



CONCORD REPATRIATION GENERAL HOSPITAL

CONSERVATION MANAGEMENT PLAN

PREPARED FOR
CENTRAL SYDNEY AREA HEALTH DISTRICT

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- Appendix B: Heritage Listings
- Appendix C: Social Context of Concord Repatriation General Hospital Site for War Veterans
– an Oral History Interview conducted at the hospital on Monday, 31 January 2000,
edited transcript

1 INTRODUCTION

1.1 Brief and Objectives

In May 1999 the Central Sydney Area Health Service (CSAHS) commissioned Conybeare Morrison and Partners to provide a Conservation Management Plan (CMP) for the Concord Repatriation General Hospital.

In February 2015, the Central Sydney Area Health District (CSAHD) commissioned Conybeare Morrison International Pty Ltd (CM+) to update the CMP for the Concord Repatriation General Hospital.

1.2 Methodology and Limitations

The methodology used is that outlined in the Heritage Assessment Guidelines published by the Heritage Council of New South Wales.

The terminology used is that defined in the Australian ICOMOS Charter for the Conservation of Places of Cultural Significance (The Burra Charter, 1988).

The historical outline contained within this report provides sufficient background to assess the place and relevant policy recommendations. However, it is not intended to be an exhaustive history of this site. Its uses, associations and much of the research material is based on secondary, rather than primary material. Whilst this report identifies observable social associations with this place, the report does not include a full social significance assessment. An oral history was undertaken in January 2000.

The fabric analysis for this CMP (2015) was undertaken by Futurepast Pty Ltd and landscape analysis undertaken by Context Landscape Design in February 2015. The CMP Update was prepared by CM+, Futurepast and Context Landscape Design.

1.3 Acknowledgements and Author Identification

Site and existing built fabric was undertaken by Eleanor Banaag and Corine Softley of Futurepast Pty Ltd. Landscape analysis was undertaken by Suzanne Lange of Context Landscape Design. The Conservation Plan has been updated and reviewed by Futurepast and Conybeare Morrison.

1.4 Location of the Place

The site is located in Concord West, approximately 14km north-west of the Sydney CBD. It is situated adjacent to the Parramatta River, between Yaralla Bay (to the south-east) and Bray's Bay (to the north-west). The hospital is sited adjacent to the historical Thomas Walker Convalescent Hospital (to the north) and the Dame Eadith Walker Hospital, south-east of Yaralla Bay (to the south-east). (Figure 1)

The main body of the site of the Concord Repatriation General Hospital is irregular in shape and has an area of about 22 hectares. The site is bounded by:

- Hospital Road – to the north-west;
- Yaralla Bay – to the south-east; and
- Nullawarra Avenue – to the south-west.

The hospital is located within easy access of major north-south and east-west arterial roads, and the railway and bus systems.

The site is within the local government area of Canada Bay. The local government area covers an area of 11.5km², approximately 10½km west of Sydney.¹

¹ Sheena Coupe (1983) "Concord: A Centenary History", p. 1

The site has a moderate slope from its relatively broad frontage on the southern side of Hospital Road down to the foreshores of Yaralla Bay. The developed part of the site has a general cross-fall from west to east and north to south. On the northern side of Hospital Road is the substantial car park for staff and visitors. From the car park the land slopes down to the foreshores of Brays Bay to the north.



Figure 1.1: Site location (outlined in red). Dame Eadith Walker Estate (outlined in blue) and Thomas Walker Estate (outlined in green) (Source: Google Maps – 2015)



Figure 1.2: Aerial of Concord Hospital and surrounding precinct (Source: SixMap, 2015)

Concord today is a largely residential and partly industrial suburb of the sprawling city of Sydney. Concord is a well-defined area bounded on one side by Parramatta River and contained on two more sides by Parramatta Road and the northern railway.

The Concord Centre for Mental Health, occupying the north-eastern section of the peninsula was not included within the current study scope due to restrictions in access. However, this area is historically part of the Hospital site. All buildings within this precinct were demolished for the construction of the Concord Centre for Mental Health in 2007.

1.5 Definitions

Numerous names have been cited with reference to the hospital: they are 113th Australian General Hospital, Yaralla Military Hospital, Australian General Hospital, Concord Repatriation Hospital and Concord Repatriation General Hospital.

The current name of the hospital, Concord Repatriation General Hospital, has been used in general, unless an official document refers to it by one of the other names.

More confusing has been Stephenson and Turner's multi-storey ward building. "Main Block" was the name first used on the Stephenson & Turner drawings and in contemporary literature. Hospital staff has known the building as the Multi- Block, The Multi and Building 69. Documents have also referred to it as the Main Ward Block and the Multi-Ward Block. Throughout this report it shall be referred to as the "Multi Block".



Figure 1.3: Existing site and building layout – 2015 (Source: Jacobs – CRGH Masterplan Report)

2 HISTORIC OVERVIEW OF THE HOSPITAL SITE

2.1 Early Indigenous Site Development

2.1.1 Aboriginal Occupation

Aboriginals occupied the area around Sydney for at least 20,000 to 30,000 years before European settlement. Dharug speakers occupied the area between Sydney and Botany Bay that extends across the Cumberland Plain and into the Blue Mountains.

In the 2000 years before Europeans arrived, the Hawkesbury- Nepean, Lane Cove, Georges and Parramatta Rivers became a focus for Aboriginal communities. The Aboriginal people who inhabited the Concord area belonged to the clan of 'Wangal', 'Wangol' or 'Wanegal'. Their territory extended from Birchgrove almost to Parramatta and was called 'Wanne'.

The rich resources of the coast and Parramatta River would have meant that the Aboriginal population of the Concord area would have been predominantly fishers and because of the abundance of aquatic resources would have been a less mobile community than the aboriginal populations of the plains and woods.

The Aboriginal population had an intimate knowledge of their environment and a range of skills that ensured their survival. In the Concord area they possessed a highly specialised technology for fishing and gathering. Fishing was carried out by both men and women, though they employed different methods. Men fished with multi-pronged fishing spears, while the women used hooks and lines. The shaft of the fishing spear was made from the flower stalk of the grass tree *Xanthorrhoea*. The fishing hooks were made from shell, wood, bone or baited bird claws. When fishing, both men and women used canoes formed from tree bark, particularly the *Casuarina*. Men reportedly travelled to Parramatta to obtain the best bark. Campsites were located close to the shore, particularly during the summer months when fish were a staple diet². It is possible that fish traps were used. The river possibly contained large numbers of platypus, hunted with short wooden spears.

The women and children would have gathered fruits, roots and small game. The major protein component of the diet would have been provided by the men. Along the river, the men possibly used traps and to ensnare birds. Other traps were formed of underwood and reeds, long and narrow, shaped like a mound raised over a grave, with a small aperture at one end for the admission of the prey³. Traps were found to contain quail feathers, while others were used to trap rats and bandicoots.

The recurring pattern of the seasons played an important part in the Wangal's constant quest for food. Each autumn, as the weather became cooler, the supply of fish declined. Foods from the land were used to supplement the clan's diet. Women and children spent a greater part of each day searching for and collecting yams, wild figs, edible roots and cabbage tree palm hearts.

The men of the clan used fire to smoke out possums from the treetops and to force bees from their nests so that they could gather the sweet wild honey within. They caught lizards and snakes and hunted kangaroos, wallabies and emus. Unlike the fishing spears, those used for hunting had a single hardwood prong. Men of the Wangal also carried shields, boomerangs spear throwers, clubs and net bags.

As the Sydney area abounded in wood, bone and shell, most weapons, tools and artefacts were fashioned from these materials. The hatchet, the Aborigines' most important and versatile implement, was made with stone from the Hawkesbury River, despite its scarcity.

Shelter included overhanging rocks that provided sufficient protection from the elements. Bark huts, usually large enough for between six and eight people, were also built.

² JL Kohen and R Lampert, "Hunters and Fishers in the Sydney Region", from DJ Mulvaney and JP White, *Australians to 1788*, Vol.1, Fairfax, Syme and Weldon, Sydney, 1987, p.354

³ Watkin Tench, (1797, 1791), *Sydney's First Four Years*, Library of Australian History, Sydney, pp.154-55

The Kuringai rarely wore clothes. They decorated their bodies with a number of ornaments, ranging from bones and feathers to dingo tails. Sometimes they cut their flesh with shells to produce raised scars. Ceremonial life was rich and complex. It provided the clan with a sense of communal identity and renewed the people's spiritual bond with the land upon which they were dependent. The most significant ceremony of the Wangal, and of all Aboriginal clans, was the initiation of young men into full membership of the tribe.

The soft shale rock along the riverbank around Concord was not suitable for engraving or long-lasting painting and no authenticated Aboriginal sites have been recorded in the municipality. However, sandstone outcrops at Birchgrove, Abbotsford and Chiswick provide evidence of hand stencils painted by members of the Wangal clan more than 200 years ago. Rock engravings in nearby Ryde and Gladesville also confirm an Aboriginal presence in the district.

The Parramatta River was vital to these nomadic hunters and gatherers for it provided an essential source of food. Although the Wangal, like other Aboriginal groups, travelled from place to place trading and searching for food, their home territory was the land on the southern bank of the Parramatta River. When the Europeans invaded their land, the Wangal were forced to retreat to alien territory. Not only were their sources of food taken from them, but many perished when they lost their spiritual link with the land that succored them.

The arrival of Europeans destroyed the delicate balance between resources and population, driving groups away from their traditional areas due to increased competition for food and other resources. When the smallpox epidemic of 1789 spread, the Aboriginal population, which was unprepared and unprotected against such diseases, was further decimated, changing forever the social, cultural and economic organisation of Aboriginal society.⁴

2.1.2 Aboriginal Archaeological Potential of the Site

The Brays Wetlands and mangroves would have provided ample fish and water bird life for the aboriginal population. It is likely that the area would have provided potential for aboriginal campsites, given its close proximity to the shores of the river. No evidence has yet, however, come to light.

Photographic documentation indicates that preparation for the construction of Concord Repatriation General Hospital in 1941 entailed the bulldozing and excavation of the site and the removal of native vegetation. This would have undoubtedly removed the bulk of shallow archaeological deposits. This in turn would have resulted in the removal of aboriginal archaeological potential of the site.

2.1.3 Aboriginal Archaeological Sites

Known Aboriginal objects and sites are recorded on OEH's Aboriginal Heritage Information Management System (AHIMS). A basic preliminary search of the AHIMS database indicates two Aboriginal sites and no Aboriginal places recorded in or near the location. It is considered unlikely that the two recorded Aboriginal sites are located specifically within the Concord Hospital site, however, this will require further investigation.

⁴ Sheena Coupe, 1983, Concord A Centenary History, Council of the Municipality of Concord, Concord, pp.1-8

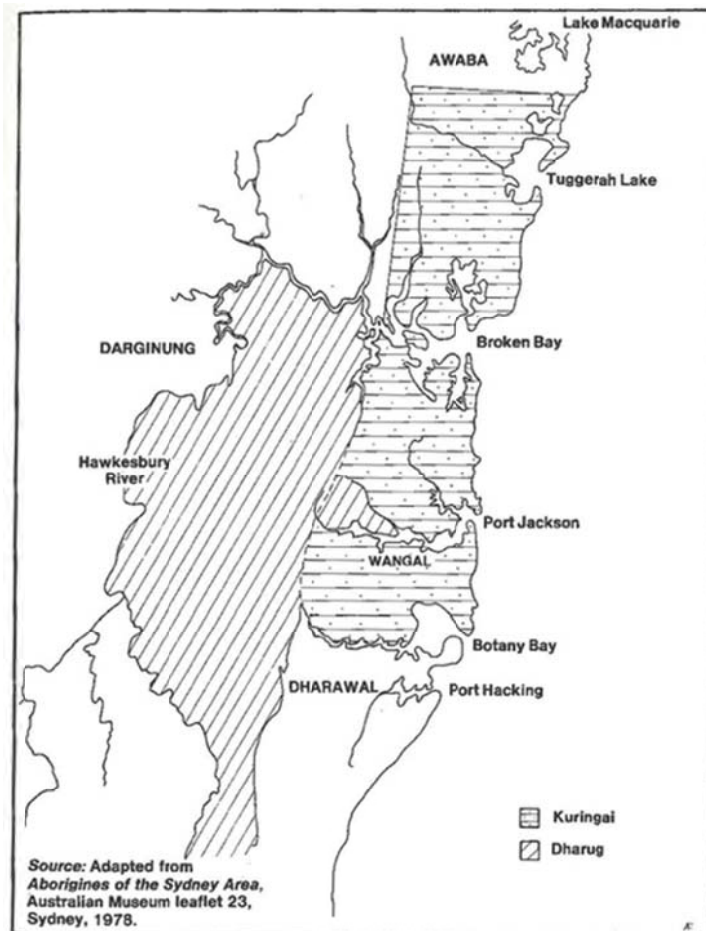


Figure 2.1:
Distribution of Aboriginal Tribes around Sydney
before 1788
(Source: Sheena Coupe (1983) "Concord: A
Centenary History", p. 9)

2.2 European Settlement and Occupation (1790-1840)

The following overview of European settlement and occupation was primarily adapted from Sheena Coupe's "Concord: A Centenary History"⁵. Where other sources have been used, they have been identified.

2.2.1 Settlement and the First Land Grants

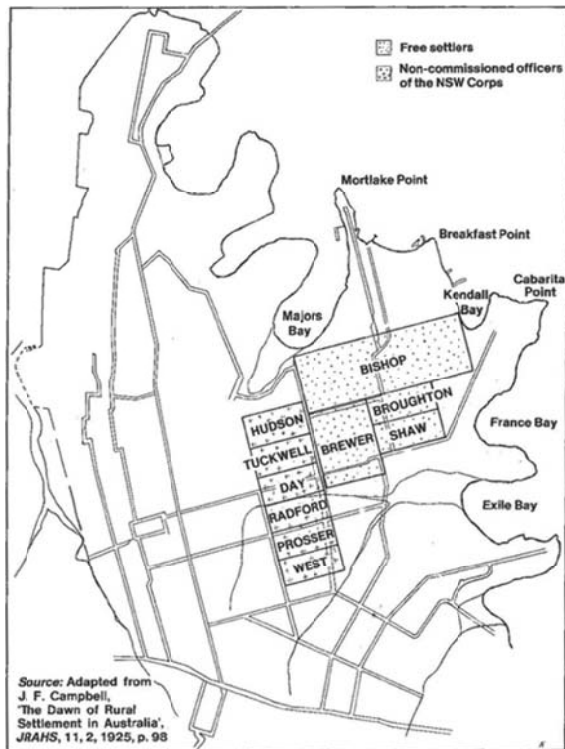
Exploration of the several tidal arms of Port Jackson began as soon as Arthur Phillip had fixed on Sydney Cove as the site of the convict settlement in 1788. A settlement at Parramatta was established that same year.

When Governor Phillip founded the settlement, he expected that its communication with Sydney would be by the main waterway. Three years later, a rough foot track was opened which skirted the southern side of the harbour connecting the two settlements of Sydney and Parramatta. That track became the major thoroughfare – Parramatta Road. Concord's position, almost halfway between the settlements, was to be of vital importance in the district's growth and development.

The earliest settlement in the area took place in 1792, when Governor Phillip established the Government Farm of Longbottom along Parramatta Road. This farm contained 936 acres (379 hectares) and skirted Hen and Chicken Bay (Figure 2.2). Lieutenant-Governor Grose provided the five families with land grants in this stretch of country. The area now includes the suburbs of Homebush, Flemington and Strathfield.

In 1792, Governor Phillip was authorised to grant land to suitable emancipated convicts, marines and officers, and to support them with tools, grain, stock, food and clothes from the government's stores while they were establishing themselves as self-sufficient farmers. By 1792, about sixty land grants representing some 1600 hectares of land had been made. The majority were located around Parramatta.

⁵ Sheena Coupe (1983) "Concord: A Centenary History", published by Council of the Municipality of Concord..



A Parish map of 1837 (Figure 2.3) shows Concord with the names of the grantees and their acreages clearly marked. The land that would ultimately become the site of the Concord Repatriation General Hospital takes up the land owned by James Williamson (40 acres – 16 hectares), M Riley (30 acres – 12 hectares), Thomas Day (30 acres – 12 hectares) and Miller can be clearly seen in Figure 2.3.

The convicts did not make good farmers and as a result, free settlers were encouraged to migrate to the colony and establish viable farms. In 1793, the first free settlers to arrive in Australia landed in Sydney. Up until this point, all inhabitants were convicts, soldiers or civil servants⁶.

Although they lie mostly outside the municipality of Concord, these first grants played an important role in the history of Concord. For administrative convenience, it was useful to concentrate land settlement within defined areas wherever possible. This was useful on a practical basis too, providing greater security for the farms. As a result, further land grants were soon made in the district, this time north of Parramatta Road, in the heart of what is now Concord and Concord West.

2.2.2 Land Grant – James Williamson and “Levy’s Folly” (1798)

Of the land grants around Concord and the hospital, James Williamson’s land became particularly important.

On 15 May 1798, James Williamson was granted 40 acres (16 hectares) and named it Rocky Point. A Mr Levy subsequently owned the land. Mr Levy built a house on the land and rumour has it that, as there was no fresh water in the district, he mixed his mortar with salt water. When the house was almost finished, the mortar, which would not dry, fell out and the building collapsed. Tradition has it that Levy tried once again, constructed his home, made the same mistake and suffered the same consequence. Locally, the land became known as “Levy’s Folly”.

This land was eventually purchased by Thomas Walker and was amalgamated within his Yaralla Estate (also known as the Walker Estate). The Yaralla Estate, in time, became the site of the Concord Repatriation General Hospital.

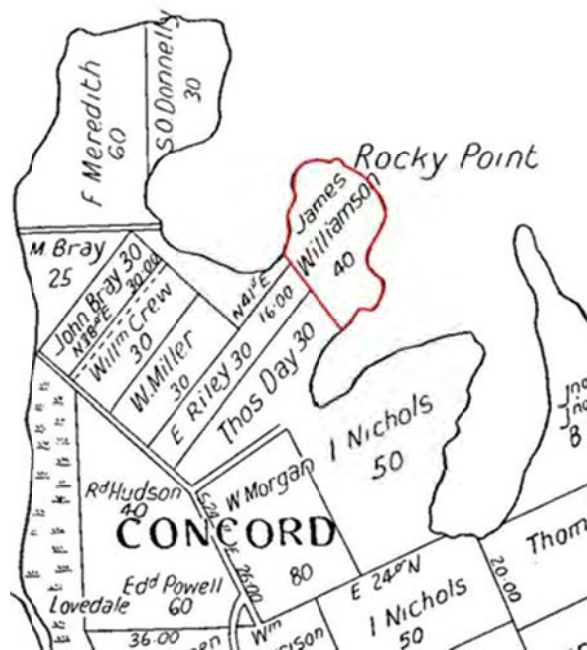


Figure 2.4: James Williamson’s allotment of land, outlined in red
(Source: Geo. M. Shaw (1933), *Concord Jubilee: 1883-1933*, p.6)

2.2.3 Isaac Nichols (1897–1819)

Another important land grant that was to form the Yaralla Estate, was land owned by Isaac Nichols. Born on 29 July 1770 at Calne, Wiltshire, Isaac Nichols, was convicted to seven years transportation for petty theft and arrived in the colony in October 1791 on board the Admiral Barrington.

Nichols’ grant dated from 20 December 1797, measured 50 acres (20.2 hectares) and fronted the Parramatta River at Concord. He established a successful farm, purchased many of the surrounding grants and received a

⁶ “History of Concord and Yaralla” presented by Mr. Lerryn Mutton in Parliament, 15th August 1968, p. 1

2.3 Thomas Walker and the Yaralla Estate (1840-1886)

Extensive research has been undertaken on the contextual history of the Thomas Walker Estates, its founder Thomas Walker and his daughter Dame Eadith Walker, who inherited the estate. (See Appendix F for biographical notes on Thomas Walker and Dame Eadith Walker.) Two conservation plans have been reviewed as background to this study:

- Otto Cserhalmi & Partners Pty Ltd, *Thomas Walker Conservation Management Plan*, November 1997; and
- Rod Howard and David White Architects, in association with DM Taylor Landscape Architects Pty Ltd, *Conservation and Open Place Management Plan for the Dame Eadith Walker Estate, Concord*, January 1994.

Where other sources have been used, they have been identified.

2.3.1 Thomas Walker

Thomas Walker (Figure 2.6) was born in the ancient port of Leith, Scotland on 3 May, 1804. He migrated to Australia in 1822, and set up a business with his uncle, William Walker, in the successful merchant business of William Walker and Co., on Lower Fort Street, adjacent to what is now Walsh Bay. Both Thomas and his brother Archibald, who arrived in Sydney a few years later, bought substantial amounts of capital with them. He acted initially as Australian agents for British whaling companies, but later acted as agents in the pastoral industry.

Thomas Walker displayed outstanding business acumen, and by 1835 had become joint owner of the firm on the retirement of its founding partners. Walker became a Justice of the Peace in 1830, was appointed a magistrate in 1835 and represented Port Phillip in the Legislative Council.

In early 1837, Walker unsuccessfully attempted a career as a pastoralist and then turned to real estate investment. He made his fortune in shrewd real estate speculation in Melbourne and Victoria with early purchases in Geelong and Richmond. As land values in Port Phillip Bay increased, Walker's assets soon exceeded one million pounds, making him one of Sydney's richest men. Commenting on the Walker fortune it has been stated:

*Thomas Walker amassed a vast fortune for two reasons: first, he had a shrewd instinctive grasp of the economic and financial forces at work in his society and was prepared to seize chances where and when they occurred; secondly, he despised ostentatious spending to the point of being considered by some contemporaries as a tightfisted miser.*⁹

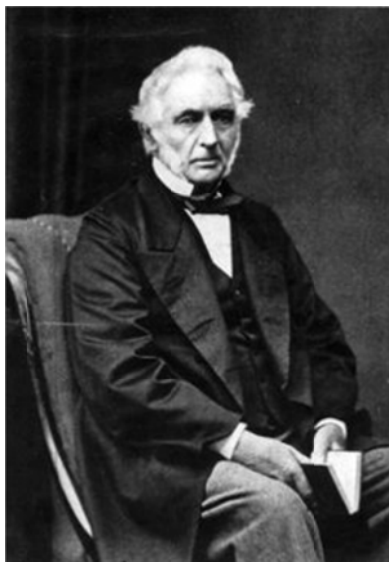


Figure 2.6: Thomas Walker (1804-1886)
(Source: *Australian Dictionary of Biography, Thomas Walker*)

On 25 July 1860, Walker married Jane Hart. On 18 September 1861, Jane Hart gave birth to a daughter, Eadith Campbell Walker. When Jane Walker died in 1870, Thomas Walker's sister, Joanna Walker, was invited to assist in bringing up his daughter. The Walker family adopted Ann Masefield as a companion for young Eadith and they grew up as sisters¹⁰. Anne later married John Sulman who was to become an important figure in the architectural development of the Yaralla Estate.

Thomas Walker died at Yaralla on 2 September 1886 and was buried with his wife, Jane, at St. John's Church of England, Ashfield. Upon his death, he became known as a philanthropist, businessman, magistrate, company director of Australian Steam Navigation Co and president of the Bank of New South Wales between 1869 and 1886.

A provision of his will was that a large convalescent hospital be built on the Yaralla Estate. In a codicil to his Will, Walker set aside £100,000 and the northern part of the Estate, at Rocky Point, for the Thomas Walker Convalescent Hospital for Women. This hospital was completed with £50,000 advance by Eadith Walker. The hospital was designed by Sulman and was opened in 1893.

⁹ Sheena Coupe (1983) "Concord: A Centenary History", Council of the Municipality of Concord, p. 68

¹⁰ Sheena Coupe (1983) "Concord: A Centenary History", Council of the Municipality of Concord, p. 73

2.3.2 The Yaralla Estate

In 1840, Walker bought property on the Parramatta River at Concord. Gradually he acquired the surrounding properties including “Levy’s Folly”, the Nichols’ orchards and Rocky Point. The details of exactly when various parcels of land were bought remain unclear, but by 1860 his estate comprised 124 hectares and occupied a large portion of the present Municipality of Concord. Walker’s land stretched from Napier Street in the south to Killoola Street in the north; to the west it reached beyond the present railway line; and to the east it took in the land around Brays Bay, Yaralla Bay and Majors Bay. In acquiring this land, Walker consolidated the original grants of William Miller, Edward Riley, James Williamson, Thomas Day, William Morgan, Isaac Nichols, William Harrison, Eleanor Fraser, I and J Hortle, William Cole, Stephen Burr, Benjamin Urch, Alexander Ferguson and Isaac Hewin¹¹. Figure 2.8 schematically shows the consolidation of these grants. Walker did little to develop the western part of the estate. He concentrated instead on the more attractive eastern portion, particularly that land in the promontory now known as Yaralla Point.

In 1857, Walker commissioned the prominent architect Edmund Blacket to design “Yaralla”, the grand family residence. Edmund Blacket was an Australian architect, best known for his designs at the University of Sydney and St. Andrew’s Cathedral.

The Yaralla home, designed in the Italianate style, was constructed from stone quarried from the eastern part of the estate. The resulting quarry became the swimming pool (later filled in). Sir John Sulman designed the gardens and outbuildings. Yaralla became the setting for fashionable dinner parties and balls attended by Sydney’s social elite.

Thomas Walker died at Yaralla on 2 September 1886 and was buried with his wife, Jane, at St John’s Church of England, Ashfield. A provision of Walker’s will was that a large convalescent hospital be built on the estate. In a codicil to his Will, Walker had set aside one hundred thousand pounds and the northern part of the Yaralla Estate, at Rocky Point, for the Thomas Walker Convalescent Hospital for Women. This hospital was later completed with fifty thousand pounds advanced by Eadith Walker. The hospital, designed by Sir John Sulman, was opened in 1893.

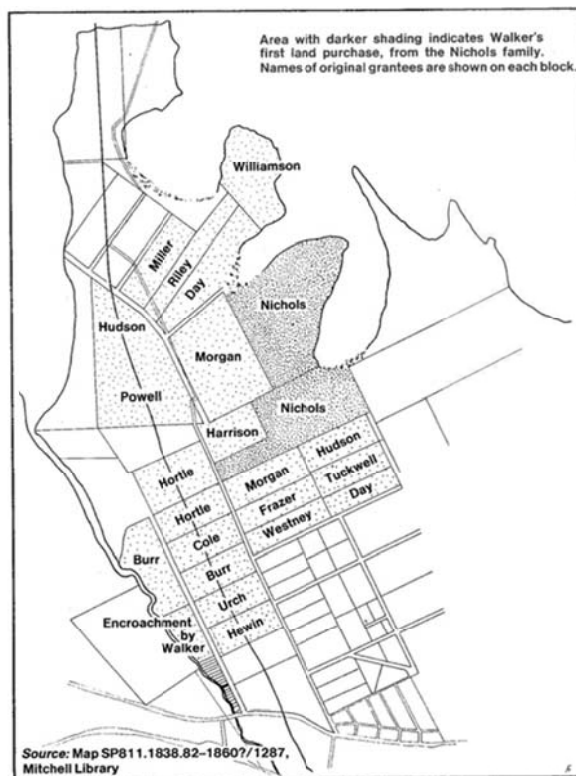


Figure 2.7: Thomas Walker’s Concord Estate, 1860. Darker shading indicates Walker’s first land purchases from the Nichols family, while the lighter shading indicates later land purchases. (Source: Sheena Coupe (1983), *Concord – A Centenary History*, p.70)

¹¹ Sheena Coupe, 1983, *Concord A Centenary History*, Council of the Municipality of Concord, Concord, p.69

2.3.3 The Thomas Walker Hospital: Built 1891-1893

When Thomas Walker died in 1886, part of the estate, known as Rocky Point, was set aside for the foundation of a hospital for women.

The trustees of his will were advised to hold an architectural competition in the interests of securing the best possible design. First place was awarded to a young Sydney architect named John Kirkpatrick. Despite this, the commission was mysteriously given to another architect named John Sulman. No reasons for this change were given publicly¹². Begun in 1891, the hospital was officially opened on 21 September 1893.

Sir John Sulman (1849-1934) was an English architect, responsible for the construction of the Thomas Walker Convalescent Hospital. He was a well-educated, energetic and experienced architect who left behind some 70 churches, at least 20 houses, a number of industrial buildings and a solid reputation as an up and coming member of the architectural profession. An architectural prize, named "The Sir John Sulman Medal" and presented by the Art Gallery of New South Wales, is now presented every year in New South Wales in memory of this prominent architect.

The Thomas Walker Convalescent Hospital was built in Federation Free Classical style with Queen Anne style influences (Figure 2.8). A Dutch Watergate, designed by architects Sulman and Power, was also constructed at the edge of the estate on the Parramatta River. It highlights the importance of water access to the hospital. Most patients arrived from Sydney by steamer and the watergate served as reception.



Figure 2.8: Sulman and Power Architects, architectural drawings of Thomas Walker Convalescent Hospital
(Source: NSW State Library, Sulman and Power Architects, Digital Order No. a1035005h)

Rocky Point was chosen as the site because it was believed that the serenity of the Parramatta River would encourage convalescence (Figures 2.9 & 2.10). The extensive grounds were laid out as a park. They are of important landscape value to the shore of the Parramatta River.

¹² Elisha Long (1990) "Our Mr. Sulman: The Design and Construction of the Thomas Walker Hospital, Concord, 1890-1893", pp. 7-8

The hospital was known as the Thomas Walker Convalescent Hospital and was designed to cater for the poor and needy. It is evidence of late nineteenth century private philanthropy. This hospital lies to the north of the subject site, Concord Repatriation General Hospital.



Figure 2.9: Early view of the Thomas Walker Convalescent Hospital (Source: S. Coupe (1983), *Concord – A Centenary History*, p.76)



Figure 2.10: Thomas Walker Convalescent Hospital (Source: Canada Bay Council, e-Library)

2.3.4 Yaralla Estate and the Dame Eadith Walker Hospital

Dame Eadith Walker (Figure 2.11) was Thomas Walker's only child, and she continued to live at "Yaralla" after her father's death. From 1893-99, Eadith Walker commissioned architect John Sulman to design additions to the residence. These additions included a new entrance hall and a large formal dining room. The gardens were also extensively redesigned and are considered to be the finest example of Edwardian gardens in Australia. The residence and grounds became the centre for parties held to raise funds for charity, and she entertained the elite of Sydney society, including politicians and royalty. In 1914, she 'lent' Yaralla to the Governor-General, Sir Ronald Munro-Ferguson, and it was during his stay, on 30 July 1914, that the cablegram warning of the general war arrived from the Imperial Government in London.



Figure 2.11: Dame Eadith Walker
(Source: S. Coupe (1983), *Concord – A Centenary History*, p.79)

Like her father, Eadith Walker became known for her philanthropic work. Her principal beneficiaries were the Red Cross and returned servicemen. During World War I, Eadith Walker became a major benefactor to returned soldiers suffering from tuberculosis. Between 1917 and 20, she allowed soldiers to camp in the grounds and maintained the army staff without Government financial support. She also built several cottages on Concord Road, known as the Yaralla Cottages, for elderly people in necessitous circumstances¹³.

On Dame Eadith Walker's death, half of Thomas Walker's Estate was passed to the next of kin and the remaining part was placed in a charitable trust fund, management of which was subject to the Walker Trust Act of 1938. The Trustees of the Thomas Walker Estate proposed that the New South Wales Government purchase the Yaralla Estate and the Dame Eadith Walker Estate for £65,000. It was presented to the Government, together with the sum of £35,975, for the purpose of establishing a memorial hospital to be called the "Dame Eadith Walker Convalescent Hospital for Men".

After her death Eadith Walker's residence became a convalescent hospital for men. The Dame Eadith Walker Hospital (Figure 2.5) currently occupies approximately 30 hectares, extending into the Parramatta River between Yaralla Bay and Majors Bay. The present entrance to the hospital grounds is from Nullawarra Avenue. Originally the river formed the main access to the estate and a wharf part of that access route.



Figure 2.12: The Thomas Walker Hospital – 1893
(Source: S. Coupe, *Concord – A Centenary History*)



Figure 2.13: A charity party at Yaralla – 1905
(Source: S. Coupe, *Concord – A Centenary History*)



Figure 2.14: Yaralla, the Walker residence
(Source: S. Coupe, *Concord – A Centenary History*)

¹³ "History of Concord and Yaralla" presented by Mr. Lerryn Mutton in Parliament, 15th August 1968, p. 4

2.4 Subdivision of the Yaralla Estate and Development at Concord

From the 1880s, industrial development was attracted to Concord because of the availability of cheap riverside land. The coming of the railway stimulated residential development in the early twentieth century. Between the wars, many of the old landed estates in Concord were subdivided and sold for residential development. This included the greater part of the Walker Estate which encompassed much of the present day North Strathfield and Concord West.

Dame Eadith Walker began subdividing her estate from 1908. The first subdivisions comprised residential blocks sold at auction. These sales included land from Concord Road west to Queen Street, bounded by Gracemere Street in the north and Shipley Street in the south. In 1911, the second subdivision sold the land from Gracemore Street to Yaralla Street. Subdivisions then occurred annually along the railway line to the north¹⁴ (Figures 2.15 & 2.16).

Concord was transformed from a predominantly rural area to an increasingly urban environment of predominantly Californian Bungalow style housing. Ease of access to the city by ferry, train and car, as well as more affordable home ownership meant that Concord was in a good position for development. The major subdivision, known as Yaralla Park, was auctioned in two sections in 1920 and 1923. Figure 2.17 is a copy of the auction sale notice.

In 1920, Nullawarra Road was constructed and the land between it and Concord Road, and from Colane to Wilga Streets, was subdivided creating 381 blocks. These two subdivisions involved most of the suburb of Concord West. The almost simultaneous subdivision and development meant that homes displayed an homogeneous architecture, which became an important part of Concord's heritage.

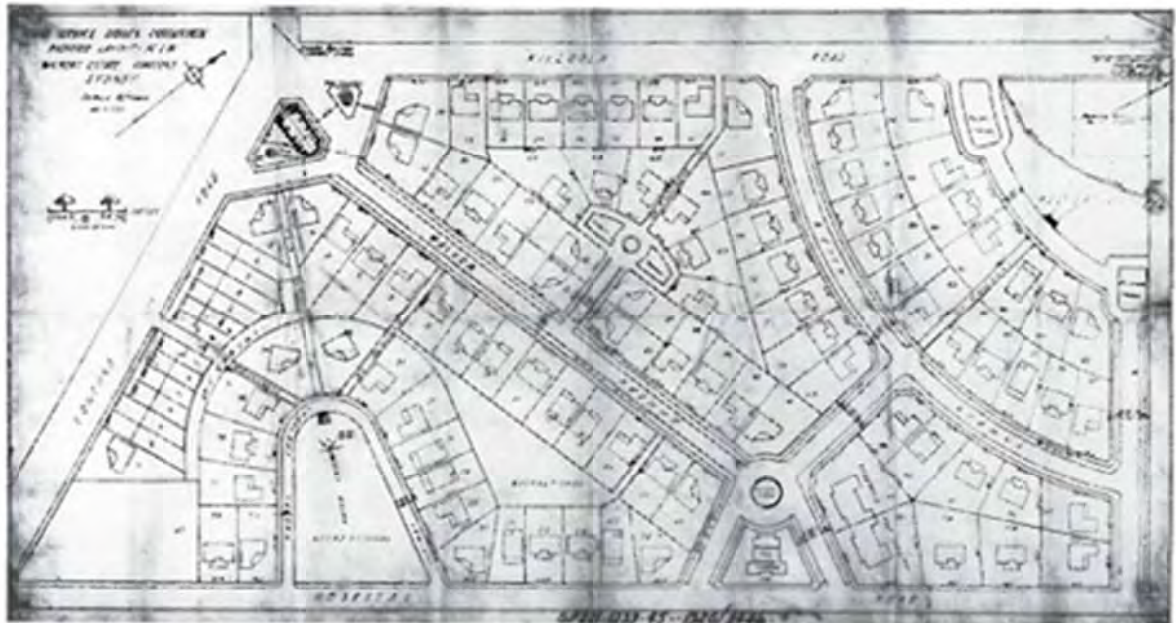


Figure 2.15: An unrealised plan for park of the Walker Estate, prepared by the War Services Homes Commission in 1920. The scheme created several new roads and 'cartways' including Edith Avenue and Walker Avenue
(Source: Sheena Coupe (1983) "Concord: A Centenary History", p. 142)

¹⁴ Sheena Coupe, 1983, Concord A Centenary History, Council of the Municipality of Concord, Concord, pp.140-48

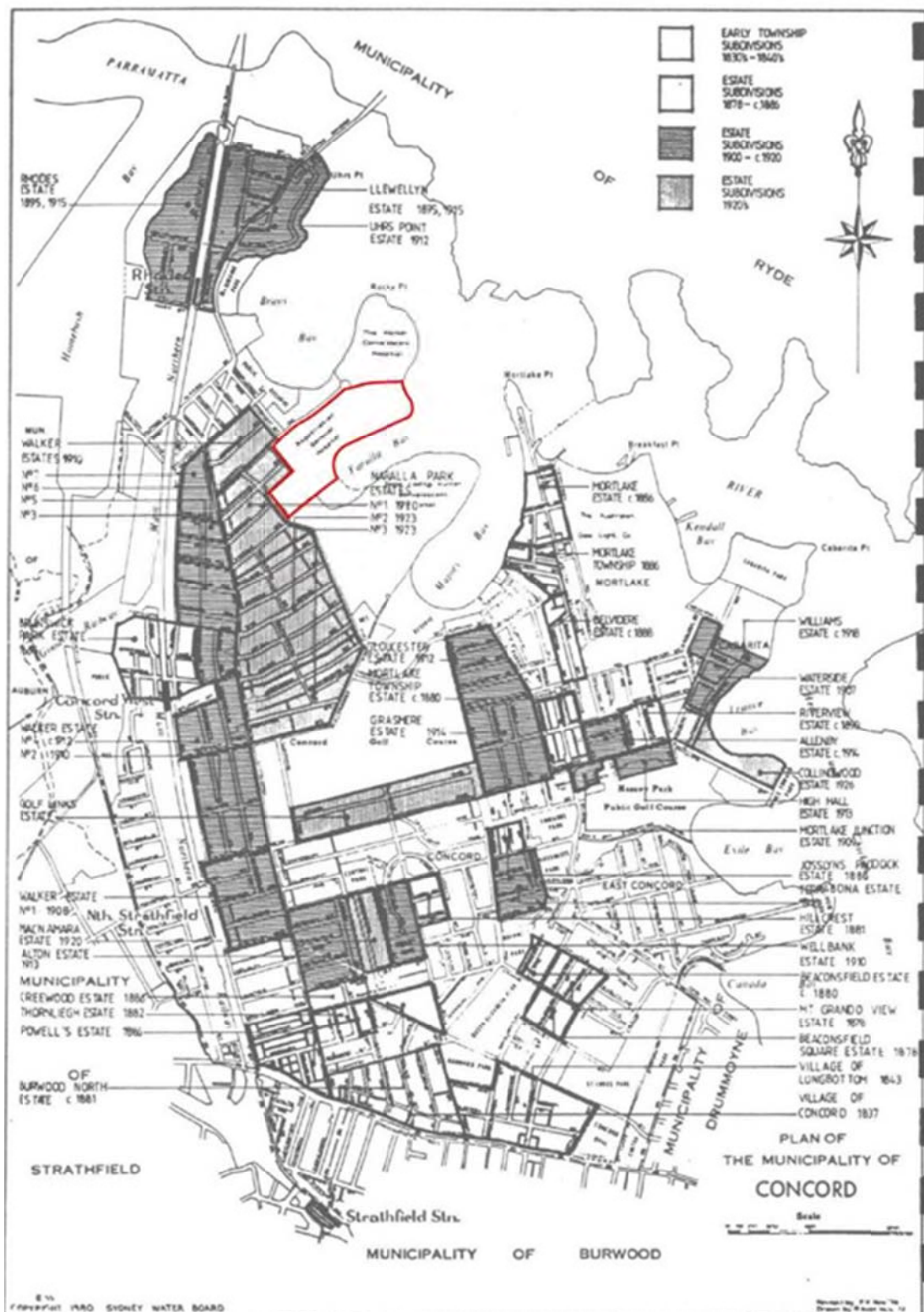


Figure 2.16: Subdivision of Concord area over time, with the Concord Hospital site outlined in red
(Source: G. Karskens (1989), *Concord Heritage Study: Thematic History, The Municipality of Concord*, p.38)



Figure 2.17: Yaralla Park, Concord Auction June 26, 1920
(Source: S. Coupe, "Concord A Centenary History")

2.5 Concord Repatriation General Hospital

Following Eadith Walker's death, the Walker Estate was granted in trusts for use as a convalescent hospital. Various parcels went to Annie Elizabeth Culman, Eadith Campbell Walker, Hon James Thomas Walker, Arthur John McKenzie, Alfred Conset Stephen, Joseph Foreman and Thomas Frederick Arthur. The Title was transferred to the State Government as a result of Walker Trust Act, No 31 of 1938 (Figure 2.18).



Figure 2.18: 1930 aerial view of the Concord Hospital and Thomas Walker sites before any buildings were constructed
(Source: Dept. of Lands, Map #3424)

In urgent need of a site for an army defence hospital, the Commonwealth of Australia acquired the land on 17 July 1940 for the sum of £10,000 as a Defence Hospital Site. The area of the hospital was 39 acres (16 hectares) of the Yaralla Estate. The terms of the contract are outlined below:

It has been agreed: That the State Government should sell for ten thousand pounds an area of about 35 acres of the "Yaralla" Estate, Concord, to the Commonwealth Government, provided that the Commonwealth Government gives an undertaking – to use the land for hospital purposes only; and to erect thereon immediately a multi-storied hospital of 600 beds, plus brick pavilion for 240 beds.¹⁵

The hospital was speedily constructed. Figure 2.19 shows the "temporary" pavilion style ramp wards constructed on the northeastern section of the site. Architects, Herbert Wilson & Pynor designed some of these buildings¹⁶. Temporary tents were erected in the carpark to cope with the overflow of patients.



Fig. 2.19: View of the ramp wards looking northeast to the Parramatta River` c. 1940s (Source: Alice Kang CRGH)

The permanent hospital was constructed on the western portion, completed in 1942 and designed by the architectural firm Stephenson and Turner. The main building, the Multi-Ward Block, was awarded the Sulman Award for Architecture in 1946 (Figure 2.20).



Figure 2.20: An early view of the administration building (front) and multi-block (rear) of the Concord Repatriation General Hospital (Source: Sheena Coupe (1983) "Concord: A Centenary History", p. 164)

¹⁵ Correspondence to the Secretary, Department of the Army from the Surveyor-General and Chief Property Officer, dated 7 June 1940.

¹⁶ "113th Australian General Hospital, Concord West, Sydney", Building, 24 July 1942, pp18, 28 and 29.

2.5.1 Construction of Concord Repatriation General Hospital: 1941-1947

The Concord Repatriation General Hospital has since been referred to by several names – the 113th Australian General Hospital, Yaralla Military Hospital, Australian General Hospital (1942-47), Concord Repatriation Hospital (after 1947), and the Concord Repatriation General Hospital (after 1980).

Shortly after the outbreak of World War II, the Army Department was looking for a site to erect a base hospital for the 2nd Military District. The suggestion for the site for the Concord Repatriation General Hospital came from the Royal Prince Alfred Hospital, which was responsible for the management of the Dame Eadith Walker Hospital. The directors of the hospital suggested to military authorities that the 16 hectare block, known as “Levy’s Folly” that separated the grounds of the two Walker Hospitals (the Dame Eadith Walker Hospital and the Thomas Walker Hospital) would be a suitable site. The site was centrally situated and easily accessible by public transport.

The Australian government purchased the land from the New South Wales government in November 1940. Lieutenant Colonel W. Wood was appointed as Commander of the hospital. Photographic documentation indicates that the grounds, which had been predominantly native forest, were razed leaving only the occasional native eucalypt standing.

Architects, Stephenson & Turner, worked in close collaboration with the Department of the Interior and the Department of Army to design the military hospital. Their cooperation was so successful that complete sketches and estimates for a 600 bed hospital unit, staff quarters for 290 persons and a boiler plant and laundry for the service of both permanent and pavilion hospitals were prepared and approved within six weeks.

Eight weeks later, excavation work started on site and in another nine weeks, building work commenced on the staff quarters and service building. Six weeks after this, construction began on the multi-block. Thus, complete working drawings, structural drawings, specifications and builders quantities were prepared and tenders called and accepted for £600,000 of the most complicated type of building work, in a period of five and a half months¹⁷.

In January 1941, 25 members of the army’s medical unit were transferred to Concord to arrange quarters and staff training. Early photographs dating to 1941-2, while the Multi-Ward Block was under construction, indicate that the so-called “temporary” ramp wards were predominantly constructed (Figure 2.19). At the time, 1500 workmen were employed on the building, mainly in the construction of temporary quarters and wards (which still exist as the ‘ramp’ or ‘pavilion’ wards).

Within a month, another 500 men were working on the site, building the main multi-storey wing (Figures 2.21, 2.22 and 2.23), two nurses’ homes and a medical officers’ quarters. Meanwhile, the 32 original wards were fitted out with all the facilities of a complete hospital, including X-ray and operating equipment. With 2000 beds, the military hospital at Concord was one of the largest in the Southern Hemisphere.¹⁸



Figure 2.21: Main multi-block under construction, c. 1941
(Source: State Library of NSW, Hood Collection Part 1: Sydney Streets, Buildings, People, Activities and Events, c. 1925-1955, Call No. hood_20718r)

¹⁷ “113th Australian General Hospital, Concord West, Sydney”, *Building*, 24 July, 1942, p.11.

¹⁸ Sheena Coupe, 1983, Concord A Centenary History, Council of the Municipality of Concord, Concord, p.163-4



Figure 2.22: Main multi-block under construction, c. 1941
(State Library of NSW, Hood Collection Part 1: Sydney Streets, Buildings, People, Activities and Events, c. 1925-1955, Call No. hood_20720r)



Figure 2.23: South-east elevation of Main Block under construction showing link with Administration Building at the right. Photo dated 5/8/42
(Source: Alice Kang CRGH)

The permanent section of the hospital consisted of four multi-storey buildings, boiler house and laundry (Figure 2.24).



Figure 2.24: View of the Concord Hospital looking northeast to the Parramatta River c. 1946

(Source: Stephenson & Turner Intl. (1970) "Stephenson & Turner 1920-1970: Our contribution to architecture lies in the fields of Health, Commerce, Industry, Education and Housing", printed by A. E. Keating Pty Ltd.)

A model of the buildings is shown in Figure 2.24.



Figure 2.25: Model of Yaralla Military Hospital, c. 1940

(Source: Canada Bay Council e-Library)

The original layout of the hospital's Multi-Block was described in an article in Building, 24 July 1942:

- *Accommodation: 600 in-patients with room for an emergency of an extra 100 patients in solaria. Floors 1 to 6 inclusive are for wards.*
- *Lower Ground Floors – Kitchens, Stores, Dining Rooms for ambulant patients and AAMC. Admittance and Record Offices are in the east wing.*
- *Ground Floor – Pathological Laboratories, Nurses and VAD's dining room, special wing of single bed wards for refractory patients, and one wing of normal ward unit.*
- *Seventh Floor – Surgical Department with three major operating rooms, plaster room, anaesthetising and recovery rooms and central dressing department.*¹⁹

¹⁹ "113th Australian General Hospital, Concord West, Sydney", Building, 24 July, 1942, p.11.14 Commonwealth of Australia Gazette, No. 14.

A Typical Floor Plan and a Lower Floor Plan of the Multi-Block were published in the journal, *Architecture*, in July 1948 and are shown in Figures 2.26 and 2.27.

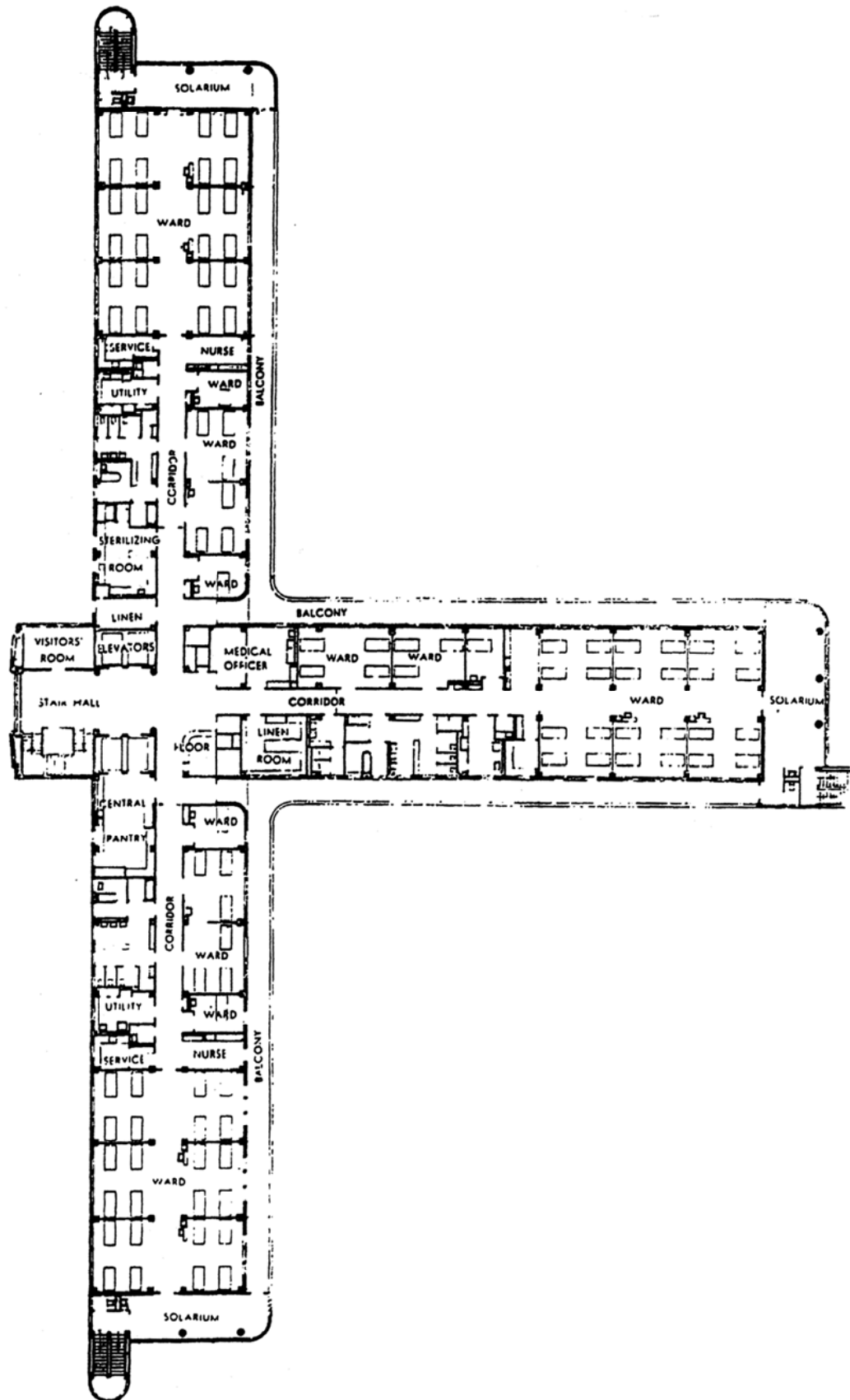


Figure 2.26: Repatriation General Hospital, floor plan of main-block (Source: *Architecture*, July 1948 p. 36)

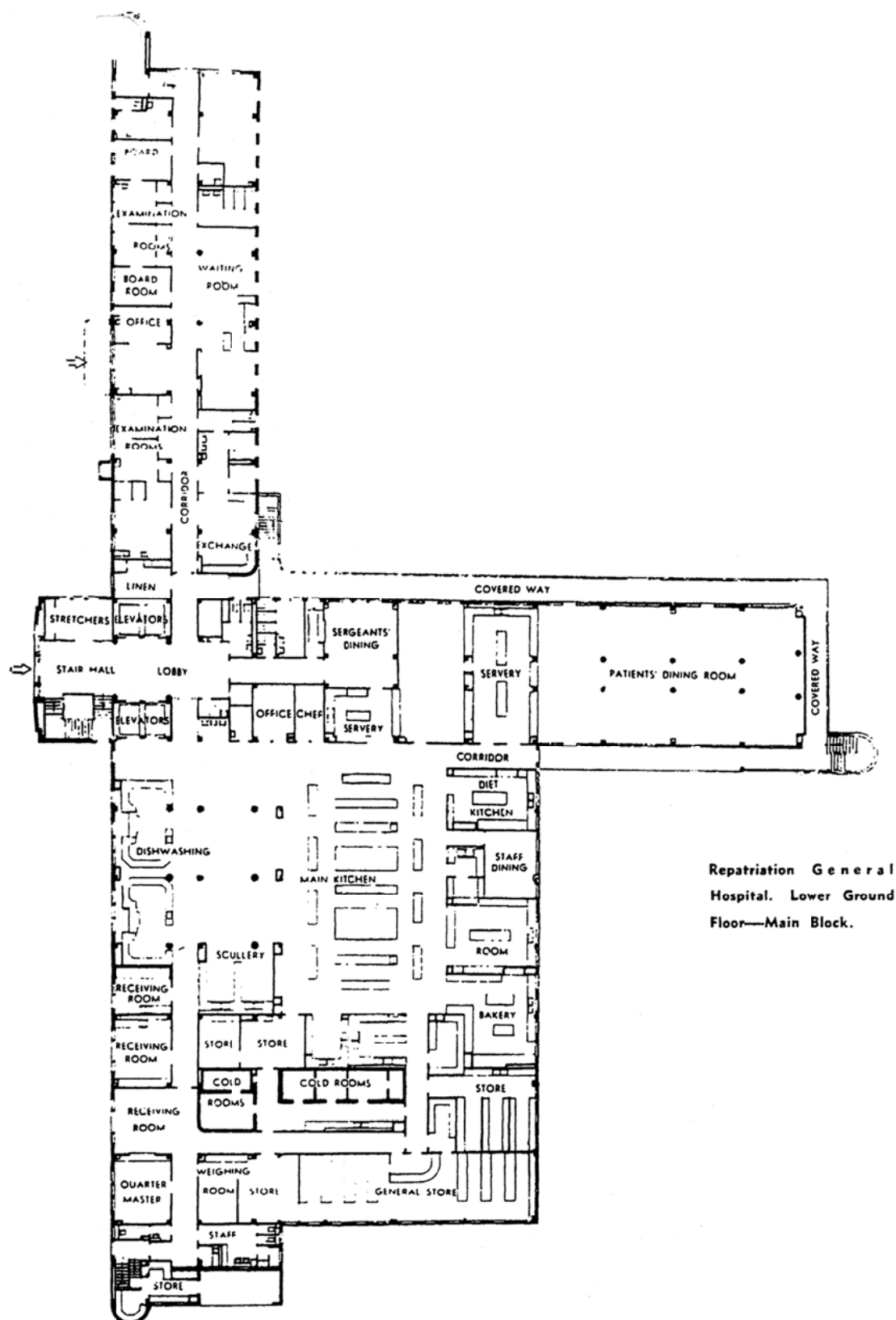


Figure 2.27: Lower Ground floor plan of main-block (Source: *Architecture*, July 1948, p. 37)

The permanent hospital, designed by Stephenson & Turner, was completed in 1942, taking only twenty months. While the hospital provided beds for 2000, temporary huts were erected in the carpark to accommodate further patients and the car park was known as “tent city”.

2.5.2 1942-1947

Between 1942-1947, the hospital catered for vast numbers of defence service personnel using the hospital for lengthy stays while recovering. Considerable effort was made to enhance their rehabilitation. Social activities, sport and recreation were considered a critical aspect of that healing process. Various facilities on the grounds indicate some of the activities: tennis courts, golf courses, cricket pitch, swimming pool, bowling green, library, a theatre and entertainment centre form part of the hospital rehabilitation services.



Figure 2.28: Concord hospital c. 1944, facing north
(Source: Australia War Memorial, Image No. 100361)



Figure 2.29: Concord Hospital multi-block facade c. 1944
(Source: Australian War Memorial, Image No. 065103)



Figure 2.30: Concord hospital main block, facing east c. 1944
(Source: Australian War Memorial, Image No. 026546)

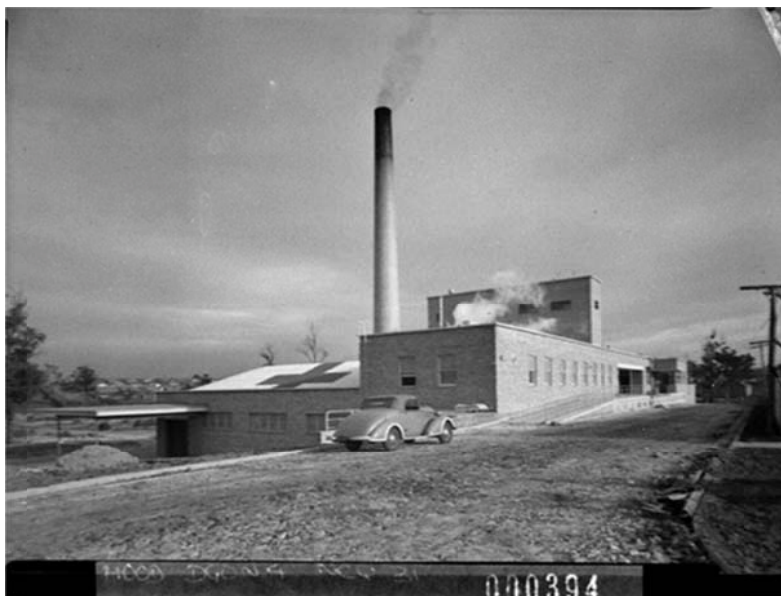


Figure 2.31: Boiler-house (Source: State Library NSW, Call No.hood_10501)



Figure 2.32: Red Cross Service Centre constructed ca. 1942. This building was later replaced with a Chapel (#9) which still stands today
(Source: NSW State Library, Call No. hood_1117r)

Figure 2.33 shows the Red Cross theatre in use, possibly in the 1970s. An important feature of the 1942 design of Concord Repatriation General Hospital layout was the creation of a central lawn courtyard. The northern courtyard was laid out, after some time, as a bowling green.



Figure 2.33: The Red Cross Theatre. An entertainment centre for patients constructed in 1942 (Source: NSW State Library, Call Number_23496)



Figure 2.34: General view of the 113th Hospital, taken from the southeast in 1942 (Source: Alice Kang, CRGH)

**REPATRIATION TAKES
OVER HOSPITAL**
From to-day 113th Military Hospital, Concord, will be known as the Repatriation General Hospital. Administration of the hospital has passed to the commission.

Figure 2.35: Sydney Morning Herald article announces take over of hospital administration (Source: Trove, Sydney Morning Herald, Monday 19th of May 1947, page 8)

On the 19th of May, 1947, following the termination of WWII, the Repatriation Commission assumed the administration of the hospital. The hospital, then known as the “113th Australian General Hospital”, became known as the “Repatriation General Hospital” (Figure 2.35). By December 1948, the take over was formally complete.

2.5.3 1948-1992

By December 1948, the transfer of hospital administration to the Repatriation Commission was complete and the hospital was re-named the "Repatriation General Hospital". Shortly after this transfer, the work of the Red Cross came to an end after five years of service. With the transfer, the Repatriation Commission accepted the responsibility of the Red Cross work and was given loan of the Red Cross buildings on site. Handicraft services were continued by the Red Cross in convalescent homes and at the Discharge of ex-Servicemen's Centre at the Red Cross House.

As the years passed and the community around the Concord area grew, the need for hospital beds for the general public increased. In 1974, the Commission recognised this need and began providing care for general community patients. With new treatments and procedures becoming standard practice, the admission of general patients was a viable move for the commission.

In 1984, the Department of Housing and Construction commenced a refurbishment program on a number of single storey wards around the hospital site that had been in use since 1942. This work was one example of a series of refurbishment programs around the hospital. The nature of hospital repairs and upgrade programs involved the changing use of spaces and facilities in line with current clinical practice and standards.

In 1988, shortly after the refurbishment program, the administration building (#3) at the front of the Multi-Block (5#) was significantly modified and extended to include two new wings to the south and west. These have since been extended further, leaving very little visible fabric from the original administration building.



Figure 2.36: 1951 aerial view of the Concord Repatriation Hospital site. Note the temporary ward setup on the north side of Hospital Road (now the car park), the establishment of "The Green" and the construction of various wards and staff cottages south of the multi-block (Source Dept. of Lands, Map #NSW46818)



Figure 2.37: 1961 aerial view of the Concord Repatriation Hospital site. Note the infill of the land south of the Multi-Block (now parkland), the original walkway plantings around the hospital and remnant surface marks from the temporary wards set up north of Hospital Road in 1942 (Source: Dept. of Lands, Map #NSW10485107)



Figure 2.38: 1972 aerial view of the Concord Repatriation Hospital site. Although the administration building (#3 - abutting the multi-block) is overshadowed, the image shows early modifications of the administration building roof which indicates that a third storey had been added by this point (Source: Dept. of Lands, Map #NSW20105030)



Figure 2.39: 1976 aerial view of the Concord Repatriation Hospital site. Note the modification of the Administration Building (#3) and the extension of the clinical sciences building (#20) (Source: Dept. of Lands, Map #NSW2415127)



Figure 2.40: 1980 aerial view of the Concord Repatriation Hospital site. Note the construction of a sub-station (#4) southeast of the administration building and the creation of the current car park. Most original 1940s and 1950s buildings are still in use at this point (Source: Dept. of Lands, Map #NSW2899124)



Figure 2.41: 1986 aerial view of the Concord Repatriation Hospital site. Note that the area around the administration building/entrance is undergoing construction/landscaping works at this point (most likely for the extension of the administration building) (Source: Dept. of Lands, Map #NSW362881)



Figure 2.42: 1991 aerial view of the Concord Repatriation Hospital site. Note the large extension of the administration building (#3) south and west (Source: Dept. of Lands, Map #NSW4038)

2.5.4 1993 – Present

In 1993, the hospital was transferred to the Central Sydney Area Health Service (CSAHS) of the NSW Department of Health as a public hospital and renamed the “Concord Repatriation General Hospital”. From this point, a series of demolitions, modifications and new constructions have occurred around the hospital site.

In 1999 – 11 buildings in the northern area of the hospital site (abutting Hospital Road) were demolished for the construction of the ANZAC Medical Research Institute (#27 – opened in 2000) and Bernie Banton Centre (#89 – opened in 2009). The multi-block (#3 – formerly the administration building) was also extended further west.

In 2000 – a 4 storey, elevated glass structure was constructed between the two multi-blocks (#3 and #5) to connect various wards. The main multi-block (#5) also underwent major modifications with the installation of a large, 7 storey glass wall over the southeast façade of the north wing and northeast façade of the east wing. All original verandahs on this section of the building were closed up.

In 2005 – 3 staff cottages at the southern end of the hospital site were demolished for the construction of a new Child Care Centre.

In 2007 – 32 wards/ clinics at the most north-easterly portion of the hospital site were demolished. In place, a new precinct called the Concord Centre for Mental Health Services was constructed. This is now a privately operated precinct.

In 2012 – the former Medical Library was demolished and replaced with a new Medical Education Building (#26).

In 2013 – 4 wards were demolished and replaced with a Palliative Care Ward (#44), completed in 2014.

Over this period, a series of internal modifications and refurbishments have taken place around the site. All major internal and external modifications have been summarised in a table below in Section 2.7.



Figure 2.43: 1999 aerial view of the Concord Repatriation Hospital site. This administration building extensions can be clearly seen. Note that the red cross service centre (northeast of the multi-block) has been replaced by a chapel (#9), multiple wards have been in-filled and multiple wards south of the multi-block have been demolished (Engineering Workshops #74 and the CSSS Warehouse #79 stand there today)



Figure 2.44: 2002 aerial view of the Concord Repatriation Hospital site. Note: further extension of administration building (#3), the CSSS Warehouse has been completed and the ANZAC Medical Centre constructed in the north (centre top of the image) (Source: Google Earth, accessed 19.03.15)



Figure 2.45: 2007 aerial view of the Concord Repatriation Hospital site. Note the demolition and rebuild of the entire northeast section of the hospital site (Source: Google earth, accessed 19.03.15)



Figure 2.46: 2009 aerial view the Concord Repatriation Hospital site. Note the Concord Centre for Mental Health precinct has been constructed, as well as the Bernie Banton Centre (#89) northeast of the ANZAC Research Institute (#27) (Source: NearMap, accessed 19.03.2015)



Figure 2.47: 2014 aerial view of the Concord Repatriation Hospital site. Note the construction of the new Palliative Care Ward (#44) northeast of the multi-block (#5) and the construction of the new Medical Education Centre (#26) southeast of the ANZAC Research Institute (#27) (Source: NearMap, accessed 19.03.15)

2.6 Development Summary: 1942–2015

Date	Development
1940	<p>Following the outbreak of World War II, the Defence Department selected a site, which was portion of the Thomas Walker Estate known as Yaralla on the Parramatta River at Concord. The status of the land selected was subject to the NSW Act No 31 of 1938 – The Walker Trusts Act.</p> <p>The Defence Department acquired the site by compulsory process under the provisions of the Lands Acquisitions Act 1936 for £10,000. The acquisition of the land (39 acres 1 rood 21.75 perches – 16 hectares) was gazetted on 25 July 1940.</p>
1941	The Army hospital was established in 1941 and became the 113th Australian General Hospital under the command of Colonel Wood
1942	<p>The permanent hospital buildings were completed including 4 main buildings (#2 #5 #75 and #86) as well as the post & pay office (#25), mail office (#60), various clinic/ward buildings, western area health (#69), library (#20a), Red Cross Theatre (#32), Entertainment Centre (#31), Red Cross Service Centre (now demolished and replaced by a Chapel (#9), Security Gate (#1) and Housekeeping Department (#28).</p> <p>The Green was landscaped.</p>
1947	<p>Following the cessation of hostilities the Repatriation Commission assumed the administration of the hospital on 19 May 1947 and by December 1948 the take over was complete.</p> <p>Medical students quarters constructed (#24)</p>
1952	Garbage incinerator built (#77)
1957	Construction of a gatehouse (#23), various storage rooms (#45 #66 #61 #67), Mortuary (#59), Engineering services workshop (#80), Cafeteria (#6), Transit Lounge and Newsagency (#7) and Clinical Sciences Building (#20)
1962	Construction of Hairdresser/Museum (#8a #8b).
1962-1972	Administration Building transformed from a 2 storey to a 3 storey (possible 4) building (determined from aerial imagery) (#3).
1967	Construction of Staff Cottages (#82 #83).
1972	<p>Construction of Human Resources building (#68).</p> <p>Extension of Medical Students Quarters (#24).</p> <p>Turning circle where building #20 now sits is developed on the northeast side</p>
1973	<p>Extension of the Clinical Sciences Building (#20) facilitating undergraduate and postgraduate training and the administration of the Clinical School.</p> <p>Nurses Home converted in part to a Residential Accommodation Unit (#75).</p>
1974	<p>Recognising the growing community need, the hospital starts providing care for general community patients.</p> <p>Installation of air-conditioning, ventilation and cooling units in the Multi-block (#3 #5).</p>
1975	Red Cross Cafeteria refurbishment (#6).
1974-1976	Intensive Care Unit constructed Level 6 of the Multi Block (#5).
1976	<p>New Burns Ward installed in Ward 630 of the Multi Block (#5).</p> <p>Emergency and Accident Centre opened (#5).</p>

Date	Development
1976-1977	New Orthopedic Unit installed on Level 4 of the Multi Block (#5).
1977	Burns Unit was opened (#5).
1980	Metabolic Unit opened (#5). Commercial Services and Sub-Station constructed (determined from aerial imagery) (#4).
1982	Construction of AECD Conference Room & Drug and Alcohol Units (#70 #71).
1983	A new Intensive Care Unit opened on Level 2 of the Multi Block (#5).
1984	Modernisation of Wards #11 #14 & #15 by Department of Housing and Construction.
1984-85	The Department of Administrative Services (DAS) commenced negotiations with the Maritime Services Board (MSB) of NSW for the transfer to the Commonwealth of Australia of some reclaimed land bordering Yaralla Bay. Improvements by Concord Repatriation General Hospital of tennis courts, pool buildings, which extended onto MSB land.
1985-87	Operating suites added to Admissions building.
1986	Modernisation of Ward #10. Area around Administration Building (#3) prepared for the extension of the building south and west.
1988	Extension of multi-block (determined from aerial imagery and employee in radiology lab) (#3 – south and west wings). Demolition of two wards adjacent to buildings #72 and #73.
1987	Computer Centre opened (#58).
1990	Surgical and Diagnostic Facility opened comprising ten operating theatres, Central Sterilising Unit, X-Ray and Nuclear Medicine Centres, Administration Offices and entrance foyer (#3). A stained glass window commemorating the loss of the Hospital Ship “Centaur”, dedicated on 13 May 1990 is located in the new entrance foyer.
1991-1999	Red Cross Social Service Centre replaced with a Chapel (#9).
1992-1993	Accident and Emergency Centre constructed.
1993	Commonwealth handed over to the State and became part of CSAHS.
1993	Walkway modernization.
1993	Transfer of the hospital to the State Government, for use as a general hospital rather than as its original purpose as a repatriation hospital.
1994	Former Kitchen converted into use as the Medical Library (now demolished and listed as #26).
1996	Ambulance Service Depot opened (#78).
1999	Demolition of 7 buildings for the construction of the ANZAC Medical Research Institute (#27) and demolition of four buildings for the construction of the Bernie Banton Centre (#89). Extension of multi-block Building (determined from aerial imagery) (#3 – west wing).

Date	Development
2000	New 4 storey glass structure built over the emergency department. CSSS Warehouse constructed (#79). ANZAC Medical Research Institute opened (#27). North and East wings of multi-block extended with a significantly large curved glass wall (#5).
2003	Opening of three wards of the Rehabilitation, Aged Care and Medicine Precinct (RAMP) (Exact building numbers unknown, estimated to be #12 #14 and #16)
2005	3 buildings demolished (building numbers unknown) and Child Care Centre opened relocated to this site (#84);
2006	The first floor of the central wing of the multi-block (#3) extended east on top of the switchboard (#4)
2007	Demolition of 32 wards/clinics in preparation of a new precinct called the Concord Centre for Mental Health Services. Construction of Renal Cardiovascular & Cancer Services building (#12). Completion of a 10-room operating theatre in the multi-block with the opening of the final two operating rooms.
2008	New Concord Centre for Mental Health Services opened and Rozelle Hospital relocated to site; Medical Assessment Unit opened in the multi-block.
2009	Asbestos Disease Research (Bernie Banton Centre) Foundation opened (#27). The centre is the world's largest standalone research facility dedicated to asbestos related disease. Cancer Survivorship Gymnasium opened (#2).
2012	Medical Library (building number unknown) demolished and new Medical Education Building constructed in place (#26).
2013	Demolition of Oncology, Rheumatology, Relative Accommodation and Red Cross Patient Services buildings (building numbers unknown) in place for the new Palliative Care Ward (#44).
2014	Palliative Care Ward opened (#44).

Refer to Site Development Plans:

- Figure 2.48: 1942-1950
- Figure 2.49: 1950-1970
- Figure 2.50: 1970-1980
- Figure 2.51: 1980-1990
- Figure 2.52: 1990-1999

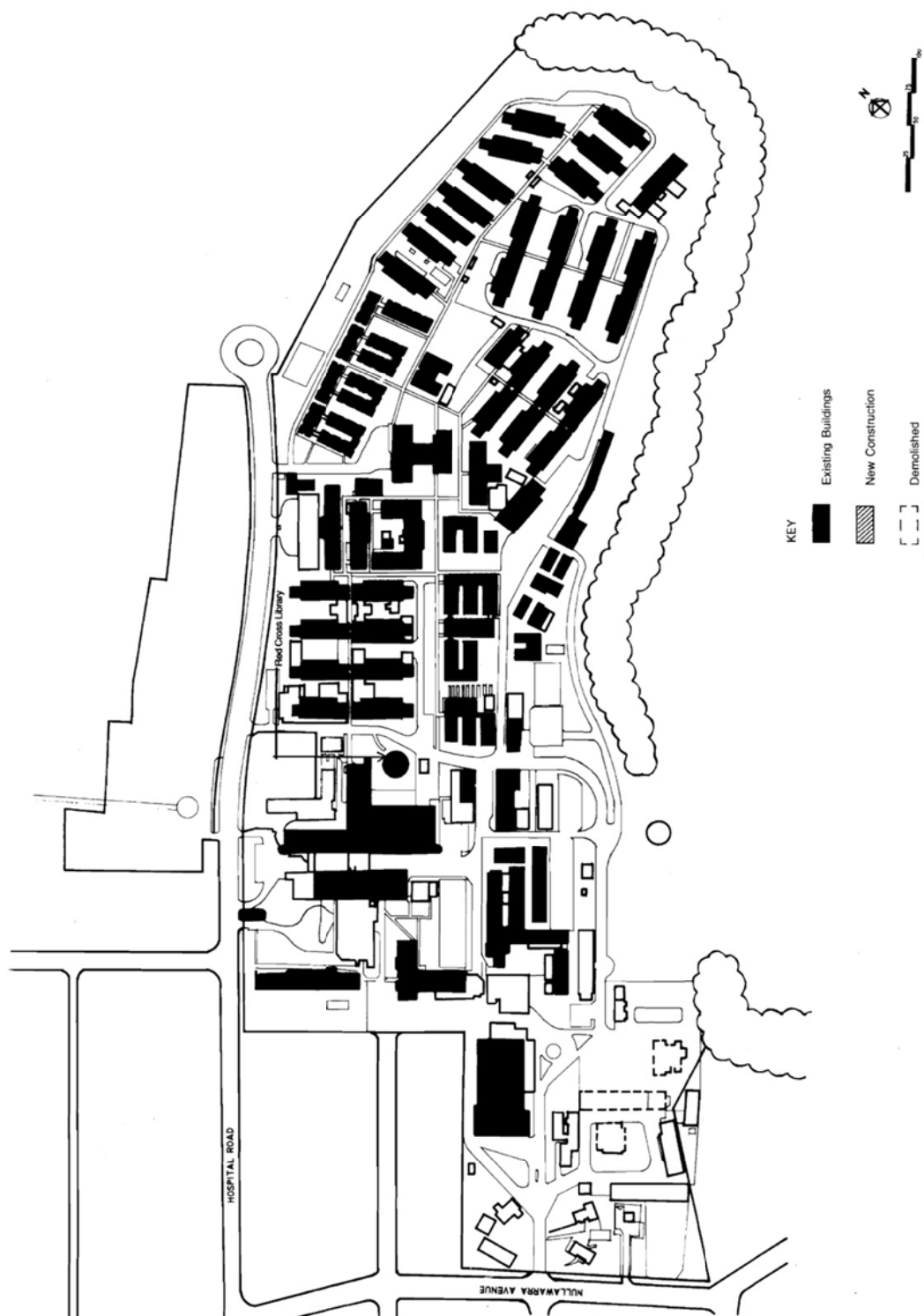


Figure 2.48: Site Development Plan – 1942-1950

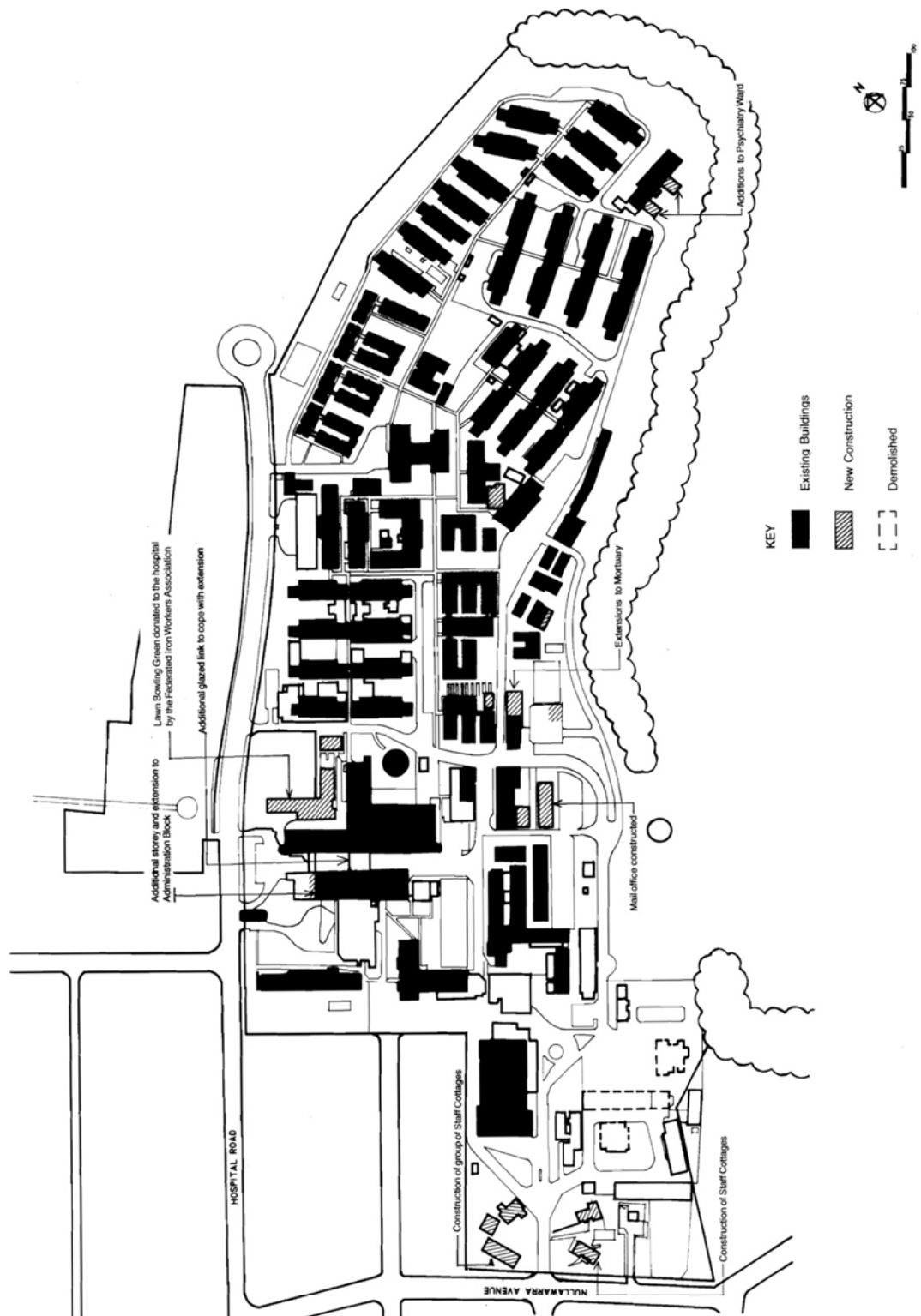


Figure 2.49: Site Development Plan – 1950-70

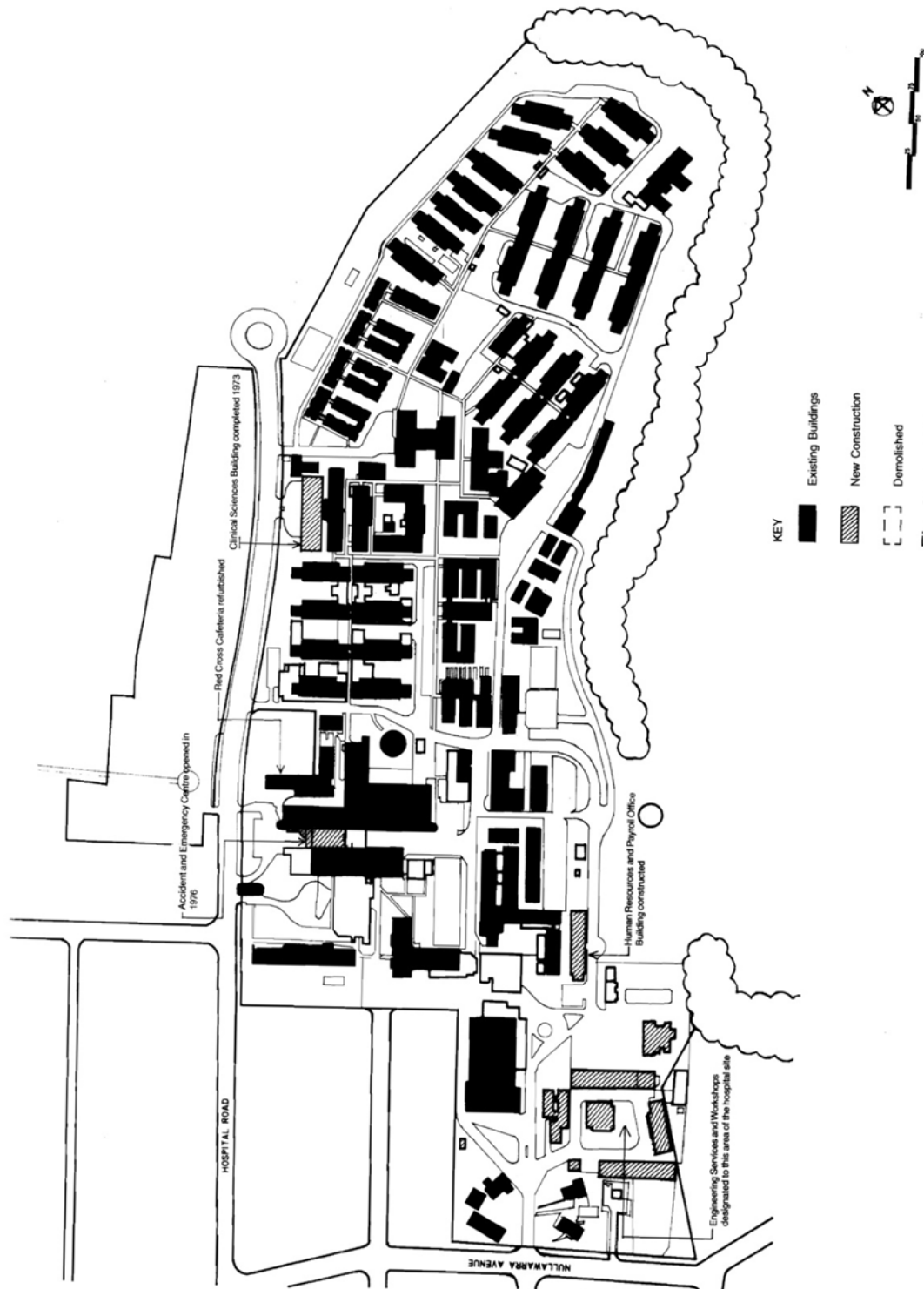


Figure 2.50: Site Development Plan – 1970-80

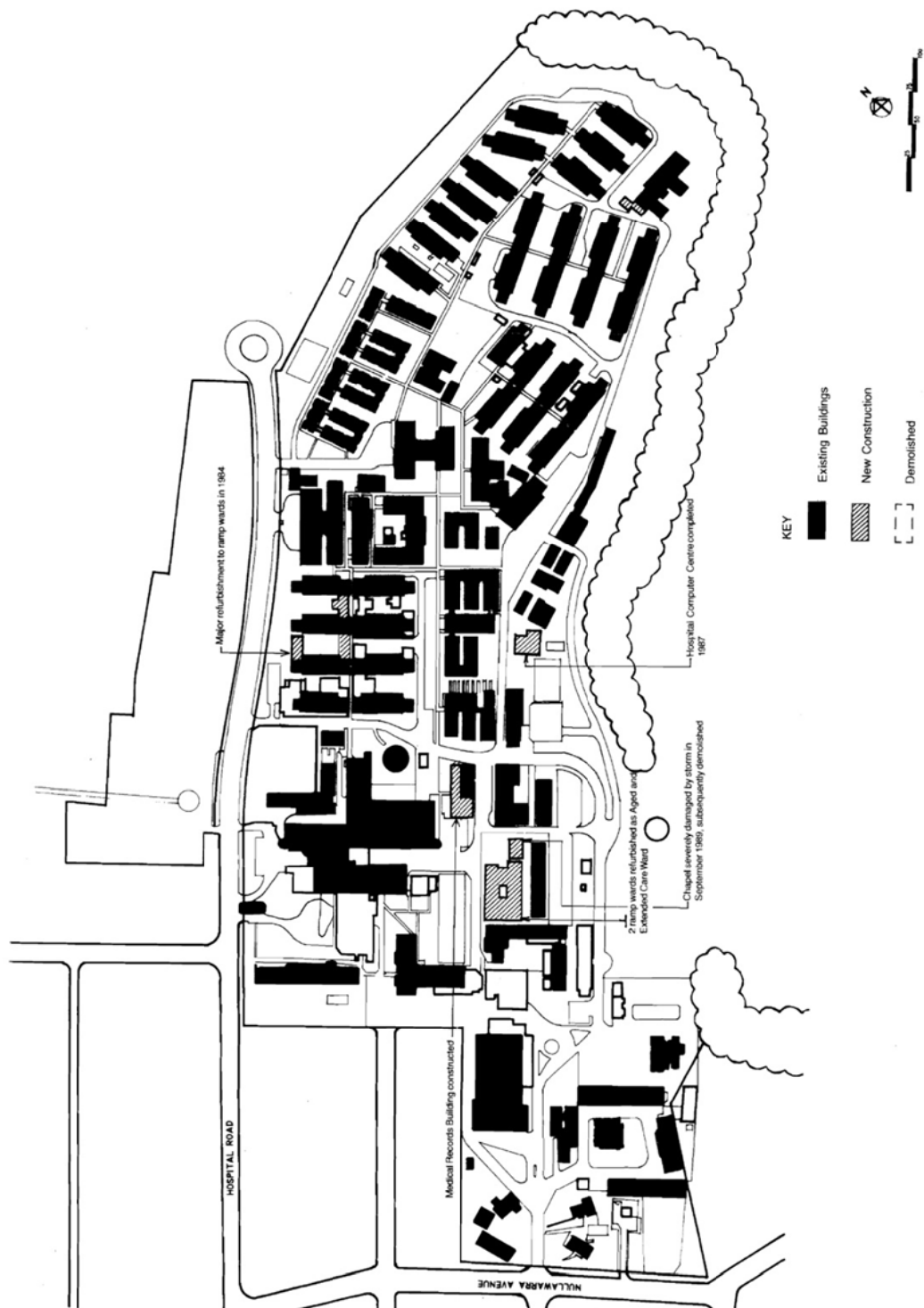


Figure 2.51: Site Development Plan – 1980-90

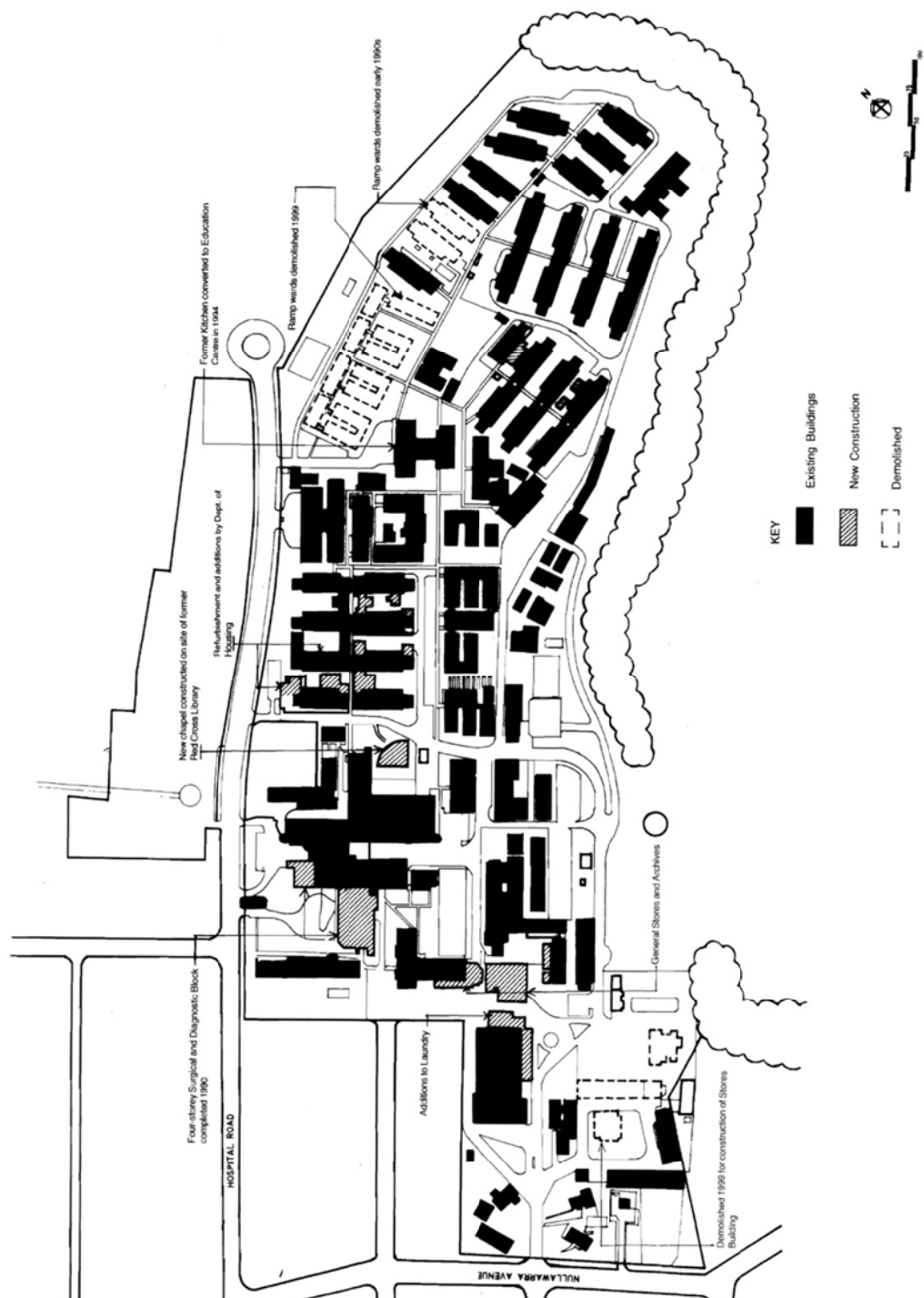


Figure 2.52: Site Development Plan – 1990-99

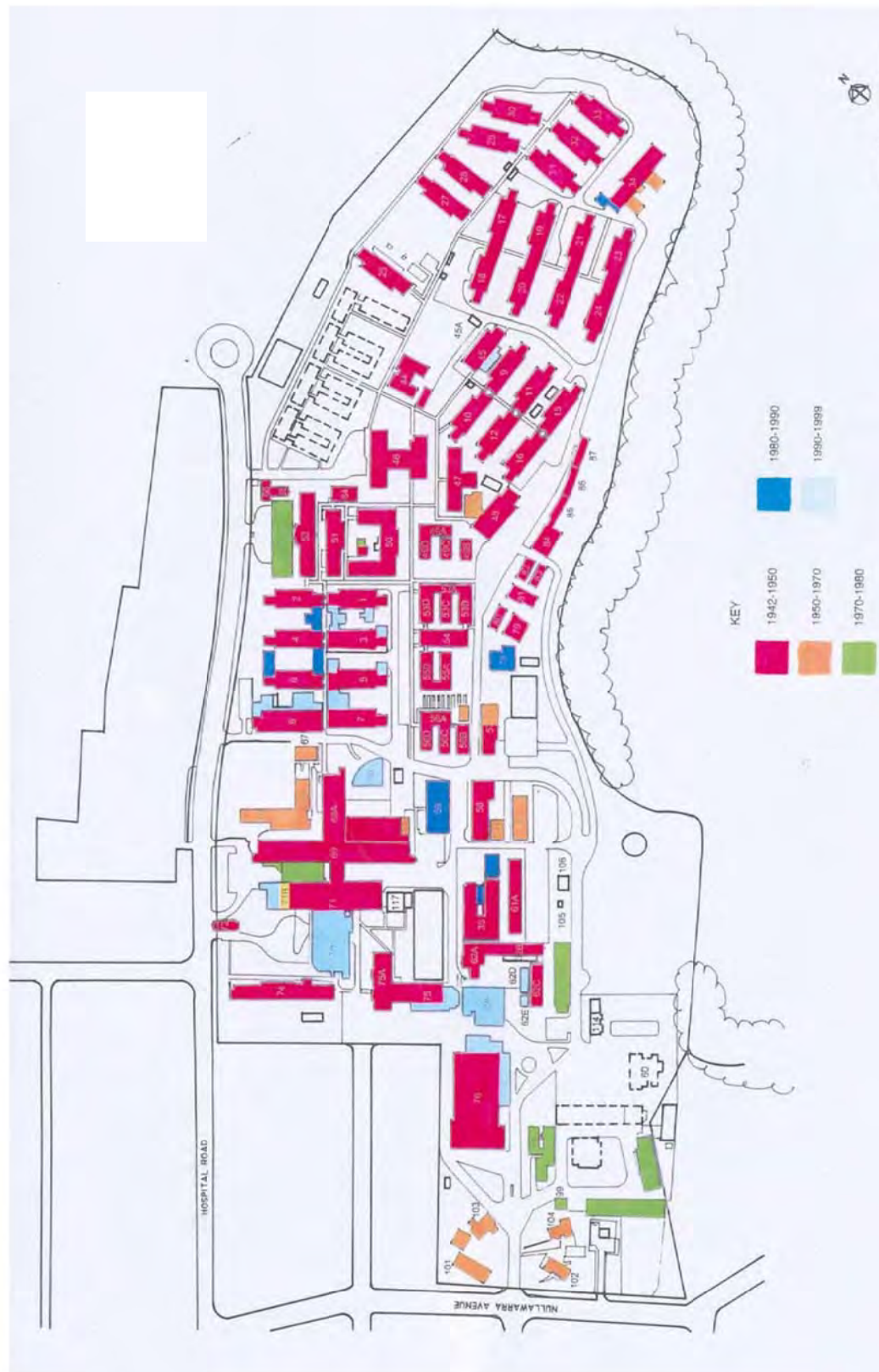
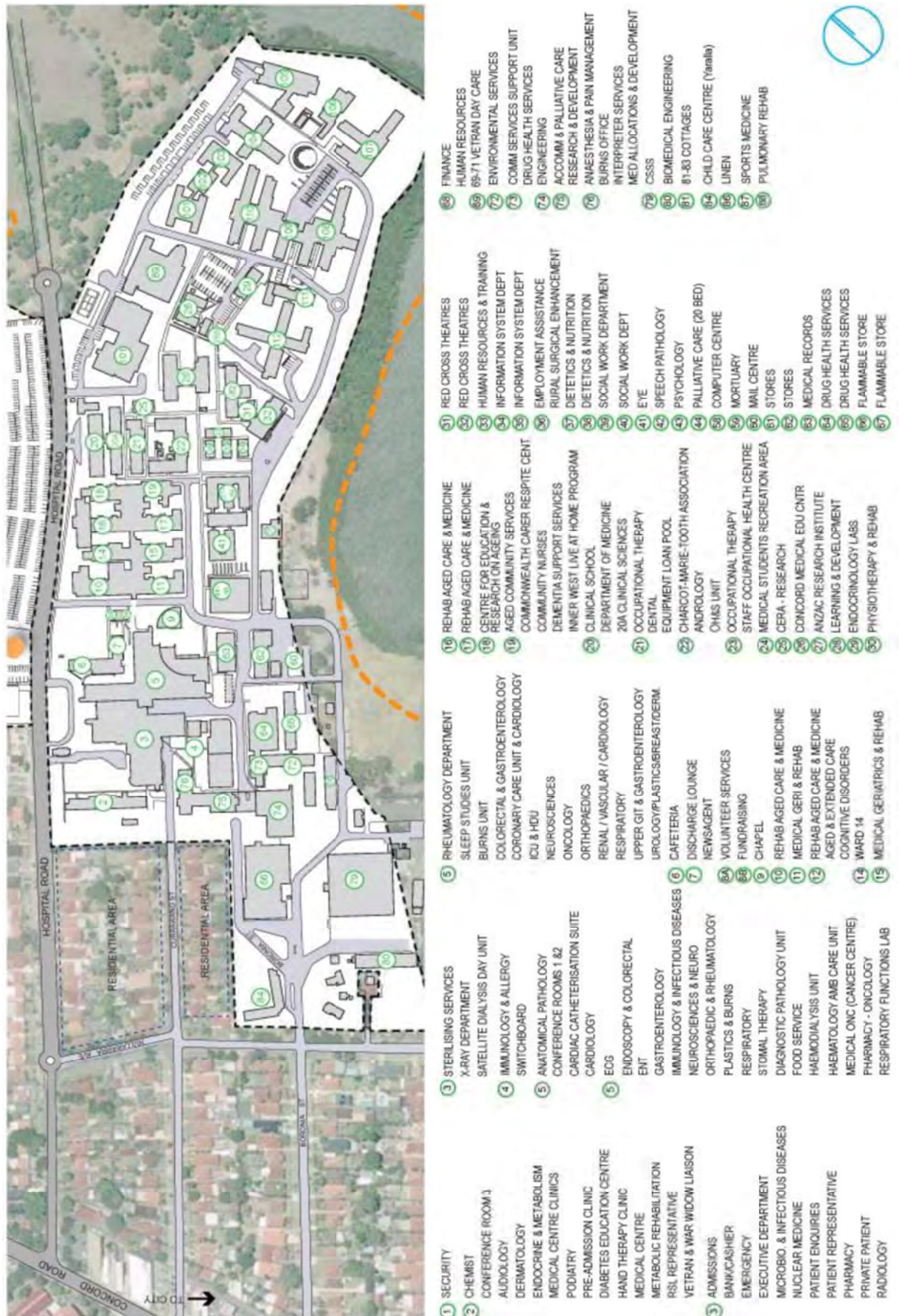


Figure 2.53: Summary Development Plan – 1942-1999



2.7 Social History

An oral history was conducted for the purposes of this report. Three war veterans were interviewed to determine the social context of the site for this specific community. This interview was recorded on tape and an edited transcript of the discussion is in Appendix A. Of the three interviewed, two were totally and permanently incapacitated (TPI) and had worked as welfare officers at the hospital. In this role they had helped and advised other war veterans who were patients in the hospital. Two of the interviewees had been patients at Concord Repatriation General Hospital during the war, immediately after and intermittently since. The third war veteran had been a patient since 1960. One of the war veterans had spent considerable time at Concord Repatriation General Hospital as a patient, and for him it was like a second home and held a significant place in his “heart and brain”. All three expressed an affection and gratitude to the staff.

The war veteran who had been a patient for a long period of time, had formed a strong attachment to the ward in which he stayed. The Multi-Block was acknowledged as being a “permanent” feature of the hospital ground. The ramp wards were affectionately considered, however, there was a realisation that they needed to be changed. It was felt that a representative group of ramp ward buildings should be retained for posterity.

The Red Cross Theatre was remembered as a popular venue for socialising (Figure 2.54) The theatre was memorable for the entertainment it offered and the relief it gave from the boredom of their hospital stays. Entertainment included cinema, concerts and theatrical performances. Similarly, the Bowling Green was remembered as an extremely popular venue, with patients always playing bowls there. It seems, however, much of the socialising took place in the wards. Friendships were formed, both with other war veteran patients and nursing staff. These friendships did not necessarily last beyond the hospital stay. Strong bonds were formed by helping others through their convalescence. Entertainment was essential to relieve the monotony of the stay and to help pass the time. Wrestling matches in the wards seems to have featured strongly in their memories. There was a sense of camaraderie, associated with their shared war experiences. This was particularly noted in the empathy shared by Army nursing personnel and patients during and immediately after the war. Similarly, the doctors at the hospital were spoken of as “friends” rather than as medical practitioners.

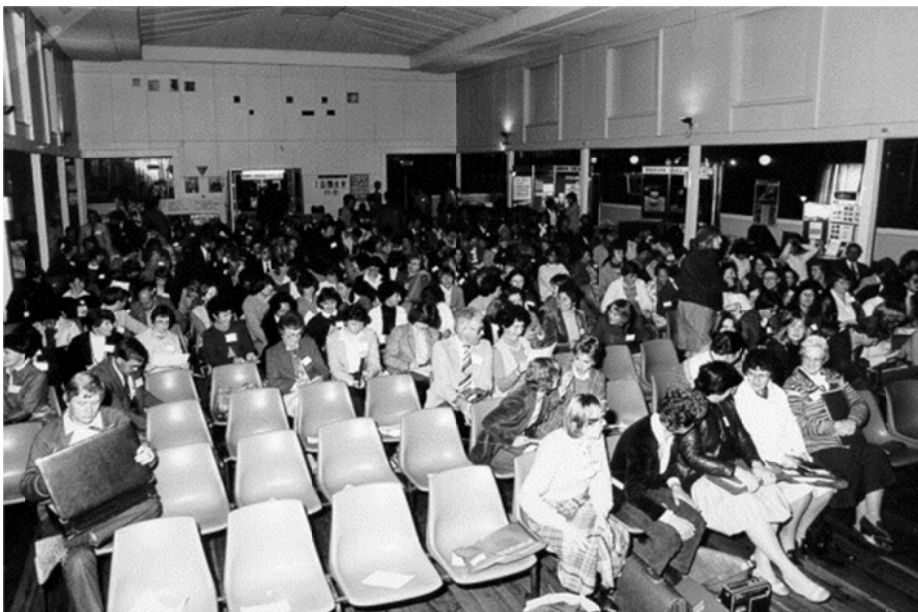


Fig. 2.55: The interior of the Red Cross Theatre
(Source: Museum Collection, CRGH)

The buildings themselves were discussed as having special associations for the war veterans. While the Multi-Block building was described as “impersonal” and “mere bricks and mortar”, it was also “a second home”, and a “permanent” structure. The former Veterans Affairs offices, formerly located in Building 39, were mentioned as having considerable significance for many of the war veterans. This group of offices served various administrative functions for the veterans. It belonged to a group of buildings that housed outpatients, doctors’ medical offices and medical centres. This building was demolished to prepare for the construction of the ANZAC Building prior to the commencement of this report.

The wards were the areas of the hospital where veterans socialised and friendships were formed. The long-term patient mentioned a particular attachment to the ward in which he had stayed. The short-term patients seemed to be more detached. The auditorium, known as the Red Cross Theatre (Building 48) was particularly mentioned as an entertainment and recreational area, designed to overcome the boredom of rehabilitation and long hospital stays. The former Bowling Green, known as The Green, identified in Landscape Area 3, was a popular recreational and social venue (Figures 2.55 and 2.56).



Figure 2.56: The Green, bowling lawn in use c. 1947
(Source: National Archives of Australia, image no. A1200, L 8682)



Figure 2.57: Military patients on The Green, c. 1944
(Source: Australian War Memorial, Image No. 065102)

Another feature of the hospital was the stained glass window, commemorating the sinking of the hospital ship "Centaur" (Figure 2.57). This is currently located in the Main Entrance foyer and is a remnant of the original former Admissions Building. The Memorial, located in the rose garden north east of the former No 1 Nurses' Home (Building 74), was also mentioned as being fondly remembered.



Figure 2.58: Stained glass window of AHS Centaur at the hospital entrance (Source: "AHS Centaur - Stained Glass" by Chiefmanzzz. Licensed under CC BY-SA 3.0 via Wikimedia Commons)

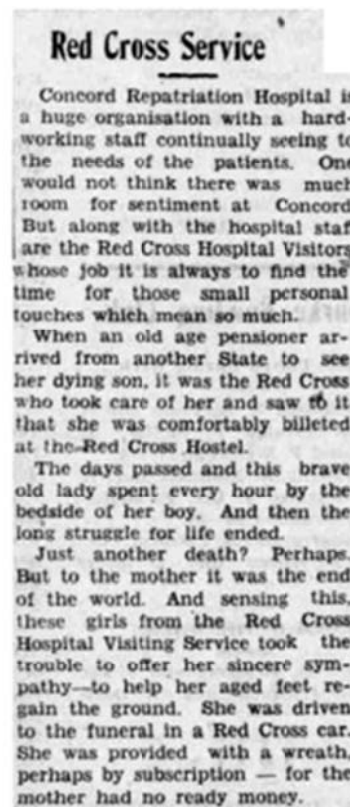


Figure 2.59: Western Herald article, Friday 6th August, 1948, page 6 (Source: Trove)

The Wetland area and mangroves were mentioned by one of the war veterans as something he remembered strongly. He had found passive recreation and solace in observing the river and activities on the river from his hospital bed.

In addition informal discussions have occurred between the authors of this report and representatives of the hospital and the immediate community who have had long associations with the hospital. Included amongst this group were Rev. David Hayes, a former Chaplain at Royal Repatriation General Hospital, Mrs Ethel Lane, President of the Navy, Army, Airforce, Sisters Sub-Branch RSL and numerous staff and former staff from the hospital. Numerous anecdotes relating to their dealings and close ties with the hospital indicate their high regard for the hospital and the impact that has been felt as a result of their association with the hospital.

Dr Charles George, a member of the hospital staff, is in the process of writing the hospital's history inspired by his close association with the hospital and a collection of 'histories' compiled over the years. Rev. David Hayes, the former Chaplain continues to take an active role in the life of the hospital although no longer employed by the hospital.. Alice Kang, Co-ordinator of Veteran Service, is permanently employed within the hospital. Projects that she has coordinated include the Kokoda Track Memorial Walkway and the Memorial Rose Garden as well as the Hospital Museum. Mrs Ethel Lane and a group of volunteers have launched a small museum in the hospital grounds on the perimeter of the Green. The Museum comprises photographic material, letters, nurse uniforms, surgical and medical instruments, memorabilia, etc. gathered from former patients and staff. Numerous Red Cross members, including Mrs Ruth Ellis and volunteers in general, continue to generously assist in the numerous functions of the hospital.

2.8 Historical Themes

Historical themes provide a context within which the heritage significance of an item can be understood, assessed and compared. The following historical themes have been adopted from those suggested in the NSW Heritage Manual, "History and Heritage" and include State Historical Themes:

- No 5 – Agriculture
- No 9 – Environment
- No 23 – Defence
- No 29 – Health
- No 30 – Welfare
- No 35 – Persons

2.8.1 Agriculture

It would appear that the subject site has marginal associations with agriculture. The adjacent Walker Estate, containing the current Dame Eadith Walker Hospital, was the site of Isaac Nichols's successful farm which provided citrus, stone fruit and meat to government stores. This farm did not continue to operate following Isaac Nichols' death. Prior to ownership by the Walker family the subject site was the property of other land grantees however, there is no documentary evidence to associate it with agriculture.

2.8.2 Environment

The natural environment of the Brays Wetland is of considerable interest to the site. The regeneration of the wetlands reflects the changing uses of the Parramatta River and the recent interest in the value of preserving the natural environment. These wetlands have been listed on the Register of the National Estate and therefore can be considered to have national significance.

The planting of formal and natural gardens and landscapes in the hospital grounds reflects their use for patient recovery and the repatriation of war veterans. Included in the grounds, although to some extent now substantially lost were landscape elements associated with passive and active (sporting) repatriation including tennis courts, lawn bowling greens, and football fields.

2.8.3 Defence

The use of the site specifically for the defence forces as a repatriation hospital. Constructed in 1941-2, as the 113th Australian Army Hospital, it was the principal defence forces hospital in NSW from World War II. The hospital remained under the administration of the Department of Defence from 1941 until 1948. After December 1948 the Repatriation Commission assumed the administration of the hospital and the hospital continued to be used as a repatriation hospital by war veterans.

At the conclusion of war, great relief and great pride in those who fought in war, were the predominant sentiments of those who thronged the streets of cities, towns and rural communities to celebrate the victory. When the fighting ended, the most pressing task for the Australian authorities was the succour and repatriation of the prisoners of war and internees held by the Japanese, a large proportion of who were in urgent need of medical attention after neglect, semi-starvation and brutal treatment. Some 5500 were in Singapore, 4800 in Burma and Thailand and another 2700 in Japan and Korea.

The swift recovery of the prisoners had been planned and as soon as the war ended, repatriation and medical teams went into action without delay. Total enlistments in the Australian Army during World War II were 726,543, the number of those who lost their lives in the armed services during the war totalled 27,073.

The repatriation function of the site is reflected in the various buildings, landscape features and moveable heritage. The Red Cross Theatre and The Green are examples of repatriation facilities designed for war veterans recovering from injuries inflicted while serving with the defence forces.

General hospital activities have become an increasingly important component of the hospital.

2.8.4 Health (Repatriation Hospitals)

The site was constructed to facilitate an urgently required hospital to accommodate those wounded while serving in the defence forces. The hospital was known as the 113th Australian General Hospital. The Ramp Wards were constructed as a “temporary” measure while awaiting the completion of the “permanent” hospital complex. The hospital group, designed by Stephenson & Turner, was completed in twenty months and comprised a group of hospital buildings: a T-shaped multi-storey ward building, two nurses’ homes, a resident medical officers’ quarters, an administration building, a guard house and a boiler house with laundry. In 1942, at the time of completion, the military hospital with 2000 beds was one of the largest hospitals in the southern hemisphere. The hospital was administered by the Department of Defence from 1942 until 1948.

Following the war, the hospital was administered by the Repatriation Commission. Other repatriation hospitals in NSW include the Lady Davidson Hospital, Turrumurra, and a 16-bed Repatriation Ward at the Queen Victoria Memorial Hospital, Picton. The Queen Victoria Memorial Hospital, Picton opened in 1945 provided medical treatment for female ex-members who served in the 1939-45 War. Extensions in 1966 provided 28 beds. The hospital accommodated ex-service personnel with disabilities due to war service who did not require the full services of the Concord Repatriation General Hospital or Lady Davidson Hospital, Turrumurra, but required nursing care in excess of what could reasonably be provided at home. Patients were readmitted to Concord Repatriation General Hospital and Lady Davidson Hospital, Turrumurra if more intensive treatment is required.

Over time, Concord Repatriation General Hospital’s role has changed. While the repatriation role continues in a much reduced way, the hospital has increasingly taken on the role of a general hospital. The subject site has continued to operate as a hospital serving ex-members of the defence forces for almost 60 years.

2.8.5 Welfare

The site of Concord Repatriation General Hospital is associated with welfare through the prominent business man and philanthropist, Thomas Walker. The hospital site once formed part of the Yaralla Estate owned by Thomas Walker and after his death by his daughter Dame Eadith Walker. When Thomas Walker died, he set aside some money for the establishment of the Thomas Walker Convalescent Hospital for Women on part of his estate (adjacent to the present Concord Repatriation General Hospital site).

During WWI, Dame Eadith Walker became a benefactor to returned soldiers suffering from tuberculosis, setting up a camp for them in the grounds of the Yaralla Estate. After Dame Eadith died in 1937, half of her father’s estate was placed in a charitable trust fund. The Yaralla homestead and property were purchased from the Dame Eadith Walker Estate by the NSW Government. A memorial hospital and the Dame Eadith Walker Convalescent Hospital for Men were established. Part of the property was compulsorily purchased by the Commonwealth as the site for a military hospital which later became Concord Repatriation General Hospital.

The role of the Red Cross and Returned Services emerges from the history of the site and is associated with the historical theme of welfare. Hospitals are invariably reliant on the dedication of volunteers who assist in its successful functioning. Frequently, those who help as volunteers are themselves ex-repatriation patients or family members of those who have been patients. Those who have been employees of the hospital also retain their allegiance through volunteer work.

2.8.6 Persons (The Walker Family)

The Walkers was a prominent family and part of the social elite of the Sydney society. This family has direct associations with the subject site. Both Thomas Walker and his daughter, Dame Eadith Walker, owned considerable estate in present day Concord, known as the Yaralla Estates. The family were generous benefactors. They donated three individual sections of the estate for use as hospitals. This included the Thomas Walker Convalescent Hospital for Women, donated after Thomas Walker’s death and opened in 1893. The family house and its associated grounds, were donated after Dames Eadith’s death to become the Dame Eadith Walker Convalescent Home for Men. The tract of land between these two hospitals was purchased by the Australian government from the NSW government to establish an army base hospital urgently needed for the defence forces, wounded in World War II.

3 DESIGN CONTEXT

It is not an exaggeration to say that the lives of virtually all Australians have been touched in some way by the work of Stephenson & Turner Architects. The sheer scale of their architectural output has resulted in a vast legacy. Through their work in the architecture of health, Stephenson & Turner have had a hand in the design and later alterations of most, if not all, metropolitan and regional hospitals in Victoria, as well as many other Australian states. The following section will deliver an overview of Stephenson & Turner, in the context of early twentieth century architecture and the Concord Repatriation General Hospital.

The following section has been adapted primarily from Philip Goad et al. "Australian Modern: Stephenson & Turner" and Julie Willis' "Machines For Healing" in *Architecture Australia*, Vol. 91, No. 4²⁰. Where other sources have been used they have been identified.

3.1 Inter-War Functionalist Style and Australian Hospital Architecture

The Concord Repatriation General Hospital holds a pivotal place both in the development of Australian Modernism and the advancement of Australian health. The design used a distinctly modern language, drawing upon the latest medical and architectural theories of the time, and in doing so, introduced Modernism and Functionalism to the Australian public. The hospital, among similar hospitals built between the 1930s and 1950s, seeded a fundamental shift in Australian architecture and medical practice. Hospitals became an identifiable type of their own and the design of which became the leader of specialist architecture firms.

Hospitals in general now form the core of medical care, but prior to the twentieth century, attendance at hospitals was associated with poverty and death. Those who could afford private medical attention were treated in their homes. Only the destitute attended hospitals. Advances in medical technology and treatment techniques in the late nineteenth century saw the role of the hospital change and, as they became a place for medical treatment for both rich and poor alike, they became a symbol of a modern and healthy society.

Changing medical theory from the late eighteenth century through to the twentieth had a great impact on the design of hospitals. Until the mid- 19th century, the principal form of a hospital was a series of isolated blocks. The "pavilion hospital" type consisted of a number of ward blocks, linked by a corridor (much like various single storey wards at Concord hospital today e.g. wards 10-19). This choice of structure was based on the belief that, other than dirt, stale air was the greatest enemy of the sick. The single storey wards were seen to provide the best air circulation, water/waste disposal and sun exposure for patients. The identification of bacteria as a source of contagion by Louis Pasteur (a French chemist and microbiologist) as well as Joseph Lister's (a British surgeon) work in the antiseptic treatment of wounds had a profound effect on medical theory, and therefore the design of hospitals. A nearby example of this style of hospital is the (now demolished) Parramatta Convalescent Hospital designed by John Sulman. The pavilion hospital was quickly replaced by the more efficient "block" type hospital. Nevertheless, salubrity, with the building and the surrounding environment, was still a priority in hospital design and construction, with sunlight and fresh air playing a critical design role right through to the 1950s. An article on Concord Hospital in *Building Magazine* from July 24, 1942, exemplifies this ongoing priority in hospital design with the sub-heading "Balconies for Health-Giving Sunshine"²¹.

During this change, a new category of hospital was also founded, known as the 'intermediate' hospital. Public hospitals catered only for those patients who could not afford to pay for treatment, and strict criteria were applied for entry. Until the development of the intermediate hospital, the only alternative to a public hospital was a private hospital or nursing home. As new treatments and procedures arose and became the standard of practice, the need for hospital beds for those of modest means increased. The intermediate hospital would provide care for reduced rates and would become the province of charitable organisations.

²⁰ Phillip Goad, Rowan Wilken and Julie Willis (2004) "Australian Modern: Stephenson & Turner", published by Melbourne University Publishing Ltd.
Julie Willis (2002) "Machines For Healing" in *Architecture Australia*, Vol. 91, No.

²¹ "113th Australian General Hospital, Concord West, Sydney", *Building*, July 24, 1942, p. 15

Although the hospital environment was improved in the nineteenth century, the ornamental exteriors of buildings showed no real change or reflection of the improved standards internally. Given that the hospital was generally for the benefit of the poor, British, American and Australian hospitals were restrained in their ornamentation. Ostentatious architecture meant that too much money had been diverted from the hospital's true purpose, the treatment of patients.

Advancements in American and European hospital design in the early part of the twentieth century would begin to take consideration in the shape and aesthetic of the building. More specifically, hospital design would adopt the Inter-War Functionalist style, which emphasized 'functionalism', 'clean lines' and a complete disassociation with the design styles of the past. The major influences were associated with the architecture of Le Corbusier, Eric Mendelssohn, William Dudok and the Bauhaus institution. Stephenson & Turner Architects would bring this aesthetic to Australia in the 1930s and 1940s.

3.2 Stephenson & Turner, Architects

Arthur George Stephenson (1890-1967) was born in Melbourne, studied architecture at the technical colleges of Melbourne and Sydney, and gained practical experience in both cities. After serving in the AIF during World War I, Stephenson studied architecture at the Architectural Association in London and became an associate of the Royal Institute of British Architects.

With a shortage of hospital beds in Australia, and limited funds to provide them, Stephenson recognised hospital design as a promising field of specialisation in architecture in the early 1920s.

From the early 1930s, Australian hospitals design entered a scientific, functionalist era. Stephenson undertook extensive overseas travel in the 1920s and 1930s for hospital research and information gathering, as he recognised that modernist international hospital architecture held great potential for his practice and the problem of Australian hospitals.

Stephenson studied American and European hospital designs, administration systems, medical care and technology. Additionally, he encouraged and dispatched senior staff members to America and Europe to examine the latest, large scale general and teaching hospitals and state-of-the-art developments in hospital design. His investigations primarily concerned equipment, materials, operational procedures and costs. He also interviewed many hospital staff, both administrative and medical, in order to understand new medical procedures and changing administrative processes. The firm drew on the fruits of this research over the years to resolve design, planning and engineering problems, and in the process, transformed all aspects of their business practice and design approach. The new modernist style would allow the business to capitalise on what would be a boom in hospital building during the years of the Great Depression, WWII and beyond.

Stephenson found the most inspiring hospitals in Europe, namely Italy, Switzerland, Austria, Poland, Germany, USSR, Sweden, Denmark, France, Netherlands and Finland. There, he discovered European Modernism, describing it as rationalising architecture 'to express in the simplest forms the function of the building in the most appropriate materials'²². Instantly, the aesthetic of the firm changed a strong modernist approach, which appeared to be an amalgamation of all that Stephenson had admired in Europe: the balconies and glass walls of the Döcker, Bijvoet & Duiker and Aalto's sanatoria and the Loryspital (Figure 4.1); and the clean, functionalist forms of German modernist architecture, especially the Weissenhofsiedlung (Figure 4.2). Through this re-branding, Stephenson and Turner brought modernist health-related architecture to Australia. Multi-block hospitals commissioned under the firm would have strong clean lines, open-air horizontal balconies that swept across the length of the façade, trademark curves at significant points, large triple-hung sash windows and the best internal planning, equipment and service.

As a result Stephenson's hospital designs shifted towards a modernist style which in time gained an international reputation. These architectural principles were then applied to his subsequent hospitals.

²² Phillip Goad, Rowan Wilken and Julie Willis (2004) "Australian Modern: Stephenson & Turner", published by Melbourne University Publishing Ltd, p. 49

One of Stephenson & Turner's first hospital commissions was the main block and services building at St Vincent's Hospital, Melbourne. Begun in 1932, this work had far-reaching, even revolutionary, results for Australian hospital design with centralised kitchen and sterilisation services, a diet kitchen and the very best in equipment¹⁴. Stephenson was prepared to reexamine traditional planning notions. At St. Vincents Hospital, Melbourne, Stephenson, Turner and Kingston Sedgfield devised a 200-bed block which, at the time, was a showcase of the future:

*The specifications read like a catalogue of innovations. They literally turned the old formulas upside down. The kitchen was on the top floor instead of in the basement; the electrical fittings were specially made locally to American standards instead of imported; the efficiency of the operating theatres was trebled by giving them artificial light instead of the traditional windows; and sterilisation was made safer by being centralised.*²³

In 1935, Stephenson & Turner completed the Mercy Hospital, Melbourne. Boyd referred to the Mercy Hospital as a milestone in Australian hospital design, the result of which being that Stephenson was from then on associated with a handsome, highly studied form of Modernism.²⁴ The architectural historian, Freeland, refers to the Stephenson & Turner style as "horizontal modern".

When in 1940 the Menzies' Government instructed that a series of general military hospitals be planned and constructed, Stephenson & Turner was chosen to design military hospitals near Adelaide, Brisbane and Sydney. These were planned in less than a year²⁵. Notable hospital buildings from the Stephenson & Turner include:

- St Vincents Hospital, Melbourne
- Orthopaedic Hospital, Frankston
- Jessie McPherson wing, at the Queen Victoria Memorial Hospital
- The Mercy Hospital, Melbourne, 1934-5
- Freemasons Hospital, Melbourne, 1936
- Bethesda Hospital, Melbourne, 1936
- Pathological block, Women's Hospital, Carlton, 1937
- Gloucester House, an intermediate and private pavilion at Royal Prince Alfred Hospital, Sydney – this opened up further work in NSW for Stephenson & Turner
- Sydney Dental Hospital, (United Dental Hospital), corner of Chalmers and Elizabeth Streets, Surry Hills, 1940 – the first major specialist dental hospital in Australia
- 1940-41 King George V Memorial Hospital, Camperdown
- 1940-42 113th Australian General Hospital, Concord
- 1935-1941, Royal Melbourne Hospital, Parkville. Considered by the company to perhaps be Stephenson's greatest achievement. The plans for the hospital were used for demonstration purposes at the International Hospital Conference in America.¹⁸ (The hospital was not handed over to the Board until 1944 as it was used occupied by the American Army and used as a military base from the time of its completion);
- Royal Children's Hospital, Melbourne, (design began in 1946, construction in 1958 and completed in 1963).

The Concord Repatriation General Hospital was the Sydney military hospital and emerged as one of the largest, most advanced and innovative designs of the period. In 1941 Stephenson and Turner were awarded the Sulman Award for the design of the King George V Memorial Hospital for Mothers and Babies, Missenden Road, Camperdown.

Many of the hospitals listed above have since experienced considerable change. King George V Memorial Hospital, Camperdown is possibly the most intact, however, this is now used for hospital administration rather than a maternity hospital. With the decline in numbers of war veterans the focus has gradually changed from a

²³ 15 John Shaw, 1987, Sir Arthur Stephenson, Australian Architect, Stephenson & Turner, Sydney, p 92.

²⁴ 16 Robin Boyd, Victorian Modern

²⁵ Stephenson & Turner, 1971, Stephenson & Turner, 1920-1970, Melbourne, Stephenson & Turner, (not paginated)

Repatriation to a General Hospital. The Concord Repatriation General Hospital was the Sydney military hospital and emerged as one of the largest, most advanced and innovative designs of the period.

Construction of the Concord Military Hospital commenced in 1942. Similar to the design of the Royal Melbourne (Figure 4.3), the design employed a T-shaped multi-block ward with a smaller administration and entrance building at the front. Due to the influx of WWII veterans, the building was designed so that an extra 100 beds could be squeezed into the wards if necessary. Admired for its 'gratifying harmony', in 1946 Stephenson and Turner were awarded the Sulman Award for the design of the Concord Repatriation General Hospital. The firm gained international recognition through its publication in the American Journal Architectural Record in 1946²⁶.

The health-related architectural aesthetic of Stephenson & Turner was driven by a desire to reflect the functions of buildings "honestly" (portraying a certain look of cleanliness), forming an important connection between hygiene, function and modernism. Stephenson chose the Modernist idiom for hospitals as it suited the scientific, medical, programmatic and aesthetic requirements for the institution: presence without ostentation. Their approach to health-related architecture set the standard in Australia, exemplified today through the Concord Repatriation General Hospital.

In 1954, Stephenson was knighted for "elevating the standards of design and execution of architecture throughout Australia. In the same year Sir Arthur Stephenson was awarded the Gold Medal of the Royal Institute of British Architects, making him the first Australian recipient of the medal.¹¹ The 1953 recipient of the medal had been Le Corbusier, famous for his modernist phrase "a house is a machine for living". Stephenson on the other hand was best known for his hospitals, which he considered to be machines for caring²⁷.



Figure 3.1: Sanatorium Zonnestraal, Hilversum, The Netherlands. Designed by architects Duiker, Wiebenga & Bijvoet (Source: Flickr, <http://www.flickr.com/photos/34666347@N07/12484270653>)

²⁶ Phillip Goad, Rowan Wilken and Julie Willis (2004) "Australian Modern: Stephenson & Turner", published by Melbourne University Publishing Ltd, p. 73

²⁷ 12 John Shaw, 1987, Sir Arthur Stephenson, Australian Architect, Stephenson & Turner, Sydney p.83



Figure 3.2: Weissenhofsiedlung Hospital, c. 1979 (Source: Wikipedia)



Figure 3.3: Royal Melbourne Hospital, c. 1969 (Source: National Archives of Australia, Image No. A1200, L82119)

3.3 Influences on Design of King George V Hospital, Camperdown and the Royal Melbourne Hospital, Parkville

There are strong similarities between the hospital designs of the Concord Repatriation General Hospital and the Royal Melbourne Hospital (1935-44). It seems possible that the design for Concord Repatriation General Hospital was based on many of the design issues worked out by Stephenson & Turner for the Royal Melbourne Hospital (Figure 4.3). Stephenson described his design aims: "The building must be entirely functional and entirely logical."²⁸ Hospitals are arguably the most complex of modern buildings. They are mini cities with large populations, permanent and transient. Freeland, commenting on the hospital designs of Stephenson & Turner, discusses the machine-like precision.

*The results were clear statements of all that was best in the theories of the time. The sheer brick walls of tall, clean-cut service tower provided the most satisfactory vertical foil to strongly horizontal slabs of wards which were again a stack of alternating solid and void. Long, uninterrupted balconies provided sitting-out areas for patients and, at the same time, acted as sunshades for the glass walls of the rooms. The brickwork was cream or salmon and the balconies were white. The service block, the wards and the balconies are clean-cut with the precision of a machine.*²⁹

It has been said in an office publication that Royal Melbourne Hospital was Stephenson's greatest achievement in hospital design and was "a splendid example of the Stephenson passion for centralising hospital activities and so reducing capital and running costs"³⁰.

Stephenson was influenced by European hospital designs, and Alvar Aalto's Paimio Sanatorium, near Turku, Finland (1929-33) had a strong influence on his designs. This was first seen in his Mercy Hospital and again in his King George V Memorial Hospital, part of Royal Prince Alfred Hospital, Camperdown, where there are reminiscences of Paimio in the entry canopy and the domed skylights³¹. These same details were later repeated in the Concord Repatriation General Hospital building. The distinguishing features of King George V (Figure 4.4) are the powerful expression and well-considered details such as the staircases, entry, wrap around balconies and forecourt. These same details are repeated in the Concord Repatriation General Hospital and it is possible they can be attributed to Arthur Baldwinson (1908-69) who was a senior designer at Stephenson & Turner for a brief period after he returned from London in 1937³².

Stephenson was aware of the modernist ideas in Europe and America. Among other architects, he was influenced by the work of the Finnish architect, Alvar Aalto. In particular, the Tuberculosis Sanatorium in Paimio, 1929-1933 (Figure 4.5). Aalto was an exponent of functionalism and this had far-reaching effects on his hospital design. For Aalto functionalism encompassed many realms including physical and psychological:

*Functionalism is correct only if enlarged to cover even the psychophysical field. That is the only way to humanise architecture.... The ordinary room is a room for a vertical person; a patient's room is a room for a horizontal human being*³³

Part of that functionalism was the rethinking of design to alleviate the suffering of patients:

*When I received the assignment for this sanatorium I was ill myself and was therefore able to make a few experiments and find out what it was like to be ill. I found it irritating to be horizontal the whole time and the first thing I noticed was that rooms are designed for people to be upright... There was no inner balance, no real peace in the room which was not expressly designed for people lying in the horizontal position. I tried therefore to design rooms for weak patients, which would give the lying people a peaceful atmosphere. I did not include for example artificial ventilation which causes a disturbing draught around the head but designed a system whereby slightly warm air entered from between the panes of the window.*³⁴

²⁸ no resource listed on 1999 CMP, but is footnoted anyway?

²⁹ no resource listed on 1999 CMP, but is footnoted anyway?

³⁰ no resource listed on 1999 CMP, but is footnoted anyway?

³¹ no resource listed on 1999 CMP, but is footnoted anyway?

³² no resource listed on 1999 CMP, but is footnoted anyway?

³³ no resource listed on 1999 CMP, but is footnoted anyway?

³⁴

Functionalism had a profound influence at Concord Repatriation General Hospital. Unlike the Sanatorium, Concord Repatriation General Hospital was designed as large wards to treat large numbers of patients recovering from war injuries. Therefore the design for two-bedded rooms was not adopted. The influence of the Tuberculosis Sanatorium is seen particularly in the predominant feature of the balconies, which were also known, as “rest halls”. Stephenson’s hospitals have been described as “Machines for Caring”, a play on Le Corbusier’s catchphrase, “A House is a Machine for Living In”. Australian architecture of the Inter-War period was highly eclectic, it was on the whole conservative. Therefore, the modernist, functionalist hospital design of Stephenson & Turner was radical architecture at the time.



Figure 3.4: King V George Hospital (Source: National Library of Australia, image number 23478372)



Figure 3.5: Tuberculosis Sanatorium in Paimio, 1929-1933 (Source: Wikipedia)

3.4 Inter-War Functionalist Style and Concord Repatriation General Hospital

The Inter-War Functionalist style in Australia was derived from European modern architecture of the 1920s and 1930s. The style emphasised 'functionalism', 'clean lines' and a complete disassociation with the design styles of the past. The major influences were associated with the architecture of Le Corbusier, Eric Mendelssohn and William Dudok. The architectural principles of the Bauhaus were also highly influential in the formulation of this style in Australia. Stephenson & Turner were key practitioners of this style. Broad characteristics of the Inter-War Functionalist style have been described as follows:

*Radical, progressive image, appealing to dynamic commercial organisations and non-conformist individuals. Simple geometric shapes, light colours, large glass areas. Fenestration, often in horizontal bands, giving 'stream-lined' effects.*³⁵

Stephenson & Turners' buildings were given a functionalist treatment in their planning. The following is a description and this is outlined in the following description of the planning of the Royal Melbourne Hospital: The brilliant planning of the traffic routes of the hospital to eliminate confusion and cross traffic is a distinguishing factor. The Royal Melbourne Hospital is a splendid example of the Stephenson passion for centralising hospital activities and so reducing capital and running costs.³⁶

This same design concept was applied to Concord Repatriation General Hospital. Efficiency, an aspect of functionalism, was incorporated in the planning of the building and was critical to the design. Stephenson referred to it in his 1946 Sulman award presentation speech:

*In the planning of this hospital an important point of interest is the separating of the ward unit from the Administrative Building. Where space is available, it seems that this method of industrial planning applied to our major hospitals may solve many complicated problems. In certain instances in Continental planning, the Administrative Buildings are used for all purposes such as Operating, X-Ray and Outpatients, while the main hospital block is devoted entirely for ward and ward service purposes. We have not gone so far as placing the operating suites in the Administrative Block, but have proved the efficiency of planning the Outpatients' Dispensary and X-Ray Departments in this building, with all their associated Departments.*³⁷

The planning was a revolution in hospital design, a move away from the traditional pavilion design. Commenting on this aspect of the design is the following extract from a contemporary journal article:

*The planning of the hospital in compact high blocks with vertical communication by high-speed lifts instead of slow horizontal foot traffic has meant a tremendous improvement in efficiency of operation. The site instead of being cluttered up with untidy huts is free and spacious between the buildings and will be laid out with broad sweeps of lawns, gardens and shady trees. The atmosphere created by this spatial design should do much psychologically to assist the convalescing patient.*³⁸

The kitchen located in the eastern corner of the Multi Block, while part of the Stephenson & Turner original scheme, is a secondary space and is not incorporated within the T-Plan of the building. Nor is it included on Stephenson & Turner's schematic design (Figure 4.6). Unlike St Vincent's Hospital, Melbourne, where the kitchen was given a philosophical rationale and unconventionally placed at the top of the building, at Concord Repatriation General Hospital, it has been detached within the courtyard.

³⁵ Richard Apperly, Robert Irving and Peter Reynolds, 1989, A Pictorial Guide to Identifying Australian Architecture, Styles and Terms from 1788 to the Present, Angus and Robertson, Sydney, p.187.

³⁶ Stephenson & Turner, 1971, Stephenson & Turner, 1920-1970, Melbourne, Stephenson & Turner, (not paginated).

³⁷ "Sulman Award 1946", Architecture, July 1948, p38.

³⁸ Walter Bunning, "113th Australian General Hospital", The Home, 1 September 1942, p.15

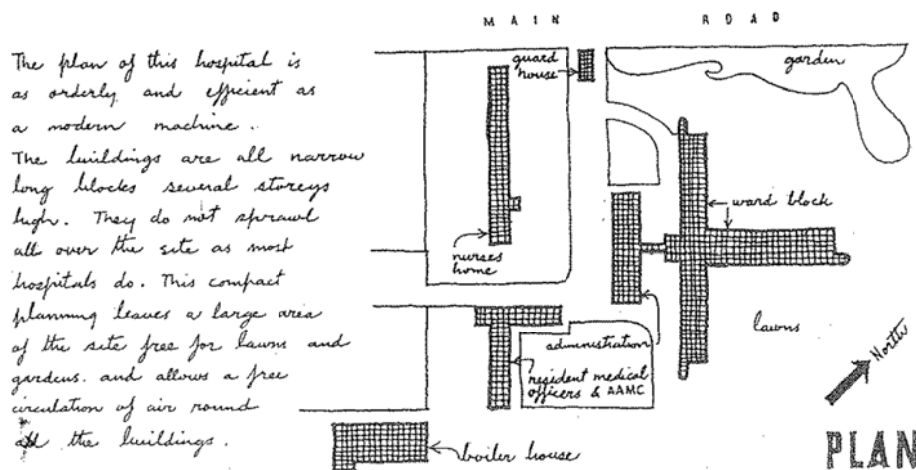


Figure 3.6: A schematic design for the Multi Block

3.5 Synthesis of Architecture, Painting and Sculpture: Artwork on the Stephenson & Turner Buildings

Terracotta decorative motifs have been incorporated as part of the facades of the Stephenson & Turner buildings, and provide an identifying element that suggests the function of that building. The Multi Block at Concord features the hospital's insignia of the lion with the Red Cross in the background, the Nurses' Homes and Linen Services feature motifs symbolising nursing, orderlies and laundry. These sculptural insignias were created by Otto Steen, who was also attributed to producing similar terracotta murals for the King George V Memorial Hospital in Camperdown.³⁹

3.5.1 Otto Steen

Stephenson & Turner arranged for several sculptors to create permanent artworks for the building. One sculptor was Otto Steen. He created 2 sets of both large and small terracotta wall sculptures.

Otto Steen, the creator of the 'Concord Lion' was born in Denmark in 1902 and trained in sculpture at Royal Danish Academy of Art with Prof Einar Utzon-Frank (Uncle of Mr Jorn Utzon, architect of the Sydney Opera House). He migrated to Australia in 1927 and attended the East Sydney Technical College, Darlinghurst (now known as the National Art School). Here Otto was to come under the influence and tutelage of the charismatic English-born sculpture teacher, (George) Rayner Hoff. Hoff was the creator of multiple award-winning and prominent sculptures including Sydney University Physics Building's "famous scientist bronzes", and the original Sulman Medal.

From 1930 to 1934, Otto worked as assistant to Hoff on sculptures for the ANZAC Memorial in Hyde Park, Sydney. The lion and stone sculpture for the Holden car company (the basis for the original Holden car logo), was still being created at the East Sydney Technical College by Hoff, when Steen enrolled there as his student. The first commission of the firm Stephenson and Turner one of most prolific, modernist Australian architectural firms of the 20th Century awarded to them by Dr Herbert Schlink, hospital chairman, gynaecologist and sculpture enthusiast, was the King George V (KGV) Hospital for Mothers and Babies at RPAH.

Stephenson and Turner were also awarded the tender in 1940 for the design of the Yaralla Military /113th General Hospital, with building firm F.T. Eastment & Sons. This too, won the firm the Sir John Sulman Medal for Public Architecture in 1946. At the time of completion, each of these buildings had a large 3D ceramic wall sculpture - nurse, doctor, coal man, laundry worker - each dynamically depicting the exact purpose of the building. The largest sculpture, high on the western side of the main stairwell tower of Building 5 depicts a vigilant-looking lion with a Southern Cross and Red Cross, all created by Otto Steen. Steen was known to use more famous works as his inspiration, and the main Yaralla/Concord sculpture was no exception. These appear

³⁹ "Historical Facts: Architecture, Arts and the Concord Hospital Lion", *Concord Connection Newsletter*, Spring Summer (December) 2014, p. 18

to have been the world renowned Art Deco, Egyptian style Wembley lion of the 1924 British Empire Exhibition, and also the lion sculpture created in 1927-1928 by his mentor, Rayner Hoff. It is highly probable that the Concord Hospital wall sculpture logo had a highly personal meaning for Steen, both as a tribute and memorial to his late mentor Rayner Hoff who died at the early age of 43.⁴⁰

3.5.2 Louden Sainthill

Mural paintings by Louden Sainthill were located in the walls of a pavilion ward along the southeastern foreshore, demolished by 2007, where facilities for the Concord Centre for Mental Health currently occupy. The following biographical account of Louden Sainthill is taken from an exhibition catalogue, Louden Sainthill Retrospective, 1919-1969, curated by David Williams⁴¹.

In this catalogue, Louden Sainthill has been described as one of the finest theatrical designers Australia has produced. Born in Hobart, the second son of Willoughby and Nora St Hill, his family moved to Melbourne where he was educated at Ripponlea State School. Sainthill was a gifted artist from an early age and had written and painted a fairy story from the age of twelve. At the end of his primary schooling he enrolled at Melbourne Technical College Art School under Napier Waller. He showed considerable ability and was awarded a life scholarship ensuring the right to use the College facilities. His father insisted he find employment and he worked for a short period as a designer for a company that sandblasted images on glazing. Unhappy with this work he soon left the company. Around this time he changed his name to Sainthill, having discovered that some St. Hills in the 17th century had used the expanded spelling.

The visit of the Ballets Russe to Australia in 1936 had a significant impact on Sainthill's life. During the ballet season, Sainthill met Harry Tatlock Miller (known as "Tatlock") who was the editor and publisher of an art magazine, Manuscripts. Louden moved into a house in South Yarra with Tatlock and his sister Kath. Harry Miller became Louden's lifelong and intimate friend. The three friends formed an association with the ballet company and Louden held his first exhibition of portraits and ballet scenes at Hotel Australia. Les Ballet Russe de Monte Carlo formed a troupe which had a successful season in 1936-37 and travelled Australia. Louden joined the troupe and returned with them to England in March 1939 at the invitation of Colonel de Basil and Anton Dolin. An exhibition of Louden's work was organised at the Redfern Gallery in London and received favourable criticism. In 1940 Louden and Harry returned to Australia with Col. de Basil's company. Louden designed a production of Giradoux's *Amphytrion* 38 for the Gregan Macmahon Players. He joined the Army Medical Corps as a medical orderly on the hospital ship "Wanganella". Louden's experiences while in the Army produced the few non-decorative paintings of his lifetime. It seems the mural paintings at Concord Repatriation General Hospital belong to this non-decorative phase of Louden's work.

After their discharge from the Army, Louden and Harry moved to Edgecliff, Sydney and lived at "Merioola" a residence they shared with other artists. The inhabitants became known as the "Merioola Group" (or the "Charm School") and exhibited collectively under that name. Members of the group included painters Justin O'Brien, Donald Friend, Peter Kaiser, Roland Strasser and Edgar Ritchard, designer Jocelyn Rickards, photographer Alec Murray, sculptor Arthur Fleischman and pianist Jon Bannenberg. The group of resident artists retained their association for eight years until the demolition of the house. Louden continued to work steadily and a major creative project was "A History of Costume from 4000 BC to 1945 AD" shown in the Art Gallery of New South Wales and purchased by public subscription.

In 1949, Louden traveled to England. Louden's first commission was the décor and costumes for *The Tempest*, directed by Michael Benthall at Stratford-on-Avon. He continued to design approximately four productions a year, including sets and costumes for opera, film, revue and pantomime. His theatres and costumes were praised, and his scene for the arrival of the Queen of Shemakhan in the opera *Le Coq d'Or*, held at Covent Garden in 1954, was described as an unforgettable coup de theatre. It established his reputation as one of the one of the most imaginative designers of the period. Louden designed sets and costumes for numerous directors including John Gielgud, Laurence Olivier, Noel Coward, Michael Benthall Joseph Losey, Tony Richardson, Wolf Mankowitz and Robert Helpmann.

⁴⁰ "Historical Facts: Architecture, Arts and the Concord Hospital Lion", *Concord Connection Newsletter*, Spring Summer (December) 2014, p. 18

⁴¹ David William (1991), *Louden Sainthill Retrospective: 1919-1969*, Exhibition Catalogue for the Melbourne International Festival of the Arts.

In 1969, Loudon received the Antoinette Perry Award for “Distinguished achievement in the Theatre” presented by the League of New York Theatres for his costume designs for *Canterbury Tales*. Loudon died following a second heart attack on June 9, 1969 aged 50. He was buried at Ropley, Hampshire. An annual scholarship for young Australian artists to study theatrical design overseas was set up by his lifelong friend Harry Miller. Loudon’s work are to be found in the Australian National Gallery, Canberra, several State art galleries, the Victoria and Albert Museum, London and numerous private international art galleries and collections.

Loudon Sainthill’s costumes and set designs are typically highly decorative and neo-romantic in quality. They contrast dramatically with Loudon’s mural work found at Concord Repatriation General Hospital. The hospital work predates Sainthill’s Merioola Group phase. As yet, no information is available as to whether these Concord murals were associated with a theatrical performance at the hospital or whether they were studies of a subject that merely interested the artist at the time. They are, however, significantly different from other known works. Further investigation needs to be carried out to uncover other works associated with Sainthill’s wartime and non-decorative phase.

Sainthill appears to be a somewhat elusive artist as were other members of the Merioola Group who disappeared into obscurity once they dispersed and travelled overseas. Alan Lloyd, the Head of Conservation at the Art Gallery of NSW, viewed the Loudon Sainthill works at Concord Repatriation General Hospital in the 1980s. He advised that they were “unique” as Sainthill was not known for the Aboriginal style of painting displayed at Concord Repatriation General Hospital. They were rare due to the fact that a westerner was painting Aboriginal style in the early 1940s. Unfortunately, these murals were not retained on the demolition of that group of pavilion wards around 2007. No photographic accounts of the murals have been found.

3.6 Comparison of Concord Repatriation General Hospital, Concord with other Stephenson & Turner Hospitals in NSW

Stephenson & Turner were prominent hospital designers. NSW hospital buildings designed by the firm include:

- Gloucester House, intermediate and private pavilion at Royal Prince Alfred Hospital, Camperdown, 1936
- The United Dental Hospital, Surry Hills, Phase 1, 1936-39
- King George V Memorial Hospital for Mothers and Babies, Missenden Road, Camperdown, 1940-41
- The United Dental Hospital, Surry Hills, Phase 2, 1946-56,
- Nixon Wing, Royal Newcastle Hospital corner of Pacific and King Street, (similar to Hickman House, Wollongong Hospital), 1950
- Medical Centre, Royal Prince Alfred Hospital, 1955
- Page Chest Pavilion, Royal Prince Alfred Hospital, 1957
- Outpatients, Royal North Shore Hospital, 1964
- Narrandera Hospital, project in 1970
- Acute Ward, Royal North Shore Hospital, 1971
- Private Hospital, Orange, 1984

3.6.1 Gloucester House, Royal Prince Alfred Hospital, Camperdown

This was a private pavilion hospital that formed part of the Royal Prince Alfred Hospital, Camperdown and was Stephenson & Turner’s first hospital design in NSW. The Stephenson breakthrough in hospital design was recognised throughout the hospital world. Recognising this Dr Herbert Schlink, of RPAH, commissioned the firm to design Gloucester House. It provided the firm with a springboard into NSW hospital design. The hospital design incorporated the use of balconies along the north and east elevations with direct access to the wards via the triple-hung windows.

3.6.2 The United Dental Hospital, Surry Hills

Stephenson & Turner designed the United Dental Hospital, on the corner of Elizabeth, Chalmers and Foveaux Streets, Surry Hills, Sydney – in two stages - 1936-39 and 1946-56. It was the firm’s first public hospital in NSW and the first major specialist dental hospital in Australia.

The United Dental Hospital is one of the principal precursors of horizontal modernist architecture in NSW and one of the first examples of an Inter-War Functionalist style hospital building. The style emphasised 'functionalism', 'clean lines' and a complete disassociation with styles of the past. The adaptation of the multi-storey building was a radical departure from the traditional hospital prototype, and emphasised the functionalism of the modernist era. The glazed semi-circular northern fire stair has a dramatic verticality, and located on a major intersection, a strong landmark quality. The United Dental Hospital was one of the first large-scale horizontal strip window buildings in Sydney and reflects the introduction of European modernism.

This building was a day patient dental hospital and therefore its function makes it difficult to compare with the Concord Repatriation General Hospital. Recovery and convalescence does not form part of the buildings function. Therefore, features such as open-air recovery wards are not included in the design of this hospital building.

3.6.3 King George V Memorial Hospital for Mothers and Babies, Missenden Road, Camperdown

This hospital building was built in 1940-41 and received the Sulman Award for 1941. The building was designed with a deep recessed courtyard. The court, open to Missenden Road, is lined with six floors of horizontal concrete balconies and the sunlit forms of the two projecting wings housed the gynaecological and obstetric departments of the hospital.

This hospital building has balconies associated with open-air convalescence and is similar to the Concord Repatriation General Hospital. It forms part of the established Prince Alfred Hospital campus other hospital facilities were not designed for this campus.



Figure 3.7: King George V Hospital, Camperdown

3.7 Healthcare in the Early Decades of the 1900s

In the first decades of the 1900s hospitals resembled halls of charity and boarding houses for the sick. By the 1930s hospital design was as scientific as medical science itself.

Pre-World War I medical practice had been marked by a cultural lag between the advances of medical science and their application in therapeutic practice. The medical problems of World War I, and the fears of the diseases brought back to Australia by returning servicemen added urgency for the call for a stronger central government role in health. The federal government began to play a wider role in postwar health policy. This was strengthened by the work of the Committee Concerning the Causes of Death and Invalidity in the Commonwealth, which conducted a comprehensive series of reports covering such issues as infantile mortality, venereal disease, the 'risks of middle age' and tuberculosis⁴².

The formation of the Commonwealth Department of Health in 1921 was critical in the development of new politics of public health. There was an embodiment of a new national public health. Belief in planning and state intervention came from the ranks of former medical officers who were recruited as a new generation of health officials. Advocates of a centralised approach to healthcare used military metaphors to emphasise the need for strong authority and strict hierarchy and drew parallels between the achievements of military sanitary administration and the problems of civilian life. This thinking was promoted throughout healthcare. The new department had a deep sense of Australian nationalism. There was a concern to 'strengthen' the nation. The national hygienists felt there was a need to develop a centralised state co-ordinated public health service and those with a national health vision that combined a national insurance schemes and programmes of national hygiene.

There was a push for medical care to be kept abreast of the growing complexity of diagnostic equipment. The barriers of cost and knowledge inhibited the application of advances in medical research. In the large cities this responsibility was fulfilled by the state-subsidized public hospitals, but rural and provincial areas were falling behind. In NSW the state's Labour movement popularised the idea of a free hospital service, hospitals were public utilities rather than voluntary charitable institutions. In the 1940s government control of the New South Wales public hospitals grew along with state responsibility for funding. It was in the light of this political movement that Stephenson & Turner designed hospital buildings.

As a result of the push for public health awareness, the numbers of public hospitals grew dramatically. Wartime experiments in medical control attracted the attention of a strong public health lobby that urged that the power of the state be harnessed to the wider project of health education and preventive medicine. "National hygiene" was adopted and medical regulations influenced all stages of human life in order to build a superior Australian race. These ideas were closely linked with the powerful eugenics lobby.

Stephenson led a crusade to make hospitals as modern as science. Stephenson studied the best of American and European hospital design, administration systems and medical care technology and combined them philosophically and practically. In an interview in 1933 Stephenson stated:

We should face the fact that our hospitals, with few exceptions, are definitely below world standard in equipment and facilities. We should study world standards, let us build on world knowledge – rather than flounder away in ignorance.

Stephenson changed the atmosphere of the hospital to one of modernity. The Jessie McPherson Wing, Queen Victoria Memorial Hospital for Women and Children, Melbourne, 1930 marked the end of the "Nightingale" ward era. St Vincent's Hospital, Melbourne, 1933 was the firm's first major hospital project, which included many of the hospital design principles that Arthur Stephenson had developed from his constant research and travel experience. The Mercy Hospital, East Melbourne,

⁴² Architectural drawings for the General Military Hospital, Yarralla presented for the Sir John Sulman Award, 1946, 16 plans in 1 portfolio. Presented by the RAlA (NSW Chapter) March 1961. ML reference: Pictures Card Catalogue

1934 was the first major use in Australia of the balcony to provide sun control and as an extension of the patients' immediate environment and was derived from the work of Gropius and Aalto.

The first high-rise hospitals, towers of 15 storeys and more were built in New York, Chicago, and Philadelphia between 1925 and 1928. Stephenson was inspired by these American hospital designs. Stephenson promoted organisational efficiency and a functionalism borne out of the needs of staff and patients. Stephenson subscribed to the modern idea that a very large hospital needed to use extensive outdoor patient convalescing areas directly accessible from the wards.

3.8 Moveable Heritage

Alan Lloyd, Head of Conservation at the Art Gallery of New South Wales, has made mention in correspondence regarding the sighting of ceramic sculptural artworks when he visited the hospital ten years previously. He believed soldier patients made them as part of their rehabilitation from war injuries. The pieces were considered to be of a high standard and to have cultural and historical significance. These items have been mislaid. It was hoped that they may be unearthed and should be kept on site for further interpretation.

3.9 The Sulman Award – 1946

The main building, otherwise known as the Multi-Ward Block, was awarded the Sir John Sulman Medal for Architecture in 1946. The John Sulman Medal and Diplomas are the most prestigious architectural honours in New South Wales, and the oldest in Australia. They are named after the English-born architect, Sir John Sulman (1849-1934), who spent his adult life engaged in architectural practice, education and town planning (Figure 4.8). He stood out in Sydney's small circle of architects; he was well educated, energetic, and had extensive experience in London behind him⁴³. In his last year he positioned himself as a public commentator on architecture, art and the emerging discipline of planning through journalism, committee membership and lobbying. He donated the money for the Medal in 1931, three years before his death⁴⁴. In early 1932, the Architects Council published a set of award conditions:

1. The building must front to a street, road, square, or court, to which the public has access
2. The architect whose building is submitted must himself be its designer, and must satisfy the jury in this regard.
3. Any member of the IANSW shall be at liberty to nominate any building for consideration by the jury; he is also at liberty to nominate any building of his own design
4. The jury do not bind themselves to confine their selection to the buildings nominated...
5. The jury shall comprise four architects, one painter, one art critic, and the Director of the National Art Gallery, to be elected annually by the Council of the Institute. The Council of the Institute has decided to confine the award to the following classes of buildings:
 - a. Public (including Recreational or Sporting, Theatres Transport, Governmental)
 - b. Ecclesiastical
 - c. Educational (including Art Galleries, Museums, etc)
 - d. Commercial
 - e. Domestic
 - f. Institutional

These award conditions remained until 1958. After this date, the Institute created a new award, the Wilkinson Award, for the category of individual homes and replaced the six categories with the revised definition of 'nondomestic'⁴⁵.

The 1946 the jury for the Sulman Award consisted of architects Sydney Ancher, Cobden Parkes, BJ Waterhouse and Professor L Wilkinson. Members of the jury who were not from the architectural profession included JD Moore (painter), Tatlock Miller (art critic) and Hal Missingham (Director, National Art Gallery).

⁴³ Elisha Long (1990) "Our Mr. Sulman: The Design and Construction of the Thomas Walker Hospital, Concord, 1890-1893", p. 10

⁴⁴ Australian Institute of Architecture (2012) "80th Anniversary of the Sir John Sulman Medal", p. 50

⁴⁵ Cited in CSAHS Memorandum from Susan Connelly, Public Affairs and Marketing, to Carol-Lynne Chard, Director, Capital Works Planning Unit, dated 26 Feb 1999.

The Sulman Medal for 1946 was awarded to the Concord Repatriation General Hospital. Some confusion exists as to whether the award was for all of the permanent Stephenson & Turner buildings at the hospital, or only the Multi Block (Main Ward Block). The descriptions in the Sydney Morning Herald March 13, 1948 and the journal article in Architecture, July 1948, indicate that the award was for the Multi-block, which they describe in detail. The Stephenson & Turner group of hospital buildings are described briefly as associated with the Multi-block:

*"113 AGH is the biggest permanent hospital for war casualties in Australia... It has larger wards designed for ample sunlight, areas of glass being screened from the direct rays of the sun by balconies."*⁴⁶

In "Architecture in Transition: The Sulman Award 1932-1996", the author, Andrew Melcalf stated that the award was given to the complete complex of hospital buildings. Don Bergomi, the current Sydney director of Stephenson and Turner International (formerly Stephenson & Turner), stated in a conversation that he felt the group should be viewed as a complete set⁴⁷. However, the Royal Australian Institute of Architects (NSW Chapter) Annual Report of Council for the year ended 30 September 1948 refers to only a single building in its description of the Sulman Award:

*"The 1946 Sulman Award was made to Messrs Stephenson & Turner for their design of the 113 Australian General Hospital building at Concord, New South Wales"*⁴⁸

Architectural drawings of only the Main Ward Block were located in the Mitchell Library, donated by the RAI in March 1961. These were competition drawings for the Sulman Prize showing.⁴⁹ This would seem to indicate that the Multi Block alone was awarded the Sulman Prize. There is not as yet any RAI documentation which provides an official description of the extent of the 1946 award.

The NSW chapter of the Australian Institute of Architects continues to annually present the Sulman Award. In the 80 years since 1932, seventy-three medals have been presented. The majority of winning buildings, most of which are in Sydney, have survived. Six have been demolished, twenty-four have undergone extensive alterations, fifty-four (76%) have been listed on the Chapter's Register of the 20th Century Buildings of Significance, twenty seven are on Local Environmental Plans (LEPs), nine are on the State Heritage Register and one (the Sydney Opera House) is on the World Heritage List⁵⁰.



Figure 3.8: Sir John Sulman
(Source: Elisha Long (1990) "Our Mr. Sulman: The Design & Construction of the Thomas Walker Hospital, Concord, 1890-1893", p. 10)



Figure 3.9: The 1946 Sulman Award

⁴⁶ The Sydney Morning Herald (Saturday 13th March, 1948) "Sulman Award for Yaralla", p. 2

⁴⁷ RAI (NSW Chapter), Correspondence Matthew Devine to Lynette Gurr, 20 October, 1999, Enquiry 9910-12.

⁴⁸ Philip Goad, (1999) *Melbourne Architect*, The Watermark Press, Sydney, p.149

⁴⁹ Architectural drawings for the General Military Hospital, Yaralla presented for the Sir John Sulman Award, 1946, 16 plans in 1 portfolio. Presented by the RAI (NSW Chapter) March 1961. ML reference: Pictures Card Catalogue XV"AUS ARCH 1-16-Stephenson & Turner

⁵⁰ Australian Institute of Architecture (2012) "80th Anniversary of the Sir John Sulman Medal", p. 50

3.10 Landscape

Photographs from the early 1940s show the denuding of the hospital site (See Figures 4.7, 4.8 and 4.9). Figure 4.9 shows tree stubs around the northern periphery of the Green. An extensive landscape planting programme occurred in the period following the construction of the hospital. A 1948 article in *Architecture* describes the progress of that planting: “The trees and shrubs have grown in a profusion of colour and shade, and the full meaning of the importance of landscaping and garden layout is apparent and really appreciated.”⁵¹

The gardens at Concord Repatriation General Hospital are influenced by two major landscape styles. These styles can be described as the Inter-War Eclectic Style and the Native and Modern Garden style. These are described as follows:

3.10.1 Inter-War Eclectic Style (1915-1940)

The International Modern Movement regarded open space as vital to the concrete tower blocks to “fulfil the need for an affinity with Nature”. Le Corbusier had advocated the incorporation of tennis courts and swimming pools as part of the design scheme. These elements were to be found in better schemes, as were rooftop gardens. “The Green” at Concord Repatriation General Hospital is an example of the International Modern Movement influence and was an intrinsic aspect of Stephenson and Turner’s design.

3.10.2 Native and Modern Gardens (1940-60)

Immediately after World War II two landscape designers were to have a profound influence on Australian garden design. Burle Marx, a painter and plantsman, influenced gardening world-wide when articles appeared in the *Architectural Review*, which showed his gardens, parks and open spaces of Brazil and Venezuela. His garden designs advocated the use of native planting in a natural environment. The Californian, Thomas Church advocated the simplicity of line, form and shape in garden design. This was exemplified in his famous Donnell garden at Sonoma. These design principles suited the Australian lifestyle and climate and soon became essential elements in the gardens. The garden consisted of a lawn with shrubs and trees grouped in a natural arrangement.

Native and bush gardens were popularised and culminated in an all-native garden which was low-maintenance and low-key. This style of garden is reflected in the planting that is found within the grounds of the Concord Repatriation General Hospital.

3.11 Impact on the Local Environment

The Concord Repatriation General Hospital is a dominant feature of the Concord landscape and has a profound impact on the local area. The following is a Concord municipal publication that describes its impact:

*The outstanding long-term effect of World War II on the Municipality of Concord was the building of the 113th Australian General Hospital – later known as the “Concord Repat” – on part of the old Yaralla Estate in 1941. Given the enthusiasm of both Thomas and Eadith Walker for hospital benefaction, the construction of this hospital was a fitting climax to their long term involvement – spanning almost a century – with the municipality.*⁵²

Unlike the Thomas and Eadith Walker sites, there does not appear to be a maritime association at Concord Hospital. Mangrove growth now virtually precludes this.

⁵¹ NOTE cannot find this reference in this doc or the 1999 one

⁵² Walter Bunning, “113th Australian General Hospital”, *The Home*, 1 September 1942, p.15.