s addition to the north are also detracting elements.

OTHER 1936 CHANGES THAT HAVE SURVIVED

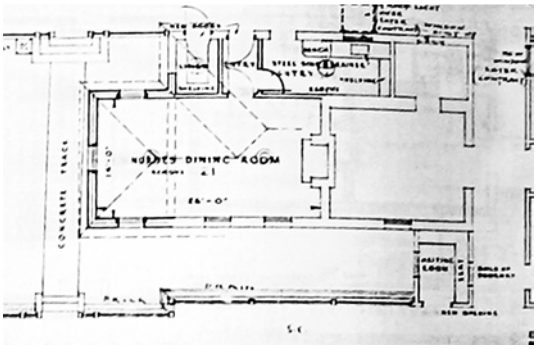

Figure 44 The room that now forms the chapel before the removal of the internal fireplace. – *Dubbo Health Service Archives*

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.

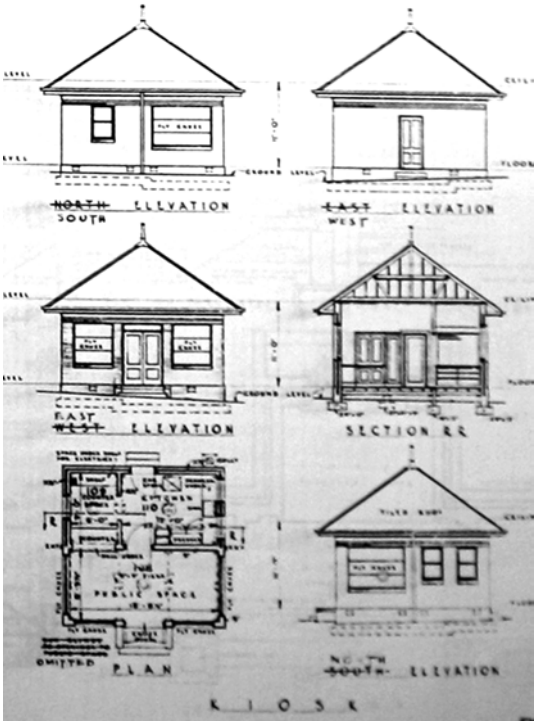

Figure 45 1936 Kiosk designed by Cobden Parkes. – *Dubbo Health Service Archives*

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.

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.

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 was then demolished in Stages 1&2 of the current round of developments.

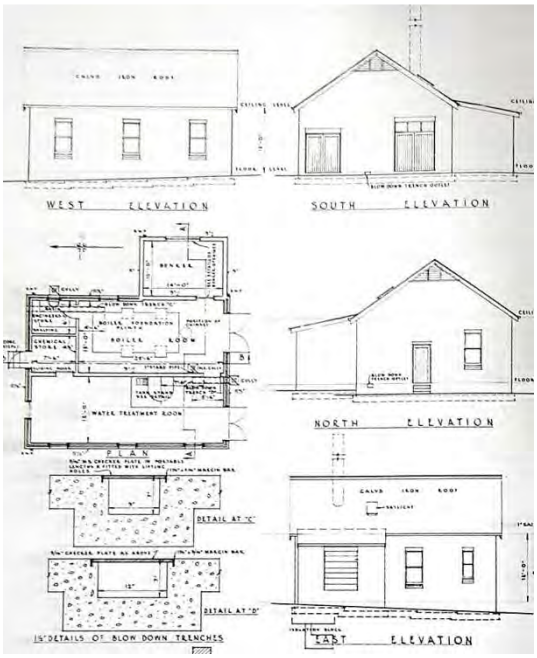

Figure 46 Parkes's 1936 boiler house, since demolished.

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 47 **The site in 1942 - *NLA***

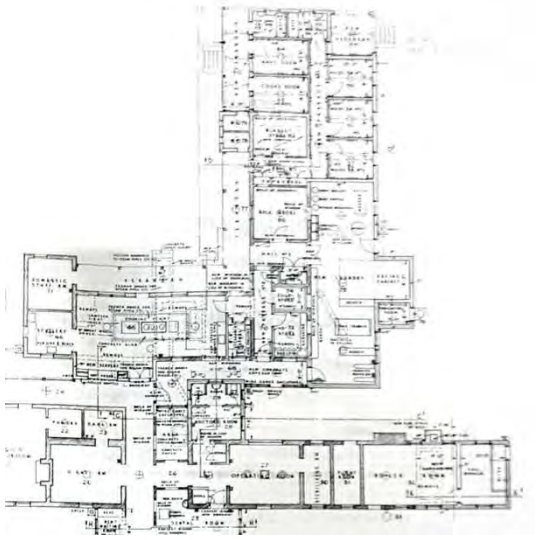

Figure 48 The extensions to Vernon's outbuildings make them almost unrecognisable by 1936. A number of stages of growth modified the kitchen, most notably in 1926, and in 1936. *Dubbo Health Service Archives*

3.5.11 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 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.

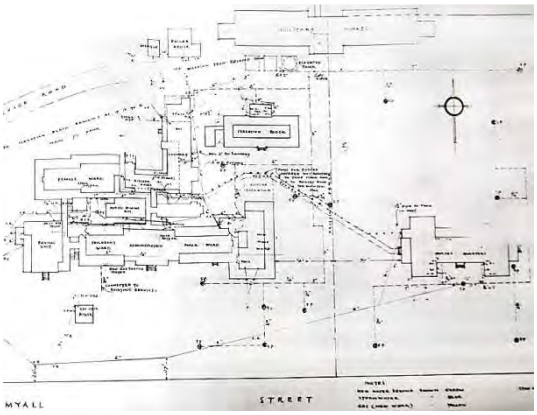

Figure 49 c1937 plan showing the 1936 nurses' home but not the 1938 additions. The military wards can be seen at the top right. – *Dubbo Health Service Archives*

3.5.12 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 1868-1926 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.

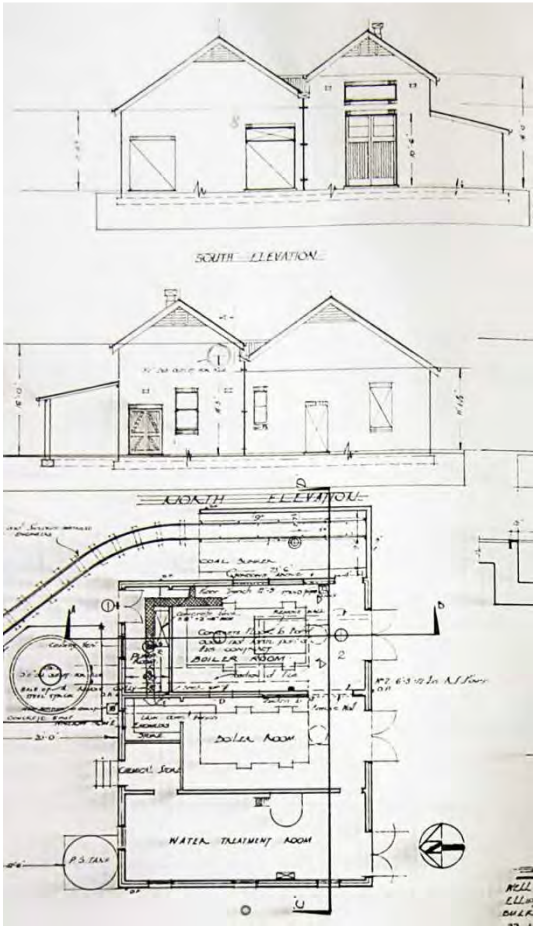

Figure 50 1942 works to enlarge boiler house - Cobden Parkes. – *Dubbo Health Service Archives*

3.5.13 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 Domestics 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 51 Cowra Hospital was originally designed for Dubbo by Cobden Parkes 1947-1950.[46]

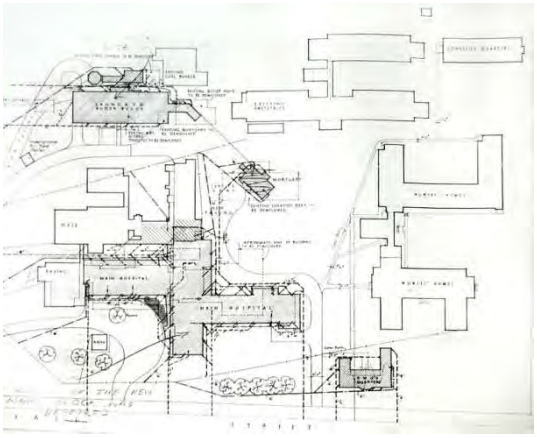

Figure 52 1950 proposal for high rise hospital that did not eventuate. Note that this plan would have demolished almost all heritage buildings on the site - Cobden Parkes. - *Dubbo Health Service Archives*

However by this time the 1950 election had been held, resulting in a hung parliament and a terminal blow to the Premier, who was replaced by Joseph Cahill in 1952[47]. The very large hospital was transferred to Cowra, and Dubbo did not see any of the grandiose plans intended for it.

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

[46] http://www.redbubble.com/people/garts/works/7097652-cowra-hospital

[47] ADB Online – Premier James McGirr 1947-1952

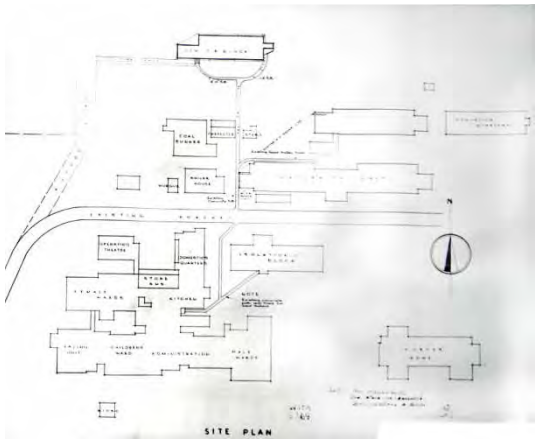

Figure 53 1954 site plan showing that only the domestics quarters had been built. – *Dubbo Health Service Archives*

3.5.14 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 53) shows the general sweep of development across the site corrected by reviewing the documentary evidence.

THE 1952 DOMESTICS BUILDING

Figure 54 1952 Domestics Quarters – designed by Cobden Parkes in 1947. – *Dubbo Health Service Archives*

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 was so large that the Georgian style would have been an inappropriate expression. The building was demolished as part of the Stage 1&2 redevelopment works.

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. These buildings were demolished as part of the Stage 1&2 redevelopment works.

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 Block and Medical and Surgical Wards.[48] These buildings were designed by Leighton Irwin & Company Pty Ltd, Architects and Engineers.[49] The new kitchen building swept away the cluttered centre of the

[48] Dick 1988, p.28

[49] Perumal Murphy Wu 1996, p.5

site, but also removed all of Vernon, Blair and Parkes buildings within the zone. 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.

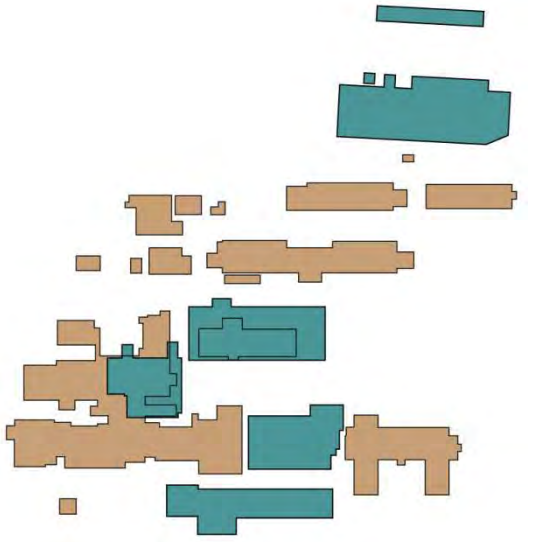

Figure 55 The 1954 archive plan (shown in light brown) overlaid with 1960s buildings (green). – *Adaptive Architects Pty Ltd*

Figure 56 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 – *Adaptive Architects Pty Ltd 2012*

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

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.

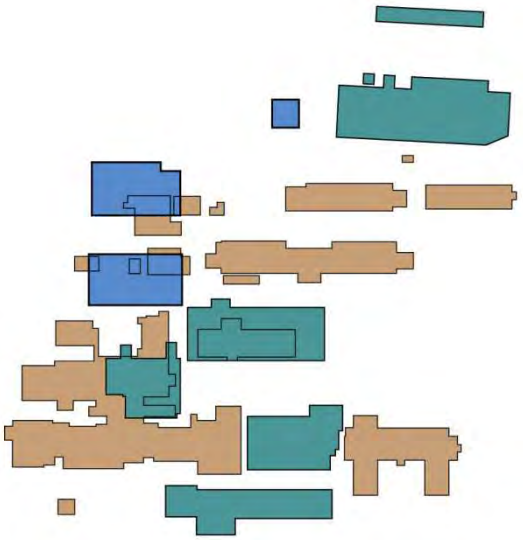

Figure 57 The 1970s buildings added in blue. – *Adaptive Architects Pty Ltd*

THE 1980 BUILDINGS

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

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.

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

Dubbo Health Service is now undergoing a major redevelopment that has already stretched over a number of years, and will continue for a number more. Stages 1 & 2 have been completed and now Stages 3 & 4 are underway.

4 Assessment of Heritage Significance

4.1 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 is the local Council.

The site is listed on the *Department of Health's s170 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 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 their study.

4.1.1 Consultation

During the HIS preparation in 2012 we undertook 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 NSWOE&H.

Graham Hall's comments were 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 wanted to focus more on the need to encourage the removal of the front balcony enclosures to the 1907-1913 buildings 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 NSWOE&H 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.

4.2 Detailed Assessment of Significance

4.2.1 SHI Criteria a - Historical Significance

Dubbo Health Service 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 1868 building on the site. LOCAL

4.2.2 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, some intact and many since removed. LOCAL

4.2.3 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

4.2.4 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

4.2.5 SHI Criteria e - Research Potential

The way Dubbo Health Service 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 provide a historical resource that is highly legible. 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. The 1868 footings extend under the 1913 wing as they were not demolished. 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 1870s outbuildings including kitchen and laundry, operating theatre/dining room (isolation ward), and the 1926-30 Female Ward (F. Samuels' Ward) may have archaeological potential, but much of their footprint appears highly disturbed. Other demolished buildings are underneath later buildings. LOCAL

4.2.6 SHI Criteria f - Rarity

A surviving element from a 1860s hospital is a very 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

4.2.7 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

4.2.8 Intactness

It is interesting in the case of Dubbo Health Service 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 20th 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 need to be reinstated and the buildings allowed to be read as early heritage structures. The intrusive 1968 buildings need to be removed, and a more appropriate expression that respects the heritage curtilage along Myall Street developed.

4.3 Summary Statement of Significance

Dubbo Health Service 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 that has served Dubbo for more than 140 years. The early hospital building group remains highly legible in demonstrating 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 aligned 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.

5 Fabric Assessment and Elemental Analysis

The heritage buildings on the site of Dubbo Health Service 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. 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 1936 Nurses' Home is largely intact, and the interior of this building still features a remarkable level of original fabric elements. The roof structure in this building demonstrates the craftsmanship that existed in this period. Parkes' rushed 1938 changes to this building have had a negative impact, both externally and internally, and later changes have also compromised the early character.

Parkes' 1936 male wing has lost a lot of detail including changes to all openings, the removal of the verandah, additions to the exterior and changes to the internal fitout. The main ward space remains intact, along with the roof, most likely the ceilings, and possibly the floors. Remaining evidence such as lintels to the bricked up openings, the small section of original verandah, and the retained documentation provide evidence for reconstruction and the space is recoverable with some work.

There are later layers among 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.