

APPENDIX **G**

Heritage Impact Statement



HERITAGE IMPACT STATEMENT

Wagga Wagga Base Hospital

Phase 2-3

Acute Hospital Development



Main Ward Building

WEIR PHILLIPS

Architects and Heritage Consultants

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December 2012

EXECUTIVE SUMMARY

1.0 Introduction

This Heritage Impact Statement (HIS) has been prepared to address the heritage impacts arising out of works proposed under Phases 2-3 Acute Hospital Development, part of the Wagga Wagga Base Hospital Redevelopment Project, at Wagga Wagga Base Hospital, Edward Street, Wagga Wagga, New South Wales.

Phase 2- 3 works will involve the construction of a new Acute Hospital of up to eight storeys to the south of the existing Main Ward Building. Upon completion of this facility, the Main Ward Building will be demolished and a forecourt and car park constructed in its place. The works also involve modified access arrangements from Edward Street and new landscaping.

This application is being made under Schedule 1 Clause 14 of the *State Environmental Planning Policy (State and Regional Development) 2011* and Schedule 2 Part 3 of the *Environmental Planning and Assessment Regulation 2000*. Director General's Requirements (DGR) were issued for Phases 2-3 on 16 April 2012 (SSD5237-2012). Under Key Issue 9 Heritage, the DGR state:

A statement of significance and an assessment of the impact on the heritage significance of any heritage items and/or conservation areas should be undertaken in accordance with the guidelines of the *NSW Heritage Manual*.

This statement addresses this requirement.

The Wagga Wagga Base Hospital (or parts of the site) is listed on the following statutory heritage registers:

- NSW Department of Health's *Section 170 Register*: 'Wagga Wagga Base Hospital'. This Register is established under the auspices of the *NSW Heritage Act 1977*.
- *Wagga Wagga LEP 2010*: 'Wagga Wagga Base Hospital (c.1960 Building)'. This plan is hereafter referred to as the *Wagga Wagga LEP 2010*.

In addition, Wagga Wagga Base Hospital is located within the vicinity of the Wagga Wagga Conservation Area as defined by the *Wagga Wagga LEP 2010*. Given the height of the proposed works, the proposal has the potential to impact upon the Conservation Area and any individually listed heritage items in surrounding streets.

This HIS has been prepared at the request of NSW Health Infrastructure to accompany an Environmental Impact Statement prepared by LFA (Pacific) Pty Ltd. A separate archaeological report has been prepared by Archaeological Heritage and Management Solutions.

2.0 Location

The City of Wagga Wagga is located in the Riverina Region in southern New South Wales, Australia. Wagga Wagga Base Hospital is located approximately one kilometre away from the Wagga Wagga Central Business District.

3.0 Historical Development

Wagga Wagga lies in the lands of the Wiradjuri (*Wirraaydhurray*) people.

The subject site was dedicated as a hospital site on 3 January, 1907. The first building on the site, now known as the Old Hospital Building, was designed by the Government Architect W.L. Vernon, with working drawings prepared by local architect W.J. Monks. Funds for construction were raised locally and through Government grants. By the time builder Charles Hardy commenced work in 1907, the decision had been taken to build only the central section and one of two wings of Vernon's original design. Ancillary buildings, including a Nurses' Home and Morgue, were also constructed. Even before the Hospital was officially opened in September 1910, Vernon's Federation Queen Anne Style building was lavishly praised in the local press. By 1921 sufficient funds had been raised to build the second planned wing. Plans for this wing, which included a special children's ward, were prepared by Government Architect G. McRae and were true to the Vernon's original design; the work was completed in 1922.

During the period leading up to World War II, new buildings were constructed and alterations and additions carried out to existing buildings in response to government administrative changes, local population growth, medical advances and the types of illnesses being treated. Wagga Wagga Hospital was declared a Base Hospital in June 1934. Major works of this period include a New Nurses' Home (later Harvey House and now the UNSW Rural Clinical School), 1936; the conversion of the original Nurses' Home into Private and Intermediate Wards (later Rawson House), 1937; the construction of a dedicated Maternity Ward (later Robinson House), 1938; and the construction of a New Laundry and Kitchen Block, 1942. Building continued into the Post World War II period, with the addition of an Administration Block to the Old Hospital Building, 1946; the construction of a New Nurses' Home (Lewis House), 1948; and the construction of a T.B. Unit (Gissing House), 1956.

Wagga Wagga was declared a City in 1946 and continued to expand as new subdivisions were carried out. Planning for a multi-storey ward building commenced in the early 1950s, under Government Architect Cobden Parkes, and continued under his successor Edward Farmer. The building provides an example of the Functionalist Style, a style that dominated hospital design from the early 1940s through to the early 1960s. It is a late, comparatively modest, example of the style. Work commenced in until 1961 and the new building was opened in 1963, together with a new Nurses' Home (part of Lewis House) and a New Nurses' Training School (now Schofield House).

The changes that have occurred in the delivery of health care services and in medical treatment since the 1960s have significantly affected the efficiency of the buildings constructed at or before this time. Plans for extensive reconstruction of the Wagga Wagga Base Hospital in the 1970s were later abandoned. Existing buildings continued to be remodelled to meet demand and, in some instances, carry out new functions. Construction work in the 1990s provided a Dental Clinic, Hydrotherapy Pool and Clinical Services Building.

Throughout its period of operation, numerous individuals and groups have been closely involved with the Wagga Wagga Base Hospital, including members of staff and the hospital board, and community groups, such as the Hospital Auxiliary and Country Women's Association. Their involvement is commemorated in the fabric of the place and in street and building names.

4.0 Site Assessment

Wagga Wagga Base Hospital is bounded by the Sturt Highway (Edward Street) to the north, Rawson Lane to the south, Docker Street to the west and private properties to the east. The principal access into the site is from Lewis Drive, off Edward Street. The main portion of the site comprises an area of approximately 4.2 ha; car parking on adjacent lands provides an additional 1.5 ha. The site falls approximately three metres from south to north.

The surrounding area is predominately residential and is characterised by free standing single storey dwellings constructed during the Federation and Interwar periods, interspersed with later developments. Some of these dwellings have been converted for use as medical suites.

Phase 2-3 works are located in the north eastern corner of the Hospital Site. The principal building in this area is the Main Ward Building, an eight storey predominately brick Functionalist Style building, with long, narrow, eastern facing balconies with rendered balustrades. The Main Ward Building has a deep set back from Edward Street and lies on the western side of Lewis Drive, which provides the principal access into the site. The area to the north was, until recently, an informal grassy lawn forecourt that ran across the front of the site from Lewis Drive to Docker Street in the west. A new car park is currently under construction in this area.

The area to the north east of the existing Main Ward Building, on the opposite side of Lewis Drive, is currently occupied by a car park, with limited boundary planting. There are single storey buildings to the east and south east. Of these buildings, Scofield House and the four bungalows owned by the Hospital at Nos. 10-16 Yabtree Street have been demolished, while Gissing House and the Old Mortuary have been approved for demolition. The new Mental Health Facility, a three storey building, is under construction in this area. The alignment of Lewis Drive will be modified to allow for the construction of this building.

To the west of the Main Ward Building, lies the Old Hospital Building, constructed in phases between 1910 and 1946, with later alterations and additions. The building is two storeys in height and of predominately brick construction. Its elevations present as a conglomeration of different architectural periods, most notably the Federation Queen Anne Style of the 1910 and 1922 wings and the Interwar Functionalist Style of the 1946 addition to the front.

To the south west lies the recent Clinical Services Building, a substantial one and two storey building, which helps to separate the former Nurses' homes- the two storey Interwar period Harvey House (now the UNSW Rural Clinical School) and the three storey Post World War II Lewis House- from the site of the proposed works. These buildings principally address Docker Street.

5.0 Statement of Significance

For the Site as a Whole

Wagga Wagga Base Hospital has high local historic and social significance as a place from where medical services have been continuously provided to the people of Wagga Wagga and the surrounding districts from 1910 to the present day. From this time, the site has been the focal point for medical services in Wagga Wagga and has evolved in line with the community it serves. As for many hospital sites across New South Wales, the site demonstrates state-wide patterns concerned with changing medical practices and technologies, government policies, community expectations and nursing services.

The site demonstrates a strong continuity of use, despite the lack of integrity demonstrated by some individual buildings.

Wagga Wagga Base Hospital has local significance as a place of significant and widespread community involvement. The site is directly associated with many individuals, most notably the doctors, matrons, nurses, student nurses and other staff, who have worked in the Hospital since 1910, and with people who have served on the Hospital Board. Many of these people have had strong and significant ties to the local community. Community groups, such as the Hospital Auxiliary and the CWA, have close and sustained ties to the Hospital. Associations are expressed on site in fabric and in the names of buildings, hospital wards and streets.

Wagga Wagga Base Hospital has minor significance as one of many hospital sites across the state capable of demonstrating the evolution of hospital design and architecture over a prolonged period. There are extant examples of the work of the NSW Government Architect's Office from Federation times through to the Post World War II. Given the extent of alteration to key buildings, however, much of this aspect of significance lies in historic records. The most significant and intact buildings on the site are an Interwar period nurses' home designed by Edwin Smith (UNSW Rural Clinical School, formerly the 1936 Nurses' Home, later Harvey House) and a Post World War II Functionalist Style ward block designed by Cobden Parkes (preliminary design) and Edward Farmer (realised design). These two buildings have aesthetic significance as examples of their type and style and for their contribution to the streetscape; neither, however, are rare beyond the local context or exceptional as benchmarks in architectural style or hospital design.

For the Main Ward Building

The Main Ward Building at Wagga Wagga Base Hospital, Wagga Wagga, New South Wales has local historic, aesthetic and social significance as part of the site from where medical services have been continuously provided to the people of Wagga Wagga and the surrounding districts from 1910 to the present day. Opened in 1963, the building is symbolic of Wagga Wagga's status as a regional centre.

The Main Ward Building is associated with the New South Wales Government Architects Cobden Parkes, who began the design, and Edward Farmer, who completed it. The Building is a representative example of the Functionalist Style, a style synonymous with the revolution in hospital architecture that occurred in the 1940s; it continued to dominate hospital architecture until the mid 1960s. Within this large group of buildings, the Main Ward Building, while substantially intact, is a late and comparatively modest example of the style. It lacks the architectural flair that sets apart of the best examples of this style and was neither innovative nor influential on later designs. Its landmark qualities arise more out of its size and community associations, than outstanding architectural merit.

6.0 Summary of Heritage Impact

Demolishing the Main Ward Building will impact upon this site but is unavoidable if the best acute hospital care is to be delivered to the people of Wagga Wagga. Major changes have occurred in the delivery of health services since this building was constructed. Architecture that was appropriate in 1963 now mitigates against the delivery of suitable service. The building cannot be adaptively re-used for clinical purposes. Maintaining a non-clinical building of this size and in this location would seriously impede the running of the new hospital.

The architectural merit and rarity of the Main Ward Building is not such that its retention is critical to maintaining an understanding of the Functional Style hospital and the type of service that it provided. The building has been assessed as being

representative of the type. It is a fair example of the style without being exceptional; it is one of a number of examples across New South Wales. The building lacks the subtle attention to form and detail that elevate the best examples of hospital buildings in this style. This building followed established tradition without new innovation and is of a type of hospital design that was soon to be superseded in the face of dramatic changes in the delivery of health care. The striking external staircase is not an original element, but a relatively recent addition. Its landmark status is derived more from social significance and its size, than architectural merit. Retention on the basis of its relative significance within the group of Functionalist Style hospital buildings is not justifiable when there are critical health benefits to be obtained by allowing its demolition.

The Main Ward Building is not critical to the understanding of the significance of the site as the Wagga Wagga Base Hospital. Indeed, demolition of the building is critical to maintaining ongoing health services on this site, which is central to its significance. There are other ways in which an understanding of the architectural type and social significance of the Main Ward Building can be preserved, chiefly through interpretation and archival recording. Recommendations to this effect are made in this statement.

The new Acute Hospital will not block view corridors towards significant buildings on the site, notably the UNSW Rural Clinical School, from the public domain. It will read as larger, modern element within its immediate setting in much the same manner as the existing Main Ward Building.

The proposed new work will have no additional impact on the nearby Wagga Wagga Conservation Area than the existing Main Ward Building. Demolition of this building will not impact upon understanding the significance of this area as a place of Victorian, Federation and Interwar period housing. The new building will not block important view corridors into, within or out of the Conservation Area. It will read, as does the existing, as a large scale building outside the area. The elevations are well detailed and articulated to help break up massing and scale. Changes to landscaping, car parking and access to Edward Street will not be apparent from the Conservation Area and will thus have no impact.

7.0 Recommendations

It is recommended that the Main Ward Building and its setting be archivally recorded to NSW Heritage Branch standards prior to demolition and that moveable heritage items, such as the foundation stone, commemorative plaques etc be removed and securely stored for potential use in the interpretation of the site. An interpretation strategy for the site as a whole should be prepared as part of later phases of the site's redevelopment.

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1.0 INTRODUCTION

1.1 Preamble

This Heritage Impact Statement (HIS) has been prepared to address the heritage impacts arising out of works proposed under Phases 2-3 Acute Hospital Development, part of the Wagga Wagga Base Hospital Redevelopment Project, at Wagga Wagga Base Hospital, Edward Street, Wagga Wagga, New South Wales.

Phase 2-3 Acute Hospital Development will provide a modern, contemporary health facility to meet changing clinical needs and expanded activities. The proposed development will be carried out as part of the phased delivery of the overall hospital redevelopment, which allows for the ongoing service provision from the existing hospital while new facilities are built. As phases are completed the relevant existing services will be de-commissioned, allowing demolition of these buildings and the provision of new buildings and associated car parking in their place.

The Phase 2-3 development will involve:

- The delivery of 25,000m² new development replacing the Acute Hospital, comprising expanded emergency department, helipad, imaging suite, operating theatres, sterile services, inpatient units, new procedure centre, critical care facilities, women's and children's health facilities, angiography and cardiac catheter suite, diagnostic services, increased support services, pharmacy and new main entrance (including cafe and retail area).
- A maximum height of 8 storeys, including a rooftop helipad;
- Demolition of the multi-storey Main Ward Building;
- Modified access arrangement from Edward Street;
- New car parking facilities; and
- Integrated landscaping.

The application is being made under Schedule 1 Clause 14 of the *State Environmental Planning Policy (State and Regional Development) 2011* and Schedule 2 Part 3 of the *Environmental Planning and Assessment Regulation 2000*. Under Key Issue 9 Heritage, the DGR state:

A statement of significance and an assessment of the impact on the heritage significance of any heritage items and/or conservation areas should be undertaken in accordance with the guidelines of the *NSW Heritage Manual*.

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In addition, Wagga Wagga Base Hospital is located within the vicinity of the Wagga Wagga Conservation Area as defined by the *Wagga Wagga LEP 2010*. Given the height of the proposed works, the proposal has the potential to impact upon the Conservation Area and any individually listed heritage items in surrounding streets.

This HIS has been prepared at the request of NSW Health Infrastructure to accompany an Environmental Impact Statement prepared by LFA (Pacific) Pty Ltd. A separate archaeological report has been prepared by Archaeological Heritage and Management Solutions.

1.2 Background

A detailed heritage assessment of the site was prepared by Weir Phillips Architects and Heritage Consultants in December 2010 to accompany an application under Part 3A Major Projects Development Approval of the *Environmental Planning and Protection Act 1979*. This HIS makes reference to this earlier report, which is hereafter referred to as the *Heritage Assessment December 2010*. Heritage Infrastructure revoked this application in preference to submitting separate DAs for different phases of the project.

A Baseline Archaeological Assessment for the site was completed by Archaeological Heritage and Management Solutions (AHMS) for Weir Phillips in December 2009. An updated archaeological report has been prepared by AHMS (December 2012) to address Phases 2-3. A copy of this assessment accompanies this application and should be read in conjunction with this statement.

As stated above, this project is part of a phased re-development of the Wagga Wagga Base Hospital. Phase 1 Mental Health Facility was approved on 15 May, 2012, with modifications being approved on 2 November, 2012. This phase granted approval for the demolition of a number of existing buildings on the site, being four interwar period bungalows at Nos. 10-16 Yabtree Street, Gissing House, Schofield House and the Old Mortuary Building. The Yabtree Street dwellings and Schofield House have been demolished. The new Mental Health Facility, a three storey building, is currently under construction.

Approval has also been obtained for the construction of a car park in front of the Old Hospital Building. This car park is currently under construction. Plans are currently being prepared for a new Central Energy Plant, Assessment Management and Mortuary in the south eastern corner of the site.

1.3 Authorship

This HIS was prepared by Alice Fuller, B.Appl.Sc.(CCM), M.Herit.Cons.(Hons), and James Phillips, B.Sc.(Arch), B.Arch, M.Herit.Cons.(Hons), of Weir Phillips Architects and Heritage Consultants.

1.4 Methodology

This statement should be read in conjunction with the other reports cited in Section 1.2 above.

This statement was prepared with an understanding of the NSW Heritage Office (now Branch) guidelines listed under Section 1.6. Reference is made to the Wagga Wagga Council planning documents listed under Section 1.6.

Site visits were conducted between 2009 and 2012. The photographs in this statement were taken on these occasions. These photographs are supplemented by images from Google Maps where required.

1.5 Site Location

The City of Wagga Wagga is located in the Riverina Region in southern New South Wales.

Wagga Wagga Base Hospital is located approximately one kilometre away from the Wagga Wagga Central Business District. The site is bounded by the Sturt Highway (Edward Street) to the north, Rawson Lane to the south, Docker Street to the west and private properties to the east. The principal access into the site is from Lewis Drive, off Edward Street. The main portion of the site comprises an area of approximately 4.2 ha; car parking on adjacent lands provides an additional 1.5 ha.

Figure 1 shows the location of the Base Hospital within Wagga Wagga.

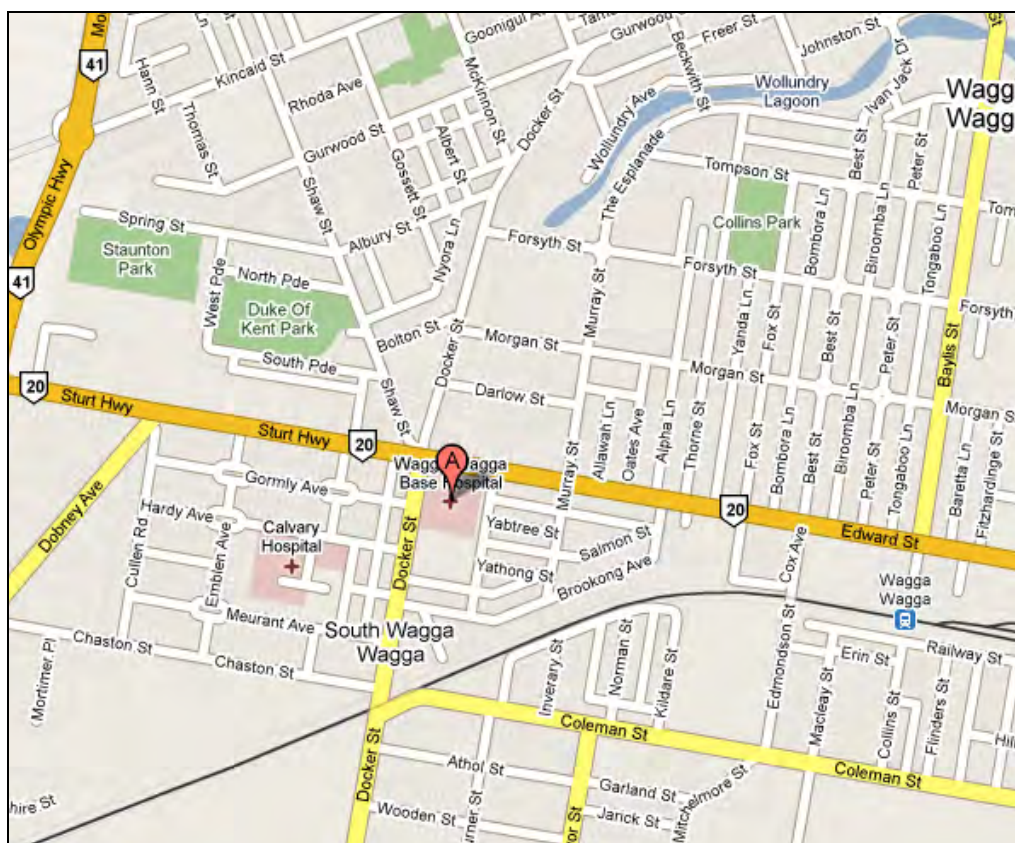


Figure 1: Location of the Hospital within Wagga Wagga
Google maps.

Figure 2 provides a site plan showing the approved Phase 1 works and the location of Phase 2-3 works.

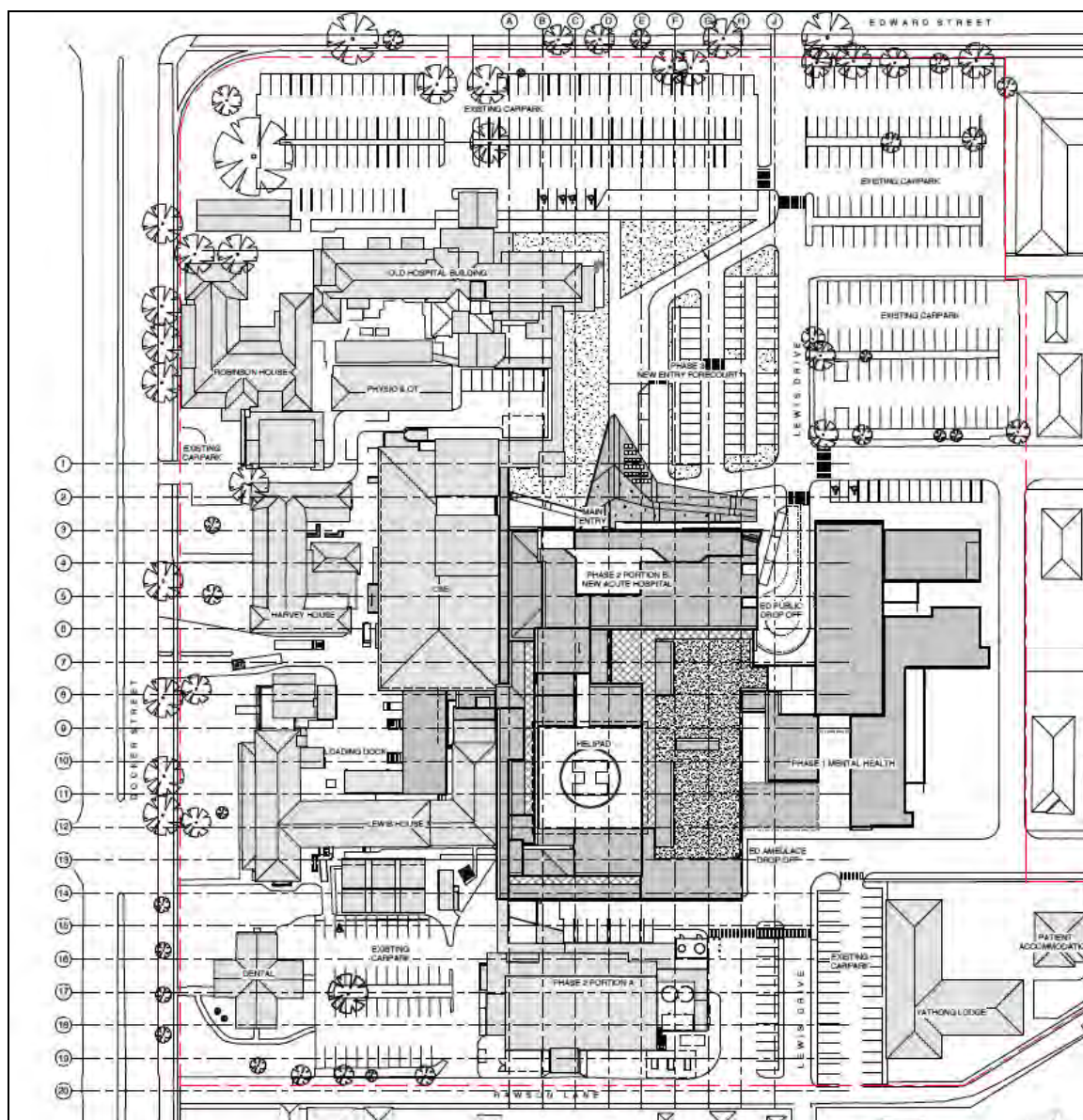


Figure 2: Site Plan
Provided by the Client.

1.6 References

1.6.1 Past Studies and General References

The main reference for this statement is a Heritage Assessment for Wagga Wagga Base Hospital prepared by Weir Phillips Architects and Heritage Consultants in December 2009. Individual references cited from this assessment within this HIS, and references used to provide supplementary information for this statement, are as follows:

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- McPhee Architects, *Conservation Management Plan: Wagga Wagga Base Hospital*. Unpublished document commissioned by The Greater Southern Area Health Service and dated August 2005.
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Journals and Newspaper Articles

- Lewis, R.A., 'A Half Century of Medical Practice in Wagga Wagga', *Journal of the Wagga Wagga and District Historical Society*, NSW, Wagga Wagga and District Historical Society, 1982.
- 'New Wagga Hospital: Committee Meet the Government Architect/ Operations to be Commenced', *The Wagga Wagga Advertiser*, 12 May, 1906.

- 'The New Hospital. Laying the Foundation Stone. Visit of the State Premier. Other Distinguished Guests.' *The Wagga Wagga Advertiser*, 13 February 1908.
- 'The New Hospital. A Fine Structure. Approaching Completion.' *The Wagga Wagga Advertiser*, 4 June, 1908.
- 'Wagga's New Hospital. Opening Ceremony by State Premier.' *The Wagga Wagga Advertiser*, 8 September, 1910.'
- Walsh, Sylvia, 'On Foxborough Hill: Calvary Hospital, Wagga Wagga, Its Beginning and Development' in *Journal of the Wagga Wagga and District Historical Society*, Number 7, 1986.
- Willis, Julie, 'Machines for Healing', *Architecture Australia*, July/August, 2002.

1.5.2 Heritage Guidelines and Registers

- *Twentieth Century Register of Significant Buildings*. Australian Institute of Architects. Updated to June 2012.
- *National Trust of Australia (NSW) Heritage Register*.
- New South Wales Department of Health s170 Register.
- *Register of the National Estate*.
- NSW Heritage Office, *Assessing Heritage Significance*, 2001 update.
- NSW Heritage Office, *Statements of Heritage Impact*, 2002 update.

1.5.3 Council Controls

- *Wagga Wagga Development Control Plan 2010*,
- *Wagga Wagga Local Environmental Plan 2010*.

1.5.4 Heritage Inventory Sheets

- *Wagga Wagga Base Hospital (c.1960s Building)*, Edward Street, Wagga Wagga. State Heritage Inventory Database No.: 2560185.
- *Wagga Wagga Base Hospital*, Edward Street, Wagga Wagga, State Heritage Inventory, Database No.: 3540663.

1.5.5 Comparative Study Images

- *Aalto's Tuberculosis Sanatorium Paimio (1929-1933)*. www.alvaraalto.fi/net/paimio.html.
- *Bathurst Hospital - Additions - solarium, ground and first floors*, 1943. State Records, 4346_a020_a020000274.jpg
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 - Tanner, John A., *Bankstown Hospital*, 1961. National Library of Australia, nla.pic.vn4590432.
 - *Wollongong Hospital Nurses Home*. State Heritage Inventory Listing Sheet Database No.: 2700120.

1.5.5 Plans

The extensive plan collection for Wagga Wagga Base Hospital held by Plan Services, Department of Commerce was viewed. Permission was not gained to copy any of these plans.

2.0 HISTORICAL DEVELOPMENT

2.1 Preamble

The purpose of this section is to briefly outline the history of the Wagga Wagga Base Hospital, with particular reference to the Main Ward Building. This section comprises the following:

- Section 2.2: A brief outline of the historical development of the site. This history is from the Executive Summary of the *Heritage Assessment December 2010*, with the addition of two historic photographs taken from the main text of this report. The time line that accompanied this report is provided at the end of this section.
- Section 2.3: A more detailed history of the Main Ward Building that is the focus of this assessment. This history is derived from information in the *Heritage Assessment December 2010* and supplemented with additional information as required.
- Section 2.4: A brief history of the Wagga Wagga Conservation Area, which lies within the immediate vicinity of the Hospital Site.

2.2 Wagga Wagga Base Hospital

For the following, refer to Figure 3, a recent aerial photograph taken over the site, identifying the principal site elements.



Figure 3(a): Site Plan
WP Architects.

Key

No.	Element	No.	Element	No.	Element
1	Edward Street	B	Main Ward Building	J	Nurses' Home, part of Lewis House (1961)
2	Lewis Drive	C	Mortuary	K	Community Services
3	Rawson Lane	D	Gissing House	L	Clinical Services
4	Brookong Avenue	E	Scofield House (formerly the Nurses' Training School)	M	UNSW Rural Clinical School
5	Docker Street	F	Maintenance and Engineering	N	Hydrotherapy Pool
6	Yabtree Street	G	Stores	O	Physiotherapy
7	Yathong Street	H	Dental	Q	Blood Bank
A	Old Hospital Building	I	Lewis House	R	Four dwellings to be demolished and land incorporated into the site
				S	Yathong Lodge

2.2.1 Brief History of the Overall Development of the Site

Wagga Wagga lies in the lands of the Wiradjuri (*Wirraaydhurray*) people.

The first recorded European incursions into the area occurred between 1820 and 1840 when explorers past through the country and pastoralists established large holdings. The origins of the City of Wagga Wagga lie in the opening of a Court of Petty Sessions on the Wagga Wagga pastoral run in 1847; two years later, a township was surveyed. Parish maps indicate that the subject site is located outside the boundaries of the first township, on part of 40-acre parcel of land owned by T. Byrnes. In 1885, 5 acres of Byrne's land, including the subject site, was resumed for a Gaol Site. The land, however, would never be used for this purpose and, when the existing hospital, located within the township itself, became inadequate to meet the needs of the population, the Gaol Site was re-dedicated as a Hospital Site on 3 January, 1907.

The first building on the site, now known as the Old Hospital Building, was designed by the Government Architect W.L. Vernon, with working drawings prepared by local architect W.J. Monks. Funds for construction were raised locally and through Government grants. By the time builder Charles Hardy commenced work in 1907, the decision had been taken to build only the central section and one of two wings of Vernon's original design. Ancillary buildings, including a Nurses' Home and Mortuary were also constructed. Even before the Hospital was officially opened in September 1910, Vernon's Federation Queen Anne Style building was lavishly praised in the local press. By 1921 sufficient funds had been raised to build the second planned wing. Plans for this wing, which included a special children's ward, were prepared by Government Architect G. McRae and were true to the Vernon's original design; the work was completed in 1922. Figure 4 shows the Old Hospital Building following the completion of the second wing.



Figure 4: The Wagga Wagga Hospital after the addition of the second wing.

S. Morris, *A Delicate Balance*, 1988

During the period leading up to World War II, new buildings were constructed and alterations and additions carried out to existing buildings in response to government administrative changes, local growth, medical advances and the types of illnesses being treated. Wagga Wagga Hospital was declared a Base Hospital in June 1934. Major works of this period include a New Nurses' Home (later Harvey House and now the UNSW Rural Clinical School), 1936; the conversion of the original Nurses' Home into Private and Intermediate Wards (later Rawson House), 1937; the construction of a dedicated Maternity Ward (later Robinson House), 1938; and the construction of a New Laundry and Kitchen Block, 1942. Figure 5 illustrates the site as it stood in 1943.



Figure 5: Aerial photograph of Wagga Wagga Hospital, 1943.

S. Morris, *A Delicate Balance*, 1988.

Key: 1. The Old Hospital Building; 2. Rawson House; 3. Isolation Block; 4. Kitchen and Staff Dining; 5. Maternity Unit (later Robinson House); 6. Nurses' Home (later Harvey House, now UNSW Rural Clinical School); 7. Laundry; 8. Boiler House; 9. Chimney Stack.

Building continued into the Post World War II period with the addition of an Administration Block to the Old Hospital Building, 1946; the construction of a New Nurses' Home (Lewis House), 1948; and the construction of a T.B. Unit (Gissing House), 1956.

Wagga Wagga was declared a City in 1946 and continued to expand as new subdivisions were carried out and the population increased. Planning for a multi-storey ward block commenced in the early 1950s, under Government Architect Cobden Parkes, and continued under his successor Edward Farmer. Work commenced in until 1961 and the new block was opened in 1963, together with a new Nurses' Home (part of Lewis House) and a New Nurses' Training School (now Schofield House).

The changes that have occurred in the delivery of health care services and in medical treatment since the 1960s have significantly affected the efficiency of the buildings constructed at or before this time. Plans for extensive reconstruction of the Wagga Wagga Base Hospital in the 1970s were later abandoned. Existing buildings continued to be remodelled to meet demand and, in some instances, carry out new functions. Construction work in the 1990s provided a Dental Clinic, Hydrotherapy Pool and Clinical Services Building.

Throughout its period of operation, numerous individuals and groups have been closely involved with the Wagga Wagga Base Hospitals, including members of staff, the hospital board and community groups, such as the Hospital Auxiliary and Country Women's Association. Their involvement is commemorated in the fabric of the place and in street and building names.

2.2.2 Wagga Wagga Time Line

Year	Event
	Wiradjuri Country.
1829-30	Charles Sturt, George Macleay and party travel through the area, being the first Europeans (recorded) to pass through the future site of Wagga Wagga.
1832-3	Tompson (Eunonyhareenyha Run) and Best (Wagga Wagga Run) families take up squatting runs on the northern and southern banks of the Murrumbidgee River.
1836	Squatting beyond the Limits of Settlement legalised with payment of a fee.
1839-41	Wiradjuri Wars.
1847	Court of Petty Sessions announced for Wagga Wagga. Fourteen year squatting leases made available.
1849	Town of Wagga Wagga gazetted; original plan prepared by T.S. Townsend.
1856	First Hospital opened in Kincaid Street, Wagga Wagga.
1858	'Newtown' surveyed.
1859-60	New Hospital built in Tarcutta Street, Wagga Wagga.
1861	Robertson Land Acts. Land selected in the area from the late 1860s onwards. Court of Quarter Sessions and District Court established in Wagga Wagga.
1862	Wagga Wagga Company Bridge opened over the Murrumbidgee River.
1870	Wagga Wagga incorporated as a Municipality.
1878	Railway extended to North Wagga Wagga.
1881	First Board of Public Health established. Gasworks constructed in Wagga Wagga.
1885	Waterworks constructed in Wagga Wagga. Subject site resumed reserved as a Gaol Site.
1892	Government Experimental Farm opened.
1895	Hampden Bridge opened over the Murrumbidgee River, Wagga Wagga.
1906	Department of Health established. Walter Liberty Vernon, Government Architect, prepares plans for new Hospital.
1907	Existing Hospital Site dedicated as a Hospital Site and first improvements made. Working drawings prepared by W. Monks and building work started by C. Hardy.
1908	Foundation stone of the hospital (now the Old Hospital building) laid.
1910	Hospital opened.
1914-18	World War I.
1916	Installation of first sewerage main.
1921	Foundation stone laid for new wing, including Children's Ward (Architect: G. McRae).
1922	New Wing opened. Electricity switched on in Wagga Wagga; gradually installed in the Old Building, along with fans, refrigeration, hot water and sewerage systems (1922-29).
1925	Best Street overbridge constructed. New Nurses' Quarters completed.
1929	Public Hospital Act.
1930s	Great Depression

Year	Event
1935	Foundation stone laid for new Nurses' Quarters.
1936	New Nurses' Home (later Harvey House, now the UNSW Rural Clinical School) opened.
1937	Rawson Private Hospital (Intermediate and Private Wards) opened. Wagga Wagga Hospital becomes Wagga Wagga Base Hospital.
1938	Maternity Ward opened (now part of Robinson House)
1939-45	Second World War. RAAF Base established at Forest Hill (1940); RAE Base established at Kapooka (1942)
1942	New Laundry and Kitchen Block opened to the rear of the Old Building.
1943	Recommendation that a multi-storey hospital building be constructed.
1945	Alterations and additions. Maternity Block, renamed Robinson House.
1946	Wagga Wagga proclaimed a city. New Administration Block constructed to the front of the Old Building; lift installed in the Old Building.
1952	Lewis House (Nursing Quarters) opened.
1956	Gissing House (T.B. Unit) opened.
1960	Air conditioning installed into the wards in the Old Hospital Building. Wagga Wagga Flood mitigation scheme commences.
1961	Foundation stone laid for the Main Ward Building. New Nurses' Home opened (part Lewis House) Preliminary Training School completed
1963	Main Ward Building opened.
1967-70	Renovation and re-allocation of spaces within the existing buildings for new uses, including conversion Robinson House into Psychiatric Unit and demolition of Rawson House.
1973	NSW Health Commission formed.
1975	New Hospital Stores Building officially opened 24 June.
1977	New industrial complex opened to serve Hospital, including the demolition of the old chimneystack.
1977-80	Leighton Irwin engaged to design new hospital; plans scrapped in 1980.
1981	City of Wagga Wagga was amalgamated with the surrounding Shires of Kyeamba and Mitchell.
	Wagga Wagga amalgamated with the Murray Health Region.
1982	Graduation of final year of hospital trained nurses.
1986-87	Psychiatric Unit moved from Robinson House into Gissing House, renamed Gissing House Psychiatric Unit. The later was extended after the old Preliminary Training School was demolished. Robinson House reused as Assessment and Rehabilitation Unit. 1936 Nurses' Home renovated and renamed Harvey House. Dental Clinic opened 27 August.
1988	Accident and Emergency/ Outpatients upgrade.
1991	Clinical Services Building completed. New Hydrotherapy Pool added to the south of Robinson House.

Year	Event
1996	Greater Murray Area Health Service formed.
2005-	Continued planning for new Base Hospital.

2.3 Main Ward Building

2.3.1 Earlier Buildings on This Part of the Site

The Main Ward Building stands on land once the site of the Isolation Block. The first Isolation Block on the site was a timber building transported from the former hospital site in Tarcutta Street. In 1912-13, the Government provided a grant of £1,500 for a new brick building, comprising two wards, a day room, a nurses' room, a duty room, lobby, conveniences and verandah. The building was completed in 1916 and is clearly visible in the aerial photograph Figure 5 in Section 2.2. above.

2.3.2 Public Hospital Act 1929

Major changes were foreshadowed to the state's hospitals following the establishment of the Hospital Commission of NSW by the *Public Hospitals Act of 1929*. The changes brought about by this Act were the basis under which Wagga Wagga Hospital would be upgraded over the following thirty years. It is in this Act that the genesis of the Main Ward Building lies.

The Act provided for the incorporation of public hospitals. While all hospitals were to retain an internal board of management, control of the State's public hospitals passed to the Hospital Commission. Although hospitals would still be required to raise funds through fees, donations and subscriptions, subsidies were to be paid to hospitals by the Commission out of Consolidated Revenue. Subsidies were to be more equitable than they had been in the past and on a needs basis.

The Commissioners resolved to establish country district base hospitals at strategic points and equip them to the standard of major metropolitan hospitals with a full range of scientific equipment, personal and complete laboratory units. All hospitals were to be developed along logical lines and graded so that each class would conform to a minimum standard.

The Hospital Commission foreshadowed that Base Hospitals would be established in country centres where:

- There was a daily average of 60 occupied beds.
- The hospital was functioning as a community hospital with private, intermediate and public wards.
- The medical staff were classified on the basis of specific appointment, including medical officers in charge of specific departments.
- The services of specialist on the honorary staff were available to public ward patients from any district in the area recognised as being serviced by that hospital.
- Case records were kept of all treatments.

Wagga Wagga Hospital was among those country hospitals designated as 'A', alongside other major district centres such as Albury, Armidale and Broken Hill. In 1921, the town's population had stood at 7,679 people; by 1931, this had increased to 11,631 people.

The decision was made that Wagga Wagga Hospital was to have a combination of five directors appointed by the government and seven elected by subscribers. The

subscribers were people who participated in the Systematic Contributions Scheme introduced in 1931, whereby families donated one shilling a week (less for individuals) to the Hospital and received free hospital treatment when required. By 1933, 1,800 subscribers were providing much needed funding to the Wagga Wagga Hospital.

2.3.3 Wagga Wagga Base Hospital Declared

Wagga Wagga Hospital was among the country hospitals that indicated that they were ready to commence operation as a Base Hospital by June 1934. Additions and improvements, however, were required before Wagga Wagga Hospital could be classified as a Base Hospital, including the provision of Private and Intermediate Wards, improved Nursing Quarters and an improved Out Patients Department. Estimates for the required works were placed at over £11,000. The Government announced that they would provide £8,000, half as a grant and half at a loan repayable over 15 years.

The first new building to be erected at the Hospital was the long awaited new Nurses' Quarters (later Harvey House and now the UNSW Rural Clinical School) designed by Government Architect, Edwin Smith, and opened in 1936. Work also commenced on converting the Old Nurses Quarters, in front of the Isolation Block, into Private and Intermediate Wards. A new Pathology Department, Morgue and a second Operating Theatre were also designed and erected by G.F. Fitzgerald. The new wards, named the Rawson Private Hospital, were opened in 1937. Design work was carried out by the Government Architect, Cobden Parkes.

In May 1937, the Minister for Health announced that the Hospital was to be known as the Wagga Wagga Base Hospital and was to service the town of Wagga Wagga and the shires of Mitchell, Kyeamba, Coolamon and Lockhart, with an estimated population of 35,000 people. Further building works were carried out in the 1940s, including a new boiler house and chimney, new laundry and kitchen block. Figure 4 above, shows the site as it stood in 1943, three years after the outbreak of World War II.

As the patient numbers continued to grow, shortages in patient accommodation became acute, particularly in the Maternity and Female Wards. The Hospital Board leased the former private hospital *Welwyn* in Wagga Wagga to provide (nominally) an additional 10 beds.

2.3.4 Preliminary Calls for a Multi-Storey Ward Block

World War II introduced its own demands on the Hospital when Wagga Wagga became a key part of the government's national defence plans. RAAF bases were set up at Forest Hill and Uranquinty. A temporary military camp was established at the Wagga Wagga Showgrounds, to be followed by a more permanent camp at Kapooka. A munitions factory and an electric lamp factory were also opened. The Number 1 RAAF Hospital was relocated to the Wagga Wagga Base in 1942. The unit was transferred from Forest Hill to the new hospital of 150 beds at Turvey Park (now the southern campus of Charles Sturt University) in January 1944.

As the caseload increased at the Wagga Wagga Hospital there were personnel shortages as staff joined the armed forces. When visiting the Hospital in November, 1943, Commissioner Digby (a representative of the Hospital Commission) remarked on the bed shortages. Wagga Wagga Hospital could accommodate (including the facilities at *Welwyn*) 115 patients and up to another 64 patients on the verandahs. He noted that the daily average had doubled in 10 years and was expected to increase further. Digby recommended that:

- The Old Hospital Building be restricted to female and male public wards (32 beds each).
- The Maternity Unit be converted into a children's block with necessary additions to provide 30 beds.
- That the Rawson Block be left as is.
- That a new multi-storeyed building be erected, to include a male public ward (8 beds), a female public ward (8 beds), a maternity ward (30 beds) and private and intermediate wards (68 beds).
- That additional isolation ward accommodation (12 beds) be provided.

Digby further noted that the Nurses' Accommodation was inadequate for the existing or projected nursing strengths, that Domestic Accommodation was insufficient and that the centre portion of the old building needed remodelling, in particularly the administration areas, the operating theatres, Out Patients Department, Dispensary, X-Ray Department and first floor RMO accommodation. As a result, he recommended that the whole of the central portion of the building be reconstructed.

Plans for a new multi-storey ward block were, however, long term at best. The next phase of works at the Hospital involved extensions to existing buildings, for example, a new Administration Block in front of the original building (1946).

On 17 April, 1946, Wagga Wagga was declared to be a City, after the area had maintained a population of over 15,000 people for five consecutive years. The population continued to grow. While an average of 140 babies had been born at the Hospital each year just before the World War II, 805 were born in 1955-6 alone.

2.3.5 Cobden Parkes Draws Up Plans for the Multi-Storey Ward Building

During the early 1950s, the Wagga Wagga Hospital Board continued to push for the multi-storey building envisaged by Commissioner Digby during the War. The first plans for the multi-storey building were prepared in 1953 under Government Architect Cobden Parkes. At this time, Parkes was increasingly developing co-operative relationships with private architects to alleviate chronic staff shortage. Thus while sketches for the multi-storey ward building were prepared by the Government Architect's Office, working drawings were prepared by the private practice of Henry E. Budden and Nangle. How Cobden Parkes' design corresponds to contemporary hospital design is discussed in Section 4.5 of this statement.

Cobden Parkes (1892-1978) was born on 2 August, 1892 in Balmain, Sydney, the youngest of the five children born to the 'Father of Federation' Sir Henry Parkes (1815-1896) and his second wife, Eleanor, neé Dixon. Cobden entered the Department of Public Works as a cadet in the office of the Government Architect, then under W.L. Vernon, in 1909, studying at night at Sydney Technical College. Following service during World War I at Gallipoli and the Western Front, he rejoined the Department of Public Works in 1920. Over the following nine years, he had extended periods in country offices, before returning to Head Office and an appointment as the architect in charge of the drawing office in 1930. Five years later, on 4 October 1935, he became Government Architect, the first to be fully trained within the Department. While continuing the conservative style of architecture favoured by his predecessors in projects such as the portico and reading room of the State Library (1939-1941), he also took note of changing architectural styles. He was ably assisted in introducing modern architecture to the Government Architects Office by one of his staff architects, E.H. Rembert, to whom he gave a carte blanche to produce modernist inspired buildings such as the Hoskin Blocks at the Sydney Technical College (1938).

Parkes accompanied the Minister for Health on a visit to inspect hospitals in England and North America in 1939. The changes he saw on this tour would be implemented

in hospital design during the Interwar and Post World War II periods. Parkes returned to Sydney at the outbreak of war and chaired the technical committee of the National Emergency Services. During the war he facilitated work for the Air Raids Precaution and NSW Camouflage committees. While all but essential building came to a standstill during the war, an 'all-out' effort to increase hospital capacity continued. Between 1937 and 1943, the number of public hospitals in New South Wales increased from 205 to 212, with an increase in the number of beds available from 13,500 to 16,112.¹ As noted for the construction of one country hospital at this time:

'In keeping with its policy of providing the country centres with the next possible accommodation and equipment, the Hospital Board is systematically replacing inadequate and out-moded buildings all over the State.'²

Parkes continued as Government Architect after the war. As noted above, he increasingly developed co-operative relationship with private architects to alleviate staff shortages. He also encouraged university training for cadets, who were given architectural experience in Rembert's 'Design Room' during vacations and on graduation. Parkes retired as Government Architect on 1 August, 1958 and took up a full time position as officer-in-charge of building, planning and development at the University of New South Wales. His interest in hospital design continued; Parkes was appointed a member of the planning and co-ordination committees of the Prince of Wales and Prince Henry Hospitals. As councillor, honorary architect, president or through other appointments, he was involved in organisations such as the Women's Hospital, Crown Street and the Australian Red Cross Society.

Cobden Parkes was a member of the Royal Australian Institute of Architects, a life fellow (1958) and president of the State Chapter (1942-44); he was also a national councillor (1947-54) and president (1950-2). Between 1949 and 1963, he served as Chairman of the Board of Architects (NSW). Parkes was also elected a fellow of the Royal British Institute of Architects (1951) and was awarded a D.Sc. *honoris causa*, by UNSW in 1958, the same year he was appointed C.B.E. In 1964 he received the Gold Medal of the RAI. Cobden Parkes died in 1978.

2.3.6 Edward Farmer Revises the Plans and Construction Begins

Hospitals across New South Wales faced funding shortfalls after World War II. While the construction of a new Nurses Home, Lewis House, and a TB Ward (Gissing House) went ahead at Wagga Wagga Base Hospital, little progress was made towards constructing the new ward building.

In response to continued petitioning for the promised new hospital building, the Chairman of the Hospital Commission, Dr. Allan Lilley, visited Wagga Wagga Hospital in July 1954, but with little result. In 1958, various bodies within Wagga Wagga (including the Council, Chamber of Commerce, doctors and Hospital Board) formed the Base Hospital Building Emergency Committee to press for the construction of the new hospital. The Committee met with success and on September 1958, it was announced that the Premier had made available £600,000 for a proposed multi-storey block on the site of the old Isolation Block. The earlier plans were resurrected and revised under Government Architect Edward Farmer, with working drawings prepared by Thompson, Spooner and Dixson (1960).

¹ S.R. Carver (comp.), *The Official Year Book of New South Wales 1941-2 and 1942-3*, NSW, Government Printer, 1943, p.151.

² 'Narrabri District Hospital', *Decoration and Glass*, March-April 1946, p.23.

Edward (Ted) Farmer (1909-2001):

‘...was born in Perth, W.A., the only child of Herbert Farmer, public servant, and Alice May, nee Thistlethwaite. His parents separated before his first birthday, and he and his mother went to live with his maternal grandmother and maiden aunts, Isabella, Ethel and Edith Thistlethwaite, in Melbourne. During World War I Edith Thistlethwaite, a nurse, enlisted in the A.I.F. and embarked with the 1st Australian General Hospital for duty in Egypt, France and England. On her return to Australia she served as Sub Matron at No. 16 AGH, McLeod Military Hospital, and then at Woodman's Point Quarantine Station, W.A.

Ted Farmer was educated at Melbourne Grammar School and graduated Bachelor of Architecture from the University of Melbourne in 1936. Some of his fellow alumni became lifelong friends, including architect, Denis De Mole; Charles Moorhouse, Professor of Electrical Engineering at the university from 1948-1976; and John MacDonald Agar and Wilfred Talbot Agar, sons of the zoologist Professor Wilfred Eade Agar.

Farmer had joined the Melbourne architectural firm Leighton Irwin and Co in 1934. Two years later he set up the firm's Sydney office. He lived in a boarding house, 'Lansdowne', at Neutral Bay until he married Dorothea Audrey Gibb in September 1941. They lived in a flat at Cremorne until 1947 when they settled at Glenbrook in the Blue Mountains. The Farmers had two children, Anne (b. 1945) and Peter (b. 1948).

Farmer joined the Government Architect's Branch of the then N.S.W. Department of Works and Local Government in 1939 and was appointed N.S.W. Government Architect in 1958. Following Jorn Utzon's resignation as architect of the Sydney Opera House in 1966, the Minister for Public Works, the Hon. Davis Hughes, appointed Farmer senior partner of a panel of architects comprising Peter Hall, Lionel Todd and David Littlemore to complete the construction. Under Farmer's charge the Branch received six Sulman awards and two Blacket awards. He was awarded the prestigious Royal Australian Institute of Architects Gold Medal for 1972. Farmer retired in December 1973, shortly after the official opening of the Sydney Opera House.

During his term of office, Farmer had been the Royal Australian Institute of Architects' representative on the National Trust Council of Australia, 1965-1972. He was a member of the Historical Buildings Sub-Committee of the National Trust of Australia (New South Wales) and was Honorary Architect in its restoration of St. Matthew's Anglican Church, Windsor; St. Andrew's Cathedral, Sydney; and Old Government House, Parramatta.

In 1976 Farmer received an honorary Doctorate of Architecture from the University of Melbourne.³

Notable buildings erected during Farmer's period as Government Architect include: St. Margaret's Hospital Chapel and Nurses' Home, the Chemistry School and new Fisher Library at the University of Sydney; residential colleges at the University of New South Wales, Taree Technical College and the Mona Vale Hospital.⁴

³ Biographical note held with his papers at the State Library of NSW. At: MLMSS 7703

⁴ NSW Government Architects website.

Ted Farmer made minor changes to Cobden Parkes' earlier elevations for the Main Ward Building. Cobden Parkes, for example, had envisaged metal railings to the ward balconies; these were replaced with solid concrete balustrades. Some fixed timber framed windows were replaced with aluminium framed awning windows. Tenders were called in January 1960. Included in the work was a single storey brick building to be used as a Nurses' Training School (also with working drawings by Thompson, Spooner and Dixon) to replace the temporary building moved to the site from the RAAF Base in 1949. This building was later named Scofield House.

The foundation stone for the Main Ward Building was laid on 25 March, 1961 by the Minister for Health, the Hon. W.F. Sheahan (Figure 5).



Figure 5: The Main Ward Building under construction in the early 1960s.

S. Morris, *A Delicate Balance*, 1988.

2.3.7 The Completion and Opening of the Main Ward Building

The Main Ward Building was officially opened on 2 February, 1963 by the Hon. W.F. Sheahan in front of a crowd of 1,000 people. Sheahan informed his audience that more money had been spent on Wagga Wagga Base Hospital in the previous 10 years than any other Hospital in New South Wales (Figures 6 and 7). The Chairman of the Hospital Board of Directors surmised:

‘This hospital will provide for people of Wagga Wagga and the surrounding district a type of service previously unavailable outside the capital cities. The type and range of equipment and services are not included in hospitals outside the capitals. It is as though the infant hand of decentralisation has rested on Wagga. This Hospital building here means real progress for the City.’⁵

⁵ Cited in Sherry Morris, *Wagga Wagga: A History*, NSW, Wagga Wagga City Council, 1999, p.91.



Figure 6:
Undated photograph of the completed Main Ward Building with Rawson House in the foreground. The external staircase that it is feature of the building today was not constructed until 1986.

S. Morris, *A Delicate Balance*, 1988.



Figure 7:
Undated aerial photograph of Wagga Wagga Base Hospital, after the construction of the Main Ward Building.

Photograph of a photograph hanging in the Wagga Wagga Base Hospital.

The other major construction work in Wagga Wagga during this period was the construction of the levy banks. Prior to the 1950s, Wagga Wagga had experienced at least 8 major floods: 1844, 1852, 1853, 1870, 1891, 1900, 1925 and 1956. Work on the main levee was completed in early 1962, providing protection of 1 in 100 year floods.

2.3.8 Wagga Wagga Hospital After 1960

The New South Wales public hospital system was rationalised in the late 1960s. The Government decided to follow the recommendation of the Starr Committee and establish a number of hospital regions. The pilot scheme was trialled in the Riverina, with Wagga Wagga as the headquarters. A Regional Officer was appointed together with an advisory council of local people to oversee the running of the 45 hospitals in the region. The scheme was designed to let the Hospital Commission concern itself with major policy decisions, leaving domestic issues to be settled at the regional level.

By 1967, Wagga Wagga Base Hospital was employing six RMOs and a number of junior medical officers. Further works continued to be carried out to meet demand. In

November 1967, Rawson House, to the front of the multi-storey block, was demolished, despite prolonged local protest, to provide for car parking. In 1987, a lane marking the rear boundary of the hospital was named Rawson Lane in commemoration of the Rawson family.

When the NSW Health Commission was formed on 1 January, 1973, it was decided to formally proceed with the system of regional health services that had been trialled in the Riverina. Under this scheme, services at base hospitals were to be upgraded, while those at smaller hospitals reduced. From the early 1970s onwards, methods of health delivery underwent radical changes with regard to philosophy, economics and technology. Rapid advances in technology increased the cost of direct health care. The style of nursing that had been in operation since the days of Florence Nightingale was revolutionised as training was transferred outside hospitals. There was a new emphasis of preventative and community medicine. As a result, there was a significant expansion in community-based health care for the elderly and the handicapped. Although the expansion of the Riverina Community Health Service that followed resulted in a decline in the number of general nursing care inpatients, the number of patients at Wagga Wagga Hospital continued increase: from 6,000 in 1973 to 9,700 in 1986-7. A five phase plan was formulated to raise the number of beds from 220 to 400 by 1985.

In the late 1970s, Leighton Irwin, hospital design specialists, were engaged to develop a design and brief for new medical and outpatient services, operating theatres, recovery and intensive care units, and accident and emergency facilities at Wagga Wagga Hospital. In November 1980, however, the Minister for Health informed the Hospital Board that the plans were to be scrapped in favour of a new 250 bed hospital on the Glenfield Estate, six kilometres to the south. Ultimately, these plans were also abandoned.

During the 1980s, the State Government announced their decision to reduce the number of regional health offices from 13 to 9. As a result, Wagga Wagga was amalgamated with the Murray Region and the Head Quarters of the new region located in Albury. At Wagga Wagga Hospital, the focus moved from new facilities to upgrading and refurbishing the existing facilities. Improvements were carried out to the Kitchen, Mortuary, Operating Theatres, Delivery and Intensive Care Wards. In 1986, alterations were carried out to the Main Ward Building. It was at this time that the distinctive concrete fire stair (designed by the Government Architects Office and the Public Works Department, with documentation by Sutton & Percy Pty Ltd) was constructed. The ramps and under cover access to the ground floor were also added at this time. The accident and emergency/outpatients ward underwent a multi-million dollar expansion, which was completed in September 1988. A widened ambulance bay, now under cover, provided faster and easier access. Other buildings were altered and added to accommodate the ongoing development. The use of some buildings, notably the old nurses' homes, changed as health care continued to develop.

Plans for the re-development of Wagga Wagga Hospital have been ongoing since 2005. Wagga Wagga Base Hospital now forms part of the Murrumbidge Local Health District.

2.4 Wagga Wagga Conservation Area

Wagga Wagga Hospital lies within the vicinity of the Wagga Wagga Conservation Area.

The *Wagga Wagga City Council Urban Heritage Study* (August 2002) provides the following information for the historical development of the section of the Wagga Wagga Conservation Area that lies closest to the Wagga Wagga Hospital site:

‘The first residence located in this area was *Foxborough Hall*, built by wealthy Wagga hotelier Thomas Fox in 1857 and named after his wife's parent's home in Ireland. *Foxborough Hall* incorporated flower gardens, a small vineyard, a brick kitchen, servants' quarters, men's huts, brick stables, a coach house etc. Fox died in 1859 and the property changed hands several times until it was bought by James Gormly on 8 July 1882. The house was rebuilt in 1893 after a fire in about 1887. During the 1920s, the property and 20 acres of land was purchased by the Roman Catholic 'Blue Sisters' for conversion into a private hospital called St Joseph's, a branch of the Lewisham Hospital of Sydney. The Gormly and Hardy families owned land around the former *Foxborough Hall*, which they subdivided during the 1920s. The area was then referred to as Lewisham. The Gormlys subdivided their land around 1920. James Gormly [died 1922] is reputed to have planted all of the Kurrajong trees in the Gormly Avenue area. The tree stock came from his mother's home and in one year he spent £37 on water for the trees. Robert Joseph Ernest Gormly advertised building lots facing Edward Street from £2/2 per foot in the *Daily Advertiser* of 25 July 1923, with potential purchasers being exhorted to '... buy where the floods will never reach you.

The *Daily Advertiser* of 13 October, 1927 reported that a new 'garden suburb' was being developed on the old Foxborough subdivision by Hardys Ltd. The name of this area was to be Akarana, decided after a competition which attracted over 70 entries, the winner being Mrs. Jean Stinson of Peter Street. About 40 cottages were planned. It was planned to include a recreation ground, and central garden plot which will be kept fresh by means of automatic sprinklers. The subdivision was described as an 'excellent scheme for keeping beautiful the outskirts of Wagga.

The area on the other side of Docker Street was subdivided around the same time, in 1925. The Bolton Estate was purchased by the Housing Board and comprised Brookong, Salmon, Yabtree and Yathong Streets. The Mount Erin trustees subdivided an area north of the railway in February 1927, comprising 23 allotments, extending Fox Street and creating Donnelly and Cox Streets [commemorating John Donnelly and Jon Cox, both of whom had been active in the establishment of Mount Erin Convent in 1874. The new Lewisham [Calvary] Hospital was opened and blessed on 30 March 1930. Calvary Hospital [so named in 1954] was controlled by the Order of the Little Company of Mary....’⁶

A general history of Wagga Wagga is included in the *Heritage Assessment December 2010*.

⁶ ‘Central Area: North of the Railway Line (to Edward Street)’ in *Peter Freeman Pty Ltd, Wagga Wagga City Council Urban Heritage Study, Volume 2: Inventory- Part 1, August 2002*.

3.0 SITE ASSESSMENT

3.1 Preamble

The purpose of this section is to describe the area of the Hospital Site that will be impacted upon by the proposed works and to describe the wider setting.

This section comprises the following:

- Section 3.2: A general description of the site.
- Section 3.3: A description of the Main Ward Building.
- Section 3.4: A general description of the surrounding area.

3.2 The Site

The Wagga Wagga Base Hospital is bounded by the Sturt Highway (Edward Street) to the north, Rawson Lane to the south, Docker Street to the west and private properties to the east. The principal access into the site is from Lewis Drive, off Edward Street. The main portion of the site comprises an area of approximately 4.2 ha; car parking on adjacent lands provides an additional 1.5 ha. The site falls approximately three metres from south to north.

For the following, refer back to Figures 2 and 3 in Section 1.5.

It is difficult to provide an accurate site description, given that the character of the site as described by the *Heritage Assessment December 2010* and shown by Figure 2 will change as Stage 1 works are carried out.

Phase 2-3 works are located in the north eastern corner of the Hospital Site. The principal building in this area is the Main Ward Building. The Main Ward Building has a deep set back from Edward Street and lies on the western side of Lewis Drive, which provides the principal access into the site. The area to the north was, until recently, an informal grassy court forecourt that ran across the front of the site from Lewis Drive to Docker Street in the west. A car park is currently under construction in this area.

The area to the north east of the existing Main Ward Building, on the opposite side of Lewis Drive, is currently occupied by a car park, with limited boundary planting. Of the buildings to the east and south east shown by Figure 2, the Yabtree Street dwellings and Schofield House have been demolished and Gissing House and the Old Mortuary have been approved for demolition. The new Mental Health Facility, a three storey building, is under construction in this area. The alignment of Lewis Drive will be changed as a result of this work.

To the west, lies the Old Hospital Building, constructed in phases between 1910 and 1946, with later alterations and additions. The building is two storeys in height and of predominately brick construction. As shown by Figure 10 below, its elevations present as a conglomeration of different architectural periods, most notably the Federation Queen Anne Style of the 1910 and 1922 wings and the Interwar Functionalist Style of the 1946 addition to the front. As noted above, a car park is currently under construction in front of the building.

To the south west lies the recent Clinical Services Building, a substantial one and two storey building, which helps to separate the former Nurses' homes- the two storey

Interwar period UNSW Rural Clinical School (formerly Harvey House) and the three storey Post World War II Lewis House- from the site of the proposed works. These two buildings principally address Docker Street. They are set back from the street, behind lawn and planting.

Figures 8 to 12 illustrate the site of the proposed works and the nearby Hospital buildings that will not be demolished as a result of Phase 1 works.



Figure 8: The Hospital from Edward Street showing the Old Hospital Building and the Main Ward Building. A car park is currently under construction in front of both buildings.



Figure 9: Looking into the site from Edward Street, showing Lewis Drive and the existing car park in the north eastern corner of the site. The Main Ward Building, being the site of the proposed new works, is just visible on the right hand side of the photo. The line of Lewis Drive will be altered by the new Mental Health Facility under construction on this side of the building.



Figure 10:
The Old Hospital Building on the western side of the Main Ward Building.



Figure 11:
Showing the area to the south west of the Main Ward Building, with the Clinical Services Building (with the corrugated iron roof) and the rear of Lewis House (with the hipped tile roof). The small detached building lying before the Clinical Services Building is the Old Mortuary. Approval has been obtained to demolish this building.



Figure 12: Lewis House, as it presents to Docker Street.



Figure 13: The UNSW Rural Clinical School, formerly Harvey House, as it presents to Docker Street.

3.3 The Main Ward Building

As approval is being sought for demolition of the Main Ward Building as part of Phase 2-3 works, this building is described in greater detail.

3.3.1 Exterior

The Main Ward Building is an eight-storey reinforced concrete and brick building. The building is 'L'-shaped in plan and representative of the Functionalist Style.

The narrow northern elevation of the north-south section of the building comprises two tower sections, one higher than the other, the whole characterised by single offset windows placed one above the other. At the top of the higher tower are the words 'WAGGA WAGGA BASE HOSPITAL' in raised white lettering. A covered way has been added at ground floor level along the eastern elevation of this block.

The eastern elevation above ground level is characterised by balconies with rendered balustrades which run the entire length of the elevation at first to fifth floor levels, before returning along the northern elevation of the east-west running section of the building. The fifth floor east-facing balcony has been enclosed; the north-facing balcony at this level remains open and is shaded by a cantilevered concrete hood. Triple-hung timber framed windows, with wire screen doors, open at each level onto the verandah at regular intervals. The sixth floor has timber framed double-hung windows and the six, smaller windows. Openings are placed one above the other floor after floor, creating both a vertical and horizontal emphasis.

A stylised white concrete fire stair dominates the eastern elevation of the east-west running section. This stair was added in the 1980s; it is not an original element.⁷

The southern and western elevations are characterised by horizontal bands of windows. There are continuous projecting sun hoods running above the central windows of the western elevation.

Figures 14 to 23 illustrate the exterior of the building.



Figure 14:
Looking south towards the Main Ward Building. The two storey section on the northern side, the fire stair and the ground floor colonnade are later additions to the original building.

⁷ With reference to plans held by the NSW Department of Commerce (Plan Room).



Figures 15 and 16: Details of the later ground floor colonnade that runs along the eastern elevation of the north-south running section of the building and the northern elevation of the east-west running section of the building.



Figure 17:
Main entrance into the building. This photograph continues on from Figure 16.



Figure 18: Detail of the eastern elevation, showing the regular pattern of triple hung windows and screen doors.

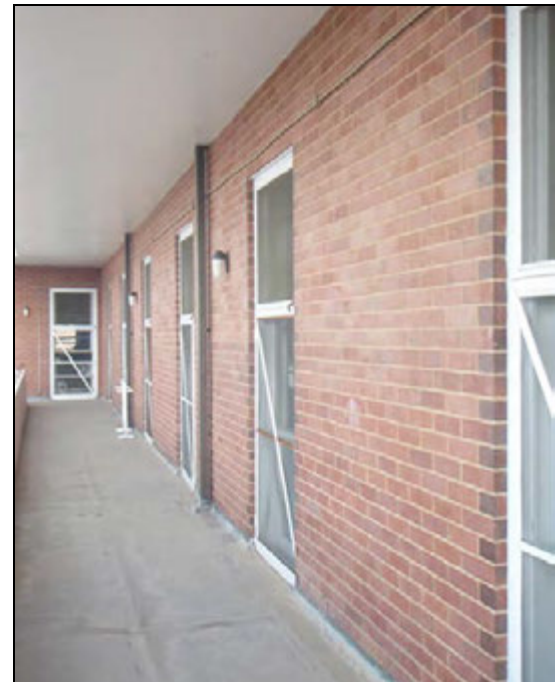


Figure 19: Detail of the east-facing verandah, showing the above.



Figure 20: Looking west towards the Main Ward Building showing the fire stair on the eastern elevation of the east-west running section of the building and the east facing balconies of the north-south section of the building.

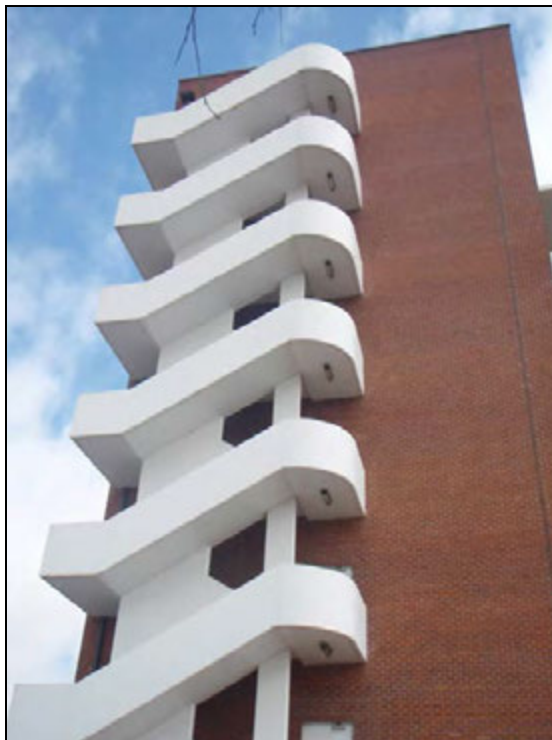


Figure 21:
Detail of the Fire Stair built in 1986. This stair has strong echoes of Wells Coates' iconic staircase at the Isokon Flats, Hampstead (1933-4), see inset image above.



Figure 22:
The southern elevation.



Figure 23:
The western elevation.

3.3.2 Interior

The interior of the building was only briefly inspected; many areas were inaccessible. Floors are characterised by long corridors with wards etc. on the north and north western sides and services on the southern side. With the exception of the ground floor, the original floor plan is largely intact. Figures 24 to 28 show typical interiors and finishes. Finishes include lino-covered floors, rendered and light weight partition walls, rubber skirtings, simply detailed timber architraves and panel doors, terrazzo stairs and drop-down ceiling panels

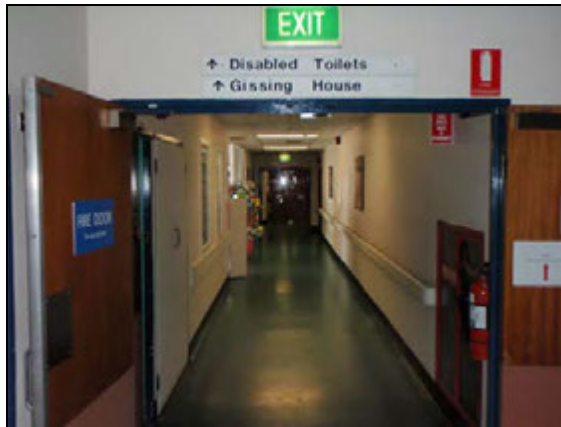


Figure 24: Typical corridor within the Main Ward Building, showing rubber skirting, drop-down ceiling panels and single panel timber doors.

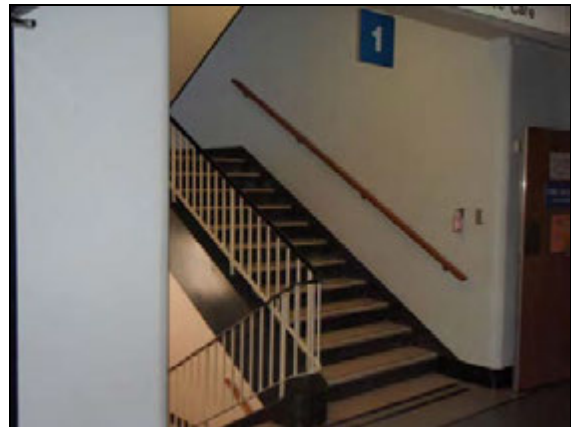


Figure 25: Detail of the internal staircase within the Main Ward Building showing terrazzo treads and risers and original metal and timber balustrades.



Figure 26: Plaques commemorating the construction and opening of the Main Ward Building set into timber panelling typical of the 1960s.



Figure 27: Detail of original ceiling panels and small light fitting.

3.4 The Surrounding Area

For the following, refer to Figure 28, an aerial photograph over the area surrounding the Hospital Site.

3.4.1 General Description

The area surrounding the Hospital Site is relatively flat, with minor rises and falls. The underlying street pattern is formed by streets running north-south, intersected with east-west running streets at irregular intervals. Land around the Hospital Site is used for a variety of purposes, largely residential, but also including ovals and parks, schools, the Riverina TAFE College to the east, Calvary Hospital to the west and the showgrounds to the south. There is a concentration of private clinics and doctor's surgeries in Docker and Edward Streets.

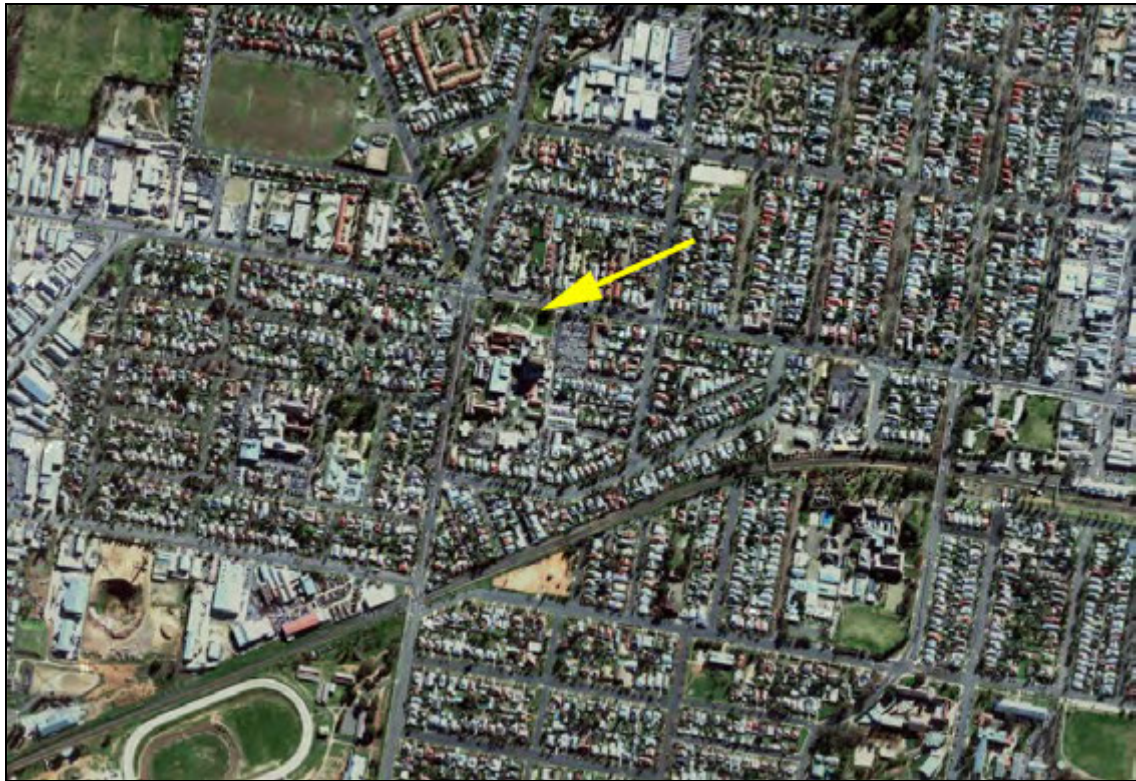


Figure 28: Aerial Photograph of the Hospital Site within its setting.

Google Maps; annotations by A.F.

3.4.2 Edward Street (Stuart Highway)

Edward Street forms the northern boundary of the site. The Old Hospital Building and the Main Ward Building address this street.

Edward Street is a long east-west running street, part of the Stuart Highway. The street, as it passes the Hospital Site, is four lanes wide, carries two-way traffic and has provision for parking along both sides. There are wide nature strips and footpaths to both sides. Street planting varies in density and type. The streetscape within the immediate vicinity of the Hospital Site is characterised by single storey buildings, predominately residential. Some of these buildings have been converted for use as medical rooms. Most of these buildings are brick-built and range in date from the Federation and Interwar periods through to the current day. The front setback of these buildings is consistent, providing for small front yards, some of which are concealed by high walls. Side setbacks are narrow, producing a closely spaced pattern of housing; integrity is mixed.

Immediately adjoining the Hospital Site to the east along Edward Street is the Heritage Motel, a two storey, 'L'-shaped, brick building with a hipped tiled roof. The motel is separated from the nearest hospital buildings by the car park accessed off Lewis Drive. A series of single storey Late Federation/Interwar period bungalows complete the block to the east.

Immediately adjoining the Hospital Site to the west along Edward Street, and separated from it by Docker Street, is a petrol station.

Figure 29 illustrates Edward Street within the vicinity of the Hospital Site.



Figure 29: Looking from the roof of the Hospital towards Edward Street, showing the character of the street directly opposite the Hospital site. The motel adjoining the Hospital on the eastern side can be seen on the right hand side of the photograph.

3.4.3 Docker Street

Docker Street forms the western boundary of the site.

Docker Street is a long north-south running street; it is four lanes wide, carries two-way traffic and has parking to either side. The street has wide nature strips and footpaths to both sides. There are regularly spaced street trees within the immediate vicinity of the site. Like Edward Street, the street in the immediate vicinity of the Hospital is comprised of single storey brick buildings, mostly Interwar period bungalows, some of which are used for medical purposes. The setback is consistent providing for small front yards that are generally open to the street (Figures 30 to 32).



**Figure 30:
Docker Street,
looking east. Lewis
House is visible on
the right hand side.**



Figures 31 and 32: Typical dwellings in Docker Street within the vicinity of the Hospital Site.

3.4.4 Lewis Drive

Lewis Drive runs through the Hospital Site. All the main hospital buildings are located on the western side of Lewis Drive.

Lewis Drive is a long, wide, straight access road that runs from Edward Street to Brookong Avenue. The road services car-parking areas for the Hospital on either side, the entrance to Accident & Emergency and, in the northern part the site, access to hospital services and Yathong Lodge. Planting along the street is low in scale. The alignment of Lewis Drive will be modified to allow for the construction of the Phase 1 Mental Health Facility.



Figure 33:

Looking into the site along Lewis Drive (from Edward Street). This view will change with the construction of the Phase 1 Mental Health Facility.

3.4.5 Rawson Lane and Brookong Avenue

Rawson Lane forms the southern boundary of the site. Rawson Lane is narrow and runs from Docker Street to the east, before turning northeast towards Yathong Street. The southern side of the lane, directly opposite the Hospital Site, comprises the rear yards and garages of the single storey dwellings fronting Brookong Avenue. The Hospital has small additional parking areas on this side. The northern side of lane is characterised by the rear of Hospital buildings and car parking. Planning is currently underway for a new Central Energy Plant, Assessment Management and Mortuary in the south eastern corner of the site. To the east of the Hospital, and separated by

Lewis Drive, is Yathong Lodge, a recently built, single storey high-care aged care facility.

Figures 34 to 37 illustrate Rawson Lane.



Figures 34 and 35: Typical views along Rawson Lane.



Figure 36: Additional Hospital parking in Rawson Lane.

Figure 37: Additional parking in Rawson Lane, outside Yathong Lodge.

The dwellings along Brookong Avenue to the south east must also be taken into consideration in any assessment of the area surrounding Wagga Wagga Hospital Site as they form part of the Wagga Wagga Conservation Area. Brookong Street is a tree-lined street characterised by substantially intact Late Federation/Interwar period brick bungalows, demonstrating a common set back behind shallow front gardens. Figures 38 and 39 illustrate typical dwellings within this street.



Figures 38 and 39: Typical dwellings in Brookong Avenue.

3.4.6 Yathong Avenue and Yabtree Street

Yathong Street and Yabtree Street run to the east at right angles with Lewis Drive. The western ends of these streets form part of the Wagga Wagga Conservation Area. When compared to Edward and Docker Streets, these streets are narrow, with narrow nature strips and footpaths. Where not used as car parking areas by the Hospital, they are characterised by closely spaced single storey Interwar period bungalows, with later infill developments. Nos. 10-16 Yabtree Street are owned by the Hospital and have been recently been demolished. There are no street plantings. Figure 40 illustrates Yabtree Street.



Figure 40:
Yabtree Street, looking west, from the roof of the upper levels of the Main Ward Building.

4.0 ASSESSMENT OF SIGNIFICANCE

For a more detailed assessment of the site as a whole, refer to the *Heritage Assessment December 2010*.

4.1 Preamble

The purpose of this section is to establish the significance of the site. This section comprises the following:

- Section 4.2: Identifies the existing statutory and non statutory listings affecting the site and the surrounding area.
- Section 4.3: Identifies key view corridors into and out of the site.
- Section 4.4: Discusses the integrity of the site overall and of the Main Ward Building in particular.
- Section 4.5: Compares the Main Ward Building to other Functionalist Style Hospital buildings in New South Wales and Victoria.
- Section 4.6: Assesses the significance of the site as a whole, and of the Main Ward Building in particular, under NSW Heritage Branch Criterion.

-
- Section 4.7: Provides statements of significance for the site as a whole and for the Main Ward Building.

4.2 Existing Heritage Listings

4.2.1 The Site

Statutory Listings

The Hospital Site is not listed on the State Heritage Register, under the auspices of the *NSW Heritage Act 1977*.

Wagga Wagga Base Hospital (or parts of the site) is listed on the following statutory heritage registers:

- Department of Health's *Section 170 Register*: 'Wagga Wagga Base Hospital'.

The statement of significance for the site provided by the s170 listing sheet on the State Heritage Inventory is as follows:

'Of historical significance.'⁸

- *Wagga Wagga LEP 2010*: 'Wagga Wagga Base Hospital (c.1960 Building).'

Note: The listing on the *LEP 2010* is defined as Lot 77, DP 757249 and Lot 13, DP 659184. The first lot identifier is likely to be an error: The Hospital site comprises Lot 77 D.P. 1141501 and Lot 13 D.P. 659184.⁹ The listing boundaries thus encompass the entire site. The Heritage Plan that accompanies the *LEP 2010*, however, highlights only Lot 13, being the northern half of the site (see Figure 41 in Section 4.2.2. below). Where a discrepancy occurs between the plan and written instrument, the latter applies.

No statement of significance for this building is provided by the State Heritage Inventory.¹⁰ While only the 1960s Building is listed on the *Wagga Wagga LEP 2010*, the listing sheet prepared by the *Wagga Wagga Heritage Study 2002* refers to both the Old Hospital Building and the Main Ward Building. The statement of significance given by the study is as follows:

'This site has been associated with the provision of health care in Wagga Wagga since 1910 and continues to fulfill that function. The c1960 hospital building is a representative and relatively intact example of the International style of architecture. Local significance.'¹¹

The listing sheet from the study is included in Appendix 1 of this statement.

⁸ *Wagga Wagga Base Hospital*, Edward Street, Wagga Wagga, State Heritage Inventory Data base No.: 3540663.

⁹ With reference to lite.maps.nsw.gov.au.

¹⁰ *Wagga Wagga Base Hospital (c.1960s Building)*, Edward Street, Wagga Wagga. State Heritage Inventory Database No.: 2560185.

¹¹ Peter Freeman Pty Ltd, *Wagga Wagga Urban Heritage Study*, 2002.

Non-Statutory Listings

Wagga Wagga Base Hospital (or parts of the site) is listed on the following non-statutory heritage registers:

- Australian Institute of Architects Twentieth Century Register: Hospital; 1961 Nurses' Home 1936.
- The site is not listed by the National Trust of Australia (NSW).¹²
- The site is not listed on the Register of the National Estate.

The AIA do not have a statement of significance for the Hospital, 1961 (i.e. the Main Ward Building). The listing card from the AIA for the building simply describes it as a 'basic bland hospital.' A copy of this listing card is included in Appendix 1 of this statement.

4.2.2 Items in the Vicinity

Wagga Wagga Base Hospital lies within the vicinity of the following items listed on a statutory heritage register:

- Wagga Wagga Conservation Area as defined by Schedule 5 Part 2 of the *Wagga Wagga LEP 2010*.

There is no statement of significance for the Conservation Area. Section 3.3 of the *Wagga Wagga Development Control Plan 2010* provides the following information about the area that helps to define its significance:

The heritage conservation area incorporates the area of the town's early settlement. The heritage conservation area includes the Fitzmaurice Street commercial precinct and the residential precincts to the west and south.

The conservation area has cohesive streetscape qualities. Characteristic elements that contribute to the conservation area's thematic significance and character are:

- Buildings from the Victorian, Federation, Edwardian and Interwar periods
- Single storey dwellings, mainly detached dwellings.
- Pitched roofs and similar roof styles
- Common use of local red brick with corrugated iron roofing.
- Common fencing styles and materials.
- Garages and outbuildings located to the rear of dwellings.
- Street trees and private garden plantings unify the streetscape, especially the Peter Street palm trees, Gurwood Street plane trees.

Figure 28 shows the relationship of the Hospital Site to the Conservation Area.

¹² Enquiry made to the National Trust in November 2012.

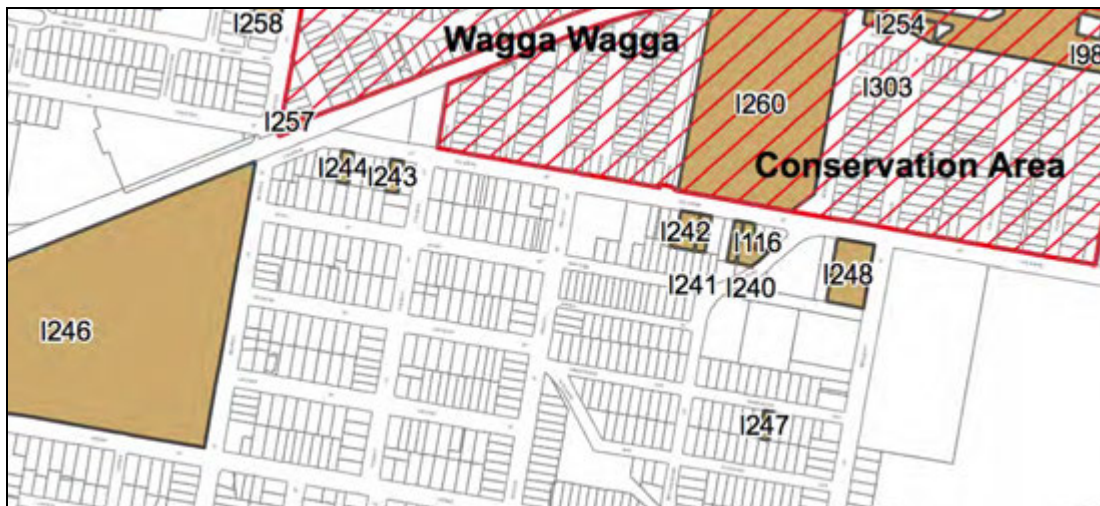
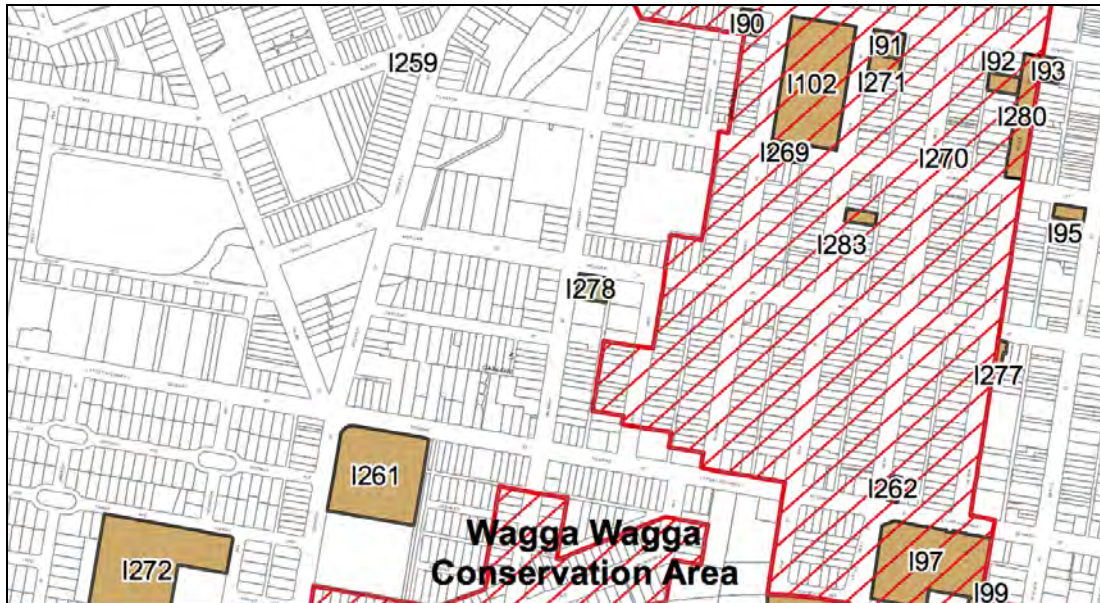


Figure 41: Plan showing the location of the Hospital Site (marked I261) with respect to the Conservation Area, marked in red. Note: while the plan defines only the northern part of the Hospital Site as part of the heritage listing, the written description encompasses the whole Hospital Site. Heritage items are coloured brown.

Detail from the Heritage Plan, *Wagga Wagga LEP 2010*; annotations by W.P.

The proposed Acute Hospital, as for the existing Main Ward Building, is likely to be visible from other heritage items marked on the above plan because of its massing and scale relative to the surrounding area. The closest, individually listed, heritage item to the Hospital Site (as defined by the *Wagga Wagga LEP 2010*) is as follows:

- No. 20 Docker Street (marked 'I258' in Figure 41 above). No. 20 Docker Street is a single storey c.1950s dwelling. The existing Main Ward Building is a distant element in views from outside this site towards this item. Refer to Figure 42. The new building is likely to have a similar degree of visibility.



Figure 42:
View towards the Hospital Site from outside No. 20 Docker Street, demonstrating its visual relationship to the Hospital. The top of the Main Ward Building is just visible.

4.3 Identifying View Corridors

Identifying the view corridors that exist towards, into and out of the Hospital helps determine its contribution to the streetscape and can help to define its significance.

Wagga Wagga Base Hospital is an anomaly in the immediate landscape in terms of the size of the site, the extensive areas of parking associated with it, the type and scale of buildings that stand upon it and their deep set back from the principal frontages of Edward and Docker Streets.

4.3.1 View Corridors into the Site

The following considers view corridors towards the site in general, with a particular focus on the Main Ward Building. How Phase 1 works, currently under construction, will impact upon these view corridors is considered.

The **most significant** view corridors towards the Hospital Site from the public domain occur when standing directly outside of, or opposite, the site on Edward and Docker Streets. The Main Ward Building is a dominant element in these view corridors.

The Hospital Site is visible as approached along **Edward Street** from either direction primarily because of the height of the Main Ward Building. The height of this building gives the site landmark status within the street. The most significant views towards this building on approach are from the east, where the view corridor takes in the main elevations of the building. As approached from the west, the view is of the relatively unarticulated western elevation and north western corner of the building.

The once formal landscaping in front of the Old Hospital Building that, together with the fine Federation Queen Anne Style detailing, that once highlighted its presence in the street, drawing the eye into the site, has been lost. This landscaping was an integral part of the Old Hospital Building and its presentation to the public domain. A car park is currently been constructed in this area. The deep set back of the buildings from the street reduces the absolute dominance that their scale may otherwise have given them.

As demonstrated by Figures 43 to 35, the Hospital buildings visible from Edward Street do not express any significant visual relationships with each other or with the

surrounding landscaping. With the exception of the new car park under construction in the front of the Old Hospital Building, the views illustrated by these photographs will be essentially unaffected by Phase 1 works.



Figure 43:
View towards the site as
approached along
Edward Street from the
east.



Figure 44:
View towards the site as
approached along
Edward Street from the
east.



Figure 45:
View towards the site as
approached along
Edward Street from the
west.

Lewis Drive forms a wide access way through the Hospital Site and, until the commencement of Phase 1 works, provided the only un-impended view corridor from one end of the site to the other. It was not, however, been designed to be a formal access way; its purpose is utilitarian. Although the Main Building dominates Lewis

Drive, the view corridors towards it are not of heritage significance. The alignment of Lewis Drive will be modified to allow for the construction of the Phase 1 Mental Health Facility.

View corridors towards the site from **Docker Street** are more densely screened by vegetation. As the site is approached from either direction along the street, the Main Building is less dominant than in the approach along Edward Street; from some angles it is barely/not visible (refer back to Figure 42). The UNSW Rural Clinical School (former Harvey House) and Lewis House are the most important site elements addressing this street. The set back of these buildings is shallower and the landscaping more formal than the presentation of the hospital buildings to Edward Street. The presentation of these buildings to the street has altered over time with changes in landscaping and fencing. While the landscaping may lack historical integrity, it makes a positive contribution to the streetscape and the presentation of the buildings. Phase 1 works will not alter these view corridors. Refer to Figures 46 and 47.



Figure 46:
View towards the site from
Docker Street.



Figure 47:
View towards the site from
Docker Street.

There are views towards the Hospital Site as it is approached up **Yathong** and **Yabtree Streets**, looking west. These views will change as Phase 1 works proceed.

The new Mental Health Facility is three storeys in height. The Main Ward Building dominates Yabtree Street because of its massing and scale relative to the single storey dwellings that line the street. Although less immediate from Yathong Street, the Main Ward Building is still a significant element in the street. Views from this direction are primarily of the unarticulated rear elevation. Refer to Figure 49.



Figure 49:

View towards the Hospital from Yathong Street.

View corridors towards the site from **other nearby streets** consist of glimpses of the Main Ward Building between or behind other buildings. Its scale, rather than its architectural merit, makes it a notable element within these view corridors. Figures 50 and 51 were taken from within the Wagga Wagga Conservation Area. Figure 52 shows the view towards the Hospital from Wagga Wagga High School, on the corner of Coleman and Edmondson Streets. This photograph shows how, from a distance, the Main Building is the only building visible and even then, is shrouded by intervening vegetation and/or buildings. View corridors from ground level at Calvary Hospital in Harvey Road are similarly distant views, partially screened by intervening houses and vegetation.



Figure 50:

Looking towards the Hospital Site from within the Wagga Wagga Conservation Area (from the corner of Murray and Yathong Streets).



Figure 51:
Typical view of the northern side of Brookong Avenue, showing how Hospital buildings and infrastructure are visible in the distance.



Figure 52:
View towards the site from Wagga Wagga High School (Coleman Street, Wagga Wagga).

4.3.2 View Corridors out of the Site

None of the literature cited to date indicates that the site was laid out and the buildings designed to provide significant view corridors over the surrounding area. From ground level, view corridors are essentially blocked or screened by other buildings and trees. Views over suburban Wagga Wagga are available from the upper floors of the Main Ward Building. An example of this view is provided by Figure 11 in Section 3.2 above. These views are not of heritage significance.

4.3.3 View Corridors Within the Site

The once significant view corridor towards the Old Hospital Building from within the grounds outside the building no longer exists because of the extent of alteration to the building and the loss of the original landscaping.

There is a view corridor towards the Main Ward Building up Lewis Drive from near Edward Street. As stated above, this is more a functional view corridor, arising out of the need for efficient access to the building, as opposed to a deliberate one, framed

by landscaping. This view corridor will change with the construction of the Phase 1 Mental Health Facility.

There is a short view corridor towards the UNSW Rural Clinical School from inside the Docker Street boundary. This view is of significance and includes original landscaping elements.

4.4 Integrity

Integrity, in terms of heritage significance, can exist on a number of levels. A heritage item or place may be an intact example of a particular architectural style or period and thus have a high degree of significance for its ability to illustrate that style or period. Equally, heritage significance may arise from a lack of architectural integrity, where significance lies in an ability to provide information of a significant evolution or change in use.

4.4.1 The Site Overall

The Wagga Wagga Hospital has operated continuously from this site since 1910. The site has constantly evolved over time as a result of advances in medical science and education, government policy and changes in the types of services required by the community. Consequently, like many hospitals of this age, the site has evolved in terms of site area and buildings constructed, demolished or altered and added to.

The photographs, records and plans of Morris' history, *A Delicate Balance*, and other historical sources, provide a good understanding of the major stages of change on the site. This process is not always evident in physical fabric. All traces of some buildings, for example, have been removed. In many other instances, changes made to buildings have compromised the ability to read earlier phases of history. This is particularly true of the Old Hospital Building.

Landscaping around the site has changed over time. The area behind the Old Hospital, for example, was once used for dairy cows and fresh produce; this area was gradually built out. The once formal and well-maintained garden along the Edward Street frontage became less structured over time and has now been replaced with a new car park, currently under construction. The loss of the formal landscaping to the front of the Old Hospital Building, together with the extensive alterations to the front elevation of this building, has had a detrimental impact on understanding the early phases of history on the site from physical fabric.

Additions/alterations to buildings and the construction of new buildings has impacted on how buildings relate to each other and to the surrounding landscape. The construction of the Main Ward Building, for example, altered the vertical scale of the site, the degree to which it was visible from the surrounding landscape and created new view corridors out of it.

The lack of integrity demonstrated by the fabric of some parts of the Wagga Wagga Base Hospital demonstrate the response over time to provide a high level of medical care to the people of Wagga Wagga. This is an important facet of the site's social significance. While buildings have been demolished as part of Phase 1 of the current redevelopment, for example, resulting in the loss of integrity with regard to physical fabric, the significance or integrity of the site as a place of medical services is strengthened.

The following table summarising the integrity of individual buildings on the site was prepared for the *Heritage Assessment December 2010*:

No.	Element	Level of Integrity
A	Old Hospital Building	Low
B	Main Ward Building	High
C	Mortuary	Approved for demolition.
D	Gissing House	Approved for demolition.
E	Scofield House (formerly the Nurses' Preliminary Training School)	Demolished as part of Phase 1.
F	Maintenance and Engineering	Moderate-High
G	Stores	Moderate-High
H	Dental	High (appears to be as built)
I	Lewis House	High
J	Nurses Home 1961	Moderate-High
K	Community Services	Moderate
L	Clinical Services	High (appears to be as built)
M	UNSW Rural Clinical School (formerly the 1936 Nurses' Home, later Harvey House)	High
N	Hydrotherapy Pool	High (appears to be as built)
O	Physiotherapy	Low-Moderate
P	Robinson House	Low-Moderate
Q	Blood Bank	Intrusive later addition to Lewis House
R	Nos. 10-16 Yabtree Street	Demolished as part of Phase 1

The Main Ward Building is discussed further below.

4.4.2 The Main Ward Building

The Main Ward Building is substantially intact. The most significant alterations have been the addition of a fire stair (c.1986) and alterations to the ground floor in the 1980s and 1990s. These works have had varying degrees of impact. While the ground floor colonnade has only marginally disrupt the horizontal banding, the fire stair has had a more pronounced impact on the building. The stair is a prominent element, so much so that it is listed among the 'strong visual elements' that, according to the *Wagga Wagga Urban Heritage Study 2002*, make this building characteristic of the 'International Style.'¹³ As discussed in the following section, the Main Ward Building is more correctly identified as a Functionalist Style Building.

¹³ *Wagga Wagga Urban Heritage Study, 2002*, Reference No.: UHS45.

4.5 Comparative Analysis

4.5.1 Preamble

Comparative analysis helps to place items within a wider context and to determine factors such as their representative or rareness and whether or not they are a particularly fine or modest example of their type. Comparative Analysis can also help establish local or state wide patterns.

4.5.2 The Site as a Whole

Hospitals that have operated on a site over a long period frequently have significant local historic and community associations because of their inherent function. Many hospitals can also demonstrate strong community ties arising out of fun-raising activities. Wagga Wagga Base Hospital is no exception in this regard. Numerous hospitals across New South Wales can demonstrate associations of a similar strength and longevity.

The *Heritage Assessment December 2010* considered each building individually. The following supplements the comparative analysis provided for the Main Ward Building.

4.5.3 The Main Ward Building

Comparative analysis for the Main Ward Building within a local context serves no purpose, given that Wagga Wagga Hospital is the only major public hospital for some distance. Analysis thus needs to be carried out on a wider basis.

From the 1930s onwards, there was a growing interest and specialisation in the hospital design among private architectural practices and the NSW Government Architects Office. The ideas that revolutionised hospital design in the 1930s, influenced hospital design well into the Post World War II period.

Functionalist Style

The Main Ward Building is perhaps more accurately described as a late example of the Functionalist Style, rather than the International Style as suggested by the *Wagga Wagga Heritage Study*, though the two styles share certain characteristics. The Functionalist Style was the dominant style in hospital architecture between the mid 1930s through to the mid 1960s, producing a distinct class of building.

Hospital design presents a series of challenges to the architect:

‘Hospitals are arguably the most complex of modern buildings. They are mini-cities with large populations, permanent and transient. They have many functions and serve many demands- reception, accommodation, feeding, examination, diagnosis, treatment, recovery and rehabilitation. Their technology is a mix of the high and the banal. They have to be thought out, laid out and fitted out as, in part, hotels, laboratories, universities, archives and conveyor belts. They have to work every hour of every day. Their hygiene, ventilation, acoustics, lighting and security all make special demands. They deal with lives, not just tenants.

Moreover, the modern hospital is always under pressure to evolve. Obsolescence is its occupational hazard. To give a hospital some prospect of staying modern in the swirl of scientific, technical and social developments, an architect must plan so that it is as near to the state of the art as possible on

opening day- but design it to be architecturally open-minded and flexible enough to absorb changes.’¹⁴

During the immediate post World War I period, there was a fundamental shift in the way in which hospitals were perceived by the public. Hospitals had traditionally been associated with poverty; only the poor and destitute attended hospitals. Those who could afford it received medical treatment at home. Advances in medical treatment and technology during the early twentieth century, led to a gradual change in the role of the hospital. By the 1930s, hospitals had become symbolic of a modern, healthy society.¹⁵ Hospital management and design increasingly became a specialisation in its own right.

Modernism was the architectural style frequently chosen by architects and hospital boards during the 1930s to express the new role and status of the hospital. Interwar modernist architecture developed following the end of World War I. The style was, in part, a reaction against the revivalist traditions of the architectural styles of the Victorian period and a past that had ended in a world war. The Functionalist Style, as interwar modernism came to be known, grew out of the Art Deco Style of the 1920s; in some respects, early modernist design was a streamlined ‘Art Deco.’

Modernism found its ideal expression in health-related buildings. Hospitals could be readily associated with scientific and technological advance:

‘...health, both moral and physical, was achieved through hygienic- that is, modern- architecture.’¹⁶

Modernism arrived in Australia during the early 1930s through the experience of architects who travelled in post war Europe and North America and by means of a growing range of imported architectural publications. When the desire of the modernist to express ‘function in form’ was combined with the prevailing belief in the restorative action of sunshine and fresh air to promote the well being of patients, a radical departure in the design of hospitals resulted.

Early modernist hospital design in Australia was greatly influenced by the work of European architects such as Alvar Aalto and Willem Dudock. The strong horizontal and vertical forms of Aalto’s Tuberculosis Sanatorium in Paimio, Finland (1929-33), were particularly influential on Australian hospital design (Figure 53). Architects who had traveled to Europe were not only impressed by the use of steel, concrete and glass in the modernist European buildings, but also by the way in which more traditional materials, such as brick, were being employed by Dutch modernist architects, such as Dudock (Figure 54).¹⁷

¹⁴ ‘Machines for Caring’ in John Shaw, *Sir Arthur Stephenson: Australian Architect*, Sydney, Stephenson and Turner, 1987, pp.89-90.

¹⁵ Julie Willis, ‘Machines for Healing’, *Architecture Australia*, July/August, 2002.

¹⁶ Mark Wigley cited in Julie Willis, *op.cit.*, July/August, 2002

¹⁷ Cited in relation to Arthur Stephenson in ‘Modern in Melbourne. Melbourne Architecture 1930-1950. Three Ways of Being Modern.’ This is equally applicable to Leighton Irwin.



Figure 53:
Aalto's Tuberculosis
Sanatorium Paimio (1929-
1933).

www.alvaraalto.fi/net/paimio.html



Figure 54:
Detail of the Town Hall,
Hilversum (1929).

James Phillips, 2007.

The New South Wales Government Architects Office under Cobden Parkes was responsible for the construction of a number of health related complexes in the Interwar Functionalist Style during the 1930s and 1940s, including buildings at the Royal Prince Alfred Hospital, the Royal Alexandra Hospital for Children (1939), the Neurosurgery and Psychiatry Blocks at the Royal Prince Alfred (1937), the Wollongong Hospital Nurse's Home (1939), ward blocks at Lidcombe Hospital, additions to Bathurst Hospital (c.1940s), the Private Ward at Maitland Hospital (1937-39), Murwillumbah Hospital (1940) and Narrabri Hospital (1944).

Within the private sector, the leading Australian architects in hospital design during this period were Stephenson and Turner and Leighton Irwin; both practices continue to design hospitals today. Hospitals by Stephenson and Turner dating from the 1930s and 1940s include, in Melbourne, under Arthur Stephenson: St. Vincent's Hospital (1933), the Mercy Hospital (1934), the Freemanson's Hospital (1936) and the Royal Melbourne Hospital. In Sydney, under Donald Turner: Gloucester House at the Royal Prince Alfred Hospital (1936), the United Dental Hospital (1940), the King George the Fifth Memorial Wing at the Royal Prince Alfred and the Yarralla (Repatriation) Hospital, Concord (1942). Examples of the work of Leighton Irwin are provided by the Mildura Base Hospital (1930), Broken Hill Hospital (1941) and the Rachel Forster Hospital in Sydney (1941). The comparison of these hospitals demonstrates that the work of each practice influenced the other.

Figures 55 to 71 provide photographs of a selection of Functionalist Style hospital buildings within New South Wales and Victoria in approximate date order. Heritage listings are given for those located within New South Wales.



Figure 55:
Mildura Base Hospital, designed by Leighton Irwin, 1930.
Rose Stereograph Co., before 1954.
State Library of Victoria, Rose Series P.3121.



This building is listed on the State Heritage Register, the NSW Department of Health's s170 Register, by Wollongong Council and on the AIA's 20th C. Register.

Figure 56:
Wollongong Hospital Nurses Home, designed by the Government Architects Office, under Cobden Parkes, 1937.
Photograph from the State Heritage Inventory.



This building is listed on the AIA Twentieth Century Register.

Figure 57:
Murwillimbah Hospital. Designed c.1940 by the Government Architects Office, under Cobden Parkes.
Google Images.



This building is listed on the Department of Health's s170 Register, by Sydney City Council and on the AIA 20th C. Register.

This building won the 1941 Sulman Award and is widely recognised as one of the best examples of a Functionalist Style hospital.

Figure 58:
King George V Memorial Hospital, designed by Stephenson and Turner, c. 1941.

City of Sydney Archives, SRC 8130.



This hospital is listed by North Sydney Council and on the AIA 20th C. Register.

Figure 59:
The Maternity Wing of the Mater Misericordiae Hospital, North Sydney. Designed by Cobden Parkes, c.1941.

North Sydney Library, LH REF CPF50/2.



Figure 60:
Royal Melbourne Hospital, designed by Stephenson and Turner, 1942.

Sir Arthur Stephenson: An Australian Architect, 1987.



Figures 61 and 62: The Rachel Forster Hospital, Leighton Irwin, 1942.

Rachel Forster Hospital, undated brochure in the State Library NSW; *Decoration and Glass*, February 1942.

This site is listed as heritage item and is on the AIA 20th C. Register. Substantial alterations have recently been approved as part of a new residential development on this site.



This hospital won the 1946 Sulman Award. It is listed by Canada Bay Council and on the AIA 20th C. Register. While not listed on the state heritage register, it is widely recognised in architectural circles as one of the best examples of a Functionalist Style Hospital.

Figure 63:
Sam Hood, Yarralla Military Hospital, Concord, 1942.

State Library NSW, Home and Away – 10495.



This building has been demolished as part of the re-development of Narrabri Hospital.

Figure 64:
Narrabri Hospital, designed by the Government Architects Office, under Cobden Parkes 1944.

Weir Phillips 2008.



The Hospital as a whole is listed by Bathurst Council, on the Department of Health's s170 Register and on the State Heritage Register. The original nineteenth century building on the site is the focus of these listings.

The works of the Government Architects Office on this site are listed by the AIA 20th C. Register.

Figure 65:
Bathurst Hospital - Additions -
solarium, ground and first floors,
1943. Designed by the Government
Architects Office under Cobden
Parkes.

State Records,
4346_a020_a020000274.jpg



This building is listed on the NSW Department of Health's s170 Register and on the AIA Twentieth C. Register.

Figure 66:
Leeton Hospital, photographed in
1946.

State Library NSW, Government
Printing Office 1 – 41220.



Figure 67: Former St. Margaret's Public Hospital for Women, constructed 1947-51

State Heritage Inventory, Database No. 2420378.

Figure 68: Nickson Wing, Newcastle Hospital, 1950-54. Designed by Stephensen & Turner in 1951.

Hospital Archives, University of Newcastle.

Both buildings are listed on the AIA 20th C. Register. The Nickson Wing is listed on the NSW Department of Health's s170 Register. The former St. Margaret's Hospital is listed by the City of Sydney Council.



Figure 69: Frank Hurley, *Hickman House*, Wollongong Hospital, before 1961. This building was opened in 1951.

Wollongong Library.

Figure 70: Prince Henry Hospital, Melbourne, 1957. Designed by Leighton Irwin.

National Library of Victoria, nla.pic-vn3312712.

Both these buildings have been demolished.



This hospital is listed on the AIA 20th C. Register.

Figure 71:

**Taree Hospital. Date unknown.
NSW Government Architect.**

Google Images.

Later examples of Functionalist Style hospital buildings that are closer in date to the Main Ward Building at Wagga Wagga are provided by Auburn Hospital, opened in 1961 and designed by T. O'Mahoney in conjunction with Cobden Parks and Edward Farmer; the Mercy Hospital, Albury, opened 1957 (architect not identified) and Bankstown Hospital (architect not identified). Refer to Figures 72 to 74.



Figure 72:

**Auburn Hospital
Weir Phillips, 2004.**



Figure 73:

**Mercy Hospital, Albury.
Opened 1957.**

Google Images.



This building has been demolished.

Figure 74:
John A. Tanner, Bankstown Hospital, 1961.

National Library of Australia,
nla.pic.vn4590432.

Interwar Functionalist Style hospitals of the 1930s and 1940s have considerable significance as a group of buildings. This group of buildings is among the first large-scale buildings in Australia in which the ideals of modernism were expressed:

‘The Australian modern hospital holds a pivotal place both in the development of Australian Modernism and in the advancement of Australian health. They used a distinctive modern language, drawing upon the latest medical and architectural theories of the time. In doing so, they introduced Modernism to the Australian public, seeding a fundamental shift in Australian architectural aesthetics.’¹⁸

Hospital design changed again in the mid 1960s as medical treatment continued to advance and hospital stays were shortened. International Style and Brutalist Style elements are discernable in hospital buildings of the 1960s and 1970s. With its expressed structural system and extensive use of glass, Orange Base Hospital provides an example of the former (Figure 75). Over time, the balconies, so characteristic of the Functionalist Style Hospitals, were no longer a feature of Hospital design.



This building has been demolished.

Figure 75:
Orange Base Hospital in 1973.

National Archives of Australia,
A61801 25/9/73/84.

¹⁸ Julie Willis, *op.cit.*, 2002.

Conclusion

From the above, the following conclusions can be drawn:

- The Main Ward Building at Wagga Wagga Base Hospital is a representative example of a Functionalist Style Hospital and a comparatively late example.
- While a rare example of the style in within Wagga Wagga, the Functionalist Style was the dominant style used in hospital design in New South Wales and Victoria between c.1935 and 1965.
- While representative of a Functionalist Style hospital of the interwar and immediate Post World War II period, the Main Ward Building at Wagga Wagga Hospital is a relatively modest, if competent, example. The AIA Twentieth Century Register listing card describes the building as 'basic' and 'bland.' The building lacks the 'flamboyance' of the best examples of the style identified above. The variation in form and attention to detail- often subtle- demonstrated by Stephenson & Turner's King George V and Yaralla Hospitals, for example, are not in evidence. The fire stair that adds considerable visual interest to the otherwise simply detailed building is not in fact an original feature, but a relatively recent addition. The building followed the lead of earlier buildings, rather than being an inspiration for buildings that followed.
- The size of the building relative to the surrounding area and its association with an important community service has given it landmark status; this should not, however, be confused with architectural merit.

4.6 NSW Heritage Branch Criterion

4.6.1 Preamble

Once the historical and physical evidence has been established, it is possible to assess the heritage significance of a place. The *Australian ICOMOS Burra Charter* defines heritage significance as 'aesthetic, historic, scientific or spiritual value for past, present or future generations.'¹⁹ Heritage significance may relate to how rare or representative a place may be and/or its relationship to its setting and context, whether historical, contemporary, physical or social. It may relate to the place as a whole or to some of its components. The NSW Heritage Office has developed a series of criteria based on the principles of the *Burra Charter*. These criteria are as follows.

Few of the aspects of significance discussed below are exclusive: a characteristic may, for example, have both historical and aesthetic significance.

The Guidelines for Inclusion / Exclusion are as provided by *Assessing Heritage Significance, NSW Heritage Manual Update*.

The following considers the significance of the site as a whole (from the *Heritage Assessment December 2010*) and of the Main Ward Building in particular.

¹⁹ Article 1.2, *The Burra Charter (The Australian ICOMOS Charter for Places of Cultural Significance)*, adopted 19th August, 1979 and revised 23 February, 1981, 23 April 1988 and November 1999.

4.6.2 Criterion (a)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none">• shows evidence of a significant human activity	<ul style="list-style-type: none">• has incidental or unsubstantiated connections with historically important activities or processes
<ul style="list-style-type: none">• is associated with a significant activity or historical phase	<ul style="list-style-type: none">• provides evidence of activities or processes that are of dubious historical importance
<ul style="list-style-type: none">• maintains or shows continuity of a historical process or activity	<ul style="list-style-type: none">• has been altered so that it can no longer provide evidence of a particular association

The Site as a Whole

Wagga Wagga Base Hospital has high local historic significance as a place from where medical services have been continuously provided to the people of Wagga Wagga and the surrounding districts from 1910 to the present day. From this time, the site has been the focal point for medical services in Wagga Wagga. As for many hospital sites across New South Wales, the site demonstrates state-wide patterns related to changing medical practices and technologies, government policies, the types of diseases being treated, community expectations and nursing patterns. Concurrently, Wagga Wagga Base Hospital has local historic significance for its ability to mirror developments in the wider community. The Hospital has clearly developed in line with the community over time. Despite the lack of integrity of individual buildings, the site, as a whole:

- shows evidence of a significant human activity; and
- shows continuity of a historical process or activity.

The Wagga Wagga Base Hospital has minor historic significance as one of many hospital sites across the state capable of demonstrating the evolution of hospital design and architecture over a prolonged period. The work of the NSW Government Architects (sometimes in conjunction with private practices) from Federation times through to the Post World War II period is represented on the site. Much of this significance, however, lies in historic records, as key buildings from the Federation period (the earliest period) have been extensively altered, and buildings from the Interwar and Post War periods modified. Nevertheless, as further discussed below, the site retains good examples of an Interwar period nurses' home (UNSW Rural Clinical School, formerly Harvey House) and Post World War II Functionalist Style ward building (the Main Ward Building) designed by the NSW Government Architects.

The Main Ward Building

The Main Ward Building has local significance under this criterion as part of the Wagga Wagga Base Hospital, as set out above. The Main Ward Building has been the principal building on this site since it opened in 1963 and has facilitated the ongoing use of the site as a hospital since this time. Its construction in the 1960s is symbolic of the growth of Wagga Wagga over the preceding twenty years- during which period Wagga Wagga became a City- and anticipated future growth.

The Main Ward Building has significance under this criterion as part of a distinct group of Functionalist Style hospital buildings constructed throughout Australia between the early 1940s and the late 1950s. As further outlined below, it is a late and modest example of the type.

4.6.3 Criterion (b)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none">• shows evidence of a significant human occupation	<ul style="list-style-type: none">• has incidental or unsubstantiated connections with historically important people or events
<ul style="list-style-type: none">• is associated with a significant event, person, or group of persons	<ul style="list-style-type: none">• provides evidence of people or events that are of dubious historical importance
<ul style="list-style-type: none">• maintains or shows continuity of a historical process or activity	<ul style="list-style-type: none">• has been altered so that it can no longer provide evidence of a particular association

The Site as a Whole

Wagga Wagga Base Hospital has local significance as a place of considerable and widespread community involvement. The site is directly associated with many individuals within the local community, most notably the doctors, matrons, nurses, student nurses and other staff, who have worked in the Hospital since 1910, and with people who have served on the Hospital Board. Many of these people have had strong and significant ties to the local community. Community groups, such as the Hospital Auxiliary and the CWA, have close and sustained ties to the Hospital. Associations are expressed on site in fabric (for example, plaques) and in the names given to streets, areas and buildings (for example, Lewis House, Robertson House, the UNSW Rural Clinical School).

Wagga Wagga Base Hospital has some significance for its association with the NSW Government Architect's Office. Edwin Smith's 1936 Nurses' Home (UNSW Rural Clinical School, formerly Harvey House) is significantly intact, as is the Main Ward Building, designed by Cobden Parkes and Edward Farmer. Buildings, or substantial alterations to existing buildings, carried out by W.L. Vernon, G. McCrae and C. Parkes on the site have been significantly comprised.

The Main Ward Building

The Main Ward Building is one of several buildings on the site that has significance for its association with the Government Architect's Office. The Main Ward Building is representative of the style of works produced by the Government Architect Branch under Cobden Parkes and Edward Farmer. This association is not rare; both architects designed many buildings throughout NSW.

4.6.4 Criterion (c)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none">• shows or is associated with, creative or technical innovation or achievement	<ul style="list-style-type: none">• is not a major work by an important designer or artist
<ul style="list-style-type: none">• is the inspiration for creative or technical innovation or achievement	<ul style="list-style-type: none">• has lost its design or technical integrity

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none"> • is aesthetically distinctive or has landmark qualities 	<ul style="list-style-type: none"> • its positive visual or sensory appeal or landmark and scenic qualities have been more than temporarily degraded
<ul style="list-style-type: none"> • exemplifies a particular taste, style or technology 	<ul style="list-style-type: none"> • has only a loose association with a creative or technical achievement

The Site as a Whole

The landmark qualities of the site as a whole are derived more from community association and the relative massing/height of the buildings on the site than from overall aesthetic distinctiveness. The buildings on the site vary significantly as to architectural merit and do not demonstrate architectural cohesiveness. The most historically significant view corridor into the site was from Edward Street looking towards the front of the Old Hospital Building. This view corridor has been permanently lost as a result of alteration and addition to the building and the loss of the formal front garden.

There are two buildings of individual aesthetic significance on the site: the UNSW Rural Clinical School (formerly the 1936 Nurses' Home, later Harvey House) and the Main Ward Building:

- The UNSW Rural Clinical School provides a fine example of the Interwar Free Classical Style as applied by the Government Architect, Edwin Smith, to an institutional building. Externally, the building is substantially intact. The landscaping, while contributing to the presentation of the building, is not of significance in and of itself, given that much of it is recent in date. The Canary Island Date Palms, however, appear in early photographs and are significant. Canary Island Date Palms are often found on Hospital Sites of the Federation and Interwar periods. The building makes a positive contribution to the site and to Docker Street.
- The Main Ward Building: see below.

The Main Ward Building

The Main Ward Building provides a good, if late and relatively modest, example of a Functionalist Style hospital ward block. This style is synonymous with the revolution in hospital architecture that occurred in the 1940s and dominated hospital architecture until the mid 1960s. The style was informed/inspired by design and medical theory of the 1930s, for example, the use of long ward balconies positioned to maximise light and free air. Within this group of buildings, the Main Ward Building at Wagga Wagga, while substantially intact, is a lesser example of the type because it lacks the exuberance and subtle detailing of the best examples such as, the Sulman Award winning buildings designed by Stephenson and Turner. The striking external fire stair is a comparatively recent addition and not part of the original design.

By the time that the Main Ward Building was constructed, it was out-dated. The idea of wheeling patients out of wards onto balconies, for example, was no longer current. The narrowness of the balconies at Wagga Wagga and their exposure to the summer heat and winter frosts of Wagga Wagga made them impractical. Their inclusion in the design of the building was a 'nod' to an architectural convention, rather than a practical, functional element. This type and style of hospital building was soon to be obsolete.

Sites or building derive landmark qualities for many reasons. They may be located on high ground and/or be of a greater height than surrounding buildings. They may have community associations that make them particularly notable; and/or they may be of an unusual architectural style that has inspired other examples. Wagga Wagga

Hospital, as a whole, is a landmark site because of its long term community associations and the vital services it has provided. While its size and long standing use as a public hospital building make it a local landmark, the Main Ward Building lacks the exuberance and subtle detailing of the best examples of the Functionalist Style hospital building. The building was not, in itself, a technical achievement; nor did it inspire the design other buildings in the same way as, for example Stephen & Turner's Yarralla or King George V Hospitals. There are no documented cases where the style of this particular hospital building inspired similar designs within the local or wider area. The building followed the lead of existing examples, as opposed to demonstrating technical innovation or achievement. Landmark characteristics arising from community associations and its size should not be confused with high architectural merit.

4.6.5 Criterion (d)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none"> is important for its association with an identifiable group 	<ul style="list-style-type: none"> is only important to the community for amenity reasons
<ul style="list-style-type: none"> is important to a community's sense of place 	<ul style="list-style-type: none"> is retained only in preference to a proposed alternative

As stated under Criterion (b), the site, including the Main Ward Building, has historic and ongoing significant relationships with health providers and receivers and with community groups who actively assist in its operation. While a large part of this significance arises out of the amenity that the hospital provides, significance has also arisen, separate of amenity, through the longevity of the services provided on this site.

The Main Ward Building is listed by the local Council, indicating it is of interest to local groups, such as heritage groups, within the community. While the building is listed by the AIA, indicating it is of significance to 20th Century architectural enthusiasts, it is described by the accompanying listing card as a 'bland' example. Functionalist Style hospital buildings are well represented on the AIA Register. Many of listed examples demonstrated a higher degree of architectural merit than the Main Ward Building.

4.5.6 Criterion (e)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none"> has the potential to yield new or further substantial scientific and/or archaeological information 	<ul style="list-style-type: none"> has little archaeological or research potential
<ul style="list-style-type: none"> is an important benchmark or reference site or type 	<ul style="list-style-type: none"> only contains information that is readily available from other resources or archaeological sites
<ul style="list-style-type: none"> provides evidence of past human cultures that is unavailable elsewhere 	<ul style="list-style-type: none"> the knowledge gained would be irrelevant to research on science, human history of culture

The Site as a Whole

Wagga Wagga Base Hospital has the potential to reveal how health services within the regional area have changed over the period since 1910, making it significant under this criterion at a local level. Understanding how the site has evolved is heavily dependent on historic record, because of the extent of change that has occurred over time. The ability of the site to demonstrate development within a regional area is not rare; it is a quality shared by many regional hospitals that have occupied the one site for many years.

The UNSW Rural Clinical School provides a fine example of a mid sized Interwar Free Classical Style Nurses Home. It is one of several nurses' homes of this period and style to survive across New South Wales. It is the more architecturally distinguished and intact (externally) of the two nurses homes on the site, the other being Lewis House.

Refer to the separate archaeological report with regard to archaeological potential.

The Main Ward Building

The Main Ward Building provides an intact example of a simply detailed Functionalist Style Hospital Building. While a rare and large example of the style in Wagga Wagga (because it is the only major public hospital for some distance) this building was not an important reference for other buildings in the area or form other hospital buildings of this style in New South Wales. It is a comparatively late example of the style; it lacks the subtle variation in form and detail that elevate the best examples of the style. As stated above, the building followed the lead of existing examples, rather than becoming an important reference point for future design.

4.5.7 Criterion (f)

An item possesses uncommon, rare or endangered aspects of New South Wales' cultural or natural history (of the cultural or natural history of the local area)

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
<ul style="list-style-type: none">• provides evidence of a defunct custom, way of life or process	<ul style="list-style-type: none">• is not rare
<ul style="list-style-type: none">• demonstrate a process, custom or other human activity that is in danger of being lost	<ul style="list-style-type: none">• is numerous but under threat
<ul style="list-style-type: none">• shown unusually accurate evidence of a significant human activity	
<ul style="list-style-type: none">• is the only example of its type	
<ul style="list-style-type: none">• demonstrate designs or techniques of exceptional interest	
<ul style="list-style-type: none">• shown rare evidence of a significant human activity important to a community	

The Site as a Whole

As the primary place of public health care for the district over a long period, Wagga Wagga Base Hospital is a unique site within the City of Wagga Wagga. Calvary Hospital (c.1926) provides a second example, but of a non-government hospital.

The phased re-development of the site mean that most of the buildings on the site are 'under threat' of demolition. The ability of Wagga Wagga Hospital to demonstrate a long term association with one site and to demonstrate change over a long period is shared by many hospitals across New South Wales. The extent of alterations to many of the building at Wagga Wagga Hospital means that understanding the evolution of this site lies largely in historic records, as opposed to extant fabric.

The Main Ward Building

While rare within Wagga Wagga because of its size, the Main Ward Building is only one example of several hospital complexes in this style and of this period that survive throughout New South Wales. The Main Ward Building followed, rather than created, architectural precedent and does not demonstrate design details or techniques of exceptional significance.

4.6.8 Criterion (g)

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

<i>Guidelines for Inclusion</i>	<i>Guidelines for Exclusion</i>
• is a fine example of its type	• is a poor example of its type
• has the potential characteristics of an important class or group of items	• does not include or has lost the range of characteristics of a type
• has attributes typical of a particular way of life, philosophy, custom, significant process, design, technique of activity	• does not represent well the characteristics that make up a significant variation of type
• is a significant variation to a class of items	
• is part of a group which collectively illustrates a representative type	
• is outstanding because of its setting, condition or size	
• is outstanding because of its integrity or the esteem in which it is held	

As outlined above, the Wagga Wagga Base Hospital demonstrates the typical evolution of a country base hospital as the needs of the local community changed. Within the lexicon of rural base hospitals, it is not outstanding for its size, integrity, influence, setting, condition or architectural merit. Two buildings have some significance under this criterion:

- The UNSW Rural Clinical School provides a fine example of an Interwar Free Classical Style institutional building.
- The Main Ward Building is representative of the Interwar Functionalist Style hospital.

The Main Ward Building, while a rare building type and class within Wagga Wagga, is not a particularly fine example of its type, nor does it demonstrate a significant variation within its type. It is not particularly outstanding for its integrity, its size compared to other buildings in this class, or the esteem in which it is held. Communities hold country hospitals, particularly of long standing, in high esteem across Australia.

4.7 Statements of Significance

4.7.1 The Site

The statement of significance for the site as a whole from the *Heritage Assessment December 2010* is as follows:

‘Wagga Wagga Base Hospital has high local historic and social significance as a place from where medical services have been continuously provided to the people of Wagga Wagga and the surrounding districts from 1910 to the present day. From this time, the site has been the focal point for medical services in Wagga Wagga and has evolved in line with the community it serves. As for many hospital sites across New South Wales, the site demonstrates state-wide patterns concerned with changing medical practices and technologies, government policies, community expectations and nursing services. The site demonstrates a strong continuity of use, despite the lack of integrity demonstrated by some individual buildings.

Wagga Wagga Base Hospital has local significance as a place of significant and widespread community involvement. The site is directly associated with many individuals, most notably the doctors, matrons, nurses, student nurses and other staff, who have worked in the Hospital since 1910, and with people who have served on the Hospital Board. Many of these people have had strong and significant ties to the local community. Community groups, such as the Hospital Auxiliary and the CWA, have close and sustained ties to the Hospital. Associations are expressed on site in fabric and in the names of buildings, hospital wards and streets.

Wagga Wagga Base Hospital has minor significance as one of many hospital sites across the state capable of demonstrating the evolution of hospital design and architecture over a prolonged period. There are extant examples of the work of the NSW Government Architect’s Office from Federation times through to the Post World War II. Given the extent of alteration to key buildings, however, much of this aspect of significance lies in historic records. The most significant and intact buildings on the site are an Interwar period nurses’ home designed by Edwin Smith (UNSW Rural Clinical School (formerly the 1936 Nurses’ Home, later Harvey House) and a Post World War II Functionalist Style ward block designed by Cobden Parkes (preliminary design) and Edward Farmer (realised design). These two buildings have aesthetic significance as examples of their type and style and for their contribution to the streetscape; neither, however, are rare beyond the local context or exceptional as benchmarks in architectural style or hospital design.’²⁰

4.7.2 The Main Ward Building

The Main Ward Building at Wagga Wagga Base Hospital, Wagga Wagga, New South Wales has local historic, aesthetic and social significance as part of the site from where medical services have been continuously provided to the people of Wagga Wagga and the surrounding districts from 1910 to the present day. Opened in 1963, the building is symbolic of Wagga Wagga’s status as a regional centre.

²⁰ Weir Phillips Architects and Heritage Consultants, *Wagga Wagga Base Hospital*, Heritage Assessment, December 2010.

The Main Ward Building is associated with the New South Wales Government Architects Cobden Parkes, who began the design, and Edward Farmer, who completed it. The Building is a representative example of the Functionalist Style, a style synonymous with the revolution in hospital architecture that occurred in the 1940s; it continued to dominate hospital architecture until the mid 1960s. Within this large group of buildings, the Main Ward Building, while substantially intact, is a late and comparatively modest example of the style. It lacks the architectural flair that sets apart of the best examples of this style and was neither innovative nor influential on later designs. Its landmark qualities arise more out of its size and community associations, than outstanding architectural merit.

4.7.3 Wagga Wagga Conservation Area

No statement of significance is provided for the Wagga Wagga Conservation Area by the *Wagga Wagga Development Control Plan 2010*, the *Wagga Wagga Urban Heritage Study* or the State Heritage Inventory.

Part 3.3 of the *Wagga Wagga DCP* outlines the characteristic elements of the area, which give it significance, as follows:

‘The heritage conservation area incorporates the area of the town’s early settlement. The heritage conservation area includes the Fitzmaurice Street commercial precinct and the residential precincts to the west and south. The conservation area has cohesive streetscape qualities. Characteristic elements that contribute to the conservation area’s thematic significance and character are:

- Buildings from the Victorian, Federation, Edwardian and Interwar periods
- Single storey dwellings, mainly detached dwellings
- Pitched roofs and similar roof styles
- Common use of local red brick with corrugated iron roofing •
- Common fencing styles and materials
- Garages and outbuildings located to the rear of dwellings
- Street trees and private garden plantings unify the streetscape, especially the Peter Street palm trees, Gurwood Street plane trees.’²¹

5.0 HERITAGE IMPACT STATEMENT

The following should be read in conjunction with the plans prepared by Billard Leece Partnership (architectural) and Arcadia Landscape Architecture (landscape) that accompany this application.

5.1 Description of Proposal

The Phase 2-3 development at Wagga Wagga Base Hospital will involve:

- The delivery of 24,350m² new development replacing the Acute Hospital, comprising expanded emergency department, helipad, imaging suite, operating theatres, sterile services, inpatient units, new procedure centre, critical care facilities, women’s and children’s health facilities, angiography and cardiac catheter suite, diagnostic services, increased

²¹ *Wagga Wagga Development Control Plan 2010*, Part 3.3.

support services, pharmacy and new main entrance (including cafe and retail area).

- A maximum height of 8 storeys, including a rooftop helipad;
- Demolition of the multi-storey Ward Building;
- Modified access arrangement from Edward Street;
- New car parking facilities; and
- Integrated landscaping.

The new Acute Hospital will be constructed immediately south of the existing Main Ward Building. Upon completion, the Main Ward Building will be demolished and a new forecourt and car park constructed in its place.

5.2 Effect of Work

The effect of the proposed works is assessed using questions raised by the NSW Heritage Office (now Branch) publications *Statements of Heritage Impact* (2002 update).

5.2.1 Impact of the Proposed Works on the Hospital Site

Three central questions are raised by the publication *Statements of Heritage Impact* (2002):

- The following aspects of the proposal respect or enhance the heritage significance of the item for the following reasons.
- The following aspects of the proposal could detrimentally impact on heritage significance. The reasons are explained as well as the measures taken to minimise impacts.
- The following sympathetic solutions have been considered and discounted for the following reasons.

Each is answered in turn below.

Question 1:

The following aspects of the proposal respect or enhance the heritage significance of the item for the following reasons

In answering this question, understanding the significance of the site as a whole is pivotal.

Where social significance is one of the dominant aspects of a site's significance, as at Wagga Wagga Base Hospital, renewal and adaptation so that the significant social function can be continued may be seen as supporting and even enhancing that aspect of its significance. As the social function of a place evolves with its supporting population, so too does the understanding of that significance. This is particularly applicable to hospital facilities where maintaining the use of the site *and* the quality of the service delivered to the public is vital in maintaining the site's social significance.

As medical delivery systems evolve, so too must the buildings in which they are delivered. Wagga Wagga Base Hospital has continually evolved to meet changing public needs. This process has, in the past, entailed the demolition of buildings, the construction of new buildings and the carrying out of alterations and additions to existing buildings. Almost paradoxically, it is because of the site has constantly evolved, and thus remains in use as a hospital, that the site has developed the high level of community identification and social significance that it now possesses. The proposed new works represent the next stage of evolution, albeit a comprehensive one. Social significance, unlike other aspects of significance, does not necessarily depend on the physical retention of fabric. The continuity of social significance lies in the delivery of services and those using the services, being, in effect, the community of Wagga Wagga and its surrounding districts. Were the place not to be renewed, use would decline and, with it, its ongoing social significance. In short, supporting the use of the site as a hospital will maintain its social significance. Improving the services that it provides will enhance social significance. As set out below, demolition of the Main Ward Building and its replacement with new acute facilities is required to support the high social significance of the site.

Question 2:

The following aspects of the proposal could detrimentally impact on heritage significance. The reasons are explained as well as the measures taken to minimise impacts

Demolition of the Main Ward Building will have an obvious and detrimental impact on heritage significance.

The redevelopment of the Wagga Wagga Base Hospital has been planned over a number of years. Reports by others during the early phases for planning on this site have determined that the best location for a large hospital in Wagga Wagga is on the existing site and that the best location for acute care facilities on the site is in the location of the existing Main Ward Building. Its demolition is thus required in order to deliver the most efficient health service to the people of Wagga Wagga.

Major changes have occurred in the delivery of health services since this building was constructed such that architecture that was appropriate in 1963 now mitigates the delivery of suitable service. The building cannot be adaptively re-used for clinical purposes. Maintaining a non-clinical building of this size and in this location would seriously impede the running of the new hospital.

The architectural merit and rarity of the Main Ward Building is not such that its retention is critical to maintaining an understanding of the Functional Style hospital and the type of service that it provided. The building has been assessed as being representative of the type. It is a fair example of the style without being exceptional; it is one of a number of examples across New South Wales. The building lacks the subtle attention to form and detail that elevate the best examples of hospital buildings in this style. This building followed established tradition without new innovation and is of a type of hospital design that was soon to be superseded in the face of dramatic changes in the delivery of health care. The striking external staircase is not an original element, but a relatively recent addition. Its landmark status is derived more from social significance and its size, than architectural merit. Retention on the basis of its relative significance within the group of Functionalist Style hospital buildings is not justifiable when there are critical health benefits to be obtained by allowing its demolition.

The loss of any building will impact upon the integrity of the site as a whole. The Main Ward Building is not, however, critical to the understanding of the significance of the site as the Wagga Wagga Base Hospital. Indeed, demolition of the building is central to maintaining ongoing health services on this site. There are other ways in which an understanding of its architectural type and its social significance can be preserved,

chiefly through interpretation and archival recording. Recommendations are made at the end of this statement.

A major new building on the site has the potential to impact on significant view corridors into and out of the site. The new building will not block significant view corridors towards individually significant buildings, most notably the UNSW Rural Clinical School (formerly Harvey House). It will read as larger, modern element within its immediate setting in much the same manner as the existing building. Similarly, the new building will have an acceptable impact on the setting of the UNSW Rural Clinical School because it is located to the rear and separated by an intervening building. The new building is contemporary in form and detailing. This is an appropriate response. A new building in the same style and fabric as the UNSW Rural Clinical School would visually dominate and overwhelm it. The elevations are well articulated to help break up massing and scale. The new landscaping and car parking associated with Phase 3 will not be visible from the UNSW Rural Clinical School and will thus have no impact on its setting.

Question 3:

The following sympathetic solutions have been considered and discounted for the following reasons

As set out above, it is critical to the proper functioning of the hospital that the acute care facility be located on this part of the site. It is clear that the existing building cannot provide this service.

Additional Questions to be Answered:

The NSW Heritage Branch ask the following specific questions when demolition is being considered:

- Have all options for retention and adaptive re-use been explored?
- Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?
- Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?
- Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?

Each is answered in turn below.

Questions 1 and 2:

Have all options for retention and adaptive re-use been explored? Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?

The redevelopment of the Wagga Wagga Base Hospital has been planned over a number of years. Reports by others have determined that the best location for the Wagga Wagga Base Hospital is on the existing site and that the best location for acute care facilities is the site of the existing Main Ward Building. Its demolition is thus required to deliver the most efficient health service to the people of Wagga Wagga.

Major changes have occurred in the delivery of health services since the 1960s. The building cannot be adaptively re-used for clinical purposes. Maintaining a non-clinical building of this size and in this location would seriously impede the running of the new hospital.

Question 3:

Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?

Demolition is essential at this time because the delivery of new health services to Wagga Wagga is critical. The phased redevelopment of the Hospital cannot proceed without demolition. In any event, it is highly unlikely that postponing the project will result in a viable use for the building to be found. Health care has moved beyond the technologies and type of health care that this building was specifically built to service and it is located on a central part of the site.

Question 4:

Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?

The advice of a heritage consultant was sought at the outset of the project. Mitigation measures are recommended at the end of this statement.

5.2.2 Impact on the Wagga Wagga Conservation Area

In assessing the impact of the proposed works on the Wagga Wagga Conservation Area, the following questions, raised by *Statements of Heritage Impact*, for works adjacent to Conservation Areas, are considered. Not all are relevant to this proposal.

- How is the impact of the new development on the heritage significance of the item or area to be minimised?
- Why is the new development required to be adjacent to a heritage item?
- How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?
- How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects?
- Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?
- Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?
- Will the additions visually dominate the heritage item? How has this been minimised?
- Will the public, and users of the item, still be able to view and appreciate its significance?

Demolishing the Main Ward Building will have no impact on the significance of the Conservation Area as it is set out in Section 4.7.3 above. The Main Ward Building is an anomaly in the immediately surrounding area that does not contribute to understanding the significance of the area as a place of Victorian, Federation and Interwar period housing.

The proposed new building will be visible from within the Conservation Area because it is, as is the existing Main Ward Building, of substantially greater massing and scale

than buildings within the Conservation Area. It is required to be of this massing and scale to provide sufficient services. As for the existing building, the new building will not block significant view corridors into, out of, or within the Conservation Area. The public will thus still be able to view and appreciate the significance of the Conservation Area.

The proposed new building is contemporary in design and does not demonstrate forms and finishes typical of the nearby Conservation Area. This would be inappropriate for a building that serves a very different function and is of a vastly different scale to the dwellings in the Conservation Area. The elevations are detailed in a variety of materials and finishes to help break up their massing and scale. The new building will essentially read, as does the existing, as a large scale building outside the Conservation Area but visible from within its boundaries.

How the front of the site is landscaped, including new parking facilities and alterations to the access arrangements from Edward Street, will have no impact on the Conservation Area because of the location of this part of the site relative to the area. Landscaping, car parking etc on this part of the site will not be visible from the Conservation Area.

6.0 SUMMARY

This Heritage Impact Statement has considered the heritage impact arising out of Phase 2-3 of the Wagga Wagga Base Hospital Redevelopment Project. This Phase involves the demolition of the Main Ward Building and the construction of a new Acute Hospital building up to eight storeys in height, new parking facilities and landscaping.

Wagga Wagga Base Hospital, as a whole, is listed by the s170 Register of the NSW Department of Health. The Main Ward Building is listed by Wagga Wagga Council (statutory) and by the AIA (non-statutory).

Demolishing the Main Ward Building will impact upon this site but is unavoidable if the best acute hospital care is to be delivered to the people of Wagga Wagga. Major changes have occurred in the delivery of health services since this building was constructed. Architecture that was appropriate in 1963 now mitigates the delivery of suitable service. The building cannot be adaptively re-used for clinical purposes. Maintaining a non-clinical building of this size and in this location would seriously impede the running of the new hospital.

The architectural merit and rarity of the Main Ward Building is not such that its retention is critical to maintaining an understanding of the Functional Style hospital and the type of service that it provided. The building has been assessed as being representative of the type. It is a fair example of the style without being exceptional; it is one of a number of examples across New South Wales. The building lacks the subtle attention to form and detail that elevate the best examples of hospital buildings in this style. This building followed established tradition without new innovation and is of a type of hospital design that was soon to be superseded in the face of dramatic changes in the delivery of health care. The striking external staircase is not an original element, but a relatively recent addition. Its landmark status is derived more from social significance and its size, than architectural merit. Retention on the basis of its relative significance within the group of Functionalist Style hospital buildings is not justifiable when there are critical health benefits to be obtained by allowing its demolition.

The Main Ward Building is not critical to the understanding of the significance of the site as the Wagga Wagga Base Hospital. Indeed, demolition of the building is critical

to maintaining ongoing health services on this site, which is central to its significance. There are other ways in which an understanding of the architectural type and social significance of the Main Ward Building can be preserved, chiefly through interpretation and archival recording. Recommendations to this effect are made below.

The new building will not block view corridors towards significant buildings on the site, notably the UNSW Rural Clinical School. It will read as larger, modern element within its immediate setting in much the same manner as the existing building.

The proposed new work will have no additional impact on the nearby Wagga Wagga Conservation Area than the existing Main Ward Building. Demolition of this building will not impact upon understanding the significance of this area as a place of Victorian, Federation and Interwar period housing. The new building will not block important view corridors into, within or out of the Conservation Area. It will read, as does the existing, as a large scale building outside the area. The elevations are well detailed and articulated to help break up massing and scale. Changes to landscaping, car parking and access to Edward Street will not be apparent from the Conservation Area.

7.0 RECOMMENDATIONS

It is recommended that the Main Ward Building and its setting be archivally recorded to NSW Heritage Branch standards prior to demolition and that moveable heritage items, such as the foundation stone, commemorative plaques etc, be removed and securely stored for potential use in the interpretation of the site. An interpretation strategy for the site as a whole should be prepared as part of later phases of the site's redevelopment.

8.0 APPENDIX 1

Heritage Listing Sheets

S170 Register

Wagga Wagga Heritage Study 2002

Australian Institute of Architects Register of 20th Century Buildings of Significance

You are here: [Home](#) > [Heritage sites](#) > [Searches and directories](#) > NSW heritage search

Wagga Wagga Base Hospital

Item details

Name of item: Wagga Wagga Base Hospital
 Type of item: Built
 Primary address: Edward Street, Wagga Wagga, NSW 2650
 Parish: SOUTH WAGGA WAGGA
 County: WYNYARD
 Local govt. area: Wagga Wagga

Property description

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number

All addresses

Street Address	Suburb/town	LGA	Parish	County	Type
Edward Street	Wagga Wagga	Wagga Wagga	SOUTH WAGGA WAGGA	WYNYARD	Primary Address

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	20 Jul 05

Statement of significance:

Of historical significance.
Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Current use: Hospital
 Former use: Hospital

History

Historical notes: The first hospital was started in the 1850s, which was then a small house in Kincaid Street. A hospital was erected on the corner of Johnson and Tarcutta Streets in the 1860s. The new district hospital was erected in 1910.

Historic themes

Australian theme (abbrev)	New South Wales theme	Local theme
3. Economy-Developing local, regional and national economies	Health-Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none)-

Recommended management:

As per Preliminary Heritage and Conservation Register. Subject to further investigation.

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
Heritage Act - s.170 NSW State agency heritage register	Dep. Of Health s.170 Register				

References, internet links & images

Type	Author	Year	Title	Internet Links
Written	Schwager Brooks & Partners Pty Ltd		Study	

Note: internet links may be to web pages, documents or images.

Data source

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Wagga Wagga Urban Heritage Study 2002

Name: Wagga Wagga Base Hospital
Address: Edward Street
Suburb: Wagga Wagga

Reference No: UHS45

Other Names

Related Places:

Site Type: Health

Property Details



The 1910 hospital building



The 1960s hospital building

Historical Background

Wagga Wagga's first hospital opened in a small slab cottage with a bark roof on the sandhill in Kincaid Street on 1 July 1856. A new hospital was erected at the corner of Tarcutta Street and Little Gurwood Street in the early 1860s. The first building of the current hospital was officially opened on 7 September 1910. It had been erected by Charles Hardy and Company. It had a large ward on the bottom floor with accommodation for sixteen male patients and a similar ward on the top floor for sixteen female patients. A new wing, with a children's ward on the upper floor, was added in 1922. It became a Base Hospital to serve the town of Wagga Wagga and the shires of Coolamon, Kyeamba, Lockhart and Mitchell [with an estimated population of 35,000] in May 1937. New nurses quarters had been constructed on the Albury Road [later Bourke Street] and the old nurses' home was converted into private and intermediate wards. In 1938 a maternity ward was built with the assistance of funds raised by the CWA. Later additions included a new kitchen and domestic block [1942], a new administration block [1946], Lewis House nurses' quarters [1953], Gissing House Tuberculosis Unit [1955] and another new nurses' home in 1961. The multi-storey block opened in 1963. When regional hospitals were developed in NSW in 1965 the Wagga Wagga Base Hospital became the major referral hospital in the Riverina Region with responsibility for forty-five hospitals. A new children's ward was constructed in 1967 and Robinson House converted into a Psychiatric Unit for the south west slopes and Riverina region in 1969. In another radical shake-up in the rural health system, the Hume, Murrumbidgee, Murray and Riverina health services were amalgamated to form the Greater Murray Area Health Service.

A new adult males and children's wing was added to the Wagga Wagga District Hospital in 1922 and new nurses' quarters in 1925. In 1936 there was another Nurses Home, with the old home remodelled to a general private section and named Rawson House. A ten bed maternity section was built in 1937 and added to 1945 [then offering 28 beds]. The administration block was remodelled in 1947 and nurses' quarters, Lewis House, was built in 1953. Despite these additions, a shortage of up to 250 beds had been identified by about 1943. About one third of patients [49] were housed on an open verandah with a gauze screen and a canvas blind, in all seasons, while other patients were placed on stretchers in the centre of wards.

Tenders were called for a new, seven-storey hospital in January 1960. The hospital was to be built on the site of the old isolation block and would contain 250 beds. The foundation stone was laid on 25 March 1961 and the Wagga Wagga Base Hospital was opened by Mr Wal Pile on 2 February 1963.

A number of smaller private hospitals and maternity homes were also established, including St Ilmo in Morrow Street [now The Manor Restaurant] in the 1890s; Welwyn established by Doctors Martin and Weedon in 1923 [later used as offices by Department of Main Roads but demolished in the 1980s]; Nurse Scott in Thorne Street; Nurse Myra May ['Wimpy'] Daley in Gurwood Street; Sisters Amy Rosina Richardson and Mary Theresa Hogan at The Hoberne Hospital at 46 The Esplanade; Nurses Longmore [Kincaid Street]; Nurse Jago [Peter Street]; Nurse Trotter

Wagga Wagga Urban Heritage Study 2002

Name: Wagga Wagga Base Hospital
Address: Edward Street
Suburb: Wagga Wagga

Reference No: UHS45

[Morgan Street]; and Mabel Dickens ['Rossmoyne', Kincaid Street].

Description:

The Wagga Wagga Base Hospital comprises two main sections. The 1910 section is two storey with a terracotta tiled hipped roof. Most of the original architectural detailing of the building has been obscured by enclosures and modifications, and the original entrance has been extended.

The seven-storey 1960s hospital building is in the International style, of face brick with a flat roof; rendered and white painted balconies and stairwells provide a strong visual element.

Statement of Significance:

This site has been associated with the provision of health care in Wagga Wagga since 1910 and continues to fulfil that function. The c1960 hospital building is a representative and relatively intact example of the International style of architecture. Local significance.

Sources of information:

R. A. Lewis, 'A Half Century of Medical Practice in Wagga Wagga' in the Journal of the Wagga Wagga and District Historical Society, Number 5, 1982, p.39; and Wagga Wagga Municipal Council, Ratebooks, 1923-1925.

Recommendations:

It is recommended that the Wagga Wagga Base Hospital [c1960 building] be included within the Wagga Wagga DCP 1986

Name HOSPITAL

Address

Date Magga Magga
1961

Architect

Builder

Engineer

Description
a basic island hospital

Reference (1) Foundation stone

4701955

SLIDE
Neg No

C3019

i nt ahsh

MAGGA MAGGA

