

## 4.0 HERITAGE ASSESSMENT REPORTS: STATE HERITAGE PLACES

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### *Issues involved in Assessment of Hospital Buildings*

Any hospital site is an evolving entity. The full range of historical, architectural, economic, scientific and social factors can be seen to have an impact on the physical development of a hospital.

The Royal Adelaide Hospital site has undergone a number of development bursts resulting in demolition of earlier outmoded buildings and construction of what were then considered to be the most advanced hospital facilities of the time, in response to these imperatives. This development is typical of the need to upgrade, update and expand the facilities and services provided by any large central hospital. Hospital buildings reflect the need for constant improvement of facilities to keep pace with the ongoing scientific advancements and new methods of medical and health care. This theme of replacement and renewal is repeated a number of times - with the same media rhetoric and enthusiasm for the new. Most notably, on the Royal Adelaide Hospital site, these 'upgrades' occurred in the 1850s with the initial construction of the hospital, the 1890s as medical research and education developed and hospitals became more focused on health care, the 1920s with the economic expansion and population growth after World War One, and the 1960s with the growth of public health and welfare systems. The process continues today.

Most often, the buildings which resulted were the outcome of re-thinking the theory of hospital design, based on the current understanding of good health and the physical setting required for the cure of conditions of ill health. Medical advances in technology and equipment also had an impact on the design of buildings.

The buildings located on the Royal Adelaide Hospital site have changed substantially over the years of the hospital's existence. This is highlighted by the investigations undertaken for the archeological significance of the site. The buildings on site have changed constantly to accommodate new medical processes including research and the internal fabric of later buildings has also changed constantly to accommodate new equipment and medical processes.

### ***Determining significance***

The buildings themselves need to demonstrate wider significance than that related to their functions as hospital buildings. The integrity internally is difficult to determine and is often not related to the original layout or function of a building, as so many changes have occurred.

### **Historic, economic and architectural value**

On the RAH site the process of upgrading is clearly demonstrated by the suite of buildings along North Terrace which were the outcome of immediate post World War One planning. The heritage qualities of these buildings should be considered as a group, as well as individually, as collectively they demonstrate both architectural and economic factors in SA history, as well as the development of the hospital. (There are no other significant 1920s hospital buildings in SA.)

### **Scientific and Social Value**

The work of doctors, researchers, medical specialists, nurses and administrators in the hospital over the full period of the hospital's existence has been broad and far-reaching, and the buildings and sites within the hospital are associated with a wide range of people and their work. Unfortunately, the site of many ground-breaking scientific and medical discoveries or developments is most often removed with the next stage of research or treatment. Laboratories and research teams are formed and disbanded as necessary.

In addition the ascribing of significance to individual buildings merely because people were cured in them due to hospital treatment is insufficient as a measure of their heritage value, as this is the basic purpose of a hospital and many buildings on site will have this characteristic to varying degrees.

## 4.1 Individual Building Assessments

As required in the brief, the following buildings (listed chronologically by date of opening) have been assessed against the criteria for State heritage value under Section 16 of the *Heritage Places Act 1993*.

- Sheridan Building (former Kiosk) (1925) (ID: 26436)
- Bice Building (1927) (ID: 26437)
- Women's Health Centre (1935) (ID: 26438)
- Allied Health Services Building (1935) (ID: 26439)
- IMVS Building (1938) (ID: 26413)
- McEwin Building (1945-46) (ID: 26440)
- Adelaide University Medical School (1947) (ID: 26413)
- Eleanor Harrald Building (1954) (ID: 26413)
- East Wing (1962) (ID: 26413)
- Dental Hospital (1968) (ID: 26413)
- Residential Wing (including Chapel) (1969) (ID: 26413)
- The Sanctuary (2005) (ID: 26413)

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**NAME:** Sheridan Building (former Kiosk) (1925)      **PLACE NO.:** 26436

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE SHERIDAN BUILDING

This small building close to the entrance to the Royal Adelaide Hospital was built contemporaneously with the Bice Building during 1925. As the Bice Building was not opened until 1927, this was the first of the 'new' buildings, and came to be located close to the Casualty and Admissions Building, which opened in 1935. Work commenced on this small building in early 1925 and it was completed by mid-August at a cost of approximately £2410. It was designed by the Architect-in-Chief's Office for the Adelaide Hospital Auxiliary Committee to serve as a kiosk. It was reported in *The Mail* on 15 August, 1925 that the 'building is intended to serve the double purpose of a kiosk and a Keith Sheridan memorial'. The building was officially opened on 18 November 1925, fitted out by the Committee as a tearoom and shop.

The Committee had been created in 1924 to provide comforts to patients of the hospital in the form of linen items not provided by the hospital and to raise money through the sale of teas and other items to patients, visitors and hospital staff. Money raised was directed towards the establishment of a separate maternity ward at the hospital. A bequest of £2,500 through the Keith Sheridan Fund trustees, from Miss Alice Frances Keith Sheridan and her sister Mrs Violet Laura Simpson, enabled the construction of the building. Alice Frances Keith Sheridan (who died in 1922), described as an 'erudite recluse' in her obituary, was a significant philanthropist in South Australia - she bequeathed her family home in MacKinnon Parade, North Adelaide to the South Australian Institutes Board and her will also included a bequest of £20,000 to the University of Adelaide. A large original bronze tablet mounted on the wall in the central room, states that the building was erected in memory of Miss Sheridan and Mrs Simpson.

## 2. DESCRIPTION

The Sheridan Building is a small octagonal structure, of a tempietto form with an elegant classical feel, due to the domed roof form and originally open colonnaded front. On its completion in 1925 it was described as 'an imposing structure, and is a combination of utility and beauty'.

The former kiosk building faces south towards North Terrace and was originally configured to have a wide veranda surrounding a central internal space that was used as a tearoom. While the kitchen was located on its north side, it also contained a shop, located on the west side, and accessed from the open verandah. A small addition was constructed on the north side of the building, during the 1958 works to adjacent buildings. The front 'verandah' was enclosed at some time after 1962.

The building is constructed with load-bearing brickwork finished with render. The roof over the central room is domed and clad with sheet metal, while the windows and doors were originally timber; those opening into the central room are divided by closely spaced glazing bars. The ceiling follows the underside of the dome and the walls are plastered, with painted tiles evident on the walls in the former kitchen. The floor is concrete and currently finished with sheet floor coverings, possibly concealing an original terrazzo finish, which is evident in the skirting.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Sheridan Building is representative of two significant themes in South Australian history including:

- Provision of medical education and hospital facilities for a growing population in South Australia, specifically during the 1920s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Sheridan Building was the kiosk for the hospital from 1925.

It also demonstrates the importance of philanthropic bequests in the provision of auxiliary services associated with a major institution such as the Royal Adelaide Hospital.

- The development of Adelaide's city centre. This significant group of hospital buildings, which includes the Sheridan Building, is located on North Terrace, a substantial boulevard in Adelaide, of potential national significance, and northern boundary of the city in Colonel William Light's Plan for Adelaide.

#### COMPARABILITY / RARITY / REPRESENTATION:

The form of the Sheridan Building, based on a small classical temple, compares with other places entered in the South Australian Heritage Register such as the Angas Memorial, Memorial Drive. It is also similar in form to the Federation Pavilion, Centennial Park, Sydney, constructed in 1988 although this structure is much more overtly a sculptural form. There are also many other buildings on the SAHR which are representative of philanthropic bequests.

As it is a small but significant element in the development of a distinctive suite of buildings for the RAH site during the 1920s-1940s, the Sheridan Building has high value due to its unique qualities.

The group the Sheridan Building forms part of has been assessed as having exceptional significance in relation to other buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Sheridan Building is a small but significant example of the importance of philanthropy towards the Royal Adelaide Hospital, in this case during the 1920s. It reflects the growth and expansion of the hospital during that period of substantial development of public health and hospital services, and demonstrates the need for the provision of additional auxiliary services through the assistance of bequests and volunteers.

In conclusion, it is considered that the Sheridan Building meets this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Sheridan Building does not display rare qualities and is not considered to be endangered apart from the threat of redevelopment of the RAH site with the move of the hospital to its new site in 2016.

In conclusion, it is considered that the Sheridan Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Sheridan Building itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Sheridan Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be*

*excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The Sheridan Building does not form part of the major buildings which reflect 'modern hospital design and construction theories and practice' during the 1920s to 1940s. It is a small building with minimal links to medical developments, being related to auxiliary facilities and services for hospital users.

In conclusion, it is considered that the Sheridan Building does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Sheridan Building's formal design and aesthetic qualities include the interpretation of the classical tempietto form as a small public building within this suite of hospital buildings constructed during the 1920s and 1930s on the Royal Adelaide Hospital Site. It was designed by the Architect-in-Chief's Department and is probably the work of George Gavin Lawson who designed the Bice Building. It is an excellent representative of a small carefully designed public building.

In conclusion, it is considered that the Sheridan Building meets this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Sheridan Building as part of the Royal Adelaide Hospital redevelopment in the 1920s has been held in high regard for an extended period by a broad spectrum of the South Australian community, the patients and visitors to the hospital, to whom it has provided basic but welcome retail and catering services.

In conclusion, it is considered that the Sheridan Building meets this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The Sheridan Building has a special association with Alice Frances Keith Sheridan and her sister Violet Laura (later Simpson). Alice Frances Keith Sheridan was one of South Australia's significant philanthropists in the 1920s, providing bequests for the hospital, the Institutes organisation as well as the University of Adelaide. The Keith Sheridan Fund trustees provided a bequest for the construction of this building which enabled the Adelaide Hospital Auxiliary Committee to provide comfort for patients from 1925 onwards.

In conclusion, it is considered that the Sheridan Building meets this criterion.

**EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The extent of listing includes:

- all external elevations, original elements and details.
- the domed roof form,
- rendered external walls (now painted)
- original timber framed windows.

Note that these elements, and the original external appearance of the building can be clearly seen in the 1962 photo [RAH 1962 081]

The curtilage for the Sheridan Building will include a reasonable buffer zone, up to and including the original iron railing fence, to allow the building's association with similar buildings to the east, west and north to be recognised and appreciated as part of the North Terrace group.

The extent of listing excludes:

- the enclosure of the original open front to the building
- the rear late-1950s additions
- any later changes to windows and doors and internal spaces

**NOTE:** If included on the South Australian Heritage Register, this building must be the subject of a comprehensive Conservation Management Plan to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

**REFERENCES:**

Ian L D Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia-1995* (Adelaide, Royal Adelaide Hospital, 2003)

SLSA, PRG 331

*The Observer*, January 1923

*The Mail*, 15 August 1925

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**NAME:** Sheridan Building (former Kiosk) (1925)      **PLACE NO.:** 26436

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**SITE RECORD:**

**FORMER NAME:** *Kiosk*

**DESCRIPTION OF PLACE:** A small octagonal tempietto form building with a domed roof form and originally open colonnaded front, constructed of load-bearing brickwork finished with render. The roof over the central room is domed.

**DATE OF COMPLETION:** 1925

**REGISTER STATUS:**      **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:**      **Description:** Accommodation for the Royal  
Adelaide Hospital Research  
Fund  
**Dates:** 1980-present

**PREVIOUS USE(S):**      **Description:** Kiosk  
**Dates:** 1925-1980

**ARCHITECT:**      **Name:** Architect-in-Chief's Office  
**Dates:** 1924

**BUILDER:**      **Name:** Not known?  
**Dates:** 1925

**SUBJECT INDEXING:**      **Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:**      **Description:** Adelaide City Council

**LOCATION:**      **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:**      **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide  
Central Adelaide Local Health  
Network

**OWNER:**      **Name:**  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Sheridan Building (former Kiosk) (1925)

**PLACE NO.:** 26436



**SITE PLAN - SHERIDAN BUILDING ARROWED**

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**NAME:** Sheridan Building (former Kiosk) (1925)      **PLACE NO.:** 26436

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**Sheridan Building (former Kiosk) - West Elevation**



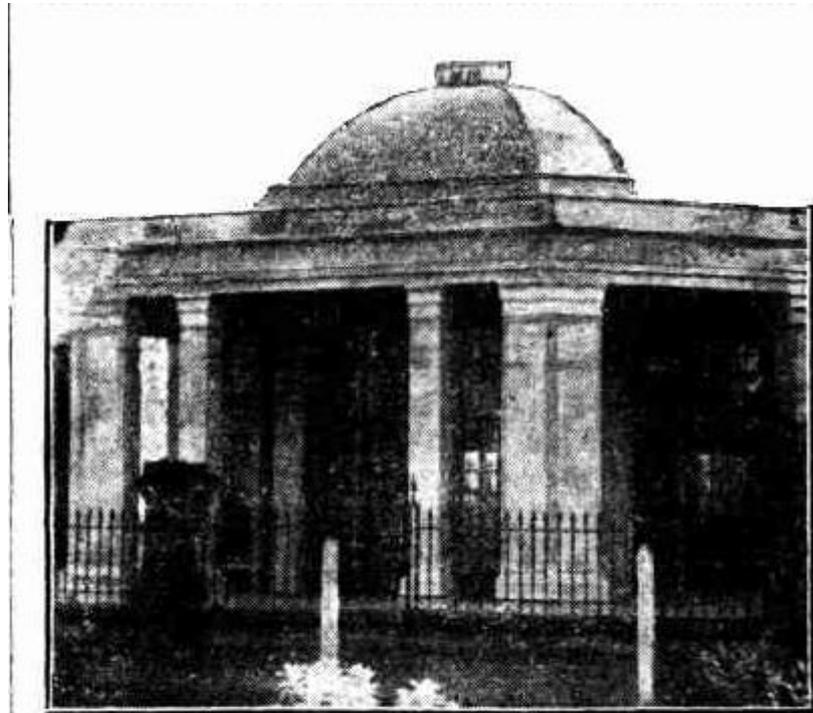
**Sheridan Building (former Kiosk) - East Elevation**

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**NAME:** Sheridan Building (former Kiosk) (1925)

**PLACE NO.:** 26436

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*This kiosk has just been built at the Adelaide Hospital. From it the hospital auxiliary will distribute comforts to the patients.*

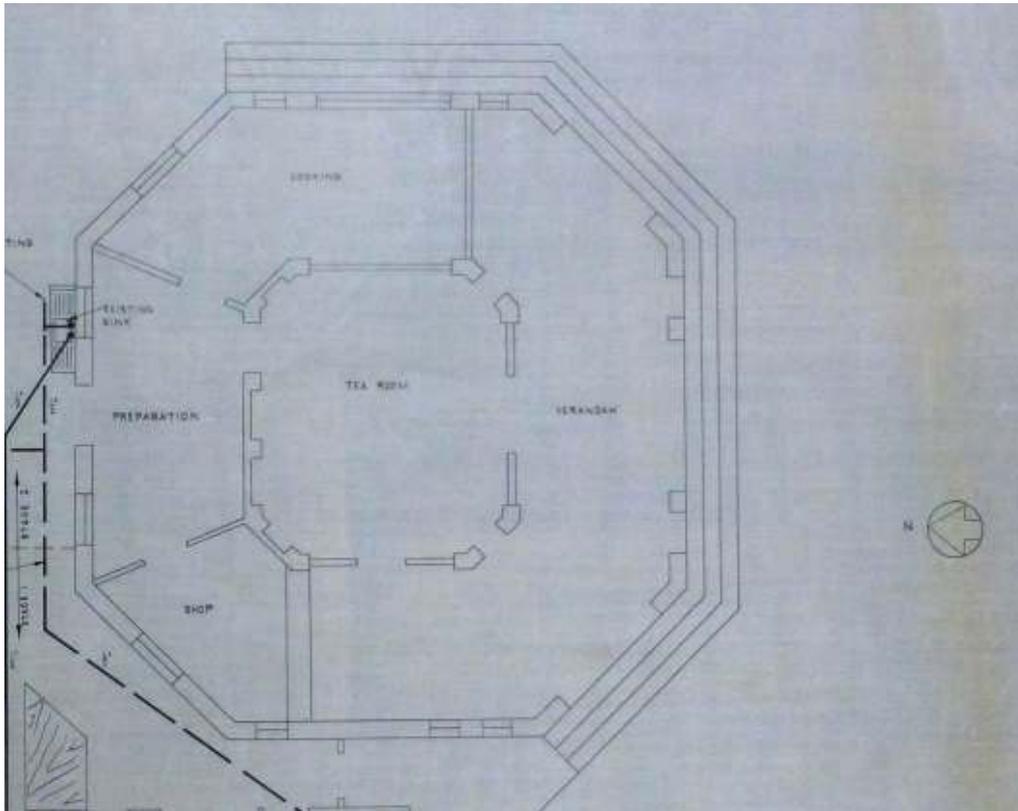
**View from North Terrace in 1925 [note original fence]  
(Source: *The Mail*, 15 August, 1925)**



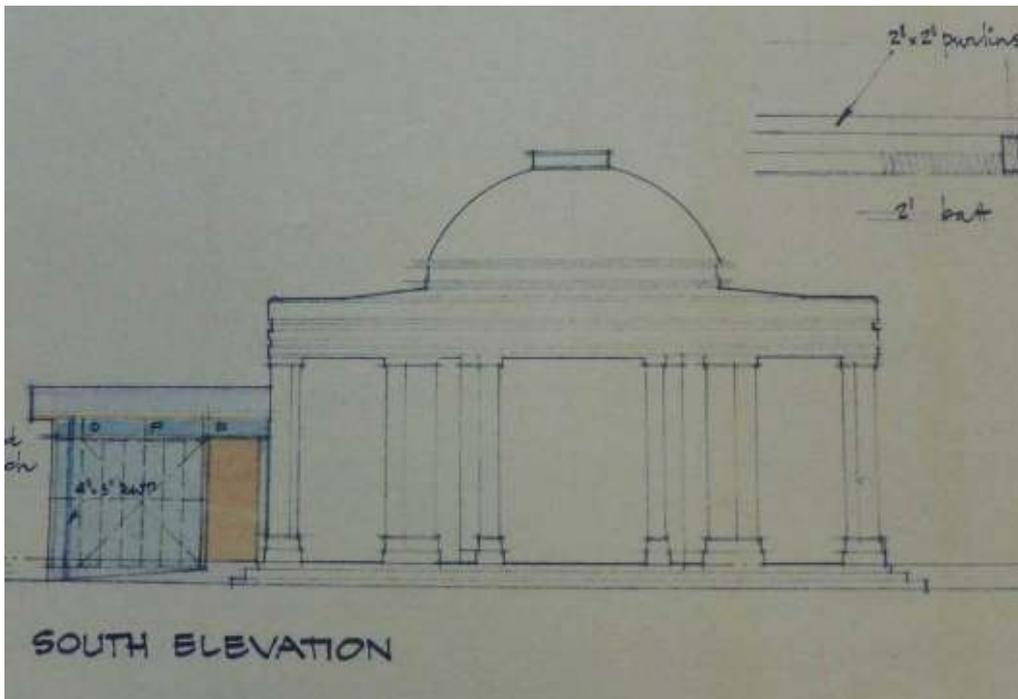
**Sheridan Building (former Kiosk) in 1962 - East Elevation  
(Source: *RAH Album - GRG 38/66*)**

**NAME:** Sheridan Building (former Kiosk) (1925)

**PLACE NO.:** 26436



**Original Floor Plan of Sheridan Building (former Kiosk)**  
(Source: RAH Engineering and Building Services)



**1958 South Elevation of the Sheridan Building (former Kiosk)**  
(Source: GRG 38/68)





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**NAME:** Bice Building (1927)**PLACE NO.:** 26437

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE BICE BUILDING

The Bice Building was the first building erected as part of an important redevelopment of the Hospital site which evolved from the planning of the 1921-22 committee, generally termed the Extra Accommodation Committee. It was the first of a planned six new buildings fronting North Terrace occupying what had originally been the gardens of the Hospital. The building drawings and specification were prepared by the Architect-in-Chief's Office to the design attributed to George Gavin Lawson, a Senior Architect with the Office. Tenders closed on 12 December 1923 and the contract was awarded to H S C Jarvis, of Croydon.

A distinctive and original design vocabulary, which paid clear reference to Owen Smyth's work, was established by George Gavin Lawson when he began work on the hospital buildings. Lawson was appointed assistant chief draughtsman in the newly formed South Australian Architect-in-Chief's office in November 1920. (The first Architect-in-Chief was Alfred E Simpson, and the Architect-in-Chief's office took up the architectural role of Works and Buildings.)

Work commenced in early January 1924 with a foundation stone being laid in August of that year, but the building was not opened until 1927. It was named after the recently deceased former Chief Secretary, Sir John Bice, who had done much to improve the Hospital as part of his Ministerial responsibilities. Changes were made to the building in 1958 when additional rooms were added on the eastern side of the building at ground and first floor level, and the front portico had an additional room added above with appropriate detailing to create a library internally.

The building was originally known as the Administration Building and contained offices, meeting rooms and other administrative services on the ground floor. The first and second floors provided accommodation for the resident medical officers and this included a library, billiard room, dining room and bedrooms. The third floor above was occupied by a large ward which was surrounded on three sides by balconies to encourage fresh air and foster natural ventilation. With a north south orientation there was a maximum exposure to natural light on the east and west sides, and this encouraged cross ventilation, an important part of hospital design at this time.

## 2. DESCRIPTION

The first building George Gavin Lawson worked on at the Adelaide Hospital was the Bice Building. The building is constructed of load bearing brickwork with red faced brickwork used as the primary element on the external facades. The most significant elements of the composition are the rusticated plinth, (the ground floor serves as a plinth to the composition above) and the roof form of bell-cast upturned corner eave elements which are repeated in the other buildings proposed in the Master Plan. The massing of the building is particularly architectonic and almost monumental for a small four storeyed building, but the detailing enhances the physical massing.

The architectural qualities of the building are significantly Edwardian in source, particularly Edwardian Classical Free Style reflected in the composition of the entrance portico. Articulation of all elevations is carefully considered and balanced in proportion and the central recessed bay of the middle storey is enclosed in a semi-circular arched opening which makes reference to work of earlier architects such as H H Richardson and Halsey Ricardo and Charles Voysey, and others including Edward Lutyens in the late Edwardian period. This arched opening also refers back to the arched openings of the Flinders Wing which was constructed in the early 1890s and was located to the east of Bice Building. Earlier buildings in Adelaide with this prominent arched and recessed entry were many and included the Adelaide Steamship Company Building in Currie

Street constructed in 1911 by Alfred Wells. The design also followed on from the aesthetic established by the Margaret Graham Nurse's Home, particularly in the bell cast form of the roof.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Bice Building is representative of two significant themes in South Australian history including:

- Provision of medical education and hospital facilities for a growing population in South Australia, specifically during the 1920s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Bice Building was the administration centre for the hospital from 1927.
- The development of Adelaide's city centre. This significant group of hospital buildings, of which the Bice Building was the first, is located on North Terrace, a substantial boulevard in Adelaide, of potential national significance, and northern boundary of the city in Colonel William Light's Plan for Adelaide.

#### COMPARABILITY / RARITY / REPRESENTATION:

The Bice Building compares with other places entered in the South Australian Heritage Register such as the Hartley Building (former Teachers' College), Kintore Avenue, Adelaide - also designed by G G Lawson.

The Bice Building has high value due to its unique qualities in South Australia, as the significant key building in the development of a distinctive suite of buildings on the RAH site during the 1920s - 1940s.

The Bice Building has been assessed as having high relative significance in relation to other buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Bice Building demonstrates an important aspect of South Australian history in the development of public health and the growth of such services for the whole of the state during the 1920s, a period of rapid population growth and notable medical developments. It reflects the progression of medical practices in the design of hospital buildings at that time, with the combining of administration, accommodation and wards with open balconies. Its location, facing North Terrace, demonstrates the 1920s planning for a larger and more efficient hospital.

In conclusion, it is considered that the Bice Building meets this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Bice Building does not display rare qualities and while it has been the subject of possible demolition over the years, particularly in the 1960s, it is not considered to be endangered apart from the threat of redevelopment of the RAH Site with the move of the RAH to its new site in 2016.

In conclusion, it is considered that the Bice Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Bice Building itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Bice Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The Bice Building was the first of the suite of multi-storeyed buildings first planned in 1922 as part of an essential redevelopment of the hospital. Reference to information on hospital buildings designed in the 1920s to 1940s indicates that the Bice Building was built to 'modern hospital design and construction theories and practice at that time'. Its design reflects the needs of the evolving hospital site and the theories of hospital design, which included cross ventilation and balconies and north-south orientation, to allow the benefits of sunlight and 'clean air' for patient care and cure. It also incorporated much-needed administration offices and accommodation for doctors. This design is essentially intact and capable of demonstrating hospital design theories of the time.

In conclusion, it is considered that the Bice Building meets this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Bice Building's formal design and aesthetic qualities demonstrate an outstanding and original interpretation of Edwardian/Inter War Free Classical design in South Australia in the 1920s. It is an excellent example of the work of George Gavin Lawson who was employed in the Architect in Chief's Department from 1920. This style is distinctive and is repeated, in other iterations, in all the buildings in the North Terrace group. The Bice Building is architecturally as significant as Lawson's other later work in South Australia including the former Teacher's College (Hartley Building) on Kintore Avenue. Apart from easily removed alterations and adaptation to link with new main entry, the integrity of the building is high.

In conclusion, it is considered that the Bice Building meets this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Bice Building as part of the Royal Adelaide Hospital redevelopment in the 1920s, is the oldest hospital building on the site. It has been held in high regard for an extended period by a broad spectrum of the South Australian community, as the centre of health care and medical advances, particularly with rapid population growth in the Inter-War period. It has served the community as the focus of health and medical care for most of the State, either

by attendance and admission into the Hospital itself, or through the advances in medical knowledge achieved by the Hospital through its education and research programs.

In conclusion, it is considered that the Bice Building meets this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

In considering this criterion, any particular special association is difficult to support. The work of doctors, medical specialists, nurses and administrators in the RAH over the full period of the Hospital's existence has been broad and associated with a wide range of people rather than individuals. This work is constantly progressing and evolving, and has a collective value rather than a special association with any individual.

In conclusion, it is considered that the Bice Building does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The **extent of listing includes:**

- all external elevations, original elements and details
- bell cast roof form
- unpainted red brick walls and now painted rendered plinth
- metal framed windows

Note that these elements, and the original external appearance of the building can be clearly seen in the c1926 photo [SLSA B4087]

The **curtilage** for Bice Building will include a reasonable buffer zone allowing the building's association with the similar buildings to the west to be recognised and appreciated as part of the North Terrace group. The original iron railing fence to North Terrace will form the southern boundary of this curtilage.

The **extent of listing excludes:**

- changes which enclosed balconies and verandahs
- additional room created above the front entrance portico
- later changes to windows and doors
- changes to west wall as part of the later main entry
- later internal changes to create new areas and room spaces

**NOTE:** If included on the South Australian Heritage Register this building must be the subject of a comprehensive Conservation Management Plan, to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

**REFERENCES:**

Ian L D Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia-1995* (Adelaide, Royal Adelaide Hospital, 2003)

GRG38/68

*The Builder*, 1925

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**NAME:** Bice Building (1927)
**PLACE NO.:** 26437**SITE RECORD:****FORMER NAME:****DESCRIPTION OF PLACE:**

A four storey brick and render building with a rusticated plinth and steeply pitched timber framed roof supported by large brackets that are bell-cast at the eaves.

**DATE OF COMPLETION:**

1927 with 1960 additions

**REGISTER STATUS:**

**Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:**

**Description:** Offices, retail space, admissions area, records and storage  
**Dates:** c1970-present

**PREVIOUS USE(S):**

**Description:** Offices, accommodation for Medical Officers, Medical Ward  
**Dates:** 1927-c1970

**ARCHITECT:**

**Name:** George Gavin Lawson,  
 Architect-in- Chief's Office  
**Dates:** 1923

**BUILDER:**

**Name:** H S C Jarvis of Croydon  
**Dates:** 1924-1927

**SUBJECT INDEXING:**

**Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:****Description:** Adelaide City Council**LOCATION:**

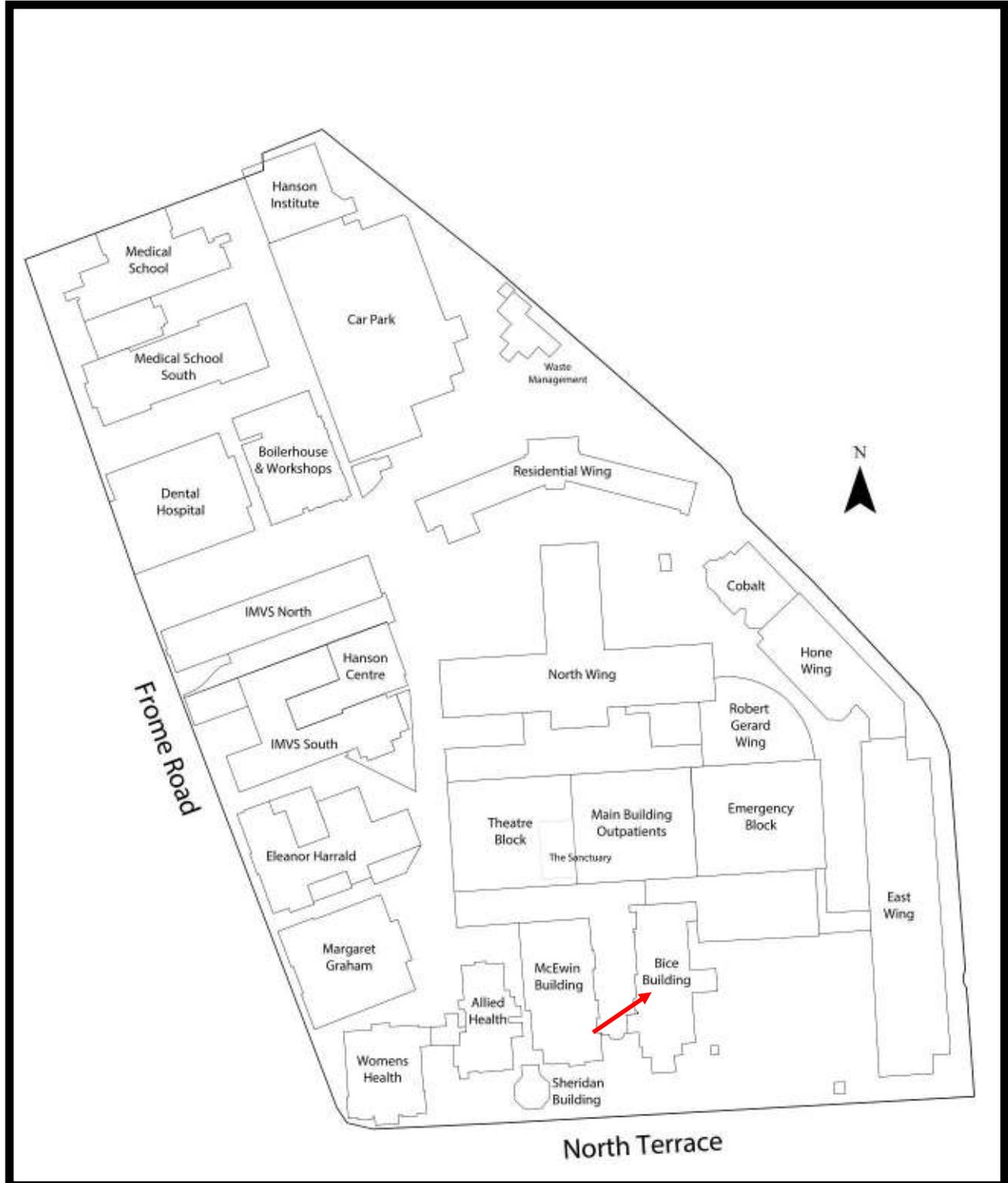
**Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:**

**Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide  
 Central Adelaide Local Health Network  
**OWNER:** **Name:**  
**Address:** Citi Centre Building,  
 11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Bice Building (1927)

**PLACE NO.:** 26437



**SITE PLAN - BICE BUILDING ARROWED**

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**NAME:** Bice Building (1927)

**PLACE NO.:** 26437

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**Bice Building - south east view**



**Bice Building - detail**

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**NAME:** Bice Building (1927)

**PLACE NO.:** 26437

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**Bice Building - 1926 view (Source: SLSA: B4087)**



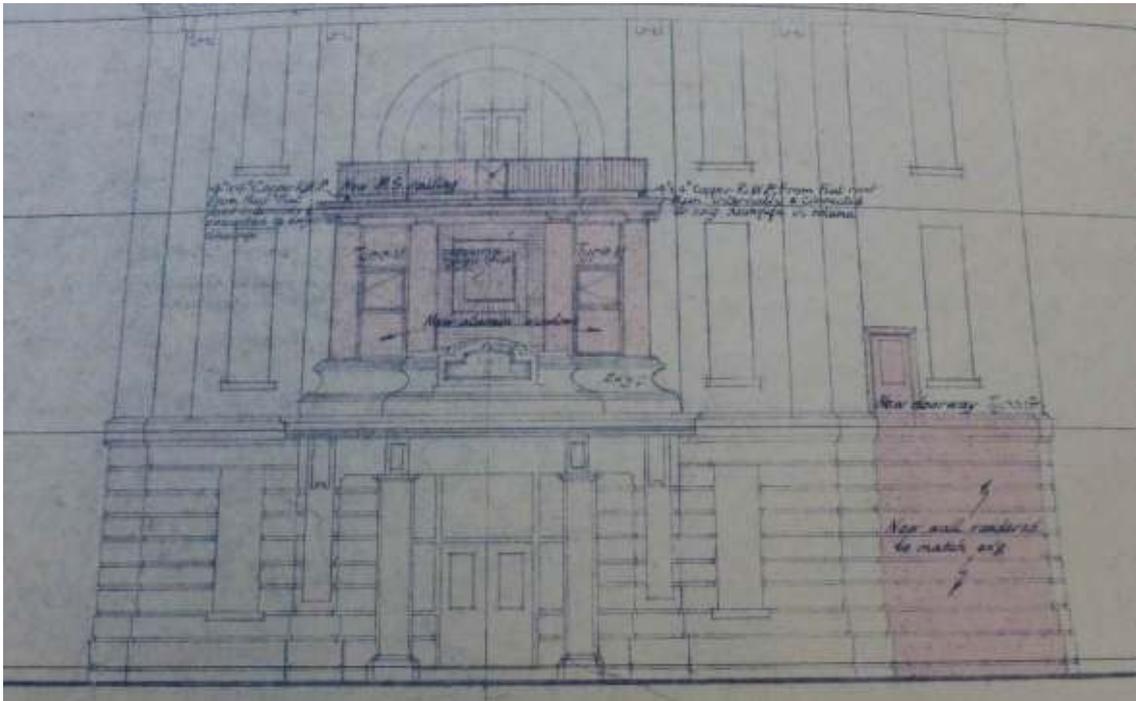
**Bice Building - 1926 view of west elevation (Source: SLSA B3745)**



**Bice Building - 1926 view of portico (Source: National Library (Trove) H30134/53)**

**NAME:** Bice Building (1927)

**PLACE NO.:** 26437



10' 11"      10' 11"      11' 1"

See below down this

Sheets in set 12      Sheet no. 2

**R.A.H. BICE BUILDING...**  
 PROPOSED ALTERATIONS & ADDITIONS (1<sup>ST</sup> FL)

Scales 3/16" TO 1/4"

References	DC 24614 AD 325/56	<i>[Signature]</i> Csr. v. clor	<i>[Signature]</i> Principal Architect
Designed		<i>[Signature]</i> W. H. 228	
Drawn			
Traced	R.L.B. July 58	27/10/59	293558
Checked	S. R. L. 27/10/59		

ARCHITECT-IN-CHIEF'S DEPT. : ADELAIDE      30' x 25"

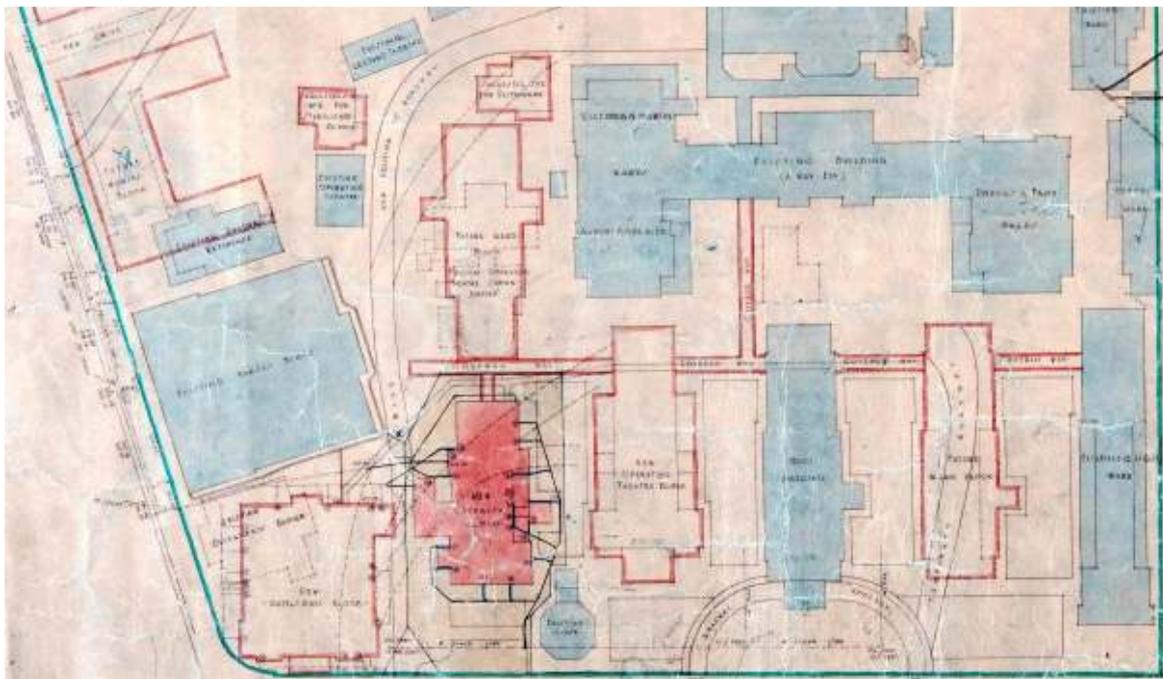
**Bice Building - 1959 Additions (Source: GRG 38/68)**

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**NAME:** Bice Building (1927)

**PLACE NO.:** 26437

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**Extract from 1932 Plan, based on the 1922 Master Plan showing existing (blue) and intended location (red) of buildings**

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**NAME:** Women's Health Centre (1935)**PLACE NO.:** 26438

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE WOMEN'S HEALTH CENTRE

The Women's Health Centre was erected as part of an important redevelopment of the Hospital site which evolved from the planning of the 1921-22 committee, generally termed the Extra Accommodation Committee. It was one of a planned six new buildings fronting North Terrace occupying what had originally been the gardens of the Hospital. The building drawings and specification were prepared by the Architect in Chief's Office, and evolved from the original design of the Bice Building by Gavin George Lawson. The design also followed on from the aesthetic established by the Margaret Graham Nurses Home, particularly in the bell cast form of the roof. It was located at the busy corner of North Terrace and Frome Road, where the then existing Outpatient's building stood. Along with the adjacent Casualty and Admissions building to the east, the new Outpatient's building had been approved in the mid 1920s, but no work was commenced due to economic uncertainty. Agitation by the hospital administration, backed by the media in early 1928, highlighting the desperate need for a new Outpatient's building brought the proposal back to the government's attention. The overcrowding associated with this department was dealt with by the construction of a new temporary timber building further down Frome Road in 1929 until the new permanent building was erected on the North Terrace corner.

Documentation for the permanent building was reported as underway in January 1929 along with other hospital buildings, including the Casualty and Admissions building and a new Theatre Block, with money identified for the building as part of the budget in June. Nothing happened until additional funding was found for the former two buildings as a result of grants to provide unemployment relief made available in 1932 by the Federal Government, with approval given to proceed in July at an estimated cost of £26,000. It was anticipated that the work on both buildings would employ 50 men, with the documents prescribing the use of South Australian materials. The tenders for this building were called in Jul, and the tender of C R Boss was successful. The foundation stone was laid in March 1933 and, by mid-year, the shell was complete, with the services yet to be installed and the fitting out of the building still occurring in May 1935.

The building did not open for patients until August 1935 along with the adjoining Casualty and Admissions building. The two buildings were reported to have employed approximately 100 men and to have had a combined cost of more that £100,000. Then in 1969 the former Out-Patient's Building was refurbished for use as school of nursing with the title of Nurses Education Centre. When nurse education was transferred to other areas on the site, a family planning clinic was established (Family Advisory Clinic) in 1972. It's most recent incarnation has been as the Women's Health Centre, from October 1994. This building is currently included on the City of Adelaide local heritage register.

## 2. DESCRIPTION

Like the earlier Bice building and the adjoining Casualty and Admissions building (current Allied Health building), this building is constructed of load-bearing brickwork with reinforced concrete floors and ceilings. The floors between the levels are of reinforced concrete construction, integrated to reinforced concrete construction, integrated to ensure fireproofing. Large brackets support the wide eaves of the roof. The exterior of the ground floor and basement level to the north and west elevations was originally finished with natural finish render, using an off-white cement (since painted) and having regular recessed horizontal joints to form a base to the composition. Render is also used to provide a band around the top of the walls to the second floor and to the south portico, this having a cornice moulding, columns and corner piers with

rendered moulded detailing to the top using the same motif as the Bice and Allied Health building.

The four-storey building, including the basement level, which is largely above ground on the north side, was designed to meet the requirements of the Outpatient's department. The building plan is a compact rectangle, with the basement and ground levels fully occupying this floor area. A saw-tooth roofed light court occupies the centre of the building for the first and second floors. The ground floor level was entered from a portico directly off North Terrace into a small entry hall with a caged lift and circling stair immediately to the west and opening into the reception area with large desk on the east. The central part of the ground floor was occupied by a large waiting room lit by overhead windows. A bed lift with circling concrete stair was located north of the waiting room, with toilets located on either side, a configuration that continued through each level of the building.

The basement shared a similar layout to the floor above, with a waiting room in the middle of the building, but the examinations rooms on either side were replaced with large spaces, that to the east being used as a gymnasium and that to the west divided into cubicles for massage and electrotherapy. The entire perimeter of the building at this level has windows with light wells on the south, west and east sides. The first floor was devoted to gynaecological and dermatological patients and the second to eye and ear patients. These upper floors were disposed as examination and consulting rooms, small operating theatres for minor procedures and Xray rooms.

One of the innovations in the building was the introduction of a pneumatic carrier system for conveying patient information to the medial officers and to the dispensary, along with a special system developed in Adelaide for delivering gases to the operating theatres.

### **3. ASSESSMENT OF HERITAGE SIGNIFICANCE**

#### **IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:**

The Women's Health Centre is representative of two significant themes in South Australian history including:

- Provision of medical education and hospital facilities for a growing population in South Australia, specifically during the 1920s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Women's Health Centre was the Outpatients' building from 1935.
- The development of Adelaide's city centre. This significant group of hospital buildings, of which the Women's Health Centre is a part, is located on North Terrace, a substantial boulevard in Adelaide, of potential national significance, and northern boundary of the city in Colonel William Light's Plan for Adelaide.

#### **COMPARABILITY / RARITY / REPRESENTATION:**

The Women's Health Centre compares with other places entered in the South Australian Heritage Register such as the Hartley Building (former Teachers' College), Kintore Avenue, Adelaide - also designed by G G Lawson.

As a significant building in the development of a distinctive suite of buildings for the Royal Adelaide Hospital during the 1920s -1940s, the Women's Health Centre has high value due to its unique qualities

The group the Women's Health Centre forms part of has been assessed as having outstanding significance in relation to other buildings and structures on the RAH site

**ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):****(a) it demonstrates important aspects of the evolution or pattern of the State's history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Women's Health Centre demonstrates an important aspect of South Australian history in the development of public health and the growth of such services for the community during the 1920s and 1930s, a period of rapid population growth and notable medical developments. It reflects the progression of medical practices in the design of hospital buildings at that time, with the separation of outpatients treatment from admission wards. Although not constructed until the mid-1930s due to depressed economic conditions, its location, facing North Terrace, demonstrates the 1920s planning for a larger and more efficient hospital.

In conclusion, it is considered that the Women's Health Centre meets this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Women's Health Centre does not display rare qualities and while it has been the subject of possible demolition over the years, particularly in the 1960s, it is not considered to be endangered apart from the threat of redevelopment of the RAH Site with the move of the Hospital.

In conclusion, it is considered that the Women's Health Centre does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Women's Health Centre itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Women's Health Centre does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The Women's Health Centre building, as the Outpatients department, was one of the suite of multi-storeyed buildings first planned in 1922 as part of an essential redevelopment of the hospital. Reference to information on hospital buildings designed in the 1920s to 1940s indicates that the Women's Health Centre was built to 'modern hospital design and construction theories and practice at that time'. Its design reflects the needs of the evolving hospital site and the theories of hospital design. As an outpatients department, the benefits of cross ventilation and 'clean air' were not required, and the design was adapted by the use of a central atrium and skylight. This design is essentially intact and capable of demonstrating hospital design theories of the time.

In conclusion, it is considered that the Women's Health Centre meets this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Women's Health Centre's formal design and aesthetic qualities demonstrate an outstanding and original interpretation of Edwardian/Inter War Free Classical design in South Australia in the 1920s. It is an excellent example of buildings based on the work of George Gavin Lawson who was employed in the Architect in Chief's Department from 1920. This style is distinctive and is repeated, in other iterations, in all the buildings in the North Terrace group. The Women's Health Centre building is architecturally as significant as Lawson's other later work in South Australia including the former Teacher's College (Hartley Building) on Kintore Avenue. Apart from easily removed alterations the integrity of the building is high.

In conclusion, it is considered that the Women's Health Centre meets this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Women's Health Centre as part of the Royal Adelaide Hospital redevelopment in the 1920s and 1930s is one of a cohesive group which remains from this time. It has been held in high regard for an extended period by a broad spectrum of the South Australian community as the centre of health care and medical advances, particularly during this period of rapid population growth in the Inter-War period. It has served the community as the focus of health and medical care for most of the State, either by attendance at outpatients and admission into the Hospital itself, or through the advances in medical knowledge achieved by the Hospital through its education and research programs.

In conclusion, it is considered that the Women's Health Centre meets this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

In considering of this criterion, any particular special association is difficult to support. The work of doctors, medical specialists, nurses and administrators in the Hospital over the full period of the Hospital's existence has been broad and associated with a wide range of people rather than individuals. This work is constantly progressing and evolving, and has a collective value rather than a special association with any individual.

In conclusion, it is considered that the Women's Health Centre does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The **extent of listing includes:**

- all external elevations, original elements and details
- bell cast roof form
- unpainted red brick walls and painted rendered plinth
- metal framed windows

Note that these elements, and the original external appearance of the building can be clearly seen in the c1935 photo [SLSA B6667] and 1962 photo [RAH Album, GRG 38/64]

The **curtilage** for Women's Health Centre will include a reasonable buffer zone allowing the building's association with the similar buildings to the east to be recognised and appreciated as part of the North Terrace group.

The **extent of listing excludes:**

- any later changes for adaptation to health centre

**NOTE:** If included on the South Australian Heritage Register this building must be the subject of a comprehensive Conservation Management Plan, to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

#### **REFERENCES:**

Ian L D Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia -1995* (Adelaide, Royal Adelaide Hospital, 2003)

GRG38/68 and GRG38/64

Gavin George Lawson, Cuttings book, Architecture Museum

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**NAME:** Women's Health Centre (1935) **PLACE NO.:** 26438

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**SITE RECORD:**

**FORMER NAME:** Outpatients Building

**DESCRIPTION OF PLACE:** Three storey brick building with basement and central light well/atrium

**DATE OF COMPLETION:** 1935

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Women's Health Centre  
**Dates:**

**PREVIOUS USE(S):** **Description:** Outpatients department  
**Dates:**

**ARCHITECT:** **Name:** Architect-in-Chief's Department  
**Dates:**

**BUILDER:** **Name:** T O'Connor & Sons  
**Dates:** 1933

**SUBJECT INDEXING:** **Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

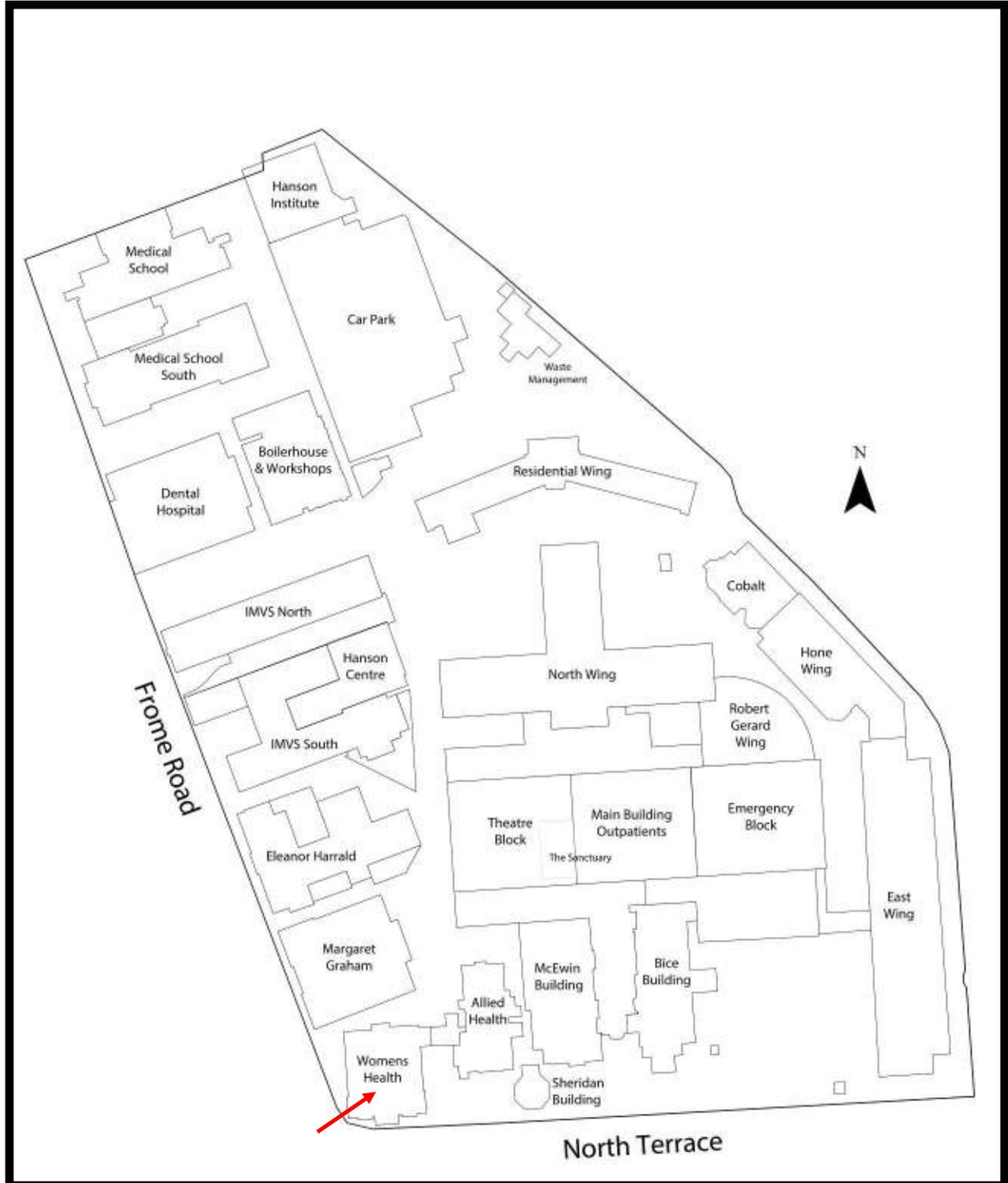
**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace cnr Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide  
Central Adelaide Local Health

**OWNER:** **Name:** Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Women's Health Centre (1935)

**PLACE NO.:** 26438



**SITE PLAN - WOMEN'S HEALTH CENTRE ARROWED**

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**NAME:** Women's Health Centre (1935)

**PLACE NO.:** 26438

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**Women's Health Centre – south elevation – detail**



**Women's Health Centre – south elevation portico**



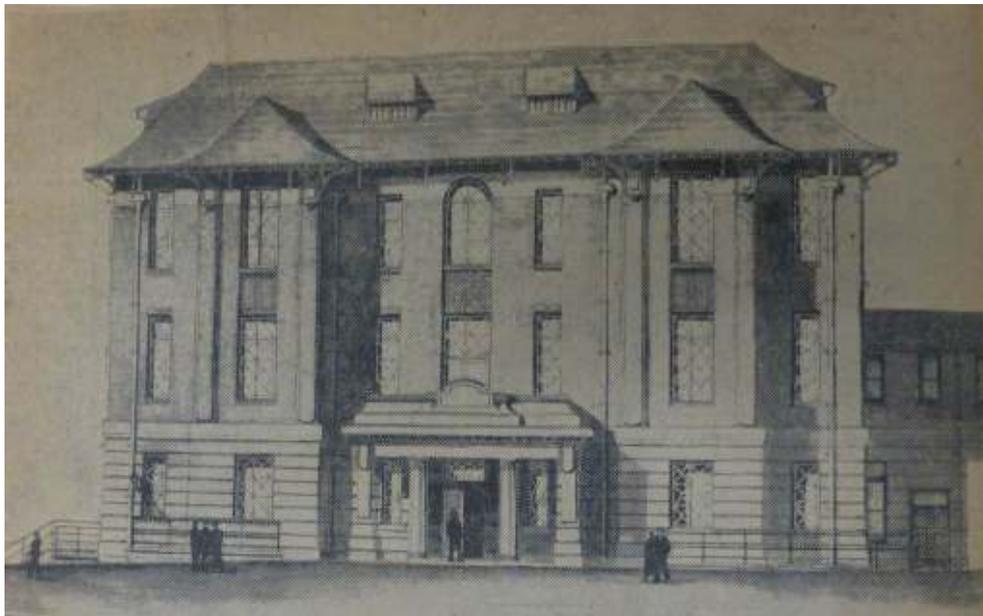
**Women's Health Centre – south elevation**

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**NAME:** Women's Health Centre (1935)

**PLACE NO.:** 26438

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**Women's Health Centre - 1935 (Source: Lawson Scrapbook, Architecture Museum)**



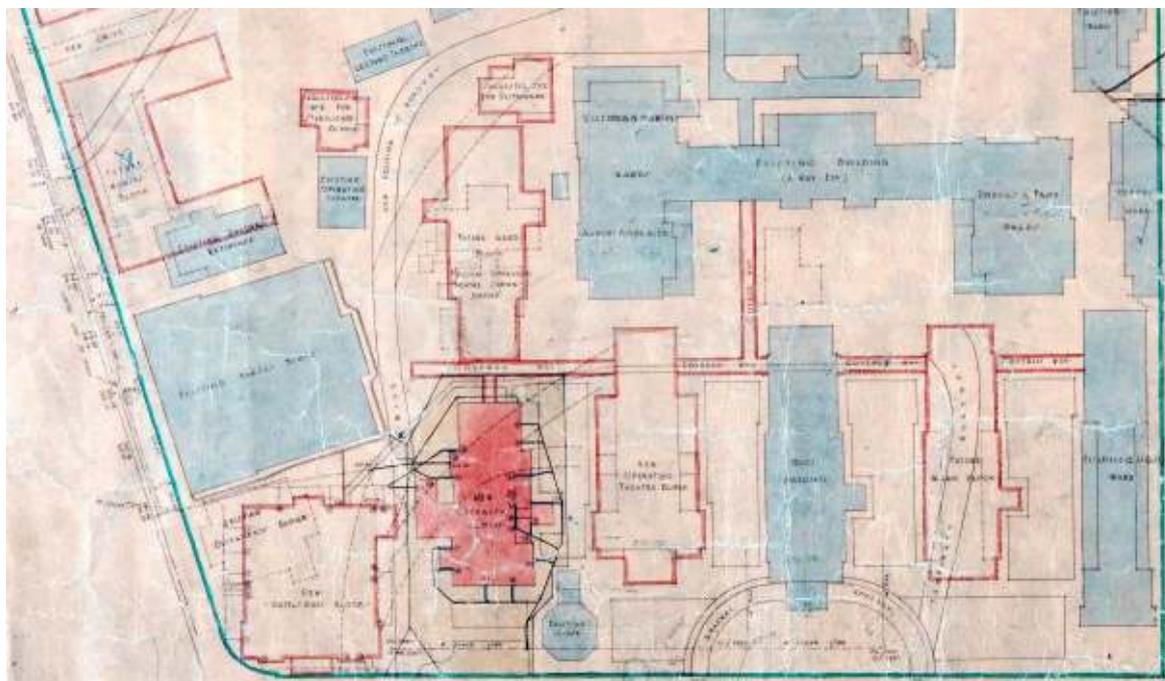
**Women's Health Centre - 1962 (Source: GRG 38/64)**

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**NAME:** Women's Health Centre (1935)

**PLACE NO.:** 26438

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**Extract from 1932 Plan, based on the 1922 Master Plan showing existing (blue) and intended location (red) of buildings**



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**NAME:** Allied Health Services Building (1935)      **PLACE NO.:** 26439

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE ALLIED HEALTH SERVICES BUILDING

A new building, designated as a Casualty and Admissions Block, was located on this site as part of the 1922 Master plan, positioned immediately south of the original operating theatre. Along with the adjacent Outpatients' Building (now the Women's Health Centre) to the west, it was approved in the mid-1920s, but work didn't commence due to increasing economic problems during the late 1920s. Agitation by the hospital administration in early 1928, backed by the media, to relieve the desperate need for a new Outpatients' Building brought this adjoining building back to the government's attention. Documentation for the building was reported as underway in January 1929 along with other hospital buildings, including the Outpatients' Building and a new Theatre Block, with money identified for the building as part of the budget in June. Nothing happened however until additional funding was found as a result of grants to provide unemployment relief were made available in 1932 from the Federal Government, with approval given to proceed in July 1932 at an estimated cost of £23,000. It was anticipated that the work on both buildings would employ 50 men, with the documents specifying the use of South Australian materials.

The tender followed a few months after the Outpatients' Building, with changes required to modify the existing documents for this building, which were then several years old, to bring them up to date. The tender was won by H S C Jarvis and work started in November 1932. The walls of the building were complete and rendering was occurring by April 1934 when the roof timbers were being framed. By mid-year the shell was complete, but the services were yet to be installed and the fitting out of the building was still taking place in May 1935. The building did not open for patients until August 1935, along with the adjoining Outpatients' Building. The two buildings were reported to have employed approximately 100 men and to have had a combined cost of more than £100,000.

The addition of a single room has occurred at ground floor level to the east elevation. Additions have also been added to the west side of the building, involving the construction of a lift and the extension of the existing link with the Outpatients' Building to the west to both the first and second floors.

## 2. DESCRIPTION

Like the Bice Building (to the east) and the adjoining Outpatient's Building (to the west) this building is constructed of loadbearing brickwork with reinforced concrete floors and ceilings. The exterior of the ground and third floors was finished with natural finish render, using an off-white cement (since painted), with that to the ground level having regular recessed horizontal joints to form a base to the composition. Render is also used for the cornice moulding between the second and third floors and the ornamentation to the tops of the brick pillars and piers to the south portion of the building.

Large brackets support the wide eaves of the roof. This is of a steeply pitched timber-framed construction, with bell-cast eaves, and was originally clad with slate, possibly from Willunga, like the Bice Building, although this has since been replaced with synthetic fibre cement slates. The majority of the windows are timber framed double-hung sashes, with the exception of metal-framed windows to the south elevation and the stair at the north end of the west elevation. Like the Bice Building, large cylindrical perforated metal braziers sit at the corners of the parapets at third floor level on the south elevation.

The four-storey building with a full basement was designed to provide accommodation for the admissions and casualty department. A waiting room was located on the west side of the

building at ground floor level adjacent to the driveway between the buildings that allowed ambulances and other vehicles to drop patients at the reception. The remainder of the ground floor contained two surgical dressing rooms, a consulting room, accommodation for the resident medical officer, a nurse's duty room, four examination cubicles for casualty cases and an operating theatre for minor operations. One of the innovations in the building was a special system developed in Adelaide for the delivering of gases to the operating theatres. A kitchen was also reported as forming part of this level.

A single large ward used for surgical cases occupied each of the three floors above, providing accommodation for a total of approximately 50 patients along with the associated facilities. The wards opened onto balconies recessed into the east and west sides of the building. A covered link was provided at first floor level over the roadway to connect the building with the Outpatients' Building. Accommodation was also provided for two medical officers to live in the building so that one was always on duty day or night, and the building was also reported as having special rooms for the treatment of casualty patients suffering from severe shock and an X-ray room.

The original Main Entry from North Terrace was at the south end of the waiting room on the west side of the building. The internal configuration of the ground floor was arranged around a north-south corridor, with that to the north portion being central to the plan, while the south portion was west of centre, and turned east at the south end. Small rooms opened off either side of this corridor.

The three floors above mirror the configuration of the central corridor, with flanking rooms of the ground floor at the north end, but the central portion of the south section is occupied by a large, wide north-south space, which originally formed the wards. Large recessed balconies opened off the east and west sides of the wards as did small rooms at the south end. A lift with circling stair opens off the west side of the north end of this corridor. Toilets were either located at the north end of the building, opposite the lift, or in a room that projected off the east side of the building beyond the line of the east balcony. The configuration of the basement matches that of the former ward levels, with the large space corresponding with the wards opening onto aisles on the east and west sides through large arched openings below the balconies and associated rooms.

There was also an intention to link this building with another new building to the north, as doors were included to all the levels from ground to third floor level at the end of the corridor to the north elevation. This building, probably a new theatre block, was never constructed, and only the opening to the ground floor was used to provide access to the other hospital buildings, with a covered link later constructed to form a connection with the McEwin Building. The later additions involved adding a room to the east elevation at ground floor level, together with a lift on the west side of the building, serving all floors except the basement. The original link at first floor (Level 4) to the former Outpatient's Building was also altered to provide an enclosed passage with rooms opening off the north side and extended up to form a matching link at second floor level (Level 5).

### **3. ASSESSMENT OF HERITAGE SIGNIFICANCE**

#### **IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:**

The Allied Health Services Building is representative of two significant themes in South Australian history including:

- Provision of medical education and hospital facilities for a growing population in South Australia, specifically during the 1920s-30s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Allied Health Services Building (formerly the Admissions and Casualty Building) was the admissions and casualty centre for the hospital from 1935.
- The development of Adelaide's city centre. This significant group of hospital buildings, of which the Allied Health Services Building was the second, is located on North Terrace, a substantial boulevard in Adelaide and one of the key elements of Colonel William Light's Plan.

## COMPARABILITY / RARITY / REPRESENTATION:

The Allied Health Services Building compares with other places included on the South Australian Heritage Register such as the Hartley Building (former Teachers' College), Kintore Avenue, Adelaide - also designed by G G Lawson

As a significant building in the development of a distinctive suite of buildings for the Royal Adelaide Hospital during the 1920s -1940s, the Allied Health Services Building has high value due to its unique qualities

The group the Allied Health Services Building forms part of has been assessed as having outstanding significance in relation to other buildings and structures on the RAH site

## ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Allied Health Services Building demonstrates an important aspect of South Australian history in the development of public health and the growth of such services for the community during the 1920s and 1930s, a period of rapid population growth. It reflects the progression of medical practices in the design of hospital buildings at that time, with the establishment of a specific casualty and admissions block. Although not constructed until the mid-1930s due to depressed economic conditions, its location, facing North Terrace, demonstrates the 1920s planning for a larger and more efficient hospital.

In conclusion, it is considered that the Allied Health Services Building meets this criterion.

### (b) it has rare, uncommon or endangered qualities that are of cultural significance.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Allied Health Services Building does not display rare qualities and while it has been the subject of possible demolition over the years, particularly in the 1960s, it is not considered to be endangered apart from the threat of redevelopment of the RAH Site with the move of the RAH to its new site in 2016.

In conclusion, it is considered that the Allied Health Services Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Allied Health Services Building itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Allied Health Services Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The Allied Health Services Building, as the Casualty and Admissions department, was one of the suite of multi-storeyed buildings first planned in 1922 as part of an essential redevelopment of the hospital. Reference to information on hospital buildings designed in the 1920s to 1940s indicates that the Allied Health Services Building was built to 'modern hospital design and construction theories and practice at that time'. Its design reflects the needs of the evolving hospital site and the theories of hospital design at the time, which included cross ventilation from balconies located on the east and west sides of the building and north south orientation, to allow the benefits of sunlight and 'clean air' for patient care and cure. There was also a range of ward and room sizes, to provide patients with the accommodation necessary for their treatment. This design is essentially intact and capable of demonstrating hospital design theories of the time.

In conclusion, it is considered that the Allied Health Services Building meets this criterion.

- (e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Allied Health Services Building's formal design and aesthetic qualities demonstrate an outstanding and original interpretation of Edwardian/Inter War Free Classical design in South Australia in the 1920s. It is an excellent example of buildings based on the work of George Gavin Lawson who was employed in the Architect in Chief's Department from 1920. This style is distinctive and is repeated, in other iterations, in all the buildings in the North Terrace group. The Allied Health Services Building is architecturally as significant as Lawson's other later work in South Australia including the former Teacher's College (Hartley Building) on Kintore Avenue. Apart from easily removed alterations the integrity of the building is high.

In conclusion, it is considered that the Allied Health Services Building meets this criterion.

- (f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Allied Health Services Building as part of the Royal Adelaide Hospital redevelopment in the 1920s and 1930s is one of a cohesive group which remains from this time. It has been held in high regard for an extended period by a broad spectrum of the South Australian community as the centre of health care and medical advances, particularly during this period of rapid population growth in the Inter-War period. It has served the community as the focus of health and medical care for most of the State, either by attendance at outpatients and admission into the Hospital itself, or through the advances in medical knowledge achieved by the Hospital through its education and research programs.

In conclusion, it is considered that the Allied Health Services Building meets this criterion.

- (g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played*

*a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

In considering of this criterion, any special association is difficult to support. The work of doctors, specialists, nurses and administrators in the RAH over the full period of the Hospital's existence has been broad and associated with a wide range of people rather than individuals. This work is constantly progressing and evolving, and has a collective value rather than a special association with any individual.

In conclusion, it is considered that the Allied Health Services Building does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The **extent of listing includes:**

- all external elevations, original elements and details
- bell cast roof form
- unpainted red brick walls and painted rendered plinth
- metal framed windows

Note that these elements, and the original external appearance of the building can be clearly seen in the early drawings of the building - no clear early photos of the front/south elevation have been located at this point.

The **curtilage** for Allied Health Services Building will include a reasonable buffer zone allowing the building's association with the similar buildings to the west to be recognised and appreciated as part of the North Terrace group. The original iron railing fence to North Terrace will form the southern boundary of this curtilage.

The **extent of listing excludes:**

- later lift tower to the north west corner
- later upper levels of link with Women's Health Building to the west
- later changes to windows and doors.

**NOTE:** If included on the South Australian Heritage Register this building must be the subject of a comprehensive Conservation Management Plan, to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

#### **REFERENCES:**

Ian L D Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia -1995* (Adelaide, Royal Adelaide Hospital, 2003)

GRG38/68 and GRG38/64

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**NAME:** Allied Health Services Building (1935)      **PLACE NO.:** 26439

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**SITE RECORD:**

**FORMER NAME:** *Casualty Block*

**DESCRIPTION OF PLACE:** Four storey building constructed of loadbearing brickwork with reinforced concrete floors and ceilings, render detail and a steeply pitched timber-framed roof, with bell-cast eaves, which was originally clad with slate. The majority of the windows are timber framed double-hung sashes.

**DATE OF COMPLETION:** 1935

**REGISTER STATUS:**      **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:**      **Description:** Physiotherapy Department  
**Dates:** c1970 - present

**PREVIOUS USE(S):**      **Description:** Admissions and Casualty  
**Dates:** 1935 - c1970

**ARCHITECT:**      **Name:**  
**Dates:** 1929 with changes

**BUILDER:**      **Name:** H S C Jarvis  
**Dates:** 1935

**SUBJECT INDEXING:**      **Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:**      **Description:** Adelaide City Council

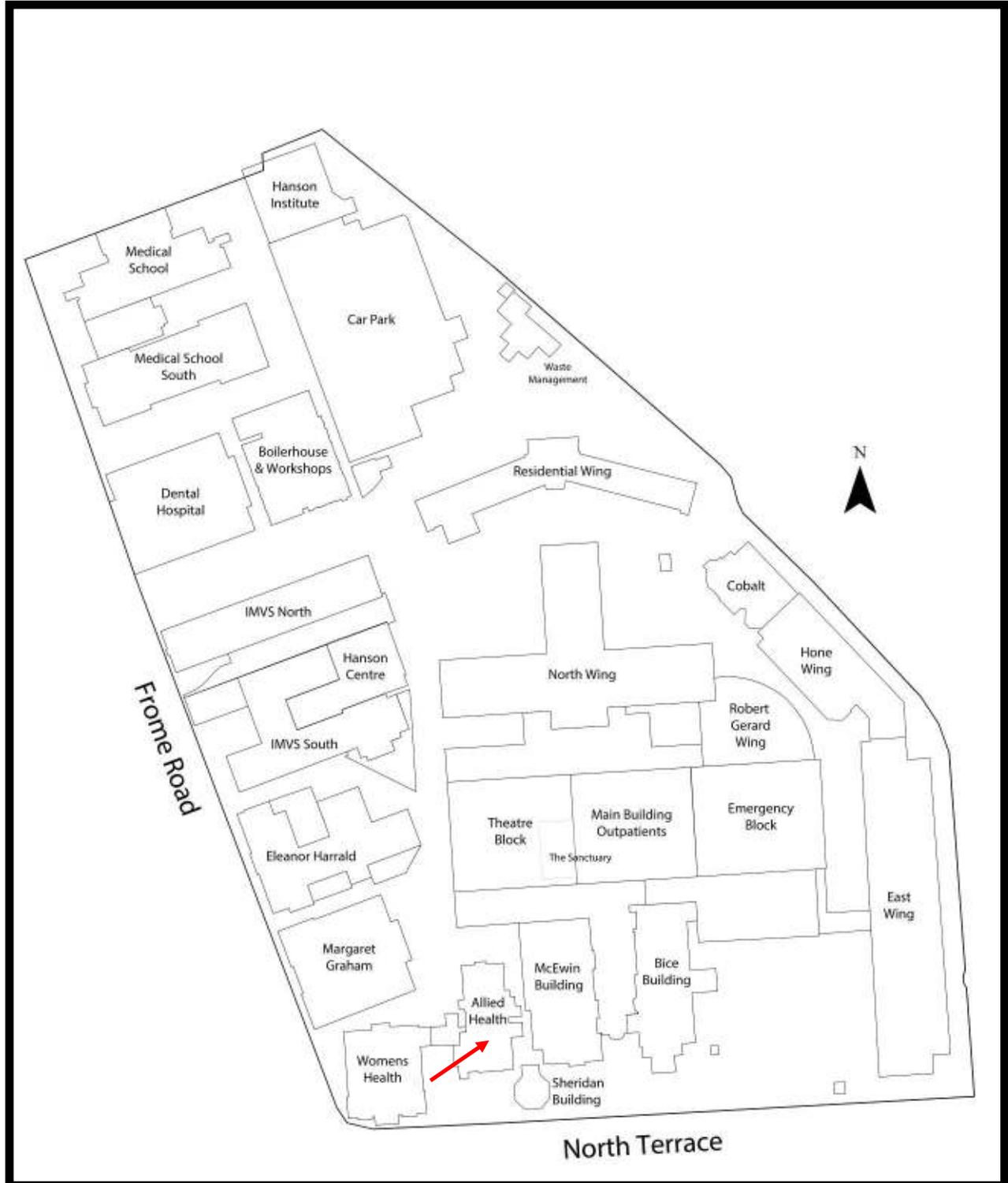
**LOCATION:**      **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:**      **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide

**OWNER:**      **Name:** Central Adelaide Local Health  
Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Allied Health Services Building (1935)

**PLACE NO.:** 26439



**SITE PLAN – ALLIED HEALTH SERVICES BUILDING ARROWED**

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**NAME:** Allied Health Services Building (1935)

**PLACE NO.:** 26439

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**Allied Health Services Building - south elevation**



**Allied Health Services Building – section of north elevation**



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**NAME:** IMVS Building (1938)**PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, Frome Road, Adelaide

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## 1. BRIEF HISTORY OF THE IMVS BUILDING

By 1910 the Adelaide Hospital's bacteriological laboratories had become too small within the 1899 isolation wards for infectious diseases and new laboratories were built. When these were occupied in 1913, a government decision saw the centralization of bacteriological and pathological work for the whole state. This allowed other organisations to use the laboratories such as the Commonwealth Quarantine Department, Central Board of Health and the Veterinary Department, an arrangement which was considered unique in Australia. Called 'the Laboratory', the facility was placed under direction of the Board of Management of the Adelaide Hospital.

When the Adelaide University Medical School was celebrating its first 50 years, new laboratories known at first as the Institute of Medical Science were considered for use in the training of medical students. When it was completed years later, it became known as the Institute of Medical and Veterinary Science, coming into effect in June 1938. A month later the existing SA Government Laboratory of Pathology and Bacteriology, 'the Laboratory', became part of it.

This site for the new medical institute was selected in 1936 and opened in May 1939. Woods, Bagot, Laybourne-Smith and Irwin designed the building, with subsequent additions in the 1950s to the west elevation. A separate building, now described as the North Building, was constructed in the late 1960s or early 1970s. The Hanson Centre was added to the east of the original building in 1989. More recent additions include the extension to the south-east corner and the cafe within the original entry court near Frome Road.

## 2. DESCRIPTION

This building is formed of a number of components erected at different times. The original portion is a two-storey building, with a part basement level. This faces Frome Road and was originally comprised of a narrow wing running east away from Frome Road, with a perpendicular wing running north off the north side set back from the west elevation of the south wing. The Main Entry opened off the west side of this west wing and it had a short wing running east off the north end. The original section is constructed of load-bearing brickwork, with reinforced concrete floors. The brickwork is exposed externally and is arranged as piers extending between the windows with recessed panels between the windows. The plinth of the ground floor and basement is rendered, as is a band at the top of the first floor walls, forming a projecting cornice moulding. The roof has a hipped form, clad with terracotta tiles. All of the window frames are aluminium.

The north wing is constructed with a structural frame, with the east and west elevations finished in red brickwork. Brickwork is also used to form vertical panels to the north and south elevations located between the aluminium windows, with exposed aggregate concrete panels located between the vertical windows with terrazzo sills.

The interior of the wings was configured around long central corridors, with rooms opening off both sides. A stair connecting all levels is located within the west wing. The original large lecture theatre was located at the east end of the south wing but this has since been converted into offices and plant space. The building was soon extended to the west by the addition of a two-storey wing, with a basement west of the north end of the west wing, forming a court facing Frome Road. A stair is located at the west end of this extension. An additional level has been added within the roof of the south wing towards the east end. The North Building is located north of the original building and is of seven levels, including a basement level and is linked to the

original building. It is a long narrow building orientated east-west, with the interior configured as rooms opening off either side of a long central corridor.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The IMVS Building is representative of a significant theme in South Australian history:

- The provision of medical education and research facilities for developing medical services in South Australia, particularly during the 1930s and 1940s. The IMVS provided the main pathological laboratories for the Royal Adelaide Hospital and continues to be a centre of significant research and training for doctors and medical researchers.

#### COMPARABILITY / RARITY / REPRESENTATION:

The IMVS Building is similar to, but not as carefully designed as, buildings from the 1930s constructed of red brick on the University of Adelaide campus.

The IMVS Building has a certain rarity value as it is the first formal medical and health research centre in South Australia, although there were other much earlier laboratories on the hospital site.

The IMVS Building has been assessed as having low relative significance in relation to other significant buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The IMVS Building demonstrates an important aspect of South Australian history in the development of medical research and the growth of research programs associated with the Royal Adelaide Hospital, particularly during the 1930s. It reflects the expansion of pathological services and research for the hospital at that time. It was associated with the development of the Royal Adelaide Hospital and medical education for the University of Adelaide. However, because of constant additions and alterations, this significance is not demonstrated in the fabric of the building to a substantial level.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

##### (b) it has rare, uncommon or endangered qualities that are of cultural significance.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

It is not considered to be endangered apart from the threat of redevelopment of the Royal Adelaide Hospital site with the move of the RAH to its new site in 2016.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the IMVS Building itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

Reference to information on hospital buildings and research laboratories designed in the 1930s indicates that the IMVS Building was of standard design and reflects the typical development of such services within hospitals in other places.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

- (e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The IMVS Building's formal design and aesthetic qualities are relatively modest. The most significant element is its stylized Art Deco main entrance to the 1938 section.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

- (f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

While highly significant in terms of medical research the cultural and spiritual associations for the general community or a group within it are low.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

- (g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a*

*notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

In considering this criterion, any special individual or association is difficult to support. The work of medical researchers, doctors and specialists in the IMVS over the full period of the Institute's existence has been broad and associated with a wide range of people, groups and research teams rather than individuals. This work is constantly progressing and evolving, and has a collective value rather than a special association with any individual.

In conclusion, it is considered that the IMVS Building does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As the IMVS Building does not meet one or more criteria under Section 19 of the *Heritage Places Act 1993*, no extent of listing is provided.

#### **REFERENCES:**

Estcourt Hughes, James, *A History of the Royal Adelaide Hospital*. 2nd ed., (Adelaide, Board of Management of the Royal Adelaide Hospital, 1982)

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**NAME:** IMVS Building (1938)
**PLACE NO.:** 26413**SITE RECORD:****FORMER NAME:****DESCRIPTION OF PLACE:**

A two-storey building with basement, constructed of load-bearing brickwork, with reinforced concrete floors. The brickwork is exposed externally and is arranged as piers extending between the windows with recessed panels between the windows. The plinth of the ground floor and basement is rendered, as is a band at the top of the first floor walls, forming a projecting cornice moulding. The roof has a hipped form, clad with terracotta tiles. All of the window frames are aluminium.

**DATE OF COMPLETION:**

1938

**REGISTER STATUS:**

**Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:**

**Description:** Offices and Laboratories  
**Dates:** 1938 - present

**PREVIOUS USE(S):**

**Description:**  
**Dates:**

**ARCHITECT:**

**Name:** Woods, Bagot, Laybourne-Smith and Irwin  
**Dates:** 1938

**BUILDER:**

**Name:** ?  
**Dates:** 1938

**SUBJECT INDEXING:**

**Group:** Scientific Facilities  
**Category:** Laboratory

**LOCAL GOVERNMENT AREA:**

**Description:** Adelaide City Council

**LOCATION:**

**Unit No.:**  
**Street No.:**  
**Street Name:** Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:**

**Title Type:** Certificate  
**Volume:** 5756  
**Folio:** 657  
**Lot No.:** S614, H105100  
**Section:**  
**Hundred:** Adelaide

**OWNER:**

**Name:** Minister for Health and Ageing  
**Address:** Level 13, 11-29 Waymouth Street  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** IMVS Building (1938)

**PLACE NO.:** 26413



**SITE PLAN - IMVS BUILDING ARROWED**

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**NAME:** IMVS Building (1938)

**PLACE NO.:** 26413

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**IMVS Building - north elevation**



**IMVS Building - west courtyard**



**IMVS Building - west entrance**

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**NAME:** McEwin Building (1945-46)**PLACE NO.:** 26440

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE McEWIN BUILDING

A new surgical block was considered critical by the time plans for this building were placed before the Public Works Committee in May 1939. Prior to its construction there were only two inadequately sized general operating theatres at the hospital, which resulted in a large backlog of operations and a long waiting list. The site of a new Operating Theatre Block, between the existing Bice building to the east and the Casualty Block (currently referred to as the Allied Health Services Building) had originally been proposed for a four-storey ward building as part of the 1922 Master plan, but work on this building did not appear to progress beyond planning stage. Designed by J W Edwards of the Architect-in-Chief's Department, with detailing linking it closely to the aesthetic established in the early 1920s by George Gavin Lawson, its general configuration was planned with the assistance of six senior honorary surgeons attached to the hospital. The Public Works Committee did not recommend construction until March 1940, with tenders were called the following year when the Government was satisfied sufficient funding was available. In August 1941 six separate tenders were approved, totaling £100,773, with the largest contract of £64,864 being awarded to H S C Jarvis for the building work, and the other contracts being for the supply of the electrical, steam and hot water, mechanical ventilation, medical gases and lifts.

The hospital staff had to wait for their new facilities, with delays experienced in the construction due to the ongoing limitations created by the World War Two. Construction was completed in mid-1945, but it was not until July 1946 that the first operation took place within the building. The building was officially opened on 7 August 1946, by which time it had been named after Alexander Lyell McEwin, Minister for Health.

Additions have been made to the west side of the building, possibly in the 1960s.

## 2. DESCRIPTION

The building is three-storeyed, of steel-framed construction encased in concrete with concrete floors and balconies. The exterior is sheathed in face brickwork. The south end of the building has a different character to the remainder of the structure, with characteristics in keeping with the adjacent earlier buildings. Like these existing buildings, the ground floor is rendered with horizontal joints, with the render also used for the central projecting bay that extends up to first floor level. The south elevation is divided by projecting brick piers, with moulded rendered capping supporting a large cornice moulding below a steeply pitched hipped roof above this section has bell-cast eaves and is clad in slate. This character is simplified for the other elevations, where the use of brick and the render to the ground floor forms continuity with the south portion, with the east and west elevations being distinguished primarily by the long horizontal cantilevered concrete balconies and awnings.

The central X-ray department for the entire hospital together with three special operating theatres originally occupied the ground floor. Six operating theatres were located on the first floor with common sterilising facilities between pairs of theatres. The second floor was occupied by post-operative wards for 38 patients and a blood transfusion department, while a similar number of beds were available as main wards on the third floor, although the latter was used in the short term to relieve the by then desperate need for nurses' accommodation. The part basement was occupied by plant at the north end of the building, while stores and staff common rooms occupied the south portion, and a large plant room occupied the north portion of the building at the roof level.

The main access was at the north end of the building, including from the north elevation and towards the north end of the east and west elevations, where covered external ways connected to the existing buildings on either side. These opened onto an east–west corridor with separate bed and passenger lifts, together with a stair on the north-side and toilets on the south at the west end.

A central corridor ran the length of the building to the south, turning to the west at the south end to connect to a further bed lift and stairs at the south-west corner of the building. Rooms opened off either side of the corridor to the ground floor (Level 3), with the ground floor surgical theatres located at the south end. The corridors were located in the same position to all of the levels above the ground floor, with large wards opening off its east and west sides to the second and third floors, while smaller wards occupied the south parts of the floor.

The first floor differed somewhat from the other levels in that the corridor served the theatres, which were arranged along the south and east sides, while a second corridor ran parallel to it against the west side of the building to provide alternative access to the west rooms. Change rooms, waiting rooms and workrooms were located around the north end of the building to the levels above the ground floor.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The McEwin Building is representative of two significant themes in South Australian history including:

- Provision of medical education and hospital facilities for a growing population in South Australia, specifically during the 1920s-30s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the McEwin Building was the operating theatre block for the hospital from 1946.
- The development of Adelaide's city centre. This significant group of hospital buildings, of which the McEwin Building was the fourth, is located on North Terrace, a substantial boulevard in Adelaide and one of the key elements of Colonel William Light's Plan.

#### COMPARABILITY / RARITY / REPRESENTATION:

The McEwin Building compares with other places such as banks and commercial premises constructed during the 1940s, particularly with the use of the emphasis of the entrance through continuation of the materials of the base plinth around the main door opening.

As a significant building in the development of a distinctive suite of buildings for the Royal Adelaide Hospital during the 1920s -1940s, the McEwin Building has high value due to its unique qualities

The group the McEwin Building forms part of has been assessed as having outstanding significance in relation to other buildings and structures on the RAH site

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The McEwin Building demonstrates an important aspect of South Australian history in the development of public health and the growth of such services for the community during the 1920s-40s. Its date of construction reflects delays caused by economic depression and then World War Two on the full implementation of the 1922 Master Plan for the construction of hospital buildings. Its location, facing North Terrace, demonstrates the intention of the 1920s planning for a larger and more efficient hospital, with up to date surgical facilities.

In conclusion, it is considered that the McEwin Building meets this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The McEwin Building does not display rare qualities and while it has been the subject of possible demolition over the years, particularly in the 1960s, it is not considered to be endangered apart from the threat of redevelopment of the RAH Site with the move of the RAH to its new site in 2016.

In conclusion, it is considered that the McEwin Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the McEwin Building itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the McEwin Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The McEwin Building, as the Operating Theatre Block, was one of the suite of multi-storeyed buildings first planned in 1922 as part of an essential redevelopment of the hospital. Reference to information on hospital buildings designed in the period between 1920 and 1940 indicates that the McEwin Building was built to 'modern hospital design and construction theories and practice at that time'. Its design reflects the needs of the evolving hospital site and the theories of hospital design at the time, which while including up to date surgical facilities, continued to provide balconies and sundecks for patient access to fresh air as an aid to recovery.

In conclusion, it is considered that the McEwin Building meets this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The McEwin Building's formal design and aesthetic qualities include the use of design details first established in the 1920s by the work of George Gavin Lawson in the Bice Building. The continuation of the earlier detail (including the bell cast roof form) by the architects in the Architect in Chief's department when developing the 1930s Stripped Classical design links the buildings in this group together, while allowing the McEwin Building to be assessed as an individually aesthetically significant building in its own right. Apart from easily removed alterations the integrity of the building is high.

In conclusion, it is considered that the McEwin Building meets this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The McEwin Building, as the surgical block of the Royal Adelaide Hospital redevelopment first proposed in the 1920s, has been held in high regard for an extended period by a broad spectrum of the South Australian community. The RAH has been the centre of health care and medical advances, particularly during this period of rapid population growth in the Inter-War period and the focus of health and medical care foremost of the State, either by attendance and admission into the Hospital itself, or through the advances in medical knowledge emanating from the Hospital through its education and research programs.

In conclusion, it is considered that the McEwin Building meets this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

In considering of this criterion, any special association is difficult to support. The work of doctors, specialists, nurses and administrators in the Hospital over the full period of the Hospital's existence has been broad and associated with a wide range of people rather than individuals. This work is constantly progressing and evolving, and has a collective value rather than a special association with any individual.

In conclusion, it is considered that the McEwin Building does not meet this criterion.

**EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The **extent of listing includes:**

- all external elevations, original elements and details
- bell cast roof form
- unpainted red brick walls and painted rendered plinth
- metal framed windows

Note that these elements, and the original external appearance of the building can be clearly seen in the original plans and photo [SLSA B14019]. There is an album of photographs of both internal and external features of the building, when newly completed, at SLSA B26134.

The **curtilage** for the McEwin Building will include a reasonable buffer zone allowing the building's association with the similar buildings to the west to be recognised and appreciated as part of the North Terrace group. The original iron railing fence to North Terrace will form the southern boundary of this curtilage.

The **extent of listing excludes:**

- changes which enclosed balconies and verandahs
- later changes to windows and doors
- changes to east wall as part of the later main entry

**NOTE:** If included on the South Australian Heritage Register this building must be the subject of a comprehensive Conservation Management Plan, to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

## **REFERENCES:**

Estcourt Hughes, James, *A History of the Royal Adelaide Hospital*. 2nd ed., (Adelaide, Board of Management of the Royal Adelaide Hospital, 1982)

Architecture Museum, University of South Australia:  
S250/33 Hurren, Langman and James Engineers  
George Gavin Lawson cuttings book

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**NAME:** McEwin Building (1945-46)
**PLACE NO.:** 26440**SITE RECORD:****FORMER NAME:****DESCRIPTION OF PLACE:**

A three storey steel-framed building encased in concrete sheathed in face brick with concrete floors and balconies. Brick and render elements to the ground floor forms continuity with surrounding earlier buildings, and the east and west elevations are distinguished primarily by the long horizontal cantilevered concrete balconies and awnings.

**DATE OF COMPLETION:**

1946

**REGISTER STATUS:**

**Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:**

**Description:** RAH Hospital (kiosk, storage, theatre block)  
**Dates:** 1946-present

**PREVIOUS USE(S):**

**Description:**  
**Dates:**

**ARCHITECT:**

**Name:** J W Edwards of the Architect-in-Chief's Department  
**Dates:** 1939

**BUILDER:**

**Name:** H S C Jarvis  
**Dates:** 1941-1945

**SUBJECT INDEXING:**

**Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:****Description:** Adelaide City Council**LOCATION:**

**Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:**

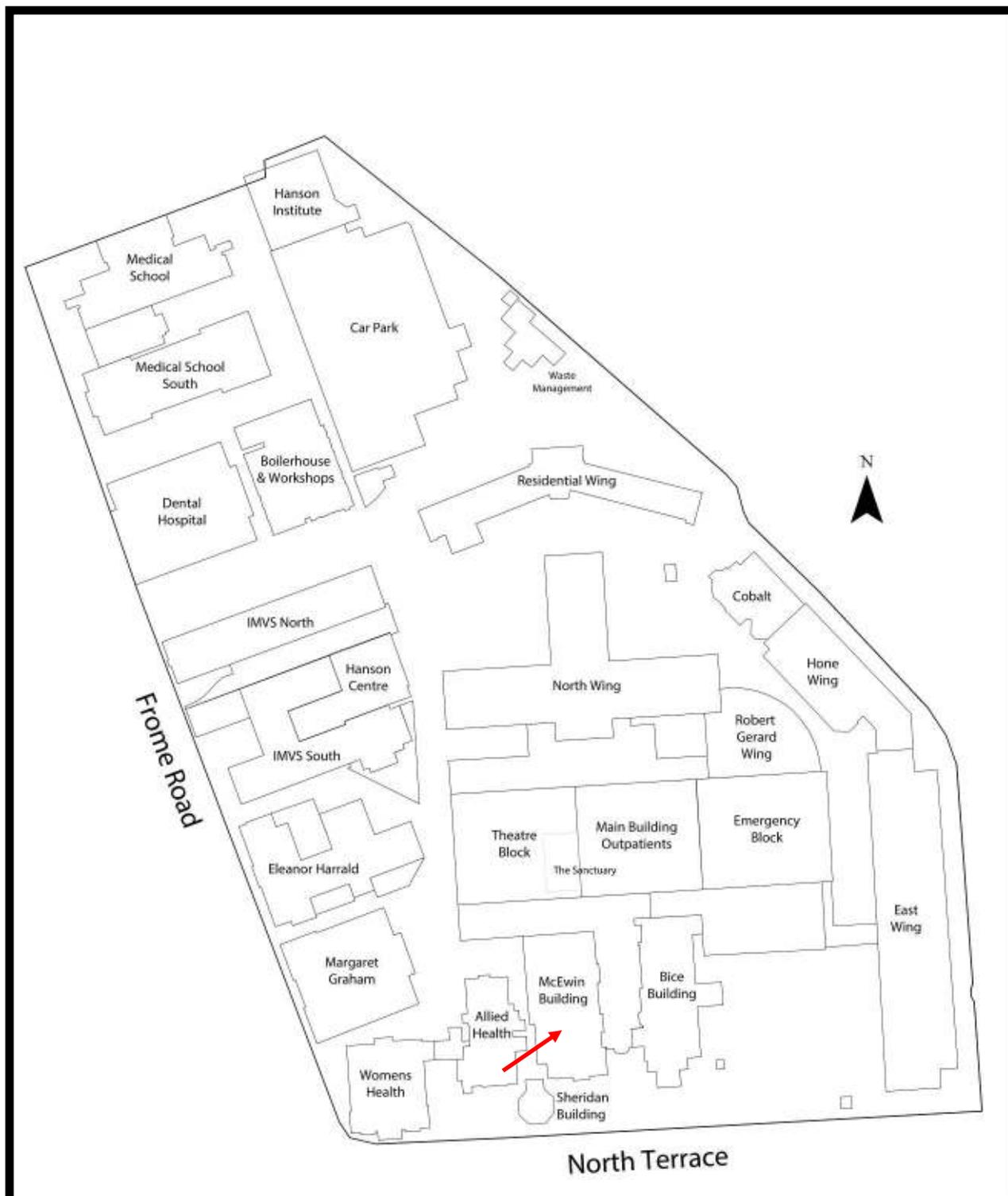
**Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide

**OWNER:**

**Name:** Central Adelaide Local Health Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** McEwin Building (1945-46)

**PLACE NO.:** 26440



**SITE PLAN - McEWIN BUILDING ARROWED**

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**NAME:** McEwin Building (1945-46)

**PLACE NO.:** 26440

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**McEwin Building - views of the south elevation**



**McEwin Building - east elevation**



**McEwin Building - west elevation**

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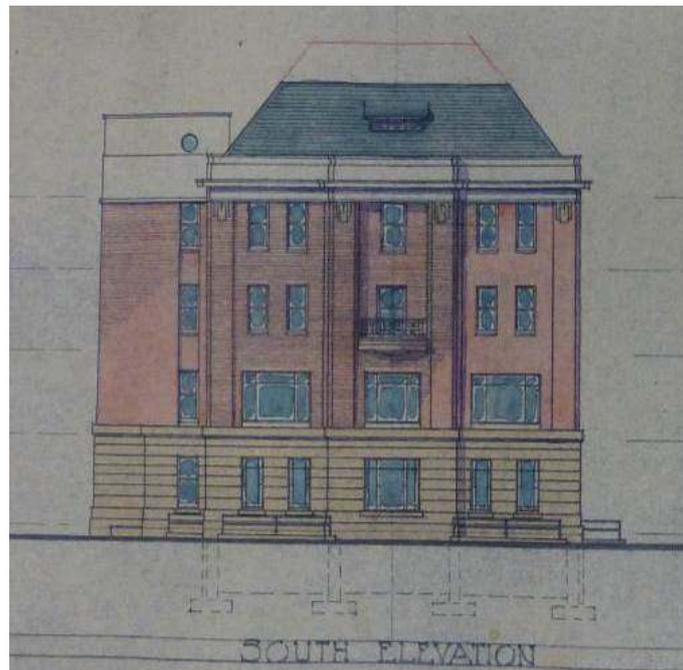
**NAME:** McEwin Building (1945-46)

**PLACE NO.:** 26440

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**McEwin Building - c1946 view (Source: SLSA B14019)**



**McEwin Building - 1939 proposed south elevation (Architecture Museum, Uni SA S250/33)**



**1946 Perspective of proposed McEwin Building  
(Source: G G Lawson cuttings book – Architecture Museum, Uni SA)**

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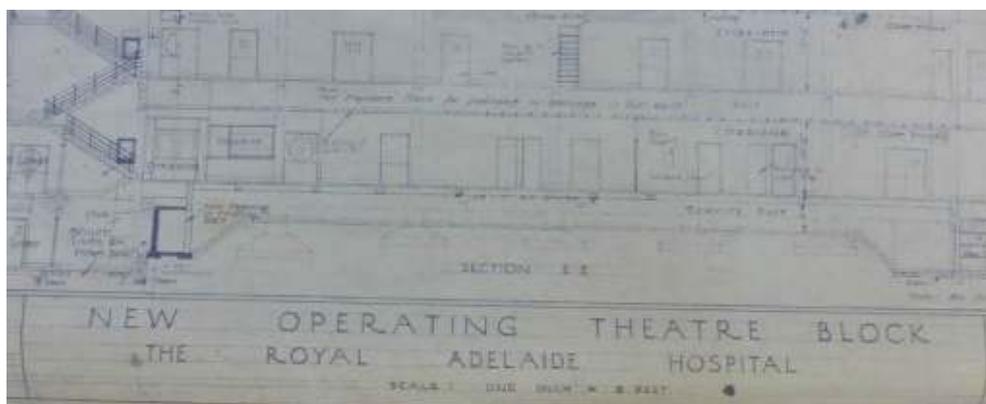
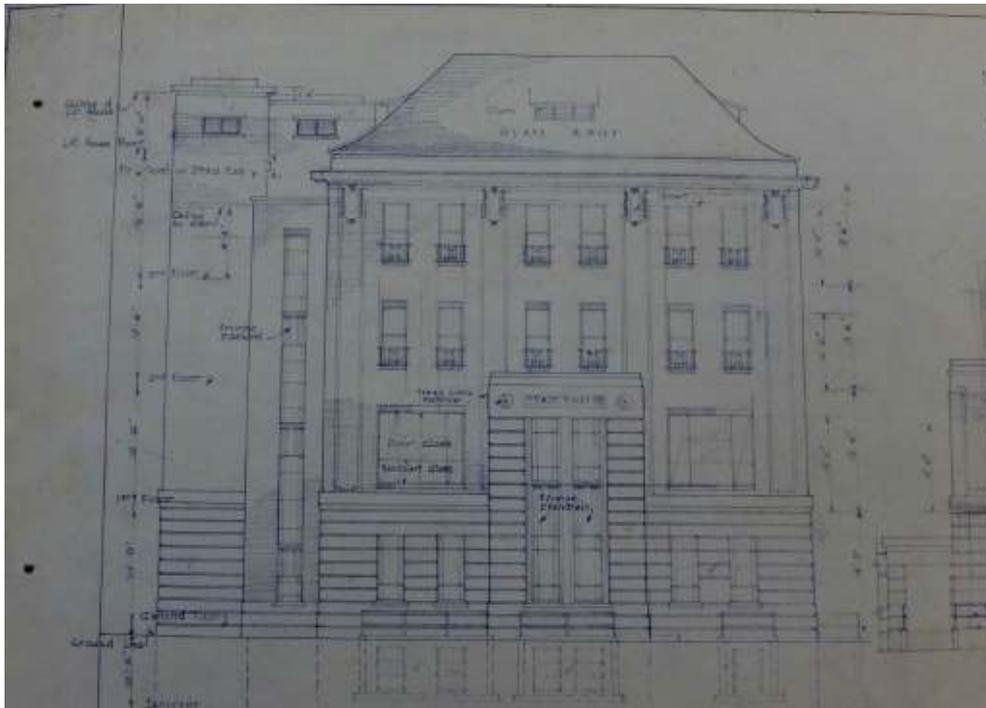
**NAME:** McEwin Building (1945-46)

**PLACE NO.:** 26440

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**McEwin Building - 1939 west elevation (Source: Architecture Museum, Uni S,A S250/33)**



**1939 Plans of McEwin Building (Source: GRG 38/68)**



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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, Frome Road, Adelaide

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## 1. BRIEF HISTORY OF THE ADELAIDE UNIVERSITY MEDICAL SCHOOL

The need for a new medical school was first mooted by the University of Adelaide in January 1943 in information sent to the Department of War – Organisation of Industry. This noted that, there would be an increase in the number of medical students by at least 100% more than those enrolled before World War Two which meant that there would be a need for additional facilities and buildings for these new students. Nothing happened until the War had finished and in May 1945 a special Buildings Committee was appointed because of the intended building program which the Commonwealth Government would be instituting across the country to serve the needs of returned servicemen, known as the Commonwealth Reconstruction and Training Scheme. By late 1946 plans had been drawn up for the medical building and although the main builder's specification for the building is not in the University's records, there are specifications for various elements of the structure as the building program progressed. The various written specifications for footings, lifts and other elements noted that there was a three month time frame for the structure and stated that 'time is of the essence'.

The arrangement of the uses of the building give a clear indication of the subjects and areas covered by a Medical Degree and how they would be housed in this new edifice. The basement was to contain lecture theatres. The ground floor would be used for histology and storage of cadavers and provision of student facilities. The first floor was for research and tissue culture with an operating theatre for dissection and various tutorial rooms. The second floor would contain a library, photographic department and laboratories, and histology sample preparation. The use of a third floor had not been determined by August 1947, but the fourth floor was the pathology laboratory and the fifth floor dedicated to histology and the sixth floor was for research, lectures and rooms for professors.

Additional specifications for joinery and fittings were drawn up in late 1947 and early 1948, and by 1953 additions were made to the area above the fourth floor to the rear of the building. This continued the original structural system of concrete floors on a steel frame with the external walls clad in 'Syncrete blocks' which were machine pressed concrete blocks and above the fourth floor to the rear the external walls were to be clad in Mount Gambier Limestone (for this latest structure). Generally the set out of the steel windows was provided in detailed drawings and the flat roof at fifth floor level was to be covered in bituminised felt. Internally the ceilings were of canite fibre-board and the walls plastered with a white cement dado. The building generally had cement floors throughout with terrazzo in the toilets. The cement floors in the professor's offices were covered with linoleum. Sills and canopies to the windows were finished in white cement externally to match the Syncrete and Mount Gambier Limestone.

Various pieces of documentation in the University Archives note upgrading of elements such as plumbing, water and gas, traps and ducts to laboratory benches where required, and the installation of fume hoods and flues. Generally it would appear that the instructions were for a minimum finish to the interior and exterior of the building, so the quality of the architecture derives mainly from the Monumental Stripped Classical design.

'Syncrete blocks' would appear to be a post-War development to provide fast and economical building materials for the expansion of building after the War. [An advertisement in *The Advertiser*, July 1954 offers immediate availability of these building materials from Syncrete Products (SA) in Rosewater.]

With the availability of a larger Medical School, the Medical Faculty developed from the mid 1950s onwards. Full time staff in the Medical School expanded from three Professorial Chairs (in

Anatomy, Physiology and Pathology) to a broader range of Professors. In 1953 Adrian Robertson was appointed the first Professor of Medicine and in 1958 Professors of Obstetrics and Gynecology were established, followed by Chairs in Microbiology, Biology, Pediatrics and Psychiatry.

Interestingly, the coat of arms of the Royal Adelaide Hospital includes an open book (also included in the coat of arms of The University of Adelaide) in lower part of the shield, to mark the long association between The University of Adelaide and Royal Adelaide Hospital in the Medical School.

Note that pre-clinical lectures had previously been provided for the Medical School on the main campus of the University, particularly in the Darling Building - this is a more historically important structure for the Medical School, than the later building across Frome Road.

## 2. DESCRIPTION

The Medical School building is notably different in materials and form to the other buildings on the RAH site, and was clearly built by an institution other than the hospital. This building continues to be used as the major structure for the Medical School for the University of Adelaide and maintains much of the original layout and uses initially proposed.

The original design was economical and basic, with plastered walls and concrete floors and ceilings. The stairs are of painted concrete with steel handrails and balustrading. There has been a certain degree of compartmentalisation of originally larger areas to allow for greater numbers of staff offices and some tutorial rooms and research rooms have been reclassified as central teaching space, making the space available for other faculties and departments in the University when not used by the Medical School. Most notably the original Library on the second floor of the building has been relocated to the Barr Smith Library and this area is now academic teaching space used as laboratory areas. On the third floor laboratories and research and preparation rooms have been divided into smaller administration and office areas. However, the main structural elements, staircases and lifts remain in place and have not been altered.

The western elevation to Frome Road displays the design element common to major buildings of the 1940s, a prominent two level emphasis of the front entrance. This approach can also be seen on the McEwin Building from the same period of construction on the hospital site.

The University has maintained this building appropriately and is continuing to undertake maintenance and repairs as required.

## 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Medical School building is representative of one significant theme in South Australian history:

- provision of additional medical education facilities at Adelaide University after World War Two as part of the Commonwealth building and education program for returned servicemen.

### COMPARABILITY / RARITY / REPRESENTATION:

The form and design Medical School compares with other places from the 1940s entered in the South Australian Heritage Register, such as banks and offices.

The Medical School is clad in *Syncrete*, a South Australian produced hollow cement building block used after World War 2, which may confer some rarity value on the building.

The Medical School building has been assessed as having moderate relative significance in relation to other buildings and structures on the RAH site, as it is not associated with the highly significant group on North Terrace..

**ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):**

**(a) it demonstrates important aspects of the evolution or pattern of the State's history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Medical School demonstrates an important aspect of South Australian history as part of the University of Adelaide's building program after World War Two under the Commonwealth Reconstruction and Training Scheme. This scheme provided the opportunity for returned servicemen to attend University as a reward for their military service. Medicine, mathematics and engineering all experienced significant increases in student numbers with the consequent need for the University to provide teaching facilities.

In conclusion, it is considered that the Adelaide University Medical School meets this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Adelaide University Medical School building is not considered to have rare, uncommon or endangered qualities.

In conclusion, it is considered that the Adelaide University Medical School does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Medical School building is not in a position which will yield information that will contribute to a further understanding of the site.

In conclusion, it is considered that the Adelaide University Medical School does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

While the Adelaide University Medical School was carefully designed as a teaching facility, it is not an outstanding representative of this class of building, being constrained by budget and time in its construction.

In conclusion, it is considered that the Adelaide University Medical School does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

While the Adelaide University Medical School was designed by Louis Laybourne Smith of Woods Bagot Laybourne Smith and Irwin, as a teaching facility, it does not demonstrate outstanding characteristics. Laybourne Smith's design appears to have been constrained by budget and time in its construction.

In conclusion, it is considered that the Adelaide University Medical School does not meet this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Adelaide University Medical School was the focus of education for doctors after World War Two, and was closely associated with the ongoing development of research at RAH during this period. Those in the medical profession who were taught here hold the building high regard.

In conclusion, it is considered that the Adelaide University Medical School meets this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

This building has been associated with the continuing development of medical education since its construction. Tellingly, the building has not been named for an important or particularly significant medical educator.

In conclusion, it is considered that the Adelaide University Medical School does not meet this criterion.

## **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

The extent of listing includes:

- Main front elevation to Frome Road, including portico and hipped roof form
- Syncrete block and Mount Gambier stone cladding

The extent of listing excludes:

- All changes to 1947 design, particularly later internal re-configuration

**NOTE:** If included on the South Australian Heritage Register this building must be the subject of a comprehensive Conservation Management Plan, to determine the exact extent of significant fabric and to draw up appropriate parameters for adaptation and re-use.

## **REFERENCES:**

Ian L D Forbes, *To Succour and to Teach, a recent history of the RAH*, 2003

Duncan, W G K and R A Leonard, *The University of Adelaide 1874-1974* (Adelaide, Rigby, 1973)

University of Adelaide Archives - Series 3 (Architects Letter Books), Box 5 and Box 6 (ref to Medical Building, Frome Road): Series 1000 (Photographs), Box 3, Box 5

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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**SITE RECORD:****FORMER NAME:**

**DESCRIPTION OF PLACE:** A seven storey building of concrete floors on a steel frame with the external walls clad in 'Syncrete blocks', except for the 1952-3 section above the fourth floor (Mount Gambier Limestone), steel framed windows. Front hipped roof and rear flat roof covered in bituminised felt.

**DATE OF COMPLETION:** 1947 + 1952-3

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Medical School  
**Dates:** 1947-present

**PREVIOUS USE(S):** **Description:** n/a  
**Dates:** n/a

**ARCHITECT:** **Name:** Woods Bagot Laybourne Smith and Irwin  
**Dates:** 1946

**BUILDER:** **Name:** Not known  
**Dates:** 1946-47

**SUBJECT INDEXING:** **Group:** Education  
**Category:** Tertiary Institution

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 6077  
**Folio:** 8  
**Lot No.:** A11, D51367  
**Section:**  
**Hundred:** Adelaide

**OWNER:** **Name:** University of Adelaide  
**Address:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**SITE PLAN – MEDICAL SCHOOL ARROWED**

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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**Adelaide University Medical School - west elevation**



**Adelaide University Medical School  
- north elevation**



**Adelaide University Medical School  
- south elevation**

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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**Adelaide University Medical School c1960**  
*(Source: University of Adelaide Archives S1000, Box 5)*

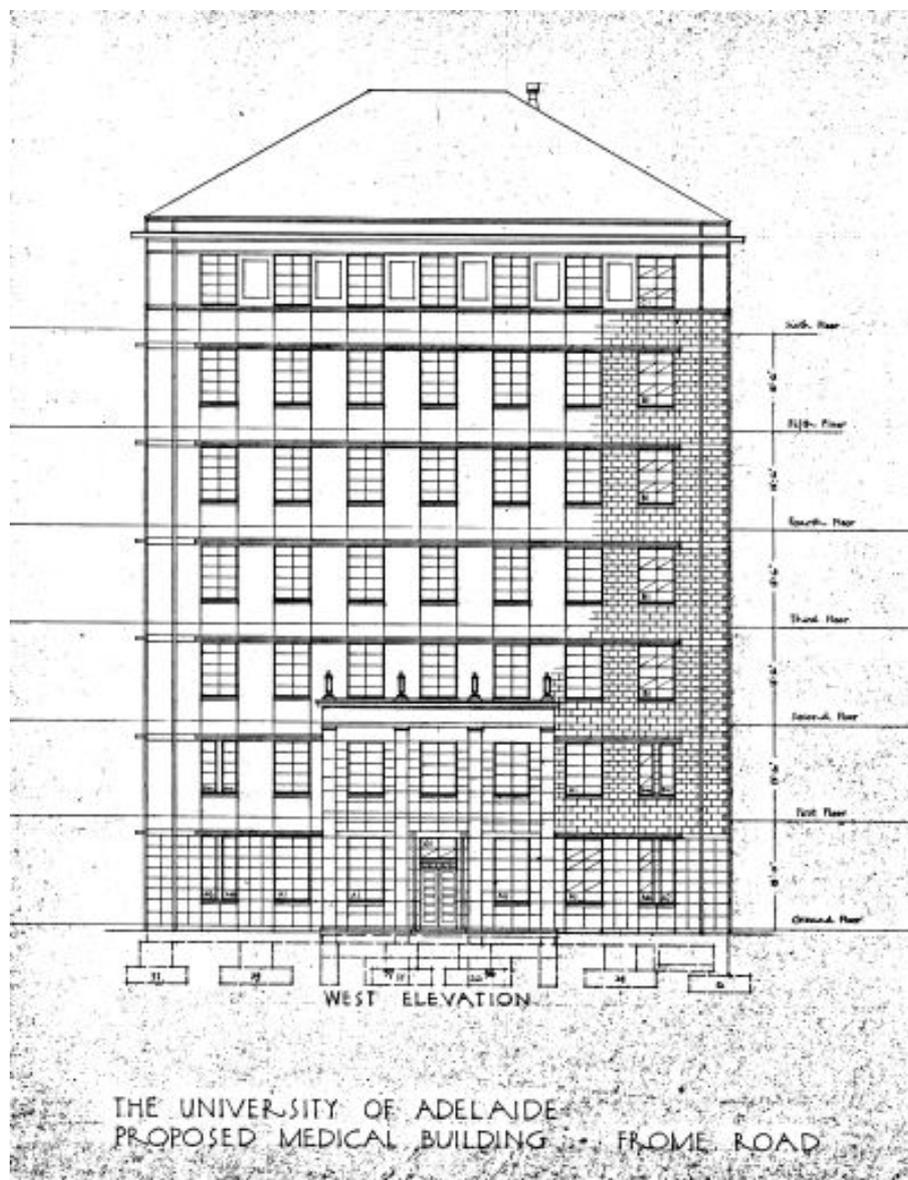


**Adelaide University Medical School c1960**  
*(Source: University of Adelaide Archives S1000, Box 5)*

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**NAME:** Adelaide University Medical School (1947) **PLACE NO.:** 26413

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**Adelaide University Medical School 1947 Drawing**  
*(Source: University of Adelaide Property Records)*



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**NAME:** Eleanor Harrald Building (1954)**PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, Frome Road, Adelaide

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## 1. BRIEF HISTORY OF THE ELEANOR HARRALD BUILDING

There were plans for an additional nurses' home, north of the Margaret Graham building, as part of the 1922 Master plan for the RAH. These plans did not eventuate however and lack of accommodation for nurses on the hospital grounds worsened. The problem was further compounded in the 1930s when nursing staff were granted a 48-hour week, resulting in an increased number of nurses and increased demand for accommodation. By June 1937 documents were being prepared for a new five-storey accommodation block for 200 nurses on Frome Road, north of the existing nurses' home. The advent of World War Two delayed any further consideration until March 1945 when the Public Works Committee was considering what appeared to be a new proposal for a six-storey building to accommodate 314 (a matron, 36 sisters and 277 nurses) to be completed in late 1947.

The accommodation included a large social room on the ground floor, with a stage that could be converted into a dance room, two lecture theatres, a technical library, various sitting rooms, including two for receiving male visitors, a telephone booth on each floor and a sun deck on the flat roof. The design has been attributed as the work of the Departmental Architect S M Sidall, and engineers for the building were Hurren, Langman and James.

Tenders were not called until May 1949 and work did not begin on the new building until early 1950 due to shortages of steel and cement, over 262 tons of steel had been on order for more than two years. The building was officially opened on 3 December 1954. At this ceremony the building was officially named the Eleanor Harrald Nurses Home by the Minister for Health, with the adjoining existing building also then named the Margaret Graham Nurse's Home. In its final configuration, it provided for 308 beds (matron, 46 sisters and 261 nurses). There have been numerous changes to the building since its completion. In the late 1990s additions were added to the ground (Level 1) and first floor (Level 2) levels, while all of the balconies have been enclosed. Internally, the nurses bedrooms have been adapted for office and teaching use.

## 2. DESCRIPTION

The building is comprised of seven levels with its primary elevation to Frome Road. This building, like the McEwin Building, is constructed of a structural steel frame, which has been encased in concrete with reinforced concrete floors. Externally, the walls are comprised of red brickwork, with wide rendered stringcourses and attached brick pilasters on the west elevation which rise up through the former balconies, with brick panels forming the former balustrades spanning between the piers and set back from their face. A rendered band is located around the top of the walls to the fifth floor below a projecting rendered cornice with brick parapets over. The central bay to the west elevation is comprised of vertical bays of windows with recessed brick spandrel between the windows so as to provide a vertical emphasis. Three raised rendered panels break the parapet line at the top of the bay and are located over a narrow horizontal recessed panel finish in decorative render. (This detailing could best be described as skeletal Art Deco.) The majority of the roof is of a hipped form. All of the remaining original windows are timber double-hung sashes, with the exception of steel windows for the stairs and the toilets have adjustable glass louvers. More recent double-hung sashes have been used for the southern extensions, while aluminium has been used to infill the former balconies.

The main west wing faces Frome Road. The foyer is located at the south end of the west wing on ground floor (Level 1), accessed by a flight of steps up from Frome Road. This level housed nurses rooms and a large lecture theatre and library on the south side of the central corridor.

Two large tutorial rooms occupy the east wing at this level, opening off the former west verandah. The lower ground level has a matching configuration. Wings extend to the east and north, with small projections housing the toilets and bathrooms. All the floors above the ground level have retained the original corridor circulation pattern and rooms open off both sides of this corridor, as does the stair and lift at the junction with the east wing on the north side and the toilets on the south side. The original internal arrangement has been lost through numerous changes.

Typical of all hospital buildings of this time, the interior of the building has very basic finishes, with plastered walls and concrete floors. The stairs are of painted concrete with steel handrails and balustrading. A single remaining half-glazed external timber door for one of the original rooms is evident to the east wing on Level 4.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Eleanor Harrald building is representative of one significant theme in South Australian history

- The provision of hospital care as part of the development of a public health system in South Australia and the role of the nursing profession within this system. Accommodation for nurses within the hospital was an evolving need, particularly when nursing staff were granted a 48-hour week in the 1930s.

#### COMPARABILITY / RARITY / REPRESENTATION:

The Eleanor Harrald building compares with other places built as nurses' homes which are entered in the South Australian Heritage Register, such as the earlier Margaret Graham building and the Mount Gambier Hospital Nurses Home.

Nurses' homes were associated with all hospitals and are a common building type; consequently the Eleanor Harrald Building does not have rarity value.

The Eleanor Harrald Building has been assessed as having low relative significance in relation to other buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The provision of residential accommodation for nurses on site during training was an integral part of the development of health care services in South Australia. However, demonstration of nursing staff and trainees requirements for accommodation is also illustrated in the Margaret Graham building which was the first purpose built residential structure for nurses.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Eleanor Harrald Building is not considered to have rare, uncommon or endangered qualities.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Eleanor Harrald Building is not in a position which will yield information that will contribute to a further understanding of the site.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

While the Eleanor Harrald Building was carefully designed as a residential and teaching facility, it is not an outstanding representative of this class of building, particularly in view of the changes internally.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

While the Eleanor Harrald Building was designed by the Architect-in-Chief's Department (possibly by architect S M Sidall) as a residential and teaching facility, it does not demonstrate outstanding characteristics in its design or construction.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

As with all the buildings constructed within the hospital, there is a close association with a particular group, in this case the cohorts of nurses who lived and studied in this building, during the time it served as a nurses' home. These groups are not considered more or less significant than the nurses who trained in other times - before and after these.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The building was named for Eleanor Harrald, a notable matron of RAH during the 1920s, but she did not live or teach in the building. No other significant associations have been determined.

In conclusion, it is considered that the Eleanor Harrald Building does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As the Eleanor Harrald Building does not meet one or more criteria under Section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

#### **REFERENCES:**

Estcourt Hughes, James, 'The 140<sup>th</sup> anniversary' in *Royal Adelaide Hospital Foundation Day Addresses 1979-1993*, pp 17-21, (ed) Bernard Nicholson, 1993

Durbin, Joan, 'History, Nursing Education and Jubilee 150' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 64, editor Bernard Nicholson, 1993

Architecture Museum - Series 250: Hurren, Langman and James Engineers, S250/1, 33, 34, 40

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**NAME:** Eleanor Harrald Building (1954) **PLACE NO.:** 26413

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**SITE RECORD:**

**FORMER NAME:** *Eleanor Harrald Nurses Home*

**DESCRIPTION OF PLACE:** A seven level building on a structural steel frame, encased in concrete with reinforced concrete floors. The walls are comprised of red brickwork with render detailing.

**DATE OF COMPLETION:** 1954

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Various uses shared by the hospital and the University of Adelaide Medical School  
**Dates:** c1970 - present

**PREVIOUS USE(S):** **Description:** Nurses Home  
**Dates:** 1954 - c1970

**ARCHITECT:** **Name:** Departmental Architect  
S M Sidall  
**Dates:** 1945

**BUILDER:** **Name:** Not known  
**Dates:** 1950-54

**SUBJECT INDEXING:** **Group:** Health; Education  
**Category:** Hospital; Tertiary Institution

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide  
Central Adelaide Local Health Network

**OWNER:** **Name:** Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Eleanor Harrald Building (1954)

**PLACE NO.:** 26413



**SITE PLAN – ELEANOR HARRALD BUILDING ARROWED**

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**NAME:** Eleanor Harrald Building (1954)

**PLACE NO.:** 26413

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**Eleanor Harrald Building - views of west elevation**



**Eleanor Harrald Building - east Elevation**



**Eleanor Harrald Building - south elevation**

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**NAME:** Eleanor Harrald Building (1954)

**PLACE NO.:** 26413
 

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25 sheets in set		Sheet No 11	
<b>ROYAL ADELAIDE HOSPITAL NEW NURSES' HOME</b>			
DETAILS		Scale 1/2" = 1'0"	
_____ Contractor _____		_____ Architect-in-Chief _____	
_____ Witness _____		_____ Date _____	
Reference docket 104 25/2/55	Drawn EAJ Traced FJD Checked EAJ	<b>164/47</b>	

July 1947 Plans for the Eleanor Harrald Building (initially drawn 1935?)  
(Source: Architecture Museum, Uni SA)



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**NAME:** East Wing (1962)

**PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE EAST WING

The East Wing of the Royal Adelaide Hospital, under construction from 1958 and opened in 1962, was at first intended to house the radiography department and provide accommodation for patients while further building was undertaken.

Post World War Two Adelaide, with its huge influx of migrants arriving from all corners of Europe, placed considerable demands on the Royal Adelaide Hospital. Minor pressure was taken off when the Queen Elizabeth Hospital was opened in 1954 but the problems of overcrowding, in mostly antiquated buildings, at the Royal Adelaide Hospital was critical.

At this time on site at the Royal Adelaide Hospital, there were 13 separate major buildings, accommodating also the services of the IMVS and the Dental Department. Altogether there were 32 wards accommodating 750 beds. There were also temporary structures and buildings, some over 100 years old that were considered antiquated and dangerous. It was stated that while every effort was made to improve the standard of care and treatment of patients, efforts were obstructed by a lack of modern buildings and the demand on the hospital's services.

The complex plan for the hospital's rebuilding required that the East Wing was to be completed as the first structure by August 1961. The layout of the new buildings was governed by the need for the hospital to continue to provide normal services during the reconstruction period without any substantial additional accommodation being available to permit large scale demolition prior to building. The budget for the rebuilding plan suffered constantly from cuts and revisions of costs, but with completion of the East Wing it became possible to commence with the new 1962 scheme. This allowed for the hospital to be rebuilt as a series of structures each specifically designed for specific functions of the hospital.

The seven-storey East Wing was constructed in stages between 1959 and 1962. The fourth and fifth floors were opened for patients from 22 May 1962, and two months later the entire building was officially opened by the Premier, Sir Thomas Playford. The basement comprised the engineering services, while the lower ground floor contained the radiotherapy department clinic and workshops, the domestic staff dining room and the pharmacy. On the ground floor were radiotherapy consultation sites and treatment rooms. The first floor comprised wards and theatres for radiotherapy, gynaecology and pulmonary patients.

The final design of the building was changed by constant budget cuts, and the need to use basic materials and finishes meant the end result was a building, which while it housed the latest in radiographic equipment for cancer treatment, physically displayed a compromised aesthetic, compared to contemporaneous hospital buildings such as Queen Elizabeth Hospital, and the Royal Children's Hospital in Melbourne.

## 2. DESCRIPTION

The East Wing is a seven storey building including basement. It was the work of the Public Buildings Department, which designed most of the hospital buildings in South Australia during the 1950s and 1960s, apart from the Queen Elizabeth Hospital which was the work of Melbourne firm Stephenson and Turner. The building has a simple elevational treatment with aluminium strip windows, and vestigial balconies within projecting bays. The interior, apart from the foyer, has low ceilings, plastered walls and concrete floors covered in sheet vinyl. Stairs are concrete/terrazzo with iron railing balustrades with timber capping.

The building is linked with the central buildings to the west by a 1972 structure.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The East Wing is representative of one significant theme in South Australian history:

- The continuing provision of hospital services and facilities as part of an evolving and expanding health service in South Australia during the 1960s

#### COMPARABILITY / RARITY / REPRESENTATION:

The East Wing was not identified in the Register of 20th Century architecture as being a significant hospital building of the 1950s and 60s. The most notable are the Mount Gambier Hospital (1954) also designed by the SA Architect-in-Chief's Office: Queen Elizabeth Hospital (1955-6) designed by Stephenson and Turner, Melbourne: and Modbury Hospital (1969), designed by the SA Public Buildings Department.

The East Wing has been assessed as having low relative significance in relation to other buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The East Wing demonstrates the commencement of the 1960s rebuilding program at the RAH. The constant growth and expansion of the Royal Adelaide Hospital is significant, but the East Wing does not individually demonstrate this aspect of its history.

In conclusion, it is considered that the East Wing does not meet this criterion.

##### (b) it has rare, uncommon or endangered qualities that are of cultural significance.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The East Wing is not considered to have rare, uncommon or endangered qualities.

In conclusion, it is considered that the East Wing does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

The Botanic Gardens buildings which were originally located on this site were all demolished and deep excavation undertaken for the construction of this building. Investigation into the archeological potential of the site has concluded that the East Wing is not in a position which will yield information that will contribute to a further understanding of the site.

In conclusion, it is considered that the East Wing does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

While the East Wing was specifically designed to house the radiography department and provide accommodation for patients while further building was undertaken, it is not an outstanding representative of a 1950s-60s hospital building, being constrained by budget and time in its construction.

In conclusion, it is considered that the East Wing does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected. Places would not normally be considered under this criterion if their degree of*

*achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The East Wing was designed by a number of architects in the Public Buildings Department. It was purpose-built, but displays evidence of compromise in its over-all scale and details. It does not demonstrate outstanding characteristics in its design or construction, and much of its original aesthetic has been compromised by overpainting and additions.

In conclusion, it is considered that the East Wing does not meet this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

As with all the buildings constructed within the RAH site, there is a close association with a particular group, in this case the medical staff who worked on cancer treatment, and the patients who were treated in this building. However, this group is not closely defined or easily delineated in the community as a whole.

In conclusion, it is considered that the East Wing does not meet this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The East Wing is closely associated with the work of individuals and teams of cancer specialists who developed a number of groundbreaking treatments - however it is not appropriate to single out any one of these as being more 'special'.

In conclusion, it is considered that the East Wing does not meet this criterion.

**EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As the East Wing does not meet one or more criteria under Section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

**REFERENCES:**

Forbes, Ian L D, *To Succour and to Teach, a recent history of Royal Adelaide Hospital*, (Adelaide, Board of Management of the Royal Adelaide Hospital, 2003)

*Building and Architecture*, No 6 1967

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**NAME:** East Wing (1962)
**PLACE NO.:** 26413**SITE RECORD:****FORMER NAME:**

**DESCRIPTION OF PLACE:** Seven storey steel framed building including basement.

**DATE OF COMPLETION:** 1962

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Oncology and Radiation treatment centre  
**Dates:** 1963 - present

**PREVIOUS USE(S):** **Description:** n/a  
**Dates:** n/a

**ARCHITECT:** **Name:** Public Buildings Department  
**Dates:** 1962

**BUILDER:** **Name:**  
**Dates:** 1962

**SUBJECT INDEXING:** **Group:** Health  
**Category:** Hospital

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide

**OWNER:** **Name:** Central Adelaide Local Health Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** East Wing (1962)

**PLACE NO.:** 26413



**SITE PLAN – EAST WING ARROWED**

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**NAME:** East Wing (1962)

**PLACE NO.:** 26413

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**East Wing - views of the west elevation**



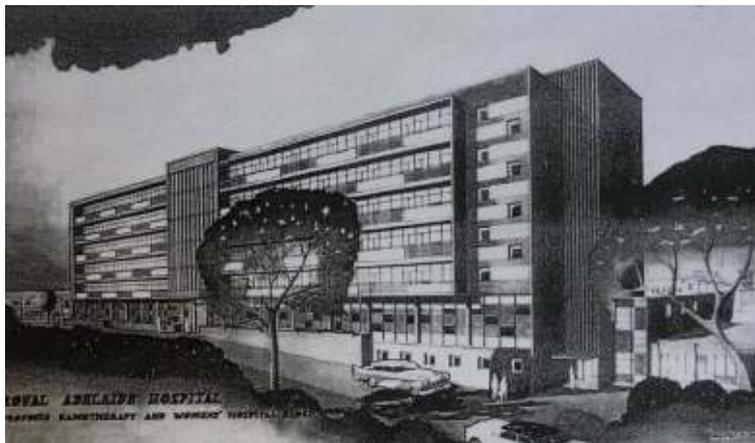
**East Wing - views of the east elevation**

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**NAME:** East Wing (1962)

**PLACE NO.:** 26413

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**East Wing - initial design as Womens' Hospital (Source: RAH Archives)**



**East Wing, Royal Adelaide Hospital, 26th July 1963 (Source: SLSA B15012)**



**East Wing - 1964 view (Source: SLSA B15540)**



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**NAME:** Dental Hospital (1968)**PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, Frome Road, Adelaide

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## 1. BRIEF HISTORY OF THE ADELAIDE DENTAL HOSPITAL

This current Dental Hospital was constructed in stages during the 1960s, replacing an earlier building from the 1920s.

Dentistry in South Australia took on importance following the Dental Act of 1902 through which a dental board made regulations and three years later it turned its attention to dental education. Training to become a dentist took a minimum of 4 years with apprenticeship to a registered dentist. University courses began in 1906 with the first students graduating in 1911. Through the planning of the University of Adelaide, the Adelaide Hospital Board of Management and through the Superintendent of Public Works, C E Owen Smyth, plans for a dental school and hospital were drawn up in 1919. The functions of the dental hospital included treatment of the poor, sailors and soldiers and their dependents, and patients unable to afford private practitioners were means tested. The hospital/school also provided students with clinical facilities. The original Dental Hospital was built in 1923. Designed by George Gavin Lawson in the Architect-in-Chief's Department it had a straight roof form, not the bell cast roof form of the other two new buildings, the Margaret Graham Nurses Home and the Bice Building. It faced Frome Road and had a notable colonnaded portico to the street elevation. The construction of the hospital/school, designed by Lawson, opened in July 1923, was made possible through a substantial monetary gift from the British Red Cross, with additional funding from the SA Government. In this period the Government Dentist was responsible for the dental care of inmates at gaols, mental hospitals and the State Children's Department.

In 1948, following the Second World War Two, a building committee drew up plans for the enlargement of the 1920s dental hospital building. It was not until 1958 that construction got underway and two wings were added. However, the facilities were still inadequate and the Dental School was enlarged in the 1962 expansion of the RAH, with Stage One development being work to the rear of the 1920s building, to the design of J D Cheesman (who had earlier been in partnership with Lawson). In 1967 Stage Two of the development of the Dental Hospital was undertaken and this involved the demolition of the original building and its replacement by a large six storey structure fronting Frome Road which did continue the use of face red brick, but also included banded window sections to the southern end of the west elevation and simple strips of windows to the northern end. The new building was completed and opened in August 1969.

The Health Commission amalgamated the School of Dental Service and the Dental Hospital in June 1982 to become known as the SA Dental Service.

## 2. DESCRIPTION

Built in two stages, the Dental Hospital presents a four storey brick clad elevation to Frome Road. The strip windows to the southern two thirds of this elevation are framed by projecting concrete surrounds, which forms a canopy over the street at ground level. The north elevation continues the uses of box frames to provide shading for strip windows. The south elevation shows the two stages of construction and is dominated by the block of the boiler house to the rear.

The Dental Hospital building has been described as 'Brutalist'. However, it would be more correct to classify its style as a combination of sections, built in sequence, which exhibit some elements of typical of the second half of the 20th century, including the International Style.

### 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

#### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Dental Hospital is representative of a significant theme in South Australian history:

- Provision of dental education and clinical dental facilities for a growing population in South Australia, initially during the 1920s-30s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Dental Hospital was an auxiliary service provided adjacent to the main hospital buildings.

#### COMPARABILITY / RARITY / REPRESENTATION:

The Dental Hospital was not identified in the Register of 20th Century architecture as being a significant hospital building of the 1950s and 60s. The most notable are the Mount Gambier Hospital (1954) also designed by the SA Architect-in-Chief's Office: Queen Elizabeth Hospital (1955-6) designed by Stephenson and Turner, Melbourne: and Modbury Hospital (1969), designed by the SA Public Buildings Department.

The Dental Hospital has been assessed as having low relative significance in relation to other buildings and structures on the RAH site.

#### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

##### (a) it demonstrates important aspects of the evolution or pattern of the State's history.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

A Dental Hospital does demonstrate a subsection of important aspect of the State's history in the provision of Statewide health care specifically for dental services. It is associated with the growth of the health system and the stages of development of the Royal Adelaide Hospital. However, this current building replaced the first Dental Hospital which would have more accurately demonstrated this aspect of South Australia's history.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

##### (b) it has rare, uncommon or endangered qualities that are of cultural significance.

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Dental Hospital does have rare qualities in that it is the only Dental Hospital in South Australia. However, the cultural significance of this is due to its association with the Royal Adelaide Hospital as an institution. The distinguishing characteristics of the Dental Hospital were established in the 1920s building, and the 1960s building merely replaced the facilities in a more modern form.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Dental Hospital itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The Dental Hospital is the representative of this particular class of places - dental hospitals. However, it could not be considered to be outstanding.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

- (e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Dental Hospital was built in two stages and consequently does not show a unity of design which would be required to assess the building has demonstrating a high degree of aesthetic and creative accomplishment. Although it is an important work of architect Jack Cheesman during the 1960s, it is not considered to be an outstanding representative of his later work.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

- (f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group has held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Dental Hospital could not be considered to retain strong cultural or spiritual associations for the patients who were treated, or the dentist's who were trained there, while it is a more practical site for these types of activities.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

- (g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a*

*brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The Dental Hospital is closely associated with the training and work of dentists and dental academics and clinicians from the time of its establishment as a dental service. It continues to provide this service to all South Australians, therefore this association is of a more general and comprehensive nature, and not 'special' in any particular aspect.

In conclusion, it is considered that the Dental Hospital does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As the Dental Hospital does not meet one or more criteria under Section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

#### **REFERENCES:**

Scollin, James (Bill), 'A History of Dentistry in South Australia' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 115, editor Bernard Nicholson, 1993

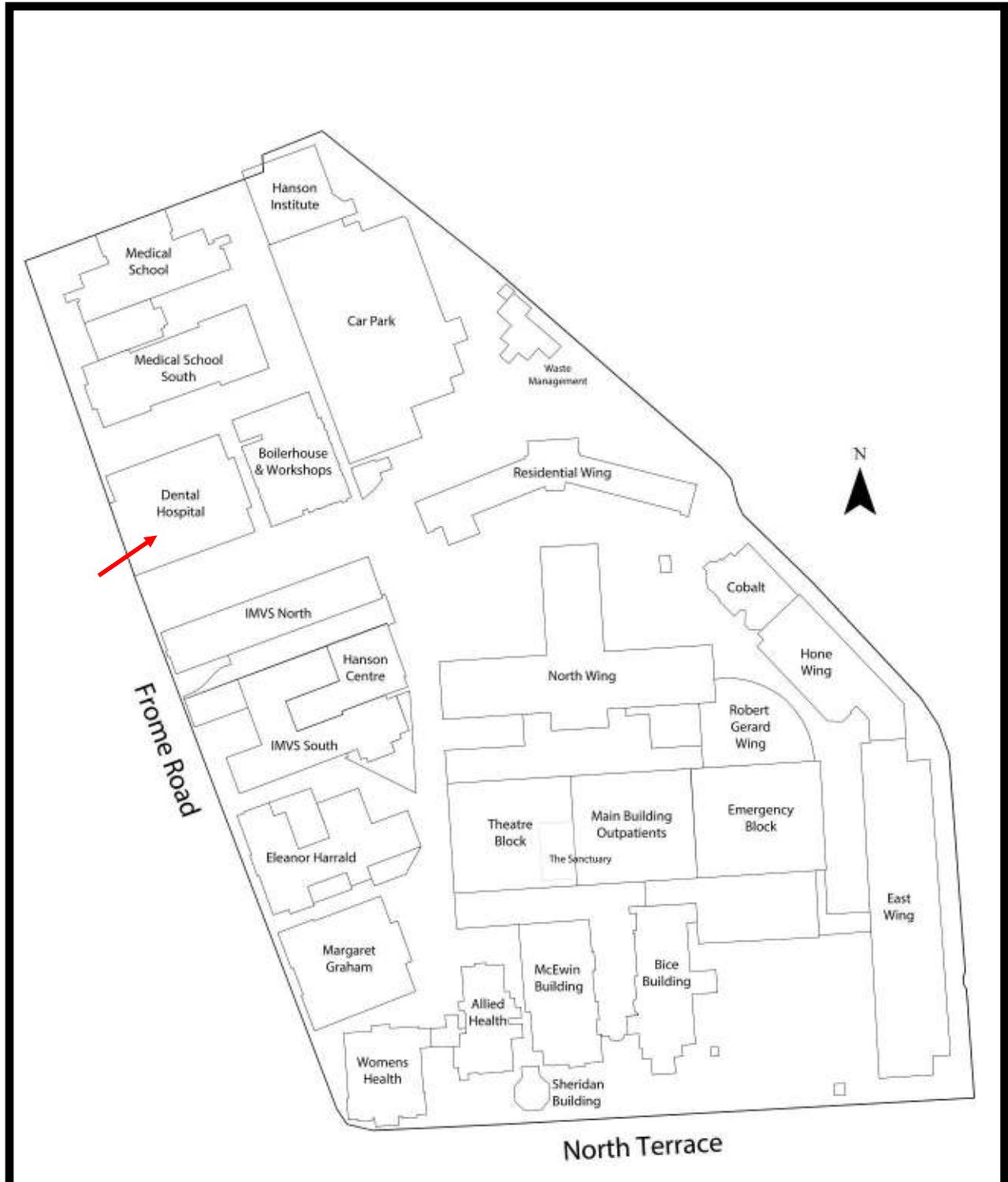
Donovan, Peter, *Towards Excellence, the A W Baulderstone Story*, (SA 150 Jubilee edition, 1987)

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**NAME:** Dental Hospital (1968)
**PLACE NO.:** 26413**SITE RECORD:****FORMER NAME:** Dental School**DESCRIPTION OF PLACE:** A large six storey face red brick structure with concrete banded window sections to the southern end of the west elevation and simple concrete framed strip windows to the northern end.**DATE OF COMPLETION:** 1963 and 1968**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012**CURRENT USE:** **Description:** Dental School  
**Dates:** 1968-present**PREVIOUS USE(S):** **Description:**  
**Dates:****ARCHITECT:** **Name:** J D Cheesman  
**Dates:** 1968**BUILDER:** **Name:** Not known?  
**Dates:** Stages – 1962 & 1967**SUBJECT INDEXING:** **Group:** Education  
**Category:** Tertiary Institution**LOCAL GOVERNMENT AREA:** **Description:** City of Adelaide**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5759  
**Folio:** 670  
**Lot No.:** S7624, H105100  
**Section:**  
**Hundred:** Adelaide**OWNER:** **Name:** SA Dental Service  
**Address:** Frome Road  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** Dental Hospital (1968)

**PLACE NO.:** 26413



**SITE PLAN – DENTAL HOSPITAL ARROWED**

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**NAME:** Dental Hospital (1968)

**PLACE NO.:** 26413

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**Dental Hospital - west elevation**



**Dental Hospital - north elevation**



**Dental Hospital - south elevation**

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**NAME:** Dental Hospital (1968)

**PLACE NO.:** 26413

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1923 View of first Dental Hospital (Source: SLSA PRG 280/1/40/208)



Frome Road elevation of the first Dental Hospital, 1962 (Source: RAH album GRG38/66)



1962 Stage 1 - work to rear of 1920s Dental Hospital (Source: RAH album GRG38/66)

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**NAME:** Dental Hospital (1968)

**PLACE NO.:** 26413

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**Stage 2 of development of Dental Hospital, view from south east**  
*(Source: Building and Architecture 1967)*

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**NAME:** Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE RESIDENTIAL WING (INCLUDING CHAPEL)

The Residential Wing in the north east corner of the RAH site was constructed in 1968-69 and is a building of eleven storeys with two wings extending from a central stair core. It was originally constructed as a Nurses Home. As nurses continued to be required to live on site, this new multi-storey residential block was planned as part of the 1960s redevelopment. The architects for this large two winged structure were Stanley Ralph, Assistant Director of Planning and Design, and H Malkin, architects in the Public Buildings Department. Occupied from December 1969, there were 455 bedrooms in the Nurses Residential Wing. Nurses were transferred from several places of accommodation, including the Margaret Graham Nurses Home, 'Eden Park' and Austral House (Ayers House).

Officially opened 17 June 1970, the building comprised a common lounge, recreational areas and a purpose built chapel which includes a later large stained glass window by South Australian Artist Cedar Prest, unveiled 14 July 1982. The northern wall of the chapel is a wall of honour - 'this area is dedicated to the memory of nurses who died whilst in the service of the RAH'. Special occasions are held here such as the commemoration of laying the foundation stone of the first 1841 Adelaide Hospital. The Chapel has been located in various buildings across the RAH site over a number of years, and this is merely the final location for this religious function as a multi-denominational facility.

Soon after the opening of this building, in the early 1970s nurses began to live off-site as there was no requirement for them to have a residential component to their training. Other uses have had to be found for the areas in the block and rooms in this building have been rented out to students and other Hospital staff.

## 2. DESCRIPTION

This eleven storey building is constructed of lift slab floors with steel and concrete framing, clad in brickwork. It is V-form in plan with two wings radiating from a central stair tower. Internally, the finishes are typical austere with concrete floors and ceilings, and plastered walls. Stairs have timber horizontal rails for balustrades. The chapel is similarly austere, with face red brick walls, and a timber lined ceiling.

## 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Residential Wing is representative of a significant theme in South Australian history including:

- Provision of additional staff accommodation as part of hospital facilities for a growing population in South Australia, specifically during the 1960s and 1970s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Residential Wing provided nurses accommodation for the hospital from 1970.

**COMPARABILITY / RARITY / REPRESENTATION:**

The Residential Wing was not identified in the Register of 20th Century architecture as being a significant hospital building of the 1950s and 60s. The most notable are the Mount Gambier Hospital (1954) also designed by the SA Architect-in-Chief's Office: Queen Elizabeth Hospital (1955-6) designed by Stephenson and Turner, Melbourne: and Modbury Hospital (1969), designed by the SA Public Buildings Department.

The Residential Wing has no rarity value in South Australia as it is a continuing evolving form of nurses accommodation, two earlier examples of which remain on site.

The Residential Wing has been assessed as having low relative significance in relation to other buildings and structures on the site.

**ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):****(a) it demonstrates important aspects of the evolution or pattern of the State's history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

The Residential Wing is one of a number of buildings which over the years in the terms of the development of the hospital have been used for nurses accommodation. It was already unnecessary as soon as it had been completed as nurses were no longer required to reside on site during their training at the hospital. It therefore does not demonstrate any important aspect of the State's history.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

The Residential Wing demonstrates a custom that is no longer practiced at the hospital, but the representation of nurses' homes at the hospital is well covered with the Margaret Graham Nurses Home and also the Eleanor Harrald Building.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

Investigation into the archeological potential of the site has concluded that the Residential Wing itself is not in a position to yield information that will contribute to further understanding of the archeological potential of the RAH Site.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

The particular place of cultural significance which this building represents is accommodation for the nurses on the hospital site – it is not considered to be an outstanding representative of this class.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

The Residential Wing is a good example of a late 1960s early 1970s high rise structure using slab floor construction where the building was built from the ground upwards. But there are other and better examples of this particular construction technique which would be more appropriate to include as State Heritage Places.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Residential Wing will have strong associations for nurses who have been residents there, but this was for a short period of time for a small number of nurses over the history of the hospital and therefore the strength of these associations is not considered strong enough for State heritage listing.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The Residential Wing does not have special associations with any particular person or organisation. The Chapel, which is the most specifically spiritual section of the building, is also the last of a long run of buildings used as chapels on the hospital site.

In conclusion, it is considered that the Residential Wing does not meet this criterion.

**EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As The Residential Wing does not meet one or more criteria under section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

**REFERENCES:**

Durbin, Joan, 'History, Nursing Education and Jubilee 150' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 64, editor Bernard Nicholson, 1993

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**NAME:** Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

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**SITE RECORD:**

**FORMER NAME:** New Staff Quarters for Nurses

**DESCRIPTION OF PLACE:** A utilitarian building of 11 storeys with two wings extending from a central stair core

**DATE OF COMPLETION:** 1968-69

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Chapel, etc  
**Dates:** c1970-present

**PREVIOUS USE(S):** **Description:** Nurses Home  
**Dates:** 1968-69

**ARCHITECT:** **Name:** Stanley Ralph, Assistant Director of Planning and Design, Public Buildings Department  
**Dates:** 1968

**BUILDER:** **Name:** Unknown  
**Dates:** 1968-69

**SUBJECT INDEXING:** **Group:** Health; Religion  
**Category:** Nurses Home, Hospital; Chapel

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide  
Central Adelaide Local Health

**OWNER:** **Name:** Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

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**NAME:** Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

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**SITE PLAN – RESIDENTIAL WING ARROWED**

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**NAME:** Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

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**Residential Wing - entrance to Chapel**



**Residential Wing - north elevation**



**Residential Wing - south elevation**

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**NAME:** The Sanctuary (2005)

**PLACE NO.:** 26413

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**Address:** Royal Adelaide Hospital, North Terrace, Adelaide

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## 1. BRIEF HISTORY OF THE SANCTUARY

The Sanctuary, between the 1960s Central Tower and Theatre Blocks, was established as a patient and staff relaxation area in 2005. It includes acknowledgements of major financial contributions by individuals and organisations, and features raised garden beds and unusual floor level treatment, both outside and in the entry area indoors. The sponsors, benefactors and other donors to a Royal Adelaide Hospital Redevelopment Appeal in 2009 are recorded, and seating was donated by the Lavender Lads and Ladies in 2007.

## 2. DESCRIPTION

This area is an interesting reclamation of a roof area between two of the 1960s buildings to create an outdoor garden and seating area for staff and patients. It contains public artwork which represents the donations of people and organisations. The gardens have been carefully planted and it is an area which provides some relief from the uncompromising 1960s architecture around it.

## 3. ASSESSMENT OF HERITAGE SIGNIFICANCE

### IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

It is not considered that The Sanctuary is representative of any particular historical themes relating to the development of South Australia, except as a minor and not particularly easily accessible representation of acknowledgement of philanthropy.

### COMPARABILITY / RARITY / REPRESENTATION:

There are other more significant representations of acknowledgements of philanthropy within the RAH site and within South Australia particularly, in most instances the individual named buildings or sites are more accessible and easily understood.

### ASSESSMENT AGAINST CRITERIA (Under Section 16 of the *Heritage Places Act 1993*):

**(a) it demonstrates important aspects of the evolution or pattern of the State's history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places that note:

*The place should be closely associated with events, developments or cultural phases which have played a significant part in South Australian history. Ideally it should demonstrate those associations in its fabric.*

*Places will not normally be considered under this criterion if they are of a class of things that are commonplace, or frequently replicated across the State, places associated with events of interest only to a small number of people, places associated with developments of little significance, or places only reputed to have been the scene of an event which has left no trace or which lacks substantial evidence.*

It is not considered The Sanctuary demonstrates any important aspects of the evolution or pattern of the State's history.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(b) it has rare, uncommon or endangered qualities that are of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should demonstrate a way of life, social custom, industrial process or land use which is no longer practised, is in danger of being lost, or is of exceptional interest. This encompasses both places which were always rare, and places which have become scarce through subsequent loss or destruction.*

*Places will not normally be considered under this criterion if their rarity is merely local, or if they appear rare only because research has not been done elsewhere, or if their distinguishing characteristics have been degraded or compromised, or if they are at present common and simply believed to be in danger of becoming rare in future.*

It is not considered The Sanctuary has rare, uncommon or endangered qualities of cultural significance.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(c) it may yield information that will contribute to an understanding of the State's history, including its natural history.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should provide, or demonstrate a likelihood of providing, information that will contribute significantly to our knowledge of the past. The information should be inherent in the fabric of the place. The place may be a standing structure, an archaeological deposit or a geological site.*

*Places will not normally be considered under this criterion simply because they are believed to contain archaeological or palaeontological deposits. There must be good reasons to suppose the site is of value for research, and that useful information will emerge. A place that will yield the same information as many other places, or information that could be obtained as readily from documentary sources, may not be eligible.*

It is considered that The Sanctuary will not be able to yield information to contribute further to the understanding of South Australia's history.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(d) it is an outstanding representative of a particular class of places of cultural significance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be capable of providing understanding of the category of places which it represents. It should be typical of a wider range of such places, and in a good state of integrity, that is, still faithfully presenting its historical message.*

*Places will not be considered simply because they are members of a class, they must be both notable examples and well-preserved. Places will be excluded if their characteristics do not clearly typify the class, or if they were very like many other places, or if their representative qualities had been degraded or lost. However, places will not be excluded from the Register merely because other similar places are included.*

It is not considered that The Sanctuary is an outstanding representative of a particular class of places of cultural significance.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(e) it demonstrates a high degree of creative, aesthetic or technical accomplishment or is an outstanding representative of particular construction techniques or design characteristics.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should show qualities of innovation or departure, beauty or formal design, or represent a new achievement of its time. Breakthroughs in technology or new developments in design would qualify, if the place clearly shows them. A high standard of design skill and originality is expected.*

*Places would not normally be considered under this criterion if their degree of achievement could not be demonstrated, or where their integrity was diminished so that the achievement, while documented, was no longer apparent in the place, or simply because they were the work of a designer who demonstrated innovation elsewhere.*

While a pleasant and well-designed area, it is not considered that The Sanctuary demonstrates a high degree of creative, aesthetic or technical accomplishment.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(f) it has strong cultural or spiritual associations for the community or a group within it.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place should be one which the community or a significant cultural group have held in high regard for an extended period. This must be much stronger than people's normal attachment to their surroundings. The association may in some instances be in folklore rather than in reality.*

*Places will not be considered if their associations are commonplace by nature, or of recent origin, or recognised only by a small number of people, or not held very strongly, or held by a group not widely recognised, or cannot be demonstrated satisfactorily to others.*

The Sanctuary, as an area which acknowledges philanthropy to the Hospital, does not have strong cultural or spiritual associations for any particular community or group. As a place of relaxation for the staff and patients it is a pleasant area, but is not highly utilized, apart from smokers. The acknowledgements of the benefactors and donors to the Hospital can be made in an alternative location just as successfully.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

**(g) it has a special association with the life or work of a person or organisation or an event of historical importance.**

In considering this criterion, I have had regard to the provided Guidelines for State Heritage Places, that note:

*The place must have a close association with a person or group which played a significant part in past events, and that association should be demonstrated in the fabric of the place. The product of a creative person, or the workplace of a person whose contribution was in industry, would be more closely associated with the person's work than would his or her home. Most people are associated with many places in their lifetime, and it must be demonstrated why one place is more significant than others.*

*Places will not generally be considered under this criterion if they have only a brief, incidental or distant association, or if they are associated with persons or groups of little significance, or if they are associated with an event which has left no trace, or if a similar association could be claimed for many places, or if the association cannot be demonstrated. Generally the home or the grave of a notable person will not be entered in the Register unless it has some distinctive attribute, or there is no other physical evidence of the person's life or career in existence.*

The Sanctuary does not have a special association with any particular person or organisation or event.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

#### **EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:**

As The Sanctuary does not meet one or more criteria under Section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

#### **REFERENCES:**

Estcourt Hughes, James, *A History of the Royal Adelaide Hospital*. 2nd ed., (Adelaide, Board of Management of the Royal Adelaide Hospital, 1982)

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**NAME:** The Sanctuary (2005)
**PLACE NO.:** 26413**SITE RECORD:****FORMER NAME:**

**DESCRIPTION OF PLACE:** The reclamation of a roof area between two of the 1960s buildings to create an outdoor garden and seating area for staff and patients.

**DATE OF COMPLETION:** 2005

**REGISTER STATUS:** **Description:** Nominated  
**Date:** 20 March 2012

**CURRENT USE:** **Description:** Relaxation Area  
**Dates:** 2005-present

**PREVIOUS USE(S):** **Description:** n/a  
**Dates:** n/a

**ARCHITECT:** **Name:** n/a  
**Dates:** n/a

**BUILDER:** **Name:** n/a  
**Dates:** n/a

**SUBJECT INDEXING:** **Group:** Health; Parks, gardens and trees  
**Category:** Hospital; Garden

**LOCAL GOVERNMENT AREA:** **Description:** Adelaide City Council

**LOCATION:** **Unit No.:**  
**Street No.:**  
**Street Name:** North Terrace  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**LAND DESCRIPTION:** **Title Type:** Certificate  
**Volume:** 5832  
**Folio:** 785  
**Lot No.:** A14, D51367  
**Section:**  
**Hundred:** Adelaide

**OWNER:** **Name:** Central Adelaide Local Health  
Network  
**Address:** Citi Centre Building,  
11 Hindmarsh Square  
**Town/Suburb:** Adelaide  
**Post Code:** 5000

**NAME:** The Sanctuary (2005)

**PLACE NO.:** 26413



**SITE PLAN – THE SANCTUARY ARROWED**

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**NAME:** The Sanctuary (2005)

**PLACE NO.:** 26413

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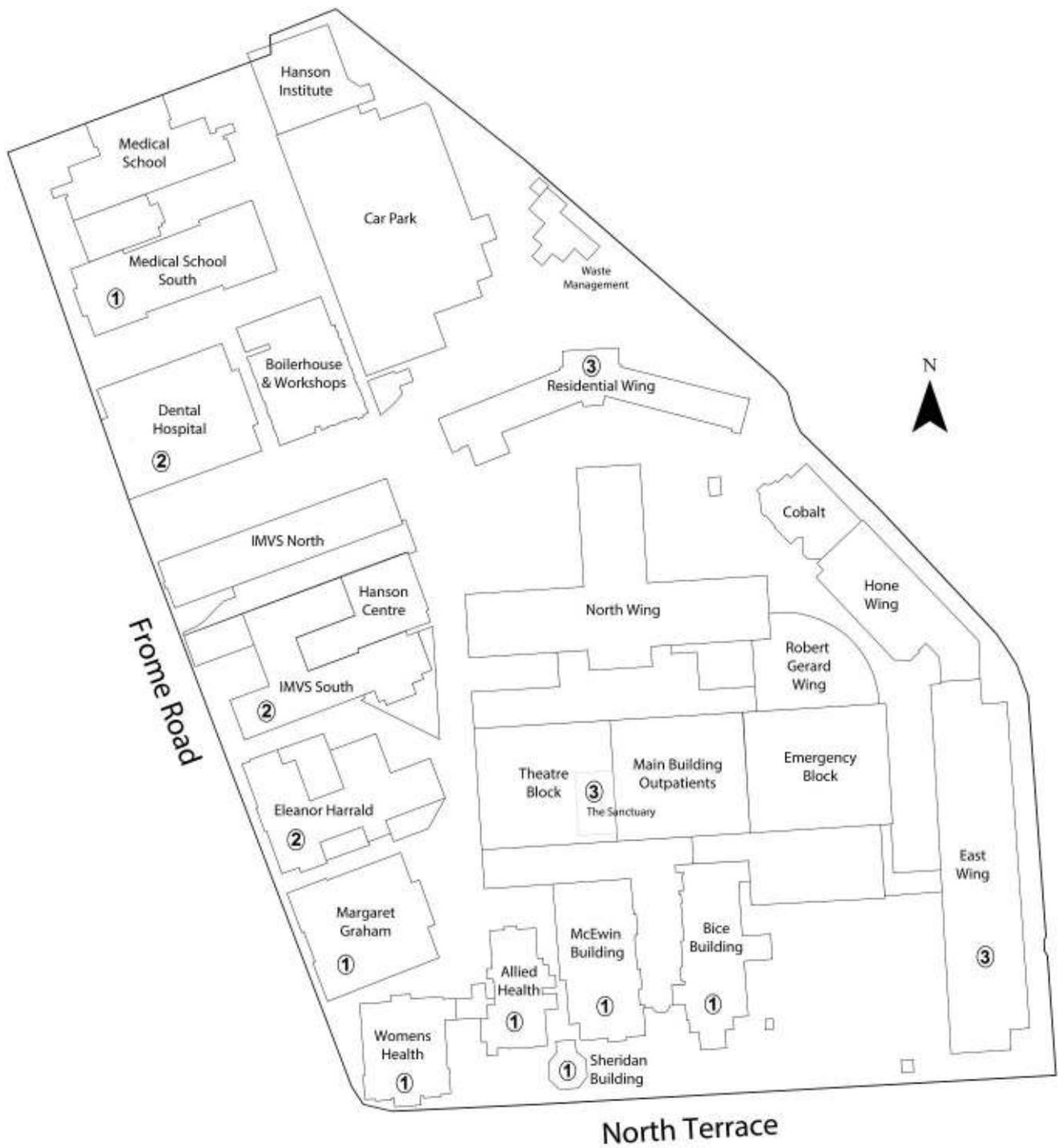
**The Sanctuary - general view**



## 4.2 Summary of Assessments

	SUMMARY OF ASSESSMENT AGAINST CRITERIA						
BUILDING	a	b	c	d	e	f	g
<b>Sheridan Building (<i>Kiosk</i>)</b>	✓	x	x	x	✓	✓	✓
<b>Bice Building</b>	✓	x	x	✓	✓	✓	x
<b>Women's Health Centre (<i>Outpatients</i>)</b>	✓	x	x	✓	✓	✓	x
<b>Allied Health Building (<i>Admissions and Casualty</i>)</b>	✓	x	x	✓	✓	✓	x
<b>IMVS Building</b>	x	x	x	x	x	x	x
<b>McEwin Building (<i>Operating Theatres block</i>)</b>	✓	x	x	✓	✓	✓	x
<b>Adelaide University Medical School</b>	✓	x	x	x	✓	✓	x
<b>Eleanor Harrald Building (<i>Nurses Home</i>)</b>	x	x	x	x	x	x	x
<b>East Wing</b>	x	x	x	x	x	x	x
<b>Dental Hospital</b>	x	x	x	x	x	x	x
<b>Residential Wing</b>	x	x	x	x	x	x	x
<b>The Sanctuary</b>	x	x	x	x	x	x	x

### 4.3 Relative Significance of Buildings



**KEY:**

- ① Exceptional Heritage Value
- ② Moderate Heritage Value
- ③ Low Heritage Value