HERITAGE IMPACT STATEMENT



Bowral and District Hospital SSD 8980 Modification No. 97-103 Bowral Street, Bowral
September 2019 | J3867

Weir Phillips Heritage and Planning

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0.0 EXECUTIVE SUMMARY

This Heritage Impact Statement has been prepared on behalf of NSW Health Infrastructure to accompany a Section 4.55 application to modify State Significant Development 8980 which was approved by the NSW Department of Planning, Industry and Environment on 21 February 2019 (SSDA approval). The SSDA approval was for the redevelopment of the Bowral and District Hospital, located at Nos 97-103 Bowral Street, Bowral within the Wingecarribee Shire local government area.

NSW Health Infrastructure is seeking to lodge an application to modify the SSDA approval to capture minor changes to Levels 2 and 3 of the Hospital.

The modifications can be summarised as follows:

Level 2

- Additional Level 2 floorspace to accommodate hospital service rooms and backof-house facilities (including a Central Sterilising Department (CSD), pharmacy, and bathrooms);
- Additional 317.52 sqm GFA;
- Minor changes to roof pitch and building elevations; and
- Minor changes to cladding and façade treatment (including external materials and finishes).

Level 3

- Extend Level 3 floorspace to accommodate plant room and an additional egress point;
- Additional 176.4 sqm GFA;
- Suspended walkway over the roof; and
- · Minor changes to external materials and finishes.

The proposed modifications described above will have no heritage impact on the site or surrounding heritage items.

A hospital, originally the Berrima District Cottage Hospital has operated continuously on this site since September 1889. Buildings from this initial phase of development survive, albeit altered. As the population of the area grew and provision of medical treatment evolved, the hospital expanded. Buildings from all major periods of expansion on the site survive. This process of evolution is typical of many district hospitals. The long period over which this site has operated as a hospital, together with significant community involvement at various levels, means that the site has a high degree of social significance. It is noted that the hospital site is not subject to any statutory heritage listings.

This Heritage Impact Statement considers the potential impacts of the proposed Bowral Hospital Redevelopment. Given that the Hospital is not subject to any heritage listing, the primary concern is the potential impacts of the proposed works on heritage items and conservation areas in the vicinity of the site. The heritage items are the Bradman Oval, Grandstand and Museum, located to the north, on the opposite side of Bowral Street. The conservation area is the Bowral Heritage Conservation Area, the closest section of which is located on the northern side of Bowral Street. The above items are also located within the Conservation Area. The proposed works will have no impact on the fabric of these items or the Conservation Area and no impact on their historic and social significance. The proposed works will have a minimal and acceptable impact on their wider setting.

Although not subject to any heritage listing, and assessment of the site, has determined that the site has some local historical and social significance, together with some aesthetic significance arising out of the Pre-World War II buildings on the site and the landscaping. The proposed modifications are located away from the most significant

buildings on the site, being the late Victorian period cottage hospital buildings, which are retained. The location of the proposed modifications within the new building are located so as to allow the retention of the entrance to the New Hospital of 1935. Its location in front of the Milton Park Wing (1961) will have an acceptable impact, given that this building is considered to be of moderate significance and existing buildings already partially obscure its north eastern presentation. This is mitigated by the benefits that will be obtained from the services to be provided.

The proposed redevelopment are vital if the Hospital is to continue to serve the people of Bowral and the surrounding district. The social significance of the site is supported and further developed.

<u>0.0</u>	EXECUTIVE SUMMARY	<u>1</u>
<u>1.0</u>	INTRODUCTION	1
1.1	BACKGROUND	
1.1	AUTHORSHIP AND ACKNOWLEDGEMENTS	
1.3	LIMITATIONS	
1.4	METHODOLOGY	
1.5	DOCUMENTARY EVIDENCE	
1.5.1	GENERAL REFERENCES	
1.5.2	HISTORIC PLANS AND PHOTOGRAPHS	
1.5.3	HERITAGE LISTING SHEETS	
1.5.4	Planning Documents	
1.6	IDENTIFYING THE SITE	
1.6.1		
1.7.2		
<u>2.0</u>	BRIEF OUTLINE OF THE HISTORICAL DEVELOPMENT OF THE SITE	
2.1	ORIGINAL OCCUPATION	
2.2	EARLY EUROPEAN SETTLEMENT	
2.3	EARLY BOWRAL	
2.4	BERRIMA DISTRICT COTTAGE HOSPITAL (1889-1919)	
2.4.1	PLANNING THE HOSPITAL	
2.4.2	THE ARCHITECT	
2.4.3	THE CONTRACTOR	
2.4.4	BUILDING AND CONSTRUCTION	
2.4.5	COMPLETION AND OPENING	
2.5	BERRIMA DISTRICT HOSPITAL (1919-1968)	
2.5.1	ExpansionIane Holt Memorial Operating Theatre	
2.5.2 2.5.3	ISOLATION BLOCK AND MORTUARY	
2.5.4	THE NEW HOSPITAL	
2.5.4	Tyler House, Nurses' Home (1954)	
2.5.6	MILTON PARK WING (1961)	
2.6	BOWRAL & DISTRICT HOSPITAL (1968-)	
2.7	Summaries and Other Comments	
2.7.1	TIMELINE	
2.7.2		
2.7.3		
3.0	SITE ASSESSMENT	28
	THE SITE	
3.1 3.2	THE BUILDINGS	
3.3	THE SURROUNDING AREA	
4.0	ACCECCMENT OF CICNIFICANCE	5 0
<u>4.0</u>	ASSESSMENT OF SIGNIFICANCE	
4.1 4.2	SUMMARY OF EXISTING STATUTORY CITATIONS AND LISTINGS FOR THE SITE HERITAGE ITEMS IN THE VICINITY OF THE SITE	
	NSW HERITAGE ACT 1977	
4.2.1 4.2.1	NSW HERITAGE ACT 1977WINGECARRIBEE LOCAL ENVIRONMENTAL PLAN 2010	
4.2.1	VIEW CORRIDORS TO/FROM THE SITE	
4.3 4.4	VIEW CORRIDORS TO FROM THE SITE	
4.4	COMPARATIVE ANALYSIS	
4.6	SIGNIFICANCE	
4.6.1	Under NSW Heritage Division Criteria	

4.6.2	DISCUSSION OF SIGNIFICANCE	58
4.6.3	RELATIVE SIGNIFICANCE	58
4.6.4	Archaeological Potential	60
<u>5.0</u>	HERITAGE IMPACT STATEMENT	61
5.1	Scope of Works	61
5.2	EFFECT OF WORKS	61
5.2.1	METHOD OF ASSESSMENT	61
5.2.2	EFFECT OF WORK ON THE HERITAGE ITEMS AND CONSERVATION AREA IN THE VICINITY OF	
THE S	TE61	
5.2.3	Effect of Work on the Site	63
<u>6.0</u>	CONCLUSIONS	6 4

1.0 INTRODUCTION

1.1 Background

This Heritage Impact Statement has been prepared on behalf of NSW Health Infrastructure to accompany a Section 4.55 application to modify State Significant Development 8980 which was approved by the NSW Department of Planning, Industry and Environment on 21 February 2019 (SSDA approval). The SSDA approval was for the redevelopment of the Bowral and District Hospital, located at Nos 97-103 Bowral Street, Bowral within the Wingecarribee Shire local government area.

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- Additional 176.4 sqm GFA;
- Suspended walkway over the roof; and
- Minor changes to external materials and finishes.

The Bowral and District Hospital is not identified as a heritage item on any statutory heritage registers. Past heritage assessments, however, have attributed local significance to the site. The site is located in the vicinity of heritage items and conservation areas listed by the Wingecarribee Shire Council. This report thus reviews the heritage significance of the site and identifies the potential impacts on the nearby Heritage Items and Conservation Areas and the site.

1.2 Authorship and Acknowledgements

This statement has been prepared by Alice Fuller, B.Appl.Sc.(CCM), M.Herit.Cons.(Hons), Anna McLaurin B. Envs. (Arch), M.Herit.Cons., and James Phillips, B.Sc.(Arch), B.Arch, M.Herit.Cons.(Hons), of Weir Phillips Heritage.

The client has made available an earlier heritage report for the site:

 Conybeare Morrison, Bowral + District Hospital + Community Health Service, Bowral: Heritage Assessment. Prepared for Atkinson Capital Insight on behalf of the Sydney South West Area Health Service. Dated: April 2007.

This report provided the foundations for the history and assessment contained in this report. It is hereafter referred to as the *Heritage Assessment April 2007*. Additional information was sourced from the references listed in Section 1.5 below.

1.3 Limitations

A land title search and search of Department of Health records was not provided for. Plans from the Department of Public Works archive, held by the Department of Commerce, were accessed. Permission was not obtained to copy these plans.

An Aboriginal history of the site was not provided for. The Aboriginal archaeological assessment was limited to a search of the Aboriginal Heritage Information Management System (AHIMS).

The archaeological advice is general in nature only and is limited to a brief statement about the potential of the site to yield archaeology based on the heritage assessment contained in this statement.

1.4 Methodology

This HIS has been prepared with reference to the NSW Heritage Division publication *Statements of Heritage Impact* (2002 update) and with reference to the Council planning documents listed under Section 1.5 below.

The photographs taken on the site visit are supplement by images from other sources, as accredited.

1.5 Documentary Evidence

1.5.1 General References

- 'Berrima District Cottage Hospital: The Opening, *The Bowral Free Press and Berrima District Intelligencer*, 7 September, 1889.
- 'Berrima District Hospital,' Bowral Free Press and Berrima District Intelligencer, 24 March, 1888.
- 'Berrima District Hospital,' *The Scrutineer and Berrima District Press*, 27 February, 1926.
- 'Berrima District Hospital: Opening of New Isolation Block', *The Scrutineer and Berrima District Press*, 17 October 1928.
- 'Building Progress at Bowral', *The Sydney Morning Herald*, 11 February, 1925.
- Chisholm, A.H., 'Wilson, John (?–1800)', Australian Dictionary of Biography,
 National Centre of Biography, Australian National University,
 http://adb.anu.edu.au/biography/wilson-john-2803/text4001, published first
 in hardcopy 1967, accessed online 9 August 2016.
- Conybeare Morrison, *Bowral + District Hospital + Community Health Service, Bowral: Heritage Assessment.* Unpublished report prepared for Atkinson Capital Insight on behalf of the Sydney South West Area Health Service. Dated: April 2007.
- 'Country News- Berrima', *Australian Town and Country Journal*, 10 August, 1889.
- 'Department of Public Works- Tenders for Works,' *NSW Government Gazette*, No. 37, 18 March, 1927.
- 'Dream Becomes a Reality', in *The Southern Mail*, 1 May, 1934.
- Freeland, J.M., Architect Extraordinary: The Life and Work of John Horbury Hunt 1838-1904, NSW/Melbourne, Cassell Australia, 1970.
- Herman, Morton, *The Blacketts: An Era of Australian Architecture*, NSW, Angus and Robertson, 1977.
- Letter from T.E.(Tom) O'Mahony to Sister Catherine O'Carrigan, Sisters of Charity, Potts Point, 1999, in RAIA Archives, Heritage File.

- 'The Mayor of Bowral', *The Australian Town and Country Journal*, 26 October, 1889.
- 'New Nurses Home', Construction, 1 October, 1952.
- 'New Nurses Quarters: Official Opening at District Hospital', *The Southern Mail*, 27 August, 1954.
- 'Nurses Home, Bowral', Truth, 28 September, 1952.
- 'Plan of Cottage Hospital,' The Bowral Free Press and Berrima District Intelligencer, 8 September, 1888.
- Record Details: E. H. (Edward Herbert) Farmer papers, 1825-1996, including papers of the Farmer and Thistlethwaite families, together with letters of John Le Gay Brereton, 1901-1933. State Library of NSW.
- Reynolds, Peter, 'Parkes, Cobden (1892–1978)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/parkes-cobden-11342/text20257, published first in hardcopy 2000, accessed online 15 August 2016.
- Smith, Win, Blessed Are They: The Storey of The Bowral & District Hospital, Bowral, NSW, 1889-1989, NSW, Win Smith, 1989.
- Thomas O'Mahony Interview, June 1991, in, RAIA, Architects of the Middle Third Review.
- Wells, W.H., A Geographical Dictionary of Gazetteer of the Australian Colonies, 1848. Facsimile edition published by The Council of the Library of NSW, Sydney, 1970.

1.5.2 Historic Plans and Photographs

- 'The Berrima District Cottage Hospital,' *The Australian Town and Country Journal*, 31 August, 1889.
- Berrima District Hospital, u.d. State Library of Victoria.
- *Bowral and District Hospital*. Plans held by the Public Works Department, various dates. Department of Commerce.
- *Isolation Block, Berrima District Hospital*, 1940. Berrima District Historical and Family History Society.
- Nichols, J.J., Berrima District Cottage Hospital, c.1906. State Library of Victoria.
- *View from the Berrima & District Hospital, Bowral*, c.1934. Berrima District Historical & Family History Society.

1.5.3 Heritage Listing Sheets

- Bowral Conservation Area, Bowral. Wingecarribee Heritage Inventory, Study No. WI0089.
- Bradman Museum and Grandstand, Glebe Park, St. Jude Street, Bowral. Wingecarribee Heritage Inventory Sheet, Study No. WI0469.
- *Bradman Oval*, Glebe Park, St. Jude Street, Bowral. Wingecarribee Heritage Inventory, Study No. WI051.

1.5.4 Planning Documents

- NSW Heritage Office and DUAP, 'Altering Heritage Assets', *The NSW Heritage Manual*, Sydney, NSW Heritage Office and DUAP, 1996.
- NSW Heritage Office and DUAP, Conservation Areas: Guidelines for Managing Change in Heritage Conservation Areas, NSW, NSW Heritage Office and DUAP.
- NSW Office of Environment and Heritage, *Statements of Heritage Impact*, NSW, 2002 update.
- Wingecarribee Local Environmental Plan 2010.

1.6 Identifying the Site

1.6.1 Site Location

The Bowral and District Hospital is located in the Southern Highlands of New South Wales, 100km south west of Sydney. The site is located on the eastern side of the town of Bowral and has frontage to Bowral Street, Mona Road, Ascot Road and Sheffield Road. The site is identified as Lot 4 D.P. 858938. Figure 1 shows the location of Bowral relative to Sydney. Figure 2 shows the location of the subject site within Bowral.



Figure 1: Location of Bowral. NSW Lands Department, 2016.

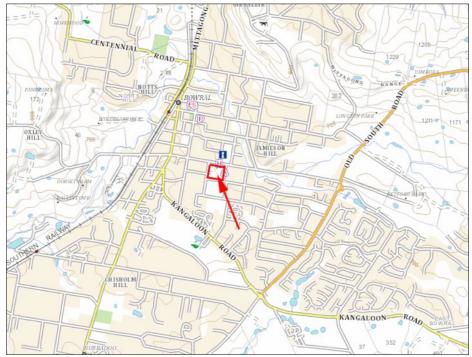


Figure 2: Site Location. NSW Lands Department, 2016.

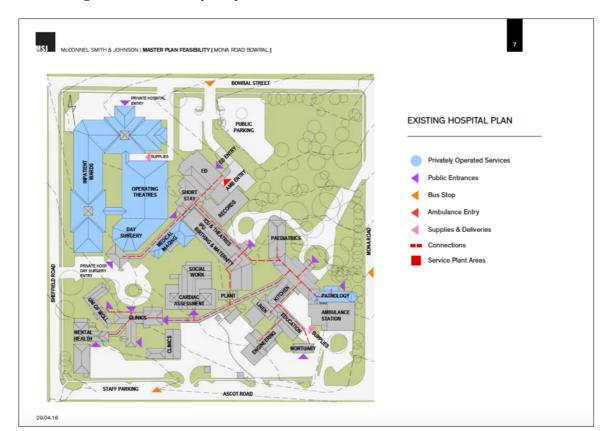


Figure 3 identifies the principal elements on the site.

Figure 3: Site Plan (prior to works being undertaken) McConnell, Smith & Johnson, Master Plan Feasibility Study.

1.7.2 Site Identification Summary

Address	No. 97-103 Bowral Street, Bowral		
Land Title	Lot 4 D.P. 858938		
Owner	NSW Health		
Local Government Area	Wingecarribee Shire		
Principal Planning	Wingecarribee Local Environmental Plan 2010		
Control			
Land Use Zoning	SP2- Health Facility		
Heritage Status	No statutory listings		
(statutory)			

2.0 BRIEF OUTLINE OF THE HISTORICAL DEVELOPMENT OF THE SITE

2.1 Original Occupation

While an Aboriginal history was not provided for, it is acknowledged that the original occupants of the Wingecarribee Shire Council area are the Gundungurra and D'harawal people.¹

2.2 Early European Settlement

The Colony of New South Wales was officially established at Sydney Cove, on the foreshores of Sydney Harbour, on 26 January, 1788. The first settlements were centred

¹ Wingecarribee Shire Council website.

on Sydney and Rose Hill (later Parramatta) and later on the Hawkesbury and Nepean Rivers.

The first recorded Europeans to visit the Southern Highlands of New South Wales was a party lead by the emancipist, 'wild white man' and explorer, John Wilson in 1798. Wilson and his companions reached the Wingecarribee River, more than 161km south west of Parramatta. A second expedition, also lead by Wilson, reached Mount Towrang, near present-day Goulburn. The two expeditions revealed much of the rich tablelands of New South Wales.² European settlement, however, was delayed by the authorities reluctance to interfere with the Cowpastures area (present day Campbelltown and Camden), where the government cattle grazed.

John Warby, George Caley, Charles Throsby, Hamilton Hume and others followed in the footsteps of the early explorers and completed much of the exploration of the Southern Highlands. In 1820, Governor Macquarie chose the site for the village of Bong Bong, close to the ford on the Wingecarribee River; the village was laid out the following year on the original road south. Bong Bong, however, was flood prone. In the early 1840s, Berrima was surveyed and laid out with the intention that it be developed as the main administrative centre for the area.

The name 'Bowral' pre-dates the creation of the town that now bears the name. The name was derived from 'Bowrel', which was the Aboriginal name given to the area. The word is thought to have meant 'high' or 'large', in reference to Mount Gibraltar.³ In 1828 Major Thomas Mitchell noted in his Field Book:

'...walked to the top of Gibraltar the hill to the north of Mr. Oxley's Station at Wingecarribee, called by the natives Bowrel (sic).'4

The same meaning, albeit with a second variation of the spelling, 'Bowrell', is recorded by W.H. Well's *A Geographical Dictionary or Gazetteer of the Australian Colonies* published in 1848.⁵

The pioneering European settler in present-day Bowral was Lieutenant John Oxley, Surveyor General of NSW, who occupied land as a grazing run at Bargo in 1815, before relocating south to Wingecarribee in 1816. On 30 June, 1823, he received a grant of 2,400 acres, registered as 'Weston.' Oxley soon consolidated a holding encompassing 5,000 acres.⁶ Oxley never occupied his grant, leaving it in the hands of his sons. The subject site stands on part of land grant re-issued to Oxley's sons, John Norton Oxley and Henry Molesworth Oxley, on 15 August, 1855. *Wingecarribee House*, which still stands, was erected by the Oxleys in 1857.

East and southeast of the Oxley grants were large portions taken by Edward Riley, James Comer, William Walter, John Golledge, Rev. J. Therry and Dr. W. Sherwin. To the south lay the substantial holdings of William Hutchinson. The land was mainly used for grazing.

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² A. H. Chisholm, 'Wilson, John (?–1800)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/wilson-john-2803/text4001, published first in hardcopy 1967, accessed online 9 August 2016.

³ Conybeare Morrison, *Bowral + District Hospital + Community Health Service, Bowral: Heritage Assessment*, p.3. Prepared for Atkinson Capital Insight on behalf of the Sydney South West Area Health Service. Dated: April 2007.

⁴ Cited in *ibid*, p.3.

 $^{^5}$ W.H. Wells, *A Geographical Dictionary of Gazetteer of the Australian Colonies*, 1848. Facsimile edition published by The Council of the Library of NSW, Sydney, 1970.

⁶ Conybeare Morrison, op.cit., 2007, p.3.

2.3 Early Bowral

The origins of the township of Bowral lie in a 200 acre subdivision carried out by John Norton Oxley in 1862 in anticipation of the coming of the railway. At first, the town was referred to in legal documents as Village of Wingecarribee, then as the Village of Bundaroo and finally, by 1867, as the Village of Bowral.⁷

The township initially developed to service the needs of the men employed to construct the railway line to the south. Large camps were established in Mittagong and Bowral; hotels were among the first businesses established. When the railway line was opened from Mittagong to Moss Vale on 2 December, 1867, a station was built at Bowral. The railway station had the effect of diverting settlement from around the older settlement of Berrmia to areas adjacent to the railway stations.

The Village of Bowral developed slowly but steadily. In 1861, the first school was established in a bark hut. Two years later, Bishop Barker visited the district and laid the foundation stone for a building to serve as a church and school on land set aside by J.N. Oxley for this purpose. The school opened in 1863. It was also in this year that the first 'hospital' was established by Jacob Ward, a non-licenced 'doctor' who ran a surgery and hospital out of his timber slab and bark home. In 1864, a post office opened; it would not be until 1897, however, that a purpose-built post office would be constructed.

By 1871, Bowral supported a population of 133 people; within ten years this had increased to 363 people. During the 1880s, several prominent Sydney families built country retreats in the area, encouraging the opening of new businesses.⁸ Included among these country retreats was the NSW Governor's own *Hillside*, constructed in 1884. The years 1881-1900 also witnessed the construction of several new churches-Wesleyan, Methodist, Catholic, Anglican and Presbyterian- a School of Arts, post office, police station and courthouse, numerous residences and new industries, such as sawmills.

In 1886, the population of Bowral had reached approximately 1,200 people; on 18 February, 1886, Bowral was gazetted as a municipality. The new Council set about carrying out improvements including road clearing and street lighting.

2.4 Berrima District Cottage Hospital (1889-1919)

2.4.1 Planning the Hospital

The growth of Bowral in the 1880s and the promise of future growth in the near future lead to calls for the provision of better health services. On 27 July, 1885, Dr Bernard J. Newmarch of Bowral and Mr. Copeland Bennett, stationmaster of Bowral, called the first public meeting to discuss the establishment of a hospital in the district. Twenty-two men representing Berrima, Bowral, Mittagong and Moss Vale attended the meeting held at the Bowral School of Arts. The meeting was informed that the Government would give a pound for pound raised towards the setting up of a hospital. The motion to establish a cottage hospital in the district was carried unanimously.

In May 1886 that the Inspector of Public Charities visited the district to determine the best location for a hospital. Berrima was dismissed as being too far from the railway line; Sutton Forrest was not central enough. Eventually he recommended that the site known as 'Carter's land' or 'Carter's Subdivision and adjoining the Glebe land close to St. Jude's Church in Bowral' be acquired for the hospital. He advised that he would only recommend Government aid be provided if an area of not less than eight acres were secured.

⁷ Win Smith, Blessed Are They: The Storey of The Bowral & District Hospital, Bowral, NSW, 1889-1989, NSW, Win Smith, 1989, p.5.

⁸ Conybeare Morrison, op.cit., 2007, pp.4-5.

The area of land purchased by the Trustees of the Berrima District Cottage Hospital from Carter's Subdivision in March 1888 was only five and a half acres. The land was purchased for £362 10s, with £100 paid immediately and the remainder due in December 1891. This site was considered sufficient, given that the scale of the hospital had been downsized from initial plans. There was some local opposition to the hospital arising out of concerns that it would treat infectious diseases. As noted above, Bowral by this time had developed as a tourist destination and retreat for Sydney's elite. It was feared that a hospital treating infectious diseases could drive visitors away. To overcome this opposition, an undertaking was obtained that the hospital would not treat infectious cases. 10

In March 1888, Architect Harry Chambers Kent was appointed to draw up plans for a building not to exceed £800. 11 As set out below, Kent may have been known to the Trustees because of his work on the Fairfax family's Southern Highland retreat *Woodside*. He also had an interest in hospitals, serving for many years as the Honorary Secretary for the Children's Hospital.

Clearing of the Hospital Site was reported as being well underway by late May 1888.A sketch plan was submitted and approved by the Government in September 1888. Figure 4 reproduces the description of Kent's plans published by *The Bowral Free Press and Berrima District Intelligencer* on 8 September, 1888.

 $^{^{\}rm 9}$ 'Berrima District Hospital, Bowral Free Press and Berrmia District Intelligencer, 24 March, 1888.

¹⁰ Win Smith, op.cit., 1989, pp.6-7.

 $^{^{11}}$ 'Berrima District Hospital, Bowral Free Press and Berrmia District Intelligencer, 24 March, 1888.

erection of the building. inter the B PLAN OF COTTAGE HOSPITAL. ress. with In the design the architect has endeavthe n oured to cut everything down to the smallest possible dimensions consistent with reinto ŋ, quirements. The building though unpre-An fo ulter tentious would have a pleasing appearance notin ornand would convey its intention and purpose a few of a The accommodation in its appearance. the b e dishown is for 6 patients, 4 males and 2 fethia er of males, but the wards can be extended in the of th and direction of their free ends to almost any for the lity. extent. The male and female wards are and build each overlooked by an inspection window arted teres from the matron's bedroom, and are well the pictu separated, their veraudahs having an outsent made look in different directions. The bathrep. rooms are placed close to each ward; and fine Lathe closets, sinks, &c., are cut off by ventimant acity lating lobbies from the wards. The seremin be vant's room has been placed inside the house, Aust n an so that she may be more under the superveral sepvision of the matron, and also that she way prae may be easily within call, as it is thought TICER the she will probably have to act partly as an must e of The front elevation shows assistant nurse. per the entrance hall, with the surgery and disedly urnpensary on the one side, and the matron's h all sitting room (which is also the visitors' ings, ling, room) on the opposite side. These two eithe arly rooms are each 14ft. x 11ft. The male the ward is 19ft. x 16ft. x 12ft. 6in. high, and would et. the female ward is 16ft, x 12ft, x 12ft, 6m, high. The other rooms are 11ft. in as it atan height. The plans also shows man's room, doub linen room, kitchen, wash house, fuel room, envi esi-&c., -in short, everything necessary in a retru complete cottage, while very careful and ndap trict special attention has been given to ventilafor t sent tion. The cubic air space in the male able ward is 950 feet per bed, and in the female ward 1200 feet per bed. The corridors are seque all well lighted, each having direct light that from the outside; and there is a fireplace will the in the sitting room, surgery, both wards, not: hole and matron's bedroom. knov hone their A Surgical Achievement.

Figure 4: Berrima District Cottage Hospital
The Bowral Free Press and Berrima District Intelligencer, 8 September,
1888

Tenders for the construction of the Hospital were called for in local newspapers on 17 October, 1888. The tender of local builder John Joseph Campbell for £833 was accepted. 12

¹² Win Smith, op.cit., 1989, p.7.

2.4.2 The Architect

Harry Chambers Kent (1852-1938) was born in Devonshire, England in 1852, the second son of a minister of the Congregational Church (Figure 5). The Kent family migrated to Sydney when Harry was two years old.

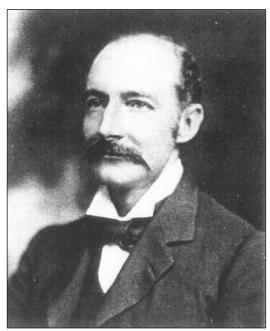


Figure 6: Harry Kent. Emery Balint et al, Warehouses & Woolstores of Victorian Sydney, 1982.

Harry Kent had early experience in the offices of Edmund Blackett and John Horbury Hunt.¹³ It is perhaps from the latter that:

'...he acquired a love of good brickwork and developed a thorough knowledge of construction and a sound appreciation of the importance of qualities and costings...' 14

It is equally as likely to have come from his association with the entrepreneurial builder-turned-architect John Young, who had trained in England and worked with Sir John Paxton as superintendent and draftsman for the Crystal Palace, London. Since he had arrived in the Colony in 1866, Young had won a number of prestigious commissions, including St. Mary's Cathedral. His best know building, however, is the Gothic Revival residence, *The Abbey*, Annandale.

In 1883, Kent established his own architectural practice. In the early 1880s, he supervised the construction of *Woodside*, John Reading Fairfax's Southern Highlands Country retreat. In 1885, he was awarded a significant commission when John Hinchcliff, a prosperous Sydney wool broker chose Kent to design his new residence, *Mount Royal*, in Albert Street, Strathfield, now part of the Australian National University Campus. He was also involved in the construction of another noted residence, *Caerleron*, in Bellevue Hill, for Charles Fairfax.

Following his work for the Fairfax family, Kent's reputation as an architect continued to grow. In 1899, he took Henry E. Budden into partnership, which lasted until 1912

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¹³ Reference in Morton Herman, *The Blacketts: An Era of Australian Architecture*, NSW, Angus and Robertson, 1977; J.M. Freeland, *Architect Extraordinary: The Life and Work of John Horbury Hunt* 1838-1904, NSW/Melbourne, Cassell Australia, 1970.

¹⁴ J.M. Freeland, *op.cit.*, 1970, p.141.

when they were joined by Carlyle Greenwell. In 1919, after the erection of over 150 buildings, the partnership dissolved and Kent entered into a new partnership with H.H. I. Massie, a partnership that lasted until his retirement from active involvement in the 1930s. Kent and Massie was a highly regarded and active partnership and were responsible for around 180 buildings, including the head office of the Commercial Banking Co. of Sydney. A number of notable architects were articled to Kent, including his one-time partners, Budden and Madden, and W. Hardy Wilson.

During his 48 years of practice, it is said that Kent designed, or was associated with the design of, over 670 buildings; many of these have not been identified. A search of the Architectural Index compiled by Melbourne University, which references tender notices in early publications such as *Building and Engineering News* and the *Australasian Builder and Contractors' News*, refers to numerous churches, work for Randwick Race Course (gates and grandstands), warehouses, commercial premises and a number of dwellings across Sydney suburbs, in particularly around Homebush/Strathfield, where he and his wife lived.¹⁵

Kent became President of the Institute of Architects (1906-7). He died in Sydney on 9 August, 1938.¹⁶

2.4.3 The Contractor

The contractor, John Joseph Campbell, was a local figure of note. Figure 6 provides a photograph and a brief biography.

 $^{^{\}rm 15}$ Microfilm copy of index held by Mitchell Library.

¹⁶ Building Magazine, 24 August, 1938, p.56. Information provided by the RAIA.

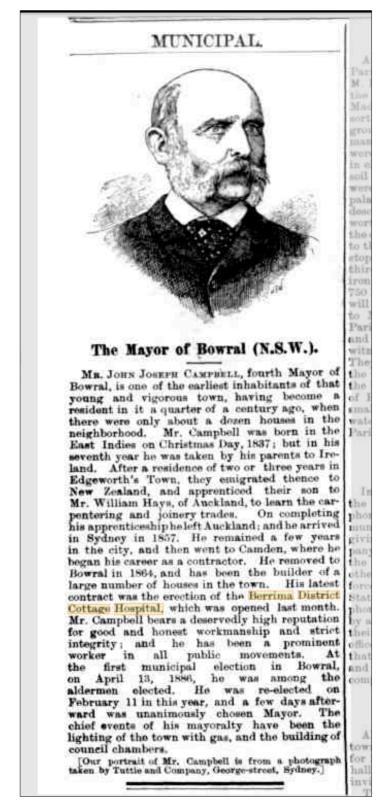


Figure 6: Joseph Campbell The Australian Town and Country Journal, 26 October, 1889.

2.4.4 Building and Construction

The foundation stone for the Hospital was laid on 9 February, 1889 by Lord Carrington, Governor of the Colony, in the presence of around 600 - 700 people in a' holiday atmosphere.' Harry Kent, the architect, attended the opening. Figure 7 reproduces his address to the crowd.

ridge and Hudson, Bowral."-Signed C. Bennett and H. M. Oxley, joint hon. secs. ti Mr. Harry C. Kent, architect of the building, read W riends. as follows :tr "The Cottage Hospital to which his Excellency th is doing honor this afternoon, has been designed to W accommodate six patients (four male and two female) in such a way as to necessitate the least possible W expence in maintainence, the staff necessary for its 12 supervision being a nurse or matron, a servant act-30 GE ing also as an assistant nurse, and a man servant for outdoor work, and to assist in lifting patients when necessary. Immediately on the right hand th of the front entrance is the surgery or dispensary F while on the left hand is the matron's sitting-room, EE so placed as to serve for visitors. The male and 11 ndation female wards are so arranged that their outlook and Berrima verandahs are entirely separated, while each is yet 00 s every overlooked by an inspection window from the mat-De Resiron's bedroom. A bathroom and lavatory is placed to e right at the entrance to each ward, while the sanitary ap-81 rington, pliances are cut off from the war is by ventilating lobbies with a cross drought. The servant's room th king a has been placed near at hand, so that she may be people somely, easily in call in case of an emergency, as she will in chariact as an assistant nurse. The kitchen, pantry, history washhouse, etc., have been arranged with a view to simple the greatest economy of labour possible. Provision iraging has been made for the man-servant's room entirely nobling outside the house. The corridors are well ventilated on the and lighted, each having direct light. The requireen who ments of cubical air space for patients have been ir halfcarefully considered, as well as thorough ventilation ne deof the wards. It is not proposed to erect the female work ward at present. The contract for the portion now TI 6 being erected has been let to Mr. J. J. Campbell, of at the Bowral, the amount of contract being £833. ally at building, though unpretentious in appearance, will it Rupert is believed have a pleasing effect, and will express s., and its purpose upon its face, and it is confidently police. hoped that when finished the committee will have came every reason to be satisfied with the Berrima Dissidence trict Cottage Hospital." pair of The foundation stone was got in readiness under seated of the supervision of Mr. Kent. Dr. Newmarch then presented his Excellency with

Figure 7: Berrima District Cottage Hospital: Laying of Foundation Stone The Bowral Free Press and Berrima District Intelligencer, 13 February, 1889.

2.4.5 Completion and Opening

The Berrima District Cottage Hospital was opened on 4 September, 1889, on a day declared a public holiday for the district. The opening ceremony was performed by the Hon, John Lackey, M.L.C.¹⁷ The first patient was admitted two days later.

The Hospital was one of several improvements being planned or completed in Bowral at this time. The *Australian Town and Country Journal* of 10 August, 1889 described Bowral a progressive 'go-ahead' township:

'At present time we seem to be in the public building stage. The new public school is nearing completion. The Berrima District Cottage Hospital...will be open in a month. The contractor has begun to put up the walls of the council chambers, close by the School of Arts; and the town is rejoicing that, after years of agitation, a new station is to replace the building on whose platform so many unhappy passengers have shivered on cold winter nights.'18

Figure 8 reproduces the earliest known image of Berrima District Cottage Hospital, dated 1889. Figure 9 is an early photograph dated c.1906. As set out in the above newspaper articles, the Hospital was designed in accordance with the accepted medical practices of the day. It was orientated to the north east and set within landscape grounds that were not only a symbol of civic pride but considered conducive to healing.

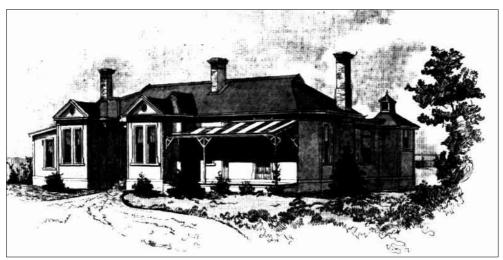


Figure 8: Berrima District Cottage Hospital The Australian Town and Country Journal, 31 August, 1889.

¹⁷ 'Berrima District Cottage Hospital: The Opening, *The Bowral Free Press and Berrima District Intelligencer*, 7 September, 1889.

¹⁸ 'Country News- Berrima', *Australian Town and Country Journal*, 10 August, 1889.



Figure 9: J.J. Nichols, Berrima District Cottage Hospital, c.1906. State Library of Victoria.

From the first, the layout and beautification of the Hospital grounds was carefully considered. Following the opening of the Hospital one hundred and thirty two trees arrived from the Botanic Gardens in Sydney for planting around the Cottage Hospital. A six strand wire fence was erected around the grounds and gates placed at the main entry on Bowral Road. The carriage way that led from the gates to the Cottage Hospital was planted on either side with linden (tilia) trees. The yards were asphalted and ash paths laid. Pinus insignus trees were planted along the southern boundary and hedges along the remaining boundary fences. A rose bed was later established in front of the main entrance to the Hospital building and a tennis court constructed within the grounds. A later plan indicates that the tennis court was located in the corner of Sheffield Road and Ascott Street.

As for many cottage hospital of this period, funding was a significant concern. Payments from the government were often slow in coming. The promised government funds for the initial land purchase and building, for example, were not received until three months after the building was completed. These funds amounted to £375 towards the cost of the land and £500 towards the cost of the building.

Funds for the Hospital were raised by subscription and fund raising events, including an Annual Demonstration annually on the first weekend in October and Hospital Sundays, when church collections were contributed to hospital funding. The Ladies Working Association (later the Auxiliaries Ladies Committees and more recently the Friends of the Bowral and District Hospital) were pivotal in raising funds during the planning of the Hospital and remained so. Funds came from other sources. Subscription fees and patients fees, when they could be collected at all, accounted for small amounts. Numerous social events were held and reported on by the local press. Donations were also received in kind, such as old linen, fresh fruit and vegetables and cream.

¹⁹ Conybeare Morrison, op.cit., 2007, p.6.

²⁰ Plan associated with the New Isolation Block, Berrima District Hospital. Department of Public Works- Government Architects Branch, 1922/1926. Department of Commerce, Plan Services Drawing. No. PH18/1 and others.

²¹ Win Smith, op.cit., 1989, p.11.

Even before the first building was opened, there were discussions about the expansion of the hospital. The most urgent need was for a mortuary. In September 1889 the decision was taken to build a mortuary on the south eastern corner of the grounds. An additional ward of four beds was added to the main hospital building in 1889-1890. Both projects were completed and certified by H.C. Kent. The Hospital progressively expanded over the following twenty years. Various alterations and additions were carried out to the main building; a fever ward (1896); first operating theatre (1898); and new nurses bedrooms and boardroom (1902). Known alterations and additions to the original buildings and the construction of new buildings are set out in the table in Section 2.7.1 of this report.

The above changes were carried out during a period of change in hospitals across the Colony as the government became increasingly aware that they had a role to play in public health and hygiene and the need to supplement the efforts of charities and communities in funding hospital services. In 1881, the first Board of Public Health came into being. The responsibilities and powers of this Board were gradually extended and strengthened by the *Public Health Acts* of 1897 and 1902. The Department of Health was established two years later, in 1906.

2.5 Berrima District Hospital (1919-1968)

2.5.1 Expansion

The Hospital, now known as the Berrima District Hospital, began to expanded in the 1920s as more land was purchased, existing buildings were added to and new buildings erected.

In October 1920, additional land was purchased from the Carter family, increasing the Hospital site to ten acres. In 1932, the Hospital also purchased 22ft of land along the western side of Mona Road.

The Hospital expanded alongside the township and district it served. 1920s were years of growth in Bowral and the surrounding area. The *Sydney Morning Herald*, for example, reported 'remarkable growth' within the municipality in 1924, when no fewer than 60 new buildings were erected and a high value of works to existing buildings carried out. The value of the cost of works had almost doubled from the preceding year. The availability of electricity was one of the reasons put forward for growth. The paper predicted that the boom was likely to continue, with 'many contracts let.'²²

As set out below, major developments at the Hospital during the period 1919 to 1968 are: the construction and a new Operating Theatre (Jane Holt Memorial Operating Theatre, opened March 1926); a new Isolation Block (opened October 1928) and Mortuary (1930); the New Hospital (1935); Tyler House, Nurses' Home (1954); and the Milton Park Wing (1961). Equally as important was the connection of the town water supply to the site in 1922 and electricity three years later.

2.5.2 Jane Holt Memorial Operating Theatre

Plans for a new operating theatre were signed off by then Government Architect, G.M. Blair, in $1924.^{23}$ The theatre was named in memory of the wife of H.S. Holt, who donated £1,000 towards its construction. Prior to its opening by the Governor of New South Wales in February 1926, it was enthusiastically described by the local newspapers as being 'one of the most up to date in the state.'²⁴

²² 'Building Progress at Bowral', *The Sydney Morning Herald*, 11 February, 1925.

 $^{^{23}}$ Plans relating to the Memorial Operating Theatre. Department of Commerce, Plan Services, Drawing No. PH18/5 and others.

²⁴ 'Berrima District Hospital,' *The Scrutineer and Berrima District Press*, 27 February, 1926.

2.5.3 Isolation Block and Mortuary

Plans for a new isolation block were prepared by the Department of Public Works-Government Architects Branch in the early to mid 1920s. The initial plans were drawn up by C. (?) Chapman. The plans, however, do not appear to have been signed off by the Designing Architect in Charge of the Office until 1926. Tenders for the construction of the building were advertised in the *NSW Government Gazette*, 18 March, 1927.²⁵ The Isolation Block was opened in October 1928.²⁶

Figure 10 provides a photograph of the Isolation Block in 1940. This building still stands. It has, however, undergone extensive alteration and addition since this time.



Figure 10: Isolation Block, Berrima District Hospital, 1940. Berrima District Historical and Family History Society.

Other minor works to the hospital building are documented by the Public Works archives. In 1930, plans for the demolition of the existing mortuary and construction of a new mortuary were prepared by the Government Architects Branch. Provision was also made for the removal and re-erection of the Mens' Quarters elsewhere upon the site.²⁷

The role that the Hospital's honoury architect, Mr. Moorhouse, played in the above projects is not clear.

2.5.4 The New Hospital

By the mid 1920s, the Hospital was experiencing chronic over-crowding as the population of the surrounding area continued to grow. Considerable advances were also being made in medicine, which, in turn, had an impact on hospital design theory.

In March 1927, a hospital meeting carried the motion that a new hospital be erected on the Bowral Hospital site. By August 1927, it was decided that a competition for designs and plans be held, offering a prize of £100. The winner was Mr. Byera Hadley. Nothing was, however, done until the early 1930s when new plans were prepared by the

 $^{^{25}}$ 'Department of Public Works- Tenders for Works,' $\it NSW \ Government \ Gazette$, No. 37, 18 March, 1927.

²⁶ 'Berrima District Hospital: Opening of New Isolation Block', *The Scrutineer and Berrima District Press*, 17 October 1928.

²⁷ Plan of the Mens' Quarters and Mortuary. Government Architect, dated 22 December, 1930. Department of Commerce, Plan Services, Drawing No. PH 18/14.

Government Architects Branch, under Government Architect, Mr. Edwin Smith.²⁸ The scheme was later reduced in size and cost. The foundation stone for the New Hospital was eventually laid on 24 April, 1934.²⁹ The contractor was A. Stephens & Son.

Edwin Smith was Government Architect for a relatively short period, from 1929 to 1935. Born in Scotland in 1870, he arrived in Australia in 1889. Prior to his appointment as New South Wales Government Architect, Smith worked as a draughtsman in the Queensland Department of Public Works and as Chief Architect in the Victorian Department of Public Works. Smith oversaw the department during the difficult years of the Great Depression Works constructed during his tenure as Government Architect include the Blackburn Building at the University of Sydney, Tea Gardens Courthouse, Quirindi Courthouse, Lismore District Works Office and Lismore Police Station. Of particular interest, with regard to the use of a simplified Inter-war Georgian Revival Style for the New Hospital at Bowral, are the buildings designed under his supervision for the Berry Training School (opened 1935) and the Nurses Home at Wagga Wagga Hospital (opened 1936). These buildings have strong design similarities to the New Hospital.

The New Hospital was opened in 1935. The main ward block had a central section of two storeys, providing accommodation for thirty-nine beds- twenty nine public, four 4 intermediate, eight private and three children's beds. The ground floor comprised the main entrance porch and hall, office, small outpatients department, dispensary, x-ray department, rooms for dressing, a nurses' dining room and provision for a lift to be installed a later date. The New Hospital also comprised kitchen, laundry, store and boiler house. The children's ward was named the Soldiers' Memorial Ward and the women's ward, the Yeoman's Memorial Ward. Figure 11 provides an undated photograph of the New Hospital.



Figure 11: Berrima District Hospital, before 1941. The building is a restrained example of the Interwar Georgian Revival Style.

State Library of Victoria.

The above photograph appears to date from after 1947, when the verandahs were enclosed. Originally, the ground floor had metal balustrades between the brick piers; the first floor balustrade appears to have been of timber. Other alterations have been

 $^{^{28}}$ Plans associated with the New Hospital Department of Commerce, Plan Services, Drawing No. PH18/18 and PH 18/20 and others.

 $^{^{29}}$ Win Smith, *op.cit.*, 1989, p.46. See report: Dream Becomes a Reality', in *The Southern Mail*, 1 May, 1934.

carried out to the building over time, including the addition of a semi-circular solarium in 1937.30

Once the New Hospital was operational, the former Cottage Hospital was adapted to provide accommodation for the nursing and domestic staff, comprising eight bedrooms, laundry and bathrooms. Design work was carried out by the NSW Government Architects Branch.³¹

A plan for the layout of the grounds around the New Hospital was prepared by Mr. Kerr of the Botanic Gardens in Sydney. The plan provided for ornamental trees and shrubs, lawns, gravel drives and new fences on the eastern side of the property. Much of this landscaping remains in the north eastern corner of the site. Figure 12 provides a photograph of the grounds of the Hospital c. 1934. Figure 13, an aerial photograph dated 1950, provides a later, more holistic view, of the grounds prior to the construction of new buildings in the 1950s/1960s.

The above years were once of change in hospital administration. The *Public Hospitals Act* of 1929 established the Hospital Commission of NSW. Public hospitals were to be incorporated under the Act. While all hospitals were to retain an internal board of management, the Commission was to control all public hospitals state wide. 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. Subsides were to be more equitable and on a needs basis.



Figure 12: View from the Hospital, Bowral, c.1934. Berrima District Historical & Family History Society.

 $^{^{30}}$ Plans relating to verandah enclosure of the new hospital. Department of Commerce, Plan Services, Drawing No. PH 18/32.

³¹ Plans associated with the conversion of the existing buildings into matrons, nurses and maids quarters. Department of Commence, Plan Services, Drawing No. 18/25.

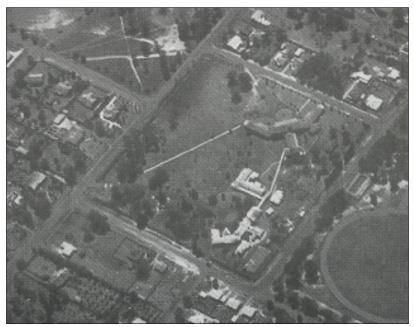


Figure 13: Aerial photograph over the Hospital, 1950. Win Smith, *Blessed Are They*, 1989.

2.5.5 Tyler House, Nurses' Home (1954)

The Working Drawings for a new nurses home at Berrima Hospital were prepared by private architect T.E. Mahony from sketches prepared by the Government Architects Branch. The plans were signed off by Government Architect Cobden Parks in 1950.³²

O'Mahoney had experience in hospital design, having worked for the firm Stephenson and Turner during the 1930s and early 1940s. Stephenson and Turner designed many hospitals including King George V Memorial Hospital at Camperdown and the Concord Repatriation Hospital.'33 O'Mahoney left Stephenson and Turner in 1941 to join the Works Branch of the Air Force and then worked for the War Housing Division. In 1946 he began his own practice. O'Mahoney worked on several hospitals for the Public Works Department, documenting designs given to him. He later went on to design Auburn Hospital, into which he had a greater level of input.³⁴

In 1965 O'Mahoney formed the firm O'Mahoney Neville & Morgan, whose works included further buildings at the Australian National University; new wings at International House, University of Sydney; and new buildings at the Riverina College of T.A.F.E., now Charles Sturt University, Wagga Wagga.³⁵

Cobden Parkes, Government Architect, who supplied O'Mahoney with the initial sketches, was Government Architect from 1935 to 1958. He had an interest in hospital architecture, having accompanied the Minister for Health on an inspection tour of hospitals in England and America in 1939. While continuing the conservative architectural style of his predecessors in some projects, he also welcome the moderne,

 $^{^{\}rm 32}$ Plans associated with the new Nurses Home. Department of Commerce, Plan Services, Drawing No. PH 18/35-38 and others.

 $^{^{33}}$ Thomas O'Mahoney Interview, June 1991, in, RAIA, Architects of the Middle Third Review, p. 111.

³⁴ *Ibid*, p. 111. Extract obtained from RAIA Archives.

³⁵ Letter from T.E.(Tom) O'Mahoney to Sister Catherine O'Carrigan, Sisters of Charity, Potts Point, 1999, in RAIA Archives, Heritage File.

giving staff architect, E.H. Rembert $carte\ blanche$ to produce buildings inspired by the Dutch modernist W. M. Dudok. 36

The foundation stone for a new Nurses' Home near Sheffield Road was laid on 27 September, 1952.³⁷ *Construction* placed the estimated cost of construction at £95,000.³⁸

The Nurses Home officially opened on 20 August, 1954. The Home accommodated 78 people and was named Tyler House in memory of one of the Hospital's greatest benefactors.³⁹

Figure 14 provides an undated photograph of Tyler House.



Figure 14: Tyler House.

Win Smith, Blessed Are They, 1989.

The former Cottage Hospital previously used for nursing accommodation, now became a general storage area and was later converted into educational facilities for hospital staff as well as two self-contained units for residential medical officers.⁴⁰

Tyler House has been demolished.

2.5.6 Milton Park Wing (1961)

The use of private- public partnerships by the Public Works Department continued. Working drawings for the Milton Park Wing, entitled New Maternity Block, were prepared by Spencer, Hanson and Partners from sketches prepared by the Government Architects Branch under Edward Farmer.⁴¹ The foundation stone for the Milton Park Wing was laid in 1959. The contractor was Max Cooper & Sons.⁴²

³⁶ Peter Reynolds, 'Parkes, Cobden (1892–1978)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/parkescobden-11342/text20257, published first in hardcopy 2000, accessed online 15 August 2016.

³⁷ 'Nurses Home, Bowral', *Truth*, 28 September, 1952.

³⁸ 'New Nurses Home', Construction, 1 October, 1952.

³⁹ 'New Nurses Quarters: Official Opening at District Hospital', *The Southern Mail*, 27 August, 1954.

⁴⁰ Conybeare Morrison, *op.cit.*, 2007, p.9.

 $^{^{\}rm 41}$ Plans for the new maternity block. Department of Commerce, Plan Services, Drawing No. PH 18/50 and others.

⁴² Win Smith, op.cit., 1989, p.52.

Little is known about Spencer, Hanson and Partners. Edward Farmer:

'Edward Herbert (Ted) Farmer (1909-2001), architect, 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...in Melbourne.

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...

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. 43

Note the reference above to Farmer's association with Leighton Irwin who, together with Stephenson and Turner, were leading hospital architects.

The new building was named in honour of Mrs. and Mrs. Anthony Hordern, who opened their garden at Milton Park every year as part of the Bowral Tulip Festival; all proceeds were donated to the Bowral Women's Hospital Auxiliary.

The Milton Wing was officially opened on 12 Marcy, 1961, providing 70 new beds, 30 maternity beds, 25 infant cots, 26 surgical beds, 14 children's beds, two operating theatres, a sterilising department, labour wards and supporting services. Local artist Nigel Rossborough decorated the walls of the children's ward with a mural of nursery rhymes. Support areas including the kitchen, laundry, boiler house and staff dining room were upgraded.⁴⁴

Figure 15 provides an undated photograph of the Milton Park Wing.

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 $^{^{43}}$ Record details: E. H. (Edward Herbert) Farmer - papers, 1825-1996, including papers of the Farmer and Thistlethwaite families, together with letters of John Le Gay Brereton, 1901-1933. State Library of NSW.

⁴⁴ Conybeare Morrison, op.cit., 2007, p.10.

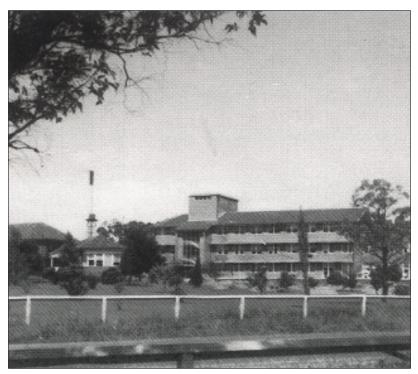


Figure 15: Milton Park Wing. Win Smith, *Blessed Are They*, 1989.

The construction of the Milton Park Wing resulted in the removal of part of the original entrance carriageway and a row of linden trees. The latter were replanted, but few survived. The traditional of carrying out new landscaping works in conjunction with new building projects continued. In 1966, a children's playground was created at the entrance to the Milton Park Wing and a rockery pool created in the garden on the north eastern corner of the Milton Park Wing.

From 1961, the Bowral & District Hospital has appointed an Honorary Landscape Adviser. From 1961 through to the 1980s the appointment was held by Claude Crowe of Berrima. The grounds were attended by a professional gardener. The Hospital were successful in various garden design competitions, in particularly the Bowral Tulip Festival. Over time, dedicatory trees have been planted throughout the grounds and become a memorial feature.

2.6 Bowral & District Hospital (1968-)

In 1968, the name of the Hospital changed to Bowral and District Hospital.

The Hospital continued to develop to serve the needs of the district. In 1970, the Isolation Unit was converted into the Watson Rehabilitation Centre (architects: Stranman, Fisher & Associates). Other works were later carried out to this building, including the addition of a cardiac centre (Lionel Todd & Associates; J.W. Thompson, Government Architect, 1984). Numerous changes have occurred since this time, including: the construction of a Special Nursing Unit, Operating Theatre upgrades; the construction of new Accident and Emergency Facilities (design and documentation Public Works, C. Johnson, Acting Government Architect, 1994); Medical Imaging Department; Staff Amenities Block; and Temporary Accommodation Units. In 1996, a private hospital was constructed in the north western corner of the original Hospital grounds.

The Bowral and District Hospital now forms part of the South Western Sydney Local Health District.

2.7 Summaries and Other Comments

2.7.1 Timeline

The following reproduces the time line from the $\it Heritage Assessment April 2007$ which identifies the key events in the site's development.

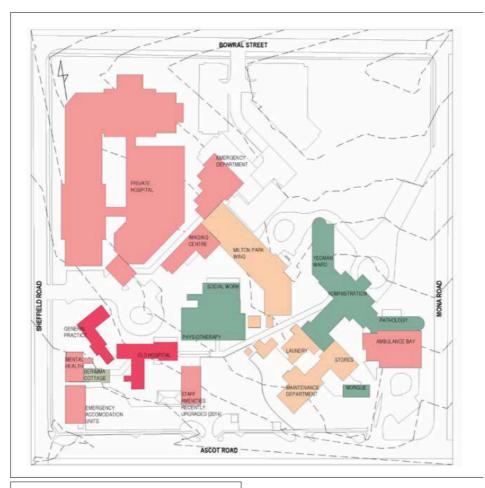
Year	Event				
27 July 1885	A public meeting, initiated by Dr Newmarch, held to establish a				
,	Hospital for the district.				
Sept 1888	Sketch plans for the hospital approved - designed by architect,				
	Harry C Kent, of Kent and Budden Architects, Sydney.				
9 Feb 1889	Hospital foundation stone laid by Lord Carrington				
4 Sept 1889	Berrima District Cottage Hospital opened by Hon John Lackey				
	MLC, and declared a public hospital in the district.				
Aug 1889	Drs Davidson, Middleton, Swinson and Wilson elected Medical				
	Officers for the Cottage Hospital. Later decided all Hospital				
	Medical Officers be resident in Bowral.				
Oct 1890	Addition of four-bed ward, designed by HC Kent. A carriage drive				
	was formed from the main gates to the Hospital building				
1891	Director General of Forests donated 50 pinus insignus trees to				
	be planted along the Hospitals southern boundary				
1892	Ornamental trees planted either side of carriage way				
1894	Hedge planting along boundary fences				
1895	Verandah added to the Cottage Hospital opposite the dispensary				
1896	Completion of Fever Ward				
1898	Completion of first Operating Theatre added to the hospital				
	building				
1902	Two nurses' bedrooms and boardroom (built in brick) completed				
1904	New operating table donated to the hospital by Miss MC				
	Cracknell of Sydney				
1906	Extensions and alterations to the Cottage Hospital.				
1911	Alterations and additions to Nurses' Quarters (Domestic Blocks).				
	Expenditure on new buildings (£287), minor additions (£44).				
1913	Cottage Hospital becomes a training school for nurses.				
	Expenditure on new buildings (£285), minor additions, repairs etc (£56).				
1914	X-ray acquired; verandah added to the Domestic Block.				
1014	Expenditure on new buildings (£190), minor additions, painting				
	etc (£89).				
1915	New Bathroom for domestic staff. Expenditure on new buildings				
	(£32), minor additions, painting etc (£59).				
1916	No new building. Expenditure on minor additions and repairs				
	(£48).				
1917	No new building. Expenditure on minor additions and repairs				
	£112.				
1918	Plans drawn up for new Operating Theatre and Isolation Block,				
	by Hon Architect, Mr Moorhouse – estimated cost of (£3000).				
	Expenditure on new buildings £123; minor repairs and alterations				
	£57.				
1919	Hospital now known as Berrima District Hospital				

Year	Event			
1920	Additional land purchased (4 acres, 2 roods) at cost of £775.			
	Hospital now 10 acres, an "island block". Work not commenced			
	on Isolation Block.			
1921	Expenditure on repairs and painting buildings £130.			
1923	Hot water installed			
1925	Electricity connected			
1926	Jane Holt Memorial Operating Theatre completed with sterilising plant and X-ray.			
1928	Isolation Block completed to the east of the main block			
1931	Additions and alterations to public wards			
1932	Hospital purchased an "unnecessary road" on Mona Road;			
1002	hospital now 10 acres, 1 rood and 13 perches Purchase of			
	land necessary for erecting new hospital building. Landscape			
	plantings followed. Hospital surrounded by Bowral, Mona, Ascot			
	and Sheffield Roads. Unemployed Workers Association helped			
	clear paddock for new hospital and removed trees.			
	·			
	New morgue completed at a cost of £579 and additional £310.			
	Additions and alterations to public ward (£40).			
23 Feb 1935	New Hospital opened by Mark Morton MLA			
Oct 1935	Sewerage connection			
1951	Pathology Department began operations			
1954	Tyler Nurses' Home completed, located near Sheffield Road			
1955	Old Hospital converted to nurses and staff accommodation			
1959	Dr Francis H Watson retired. Had served at the hospital from			
1915 and was one of the district's best known and long				
	serving medical staff member			
1960	New boiler house, laundry and chimney stack constructed.			
1961	Milton Park Wing opened in March. Claude Crowe of Berrima			
	appointed as hospital's Honorary Landscape Advisor			
Feb 1965	Extensions to provide a Casualty Ward which incorporated the			
	old operating theatre			
1966	A small playground was created at the entrance to the Milton			
	Park Wing			
1970	Watson Rehabilitation Centre opened, named in honour of Dr			
	Francis H Watson.			
1971	Lions Club donated Torana car for use by District Nurse.			
	Haematology section in Pathology completed.			
	Hospital successful in Tulip Time Competition and took out a			
	number of prizes. Lawns and shrubs around Watson			
	Rehabilitation Centre.			
	Honorary Architects – Strangman Fisher & Assoc (Mittagong).			
	Hon Landscape Adviser – Mr C Crowe			

Year	Event			
1975	Honorary Architects - Strangman Fisher & Assoc (Mittagong).			
	Hon Landscape Adviser – Mr C Crowe			
1976	Relocate delivery suite in Maternity to ground floor			
1977	Enlarge facilities at Watson Rehabilitation Centre; funded by			
	Health Commission (\$50,000). Special Nursing Unit planned at a			
	cost of \$160,000. Replace rear fence and remove front fence.			
	Hon Landscape Adviser – Mr C Crowe			
1977-78	Work continues on Watson Rehabilitation Centre. Special			
	Nursing Unit (alterations and additions to existing building)			
	nearing completion.			
	Hon Landscape Adviser – Mr C Crowe			
1978-79	Opening of Special Nursing Unit (23 September 1978)			
	Renovations to Yoeman Ward (former female ward) to			
	accommodate sexes.			
	Hospital converts from coal to natural gas.			
	Training of nurses ceased - transferred to Illawarra School of			
	Nursing, affiliated with Wollongong Institute of Education.			
	Hon Landscape Adviser – Mr C Crowe			
1979-80	Operating Theatre upgraded, piped gas and new air conditioning			
	units installed.			
	Hon Landscape Adviser – Mr C Crowe			
1980-81	Concern about insufficient funds			
	Hon Landscape Adviser – Mr C Crowe			
1982-83	Hospital Masterplan – relocation of Diagnostic Services			
	alongside Casualty Dept			
	X-ray Dept moved from First Floor Admin to its new position			
	beside Casualty.			
	Gardens and Grounds – noted as being a special merit to Mr			
	Keith Young for fine, prize-winning efforts.			
	Hon Landscape Adviser – Mr C Crowe			
1985	Gardener's sheds demolished from rear of original hospital and			
	Staff Amenities block built.			
1986	Renovations to Accident and Emergency Department and			
	Maternity Ward			
1987	Hospital's Auxiliary moved to Tyler House Nursing Home			
1988	Emergency accommodation units completed			
1990	Old Hospital building renovated and converted to Office			
4004	accommodation, Board Room and lecture facilities.			
1994	Additions to Milton Park Wing. Watson House refurbished to			
4005	accommodate allied health professionals.			
1995	Southern Highlands Private Hospital completed.			
1996	New Accident and Emergency completed. New Medical Imaging			
	Department completed			

2.7.2 Summary of Building Phases on the Site

Figure 16 summaries the construction phases on the site.



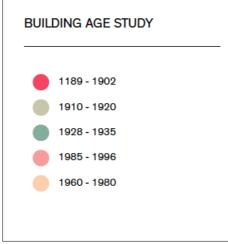


Figure 16: Showing the different construction phases on the site.

McConnell, Smith & Johnson, *Master Stage Feasibility Study*, Mona Road, Bowral.

2.7.3 People

Numerous people and groups have long term associations with the Hospital, including staff and honorary staff, hospital administrators, volunteers and benefactors. Many of these people are identified in Win Smith's history *Blessed are They: The Storey of Bowral and District Hospital: 1889-1989*.

3.0 SITE ASSESSMENT

3.1 The Site

For the following, refer to Figure 17, an aerial photograph over the site.



Figure 17: Aerial photograph over the site. (Prior to works being undertaken) NSW Lands Department, 2016.

Bowral and District Hospital is located to the east of the township of Bowral. It is irregular in shape and has frontage to the north to Bowral Street; to the east to Mona Road; to the south to Ascot Road; and to the west to Sheffield Road.

The site occupies the majority of the block bound by the above roads, with the exception of the Bowral Private Hospital and adjacent Imaging Centre in the north western corner of the block. The site area is 32,485sqm, excluding the private hospital. The site slopes gently from the south western corner to the north eastern corner.

The site is accessed via Mona Road, Sheffield Road, Ascot Road and Bowral Street. There are clipped hedges along the Sheffield Road boundary and a timber paling fence the Ascot Road boundary. There is no fencing along the Bowral Street or Mona Road boundaries.

Figure 17 shows the patterns of development on the site. There is a large area of lawn with scattered planting, many being memorial plantings, in the north eastern corner of the site. This part of the grounds was first laid out in 1936 by Mr. Kerr, Botanic Gardens, Sydney, in association with the planning of the New Hospital.

A second area of significant planting is found around the original Hospital buildings, adjacent to Sheffield Road. This area contains mature plantings including magnolia, camellias and rhododendrons.

The species of trees on the site are identified in a separate Aborist Report that accompanies this application.

There are hard surfaced car parks in the south western corner, accessed off Ascot Road and in the north western corner accessed off Bowral Road. A network of walkwayssome covered-connects the various parts of the Hospital.

Figure 18 illustrates the layout of buildings on the site. The buildings on the site include free standing and interconnected buildings; they range from single storey weatherboard buildings to three storey masonry buildings. Many of the buildings are linked by covered ways.

3.2 The Buildings

The following uses information provided by the *Heritage Assessment April 2007* and incorporates updates/amendments as required. The building numbers used by this earlier assessment are used for ease of reference between the two documents. The names have been updated with reference to Figure 3.

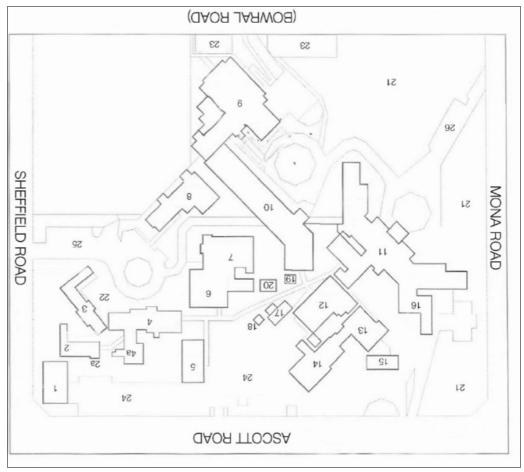


Figure 18: Site Layout (prior to works being undertaken) Conybeare Morrison, *Heritage Assessment*, April 2007.

Note: This plan has been re-oreintated so that north is at the top of the page.

Key	7:		
1	Emergency Accommodation Unit.	1	Maintenance Department
2	Mental Health Unit.	1	Morgue
2	Berrima Cottage.	1	Ambulance Service of NSW
3	University of Wollongong. Former Division of General Practice	1	Main Switchboard

	(originally Nurses' Quarters).		
4	Clinics, Former Berrima District Cottage Hospital	1	Diesel Fuel Store
5	Clinics, formerly Staff Amenities	1	Garage
6	Cardiac Assessment (Watson Building)	2	Electrical Plant
7	Occupational Therapy and Social Work	2	Cultural plantings- North-east- adjacent Bowral Road _ Mona Road
8	Imaging Centre	2	Cultural landscape plantings- Old Hospital Precinct
9	Accident and Emergency and Short Stay	2	Bowral Street Hospital Car park
1	Milton Park Wing, now various functions (1961)	2	Ascot Road Hospital Car park
1	Former New Hospital, now various functions (1935)	2	Internal access road of Sheffield Road
1	Laundry/Maintenance Depot Workshop	2	Internal access road off Mona Road
1	Stores/Laundry Store		

The buildings on the site are as follows:

Building Name	Constru ct-ion date	Architect	Description
Emergency and Accommodation Units	1988	Unknown	Setting: This building is located in the south eastern corner of the site on the corner of Sheffield and Ascot Roads. To the east lies a car park. Exterior: Single-storey face-brick building comprising four residential units. The building has low pitched hipped roof clad in Colorbond and timber framed doors and windows. Principal elevation: western elevation, addressing Sheffield Road. This elevation has narrow verandah under the main roof with timber posts. Interior: Not accessed.
Building 2: Mental Health Unit	1988	Unknown	Setting: The building is located immediately north of Building 1 and close to Sheffield Road.

Building Name	Constru ct-ion date	Architect	Description
			Exterior: Single-storey face-brick building with a Colorbond roof. Aluminum framed sliding windows and doors. Verandah located on northern elevation with timber support posts and lattice balustrade. A male/ female toilet wing and covered walkway is located on the eastern side. Interior: Not accessed.
Berrima Cottage	Before 1920.	Unknown.	Setting: Located within the southwestern section of the hospital grounds in close proximity to Sheffield Road. The building is located southwest of the original cottage hospital group.
			Exterior: Single-storey face-brick cottage with hipped Colorbond roof, chimney, timber lined eaves, timber framed doors and double hung sash-windows and painted brick window sills. Covered walkway on the western elevation joins it to Building 2. Covered walkway on the eastern side joins it to Building 4. Evidence of alterations includes new door and window leading to connecting breezeway.
			Interior: Not accessed. Heritage Assessment April 2007 notes: retains some original features include high plaster ceilings, timber picture rail and timber door joinery.
Building 3: University of Wollongong. Former Division of General Practice (former Nurses' Quarters)	1902; 1911; 1983; 2003	Original architect likely to be: H.C. Kent. Later alteration s by Govt. Arch.	Setting: South western corner of the site, close by the main entrance off Sheffield Road. Principal orientation is to the north east. Exterior: Single storey, 'L' shaped face brick building with hipped painted corrugated steel roof. Verandahs located along main elevations (northeast and southeast elevations). Timber support posts

Building Name	Constru ct-ion date	Architect	Description
			and struts, timber double hung windows and doors and joinery with shutters remaining on southeastern elevation. Highlight windows to doorways and feature brickwork above openings. Verandah has timber floor and raked timber ceiling and appears to be a later addition (partially covering over vents and feature brickwork). Access via a concrete ramp to northeast elevation. Interior: Not accessed. Heritage Assessment April 2007 notes: retains some original features including high timber batten ceilings, timber picture rails, skirtings, timber door joinery, fireplace and hearth and built-in cupboards. Evidence of past alterations and fit out (2003) including new plaster ceilings, new joinery and new doors. Severe cracking is evident throughout.
Building 4: Clinics, formerly Office Accommodation/Board Room (former Berrima District Cottage Hospital)	1889. Additio ns 1890, 1906, 1990/1.	Original architect likely to be: H.C. Kent. Later alteration s by Govt. Arch.	Setting: Located on the driveway off Sheffield Road. The building is oriented in a northerly direction. Established magnolia trees are planted in garden immediately north of the building. Foundation stone is located in the garden – 'The foundation stone of Berrima District Hospital, laid by His Excellency Lord Carrington, Governor of the Colony, 9 February 1889.' Two cast-metal statues located in the garden (Euterpe, Muse of Lyric Poetry, and Arteme, the Huntress), formerly owned by Mr. Arthur Harris and donated to the Hospital in 1948. Exterior: Single-storey timber weatherboard building designed in the Victorian Carpenter style with painted corrugated steel hipped roof and iron clad chimneys. Verandah with

Building Name	Constru ct-ion date	Architect	Description
			corrugated steel awning and timber support posts and struts and timber balustrade to north elevation (principal elevation). Timber doors and timber double hung windows.
			Interior: Not accessed.
Building 4a: 'Cottage' Staff Accommodation	1902(?)	Original architect likely to be: H.C. Kent.	Setting: Extension on the southern side of Building 4. To the south lies the Ascot Road car park. Exterior: Single-storey timber weatherboard and painted brick cottage adjoining south side of the Old Hospital (Building 4). Hipped roof, with timber lantern/vent, clad in galvanised corrugated metal roof. Chimney braced. Timber double hung windows and timber doors and joinery, cement rendered window sills. Interior: Not accessed. The Heritage Assessment April 2007 notes: retains some original features include high plaster ceilings, timber picture rail and timber door joinery. Pressed metal ceilings throughout, timber floors, timber skirting and timber door joinery.
Clinics, formerly Staff Amenities	1985	Unknown	Setting: Southern part of the Hospital grounds, with Ascot Road car park to the south and east. Exterior: Single-storey brick building with painted corrugated steel gable roof, timber framed hopper windows and double hung windows, boxed eaves. Access via concrete ramp to central loggia with steel verandah posts on eastern elevation. Weatherboard clad section to the rear. Interior: Not accessed.
Cardiac Assessment,	1928; 1970s;	Originally designed	Setting: Located towards the centre of the

Building Name	Constru ct-ion date	Architect	Description
Watson Building (Former Isolation Ward)	1994	by the Govt. Arch., with later alts/adds by Govt. Arch. and others.	site and to the north east of the original Hospital Buildings. Adjoins Building 7. Exterior: The central section of this building appears to be the original Isolation Ward that dates to 1928. A series of later additions surround the original building. Single storey building. Original, central section, cement rendered and painted. Hipped roof is clad in corrugated steel with feature skylight windows. Later addition to the west constructed of unpainted brickwork with corrugated steel roofing, aluminum framed sliding windows and timber paneling above. Later brickwork addition to east includes timber clad gabled profile with skillion roof. Southeast addition constructed of cement rendered brickwork with timber frame double hung windows. Interior: Not accessed.
Building 7: Occupational Therapy and Social Work (former Isolation Ward)	1928; 1970; 1994.	Originally designed by the Govt. Arch., with later alts/adds by Govt. Arch. and others.	Setting: Located towards the centre of the hospital grounds, northeast of the original cottage hospital and in direct alignment with the internal access road from Sheffield Road. Exterior: Single-storey timber weatherboard building with painted corrugated steel gable roof. Later additions in weatherboard, asbestos cement sheeting and brick. Aluminum framed sliding and double hung windows to north, south and west elevations and timber double hung windows to east elevation. Access via covered walkway on west elevation. Skillion roof supported on steel verandah posts. East elevation comprises brick ramp with steel handrail.

Building Name	Constru ct-ion date	Architect	Description	
			Interior: Not accessed.	
Building 8: Imaging Centre	1996	Unknown	Setting: Located in the centre of the hospital grounds with access to the Sheffield Rd entry and access road. Building shares functions with the Private Hospital.	
			Exterior: Single-storey face brick building with painted corrugated steel hipped roof, timber framed double hung, fixed and hopper windows. South elevation comprises a corrugated steel skillion roof supported by timber posts set into brick base. Air conditioning units installed to the southeast elevation.	
			Interior: No inspection was undertaken of the interior.	
Building 9: Accident and Emergency and Short Stay	1996	Public Works, C. Johnson, Acting Govt. Arch.	Setting: Located in the northern section of the hospital grounds, with direct access to the main entry off Bowral Road. The building is oriented in a northeast direction and is elevated above ground level with ramp access. To the north lies car park. To the east lies lawn and mature planting.	
			Exterior: Building supported on concrete piers elevated approx. 1.5m above ground level. Area below building contains services and drainage screened with timber lattice. North elevation is the main entry and comprises single storey face brick accessed via concrete vehicular ramp. Ambulance bay and turning area covered with corrugated steel skillion roof. Central elevated section of rendered concrete with aluminum framed sliding windows and corrugated steel hipped roof.	
			Interior: No inspection was undertaken of	

Building Name	Constru ct-ion date	Architect	Description
			the interior.
Milton Park Wing (ICU and theatres; IPU; birthing and maternity)	1960- 61; 1994	E.H. Farmer, Govt. Arch; working drawings by Spencer, Hanson and Partners	Setting: The building is sited in the centre of the hospital grounds. The building is oriented with the principal elevation facing northeast. Exterior: Three-storey face brick building with gabled roof comprising terracotta tiles. Northwest and southeast elevations extend to a fourth level containing lift plant and ducting. Timber double hung windows, ground level windows covered with security screens. Concrete horizontal blade awnings over ground and first floor windows. Wide lined eaves over second storey windows. Concrete verandah located at ground floor level on northeast elevation with steel balustrade and handrail and fixed highlight glazing. Main entry contains steel framed glazed enclosed entry with electronic sliding doors. Above the

Building Name	Constru ct-ion date	Architect	Description
			entry the stair core is expressed at levels two and three with aluminum framed glazing. The staircore projects above the roof level and is a later addition. Northwest section of building is two storeys with roof addition and adjoining south elevation of Building 9. Interior:
Building 11: Former New Hospital, now paediatrics and other uses	1935; 1983	Govt. Arch., Edwin Smith.	Setting: Located in the eastern section of hospital grounds. The building is wing-shaped and set at an angle to face the corner of Mona Road and Bowral Street. The building looks onto gardens and mature plantings. An access road and turning loop lead to the front entry of the building. Exterior: The hospital is designed in the Inter-Ward Georgian Revival style with a portico entry with a simplified classicism. Face brick building with terracotta tiled hipped roofs comprising two storey central section and single storey wings to the north and east.
Building 12: Laundry and Maintenance Dept. Workshop	1960s; later addition s (possibl y 1950s/ 1960s)	Govt. Arch.	Interior: Not accessed. Setting: Located behind Building 11; eastern side of the site. Exterior: Utilitarian face-brick building with aluminum frame windows and skillion roof comprising metal deck and corrugated sheeting. Two garages adjoin the building (one brick garage with roller door and one concrete frame asbestos clad with roller door). Garbage storage adjoins. Located on the southeast side is the Maintenance Department Workshop – a two-storey brick building with timber frame windows. Skillion roof clad

Building Name	Constru ct-ion date	Architect	Description
			with metal decking. Various additions possibly dating to the 1950s - 1960s. Ablution area with flat concrete roof.
			Interior: Not accessed.
Building 13: Stores/Laundry	1960s	Unknown	Setting: Located in the southern corner of the hospital grounds with vehicular access to Ascot Rd. Exterior: Single storey utilitarian face brick building with gabled roof clad recently with corrugated sheet metal. Timber-frame hopper windows (three windows covered over). Southeast elevation contains a small roller door located in a former door opening. Northeast elevation comprises timber panel door, with timber frame hopper windows. Glass louvers located over windows and doors.
			Interior: Not accessed.
Building 14: Maintenance Department	1970s	Unknown	Setting: Located in the southern eastern corner of the hospital grounds, behind Building 13 with vehicular access to Ascot Rd.
Building 15: Morgue	1932 (with later modi- fications)	Govt. Arch.	Setting: Located in the southeast corner of the hospital grounds, in close proximity to Ascot Road with interconnecting access road. Exterior: Face brick rectangular building with terracotta tile hipped roof
			with timber-lined eaves. Principal door openings are round headed with timber panel doors inspired by the Gothic Style. Windows on the southwest elevation appear to be original and have concrete lintels over openings with steel-framed swiveling pane windows. A ramp is located on the northwest elevation and leads to a steel roller door. Numerous windows have

Building Name	Constru ct-ion date	Architect	Description
			been replaced on the southeast elevation. Numerous cracks are located in the southeastern wall. Interior: Not accessed.
Building 16: Ambulance Service of NSW	1990s	Unknown	Setting: Located in the southeastern section of the hospital grounds with the principal elevation facing Ascot Road with interconnecting access road. A mature redwood planting is located to the west of the building Exterior: Face-brick building with a deep horizontal band of panel parapet located at roof edge. Ambulance bays located internally behind transparent roller doors. Interior: Not accessed.
Building 17: Main Switchboard	1970s?	Unknown	Setting: Located in the central section of the hospital grounds, north of Ascot Road car park. Exterior: Utilitarian face-brick building with flat concrete roof. Timber frame hopper windows. The adjoining yard to the southwest comprises concrete slab, bounded by brick fences approx. 2.4m high. One covered area is for garbage bin storage and electrical transformer. A brick-face building with skillion roof with deck metal sheeting adjoins the yard to the northwest and contains electrical plant with issues of noise/ heat/exhaust. Interior: Not accessed.

Building Name	Constru ct-ion date	Architect	Description
Diesel Fuel Store	Unknow n	Unknown	Setting: Located north of Ascot Road car park and near Building 17. Exterior: Utilitarian rectangular brick building with steel roller door. Skillion roof with corrugated metal cladding. Interior: Not accessed.
Building 19: Garage	1960s	Unknown	Setting: Located in the central area of the hospital grounds, immediately north of the Milton Park Wing. Exterior: Utilitarian face brick walls with roller door garage opening. Skillion roof with metal deck. Interior: Not accessed.
Building 20: Electrical Plant	1980s?	Unknown	Utilitarian service area comprising electrical plant equipment located concrete slab. Concrete blocks act as noise buffer wall with three other perimeter fences comprising lattice timber on steel frames.

Figures 19 to 39 illustrate the character of the site. Unless otherwise stated, the photographs were taken by Weir Phillips in May 2016.



Figure 19: Building 1: Accommodation Units from Sheffield Road Google Maps.



Figure 20: North eastern elevation of Building 3, part of the original hospital.



Figure 21: North eastern elevation of Building 3, part of the original Hospital.



Figure 23: Side elevation of Building 3, part of the original Hospital, from the Sheffield road car park.



Figure 24:
From the entrance off
Sheffield Road, with
the original Hospital
buildings on the right
hand side (Buildings 3
and 4), Buildings 6 and
7 in the centre and
Building 10 (Milton
Park Wing) beyond.



Figure 25: Building 2 and 2A from the Sheffield Road car park.



Figure 26: Approach to Building 4a.



Figure 27: Building 4.



Figure 28: Building 4/4a.



Figure 29: Building 9, Emergency. Photograph by MSJ.



Figure 30: Looking towards Building 10, the Milton Park Wing.



Figure 31: Building 10, southern elevation of the Milton Park Wing.



Figure 32: View towards Building 11, the former New Hospital, from the entrance into the site off Mona Road.



Figure 33: Entrance into Building 11, former New Hospital.



Figure 34: Circular driveway outside of the main entrance to Building 11, the former New Hospital.



Figure 35: Detail of Building 11 eastern side, originally the Solarium.



Figure 36: View towards Building 11, the former New Hospital.



Figure 37: Building 14, Morgue. Photograph by MS+J.



Figure 38: Planting in the north western corner of the site.



Figure 39: Planting along the Bowral Street boundary.

3.3 The Surrounding Area

For the following, refer to Figure 40, an aerial photograph over the site and the surrounding area.

The site is located within a predominately residential area that is underlain by a strong grid subdivision pattern of wide streets. Dwellings are predominately detached and set within small garden surrounds. These dwellings date from the Late Victorian/Federation period to the current day and are one and two storeys in height. Zonings in the immediately surrounding area are low and medium density and recreational.

To the north west of the site lies the one and two storey buildings and car park of the Private Hospital. To the north of the site, on the opposite side of Bowral Road lies Glebe Park, with the Bradman Museum and oval beyond. As set out below, the Oval and the Bradman Museum are listed as local heritage items. It is further noted that the area to the north of Bowral Street forms part of the Bowral Conservation Area. To the east and west of the site lie the predominately single storey private dwellings fronting Sheffield and Mona Streets. To the south of the site lies Losbey Park.



Figure: 40 Aerial photograph over the site and the surrounding area. NSW Lands Department, 2016.

Figures 41 to 46 illustrate the character of the immediately adjoining streetscapes.



Figure 41: Looking west along Bowral Street from St. Jude Street, showing private housing opposite the site. Google Maps.



Figure 42: Looking north east from St. Jude Street, showing the Glebe Park on the opposite side of Bowral Street. Google Maps.



Figure 43: Looking east along Mona Road, opposite the site. Google Maps.



Figure 44: Loseby Park, on the opposite side of Ascott Road to the Hospital. Google Maps.



Figure 45: Looking west along Sheffield Road opposite the site. Google Maps.



Figure 46: Private Hospital to the north west of the site. Google Maps.

4.0 ASSESSMENT OF SIGNIFICANCE

4.1 Summary of Existing Statutory Citations and Listings for the Site

The Bowral and District Hospital is:

- Not listed as a heritage item by the State Heritage Register under the auspices of the NSW Heritage Act 1977.
- Not listed as a heritage item by the s170 Register of NSW Health.
- <u>Not</u> listed as a heritage item by Schedule 5 Part 1 of the *Wingecarribee Local Environmental Plan 2010 (WLEP 2010)*.
- Not located within a Conservation Area as defined by Schedule 5 Part 2 of the above plan.

It is further noted that:

- The site is not identified as a potential heritage item in Wingecarribee Council's Heritage Items Planning Proposal 2014.
- The site is not identified by any non-statutory heritage registers.

The *Heritage Assessment April 2007* provides the following statement of significance for the site. This is the only existing statement of significance for the site found to date:

'The Bowral & District Hospital, at Bowral Road, Bowral, has historic, aesthetic and social heritage significance at the local level.

Known as Berrima District Cottage Hospital, Berrima District Hospital and The Bowral and District Hospital, the hospital has high historic significance associated with the continuous provision of health services to the Bowral district from 1889 to the present. The hospital development reflects the changes in medical care during that period.

Bowral & District Hospital has high historic significance associated with prominent persons including medical practitioners, health professionals and community leaders from the local area who have contributed to the workings and management of the hospital. This is reflected in the numerous medical departments and units that have been dedicated to prominent persons and benefactors, including the Hordern family, Dr Francis H Watson and Miss Tyler.

Bowral & District Hospital has high aesthetic significance at local level for its representative collection of hospital building types, which date from the late 19th to late 20th century, set within an award-winning landscaped parkland of specimen plantings. This built group includes the Victorian style Cottage Hospital group (1889-1910) designed by Architect Harry C Kent, of Kent Budden Architects, Sydney; The New Hospital, designed in the Inter-War Georgian Revival style; and the Milton Park Wing, designed in the Post-War Functionalist style by the Government Architect's office of Edward Herbert Farmer. Remnants of the original landscape are still evident within the Early Hospital Precinct.

Bowral & District Hospital has exceptional social significance associated with the Bowral/Berrima district community who have provided voluntary service and funding to the Hospital for over one hundred years. The community's involvement is evident through auxiliaries, service clubs and local benefactors who have purchased equipment and contributed to the funding of building projects. Medical professionals and staff at the hospital have strong associations with the place and hold the hospital in high regard. Individuals and families have strong feelings and associations with the place as the site of these major events in their lives.

Bowral & District Hospital is representative of an intact group of hospitals in NSW, founded at the end of the nineteenth century as cottage hospitals which have developed in the twentieth century to become major district hospitals providing a wide range of health services.'45

4.2 Heritage Items in the Vicinity of the Site

For the following, 'in the vicinity' has been determined with reference to physical proximity, existing and potential view corridors and the nature of the proposed works.

4.2.1 NSW Heritage Act 1977

There is one heritage item listed on the State Heritage Register, under the auspices of the *NSW Heritage Act 1977*, in the vicinity of the site.

 Bradman Museum Collection and Grandstand, Glebe Park, St Jude Street, Bowral (1469). SHR No. 01399.

4.2.1 Wingecarribee Local Environmental Plan 2010

Figure 47 provides a detail from the *Wingecarribee Local Environmental Plan 2010*. In this plan, heritage items are coloured brown or green and numbered. Conservation Areas are hatched in red and numbered. The Bowral and District Hospital is outlined in purple. The State Heritage Item, Bradman Museum Collection and Grandstand (SHR No. 01399) is outlined in yellow.

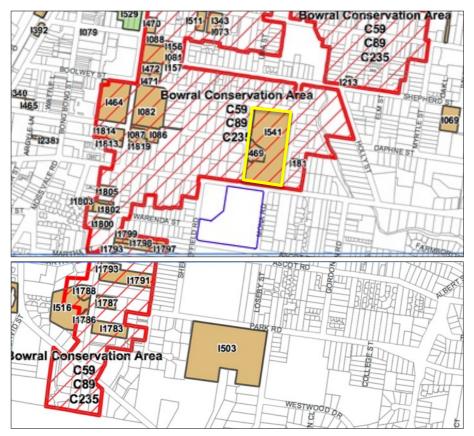


Figure 47: Detail of the Wingecarribee Heritage Plan. Wingecarribee LEP 2010.

 $^{^{\}rm 45}$ Conybeare Morrison, $\it op.cit.$, 2007, p. 40.

Schedule 5 Part 1: Heritage Items

The following heritage items, listed by Schedule 5 Part 1 of the *WLEP 2010* are located in the vicinity of the site (it is also noted that these items are also listed on the NSW State Heritage Register):

- Bradman Oval, Glebe Park, St. Jude Street, Bowral (I541). State significance
- Bradman Museum Collection and Grandstand, Glebe Park, St. Jude Street, Bowral (1469). State significance

The Bradman Oval is a cricket oval surrounded by a low white picket fence. The Oval is set behind Glebe Park; its principal access is off St. Jude Street. The Grandstand lies to the immediate south west of the oval.

The Museum, accessed of St. Jude Street, is a modern building housing a significant cricket collection.

The Wingecarribee Heritage Inventory Sheet provides the following Statement of Significance for the Bradman Oval:

'As the former Glebe Park, the Bradman Oval represents the country town parks of the turn of the century which were characterised by a simple planting layout of trees and a few shrubs and reflects a phase in the development of Bowral when attention was turning to the garden environment. It is also historically significant through its association with Sir Donald Bradman's cricketing activities, an association which has been reinforced by the recent construction of the Bradman Museum and the name change to Bradman Oval to commemorate national cricketing history. Aesthetically, the park's simple layout is further enhanced by the combination of mature Eucalyptus and deciduous trees which complete the surroundings.'

The listing sheet for the Museum and Grandstand does not provide a Statement of Significance. The Historical Notes part of the listing sheet for the Oval, however, provides an insight into why they are listed:

'Glebe Park was opened in 1909. On October 14, 1989, the Bradman Pavilion was opened in the presence of Sir Donald and Lady Bradman. Since then, the Museum has become one of the major centres for the understanding of cricket in Australia. The museum commemorates Sir Donald Bradman, the greatest cricketer to ever play the game. Bowral was the town where Sir Donald first played cricket. The Museum is opposite his former home and adjacent to the Bradman oval. It was on the oval in 1925 that Bradman scored a sparkling 234 for Bowral against the Wingello team that included Bill O'Reilly. The museums collection ranges from an oak bat of the 1750's through to Allan Border's helmet used during the 1989 Ashes series. Objects associated with Sir Don's career which are on display include the bat he used at Headingley in 1934 to score his second highest Test innings of 304.'46

The principal view corridors to and from these items are obtained from St. Jude Street, Glebe Street, Boowley Street and Glebe Park. The Hospital forms part of the wider setting of these items. It is noted that the Museum presents a blind elevation to the Hospital and that the Oval is well recessed from the Hospital. The Oval lies partially behind the Museum and is partially screened by the trees in Glebe Park. The Grandstand lies behind the Museum; there are no direct view corridors between it and the hospital site. The principal view corridors out of the Grandstand are over the Oval

WEIR PHILLIPS HERITAGE AND PLANNING | Bowral & District Hospital HIS | September 2019

 $^{^{46}}$ 'Bradman Oval', Glebe Park, St. Jude Street, Bowral. Wingecarribee Heritage Inventory, Study No. WI051.

and away from the Hospital site.

Refer to Figures 50 to 52.



Figure 50: The Bradman Oval from St. Jude Street. Google Maps.



Figure 51:
The
Grandstand
from St. Jude
Street. The
Milton Park
Wing of the
Hospital is
just visible in
the distance
on the right
hand side of
the
photograph.
Google Maps.



Figure 52: The Museum from within Glebe Park. This is the elevation presented to Bowral Street and the Hospital site. Google Maps.

Schedule 5 Part 1: Conservation Areas

The following conservation areas, listed by Schedule 5 Part 2 of the *WLEP 2010* are located in the vicinity of the site:

Bowral Conservation Area, Bowral (C59, C89 and C235)

The Wingecarribee Heritage Inventory Sheet provides the following statement of significance for the Conservation Area:

'The Bowral Urban Conservation Area is significant as an urban cultural landscape which provides evidence of the phases of major development of the town of Bowral. Each precinct has a different character and presents different aspects of town foundation and growth. Periods represented range from its establishment as a private town in the 1860s through to the interwar period. Functions represented include residential, civic, religious and educational. While the nature of the buildings and the gardens, public and private, illustrate the importance of Bowral as a 'rural retreat' for wealthy Sydneysiders in particular, associations with other community groupings are also represented in more modest vernacular streetscapes which are included in the Area.

In addition to the historical attributes the precincts in the Area, possess significant streetscapes which, considered as a whole, reveal the harmonious townscape.'47

The principal view corridors associated with this Conservation Area are towards individual elements within the conservation area and along the streets within the Conservation Area. The hospital site forms part of its immediate setting and is visible in view corridors out of the Conservation Area. The closest section of the Conservation Area to the Hospital lies on the northern side of Bowral Street and includes the items identified above.

4.3 View Corridors to/from the Site

Given that the buildings on the site are predominately one and two storey, there are no long distant view corridors towards the site from the surrounding area. The Hospital does not have landmark status within the surrounding area.

The following view corridors are noted:

- The original Hospital buildings were built to address the north east and the principal entrance from Bowral Street. Later buildings interrupt views towards the principal elevations of these buildings from the public domain. These buildings are no longer visible from Bowral Road. There are view corridors towards rear and side elevations from Sheffield Road and Ascott Road.
- The former New Hospital was built to address the north east. There are views towards the front of this building from the public domain from Mona Road and Bowral Road across the landscaping that characterises the north eastern corner of the site. This is the most important surviving view corridor into the site from the public domain that dates form a specific period. In contrast, the original views towards the original buildings and the Milton Park Wing have been lost or modified. There are view corridors across the site from this building to the north east.
- Views towards the Milton Wing from the north east have been partially obscured by later buildings. This building is visible in distant view corridors along St. Jude Street and from Ascott Road and Sheffield Road.

⁴⁷ 'Bowral Conservation Area,' Bowral. Wingecarribee Heritage Inventory, Study No. WI0089.

- Within the site, there are short views towards the north eastern elevation of the original hospital buildings from the driveway directly outside of these buildings.
- Within the site, there are view corridors towards the New Hospital from within the landscaped north eastern corner.

4.4 Integrity

As for many country hospital sites of a similar age, the Bowral and District Hospital has continuously evolved over time. The boundaries have been altered on at least three occasions, most recently in the 1990s when the private hospital was constructed on the north western corner of the original site. Similarly, patterns of vegetation, paths and other landscaping elements have changed over time. The planting in the north eastern corner of the site predominately dates from the mid-1930s. There may be remnants of early planting around the original hospital buildings, though little of the overall scheme suggested by early photographs remains in evidence.

The pattern of buildings on the site has altered over time as buildings have been demolished, erected and altered. All the buildings surviving from the Federation and Interwar periods have undergone some degree of alteration and addition over time. They are, however, generally recognisable as being of their period.

4.5 Comparative Analysis

The *Heritage Assessment April 2007* identified several rural hospitals directly comparable to the Bowral and District Hospital, in terms of length of operation, building type, community involvement and evolution. The examples cited are Armidale and New England Regional Hospital (first building c.1882); Bellingen River District Hospital (first building, c.1902); Glenn Innes District Hospital (first building c.1877); Inverell Hospital (first building 1874); Nepean Cottage Hospital (first building, c.1880-1890) and Yass District Hospital (first building c.1889).

As at Bowral, each of the above hospitals opened at a time when a local township was beginning to expand and growth. The hospitals were managed in similar ways; operated through a combination of donation and government funding; and were upgraded in a manner that demonstrates the evolution of hospital design in the twentieth century. The buildings on the site are all representative, and not outstanding, examples of their respective architectural periods and styles.

4.6 Significance

4.6.1 Under NSW Heritage Division Criteria

There are a wide variety of reasons why a site is considered to have potential heritage significance. A place could be associated with a significant phase(s) of history, with people or events of great importance, or could be part of an important historical pattern. A place could be aesthetically pleasing or constructed with an unusual degree of technical skill; it could be of great social significance to an identifiable group of people. A place could be rare and/or endangered, or a representative example of a valuable group of places.⁴⁸ In short, heritage places may vary greatly in character, but have in common the ability to:

⁴⁸ NSW Heritage Office and DUAP, 'Altering Heritage Assets', *The NSW Heritage Manual*, Sydney, NSW Heritage Office and DUAP, 1996, pp.1-2.

'...show how Australians have responded physically, emotionally, socially and architecturally to the environment and how places have been variously occupied, used, ignored, refined, degraded or associated with Australian society over time.'49

The site is assessed for significance under the following criterion of the New South Wales Heritage Division.

Criterion (a)

An item is important in the course, or pattern, of New South Wales' cultural or natural history (or the cultural of natural history of the local area)

The Bowral and District Hospital has local historic significance as a place from where medical services have been continuously provided to the people of Bowral and the surrounding districts from 1889 to the current day. From this time, the site has been the focal point for the delivery of medical services in the area. As for many hospital sites across New South Wales, the site demonstrates state-wide patterns concerned with changing medical practice and technologies. The site demonstrates a strong continuity of use, despite the lack of integrity demonstrated by some individual buildings.

The Bowral and District 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.

Criterion (b)

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

Bowral and District Hospital has local significance as a place of significant and widespread community involvement. The site is directly associated with many individuals- doctors, matrons, nurses and other staff- who have worked in the Hospital since 1910, and with people who have served on the Hospital Board or on voluntary committees. Many of these people have had strong and significant ties to the local community. Associations are expressed on site in fabric (for example, memorial plaques and honour rolls) and in the names given to buildings (for example, the Milton Park Wing).

Bowral and District Hospital has some significance for its association with architects who have designed buildings on the site. The original buildings are identified as having been designed by architect Harry C. Kent. It is not known if Kent designed any other hospitals. His other identified works in Sydney, notably *Mount Royal* in Strathfield and *Caerleon* in Bellevue Hill, are more substantial and better examples of his abilities as an architect. The New Hospital is associated with the Government Architects Branch under Edwin Smith. It is a representative example of the small body of works identified as being carried out by the Government Architects Branch under his guidance. The Milton Park Wing is associated with the Government Architects Office under Ted Farmer and little known Spencer, Hanson and Partners. The Milton Park Wing is typical of a hospital building of this period; it is not an understanding example of this type. Its presentation to the north east has been partially disrupted by later buildings.

Criterion (c)

⁴⁹ NSW Heritage Office and DUAP, Conservation Areas: Guidelines for Managing Change in Heritage Conservation Areas, NSW, NSW Heritage Office and DUAP, p.3.

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

The Bowral and District Hospital contains buildings that are representative of rural hospital buildings of the Late Victorian, Interwar and Post World War II period. Many of these buildings, particularly the original Late Victorian period buildings, have undergone alteration and addition over time. The buildings are representative, and not outstanding, examples of their respective architectural periods and styles. There appears to be a long tradition of care in landscaping the site, including the provision of trees and advice from the Royal Botanic Gardens, Sydney, and the appointment of honorary landscape architects. There are specimen trees throughout the grounds, most notably close by the original hospital buildings and in the north eastern corner of the site.

Criterion (d)

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

The Bowral and District Hospital is likely to have local significance under this criterion because of its long standing and ongoing association with health care. The community has been closely involved in the Hospital since 1889 through raising funds and providing voluntary services. Hospitals are places of major events in the lives of individuals in the community including births, serious illnesses, accidents and deaths. Individuals and families often have strong feelings and associations with these sites. The significance of the site to the local community goes beyond the health services it provides.

Criterion (e)

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

Beyond an ability to demonstrate the expansion of health services to the area over time, the Bowral and District Hospital does not have the potential to yield information not readily provided by other rural hospital sites.

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)

The Bowral and District Hospital is not rare.

Criterion (g)

An item is important in demonstrating the principal characteristics of a class of New South Wales (or a class of the local areas):

- Cultural or natural places; or
- Cultural or natural environments

The Bowral and District Hospital site is typical of a rural hospital that has expanded to meet the changing needs of the surrounding area over a long period of time. The original hospital buildings are typical of the Late Victorian period (albeit with later alteration); the New Hospital is representative of the Interwar period; and the Milton Park Wing is representative of immediate pre and post World War II buildings.

4.6.2 Discussion of Significance

Bowral and District Hospital site is not subject to any statutory or non-statutory heritage listings. Nevertheless, the site does have some significance, particularly social significance, arising out of strong, sustained, community ties and associations. The following is noted:

- The Bowral and District Hospital has local significance as a place from where medical services have been continuously provided to the people of Bowral and the surrounding districts from 1889 to the present day. From that time, the site has been the focal point for medical services in the area and has evolved in line with the community it serves. The site demonstrates a strong continuity of use.
- The Bowral and District 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 1889, 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 auxiliaries have close and sustained ties to the Hospital. Associations are expressed on site in fabric (such as plaques and memorial boards) and in the naming of buildings, such as the Watson Building and Milton Park Wing.
- The Bowral and District 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. The site retains good, but not outstanding, examples of Late Victorian period hospital buildings, an Interwar Georgian Revival Style building and a Post World War II Functionalist Style building. All the buildings on the site have undergone some alteration and addition over time. The Interwar period 'New Hospital' lies within a landscaped setting originating from its period of construction. There is remnant planting associated with the original Hospital.

4.6.3 Relative Significance

The various elements of a place may make different contributions to its heritage significance.

The significance of the main elements of the site have been assessed. The different rankings used are as follows:

- A Exceptional: elements identified as being of exceptional significance include those which are rare or outstanding in their own right and/or are fundamental to demonstrating the significance of the site. These elements will usually display a high degree of integrity.
- B High: elements identified as being of high significance represent those elements which provide evidence of a key phase in the history of the site's development or that of the surrounding area. These elements may not be as distinctive as those classified as being of exceptional significance, yet still strongly embody the heritage values of the place. These elements may display some loss of original fabric, provided that these alterations do not detract substantially from significance.
- **C Moderate:** elements identified as being of moderate significance consist of those elements which are not individually significant, but which when considered within the context of the site as a whole nevertheless have some significance. Such elements generally provide coherence, context and/or links between other significant elements and contribute to the understanding of the evolution of the site. Moderately significant

- elements may have been altered or modified; they may contribute to the interpretation of the site.
- **D Neutral:** neutral elements neither contribute nor detract from the significance of a site.
- X Intrusive: elements identified as intrusive are those elements which, while they may potentially contribute to a comprehensive understanding of the evolution of the site and how it has been used, have no historical value and/or are located in a manner which is unsympathetic to or detract from the significance of other significant elements.

None of the buildings on the site are considered to have 'exceptional' significance. The rankings provided by the *Heritage Assessment April 2007* are revised as follows.

Key	·	Ranking
Eme	ergency Accommodation Unit	D
Mer	ntal Health Unit.	D
Ber	rima Cottage.	В
	versity of Wollongong. Former Division of eral Practice (originally Nurses' Quarters).	В
Clin	nics, Former Berrmia District Cottage opital	В
Clin	ics, formerly Staff Amenities	D
Car	diac Assessment (Watson Building)	С
Осс	upational Therapy and Social Work	С
Ima	ging Centre	D
Acc	ident and Emergency and Short Stay	D
Milt (19	ton Park Wing, now various functions 61)	С
For (19	mer New Hospital, now various functions 35)	В
Lau	ndry/Maintenance Depot Workshop	D
Sto	res/Laundry Store	D
Mai	ntenance Department	D
Moi	gue	В
Am	bulance Service of NSW	D
Mai	n Switchboard	D
Die	sel Fuel Store	D
Gar	age	D
Elec	ctrical Plant	D
	tural plantings- North-east- adjacent vral Road _ Mona Road	В

Cultural landscape plantings- Old Hospital Precinct	В
Bowral Street Hospital Car park	D
Ascot Road Hospital Car park	D
Internal access road of Sheffield Road	В



Figure 53: Relative Significance.

Key: High significance: Pink. Moderate: Orange. Neutral: Green.

4.6.4 Archaeological Potential

A detailed archaeological assessment of the site has not been carried out. The following provides general remarks only.

The results of a search of the Aboriginal Heritage Information Management System (AHIMS) indicate that there known Aboriginal sites or places recorded on or within 1,000m of the site.

The remains of buildings and other elements, such as pathways, removed from the site may survive below the surface. The evolution of the site is well documented in plans held by the Department of Commerce and in written sources. The brief assessment above suggests that it is unlikely that archaeological remains would provide information about the layout and buildings on the site not available from other sources.

There may be deposits from buried rubbish on the site.

5.0 HERITAGE IMPACT STATEMENT

5.1 Scope of Works

NSW Health Infrastructure is seeking to lodge an application to modify the SSDA approval to capture minor changes to Levels 2 and 3 of the Hospital.

The modifications can be summarised as follows:

Level 2

- Additional Level 2 floorspace to accommodate hospital service rooms and backof-house facilities (including a Central Sterilising Department (CSD), pharmacy, and bathrooms);
- Additional 317.52 sqm GFA;
- Minor changes to roof pitch and building elevations; and
- Minor changes to cladding and façade treatment (including external materials and finishes).

Level 3

- Extend Level 3 floorspace to accommodate plant room and an additional egress point;
- Additional 176.4 sqm GFA;
- Suspended walkway over the roof; and
- Minor changes to external materials and finishes.

5.2 Effect of Works

5.2.1 Method of Assessment

The following is a merit-based assessment. It is concerned with heritage matters only. It does not consider general planning or environmental impacts, except where there would be an adverse impact on significance.

The following is written within an understanding of the requirements for Heritage Impact Statements as set out in the NSW Heritage Division publication *Statements of Heritage Impact* (2002 update).

5.2.2 Effect of Work on the Heritage Items and Conservation Area in the Vicinity of the Site

Part 5.10 of the *Wingecarribee LEP 2010* requires that the impact of the proposed works on heritage items and Conservation Areas in the vicinity of the site be considered. As identified above, there are two heritage items and one conservation area in the vicinity of the site. The impact of the proposal on each is considered below.

Bradman Oval and Bradman Museum Collection and Grandstand (I541 & I469)

The impact of the proposed works on these two items is considered concurrently, considering their close historical, social and geographical relationship to one and other.

The proposal will have no impact on the heritage significance of the above items for the following reasons:

- The proposed works will have no physical impact on the fabric of these items or on their curtilages.
- The proposed works will have no impact on the ability to understand the historic and social significance of these items, which are, to a large extent, contained within the curtilage of their heritage listings (I541 & I469). The items and the Hospital do not have strong ties arising out of a similarity of purpose or a shared history. There

are no significant relationships arising out of similarities in form, massing, scale or architectural style.

Given the above, the Hospital does not help to explain the significance of the items.

- Although the new hospital building will constitute a major built element on the site, it will not block view corridors towards these items from the public domain as the modification to the approved building is limited to three levels.
- The proposed works will have no impact on significant view corridors out of the Museum. The significance of the Museum lies not in the building or its setting, but in its contents. The Museum building does not address the Hospital site or the section of Glebe Park that lies between it and Bowral Road. To the Park and the Hospital, it presents a blind elevation.
- The proposed works will have no impact on significant view corridors out of the Grandstand. The Grandstand is concealed from the Hospital, and vice versa, by the Museum. The principal view corridors from the Grandstand are across the Oval and thus away from the Hospital site.

The proposed works will form part of the setting of these items to the south and may be visible within view corridors towards them. The impact is acceptable for the following reasons:

• The Bradman Oval is physically well removed from the Hospital site. The wide, tree lined Bowral Street and Glebe Park provides a clear physical and visual separation. The Oval is well set back from Bowral Street and the Hospital site.

The proposed works on the Hospital site will not impact upon the overall ability to appreciate and enjoy the significance of the Bradman Oval, Grandstand or Museum.

Bowral Conservation Area (C59, C89 and C235)

The proposed works will have no impact on this Conservation Area for the following reasons:

- The proposed works will have no impact on the ability to understanding the historic, social and aesthetic significance of the Bowral Conservation Area.
- The proposed works will not block any significant view corridors within the Conservation Area.

The proposed works will form part of the wider setting of the Conservation Area and will be visible in view corridors from the outer parts of the Conservation Area. The impact is acceptable for the following reasons:

- The wide tree lined streets that surround the Hospital define the Hospital (and the Private Hospital) as a distinct entity. The buildings are clearly identifiable as institutional buildings, as opposed to the individual dwellings that comprise the majority of the Conservation Area outside of the town centre.
- The loss of trees will be mitigated by new planting, which will mature and contribute to the wider setting of the Conservation Area over time. The proposed works retain the existing boundary planting which will obscure much of the proposed works.
- Views into the site from the south eastern corner of the Conservation Area (that part of the Area that lies on the northern side of Bowral Street) into the north eastern corner of the Hospital site will remain open. This is the most important surviving view corridor into the site from the public domain that dates from the construction of the building it is most associated with.

5.2.3 Effect of Work on the Site

In assessing the impact of the proposed works on the site, it is noted that the site is <u>not</u> subject to any statutory or draft statutory heritage listings. In terms of the impact on the significance of the site identified by this assessment, the following is noted:

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

 Where social significance is one of the dominant aspects of a site's significance, 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 social significance of the site. As medical delivery systems evolve, so too must the buildings in which they are delivered. The Bowral and District Hospital has continually evolved to meet changing public needs. The proposed new works represent the next stage of evolution.

The continuity of social significance lies in the delivery of services. Were the place not to be renewed, use would decline and with it, its ongoing social significance. In short, the proposed works will maintain its social significance. Improving the services that it provides will enhance social significance.

• The proposed works respect the significance of the site by retaining the oldest and most significant buildings on the site, which are those belonging to the first phase of the Hospital's development. The proposed building is separated from these buildings by other, extant, buildings and will not block view corridors towards them from within the site or from the public domain. The principal buildings from the subsequent main phases of development- the interwar period New Hospital and the Post World War II Milton Park Wing- are also retained.

With regard to the proposed extension, the principal view corridor towards this building- from across the landscaping in the north eastern corner of the site- is retained.

The following aspects of the proposal could detrimentally impact on heritage significance:

• No component of the proposed modifications will have a detrimental impact on the heritage significance of the site.

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

 No sympathetic solutions have been considered and discounted for the proposed modifications as their current form does not have a heritage impact on the site or items in the vicinity.

The hospital re-development presented has been developed in conjunction with a wide variety of disciplines. It will allow the delivery of the necessary services, within the available budget and will allow the staging of works in a manner that will allow the hospital to keep functioning.

6.0 CONCLUSIONS

This Heritage Impact Statement has provided a brief heritage assessment of the Bowral and District Hospital. A hospital, originally the Berrima District Cottage Hospital has operated continuously on this site since September 1889. Buildings from this initial phase of development survive, albeit altered. As the population of the area grew and provision of medical treatment evolved, the hospital expanded. Buildings from all major periods of expansion on the site survive. This process of evolution is typical of many district hospitals. The long period over which this site has operated as a hospital, together with significant community involvement at various levels, means that the site has a high degree of social significance.

The Heritage Impact Statement has considered the potential impacts of the proposed modification to the approved hospital redevelopment. Given that the Hospital is not subject to any heritage listing, the primary concern is the potential impacts of the proposed works on heritage items and conservation areas in the vicinity of the site.

The nearest heritage items to the site are the Bradman Oval, Grandstand and Museum, located to the north, on the opposite side of Bowral Street are the only items in the direct vicinity. The proposed works will have no impact on the fabric of these items or on their historic and social significance. The proposed works will have no heritage impact on their wider setting.

The proposed works will similarly have no impact on the historic significance of the Bowral Conservation Area, also located on the northern side of Bowral Street, and a minimal and acceptable impact on its wider setting.

Although not subject to any heritage listing, an earlier heritage assessment of the site, has determined that the site has some local historical and social significance, together with some aesthetic significance arising out of the Pre-World War II buildings on the site and the landscaping. The proposed modification to the design of the new building is located away from the most significant buildings on the site, being the late Victorian period cottage hospital buildings, which are retained.

The proposed works are vital if the Hospital is to continue to serve the people of Bowral and the surrounding district. The social significance of the site is supported and further developed by the proposal. The impact on the historic and aesthetic significances can be managed as designs are further developed.