



**ROYAL ADELAIDE HOSPITAL SITE
HERITAGE ASSESSMENT**

January 2014

McDougall & Vines
Conservation and Heritage Consultants
27 Sydenham Road, Norwood, South Australia, 5067
Ph (08) 8362 6399 Fax (08) 8363 0121 E-mail: mcdvines@bigpond.com

ROYAL ADELAIDE HOSPITAL SITE HERITAGE ASSESSMENT

CONTENTS

Page No.

EXECUTIVE SUMMARY

1.0 INTRODUCTION

- 1.1 Background
- 1.2 Study Area
- 1.3 Objectives of Study

2.0 OVERVIEW HISTORY OF ROYAL ADELAIDE HOSPITAL

3

- 2.1 Introduction
- 2.2 Government Involvement in Provision of Public Health
- 2.3 The Site and Buildings of the Royal Adelaide Hospital
 - 2.3.1 Earlier Sites
 - 2.3.2 The Current Royal Adelaide Hospital Site
 - 2.3.3 The 1960s Building Program
 - 2.3.4 Later Works
- 2.4 Links with Botanic Gardens and University of Adelaide
- 2.5 Analysis of Historic Themes
 - 2.5.1 Requirements of Brief
 - 2.5.2 Existing Frameworks of Historic Themes
 - 2.5.3 Consideration of National Themes
 - 2.5.4 Relevant Themes for Royal Adelaide Hospital Site

3.0 PHYSICAL ANALYSIS OF SITE AND BUILDINGS

39

- 3.1 Site and Context
- 3.2 Architectural Qualities of Site
 - 3.2.1 Stages of Development and Buildings
 - 3.2.2 The Owen Smyth/Lawson Architectural Legacy
- 3.3 Previous Assessments and Currently Listed Buildings
 - 3.3.1 Previous Assessments
 - 3.3.2 Currently Listed Buildings
 - 3.3.3 Additional Buildings to be Assessed
- 3.4 Analysis of Physical Development of Site

4.0 HERITAGE ASSESSMENT REPORTS: STATE HERITAGE PLACES

59

- 4.1 Individual Building Assessments
 - Sheridan Building (former Kiosk) (1925)
 - Bice Building (1927)
 - Women's Health Centre (1935)
 - Allied Health Services Building (1935)
 - IMVS Building (1938)
 - McEwin Building (1945-46)
 - Adelaide University Medical School (1947)
 - Eleanor Harrald Building (1954)
 - East Wing (1962)
 - Adelaide Dental Hospital (1968)
 - Residential Wing (including Chapel) (1969)
 - The Sanctuary (2005)
- 4.2 Summary of Assessments
- 4.3 Relative Significance of Buildings

127

186

ROYAL ADELAIDE HOSPITAL SITE HERITAGE ASSESSMENT

CONTENTS (cont)

	Page No.
5.0 ASSESSMENT OF CITY OF ADELAIDE SIGNIFICANCE	187
5.1 Significance of Buildings	
5.2 Significance of Visual Qualities	
6.0 POTENTIAL ARCHAEOLOGICAL AREAS	189
6.1 Introduction	
6.2 Statutory Requirements	
6.3 Methodology	
6.3.1 Gathering Information	
6.3.2 Site Mapping	
6.4 Assessment of Archaeological Potential	
6.5 Area of Exceptional Archaeological Significance	
6.6 Recommendations	
APPENDICES	225
1.0 SOURCES OF INFORMATION AND BIBLIOGRAPHY	
2.0 LIST OF EARLY PHOTOGRAPHS	
3.0 BRIEF FOR SURVEY	

STUDY TEAM

McDougall and Vines

Katrina McDougall
Patricia Sumerling
Lesley Abell

Australian Heritage Services

Cameron Hartnell

ACKNOWLEDGMENTS

Margot Way and Dr Peter Hetzel, Heritage Office, RAH
Michael Frajer, Engineering and Building Services, RAH
Dr Julie Collins, South Australian Architecture Museum, UniSA
Stephen Forbes, Director, Adelaide Botanic Gardens
Andrew Cook, Archives Officer, University of Adelaide
Harald Baulis, Property Services, University of Adelaide
Staff and Archivists, State Records, Gepps Cross

EXECUTIVE SUMMARY

History of Hospital and Site - The hospital has existed on this site since 1855 and over time changes have occurred with the upgrading of accommodation and new buildings. These have occurred in particular periods including the 1850s and 1860s, 1890s, 1920s and the 1960s. Medical development and population growth together were the impetus for these changes over time.

The earliest remaining building on the site is the Margaret Graham Nurses' Home which was opened in 1910 and then the early 1920s Master Plan resulted in the four new buildings along North Terrace. In 1951 a larger nurses' home, the Eleanor Harrauld Nurses' Home was constructed. In the 1960s the East Wing was constructed to allow for demolition of all old buildings in the centre of the site which were replaced by buildings which are now currently in existence.

Along Frome Road the Institute of Medical and Veterinary Science (IMVS), the Dental Hospital and the Adelaide University Medical School were constructed at different times to meet the expanding health care requirements of South Australian population.

Recommendations for Individual Buildings

Former Margaret Graham Nurses' Home (1911) (SHR) – **retain as State Heritage Listed**

Former Admission Casualty Building (Women's Health Centre) (1935) (ACC) – **elevate listing to State Heritage Listing**

Sheridan Building (former Kiosk) (1925) - State

Bice Building (1927) - State

Allied Health Services Building (1935) - State

IMVS Building (1938 + 1973) - No listing

McEwin Building (1945-6) - State

Adelaide University Medical School (1947) - State

Eleanor Harrauld Building (1954) - no listing????

East Wing (1962) - No listing

Dental Hospital (1968 1921) - No listing

Residential Wing (including Chapel) (1969) - No listing

The Sanctuary (2005) - No listing

Early Boundary Fencing - The 1850s sections of iron railing fence to North Terrace and the 1920s and 1930s brick fencing to Frome Road should be retained, with heritage protection if necessary.

Conservation Management Plans - All buildings on site which are provided with heritage protection should be the subject of detailed Conservation Management Plans which will provide clear parameters for conservation, adaptation and redevelopment. The Conservation Plans will benefit from the large amount of documentary and graphic material already located for each building.

Additional Research - In conjunction with Conservation Management Plans to be prepared, additional research on the life of George Gavin Lawson and his works and sources of influence would be a valuable project.

Site Recommendations - Regardless of the protection provided by heritage listing, all useful structures and the context of the site should be retained in any new development wherever possible.

New Development Parameters - Although new development concepts have already been prepared, it would be useful to refer to the heritage value and the information provided to inform any approach to the redevelopment of these places and site, particularly the Lawson 'suite of buildings' along North Terrace.

1.0 INTRODUCTION

1.1 Background

The construction of a new hospital for Adelaide and South Australia has begun, and the proposed redevelopment of the current Royal Adelaide Hospital site is under consideration. The South Australian Heritage Council received a nomination in March 2012 for the Royal Adelaide Hospital (RAH) site to be designated a State Heritage Place.

While the nomination is for the whole RAH site, it particularly identifies the following buildings on the site for consideration:

- Adelaide University Medical School, Frome Road
- Dental Hospital, Frome Road
- Institute of Medical & Veterinary Science (IMVS) Building, Frome Road
- Eleanor Harrald Building, Frome Road
- Allied Health Services Building, North Terrace
- Sheridan Building (former Kiosk), North Terrace
- McEwin Building, North Terrace
- Bice Building, North Terrace
- East Wing, North Terrace
- Residential Wing (including Chapel)
- The Sanctuary (between the Theatre Block and Central Tower)

The Margaret Graham Nurses' Home, located on Frome Road, is already entered in the South Australian Heritage Register (SHR 13093) and the Women's Health Centre (former Outpatients and then Nursing School), on the corner of Frome Road and North Terrace, is designated as a Local Heritage Place in the Adelaide City Council's Development Plan.

1.2 Objectives of Study

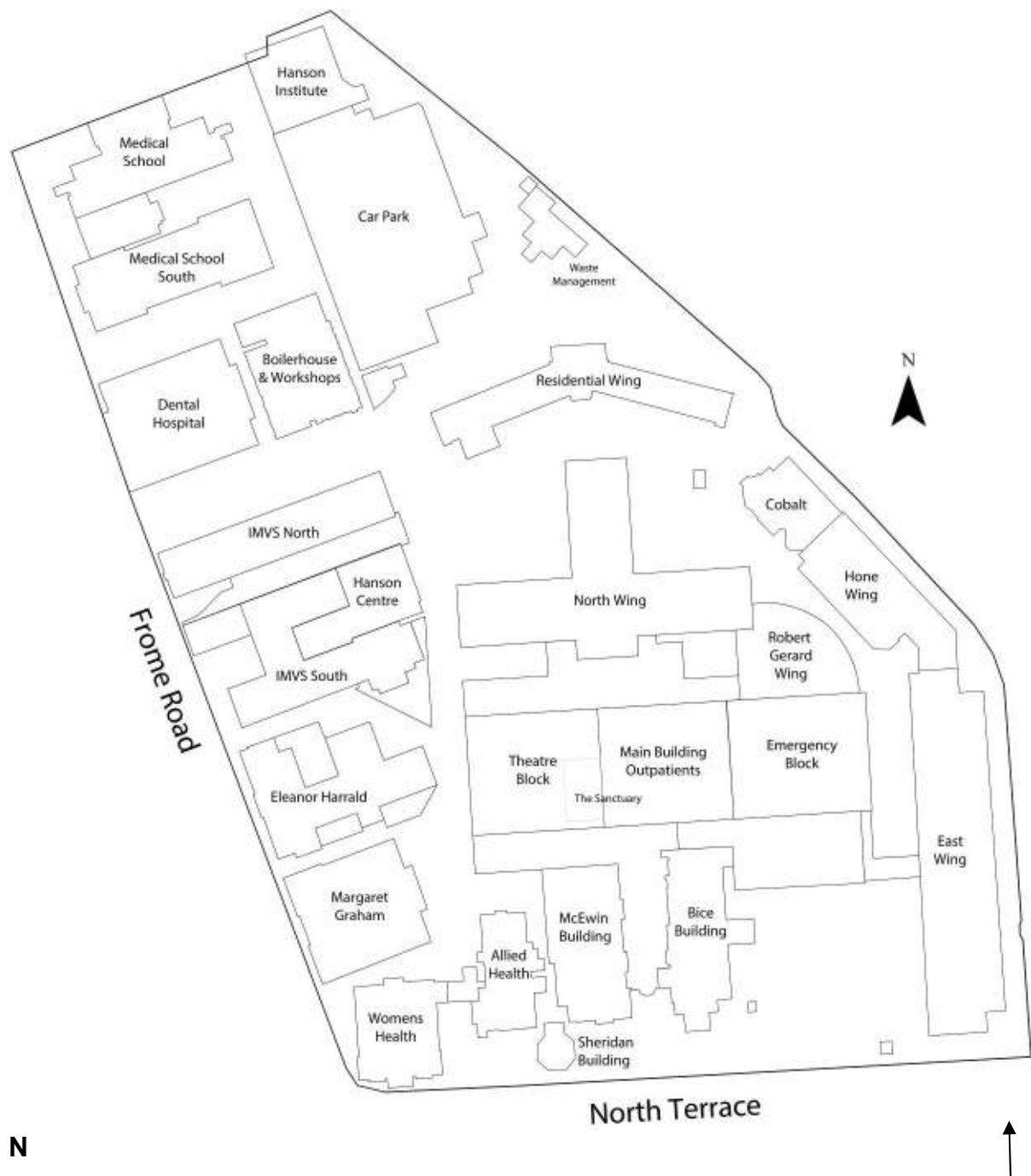
Assessment of the heritage significance of the buildings/structures on the RAH site against the criteria under the *Heritage Places Act 1993* is required. This assessment process is to ensure that only those components of the RAH site that are of State Heritage Significance are considered for entry in the South Australian Heritage Register as State Heritage Places.

The primary objective of the Royal Adelaide Hospital Heritage Assessment is to provide an authoritative description and evaluation of the heritage and potential archeological values of the site. The brief encompasses an assessment of built structures and an investigation of potential areas of archaeological significance informed by physical inspection of the site and historical research.

This heritage assessment of buildings on the RAH site does not include consideration of the Indigenous heritage values of the site as they do not fall under provisions of the *Heritage Places Act 1993*.

1.3 Study Area

The study area encompasses the Royal Adelaide Hospital, IMVS, Dental Hospital and University of Adelaide Medical School South, as indicated on the following plan.



Extent of Study Area

2.0 OVERVIEW HISTORY OF ROYAL ADELAIDE HOSPITAL

2.1 Introduction

The history of a hospital and its site will encompass significant aspects of the architectural, clinical and social developments of its context and location. All three elements combine to create the hospital as an institution.

The Royal Adelaide Hospital has occupied an important physical and emotional place in the history of South Australia. Located on a prominent corner of Colonel Light's plan for the city and parklands, it has been the focus of medical care, education and research since the 1850s and has played an essential role as the centre of advances in health care and services since its inception.

When giving a presentation at the Royal Adelaide Hospital Foundation Addresses celebrating the Royal Adelaide Hospital's 150th anniversary in 1993, Peter Cahalan, then director of the History Trust of South Australia, noted that 'the hospital reflects a tradition of centralisation which was established from the beginning here. Adelaide from the earliest days dominated the colony. And Adelaide's central institutions for [so] long had no serious rivals. The Royal Adelaide Hospital has been a nursery for the nurture of an entire hospital service spanning the State.'¹

2.2 Government Involvement in Provision of Public Health

1836-1900

The earliest medical experts and the services they provided from the first temporary hospital in Adelaide were always financially supported by the South Australian government. This partnership developed throughout South Australia from 1836 to the present day into a bewildering network of services that comes under the umbrella of public health. The South Australian government has been responsible for the health and welfare of its citizens since European settlement in 1836. In fact the first colonial surgeon, Dr Thomas Young Cotter, was appointed by the Colonisation Commissioners for SA in 1835 in England before the Province of South Australia was officially proclaimed in December 1836.²

The colonial government was mindful of supporting a healthy population, beginning when assisted passages were granted to healthy single labourers or those married with wives and families. Further, to nurture a potential workforce and to ensure migrants arrived in South Australia healthy, surgeons were appointed to migrant ships to oversee their health on the long sea voyage. Even matrons were appointed to oversee the health and welfare of large numbers of single female migrants journeying on their own or within a large group. Despite the presence of a surgeon throughout a voyage, good health could not be guaranteed and it was inevitable that migrants arrived in South Australia with ongoing serious health issues such as tuberculosis, smallpox or other contagious diseases that needed immediate isolation from the rest of the population. Intervention by the government was crucial after a ship arrived in 1838 with smallpox on board and passengers were confined aboard the ship they had travelled on for there were no facilities ashore.³

As early as 1838 regulations for quarantine purposes was legislated through SA Government Order No 11 of 27 September. A year later in July 1839 the colonial surgeon was on hand to perform free vaccination for immigrants every Tuesday from 11 am to 12 at the temporary hospital at Emigration Square, as well as attending to the indigenous people every Wednesday at the Native Location.⁴ In 1849 a Health Officer was appointed at Port Adelaide to perform relevant duties 'to prevent importation of pestilential or infectious diseases'. A year later in 1850 there was further legislation by Ordinance No 3 1850 'To provide for the prevention of the spread

¹ Peter Cahalan, 'Hope, History and the Royal Adelaide Hospital', in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 110, editor Bernard Nicholson, 1993.

² Ian LD Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia-1995*, 1996, p1.

³ Ian LD Forbes, *From Colonial Surgeon*, p122.

⁴ Ian LD Forbes, *From Colonial Surgeon*, p125.

of Epidemic and Contagious Disease on the arrival of merchant Vessels' which was gazetted in June 1852.⁵ Vaccination services were extended from December 1853 when vaccination for children became compulsory under the Compulsory Vaccination Act, No 16. Infants born on and after 1 January 1854 were vaccinated by qualified doctors within 4 months after birth or 6 months if they lived in isolated districts.⁶

In 1850 the need to isolate contagious diseases from spreading through the population saw Torrens Island as a suitable place for a quarantine station, and in 1856 £2000 was placed on the estimates. When nothing happened, with the issue of outbreaks of serious infectious cases when they needed to be isolated, this took place at the North Arm in tents. Then, in 1876 the hulk the 'Fitzjames' was bought for use as a quarantine station for serious cases for several years until the Torrens Island Quarantine Station was built in 1878. The island was controlled by the colonial government until it became a federal responsibility from 1901.⁷ Several Acts followed in the 1880s and 1890s for the compulsory notification of all cases of infectious diseases.

In 1878 the Da Costa and Yates Wards were built in a separate structure to the rear of the main Adelaide hospital building as contagious diseases wards. By the early 1900s when the contagious diseases wards could no longer accommodate the rising numbers of afflicted patients, a new two storey building was constructed to the rear of the east wing of the main 1857 hospital building in 1899.

A year earlier in 1898 under a new Health Act, tuberculosis was proclaimed as a notifiable disease. However, when the newly constructed building proved to be totally unsuitable, it was closed in 1901 and patients were transferred to the former Lunatic Asylum in Botanic Gardens in 1906. It became known as the Infectious Diseases Block of the Adelaide Hospital with its own Board and Honorary Medical Officer.⁸ For the long term sufferers of infectious diseases such as cancer and tuberculosis, a SA Cancer and Consumptive Home was established in 1885, while the Kalyra Sanatorium at Belair was established as a home for consumptive and crippled children.⁹

Apart from migrants arriving in South Australia with contagious diseases, some families arrived impoverished after a death of a father or husband on the voyage. Yet others arrived with mental illnesses. Through many experiences of desperate need suffered by immigrants from 1837, government services were established, further developed and refined as the population increased. Government welfare and medical services were eventually provided through substantial institutional buildings that were constructed through which vital services were available. These included hospitals to cure the physical ills of the body, asylums to cure the afflictions of mental illness and a destitute asylum to accommodate the impoverished. A further area was established for the local indigenous population who also needed the provision of vital services.

Located on its present site since 1856 the Royal Adelaide Hospital grew in a haphazard way since European settlement until the 1920s. For four years before 1841, medical assistance was provided by the first colonial surgeon Dr Thomas Young Cotter whose duties, as stressed by Governor Hindmarsh, would be 'exactly similar' to those of a Parish Surgeon in England following his arrival in early 1837.¹⁰ From January 1838 he was given further instructions to attend gratuitously to all migrants and their families for three months after arrival, and anyone else whose circumstances required free attendance.¹¹ After providing medical services from Hindley Street, for 18 months, he moved his facilities to Emigration Square until the second colonial surgeon took over in July 1839 and remained in the position for 20 years.

When the government undertook to build a new hospital it recorded that part of the expense of the Infirmary would be defrayed by private subscriptions, but it was mindful that the largest

⁵ Ian LD Forbes, *From Colonial Surgeon*, p110.

⁶ Ian LD Forbes, *From Colonial Surgeon*, p125.

⁷ Ian LD Forbes, *From Colonial Surgeon*, pp130-31.

⁸ It closed and became the Ophthalmic Building from 1902. Forbes, *From Colonial Surgeon* p149.

⁹ Ian LD Forbes *From Colonial Surgeon*, p142.

¹⁰ Ian LD Forbes, *From Colonial Surgeon*, p2.

¹¹ Ian LD Forbes *From Colonial Surgeon*, p3.

portion 'must be contributed by the Government'.¹² Although it was hoped that the public would donate at least a third of the costs the reality was that the economy was in such dire straits that any hoped-for generosity was not forthcoming and the government was burdened by the debt. And from the date of its completion, hospitals were financed almost entirely from the SA Government until the Commonwealth Government took over in 19??.

On 9 February 1841, just before the hospital was opened to receive patients, a board of management was established consisting of government officials with medical control firmly in the hands of the Colonial Surgeon. The *Southern Australian* published an advertisement for applications from medical gentlemen, legally qualified to practice to become honorary medical officers of the hospital. The Board of the hospital comprised 12 gentlemen appointed by the Governor, with six of them being permanent government officers and six gentlemen being elected annually.¹³ The hospital followed in a welfare tradition established in England with 'admissions of paupers, accident cases and seamen' as well as fee paying patients.¹⁴

Then in 1844 there was legislation for 'an ordinance to make provision for the safe custody of, and prevention of offences by, persons dangerously Insane, and for the care and maintenance of persons of unsound mind'.¹⁵ At first, power was delegated to five official visitors nominated by the Governor to oversee this legislation in having the insane rounded up and incarcerated into Adelaide Gaol until certified to be of sound mind.¹⁶ While in Gaol, the mentally ill were treated as hospital patients with a special hospital diet and not that of prisoners. However, the environment of the Gaol made it very difficult to administer the mentally ill and by 1845 when the numbers were increasing, they needed their own turnkey.¹⁷

In the 1840s there was an early attempt to establish a mental asylum at Parkside, where the former Glenside Hospital is now situated. In 1847 when the duties of the colonial surgeon were expanded to become the Superintendent of the Colonial Lunatic Asylum, the logistics of its location saw a decision to build a lunatic asylum next to the 1841 Adelaide Hospital in what is now the Botanic Gardens, situated off North Terrace in 1852. When this asylum became overcrowded a new one was built as the Parkside Mental Hospital (called Glenside in 1967) that was opened 18 May 1870.¹⁸ Earlier in 1869 10 health or medical officers cared for the sick and destitute at direction of local councils, under authority of the Crown Lands and Immigration Office.¹⁹

In the 1850s the Colonial Surgeon's duties expanded: he was attending meetings of the Medical Board, the Central Vaccine Board and the Destitute Board, attending to the good health of the inmates at Yatala Gaol at Dry Creek, overseeing the work of a new hospital at Koorunga near Burra and also the Female Immigrant depot. The provision of medical services provided through the Adelaide Hospital wavered between control by the Colonial Surgeon and control by a Board of Management²⁰. While the Hospital Board held control of the management of the hospital, the overriding factor was that the government bore the financial burden of supplying services and paying the cost of building works when requested or needed - then it was a government institution.²¹

In the 1860s, the hospital was still using the rules and regulations of a British charity hospital. This meant patients unable to pay for the cost of their treatment undertook chores as directed by the nurses while they recuperated.²² Following an 1866 Select Inquiry that investigated the working and management of the hospital, legislation led to the appointment of a Board of

¹² Ian LD Forbes *From Colonial Surgeon*, p27.

¹³ Ian LD Forbes *From Colonial Surgeon* pvii

¹⁴ Ian LD Forbes, *From Colonial Surgeon*, p vii.

¹⁵ Ordinance No 10 of 1844 in Ian LD Forbes, *From Colonial Surgeon* p65.

¹⁶ Ian LD Forbes, *From Colonial Surgeon*, p 66.

¹⁷ Ian LD Forbes *From Colonial Surgeon*, p 66.

¹⁸ Ian LD Forbes *From Colonial Surgeon*, pp 21, 91, 281.

¹⁹ Ian LD Forbes *From Colonial Surgeon*, p342.

²⁰ J Estcourt Hughes *A History of the Adelaide Hospital*, 1982, Chapter 6(passim)

²¹ Ian LD Forbes *From Colonial Surgeon*, p31.

²² Ian LD Forbes *From Colonial Surgeon*, p98.

Management of eight medical and three non-medical lay members.²³ This saw a reversal of roles where the honorary staff were in charge of managing the hospital and paid any medical staff under their direction. They also took over full control of the hospital from the Colonial Surgeon, which meant it was no longer under government control, although still financed by annual parliamentary grants. And then in January 1868 the Adelaide Hospital was proclaimed a public hospital through the SA Government Gazette, and from 1870 the board published its own records.²⁴

It was almost 30 years after the British 1848 Public Health Act that legislation for a similar Act in South Australia was gazetted in 1873. Until then, the general population endured poor sanitation, no rubbish collections, the effects of noxious trades, polluting factories and dwellings unfit for habitation.²⁵ Following the establishment of a Sanitation Commission in 1874 to undertake such challenges as deep drainage, the Adelaide City Council began installing such a system throughout the city. To the Council's great credit, this was completed by 1885. Completion of the deep drainage system led to the building of a 190.2 hectare (470 acre) Sewage Farm at Islington.²⁶ However, the installation of deep drainage exposed many of the existing facilities at the Adelaide Hospital as being poor, including lack of running water where needed.

Emeritus Professor Roger Angove, when giving a presentation about tuberculosis control in the state, quoted Sir Joseph Verco, an honorary physician who wrote of the hospital before the 1880s that there was no specialisation. Verco noted that 'medical and surgical cases of all kinds were placed in the same ward without discrimination except males and females were in different rooms. Broken bones, pneumonia, wounds and bruises and putrefying sores, typhoid, hip diseases, bad eyes and everything else as they happened to come in were put into a bed which chanced to be vacant and the GP went from one to the other.'²⁷ From the 1880s there were moves towards the establishment of specialties beside medicine and surgery. Before 1900 there were specialisation in ophthalmics, pathology, gynaecology, diseases of ear, nose and throat and dermatology.²⁸ In the early twentieth century departments were established for radiology in 1908 and clinics for orthopaedics in 1935 and urology in 1950.

Post 1900

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 centralisation 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 (IMVS) 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 the IMVS.

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

²³ Act No 7 of 1867. It also entailed that the medical officers took over duties of the colonial surgeon to undertake his duties at the gaol, the Destitute Asylum and other institutes for the destitute poor. Forbes, *From Colonial Surgeon*, pp 99-103.

²⁴ RAH Heritage Office, *The History of Adelaide Hospital 1840-1990*, p2.

²⁵ Ian LD Forbes, *From Colonial Surgeon*, pp 131-35.

²⁶ Ian LD Forbes, *From Colonial Surgeon*, p vii.

²⁷ Roger Clare Angove, 'Tuberculosis control in SA' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 115, editor Bernard Nicholson, 1993.

²⁸ Ian LD Forbes, *From Colonial Surgeon*, p107.

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 construction of the hospital/school, opened in July 1923, was made possible through a substantial monetary gift from the British Red Cross, with additional funding from the SA government.²⁹ In this period the government dentist was responsible for the dental care of inmates at gaols, mental hospitals and the State Children's Department.³⁰

Following the Second World War in 1948 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 a new building was built 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.³¹

1920-40

Two years before the Hospital Amendment Act in 1921 in which the Department of Health was established, South Australia suffered the devastation caused by the loss of lives through the world-wide influenza epidemic from 1918. There was a total loss of about 10,000 lives throughout Australia. When South Australia's existing facilities were unable to cope, emergency arrangements were made and those afflicted by the deadly disease were confined to temporary isolation wards created at the Exhibition Hall on North Terrace.

The influenza epidemic was a wake-up call to public health authorities, mindful that an establishment needed be constructed for the purpose of isolating hundreds in future epidemics and persons afflicted by contagious diseases. The Board of Management of the Adelaide Hospital reported to the Premier that a modern infectious diseases hospital should be provided and an Act to this effect was formulated in 1922 - but it was not passed until 1929. Although an earlier Health Act of 1898 had made local boards of health responsible for providing facilities in their districts, none had ever done so, preferring to depend on what facilities the Adelaide Hospital could provide. More than 20 years later a purpose-built one was established at Northfield as the Infectious Diseases Hospital and opened October 1932.³² When it opened, the earlier Contagious Diseases Hospital established in 1906 within the former North Terrace Lunatic Asylum on the site of the present Botanic Gardens was closed. The new institution was run by a board made up from members of local boards of health and was made responsible for the hospital's maintenance. This representation entitled patients from the local health districts to be admitted and treated free of charge.³³

While patients with infectious diseases were transferred to the new hospital at Northfield, a tuberculosis (TB) clinic was established in 1928 in the East Lodge on North Terrace (this building is now under the management of the Botanic Gardens).³⁴ In 1948, when there was a serious outbreak of poliomyelitis, the hospital at Northfield was renamed the Northfield Wards of the Royal Adelaide Hospital. Since 1981 it has been known as the Hampstead Centre.³⁵ Between 1917 and 1961 a facility for TB was established at Bedford Park, specifically for soldiers. Funded under the Commonwealth of Australia, the Department of Repatriation came under the Inspector-General of Hospitals. Throughout the 1930s, the State government also contributed towards a TB sanatorium in the Flinders Ranges at Angorichina.³⁶

At the Adelaide Hospital from September 1932, the Frome Ward (built on the site of Torrens Ward) admitted open cases of TB requiring active medical treatment and was the first medical ward on the hospital site exclusively for tuberculosis. Alarming, before then TB patients were

²⁹ James (Bill) Scollin 'A History of Dentistry in South Australia' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 115, editor Bernard Nicholson, 1993, pp 44-49.

³⁰ James (Bill) Scollin 'A History of Dentistry in South Australia' pp 44-49.

³¹ James (Bill) Scollin 'A History of Dentistry in South Australia' pp 44-49.

³² Ian LD Forbes, *From Colonial Surgeon*, p143.

³³ Ian LD Forbes, *From Colonial Surgeon*, pp144-45.

³⁴ Ian LD Forbes, *From Colonial Surgeon*, p150.

³⁵ Ian LD Forbes, *From Colonial Surgeon*, p148.

³⁶ Ian LD Forbes, *From Colonial Surgeon*, p151-57.

housed and treated in the general wards of the hospital.³⁷ Three years later in July 1935 following the opening of tuberculosis clinic at the northern end of the hospital site, the two were amalgamated to become the TB Department.³⁸ In 1937 the Northfield, Bedford Park and two Adelaide Hospital sites came under the banner of Tuberculosis Services with its own superintendent. Following the Second World War the State Government together with the Commonwealth Government mounted a major campaign throughout South Australia to eliminate tuberculosis within 20 years. So successful was the campaign that it was officially closed in 1977.³⁹ What contributed so successfully to the eradication of the disease was the use of streptomycin from 1947.

While various specialised services were being developed there were significant changes taking place from the 1920s in the overall administration of the state's medical services. Following the Hospitals Act Amendment in 1921 the Department of Health was established. For the hospital it saw the abolition of the existing Board of Management, to be replaced by a smaller one, composed of experts and chaired by the Inspector-General of Hospitals. Once more in 1922 the hospital was placed into hands of the government, recognizing it was a government institution rather than a voluntary institution supported by subscribers.⁴⁰ Before this Act, some medical services were being provided through the Education Department from 1909 with a trained nurse as its first health officer, while the government dentist and the Mothers and Babies Health Association were provided under the Inspector-General of Health.

It was reported in the 1920s, because of advances in medicine, surgery and allied subjects, patients were choosing to seek treatment at a hospital rather than within their own homes.⁴¹ By 1922 the Adelaide Hospital came under the jurisdiction of the first Inspector of Hospitals (originally the Colonial Surgeon) whose growing department was accommodated at several locations around the city before moving into offices on the corner of Pulteney Street and Rundle Street where Martin's Commissioner of Charitable Funds was also operated. In 1936 the Inspector General of Hospitals also became Director-General of Medical Services. By 1940 the position was renamed the Director-General of Medical Services, the department of which became the Hospitals Department.

Blocks to Federal Funding

From the end of World War One, opposition from the medical profession to perceived threats to its autonomy, and any form of nationalised health system including the friendly societies, made Federal funding unlikely. The medical profession's preference for a 'fee for service' system stymied two federal attempts between the Wars to introduce national health insurance. The fee for service was preferred to the flat-rate capitation fee more common in the 'lodge' system of a national arrangement.

The Chifley Labor Government attempted to establish a national health scheme and in 1944 a *Pharmaceutical Benefits Act (PBA)* provided for free medicines. However after the refusal of the British Medical Association (to which Australian doctors belonged until 1961, when the Australian Medical Association was formed) to comply with the Act, the High Court ruled that the Commonwealth had exceeded its statutory powers in regard to the States. A constitutional amendment and a second attempt at legislation in 1947 also failed to comply, due to a proviso against 'civil conscription'. Labor was defeated in 1949 and the scheme was never fully implemented.

The BMA opposition to the 'free medicine scheme' included objections to control by a central board in Canberra and potential lack of freedom to treat and prescribe as they thought fit, complicated paperwork including duplicated government prescription forms instead of the doctor's own, complex regulations, and a judgement that money would be better spent on improving health facilities .

³⁷ Roger Clare Angove, 'Tuberculosis control in SA' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 115, editor Bernard Nicholson, 1993.

³⁸ Ian LD Forbes, *From Colonial Surgeon*, p157-58.

³⁹ Ian LD Forbes, *From Colonial Surgeon*, p159-61.

⁴⁰ Ian LD Forbes, *From Colonial Surgeon*, p114.

⁴¹ Ian LD Forbes, *From Colonial Surgeon*, p350.

A Hospital Benefits Act legislated by the Labor government in 1945 abolished fees and means tests for public patients in public hospitals. This meant that hospitals would no longer be regarded as charitable institutions. Ordinary patients were no longer required to pay according to their means from January 1946. Repatriation and workers' compensation cases and other special categories were catered for by other means. Public hospitals received a daily payment of 6 shillings for both private and public inpatients, which ensured that there was some income for the hospital from every patient regardless of their ability to pay. However these payments did not cover outpatients, and in some cases voluntary contributions declined because of the perception that all hospital problems had been solved, so funding remained a problem especially as the government payments, based on fee incomes for 1942-43, did not cover subsequent cost increases. In 1947 the subsidy was extended to cover private hospitals and in 1948 the daily amount was raised to 8 shillings.

Again in 1948 the medical profession opposed legislation. The introduction of a National Health Service Act raised fears of the destruction of private practice as the Commonwealth proposed to meet half the cost of doctors' fees as long as they were within the prescribed limit. This legislation failed due to the profession's opposition and the government's defeat the next year.

The Coalition Government that followed had more success. By supporting private practice and fee for service it allayed fears and was able to introduce a scheme based on voluntary insurance with health funds. In the 1950s there was a goal of 'national health'. While there was little agreement about the method to achieve this, medical and pharmaceutical benefits made services previously unaffordable without admission to hospital available to outpatients thus increasing demand for them. Government subsidies became available to patients who qualified and government funds also increasingly contributed to hospital costs.

The Commonwealth Government's 'Page Plan' measures, introduced between 1951 and 1954, included free medicines, free treatment for pensioners and their dependents, extra pharmaceutical benefits, and free medicines and treatment for pensioners and their dependents, as well as subsidies for voluntary medical and hospital insurance. The government intended to pay an extra 4 shillings daily fee for insured hospital patients. This meant that public hospitals, while free to choose otherwise, were likely to reintroduce fees and means tests as a way to encourage patients to join a health fund and ensure the extra subsidy. Poor uninsured patients unable to pay the fee were once again charged according to their means.

While expectations of medical services and their costs rose, Federal benefits did not rise and hospitals had to rely on more funds from state governments.

Post World War Two State Responsibility

In South Australia, following the Second World War the State Government consolidated many state managed health activities. In 1946 an advisory committee chaired by the Chairman of the Central Board of Health Services of the State analysed the state's existing Health and Medical Services. Conclusions from the Inquiry for Consolidating the Health Services of the State recommended central control and administration of the state's health service, rather than decentralisation.⁴²

There followed the Health and Medical Services Act 1949 (No 66 of 1949) in which a Director-General of Public Health was appointed, as well as a Director of Tuberculosis. The Act also ensured investigation into the many areas of health, hospitals, medical services, training and employment of health workers.⁴³ Further organisation took place when in 1951 the Department of Public Health replaced the Central Board of Health Department. The Director General of Public Health became Chairman of the Central Board of Health, that was under direct control of the South Australian Government. New responsibilities saw better management of such concerns as venereal diseases, regulations with regard to clean air and control of radiation. When the SA Health Commission Act came into effect 1 July 1977, the Central Board remained in separate existence. On 20 January 1978 the Department of Public Health amalgamated with

⁴² Ian LD Forbes, *From Colonial Surgeon*, p164.

⁴³ Ian LD Forbes, *From Colonial Surgeon*, p164.

and became part of the Hospitals Department.⁴⁴ In this reorganisation, the Royal Adelaide Hospital was incorporated under the Act, as were other hospitals.

In 1987 the Department of Health merged with the Department of Community Services to form the Department of Community Services and Health. The Department of Health, Housing and Community Services was then formed in June 1991, reflecting the transfer of housing industry programs from the Department of Industry, Technology and Commerce to the Department of Community Services and Health. In March 1993 the Department of Local Government joined with the Department of Health, Housing and Community Services to form the Department of Health, Housing, Local Government and Community Services. Subsequently, in 1994, the Department's name was changed to the Department of Human Services and Health.⁴⁵

Through attrition, many functions of the Central Board of Health were finally subsumed under the SA Health Commission in 15 May 1995.⁴⁶ When a new government was elected in March 1996, the department's name was changed to the Department of Health and Family Services. As part of the new restructure of the department it took on the responsibility for the Supported Accommodation Assistance Program from the former Department of Housing and Regional Development.⁴⁷

The department later took over the responsibility for Aboriginal and Torres Strait Islander health matters from the Aboriginal and Torres Strait Islander Commission. After the October 1998 election, the department's name changed to the Department of Health and Aged Care to reflect its new responsibilities and functions. Responsibility for Family and Children's Services, Disability Programs and the Commonwealth Rehabilitation Service were transferred to the Department of Family and Community Services on 22 October 1998. Following the November 2001 election, the Department of Health and Aged Care became the Department of Health and Ageing. The portfolio also gained the Commonwealth Rehabilitation Service from the Department of Family and Community Services.⁴⁸

Brendon J Kearney Chief Executive Officer of the Royal Adelaide Hospital (RAH) wrote that throughout the hospital's history of about 150 years until 1990 its administration system was organised in the way teaching hospitals generally were throughout the western world. For some years before 1990 South Australia had a performance measurement model which assessed cost per patient, based on a Diagnostic Related Group (DRG) classification. Ever since these comparisons were introduced, the RAH has been consistently the most efficient hospital. However, in a four year period leading up to 1990 the RAH was so deprived of funds, that it was difficult to maintain patient care. Investigation revealed that the hospital structure was too centralised, resource-inefficient, slow in decision making and unable to change as the need required. Severely tested in 1989 when 100 beds were ordered to close overnight and most elective services were cut with a limitation extended to admissions to emergency, the hospital was in chaos. There was outrage by the medical staff and the Nursing Federation threatened strike action.

It appeared that the hospital had become so large that its traditional centralised systems had broken down. To move away from centralisation in order to survive a financial shortfall or other crises, several functional service groups were recommended. They involved crossing traditional medical and surgical divisional boundaries to create patient focused services and were introduced in 1991 and 1992. In 1992 Kearney had great hopes for the new system's success.⁴⁹ However, what appears to have materialised was that since Kearney's predictions, the Internal Medicine Service was established in 1993 with division of medicine, surgery and clinical services. It comprised all physicians on the hospital's staff practising within 23 units of departments.⁵⁰

⁴⁴ Ian LD Forbes, *From Colonial Surgeon*, p164.

⁴⁵ www.health.gov.au/internet/main/publishing.nsf/Content/healthhistory.

⁴⁶ Ian LD Forbes, *From Colonial Surgeon*, p164.

⁴⁷ www.health.gov.au/internet/main/publishing.nsf/Content/healthhistory.

⁴⁸ www.health.gov.au/internet/main/publishing.nsf/Content/healthhistory

⁴⁹ Brendon John Kearney, 'Hospital organisation structures and the RAH' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, pp122-29, editor Bernard Nicholson, 1993.

⁵⁰ Ian LD Forbes, *To Succour and to Teach*, p223.

Administration of South Australia's health system began in January 1837 as a one-man operation dutifully undertaken by a dedicated Colonial Surgeon who, while financed by a colonial authority that was barely able to pay his humble annual salary, could not even afford to buy him a horse, medical supplies, candles or fodder. From those early days the SA health system has developed into a formidable network of multiple health systems, medical specialities and allied services, specialists and a large workforce within the SA Health Budget peaking at over \$5 billion in 2013-14. The Royal Adelaide Hospital has remained central to this system.

2.3 The Site and Buildings of the Royal Adelaide Hospital

2.3.1 Earlier Sites

1837 - The First Infirmary

The Royal Adelaide Hospital has been on its present site since 1856. Before then between 1841 and 1856 the first purpose built Adelaide Hospital was located on the eastern side of the Botanic Gardens. For four years before this 1841 site was utilised, medical services were provided from two city locations by the first Colonial Surgeon, Dr Thomas Young Cotter. Summarily, there were three hospital locations from where the Colonial Surgeon operated before the fourth hospital was built in 1856 on the present site.

Arriving in South Australia on 12 January 1837, his duties, as stressed by Governor Hindmarsh, would be 'exactly similar' to those of a Parish Surgeon in England.⁵¹ With no facilities provided or forthcoming, Cotter had a hard time in his appeals to convince colonial authorities of his desperate need for adequate funding or suitable premises to be used as an infirmary and dispensary. Until he was supplied with a suitable building, it is believed he diligently cared for patients and dispensed medical supplies from his rented home opposite Trinity Church, off North Terrace, often out of his own annual salary of £100.⁵²

In a make-do situation for about £70 the colonial authorities eventually bought him premises in June 1837 on Town Acre 67 on the south side of Hindley Street, four town acres west of Morphett Street. Moving there in about July 1837, the property included a thatched and small pise hut of about 12 feet x 18 feet that had belonged to a Captain Robert K Hill. But it was unfinished, the roof leaked and was ankle deep in water when it rained.⁵³ In reality, it was uninhabitable and the story of the first infirmary is '... from beginning to end ... one of wretchedness and squalor'.⁵⁴ It is of no surprise that patients complained.

On 11 August 1838 the *SA Gazette and Colonial Register* recorded criticism that 'the state of neglect in which this building is suffered to remain is a disgrace to humanity. A man of common feeling would be ashamed to see his dog-kennel in the filth in which human beings, some of them in the last stage of disease, are allowed to remain.'

Then there was criticism of Cotter, of the '...several exceedingly gross instances of neglect on the part of the Colonial Surgeon'. Complaints such as this led to an inquiry to look into the alleged neglect of patients and that 'some decisive measure will be taken by the Government to enforce Mr Cotter's attention to his duty...'⁵⁵

Criticism of him was misdirected for the problem lay with colonial authorities that were dictated not so much by a lack of sympathy and with the plight of the needy as by a severe shortage of funding.⁵⁶ Despite the continuing complaints, some bodies believed in Cotter's challenging work. Trinity Church continued to give sermons from which needy funds were raised for the infirmary.⁵⁷

⁵¹ Ian LD Forbes, *From Colonial Surgeon to Health Commission: The Government Provision of Health Services in South Australia-1995*, 1996, p2.

⁵² Ian LD Forbes, *From Colonial Surgeon*, pp 4,6.

⁵³ Ian LD Forbes, *From Colonial Surgeon*, p5.

⁵⁴ James Estcourt Hughes 'The 140th anniversary' in *Royal Adelaide Hospital Foundation Day Addresses 1979-1993*, pp 17-21, (ed) Bernard Nicholson, 1993.

⁵⁵ Ian LD Forbes, *From Colonial Surgeon*, p2.

⁵⁶ James Estcourt Hughes 'The 140th anniversary' in *Royal Adelaide Hospital Foundation Day Addresses 1979-1993*, pp 17-21, (ed) Bernard Nicholson, 1993.

⁵⁷ CHECK FROM SAG&R (FOOT NOTE LOST)

For eighteen months as the infirmary operated from Hindley Street, the numbers of arriving migration ships increased, placing heavy demands on its services.

1839 - The Second Infirmary

In early 1839 Cotter moved his facilities to Emigration Square, located off West Terrace on the western fringes of the Adelaide Park Lands where he was provided with a timber hut that was used as an infirmary and dispensary.

It made a lot of sense for the second infirmary to be located at Emigration Square for it was the hub through which arriving migrants passed and could then avail themselves of one or two weeks of hostel accommodation before moving on to something more permanent. Cotter was also mindful of the Governor's new directions he was issued with in January 1838 that he was to attend gratuitously to all migrants and their families for three months after arrival, and anyone else whose circumstances required free attendance.⁵⁸ Under such trying circumstances Cotter continued to perform his duties until the results of the earlier mentioned Inquiry and infighting saw him dismissed. Dr J G Nash, the second colonial surgeon, took over in July 1839 and remained in the position for 20 years.

Earlier in October 1838, the second Governor, George Gawler, arrived in South Australia and quickly conveyed his commitment to the development of the colony's infrastructure and by the provision of substantial public buildings. Vital though these early public works were, many referred to his costly spending as 'reckless' as he was recalled in May 1841 as his activities undoubtedly contributed to the colony's bankruptcy. Noteworthy, is that during his short but industrious sojourn, among his many building projects he sanctioned plans for a permanent purpose-built hospital in mid 1840.

While funds were virtually non-existent, the construction of a purpose-built hospital (Adelaide's third) was made possible through an enterprising and unexpected windfall following the government's involvement in a flour speculation.⁵⁹ It was not a moment too soon for the number of immigrants and other persons requiring relief as out-door or in-door patients, was increasing rapidly.

The government naively recorded that part of the expense of the Infirmary would be defrayed by private subscriptions, and was mindful that the largest portion 'must be contributed by the Government'.⁶⁰ As it turned out public subscription never transpired into sufficient funds, for soon after Governor Gawler's arrival, the local economy stalled leaving citizens without spare funds for subscriptions, donations or other philanthropic causes. Loss of jobs and no income saw over a third of the city's population abandon it to go in search of work elsewhere.

1841 - The Third Infirmary/Hospital

Surveyor General Colonel William Light designated a location for a hospital on the northeast Park Lands on his City of Adelaide Provincial Plan A of 1837. It was near to this site in 1840, that Colonial Architect, George Strickland Kingston who was 'slightly acquainted with the profession of architect and civil engineer', chose a site for a hospital of about six acres on the east Park Lands (now on the site of Botanic Gardens) about 180 metres from the Botanic Hotel that is now on the corner of East and North terrace.⁶¹

Despite the downturn in the economy Governor George Gawler laid the foundation stone, after several attempts, on 15 July 1840. The first purpose built hospital was to be 'both a substantial and an ornamental erection ... at the north-east corner of the town the site was on a rising and elevated spot within 10 minutes walk of the city', where Colonel Light first designated it on his map.⁶²

The hospital building designed by Kingston, was described in 1841 when it was ready for occupation, as containing two wards of ample space for 12 patients (3 wards for 30) and four

⁵⁸ Ian LD Forbes, *From Colonial Surgeon*, p3.

⁵⁹ Ian LD Forbes, *From Colonial Surgeon*, p24.

⁶⁰ James Estcourt Hughes, 'The 140th anniversary' in *Royal Adelaide Hospital, Foundation Day Addresses 1979-1993*, pp 17-21, (ed) Bernard Nicholson, 1993.

⁶¹ James Estcourt Hughes, 'The 140th anniversary' pp 17-21.

⁶² *South Australian*, 17 July 1840 p3, 'The New Hospital'.

smaller rooms for use by the board, the surgeon's assistant, a dispensary and a store. Further, a strip of land containing about two acres extending to the first creek leading to the Torrens River, was ordered by the Governor to be set aside as a garden that convalescing patients could work within.

Dr J P Lichfield who arrived in 1839 and was appointed Honorary Inspector of Hospitals said that the hospital's design of beds was arranged in the hospital as was customary in the military hospitals in India so that up to 40 could be accommodated.⁶³

The completion of the new Adelaide Hospital coincided with the Colonial Surgeon being given the responsibility of 'indigent lunatics' in 1841.⁶⁴ In this period a small number of mentally sick men and women were incarcerated within the Adelaide Gaol. However, as their numbers grew and their care became more problematical within the Gaol system, new solutions were needed.

As a temporary solution, the government obtained the property where the former Glenside Hospital (named this in 1967, but originally known as Parkside Asylum) was at Parkside and built suitable but humble premises in 1846 to which the first nine mentally ill patients were transferred.⁶⁵ From this date until 1852, the mentally ill were accommodated at Parkside, the Adelaide Gaol and the former Adelaide Hospital buildings, when the new one in 1856 replaced it. Before then in 1850, J G Nash, the second Colonial Surgeon, approached the Legislative Council about a new hospital to replace the inconvenient and overcrowded 1841 one. He suggested that the old building could be converted into a destitute asylum as there were growing numbers of the aged, permanently disabled and destitute poor. Surprisingly, members of the Legislative Council gave his request serious consideration.⁶⁶

The reason for the location of the new Lunatic Asylum being so close to the 1841 Adelaide Hospital building and later the 1857 Asylum, was one of convenience for the Colonial Surgeon. Given the responsibility for the care of the inmates of the hospital and the asylum, it made sense for both institutions to be within walking distance of each other.⁶⁷

2.3.2 The Current Royal Adelaide Hospital Site

1856 - The Fourth Hospital

When the economy picked up following the 1840s recession, by the end of the decade the tiny colonial hospital was too small to cope with providing services to an expanding population. The government was faced once more with building an even larger hospital that could accommodate more than 200 beds.

The early 1850s was a frenetic building period for the colonial government and three major public institutions were established between 1852 and 1856. It undertook the construction of the Lunatic Asylum that was completed in 1852 as a massive two storey Adelaide limestone and brick building, located to the east of where the Botanic Gardens were established in 1855. Subsequently, as will be discussed further in this chapter, the Lunatic Asylum site and the former Adelaide Hospital building of 1841, were more than 70 years later, subsumed into the Botanic Gardens from 1936. Also constructed in this period, was the Destitute Asylum that was opened in 1853. The surviving buildings of this institution are located off Kintore Avenue.

When work began on the new hospital, which was to provide more than 200 beds, it was not without many protestors. The main complaints related to loss of vision of the Park Lands from North Terrace, and the location of the new hospital adjacent to the recently established Botanic Gardens. Also of concern was the devaluation of North Terrace property and the danger of contagious diseases (then believed to be spread through the air by spores). To this list was added the City Mayor's personal objections, set out in a memorial to the Governor that appeared in the *South Australian Register* on 28 June 1855, claiming he was never informed about the construction of a new hospital and that it was an 'objectionable site selected for the Hospital ...

⁶³ Ian LD Forbes, *From Colonial Surgeon*, p30.

⁶⁴ Ian LD Forbes, *From Colonial Surgeon*, p64.

⁶⁵ Ian LD Forbes, *From Colonial Surgeon*, pp 66-72.

⁶⁶ Ian LD Forbes, *From Colonial Surgeon*, p53.

⁶⁷ The Colonial Surgeon was also responsible for the welfare of gaol inmates.

an unnecessary encroachment on the public rights ... an injury to private property ... and its contiguity to the Botanical Gardens ...'

In response, the Colonial Secretary, B T Finnis, wrote that the site, to be several hundreds of feet back from the road, was first discussed by the Legislative Council in November 1853, and which it endorsed after being recommended by the Surveyor General, the Colonial Surgeon, and the Colonial Architect. One of the several reasons for choice of the site was 'to combine healthiness of situation with convenience of access to it by the medical practitioners of the city'.⁶⁸ When the Lunatic Asylum was completed in 1852, the mentally ill were transferred from several locations to be accommodated into the new building. Not to add confusion to the already complex history, the destitute poor were also accommodated there until August 1853 until the new Destitute Asylum was built.⁶⁹

Before the new hospital was commenced, a new dead house (morgue) was built, and a cesspit and an accident ward for females was authorised to be built within the vicinity. The new hospital also included a lodge, entrance gates, a central building with a committee room and office, private apartments for the resident surgeon and for other officers. There were two 100 bed wings for males and females and two 50 bed convalescent wards.⁷⁰ When it was realised that the new building needed a larger site, a strip of a further two acres was alienated from the Park Lands to the east of Frome Road.⁷¹

Designed between 1852 and 1855 by the Colonial Architect, W B Hays, work commenced on the foundations of the new hospital building in June 1855.⁷² Between July 1856 and 1860 when E A Hamilton was the Colonial Architect and Supervisor of Works, he oversaw the major construction works of the hospital. It was built of Adelaide limestone extracted from the quarry that was behind Government House. (This quarry site was closed in the 1850s and was then used as the city rubbish tip, until it was converted to a parade ground in 1894.) The first stage of building the hospital was of the central block and a west wing that was completed by September 1856 and occupied in November. After the hospital opened there were further additions of possibly a kitchen and living quarters for a house surgeon⁷³

The addition of the east wing comprising four wards was constructed and completed in 1867. Built in Glen Osmond and Brownhill Creek stone with brick dressings, the two storey addition comprised four wards, two upstairs and two downstairs. There was a day room for convalescents and an eight room dwelling for a surgeon. Also installed with ventilation, the new wing was considered far superior to the 'old buildings'.⁷⁴ It also included a dining room for nurses, other bedrooms and 'padded' rooms.⁷⁵ This hospital building completed in 1867 to accommodate between 80 and 100 beds had an overall length of at least 200 feet long. It served its purpose for slightly more than a decade.

Nearly 70 years later the *Advertiser*, in August 1946, described the old 1856 part of the hospital as a link with the past, and it also reminded its readers that it 'still survives unchanged as an active part of the hospital. In this old block there are 12 wards, in addition to the X-ray and Radium Department, and they accommodate a substantial percentage of the hospital's patients. For some years now, like the rest of the hospital, they have been chronically overcrowded. A ward that is supposed to hold only 22 beds usually contains up to 31 or 32. The wards are dark and there's a suggestion of pauperism about them; there's still a faint aroma of the Crimean War'.⁷⁶

⁶⁸ *South Australian Register*, 30 July 1855 p3 – Site of new hospital'.

⁶⁹ Ian LD Forbes, *From Colonial Surgeon*, p86.

⁷⁰ Ian LD Forbes, *From Colonial Surgeon*, p54.

⁷¹ Ian LD Forbes, *From Colonial Surgeon*, p55.

⁷² SAR 23 June 1855, p3.

⁷³ SAR 2 September 1856, p3, 54-59.

⁷⁴ SAR, 15 January 1867, p3; *Advertiser* 16 January 1867, p2.

⁷⁵ Ian LD Forbes, *To Succour and to teach*, p12.

⁷⁶ *Advertiser*, 7 August 1946 p16.



The Adelaide Hospital in 1872
(Source: SLSA B7868)

1877-1911 - The building speculation era and beyond

Following the closure of the limestone quarry adjacent to Government House in the late 1850s, the use of Adelaide limestone was replaced by materials such as bluestone from quarries beyond the city. Further, architectural style had evolved from the 1857 main hospital building style to those more associated with mid-Victorian and rather austere institutional buildings. Up to the late 1870s there was no specialisation at the Adelaide Hospital beyond the general fields of medicine and surgery, then in 1878 two specifically purposed buildings were completed. They were the building containing the two contagious diseases wards known as the Da Costa and Yates Wards and the Ovariotomy Cottage.

1878 - Contagious Diseases Wards – Da Costa and Yates Wards

Tenders for a contagious diseases ward were advertised in late 1877. Builder W Camens built the foundations for nearly £200, while the one storey bluestone superstructure was built by J Priest for £1,440. Described as fulfilling an 'acknowledged want', the wards were 32 x 20 feet each with 17 foot high ceilings. At each end of the building were smaller rooms with lower ceilings that provided accommodation for four nurses. The two end rooms were trimmed with balustrading to the pediments⁷⁷. (A photograph of circa 1880 shows a view of a verandah along one of the lengths of the building trimmed with typical cast iron lace, which by 1962 was long gone and the verandah enclosed.) High ceilings in the wards provided plenty of ventilation that was viewed as important for reducing the transmission of airborne germs. Further, because of the function of the ward, the structure was built separately away from the main part of the hospital. The two wards were named in July 1878 after significant donations of £300 by Miss Da Costa in England, and £2681 by T R Yates of Adelaide.⁷⁸

When discussing the history of gynaecology at the Adelaide Hospital, the gynaecologist Alfred Byrne wrote that from 1912 the former Contagious Diseases Ward 'came to be used for isolating septic, and potentially septic, gynaecology cases. For this purpose a small theatre was established at the rear and served its allotted purpose for some 60 years (and was) shared by 2 gynaecology clinics until circa 1960.'⁷⁹

⁷⁷ SAR 31 August, 30 November 1878; *Advertiser*, 9 August 1877, p12.

⁷⁸ *Advertiser*, 13 July 1878, p6.

⁷⁹ Alfred Dudley Byrne, 'Progress in gynaecology over 60 years' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p73, editor Bernard Nicholson, 1993.



Da Costa Ward 1880
(Source: SLSA B3796)

1878 - Ovariectomy Cottage

Among the more recognizable labels for buildings which comprised the Hospital in the 1870s, the one labelled the Ovariectomy Cottage stands out. Ovariectomy surgery became fashionable treatment in England from about 1872 for 'menstrual madness', neurasthenia, 'nymphomania', masturbation and 'all cases of insanity'. This practice was supported by distinguished gynaecologists and psychiatrists but became one of the great medical scandals of the 19th century.⁸⁰ This surgical 'cure' caught on in Australia, if only briefly, and in 1878 a building for patients recovering from this operation was built to the northwest of the main building (in the vicinity of the present Eleanor Harrald Building) similar in style, so the *Advertiser* claimed, to the 'present Lodge'. It comprised two rooms and bathrooms with verandahs surrounding the entire structure. The larger room measuring 16 x 12 feet was used by female patients recovering from surgery. The smaller ten foot square room was for use by nurses.⁸¹ Perhaps South Australian surgeons soon realised that such operations were not necessary or appropriate, for less than three women patients a year were actually accommodated in the cottage after surgery. With space always at a premium, it was converted for use as an ear, nose and throat theatre in 1892.⁸² The cottage can be seen to the left of the main buildings in the early photo below [SLSA B3718].



Ovariectomy Cottage, roof visible to left of Main Buildings
(Source: SLSA B3718)

1882 - Nurses' Bedrooms

Nurses were expected to reside at the hospital, and before 1882, provision of accommodation for nurses was in small rooms alongside wards. In 1882 the first purpose-built single storey

⁸⁰ J Studd, 2006, Abstract from *Ovariectomy for menstrual madness and premenstrual syndrome-19th century history and lessons for current practice*.

⁸¹ *Advertiser*, 9 August 1877, p12, SAR, 24 August 1877, p7.

⁸² Ian LD Forbes, *To Succour and to teach*, p17.

structure was constructed for nurses, and was located to the rear of the main block to the west side of Da Costa Ward. It was built as a detached building with verandah. An upper storey was added at a later date.

In 1911, after the construction of the Margaret Graham Nurses Home, the ground floor of the building was converted for use for unruly patients and for those who needed to be kept under restraint. The building became known as 'the Terrace'. At a later date the upper floor was converted for use as wards maids' quarters.

1883 - Out-patients Department

For many years the Out-patients Department was not actually on the Adelaide Hospital site but located at the Destitute Asylum, off Kintore Avenue. In 1883 an Out-patients' building was constructed at the Adelaide Hospital on the southwest corner of the hospital grounds facing Frome Road. It was built by Tom Barnett for £2914. Completed on 1 January 1884, it was open daily at 2pm and on Saturdays at 10am, and all out-patients were then referred on from the Destitute Asylum to the Adelaide Hospital.⁸³

1883 - Medical Superintendent's Residence

A residence was built for the Medical Superintendent in 1883, with a narrow set back from Frome Road, adjacent to where the Margaret Graham Nurses home was later built. In 1941 the residence was used as wards for male patients. It was demolished to make way for the Eleanor Harrald Nurses' Home in 1954.

1891 - Theatre Block

By the 1890s, when there was a better understanding of the need for sterile and hygienic conditions, particularly for surgery, a new operating theatre was constructed. After its opening in 1891, the *Advertiser* described it as being a hollow-wall brick theatre block with attached wards. The first operation was performed on 4 February 1891, using the latest medical ideas. The building, it was claimed, 'was designed to ultimately form the west wing of the new hospital planned at some future date to replace the present somewhat antiquated structure.' It was linked to the main hospital building by a covered way.

This building was the embodiment of the latest in medical design, and interestingly a similarly designed building was constructed at the same time at the Pavilion Hospital in Hamburg.⁸⁴ The operating theatre itself was accessed by a wide corridor from the foyer and rather than being of timber, the floor was tiled around the operating table. James Wood, the operating attendant, designed the operating table to be raised or lowered to any required height by merely turning a small wheel. The theatre part of the building was octagonal in shape, with twelve large windows facing south, east and west to provide the best lighting conditions achievable at the time. At its widest, the theatre measured 29 feet x 32 feet (8.8m x 9.8m). The lower portion of the walls was of cement, the upper parts were of plaster, while the timber ceiling was painted and varnished. On either side of the table were three tiers of seats in polished kauri pine, for the use of students and professional visitors. Above the table was a large gas Whenham burner that gave light equivalent to 100 candles. The fittings were all of the most modern style, and there were reservoirs for irrigation, buckets for dressings etc. The theatre was closed by heavy sliding doors, that were so intricately balanced on wheels that a slight touch sent them rolling along.

⁸³ SAR, 21 December 1883, p2.

⁸⁴ *Annals of Surgery: a monthly review of surgical science since 1885*, October 1892.



Adelaide Hospital Operating Theatre, southern end
(Source: SLSA B 23506/2)



Adelaide Hospital Operating Theatre, internal configuration
(Source: SLSA B 23506/3)

There were two rooms either side of the corridor, one that was set aside as a surgeons' consulting room while the other that opened directly into the theatre was the anaesthetic room. There was also a waiting room for patients and a room for students. At the other end of the building were two six bed wards, one for males and one for females. The walls and floors of the wards were glazed tiled while the timber ceilings, that were painted and varnished, were lined with a thick layer of seaweed. The lofty wards measuring 24 feet x 27 feet (7.3m x 8.2m) were supplied with ample ventilation and had fresh air entering under the beds and from overhead.

The nurses' room located between the two wards, allowed for complete supervision. There were also two one person wards measuring 12 feet x 14 feet (3.7m x 4.3m) for special cases. A covered way led to the scullery that was outside the block. This was considered an excellent arrangement as apparently there were no drains or sinks in the operating theatre or wards. The

contractor was W Rogers and the work was carried out under the Superintendent of Public Buildings (Charles E Owen Smyth).⁸⁵

Dr Hamilton D'Arcy Sutherland, a former cardiothoracic surgeon, giving a presentation at the RAH Foundation Day Address in 1983, made reference to this purpose built theatre block as 'Old No 1 Theatre'. He claimed that 'the operating theatre complex was decades ahead of its time [and] continued to serve the hospital well as a general theatre until general surgery moved to the McEwin Building in 1946.'⁸⁶ This building, like all the early structures in the centre of the site, was demolished in 1963.

1892-94 - Flinders and Light Wards (The New Wing)

From newspaper statements made when the Theatre Block was built in 1891, it can be assumed there was a plan for additional development at the hospital, for this intention was repeated once more when the 'New Wing' known as Flinders and Light wards was built and opened in March 1894. This new building ran north-south, and was situated within 18 feet (9 metres) of the western boundary wall of the Botanic Gardens, dividing the gardens from the hospital grounds to the west. Funding for the new building and proposed future ones was expedited by a special Act authorising the conversion of £10,000 from the Public Charities Fund for the purpose.

The 'New Wing' was designed to form part of a future hospital that would replace the present one. It would consist of two similar buildings to this new eastern wing. In addition, there would be a central administrative block, in which would be located the offices, dispensaries, residences of the medical and surgical staffs, and the whole would be bounded on the west by the operating theatre block.

The New Wing, 210 feet by 51 feet (64m x 15.5m), was built using materials entirely sourced within South Australia, and was completed in March 1894 to accommodate 68 patients. It comprised two large wards each about 100 feet by 26 feet, with room for 28 beds, and also four smaller wards of three beds each separation wards, to be used as separation wards. There were also, operating theatres and nurses' duty-rooms, in addition to the usual laboratory and sanitary arrangements, and a lift capable of accommodating a patient on a stretcher ran from the ground to the first floor. The kitchen in the Flinders and Light building was fitted out with the latest appliances, including a new range, jacketed steam-boilers and cooking coppers. A major feature of the interior of the building was that the walls were decorated in murals by several well-known local artists of flora and fauna of the colony.⁸⁷

In August 1946 the *Advertiser* discussed the 1894 Flinders and Light wards that once represented a great advance on the original building. By 1946 they betrayed their age and were the most overcrowded wards in the hospital, sometimes having more than double the number of patients they were built to accommodate. This building, the last 'old' building on site, was demolished in August 1970.⁸⁸

⁸⁵ *Advertiser*, 4 February 1891, p 6 'The new hospital wing'.

⁸⁶ Hamilton D'Arcy Sutherland, 'The true glory' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p39, editor Bernard Nicholson, 1993.

⁸⁷ *Advertiser*, 3 April 1891 p4.

⁸⁸ Ian LD Forbes, *To Succour and to teach*, p87.



Flinders and Light Wards in 1962
 (Source: RAH Album 1962, GRG38/66, State Records)

1898-1900 – Infectious Diseases (Ophthalmic Building)

Towards the end of the nineteenth century when there were many concerns about epidemics, and a need to replace the earlier Contagious Diseases wards of 1878 with new and bigger infectious diseases wards, a new structure for this and a bacteriological laboratory was constructed at the Adelaide Hospital. On 4 May 1899 Governor Tennyson laid the foundation stone and ten months later the building was opened in March 1900.

However, weeks before the opening of the wards, there was a serious outbreak of bubonic plague in Sydney and two alleged cases at Port Adelaide. With concerns for such an outbreak in the city affecting hundreds of people, it was realised too late that the new wards would not be able to cope. When various country hospitals began to establish their own isolation wards, management of the Adelaide Hospital was determined not to accept patients that had their own facilities unless they paid a hefty fee. However, District Boards of Health with no facilities in their own districts had the right to send fever patients.

The new brick building was set back from Frome Road and accommodated 50 patients. On the ground floor were two wards of six beds each that were divided by a large open corridor that was overlooked by nurses' rooms from a central location. There was also a small observation ward for patients whose illnesses were not determined at the time of admission. The walls were lined with Keen's Windsor cement. This created a smooth surface for easy cleaning. The rooms were 'under drawn with corrugated iron'. Ventilation and so many square feet per patient was a major consideration. The second floor was similar in design.⁸⁹

Due to the changing attitude towards epidemics, the building design was already outdated and too small by the time of its completion as the isolation wards were not large enough. Subsequently, the former Lunatic Asylum, along North Terrace was set aside in 1906 as an Infectious Diseases Hospital.

When the former Infectious Diseases Wards were converted into the Ophthalmic Department, a theatre was installed into the ground floor while the first floor remained as wards for eye patients.

⁸⁹ *Advertiser*, 10 January 1900, p4, 'The Adelaide Hospital'.

Accommodation for Nurses

Throughout the history of the hospital, accommodation for nurses was a frequent issue. Initially, provision for nurses (one or two at the most) was in small rooms created alongside an existing ward. Then in 1882 the first purpose built single storey structure known as the 'Nurses' Bedrooms' was constructed for them on the hospital site. However, with the increase of numbers of nurses as the hospital continued to expand, the story of nurses' quarters is a tale of continuing overcrowding in existing nurses' homes as well as in leased properties away from the hospital. Over the years, four purpose built nurses' quarters were constructed. They were the Nurses Bedrooms in 1882, Margaret Graham Nurses Home in 1911, Eleanor Harrauld Nurses Home in 1954 and the New Staff Quarters for Nurses in 1969 (Residential Block).

At the turn of the twentieth century there were about 300 trained nurses in South Australia.⁹⁰ A third of this number worked long shifts at the Adelaide Hospital, lived in overcrowded conditions provided by the hospital and had little control over their working situation. However, there were moves afoot to regulate the nursing profession by official registration of nurses with recognised qualifications.

1911 - Margaret Graham Building

Margaret Graham was the initiator of the South Australian branch of the Royal British Nurses' Association. Four years later a state branch of the Australasian Trained Nurses' Association was established and between the two associations they set standards for nursing practice and lobbied for better working and living conditions. It was during this period that tenders were called in 1908 for a new nurses' home to be built on site fronting Frome Road. With the laying of the foundation stone for the Margaret Graham Nurses Home in July 1909, the deputy chairman of the Hospital Board (Mr W G Coombs) declared that the board intended 'to use the Martin Trust and with an equal sum which they anticipated receiving from the government, the board proposed to erect in the near future, a hospital which would be a credit to the city of Adelaide and to the State'.⁹¹ The foundation stone of the home was laid by Mrs T Price, wife of the Premier, on 14 July 1909 and the building took 18 months to complete.⁹²

Its construction was made possible by the generous bequest made to the hospital by the successful businessman Thomas Martin following his death in 1898. He left two thirds of his large estate to the Adelaide Hospital that included Town Acre 86.⁹³ This legacy was managed by the Commissioners of Charitable Trusts and was a valuable financial resource that the Adelaide Hospital used to expedite several future building projects.

The former Nurses' Home is now the oldest surviving building on the Royal Adelaide Hospital site. It is one of three substantial accommodation blocks for nurses which still remain on the Royal Adelaide Hospital site. At the time of completion in 1911 there were 120 nurses and the construction of this three storey building met most of the accommodation problems for a short time – that is until 1915 when once more, further quarters were needed.

⁹⁰ Joan Durdin, 'History, Nursing Education and Jubilee 150' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 64, editor Bernard Nicholson, 1993.

⁹¹ *Advertiser*, 15 July 1909 p6 'Proposed rebuilding of the Adelaide Hospital'.

⁹² *SAR*, 10 January 1911, p6, 'New Nurses Home'.

⁹³ *The Mail*, 29 January 1927 p1, 'Fortunes for sick South Australians'.



Nurses Quarters in 1915
(Source: SLSA B5807)

Once occupied, details about the building's merits appeared in the *South Australian Register*, 10 January 1911. Constructed of red brick with rendered detail, the building was described as architecturally praiseworthy for its classically derived proportions. Further, it was claimed to be the first building in Adelaide to use the method of a steel frame encased in concrete to support the external verandahs and elevations.⁹⁴ The two upper floors provided 70 bedrooms, which were roomy, lofty, and well lighted, and ample provision was made for the storage of linen. Extensive bath and lavatory accommodation was provided on both floors. However, before the building was completed, it was found that no provisions had been made in the original plans for bathrooms and lavatories. The conveniences were added onto the eastern balconies. There was also an afterthought to install a lift.

The building has wide reinforced concrete balconies on every floor that became comfortable sleeping quarters during hot weather. On the ground floor was a spacious dining room that could cater for 60 nurses at a time. There were also well-lighted billiard and reading rooms. On the same floor were nine bedrooms, while there were another 23 bedrooms, sitting and reception rooms, and an extensive gymnasium on the basement floor. The ground floor kitchen was equipped with three gas stoves. From the basement floor hot water was laid on to all the bathrooms and lavatories. The whole building was lighted with electricity, and every effort was made to make the nurses comfortable.

For more than 60 years the Margaret Graham Building was only ever referred to as the Nurses' Home. It was given the more dignified name of the Margaret Graham Building in the 1970s after repeated requests from the Royal Adelaide Trained Nurses' Association. This also applied to the Eleanor Harrald Nurses' Home that had been simply known since its completion in 1954, as Home Number 2.⁹⁵

1913 - Mortuary and Pathological Block

According to Ian Forbes in *To Succour and To Teach*, the new 1913 'pathological block' was 'unequalled in Australia'. Known for some time as the Students' Laboratory, it was designed to be used for practical classes and included an extensive basement for use by the adjoining Laboratory of Pathology. In this block students received tuition in pathology and bacteriology. In addition they were able to perform some clinical pathology. It continued to function in this manner until it merged with the Institute of Medical and Veterinary Science in July 1938. In 1940 this building was converted into a nurses' chapel which was named, after the architect for the work, 'The G K Soward Chapel'. The Commissioner of Charitable Funds had paid for the alterations⁹⁶

⁹⁴ Glen Reynolds, Margaret Graham Building (Nurses Home) from Vital Signs 1995 (from RAH Building and Land folder)

⁹⁵ Ian LD Forbes, *To Succour and to Teach*, p259.

⁹⁶ Ian LD Forbes, *To Succour and to Teach*, p19.

1917-21 - Dental Hospital

Dentistry in South Australia took on importance following the Dental Act of 1902 through which a dental board made regulations for the professionalisation of dentists and three years later turned its attention to dental education. Training to become a dentist took a minimum of four years with apprenticeship to a registered dentist. University courses began in 1906 with the first students graduating in 1911. Through discussions between the University of Adelaide, the Adelaide Hospital Board of Management and the Superintendent of Public Works, C E Owen Smyth, plans for a dental school and hospital were finalised in 1919, and the building designed in 1920 by G G Lawson. The functions of the dental hospital included treatment of the poor, sailors and soldiers and their dependents, while patients unable to afford private practitioners were means tested. In addition, the school/hospital provided students with long needed clinical facilities.⁹⁷ At this time the government dentist was responsible for the dental care of inmates at gaols, mental hospitals and the State Children's Department.⁹⁸

Opened in July 1923, this first dental school/hospital was made possible through a substantial monetary gift from the British Red Cross and the South Australian government.⁹⁹ Following the Second World War in 1948 a building committee drew up plans for the enlargement of the 1920s building. It was not until 1958 that building commenced and two wings were added. However, the facilities were still inadequate and a new building was completed and opened in August 1969, which was considered to be of world standard. The Health Commission decided to amalgamate the School of Dental Services and the Dental Hospital, and in 1982 this became known as the SA Dental Service.¹⁰⁰



The new Dental Hospital in 1923
(Source: SLSA PRG280/1/40/208)

1920 - Torrens Ward

The Torrens Ward was built in 1920 of timber, for use as a temporary kitchen. The building was initially used for male dermatology and ear patients between 1920 and 1929. In 1929 it became a museum and library for the Pathological Laboratory. In 1932 the building was demolished and in its place the Frome Ward was built. From 16 August 1962 Frome Ward was taken over for proven TB cases, and the hospital assumed responsibility for TB services in South Australia.¹⁰¹

1921 - Verco Ward

The Verco Ward was constructed in timber for accommodation of 30 male medical patients. Not a lot is known about the building. Air-conditioning was added to the building in 1939. It was used until 1963 when it was demolished.

⁹⁷ Ian LD Forbes, *To Succour and to Teach*, pp56-58.

⁹⁸ James (Bill) Scollin 'A History of Dentistry in South Australia' pp44-49.

⁹⁹ James (Bill) Scollin 'A History of Dentistry in South Australia' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p115, editor Bernard Nicholson, 1993, pp 44-49.

¹⁰⁰ James (Bill) Scollin 'A History of Dentistry in South Australia' pp44-49.

¹⁰¹ Ian LD Forbes, *To Succour and to Teach*, p229-30.



Verco Ward in 1962
(Source: RAH Album, 1962, GRG38/66)

1920s - Vision for the future

Although the hospital was serving a far greater community than just the city, nevertheless the population of the city of Adelaide reached almost 43,000 during the First World War in 1915. So it was of no surprise that given these circumstances, the Adelaide Hospital was reported as being overcrowded. It seems that each year as part of the Governor's speech at the Opening of Parliament ceremony between 1916 and 1922, the matter of needed accommodation at the Adelaide Hospital was raised.

In response to these concerns, Premier Crawford Vaughan appointed a sub-committee to discuss additional accommodation at the Adelaide Hospital. This formal Extra Accommodation Committee was established in September 1921¹⁰², which included the chairman of the Adelaide Hospital Board (Dr Rogers), Dr Hayward CMG, the Medical Superintendent of the Adelaide Hospital (Dr Turner) and the Architect-in-Chief, Alfred Edward Simpson, who had held the government position since October 1920. After many meetings they recommended the construction of several new buildings that included one for Outpatients and one for the Casualty and Admissions Department.¹⁰³ A Master Plan was drawn up and locations of all new buildings marked.

Charles E Owen Smyth, so much a part of the design of Adelaide's public buildings since 1886, and originally a member of the sub-committee, retired in February 1920. However, during his period as Supervisor of Public Buildings, the use of red bricks (which were then being mass produced) as a main building material became a feature of public works projects with which Owen Smyth was associated.

1923-24 - Laundry, kitchen and stores

As an integral part of the 1920s plan for upgrading the hospital, construction began in 1923 on a new kitchen, stores and laundry complete with a boiler. In 1924 the boiler house was completed and equipped and the work on the new laundry was well in hand, but the best that could be reported about the kitchen and stores block was that work on this building would start in the following year. In 1925 the boiler house and laundry were in use, but work on the kitchen and stores block was postponed again, this time until 1926. This saw the demolition of the old kitchen and the beginnings of the long-promised new one. The work was eventually completed and the complex was in full use by 1928.¹⁰⁴ The buildings were demolished as part of the general redevelopment of the site in 1963.

¹⁰² Adelaide Hospital Board, Docket CSO 1312/1920, GRG 38/68, State Records.

¹⁰³ Ian LD Forbes, *From Colonial Surgeon*, p 54,111.

¹⁰⁴ J Estcourt Hughes, *A History of the Royal Adelaide Hospital*, p47.



West wall of kitchen 1962
(Source: RAH Album, 1962, GRG38/66)

1925 - Kiosk (Sheridan Building)

In February 1925 the Royal Adelaide Hospital Auxiliary was established to provide patients with comforts not ordinarily available in a public institution. It also raised funds to establish a women's hospital in Adelaide.¹⁰⁵ For the Auxiliary's use, a kiosk was built facing North Terrace that opened 18 November 1925. It comprised a shop that was stocked for the kind of products that staff, visitors and patients might need while hospitalised. The Auxiliary's sewing division was also located in the kiosk. Members of the Auxiliary also recycled the hospital's linen and made flannel into garments for patients. From the kiosk's profits, new linen was bought for the wards.

The design for the new rotunda styled kiosk was described as being quite an ornament, substantial and useful. It was estimated that it would cost about £2,500.¹⁰⁶ The kiosk was built for the new hospital Auxiliary after consultation between the Architect-in-Chief and the Inspector-General of Hospitals who also chose the site. The building was named in honour of Miss A F K Sheridan, after executors of her will donated over £2,000 towards construction.¹⁰⁷

In the 1920s when the Bice Building was being designed by the Architect-in-Chief's department, the assistant chief draughtsman was George Gavin Lawson. Interestingly, Lawson migrated to South Australia after a period spent in the early 1900s in South Africa, Rhodesia (Zimbabwe) and other Australian states. It is possible that the style of the Adelaide Hospital kiosk is influenced by that of the Johannesburg high court building, known as the South Gauteng High Court. Although not completed until 1911, it is a strong possibility that Lawson was privy to the plans, for while he was in Johannesburg, there were earlier disputes about the plans in 1908.¹⁰⁸

1927 - The Bice Building

The *Register* for 3 August 1923 announced that the Bice Building, would be the nucleus of new Adelaide Hospital buildings. The scheme would provide for fine ward blocks of four storeys, with every modern convenience. Special attention was given to lighting, ventilation, balconies, verandahs, sanitary appliances, and lifts. Tenders were called in November 1923 to build the Bice Building as an administration block to serve the entire hospital. It was the largest building since that of the Nurses' Home (Margaret Graham Nurses Home). When the foundation stone was laid on 8 August 1924 by MP James Jelley, he commented that the Bice Building 'constituted an important part of the big extension scheme at the Adelaide Hospital'.¹⁰⁹ Named

¹⁰⁵ Ian LD Forbes, *To Succour and to Teach*, p219.

¹⁰⁶ SAR, 9 August 1924 p9.

¹⁰⁷ Ian LD Forbes, *To Succour and to Teach*, p219.

¹⁰⁸ www.artefacts.co.za/main/Buildings/archframes.php?archid=963 (GESG Leith)

¹⁰⁹ SAR, 9 August 1924 p9, 'Adelaide Hospital Improvements, the Bice Building...'

after Sir John George Bice who acted on behalf of the Adelaide Hospital to improve facilities and working conditions there. He died in November 1923 before construction on the new administration building began. After the laying of the foundation stone in August 1924, Dr B H Morris, Inspector of Hospitals, also commented that it was to be the first of other new buildings such as an outpatients' department, an operating theatre, surgical and medical wards, and residential quarters.¹¹⁰

The ground floor of the Bice Building was the hospital's administration centre. The first and second floors provided accommodation for residential medical officers. On the third floor was a main ward for 20 beds, two private wards of two beds each, and a ward laboratory. 'On three sides of the third floor were balconies to encourage fresh air and foster natural ventilation'.¹¹¹ Built in red brick English bond with concrete foundations, it had rendered detailing. It was faced externally on the ground and third floors with Medusa cement and was of a fireproof construction. The principal timber parts were finished in Queensland maple and there was a Willunga slate roof.

In 1960 additional rooms were added to the ground and first floor levels on the east side of the building and the balcony to the south elevation was roofed and enclosed at the first floor level.¹¹²



Bice Building soon after completion, c1926
(Source: SLSA B4078)

The *Builder* for 11 November 1925 also referred to plans for the construction of another building in Frome Road on land set aside next to the Dental Block that was intended as a new Women's Hospital. While three other substantial structures similar to the Bice Building were built along North Terrace between 1927 and 1946, the Women's Hospital did not go ahead, even though it was drawn onto a 1924 site plan of the Adelaide Hospital.

1932 - Frome Ward

The new Frome Ward was erected in 1932 on the site of the original timber Torrens Ward (that was built in 1920) as wards for male dermatology and ear patients between 1920 and 1929. It then became a museum and library for the Pathological Laboratory

¹¹⁰ SAR, 9 August 1924 p9, 'Adelaide Hospital Improvements, the Bice Building...'

¹¹¹ Building plans, GRG38/68.

¹¹² Systems Solutions Engineering (for SA Health), December 2012, p51.

1935 - Out-Patients' Block and Casualty and Admissions' Block

A gardener's cottage was demolished on the corner of Frome Road and North Terrace to make way for the Out-Patients' Block. When completed both the buildings of the Out-Patients' Block and the Casualty and Admissions' Block were occupied over the weekend of 5 August 1935.¹¹³

From 1929 an Out-Patient's department was briefly located in a temporary building south of the Dental School and closed from the day the new building was opened. The Out-Patients Block and the Admission and Casualty Block are two distinct buildings that were to be joined by an archway to give a sense of communication between them, but the link was built as a simple corridor above a drive through. One feature about the buildings is that, as far as possible, it was claimed, South Australia materials were used in their construction.¹¹⁴

Being in the middle of the Great Depression, the construction of these two buildings provided unemployment relief from the Federal Government. From 1932 for 50 men were working on each building.¹¹⁵ Planned to help revive employment in the building and allied trades, apart from new building works undertaken at the Adelaide Hospital, the Commissioner of Public Works created an extensive program of building works that mainly involved schools.¹¹⁶ When the buildings were nearly completed, it was reported that the concrete columns and pillars finished in colored cement and standing on a granite base, would set off the building and make it conform in appearance generally to the Bice Building. The hot water system that served these two buildings and also served the sterilising apparatus, was piped from the boiler house by means of an extensive underground duct. To connect these with the pipes serving the main building they were installed as tunnels under the building. The steam service was also connected to Bice Building.¹¹⁷

Notably, penicillin was first used in South Australia in 1944 to treat venereal disease (VD), in the clinic set up in Outpatients' Building. It continued to function as VD Clinic for women (and was known as the Night Clinic) during the 1950s. The building generally was used for women's health from the outset. In July 1945 a gynaecology outpatients' clinic was also established, with the very clear title of the Sterility Clinic. Two female medical wards, known as Alexandra and Gawler wards, were set up in the upper floors. (Alexandra Ward was originally in the west wing of 1855 main building.)



Outpatients' building in 1946
(Source: SLSA B15544)

¹¹³ *Advertiser*, 6 August 1935 p8, 'New hospital block in use'.

¹¹⁴ *Advertiser*, 21 April 1934, p16, 'new buildings at Adelaide Hospital'.

¹¹⁵ Systems Solutions Engineering (for SA Health), December 2012, p57.

¹¹⁶ *News*, 6 February 1933 p5 'Loan works aid unemployed'.

¹¹⁷ *Advertiser*, 21 April 1934 p16, 'New buildings at Adelaide Hospital'.

Then in 1969 the former Out-Patient's Building was refurbished for use as school of nursing with the title of Nurses Education Centre.¹¹⁸ 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.

1935 - TB Chest Clinic

The TB clinic at the hospital was completed in 1935. One feature about all three buildings is that, as far as possible South Australia materials had been used in their construction.¹¹⁹

1936-39 - Institute of Medical and Veterinary Science -

Much of the support for the establishment of the IMVS was through the Dean of the Faculty of Medicine, Dr Trent de Crespigny, who set up an elementary clinical pathology laboratory in a disused shed at the hospital and went on to establish the IMVS, bringing many branches of bacteriological and pathological investigations under one roof in an institution of medical science.¹²⁰

On 27 March 1936 the Institute of Medical and Veterinary Science was appointed by the South Australian government for one year. On 23 August 1937, the foundation stone for a building for its use, was laid by Sir George Ritchie, Chief Secretary and Minister of Health. Three months later on 2 December 1937, the Institute of Medical and Veterinary Science Act was passed and the IMVS was established and gazetted. In 1938 the Laboratory of Bacteriology and Pathology merged with the IMVS.¹²¹ The purpose built laboratories were opened in 1939. A new building was added to the earlier one in 1968 and the Division of Nuclear Medicine of the IMVS was located in it. In 1989 the four storey Hanson Centre was added to the north side of the north wing of original building.¹²²



IMVS building in 1962
(Source: RAH Album 1962, GRG38/66, State Records)

1946 - McEwin Building

A new operating theatre block was part of the 1922 list of required buildings set out in the master planning of that year. However, it was not until 1939 that formal plans were prepared. '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

¹¹⁸ Ian L D Forbes, *To Succour and to Teach*, p84.

¹¹⁹ *Advertiser*, 21 April 1934 p16, 'New buildings at Adelaide Hospital'.

¹²⁰ Bernard Nicholson, 'Sir Constantine Trent Champion de Crespigny and pathology services in SA', 1988 pp 90 -97 in *The True Glory – RAH Foundation Day Addresses 1979-1993*. editor Bernard Nicholson, 1993.

¹²¹ Ian L D Forbes, *From Colonial Surgeon*, p 110.

¹²² Systems Solutions Engineering (for SA Health), December 2012, p66.

sized general operating theatres at the hospital, which resulted in a large backlog of operations and a long waiting list.’ The war intervened and the building was not ready until 1946.

At the opening of the McEwin Building on 7 August 1946, it was described as a ‘landmark in state’s hospital’s development’.¹²³ Named after the Minister of Health, Alexander Lyell McEwin, the opening was described as the most important landmark in the hospital's history. The McEwin Building was equipped with nine operating wards for general and for special purposes, as well as wards for medical and surgical cases. Of the hospital surgical block, it was described at least equal to anything of its kind in Australia. All the appointments were modern and gleaming. The theatres were viewed as a surgeon's dream, while the X-ray department apparently made the old one seem like a nightmare.



McEwin building soon after opening in 1946
(Source: SLSA B14019)

When the McEwin Building was completed, opinions were aired as to whether the hospital had reached or exceeded the optimum size for a single institution. Further debated was that the hospital faced a very great problem of reconstruction and modernisation before it could claim to be a really modern hospital. The McEwin Building set a new standard. In assessing the overall condition of the hospital in 1946 the *Advertiser* for 19 October 1946 brutally criticised that ‘the modern Adelaide Hospital begins with the casualty block, and that perhaps, is where the past should end. The casualty block broke with years of making-do and improvising. It was a long over-due piece of surgery. But the improvisations remain, even the most recent of them... To... go to the Casualty Block, to the Out-patients' Department, to the fine administration block of the Bice Building, and finally to the McEwin Building is like travelling out of one era into another’.¹²⁴

In 1964 additions were made to McEwin to provide accommodation for the pulmonary function unit and additional space for the transfusion service.¹²⁵

1946-7 - Three Temporary huts on the boundary of the Botanic Gardens

In January 1946 the first of three temporary huts was installed onto the east boundary of hospital, adjacent to the Botanic Gardens to overcome overcrowding. In 1947 a further two huts were installed. They were all removed in 1955 to make way for a new radiotherapy and women's hospital block and work on linear accelerator building.

¹²³ *Advertiser*, 7 August 1946, ‘Landmark in State’s Hospital Development – New Standard Set’, p8.

¹²⁴ *Advertiser*, 19 October 1946 p5, ‘Improvements at Royal Adelaide Hospital’.

¹²⁵ Ian LD Forbes, *To Succour and to Teach*, p83.

1954 - Eleanor Harrald Building

The former superintendent's residence north of Margaret Graham was demolished in 1950, to make way for a new nurses home that would accommodate over 314 nurses. It was built to address a chronic (on site) shortage of nurses' accommodation following high post-war demands on health services. The foundation stone was laid 26 April 1951 and the new seven storey building was opened 3 December 1954 by the Minister of Health. Initially known as Home Number 2, it was named the Eleanor Harrald Building in the 1970s after one of its distinguished matrons, after repeated requests from the Royal Adelaide Trained Nurses' Association.¹²⁶ The design again came from the Architect-in-Chief's office. Signatures on the drawings are W Lindsay (Architect-in-Chief), Senior Architect S M Sidall and Deputy S H Stephenson. The Nurses Training School was located in basement of this building, which closed as residence in 1979.

1957 - F S Hone Wing (Orthotron Building)

Although this wing was opened as the Orthotron Building on 20 September 1957 by Governor Sir Robert George, he announced that it was to be known in future as the F S Hone Wing in honour of the one-time chairman of the Anti-Cancer Campaign Committee.¹²⁷ It was designed as a single storey building because of the type of heavy equipment that was to be installed. This was super-voltage radiotherapy treatment equipment that saw the building given the nickname of the Supervoltage Wing. Later the building was extended for special apparatus known as the MeV linear accelerator. An extension was added in 1961 to house 2 Cobalt 60 beams. Then in 1971 and 1972 there were further extensions to accommodate the second linear accelerator.

2.3.3 The 1960s Building Program

By the 1950s, when rebuilding was discussed, there were forty-seven buildings on site and the hospital contained thirty-two wards. However older buildings did not meet modern standards and demand for services, and there were insufficient numbers of beds. Work-loads had also increased with more trauma and general surgery patients, and the investigations into and treatment of malignant disease added to the load. As a result waiting lists increased.

At this stage, the provision of a casualty facility that would also comprise other services was considered a top priority at the Royal Adelaide Hospital. However, planning came to a standstill by 1956, because the Standing Committee on Public Works was hindered by indecision and disagreement with the hospital's Building Committee and the overworked Hospital Board. It took several years and the rejection of the initial '1960 plan' before an affordable and comprehensive scheme for a massive building scheme could be agreed upon.

Although there was a program to demolish all buildings constructed in the nineteenth century, for those built in the twentieth century there were serious problems concerned with their continued use. The Development Advisory Committee's 1968 plans for the construction of a South Wing meant that the brick buildings of Bice, Casualty, McEwin and Outpatients would be demolished to make way for the new large building. However, when it was clear there would be no funds for such a project, the four brick buildings were all retained. Similarly, when demolition, of the Margaret Graham Building was considered in 1973, it was upgraded instead as an interim measure.¹²⁸

As for the four brick buildings, plans about their future renovation dragged on for years throughout the 1980s until approval was given for major alterations. The refurbishment plans included the major alterations that would link the Bice and McEwin buildings and create a front entrance to the hospital. This refurbishment was completed by 1990.¹²⁹

1962 - East Wing

Post-war Adelaide, with its huge influx of migrants arriving from all corners of Europe, placed considerable demands on the Royal Adelaide Hospital. Minor pressure (from the western suburbs) 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.

¹²⁶ Ian LD Forbes, *To Succour and to Teach*, p259.

¹²⁷ Ian LD Forbes, *To Succour and to Teach*, p72.

¹²⁸ Ian LD Forbes, *To Succour and to Teach*, pp192, 248-50.

¹²⁹ Ian LD Forbes, *To Succour and to Teach*, pp192, 251.

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 one hundred years old, that were considered antiquated and dangerous.¹³⁰ 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.

Forbes writes of the complex plan for the hospital's rebuilding in which the East Wing was to be completed as the first structure by August 1961. He quotes from the annual report for June 1962 that pointed out that under the first and rejected 1960 plan, the layout of the 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. With completion of the East Wing which provided that accommodation, 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.¹³¹

The seven storey East Wing was constructed between 1959 and 1962, bay by bay. The fourth and fifth floors were opened for patients from 22 May 1962, and two months later the entire building was officially opened by 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.¹³²

1963 - Demolition

During 1963, extensive demolition of early 'obsolete' buildings and deep excavation took place to create the foundations for new buildings at the centre of the hospital site. The extent of this work was captured dramatically in photographs taken during the excavation period.



**Excavation of the centre of the site during 1963
looking west to the rear of Margaret Graham and Eleanor Harrald buildings.
(Source: SLSA B15535)**

¹³⁰ Report of the Building Advisory Committee, 1960, RAH Heritage office.

¹³¹ Ian LD Forbes, *To Succour and to Teach*, p79.

¹³² Ian LD Forbes, *To Succour and to Teach*, p82.

1966-1968 - Three block structures of Administration Wing, Outpatients and Casualty and Theatre

On 7 February 1968, Premier Don Dunstan officially opened a huge new hospital block that comprised three separate south facing buildings that were linked by covered passageways. They were designated Administration Wing, Outpatients and Casualty, and Theatre.

1966 - Administration Wing (East)

Work commenced on this block in January 1964 and was completed in January 1966. The building comprised lecture theatres, seminar rooms, library, kitchen and a cafeteria. There was also a new hospital Board of Management board room used for the first time in January 1966. Completion of this building was considered a 'major milestone' in the reconstruction program.

1968 - Outpatients and Casualty (Central)

Occupied from 27 November 1967, the building was officially opened 8 January 1970 by Chief Secretary AJ Shard. Facilities within the several storey block, comprised the casualty service, outpatient reception, almoner service, Out-patient clinic suites, dispensary, medical records library, workshops for splint-making and surgical instrument maintenance department.

1968 - Dental Hospital

At the same time as the redevelopment in the centre of the site, the Dental Hospital building on Frome Road was rebuilt in stages, and the complete structure was officially opened 29 Aug 1969. The earlier 1923 building fronting Frome Road was replaced in the second stage of building. The building has six floors and both stages were designed by architect J D Cheesman.

1969 - Theatre Block (West)

In 1970 the general radiological services that had been located in the McEwin Building were all transferred to the ground floor of this new operating theatre block.

1969 - North Wing

Completed and occupied by 30 June 1969, the North Wing was officially opened 7 November 1969 by Premier R Steele Hall. It provided accommodation for 570 patients, mainly in 15 wards of 32 beds for medical, surgical and orthopaedic units. There were also a 30 bed admission ward, a 17 bed intensive care ward, recovery ward and smaller units for burns, paraplegia and spinal injury patients. The wings of Coombs, Ritchie, and Ritchie Annexe which had been located in the McEwin Building were all transferred to the North Wing in about 1970.¹³³

1969-70 - Nurses Residential Wing

As nurses continued to be required to live on site, a new multi storey residential block was planned as part of the 1960s redevelopment. The architects for this large two winged structure were Stanley Ralph and H Malkin from the Architects of 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 Building, '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. A stained glass window was crafted for the chapel by notable artist Cedar Prest. It was unveiled 14 July 1982. Her interpretation is 'At the top is a ministering angel and flowing over the stylised nurse and patient and the Good Samaritan at the base is a gold light which symbolises the interpretation of the loving care of God in the work of the ministry, of healing'.¹³⁴ 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.

Soon after the opening of this building, nurses were no longer required to 'live in', so other uses have had to be found for the areas in the block.

¹³³ Ian LD Forbes, *To Succour and to Teach*, p85.

¹³⁴ From the files of the Royal Adelaide Hospital Heritage Office 'Royal Adelaide Buildings'.

2.3.4 Later Works

In 1970, a new multi storey car park for 385 cars was built beyond the buildings at the northern extremity of the hospital grounds.

In February 1972, the 1963 East Wing and the 1968 central blocks were linked together providing nursing staff lounge on same level as staff cafeteria and office accommodation on all levels. This work was completed in 1973.¹³⁵

1997 – Helipad

The Helipad, which was built on the roof of the central building and was opened 11 March 1997 by Premier John Olsen, and continues to provide a 24 hour medical retrieval service. The \$2 million RAH rooftop helipad is known as 'Gilligan's Island' after the instigator of the facility, Dr John Eugene (Fred) Gilligan, who was called 'Fearless Fred'. He started the retrieval service in 1973 and was the first in Australia to start a course in Retrieval Medicine. Further, after training in hyperbaric medicine at the School of Underwater Medicine at HMAS *Penguin*, Rushcutters Bay, he established the Department of Hyperbaric Medicine at the Royal Adelaide Hospital. It subsequently became a leading centre in this field in the Southern Hemisphere.

Helicopters were used in rescue work from 1979. Prior to that date, fixed wing aircraft were used whereby patients were delivered to Adelaide Airport, from where they were transferred by ambulance to the Royal Adelaide Hospital.¹³⁶

2005 – The Sanctuary

Located between Theatre block and Central tower an area was created as a sanctuary for patients and staff to relax with raised garden beds and unusual floor level treatments both outside and in entry areas indoors. The names of donors to the RAH Development Appeal in 2009 are recorded here. Seating in the area was donated by the Lavender Lads and Ladies in 2007.¹³⁷

2.4 Links with Botanic Gardens and University of Adelaide

The Botanic Gardens Site

The Royal Adelaide Hospital site and Botanic Gardens have been closely associated throughout their respective histories. When notions of establishing public gardens were being lobbied in the early 1850s (there had already been about three other sites used as a botanic garden), the Adelaide Hospital Board and the Board of the Botanic Gardens both applied for the same 13 acre site that was on the corner of Frome Road and North Terrace corner. However, the site was earmarked by the government for the new 1855 hospital.

Located between North Terrace, Frome Road, Hackney Road and the 84 acre Botanic Park is a large piece of Park Lands that totals 86 acres. This land was alienated from the Adelaide Park Lands and divided into five major parcels of land. The division of land began in about 1840 when about five acres was set aside for use as the 1841 Adelaide Hospital. In the early 1850s a further five acres on the hospital's eastern boundary was set aside, on which was built the Lunatic Asylum (later used as the TB Hospital) in 1852. These two separate institutions combined made a total of around ten acres. The Old Exhibition Ground at the northern end of Frome Road of approximately 10 acres was set aside for use in horticultural and agricultural shows by the 1840s.

In about 1851-52 a 13 acre site on the corner of Frome Road and North Terrace was set aside for the new Adelaide Hospital that was opened in 1856. In 1852 a 40 acre site fronting North Terrace was set aside for the development of the Botanic Gardens, and to it was added the Botanic Park of 84 acres in 1874. (The 13 acres for the Municipal Tramways Trust Tram Depot along Hackney Road was set aside in the early 1900s.)

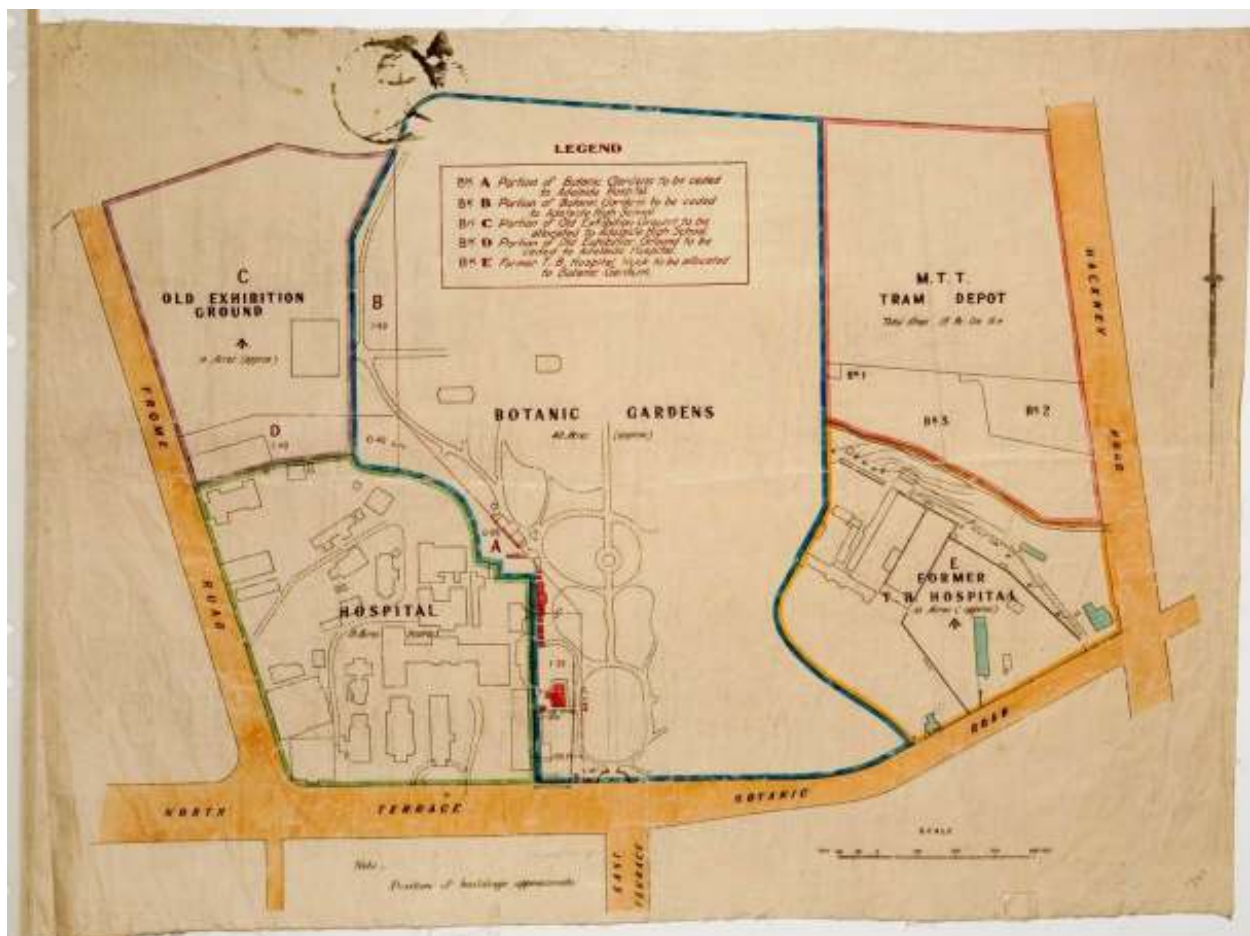
¹³⁵ Ian LD Forbes, *To Succour and to Teach*, p188.

¹³⁶ From the files of the Royal Adelaide Hospital Heritage Office 'Helipad'.

¹³⁷ National Trust article.

With a 40 acre site fronting North Terrace located between the earlier 1841 hospital site and the 1857 site, the Botanic Gardens was squeezed in between two sections of the established hospital, which made for a sometimes difficult relationship.

Eighty years later, when South Australia celebrated 100 years of European settlement in 1936, the State Government and the Board of the Botanic Gardens undertook an ambitious land swap. The Royal Adelaide Hospital received a 40 metre wide strip of land from the Botanic Gardens. Running mainly north-south along the garden's western boundary, the land parcel measured approximately 5.25 acres. A further parcel of land acquired by the Adelaide Hospital measured 1.40 acres had been part of the Old Exhibition Ground on the northern boundary of the hospital. In return, the Botanic Gardens received a 10 acre site that comprised the Lunatic Asylum Building, which was then being used as a TB Hospital, and the former 1841 Adelaide Hospital site. The Botanic Gardens also subsumed into its gardens the two-storey Yarrabee House, on the corner of Hackney Road and North Terrace, and the single-storey East Lodge on North Terrace.



Plan showing extent of land swap - 1937
(Source: Botanic Gardens Archives)

On the land acquired by the Adelaide Hospital, was an imposing two storey stone residence that was built for the Gardens' Director a year after the opening of the Botanic Gardens in 1855.¹³⁸ Built on the western boundary of the Gardens, it was imposing residence, and only 18 feet from the nearest hospital buildings. The former Director's residence was then used by the hospital as the Resident Medical Officers' quarters until the Medical Superintendent of the Adelaide Hospital, Dr Bernard Nicholson, moved in. He vacated it in 1956 and it was demolished in 1957-58 to make way for the East Wing that was built along the new eastern boundary of the hospital site.¹³⁹

¹³⁸ Richard Aitken, *Seeds of Change: an illustrated History of Adelaide Botanic Garden*, Board of the Botanic Gardens and State Herbarium, 2006, p148.

¹³⁹ Ian L D Forbes, *To Succour and to Teach*, p77; Files from the Royal Adelaide Hospital Heritage Office, 'Doctors living in at the RAH'.

As well as the Director's residence, other buildings lost by the Botanic Gardens in this swap (and mostly later demolished) included a domed conservatory, associated stove (hot) houses, a nursery area and a general works yard. The extent and lay-out of these structures is clear on early plans of the Gardens.

In 1938 the Botanic Gardens Board demolished most of the former asylum buildings and the remains of the 1841 Adelaide Hospital Building. However, the Board retained Yarrabee House and East Lodge.

Links with University of Adelaide

The Royal Adelaide Hospital's links with the University of Adelaide have always been inextricably associated with teaching and the clinical aspects of medical education as well as research. Before the establishment of medical degree courses began in 1885, doctors had gained their qualifications from beyond South Australia. This changed when the University of Adelaide was established in 1874 Act with authorisation to confer medical degrees. But it was during the immediate years following the establishment of the SA Branch of the British Medical Association in 1879, that plans to establish formal education of local medical practitioners could be advanced.

The University established its Medical School in the early 1880s and professors were appointed in Anatomy, Physiology and Pathology. In 1885 the first medical degree training courses commenced within its new medical school. Two years later in 1887 clinical studies began at the Adelaide Hospital. Lectures were given on campus, but clinical studies focused on the hospital and its wards and doctors and specialists (particularly surgeons). As students entered into their third year when clinical studies began, their lecturers who were appointed by the University Council, held appointments at the Adelaide Hospital who were termed 'Honorary Staff'. As such, the Royal Adelaide Hospital was considered a 'teaching hospital' in the best British tradition. Facilities were provided within the hospital for student activities and studies, particular in pathology, anatomy and biology. Student interns lived on site, and divided their time between hospital and campus.

The first Adelaide-trained doctors graduated in 1889. The five year medical degree that included a year of surgery continued for over 30 years. In 1922 the curriculum was dramatically changed and extended to six years.

The medical curriculum was in the hands of the University, but the Honorary Staff of the hospital were still in a position to have a considerable influence on the thoughts and attitudes of the students until 1971. After nearly 90 years in which Honorary Staff members had taught students without any form of reimbursement from January 1971, the honorary system was replaced by sessional payments for their work. Up to this time at least 80 per cent of teaching in the final three years was done without payment.¹⁴⁰

The first building to be constructed on the east of Frome Road for the University was the Medical School building of 1947. This location reflected the expansion of the University with the free enrolment of returned servicemen and women after the Second World War - a process which doubled the number of medical students. Forbes states the number of medical students rose from 144 in 1935 to 546 in 1949 and continued to rise¹⁴¹. Funding for the building came through the Commonwealth Reconstruction and Training Scheme. Up to this stage, while there was a medical faculty (with a medical school), it had no building to call its own. For almost 65 years medical academics and students had managed without one, but the increase in students highlighted the needs of the faculty. According to Professor Alfred Byrne, the building was 'designed to accommodate most of the main units of the faculty under one roof, on a site adjacent to the wards of the Adelaide Hospital, and to deal with the greatly increased numbers of students. It completely replaced the anatomy school which was later demolished, and relocated many interests occupying the Darling Building'¹⁴².

¹⁴⁰ J Estcourt Hughes, *A History of the Royal Adelaide Hospital*, 1982, p208 and p222

¹⁴¹ Forbes, *From Colonial Surgeon to Health Commission*, 1996, p185

¹⁴² Alfred Byrne, 'Progress in Gynaecology over 60 Years', p69 in *The True Glory – RAH Foundation Day Addresses 1979-1993*. editor Bernard Nicholson, 1993.

An additional building was constructed north of the 1947 building in 2000, which doubled the size of the Medical School presence on Frome Road.

To further consolidate the links between the University and the hospital, the Hospital Management Board was reformulated by an Act in 1884, and the first formal University of Adelaide representative was appointed in 1891. A short Hospitals Act Amendment Act was passed in 1912 that dealt with the powers of the Board with regard to appointments to and dismissals from the service of the Hospital, but did not alter the composition of the Board¹⁴³.

In 1921, however, another amending Act made radical changes in the administrative arrangements for the Hospital. The first change brought about by this measure was that, from the expiration of the term of the Board then in office, the Board of Management would consist of the Inspector-General of Hospitals, who would be Chairman, and two other members appointed by the Governor. The second change was that the Adelaide Hospital was declared to be 'a school of medical and dental instruction in connection with the University of Adelaide, and any person who has been admitted as a student of the said University, and is studying in the Medical Course or the Dental Course thereof, shall be entitled to attend at the Adelaide Hospital for instruction in connection with such course ...' Hitherto, the permission for students attend the Hospital was scarcely more than an act of grace on the part of the Board and could be terminated at any time, but by this enactment teaching was henceforth removed from the sphere of the domestic policy of the Hospital.

One other important thing remained to be done and that was to give the University an adequate voice in the appointment of the Honorary Staff of the Hospital. This was accomplished by the third provision of the 1921 Act which set up 'an Advisory Committee for the purpose of advising and assisting the Council of the University of Adelaide and the Board with respect to any matters concerning the Medical Course and the Dental Course of the said University and the attendance and instruction at the Adelaide Hospital of students in the said courses¹⁴⁴. The committee was made up of seven members: one from the University Council, one by the Medical Faculty, one by the Dental Faculty, two by the Board and two by the Honorary Staff of the Hospital. In the 1960s the University controlled the Medical School, while the Institute of Medical and Veterinary Science has its own council and the Board of Management was in charge of the Royal Adelaide Hospital, including the Dental Hospital.

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.

2.5 Analysis of Historic Themes

2.5.1 Requirements of Brief

The Royal Adelaide Hospital site and buildings reflect both the social history and development of Adelaide as well as elements of political and government history as identified in the Overview History provided in this report.

The format for the assessment of heritage significance of a nominated place requires the identification of South Australian Historic Themes. Broadly these themes are assumed to cover the areas of

- Historical Geography
- Social History/Development
- Political/Government History
- Economic History
- Notable Events

¹⁴³ J Estcourt Hughes, *A History of the Royal Adelaide Hospital*, 1982, pp70-71

¹⁴⁴ J Estcourt Hughes, *A History of the Royal Adelaide Hospital*, 1982, pp70-71

2.5.2 Existing Frameworks of Historic Themes

South Australia does not have a framework which sets up a full set of historic themes. Other states have developed their own framework, based on the Australian Historic Themes Framework constructed by the Australian Heritage Commission in 2001 and used for heritage assessment and on-going management of heritage places. These themes can be used to further inform the assessment of the heritage value of places and areas, and to make the distinction between heritage value and physical character. It should be noted that the language of the national themes is particularly slanted towards recording 'stories' in a broad and very general framework. It is phrased in the present tense and is firmly based on analyzing the historic value of places through consideration of 'activity'.

2.5.3 Consideration of National Themes

It is possible to extrapolate from the National historic themes to determine the most significant themes which are relevant to South Australia and to the Royal Adelaide Hospital buildings and site specifically.

Theme 3 - Developing Local, Regional and National Economies

sub-theme 3.26 - Providing health services

sub-theme 3.26.2 - Providing hospital services

The development of the Royal Adelaide Hospital can be considered to illustrate this theme.

Theme 4 - Building Settlements, Towns and Cities

sub-theme 4.1.4 - Creating capital cities

sub-theme 4.1.5 - Developing city centres

The RAH site can be considered to illustrate these themes, because many of the hospital buildings, particularly the 1920s-30s buildings, are located on North Terrace, which is a major Adelaide boulevard, containing the institutional edifices of the city, and is one of the key elements of Colonel William Light's Plan.

2.5.4 Relevant Themes for Royal Adelaide Hospital Site

The RAH Site has significance both to the State as the centre of health services and also to the City of Adelaide as part of its physical development. The physical elements on the site which should be retained and protected to ensure the demonstration of these themes have been identified and analysed in the following sections, and the heritage value of buildings assessed through the application of the criteria in the *Heritage Places Act 1993*.

Note:

A recommendation, at this point, is that the State Government commissions the preparation of South Australian Thematic History guidelines, based on advice from heritage practitioners and professional historians. As is intended with the National historic theme framework, this will be useful across all levels of heritage identification, assessment and management.

3.0 PHYSICAL ANALYSIS OF SITE AND BUILDINGS

3.1 Site and Context

It should be noted that there has not been a full assessment of the heritage values of the RAH site and buildings undertaken previously. Individual buildings have been considered and various recommendations made, but only two buildings are currently protected by heritage listing [Refer Sec 3.3 below]. General and specific histories of the activities of the hospital have also been prepared, but not for the purpose of establishing the heritage qualities of the places or site.

The RAH site could be classified as a complex site. It is typical of an institution which was first established in the early stages of settlement in South Australia and which has grown, changed, adapted to new technology and processes, with wholesale demolition and rebuilding. Often such institutional sites are treated haphazardly, with individual buildings being singled out, rather than the whole complex being considered as a site.

Extent and Location

The RAH site is located in a prominent position on North Terrace on the north eastern corner of the intersection with Frome Road. The site of this study extends to the Botanic Gardens western boundary and to the parklands between the Zoo and the hospital. This area is designated Parklands/Institutional in the City Of Adelaide Development Plan.

Significant boundary elements include sections of the early iron railing front fence, which is a relic from the 1850s development of the site. This fencing to North Terrace creates a boundary for buffer area to 1920s-40s red brick buildings and clearly marks the existence of the first formal hospital boundary. The site boundary on Frome Road is marked by the retention of a brick and render fence, first constructed to the front of Margaret Graham in 1910 and subsequently continued to front the Eleanor Harrald and the IMVS buildings.

The adjacent area to the east is occupied by the Adelaide Botanic Gardens, and the North Terrace frontage of the two institutions is divided by the high rise East Wing of the hospital, which is built on land excised from the Botanic Gardens in 1938.

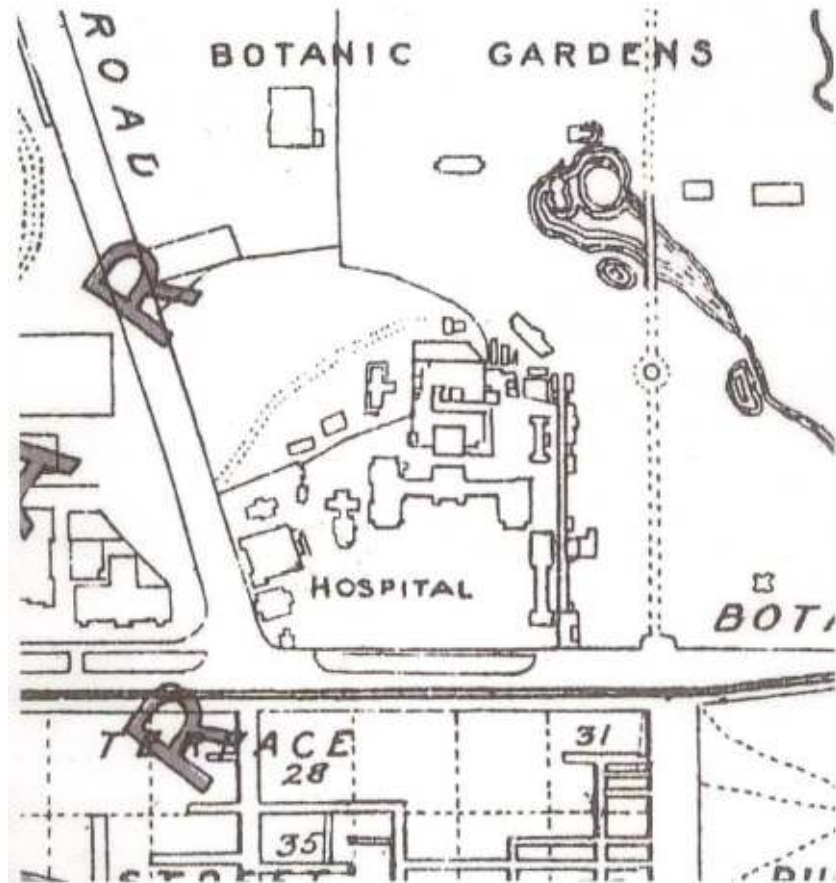
Significance of Context

The site of the RAH is significant in historic, architectural and environmental terms. Concepts proposed for any new redevelopment need to acknowledge this significance and show an awareness of the sense of place which is generated by a range of elements including the 1920s-30s buildings, the fencing and the street planting and mature street trees.

North Terrace has been identified as a boulevard of National significance and a unique location which includes all the major educational and cultural institutions of South Australia. As such it is of great importance in demonstrating the development of the capital city of the state.

Redevelopment of the RAH site provides an unparalleled opportunity to maintain and enhance the architectural and cultural significance of North Terrace.

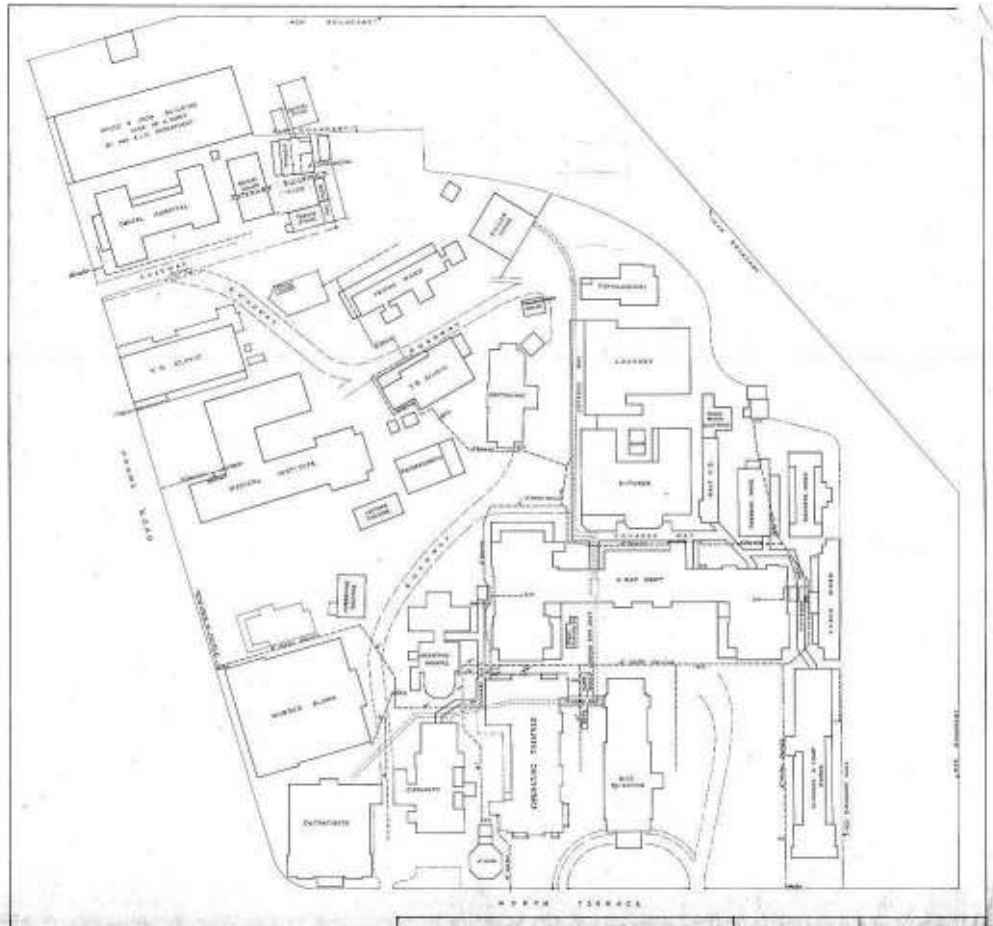
Indicative Historic Site Plans



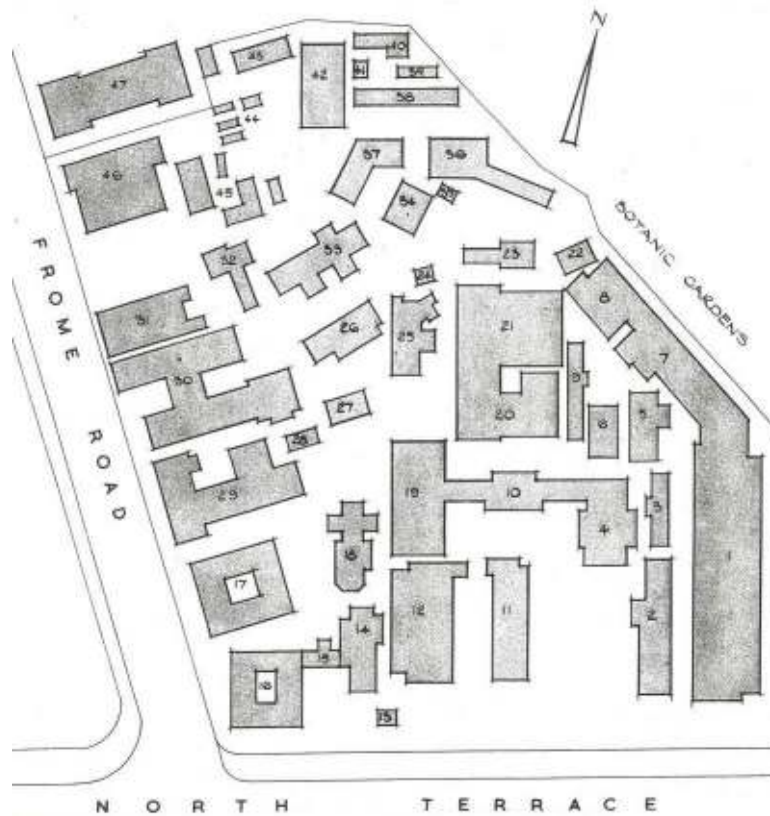
Extent of Hospital Buildings pre 1920 [ACC 1933]



1932 plan showing existing buildings and 1922 Master Plan layout [GRG38]



Buildings c1940 and land acquired from Botanic Gardens [GRG38/68]



Indicative site coverage in 1962 [Estcourt Hughes]

3.2 Architectural Qualities of Site

3.2.1 Stages of Development and Buildings

Due to public health measures introduced from the late nineteenth century such as improved sewerage systems, reticulated water and the change from horse-drawn to motor traffic in the streets, and the introduction of baby health centres and a better milk supply, there was a reduction in the number of epidemics that put pressure on medical services and hospital beds. However there were still outbreaks of disease that required special care and with which hospitals had to cope as best they could. Between 1918 and 1920 there was an influenza epidemic, several poliomyelitis outbreaks between 1908 and 1930-31. In 1937-38, there was a very serious outbreak of poliomyelitis. Tuberculosis was another continuing problem, and these epidemics led to demands for extra facilities or new buildings to accommodate patients and special services. 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 (RAH) site, these 'upgrades' occurred in the 1850s with the initial construction of the hospital, the 1890s as medical research and education developed, 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.

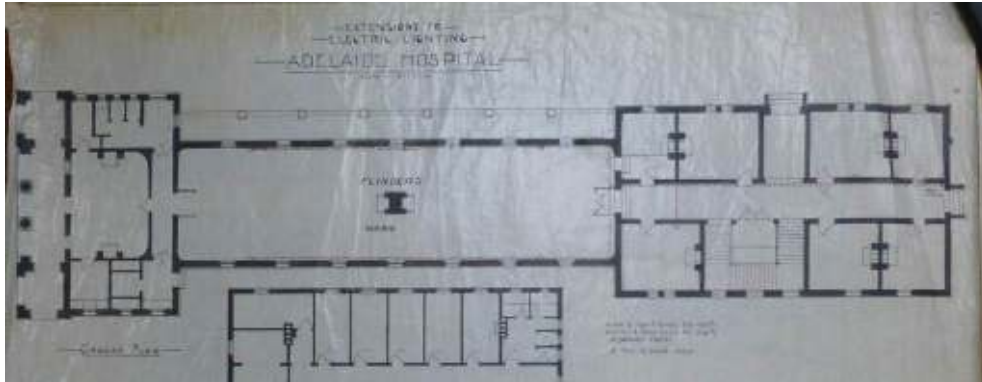
Most often, the buildings which resulted were the outcome of re-thinking the theory of hospital design, based on the current understanding of good health and the physical setting required for the cure of conditions of ill health. Medical advances in technology and equipment also had an impact on the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

Workhouse/Infirmaries

Early hospitals developed out of the context of the Alms Houses provided by early religious establishments and the poor houses which were constructed by communities to house the indigent poor who were often ill. These became places of very basic care and often horrendous conditions, particularly during the Victorian period when there were a large number of unemployed workers requiring assistance and health care. There are many accounts of the completely unsanitary and often callous conditions in the early hospitals in Adelaide, and tellingly, any overflow of patients was initially redirected to the Destitute Asylum.

The Influence of Florence Nightingale

The first changes and upgrading to places where sick and injured people were cared for was undertaken by Florence Nightingale, notable founder of hygienic nursing practices. Her approach to caring for ill people was based on fresh air, hygiene, ventilation and cleanliness. During the 1890s and 1900s these theories had an impact on the layout of hospital wards which tended to be set out as large open dormitories with cross ventilation to avoid reinfection by removing smelly air and noxious odours which carried bacteria. This configuration of beds in open well ventilated wards became known as 'Nightingale Wards'. Flinders and Light wards at the RAH, constructed in 1892, were set out in this manner.



Plan of Flinders Ward c1915 (Source: RAH Engineering and Building records)



Flinders Ward 1895 (Source: SLSA B23506/11)

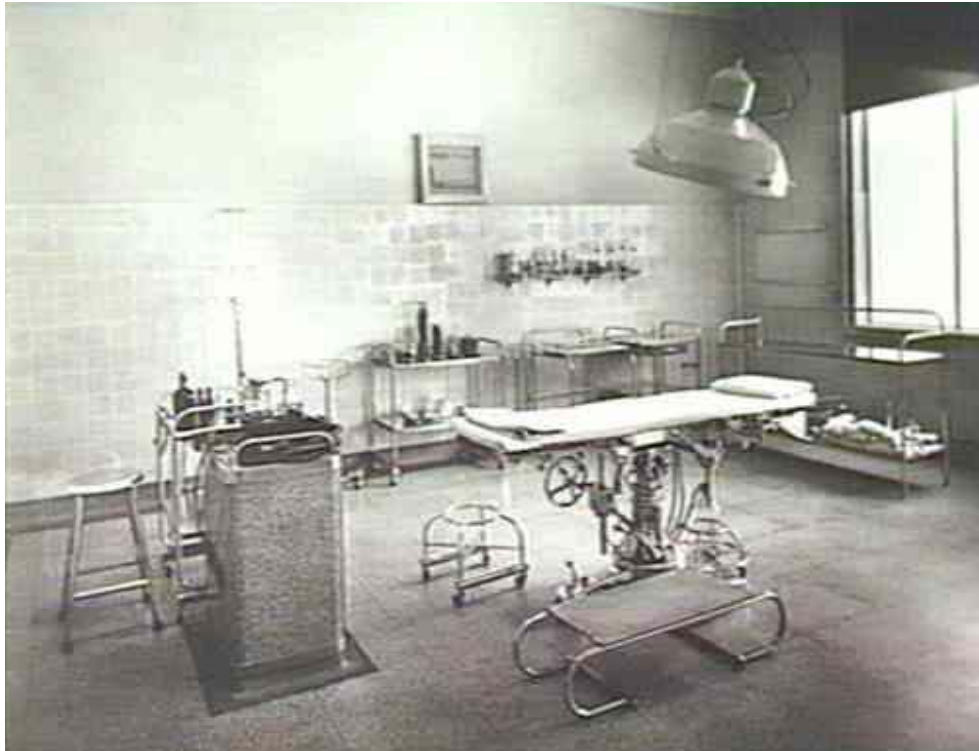
1920s and 1930s

There had been significant advances in medical science during and immediately after World War One, and by this period hospitals had developed into places of treatment for all classes of society, particularly with the development of bacteriology and surgery (rather than just places to go when you were sick and probably dying). The period between the 1920s and 1930s saw a change in efficient design of what became known as 'Modern Hospitals' with the inclusion of broad balconies and solariums at the end of wards to provide sun and fresh air which would assist in the healing process. At this time clinical, social and architectural ideas all came together to create these interesting hospital buildings, the main practitioner in Australia at the time was the architectural firm of Stephenson & Turner.

Post World War Two War Developments

In Britain the National Health Service was instigated in 1948, soon after the World War Two, and the whole theory of functional planning, and the relationship of similar functional systems in closely linked locations, led to the concept of hospitals as tall buildings with stacked wards, one above the other, and administration separate from the ward areas.

Development in medical fields such as oncology and surgery required a new range of equipment which required either upgraded buildings and facilities, or new structures completely.



Operating Theatre in newly opened McEwin Building in 1946

During the 1960s, the development of even larger hospitals on low budgets was a necessity with the increase in population and the consequent greater need for hospital capacity. The international trends were for multi storeyed buildings, usually with economical low floor to ceiling space, and the earlier concept of 'healthy' balconies reduced to narrow, virtually unusable, strips on either side of the structures.

3.2.2 The Owen Smyth/Lawson Architectural Legacy

Most significantly, the south west corner of the RAH site contains a group of buildings which, while involving both hospital planning and health/medical building design imperatives, also reflect a notable and unique (because unrepeated) architectural aesthetic for South Australia.

The buildings on the south west corner of the hospital site form a highly significant set of structures, all carefully considered and designed to complement each other. Each continues the design idiom, through materials and detail, which was commenced with the construction of the first of the group, the Margaret Graham Nurse's Home in 1911, and then continued with the later buildings in the group.

The buildings were planned as Blocks for specific functions within the hospital structure in 1922, by a specific building and planning committee, and conceivably all initially designed at this time. The reference to a Master Plan for the development of the Hospital [part of a comprehensive scheme initiated by Sir John Bice] at the opening of the Bice Building in 1927, and the consistent architectural aesthetic and detailing of the two 1933-35 buildings, and their intended uses, would indicate that the designs, functions and locations had been determined by 1920. This would point to George Gavin Lawson as the initial design architect for at least the three main buildings, during his time at the Architect-in-Chief's Department from 1920 to 1925, as Lawson is known to have been the architect for the Bice Building. The Outpatients' (now Women's Health Centre), and the Admissions and Casualty (now Allied Health) Buildings were also almost certainly initially his designs, as evidenced by the repetition of elements and details.

As can be determined from the dating of architectural drawings, the plans for most of the buildings were drawn up well before construction was possible, due to lack of funds through difficult economic times. The Kiosk and the Bice Building were constructed in 1925, followed by the Outpatients' and Admissions and Casualty buildings of 1935. While constructed in the Inter-

War period, the three large blocks particularly carefully maintained and developed the red brick aesthetic first established by the Margaret Graham Nurse's Home and Bice Building and have strong Edwardian aesthetic overtones of a Free Classical Style with highly individual qualities. This aesthetic was carefully continued by the architects in the Architect in Chief's department, even if the individual designing architect changed, and the designs made some concessions to the current architectural trends.

(The 1923 Dental Hospital [now demolished] apparently also designed by G G Lawson was even more respectful of Margaret Graham, with its colonnaded front elevation. It did not however, use the bell cast roof form of the North Terrace buildings, and was similar to University buildings of the same time.)

Architectural vocabulary of the 1920s-40s buildings

Charles E Owen Smyth was Superintendent of Works and Buildings (the fore-runner of the Architect-in-Chief), a position from which he retired in 1920. The design of the 1908-10 Margaret Graham Nurses' Home was his work.

The Margaret Graham Nurses' Home is an ordered and elegant building which, it could be assumed, has some visual affinity with the Rum Hospital in Sydney, with its colonnaded verandahs and balanced proportions. The building appears to be the first use of a bell cast roof on a public building in South Australia. The source of Owen Smyth's bell cast roof for the Margaret Graham Nurse's Home has not been determined. Other British Edwardian architects used this form, particularly Edward Lutyens, in houses designed during the early 1900s (1902-8), and it is possible that Owen Smyth was familiar with this work. Owen Smyth had travelled in China in 1910, and may have been impressed with the upward curving eaves of traditional Chinese buildings, as was NSW architect Hardy Wilson some ten years later. (However, the design for the nurses home would have been drawn up before 1910.) The distinctive roof form does provide a domestic quality for what was to be a residential building.

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.) It is not unreasonable to suggest a possible contact or connection between Owen Smyth and Lawson at this point, but of course this has not yet been verified.

Lawson's biography indicates the opportunity to be influenced by British architects of the early twentieth century/Edwardian period, as he served his architectural apprenticeship in Edinburgh in the office of Hamilton-Paterson and Rhind from (probably) 1900 to 1905, before migrating to South Africa. Lawson's mature design approach would appear, on preliminary investigations, to be strongly influenced by the work of Sir Herbert Baker in South Africa. Baker and Lawson were practicing in Johannesburg at the same time - Baker from 1892 to 1912 and Lawson from 1905 to 1914. Baker's own house in Johannesburg has a bell cast roof form and other buildings of his design use Anglo-Dutch gable front elevations. In 1912, Baker went to India with Edwin Lutyens to design the buildings for New Delhi.

The first building Lawson worked on for the Adelaide Hospital was the Bice Building. The architectural qualities of the Bice Building are significantly Edwardian in source, particularly Edwardian Classical Free Style as demonstrated in the composition of the entrance portico. Articulation of all elevations is carefully considered and balanced in proportion. The strong central recessed bay of the middle storey is enclosed in a semi-circular arched opening which makes reference to work of notable architects of the late nineteenth and early twentieth century such as H H Richardson, Halsey Ricardo, Charles Voysey and others including Edward Lutyens in the late Edwardian period. Earlier buildings in Adelaide with this prominent arched and recessed entry included the Adelaide Steamship Company Building in Currie Street constructed in 1911 by Alfred Wells. This arched opening also references the arched openings of the Flinders Wing which was constructed in the early 1890s and was located to the east of Bice Building. Through the use of face red brick walls, Lawson also linked the Bice Building with the other most recent hospital building, the Margaret Graham Nurses' Home.

The other buildings in the group built in succession over the next decade or so continued to display the vocabulary established with the Bice Building, and all are visually linked by the continuous use of a rusticated base/plinth level. It was actually intended that the all building Blocks would be linked later to create an 'integrated' hospital. The links were designed in - see the framed vertical panels to doors on Bice and Allied Health - and the intended link lines can be seen in the 1932 plan of the site.

What resulted from this decade of construction was a carefully considered complex of structures which are related by scale, aesthetic detail and materials. A significant quality of these buildings is both their individual and group aesthetic. This does not occur elsewhere in South Australian architecture. It would appear to be unique and remains quite distinct from other contemporaneous architects work, such as the 1920s-30s Georgian Revival of Walter Hervey Bagot (on the adjacent University of Adelaide site).

[Further research should be undertaken to provide more visual or documented evidence of the sources of the design of these buildings, and any links between architects and their work.]



1935 view of the North Terrace/Frome Road corner
(Source: SLSA B 6667)



1946 aerial view
(Source: SLSA B 11099)

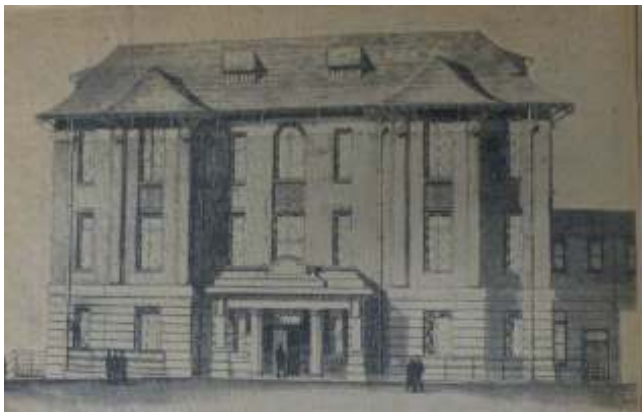
Views of the North Terrace group



Bice Building



Allied Health Building



Women's Health Centre



McEwin Building

Comparative South Elevations of 'Lawson' Buildings

Summary Analysis of Distinctive Design Elements

- Bell cast roof, clad in slate tiles
- Broad eaves with brackets, modillioned cornice and/or dentils
- Face red brick upper walls, articulated by giant order pilasters (in some cases vestigial) topped with pilaster capital panels
- Rendered rusticated plinth with face red brick walls above
- Entrance porticoes with rusticated columns and capital panels (Bice Building and Women's Health Centre)

Bell cast roof form and eaves brackets



Margaret Graham Nurse's Home



Bice Building



Allied Health Services Building



Women's Health Centre



McEwin Building

[Note that by the 1940s, this bell cast roof sat on a broad masonry band rather than eaves]

Portico, column capitals and panels and cornice

Note that the Bice Building and Women's Health Centre both have the same original portico form and detailing although constructed 10 years apart.



Bice Building



Women's Health Centre



Bice Building



**[cf Hartley Building,
University of Adelaide]**



Women's Health Centre



Pilaster capital panels



Bice Building



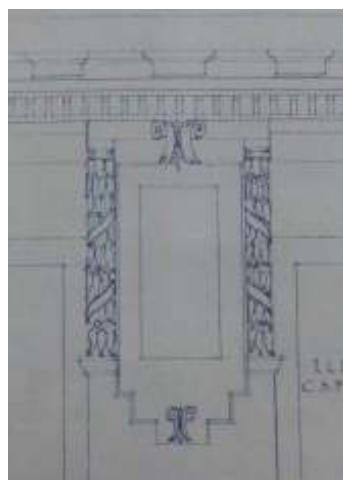
Women's Health Centre



Allied Health Building



McEwin Building

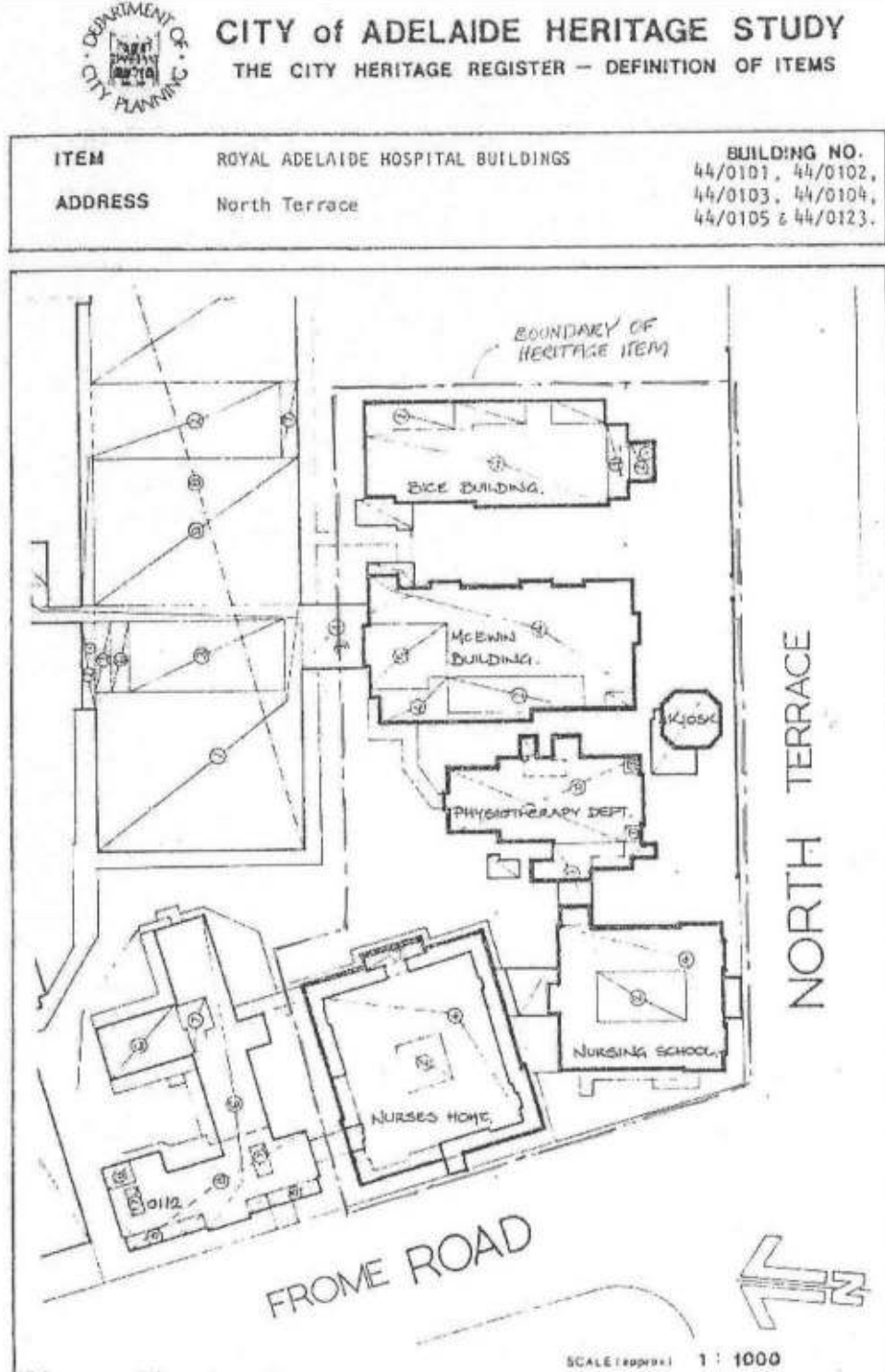


McEwin Building drawing (1939)

3.3 Previous Assessments and Currently Listed Buildings

3.3.1 Previous Assessments

The Royal Adelaide Hospital buildings have been the subject of a number of assessments, particularly during the 1980s. The *City of Adelaide Heritage Survey 1982* identified the Kiosk, the McEwin Building, the Bice Building, the Casualty and Admissions Block (Allied Health Services Building), the Outpatients Building (Women's Health Centre) and the Margaret Graham Nurse's Home as buildings of individual historical and architectural significance, and also as a major significant group on the site. The buildings within the group were assessed in terms of their historical, architectural and environmental significance.



Extract from City of Adelaide Heritage Survey 1982
 [Note extent of boundary for Heritage Item group]

These buildings were then considered by the LOMHAC (Lord Mayor's Heritage Advisory Committee) in the deliberations for creating the first City of Adelaide Heritage List and these were narrowly rejected at the time. This resulted in an investigation by the State Heritage Branch of the time, and in March 1985 a Register Nomination Report was prepared for the six buildings (Nursing School, Physiotherapy Department, Bice Building, Margaret Graham Nurses Home, McEwin Building and Kiosk).

The State Heritage Branch assessment considered the buildings as a group and noted that historically the buildings reflected the improvement in medical facilities and growth of the Royal Adelaide as a major hospital in South Australia during the early twentieth century. It was considered that the buildings illustrated the development of health care, and were erected between 1911 and 1946 often during periods of decline in the building industry (such as the Depression and World War Two). The architectural heritage significance was assessed as residing in 'the Stripped Classical design of the buildings, all exhibiting similar bell shaped slate clad roofs, decorative embellishments and good quality brick and stucco construction'. It was considered that these buildings formed a cohesive precinct which contributed significantly to the character of North Terrace and Frome Road by providing similar 'massing, scale, height and atmosphere to the other educational and institutional buildings' that faced North Terrace. It was also noted that the integrity or the exteriors of the buildings was intact at that time.

However, the listing recommendation in that assessment report was to include only the Margaret Graham Nurses' Home in the Register of State Heritage Items, because the proposed listing of the buildings would present problems for the RAH in achieving more space and better facilities. The RAH at that time had been unable to find a suitable use for most of the large buildings since the East Wing had been constructed, and at that time they housed a variety of peripheral functions and branches of the main body of the RAH and were underutilised. The proposal at that time was for demolition.

A review of the City of Adelaide Development Plan in 1986-91 included a new City of Adelaide Heritage Study in 1990 and the Women's Health Centre, on the corner of North Terrace and Frome Road was scheduled as a place of Local Heritage (City Significance).

The Australian Heritage Places Inventory includes a brief assessment of the Royal Adelaide Hospital Historic Buildings Group which emphasises that the buildings constructed between 1908 and 1946 (which are the oldest remaining buildings on the site) form a cohesive precinct which significantly contributes to the character of North Terrace and Frome Road. It also states that the buildings are associated with the development of the RAH during the early twentieth century. The buildings described in this assessment include the former Outpatient's Block, the Bice Building, the McEwin Building, the former Admissions Casualty Building, the former Margaret Graham Nurses Home and the Kiosk. It states that these six buildings are all finished in classically derived styles and feature good quality red brick and stucco construction. Much of the information in this assessment was taken from the City of Adelaide assessment of each building.

In addition the National Trust (SA) *Heritage Living Magazine* (02/August-October 2012) includes an article titled: 'Is the Royal Adelaide Hospital our most important State Heritage Site?'. This article prepared by Marcus Beresford, a National Trust Councillor, discusses the individual buildings within this precinct and adds additional 1930s to 1960s buildings to the consideration of the site's heritage value.

3.3.2 Currently Listed Buildings

There are two buildings on the RAH site currently protected by State or local heritage listing.

The Margaret Graham Building (former Nurses' Home), located on Frome Road, is entered in the South Australian Heritage Register (SHR 13093) and the Women's Health Centre (former Outpatients and then Nursing School), on the corner of Frome Road and North Terrace, is designated as a Local Heritage Place in the Adelaide City Council's Development Plan.

Former Margaret Graham Nurses' Home (1911) [SAHR No 13093]

This building was included on the South Australian Heritage Register in September, 1986 and is the oldest remaining building on the RAH site. The building was proposed in early 1907 to allow all the hospital nurses to live under a single roof on the hospital grounds instead of rented accommodation on the south side of North Terrace. Plans were prepared in April 1908, designed by Charles Owen Smyth, Superintendent of Public Works, with the design said to be sufficient to meet the hospital requirements for 100 years, and the structure being designed to allow for the future addition of another storey.

The design provided for 103 bedrooms, but also included 11 sittings rooms, a library, gymnasium and a large dining hall that was also to be used as an entertainment space. Tenders were called at the end of July 1908 and at the same time the government was levelling the site between the then Outpatient's building to the south and the residence of the Medical Superintendent to the north in preparation for a start, with this work completed in late August 1908.

The tender of James T Brown was accepted in mid-September 1908 and work started immediately. The £30,720 value of the tender was considerably more than the £20,000 estimate, and an arrangement was reached where two thirds of the cost came from the sale of properties from the bequest to the hospital of Thomas Martin, with the remainder provided by the government. The walls of the building were about eight feet high by March 1909 and, while it was originally envisaged that the building would be occupied in mid-1910, the roofing slates were only installed in April 1910. The building was not completed until May 1911, although a group of nurses had occupied the upper level of the building in mid-January as the lease on their previously rented accommodation had expired. There has been extensive conservation work carried out by SA Health.

Although not clearly identified in the State heritage listing, the brick boundary wall along Frome Road is contemporary with the construction of the building and should be included as part of the listing.



Margaret Graham Nurse's Home c1915
(Source: SLSA B60628/43)

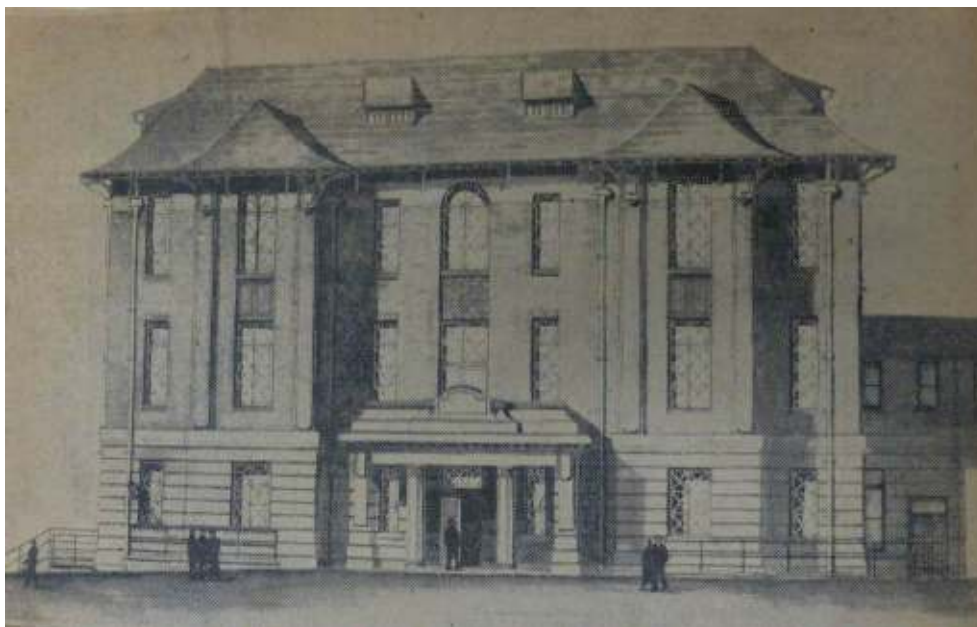
Women's Health Centre (Former Admissions and Casualty Building) (1935) [ACC Local Heritage Place]

Background

The 1920s planning for the hospital included a new building 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 1929. Nothing happened until additional funding was found for the former two buildings as a result of grants to provide unemployment relief was made available in 1932 by the Federal Government, with approval given to proceed in July 1929 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 July 1929, 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. This building is currently included in the City of Adelaide *Development Plan* as a Local Heritage Place.



Sketch of proposed new Outpatients' Building
(Source: G G Lawson cuttings book - Architecture Museum, Uni SA)



Outpatients in 1962 - South Elevation
 (Source: RAH Album / GRG 38/66)

Recommendation

It is proposed that the heritage listing of the Women's Health Centre be upgraded to inclusion in the State Heritage Register as a State Heritage Place, rather than being Local heritage listed, as it is considered that this building, as part of the significant group assessed below, meets the threshold for State heritage value. To enable this upgrade, an assessment of the state heritage values of this building is included in Section 4 following.

3.3.3 Additional Buildings to be Assessed

The brief for this heritage assessment report lists eleven additional places and structures for assessment of heritage value. They are (by date of opening) as follows:

- Sheridan Building (Kiosk, 1925)
- Bice Building (1927)
- Allied Health Services Building (Admission and Casualty) (1935)
- IMVS South (1938)
- McEwin Building (Operating Theatres Block) (1946)
- Medical School South (1947)
- Eleanor Harrald (Nurses Home) (1954)
- East Wing (1962)
- Dental Hospital (1968)
- Residential Wing (1969)
- The Sanctuary (2005)

The history of these buildings has been covered in Section 2 above, and the heritage value of each is assessed in Section 4 below.

3.4 Analysis of Physical Development of Site

During the investigations of the Royal Adelaide Hospital site the following plans were developed to show the expansion of the hospital and location of structures. The information was collated from both written and graphic material. Refer to Section 6 for names and uses of structures shown in outline in the following plans.

