



ROYAL ADELAIDE HOSPITAL SITE HERITAGE ASSESSMENT

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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	

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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 Harrauld 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 the 1980s.

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 Kooringa 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 surgeon.⁷³

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 Ovariectomy 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 Harrauld 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 Harrauld 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 Durbin, '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 Harrauld 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 alterations.⁹⁶

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 Harrauld 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 provides 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.)

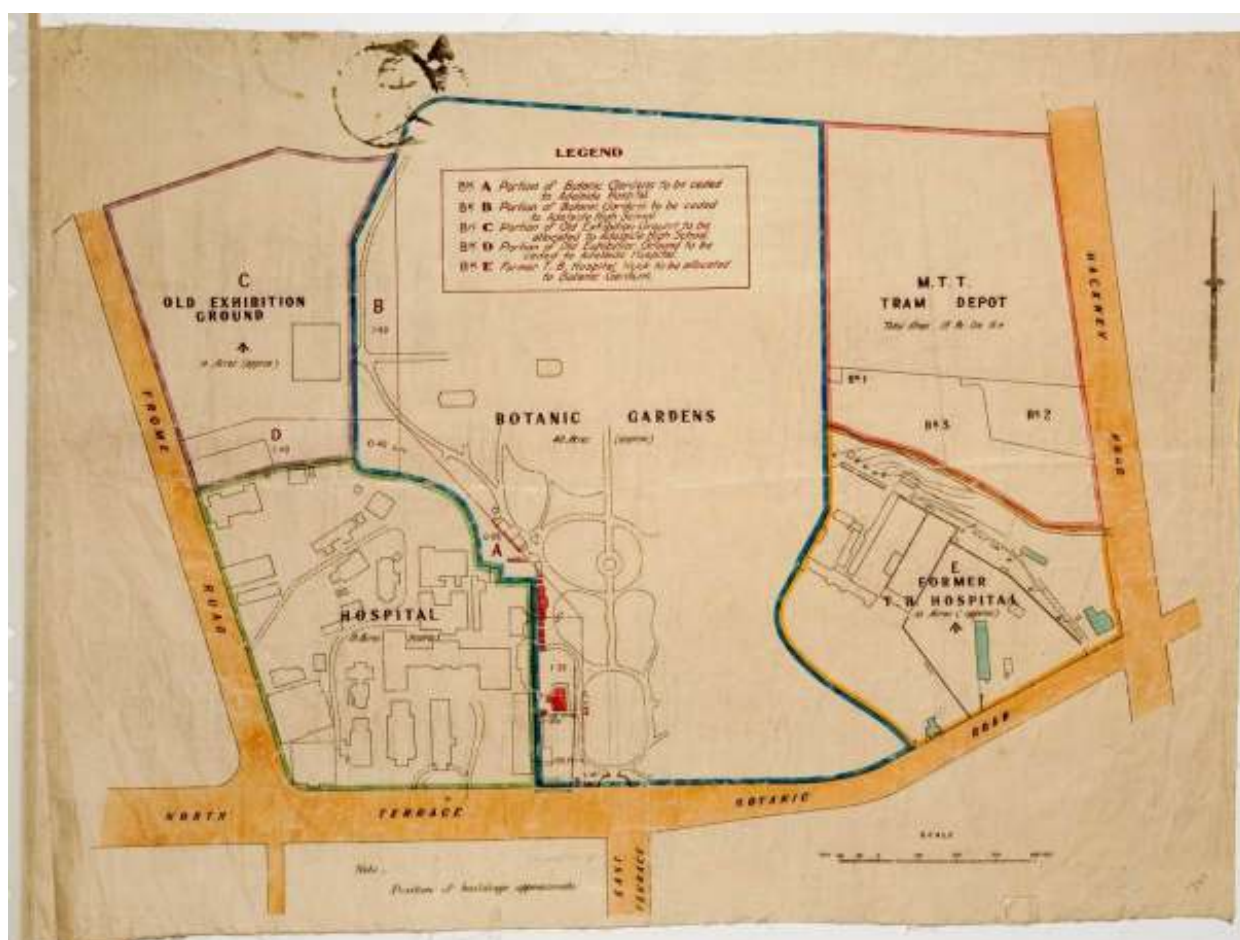
¹³⁵ Ian LD Forbes, *To Succour and to Teach*, p188.

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 courses'¹⁴⁴. 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.

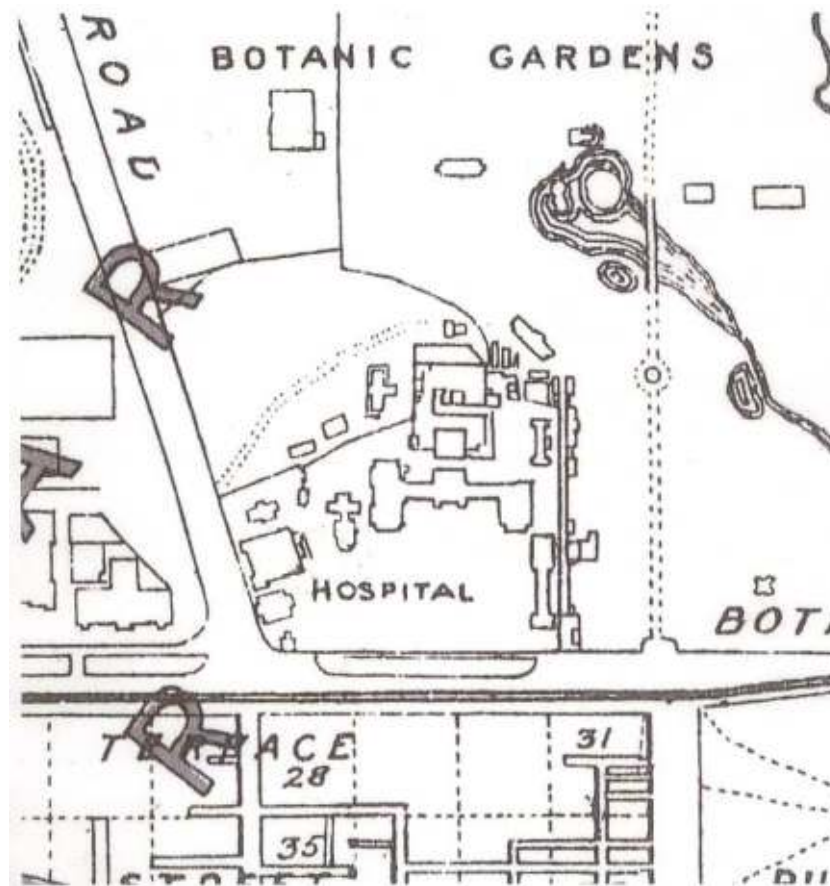
Significance of Context

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]

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.

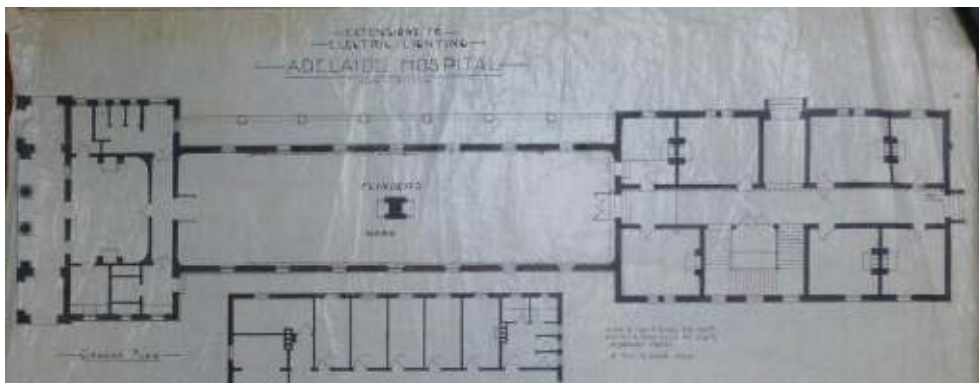
Most often, the buildings which resulted were the outcome of re-thinking the theory of hospital design, based on the current understanding of good health and the physical setting required for the cure of conditions of ill health. Medical advances in technology and equipment also had an impact on the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

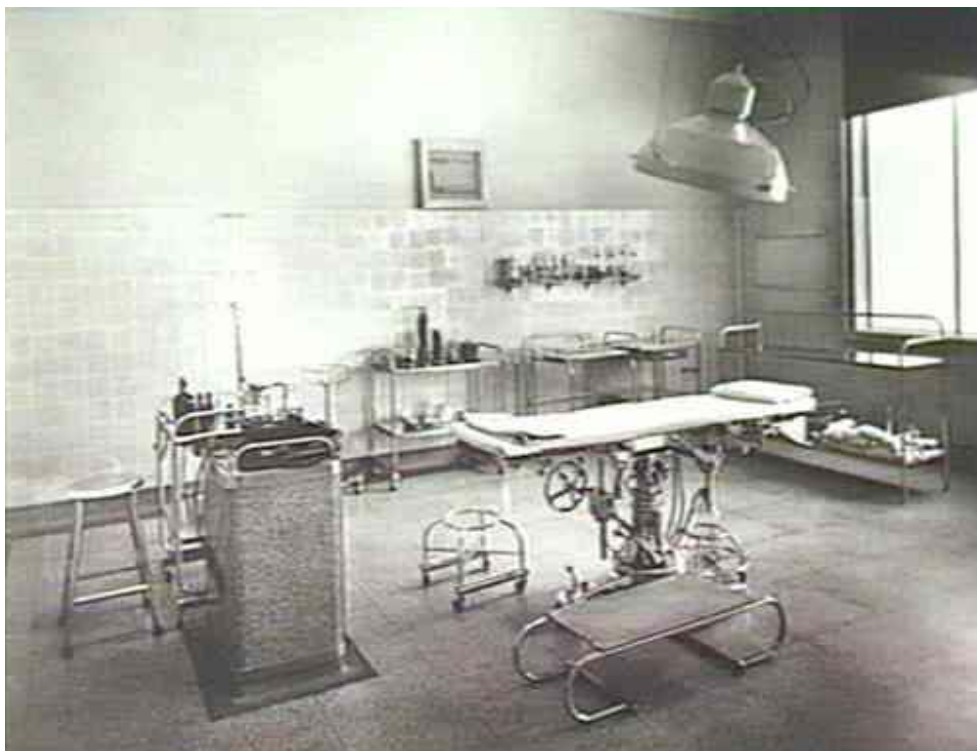
1920s and 1930s

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



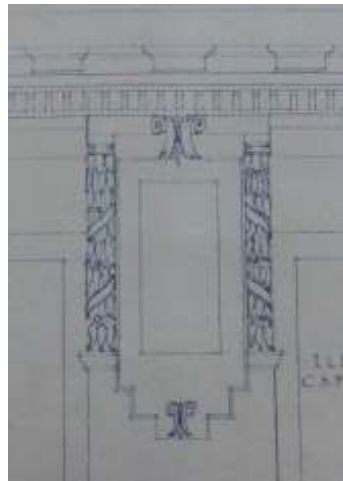
Women's Health Centre



Allied Health Building



McEwin Building

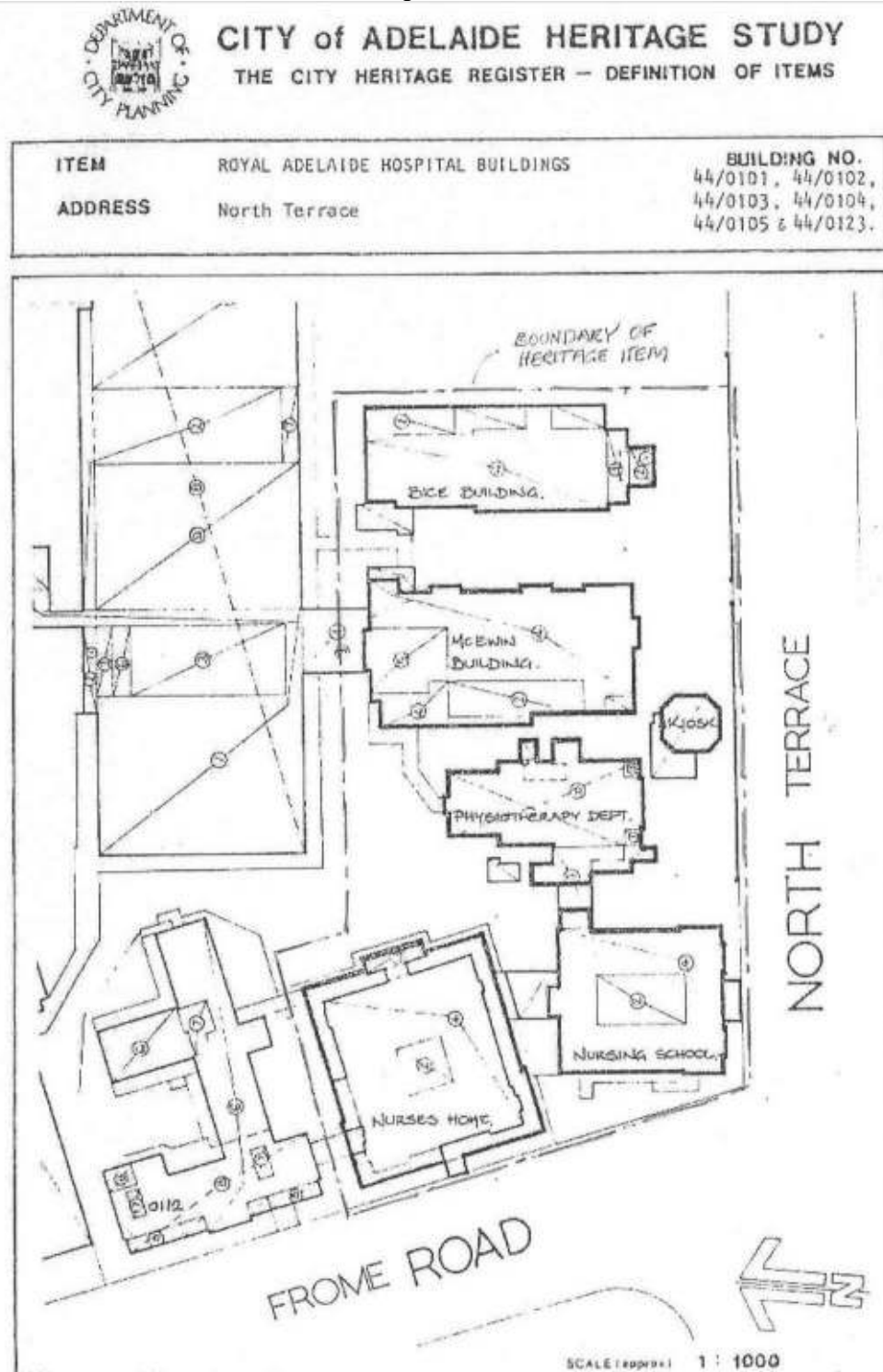


McEwin Building drawing (1939)

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 than £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

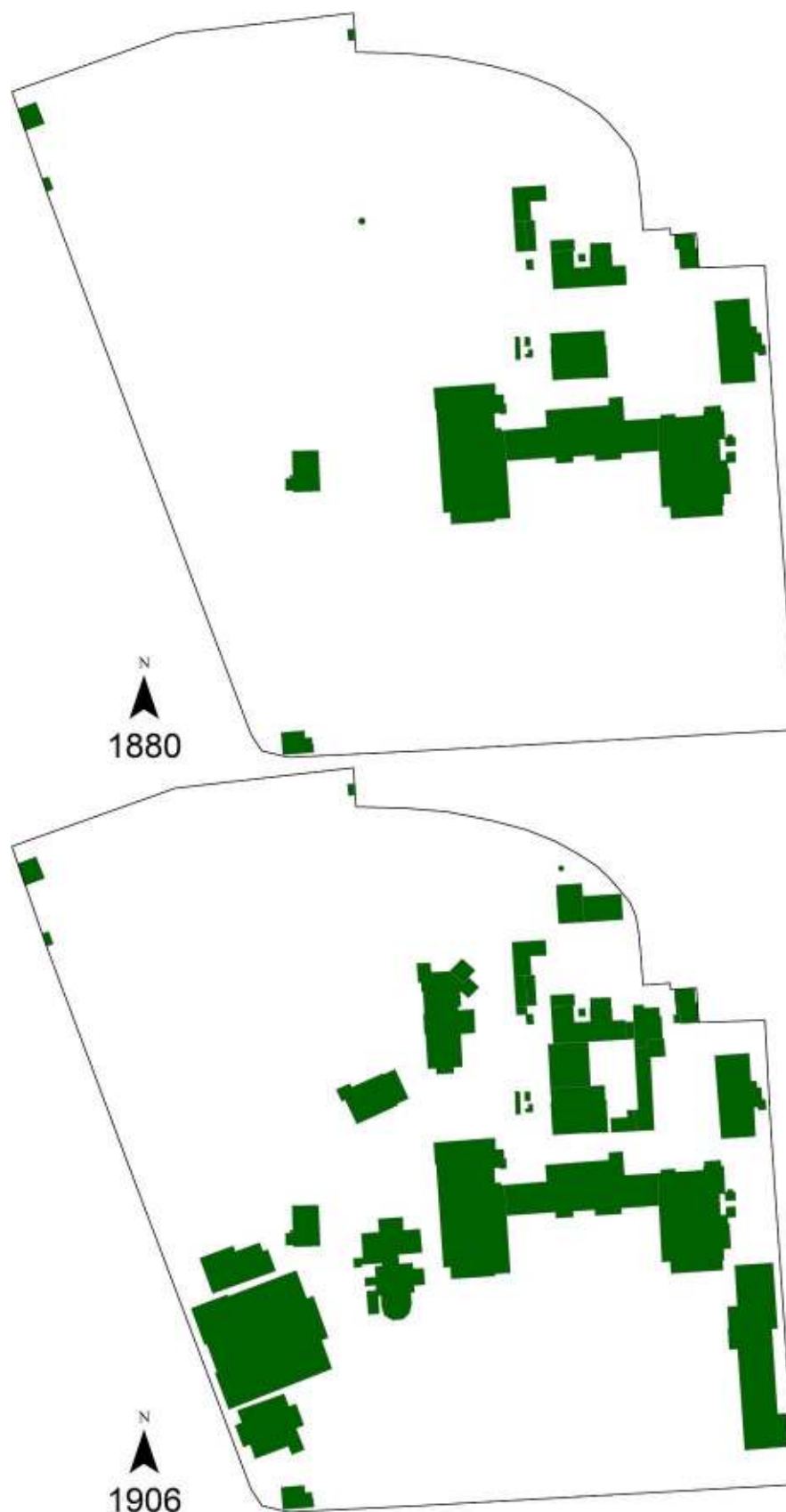
The brief for this heritage assessment report lists eleven additional places and structures for assessment of heritage value. They are (by date of opening) as follows:

- 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 Harrauld (Nurses Home) (1954)
- East Wing (1962)
- Dental Hospital (1968)
- Residential Wing (1969)
- The Sanctuary (2005)

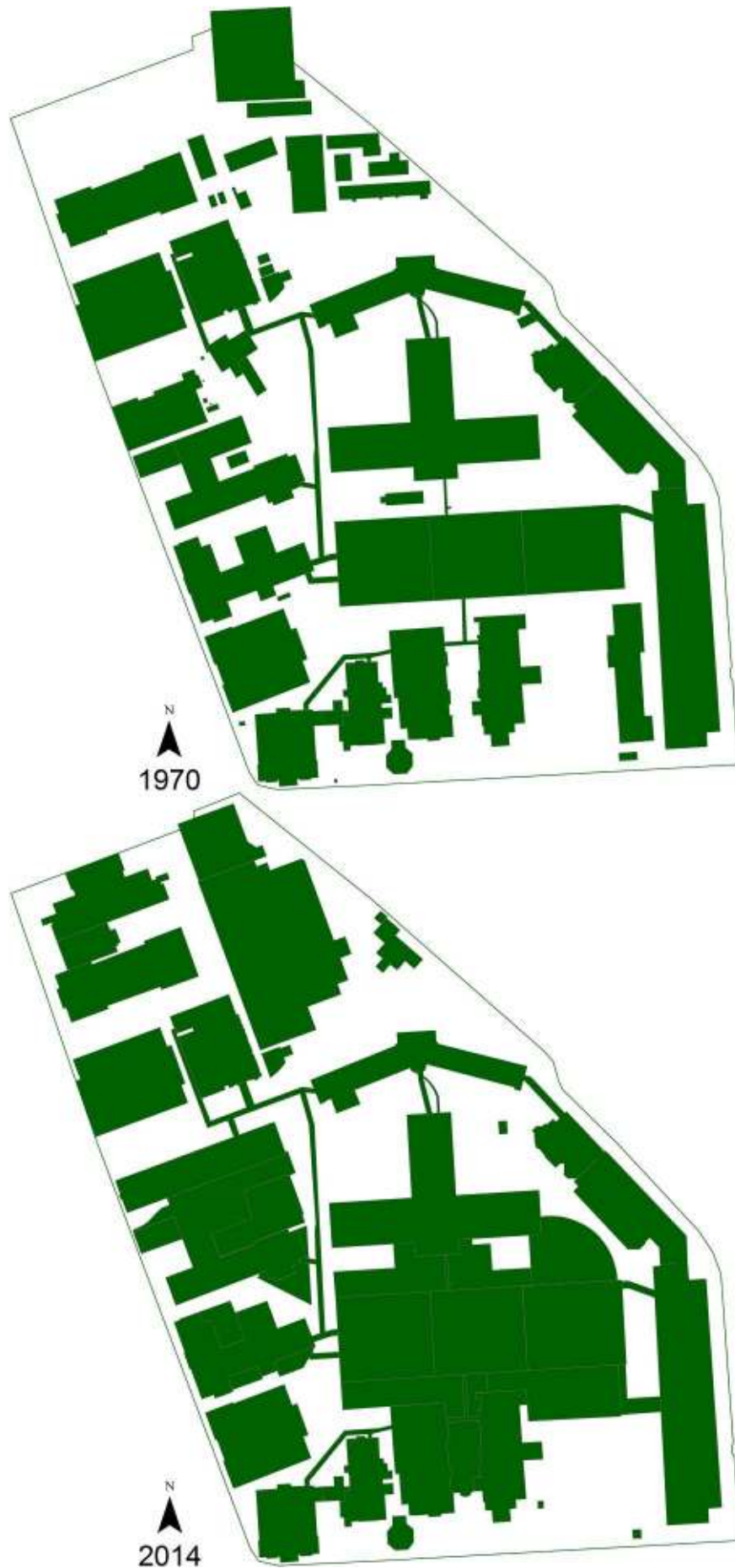
The history of these buildings has been covered in Section 2 above, and the heritage value of each is assessed in Section 4 below.

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.







4.0 HERITAGE ASSESSMENT REPORTS: STATE HERITAGE PLACES

Issues involved in Assessment of Hospital Buildings

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

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

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

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

Determining significance

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

Historic, economic and architectural value

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

Scientific and Social Value

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

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

4.1 Individual Building Assessments

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

- Sheridan Building (former Kiosk) (1925) (ID: 26436)
- Bice Building (1927) (ID: 26437)
- Women's Health Centre (1935) (ID: 26438)
- Allied Health Services Building (1935) (ID: 26439)
- IMVS Building (1938) (ID: 26413)
- McEwin Building (1945-46) (ID: 26440)
- Adelaide University Medical School (1947) (ID: 26441)
- Eleanor Harrald Building (1954) (ID: 26413)
- East Wing (1962) (ID: 26413)
- Dental Hospital (1968) (ID: 26413)
- Residential Wing (including Chapel) (1969) (ID: 26413)
- The Sanctuary (2005) (ID: 26413)

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

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE SHERIDAN BUILDING

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

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

2. DESCRIPTION

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The extent of listing includes:

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

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

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

The extent of listing excludes:

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

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

REFERENCES:

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

SLSA, PRG 331

The Observer, January 1923

The Mail, 15 August 1925

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

SITE RECORD:

FORMER NAME: Kiosk

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

DATE OF COMPLETION: 1925

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

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

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

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

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

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

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

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

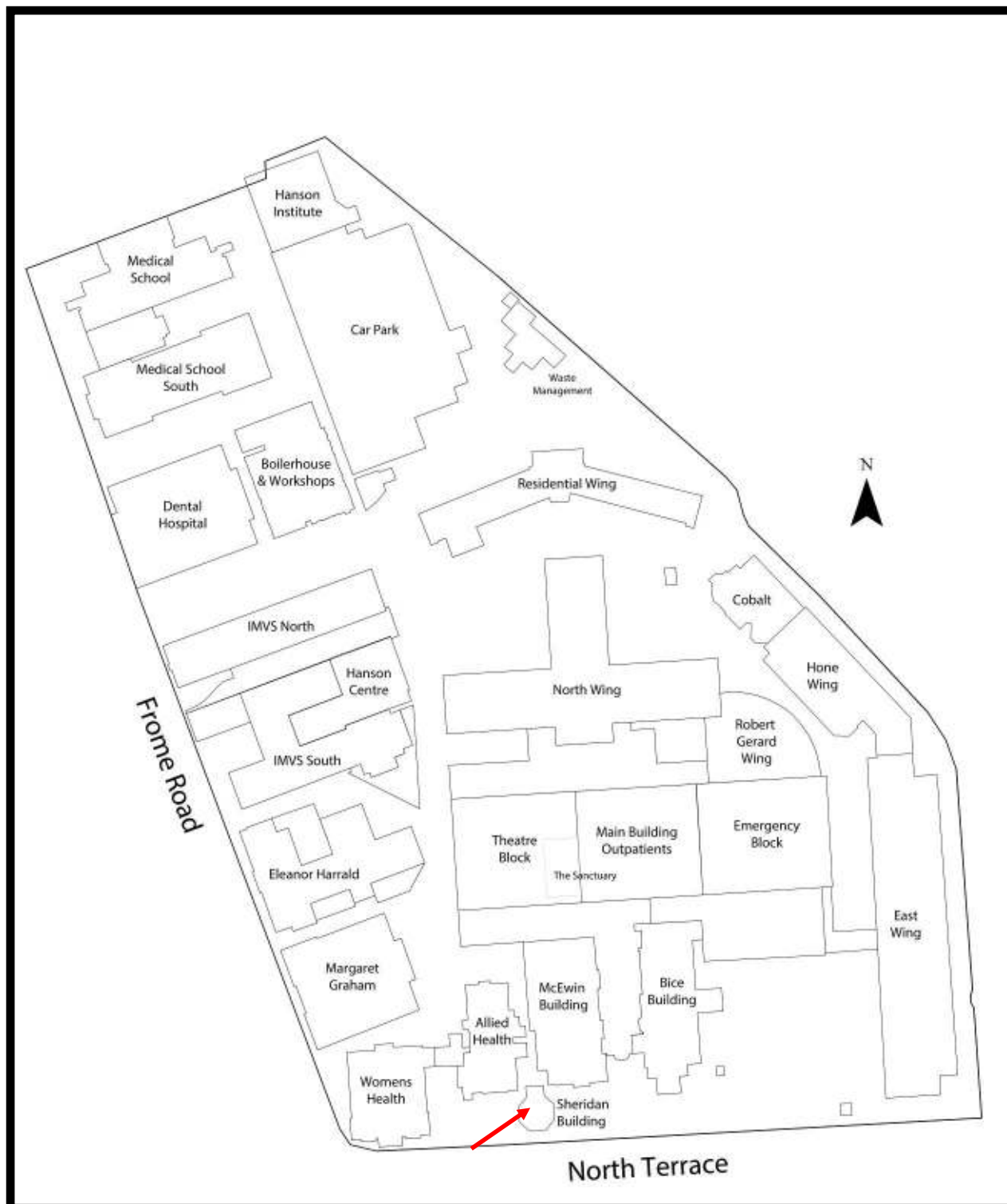
LAND DESCRIPTION: **Title Type:** Certificate
Volume: 5832
Folio: 785
Lot No.: A14, D51367
Section:
Hundred: Adelaide

OWNER:



NAME: Sheridan Building (former Kiosk) (1925)

PLACE NO.: 26436



SITE PLAN - SHERIDAN BUILDING ARROWED

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



Sheridan Building (former Kiosk) - West Elevation



Sheridan Building (former Kiosk) - East Elevation

NAME: Sheridan Building (former Kiosk) (1925)

PLACE NO.: 26436

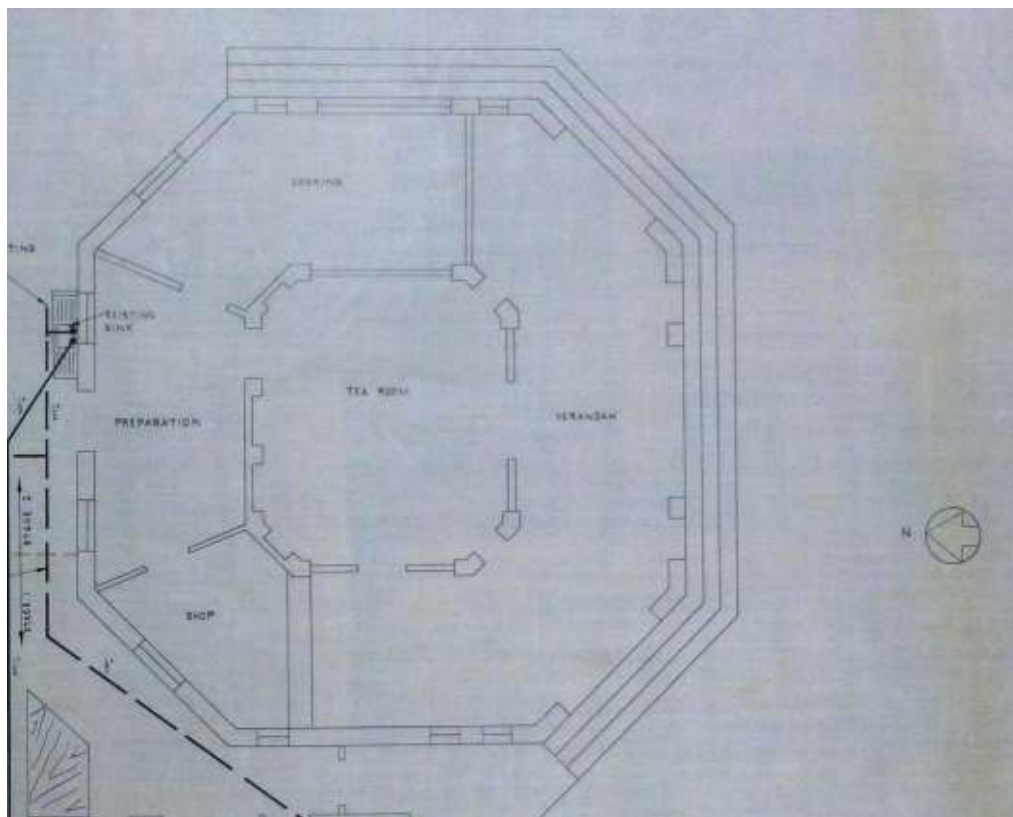


View from North Terrace in 1925 [note original fence]
(Source: *The Mail*, 15 August, 1925)

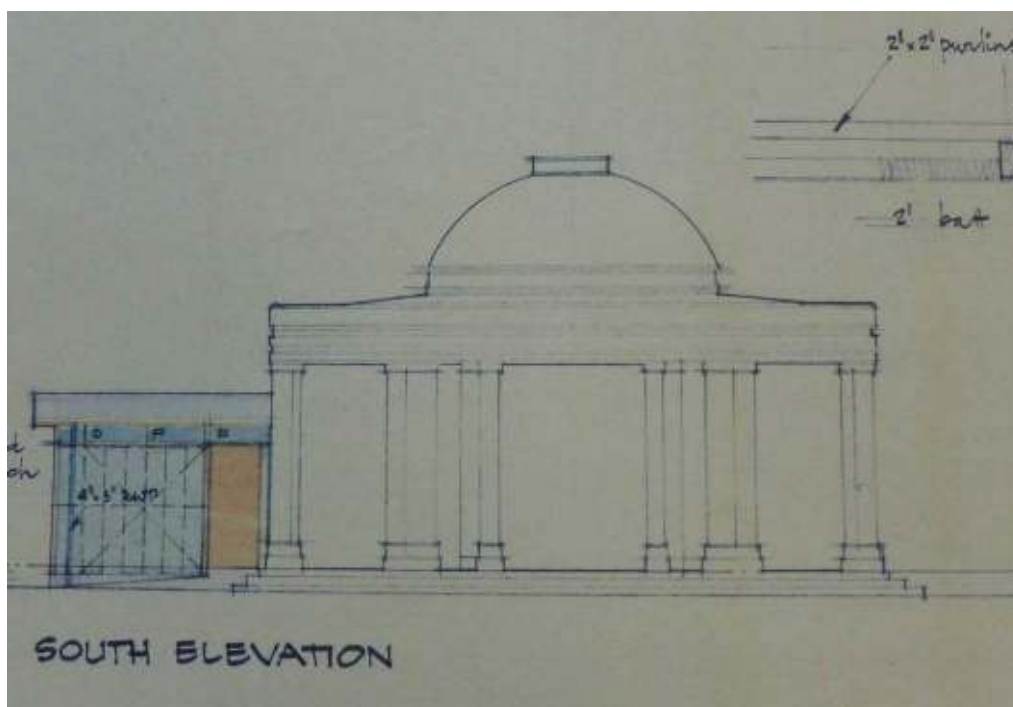


Sheridan Building (former Kiosk) in 1962 - East Elevation
(Source: *RAH Album - GRG 38/66*)

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



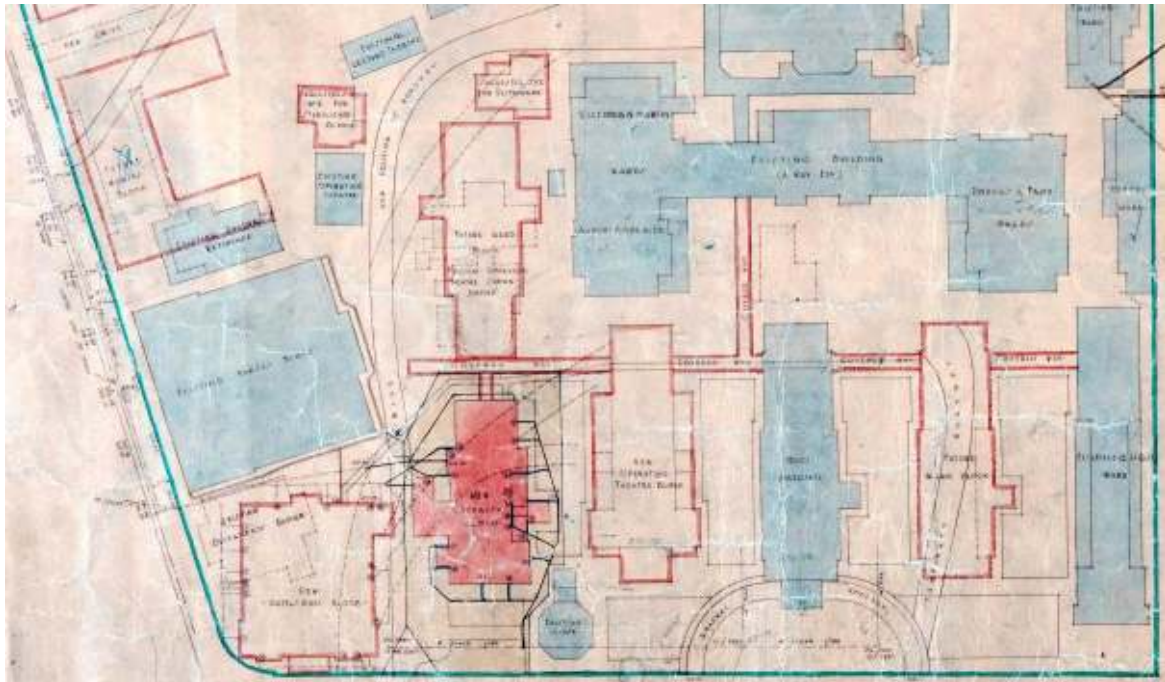
Original Floor Plan of Sheridan Building (former Kiosk)
(Source: RAH Engineering and Building Services)



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

NAME: Sheridan Building (former Kiosk) (1925)

PLACE NO.: 26436



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

NAME: Bice Building (1927)

PLACE NO.: 26437

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE BICE BUILDING

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

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

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

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

2. DESCRIPTION

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The **extent of listing includes:**

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

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

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

The **extent of listing excludes:**

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

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

REFERENCES:

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

GRG38/68

The Builder, 1925

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

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

DATE OF COMPLETION:

1927 with 1960 additions

REGISTER STATUS:**Description:**

Nominated

Date:

20 March 2012

CURRENT USE:**Description:**

Offices, retail space, admissions area, records and storage

Dates:

c1970-present

PREVIOUS USE(S):**Description:**

Offices, accommodation for Medical Officers, Medical Ward

Dates:

1927-c1970

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

H S C Jarvis of Croydon

Dates:

1924-1927

SUBJECT INDEXING:**Group:**

Health

Category:

Hospital

LOCAL GOVERNMENT AREA:**Description:**

Adelaide City Council

LOCATION:**Unit No.:****Street No.:****Street Name:**

North Terrace

Town/Suburb:

Adelaide

Post Code:

5000

LAND DESCRIPTION:**Title Type:**

Certificate

Volume:

5832

Folio:

785

Lot No.:

A14, D51367

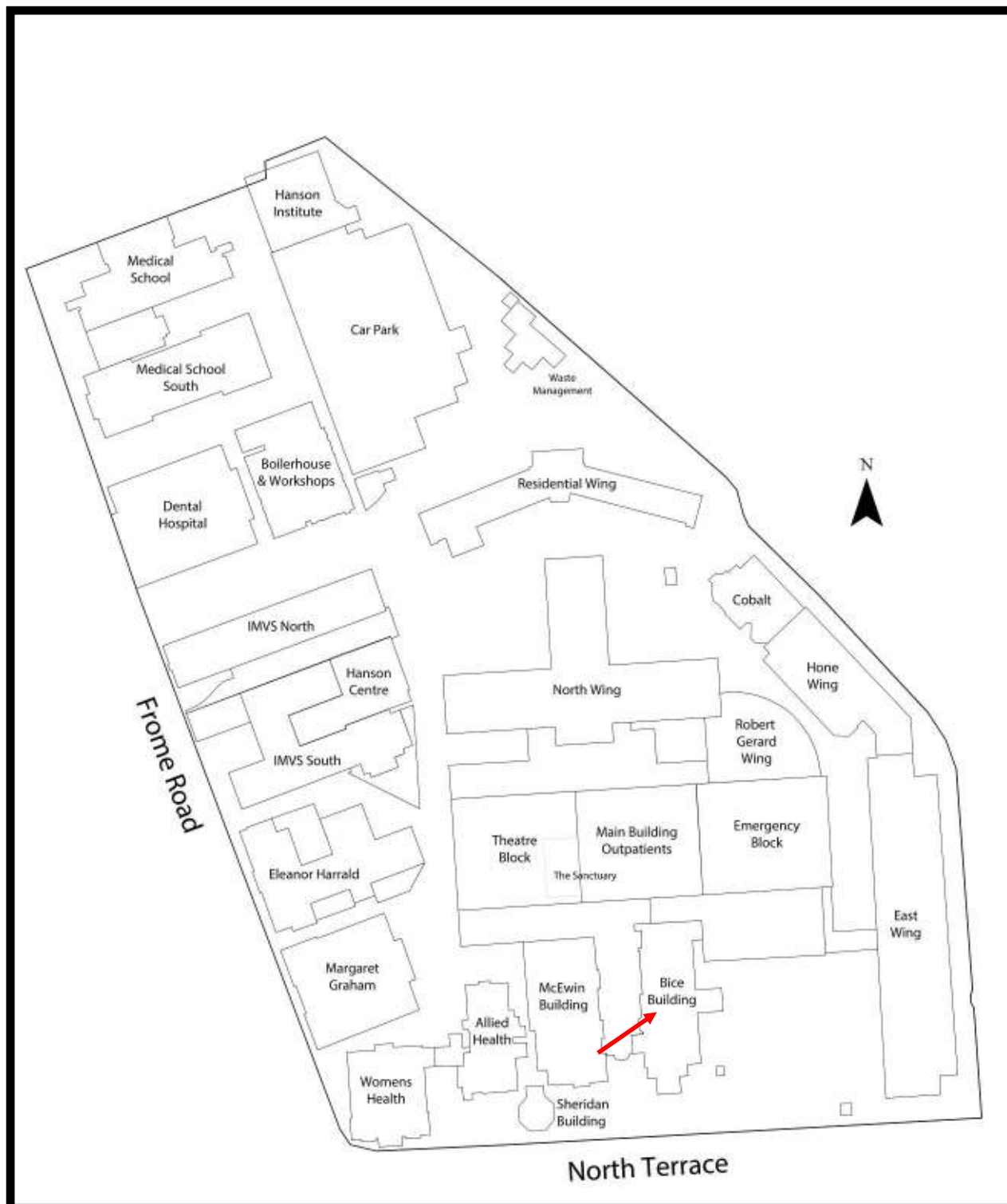
Section:**Hundred:**

Adelaide

OWNER:

NAME: Bice Building (1927)

PLACE NO.: 26437



SITE PLAN - BICE BUILDING ARROWED

NAME: Bice Building (1927)

PLACE NO.: 26437



Bice Building - south east view



Bice Building - detail

NAME: Bice Building (1927)

PLACE NO.: 26437



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



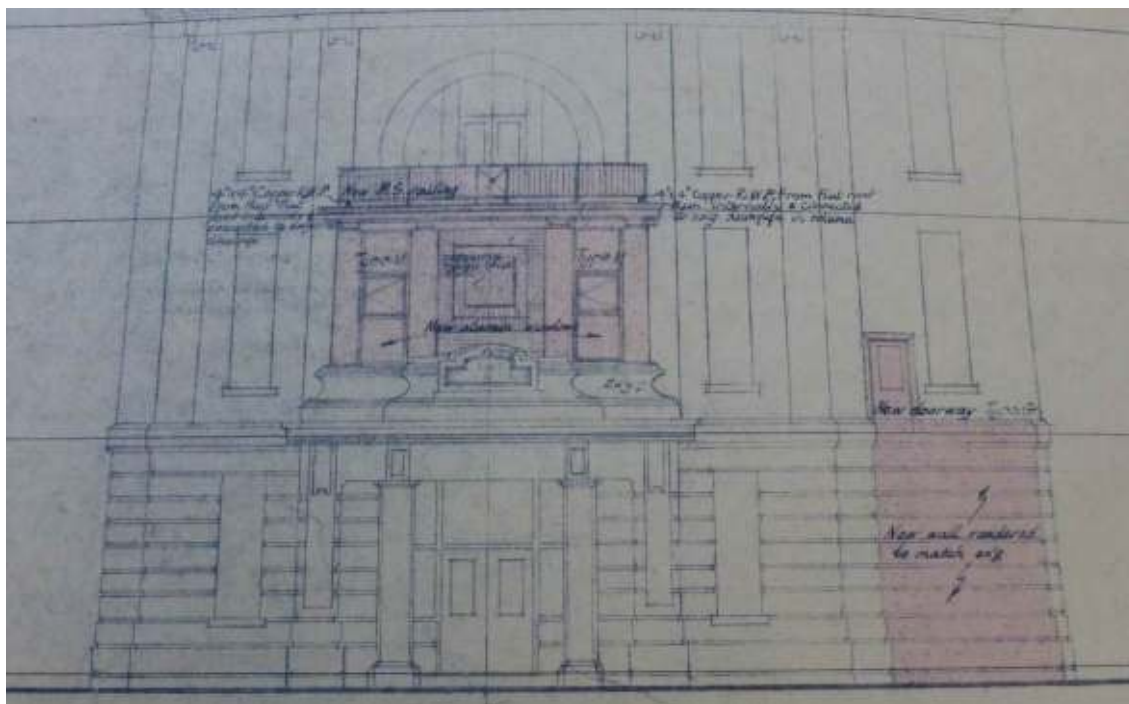
Bice Building - 1926 view of west elevation (Source: SLSA B3745)



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

NAME: Bice Building (1927)

PLACE NO.: 26437



10' 4 1/2" 10' 4 1/2" 11' 1"

See below down this

Sheets in set 12 Sheet No. 2

R.A.H. BICE BUILDING...
PROPOSED ALTERATIONS & ADDITIONS (1ST FL)

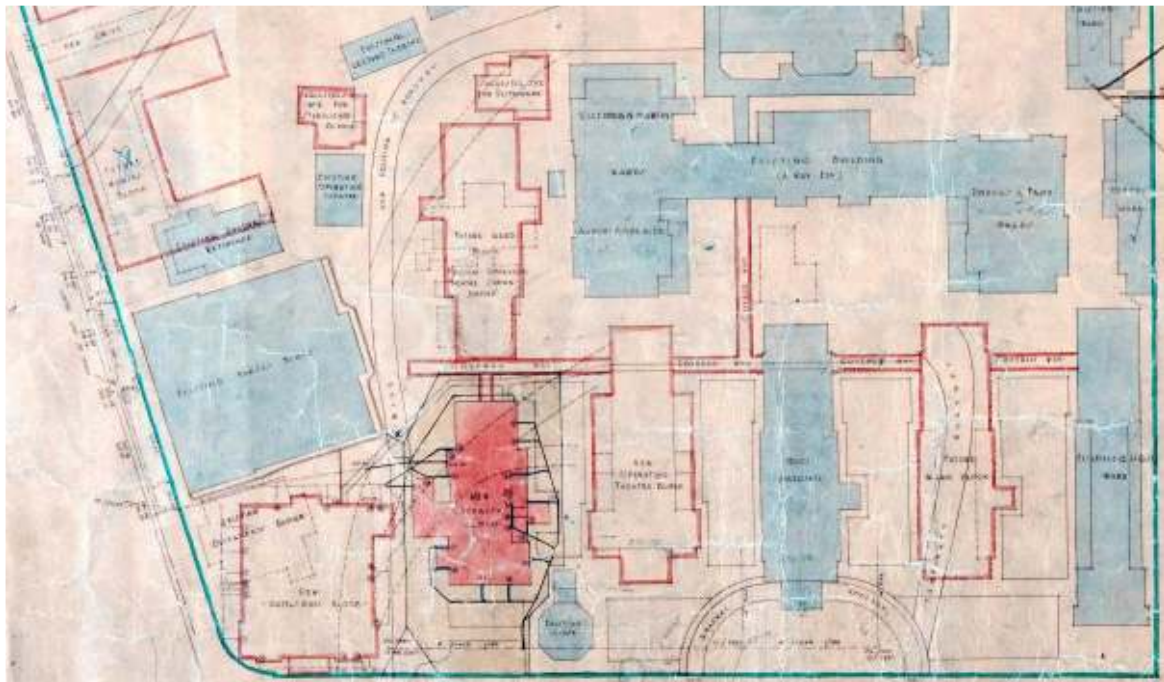
Scales 3" = 1' TO 1" = 4'

References	D.O. 24614 NO. 325/56		<i>[Signature]</i> Gov. clg	<i>[Signature]</i> for <i>[Signature]</i> Architect
Designed			<i>[Signature]</i> W. J. 233	Principal Architect
Drawn				
Traced	R.L.B.	July 58	27/10/59	293558
Checked	S.R.L.	27/10/59		
ARCHITECT-IN-CHIEF'S DEPT. : ADELAIDE				30' 25"

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

NAME: Bice Building (1927)

PLACE NO.: 26437



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

NAME: Women's Health Centre (1935)

PLACE NO.: 26438

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE WOMEN'S HEALTH CENTRE

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

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

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

2. DESCRIPTION

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

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The **extent of listing includes:**

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

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

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

The **extent of listing excludes:**

- any later changes for adaptation to health centre

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

REFERENCES:

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

GRG38/68 and GRG38/64

Gavin George Lawson, Cuttings book, Architecture Museum

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

SITE RECORD:

FORMER NAME: Outpatients Building

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

DATE OF COMPLETION: 1935

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

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

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

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

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

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

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

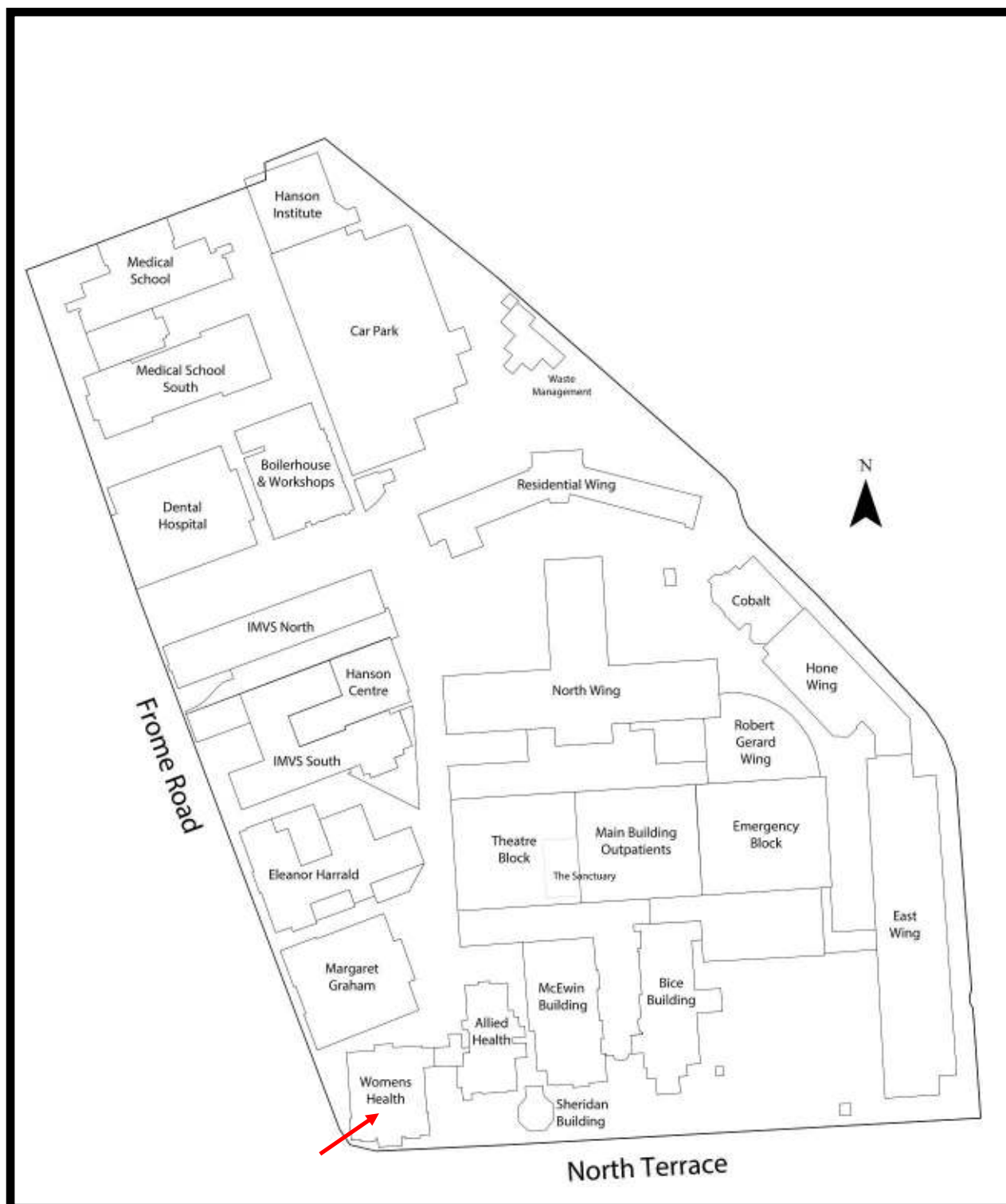
LOCATION: **Unit No.:**
Street No.:
Street Name: North Terrace cnr Frome Road
Town/Suburb: Adelaide
Post Code: 5000

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

OWNER:

NAME: Women's Health Centre (1935)

PLACE NO.: 26438



SITE PLAN - WOMEN'S HEALTH CENTRE ARROWED

NAME: Women's Health Centre (1935)

PLACE NO.: 26438



Women's Health Centre – south elevation – detail



Women's Health Centre – south elevation portico



Women's Health Centre – south elevation

NAME: Women's Health Centre (1935)

PLACE NO.: 26438



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



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

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

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE ALLIED HEALTH SERVICES BUILDING

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

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

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

2. DESCRIPTION

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

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

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

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

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The **extent of listing includes:**

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

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

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

The **extent of listing excludes:**

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

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

REFERENCES:

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

GRG38/68 and GRG38/64

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

SITE RECORD:

FORMER NAME: *Casualty Block*

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

DATE OF COMPLETION: 1935

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

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

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

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

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

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

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

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

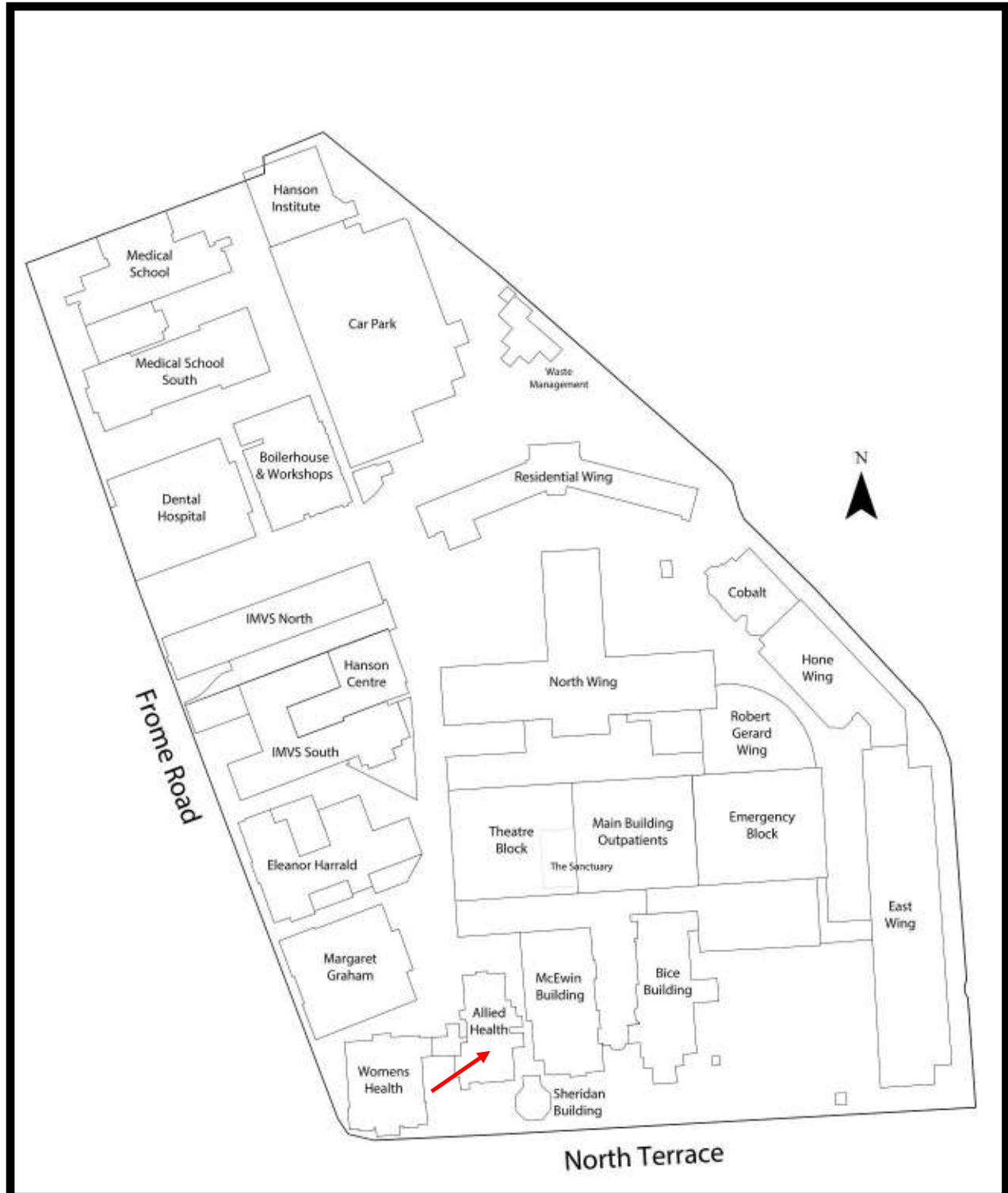
LAND DESCRIPTION: **Title Type:** Certificate
Volume: 5832
Folio: 785
Lot No.: A14, D51367
Section:
Hundred: Adelaide

OWNER:



NAME: Allied Health Services Building (1935)

PLACE NO.: 26439



SITE PLAN – ALLIED HEALTH SERVICES BUILDING ARROWED

NAME: Allied Health Services Building (1935)

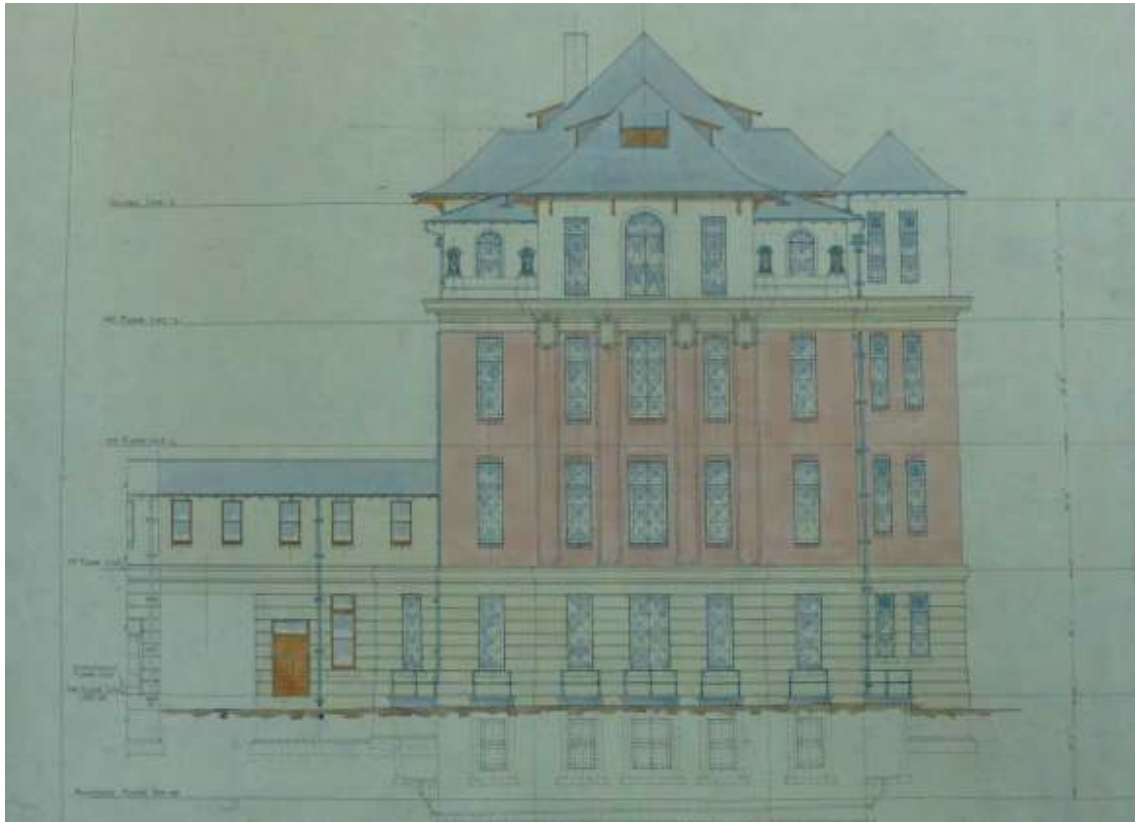
PLACE NO.: 26439



Allied Health Services Building - south elevation



Allied Health Services Building – section of north elevation

[illegible]

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

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

Address: Royal Adelaide Hospital, Frome Road, Adelaide

1. BRIEF HISTORY OF THE IMVS BUILDING

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

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

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

2. DESCRIPTION

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

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

REFERENCES:

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

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

SITE RECORD:**FORMER NAME:****DESCRIPTION OF PLACE:**

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

DATE OF COMPLETION:

1938

REGISTER STATUS:**Description:**

Nominated

Date:

20 March 2012

CURRENT USE:**Description:**

Offices and Laboratories

Dates:

1938 - present

PREVIOUS USE(S):**Description:****Dates:****ARCHITECT:****Name:**

Woods, Bagot, Laybourne-Smith and Irwin

Dates:

1938

BUILDER:**Name:**

Not known?

Dates:

1938

SUBJECT INDEXING:**Group:**

Scientific Facilities

Category:

Laboratory

LOCAL GOVERNMENT AREA:**Description:**

Adelaide City Council

LOCATION:**Unit No.:****Street No.:****Street Name:**

Frome Road

Town/Suburb:

Adelaide

Post Code:

5000

LAND DESCRIPTION:**Title Type:**

Certificate

Volume:

5756

Folio:

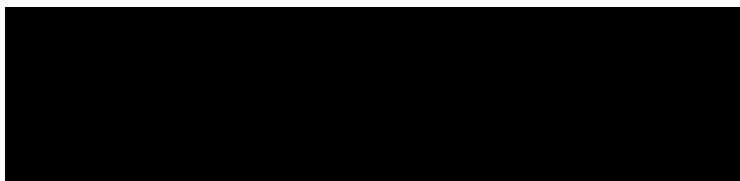
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Lot No.:

S614, H105100

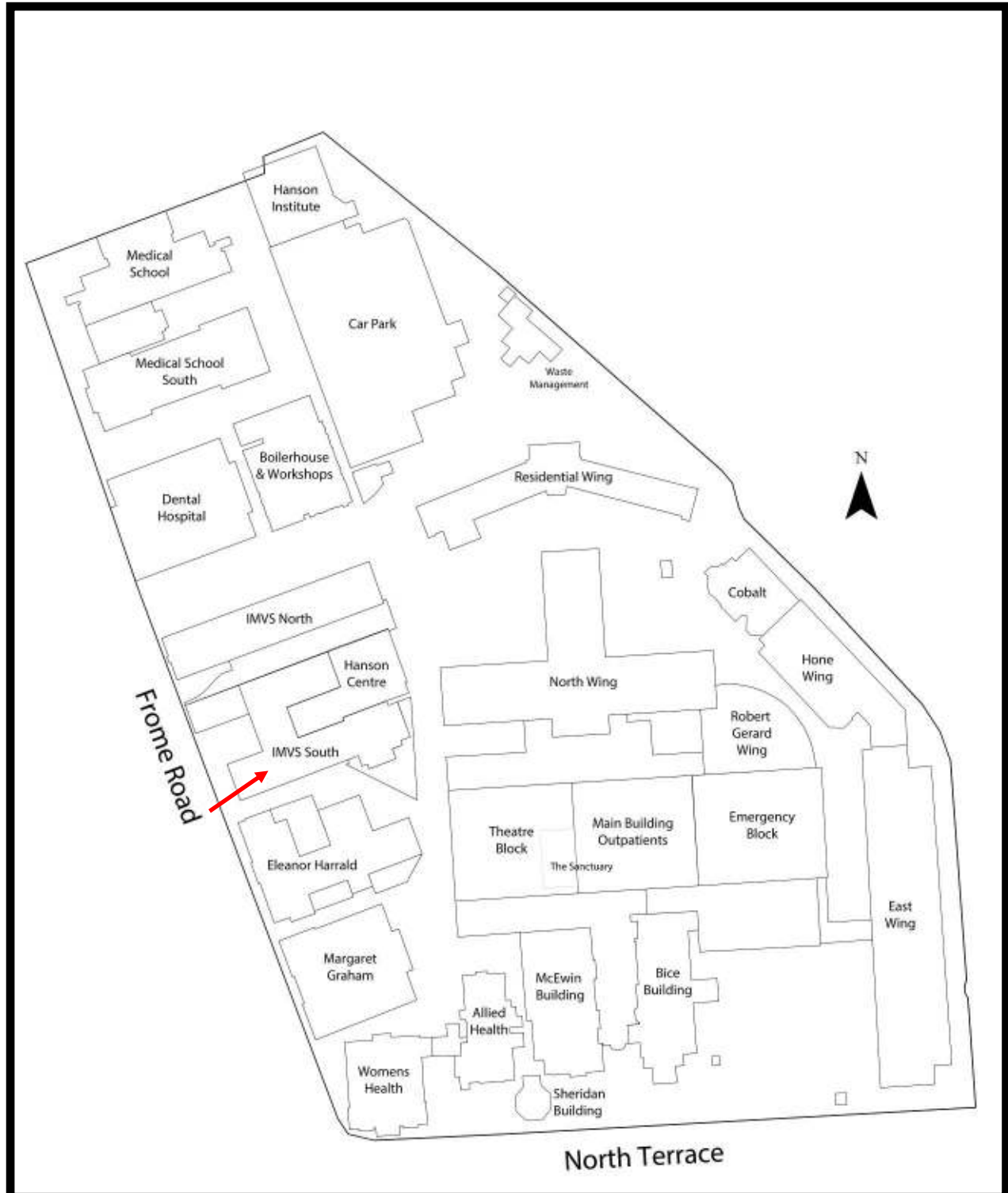
Section:**Hundred:**

Adelaide

OWNER:

NAME: IMVS Building (1938)

PLACE NO.: 26413



SITE PLAN - IMVS BUILDING ARROWED

NAME: IMVS Building (1938)

PLACE NO.: 26413



IMVS Building - north elevation



IMVS Building - west courtyard



IMVS Building - west entrance

NAME: McEwin Building (1945-46)

PLACE NO.: 26440

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE McEWIN BUILDING

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

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

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

2. DESCRIPTION

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

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The **extent of listing includes:**

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

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

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

The **extent of listing excludes**:

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

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

REFERENCES:

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

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

NAME: McEwin Building (1945-46)

PLACE NO.: 26440

SITE RECORD:
FORMER NAME:
DESCRIPTION OF PLACE:

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

DATE OF COMPLETION:

1946

REGISTER STATUS:
Description:

Nominated

Date:

20 March 2012

CURRENT USE:
Description:

RAH Hospital (kiosk, storage, theatre block)

Dates:

1946-present

PREVIOUS USE(S):
Description:
Dates:
ARCHITECT:
Name:

J W Edwards of the Architect-in-Chief's Department

Dates:

1939

BUILDER:
Name:

H S C Jarvis

Dates:

1941-1945

SUBJECT INDEXING:
Group:

Health

Category:

Hospital

LOCAL GOVERNMENT AREA:
Description:

Adelaide City Council

LOCATION:
Unit No.:
Street No.:
Street Name:

North Terrace

Town/Suburb:

Adelaide

Post Code:

5000

LAND DESCRIPTION:
Title Type:

Certificate

Volume:

5832

Folio:

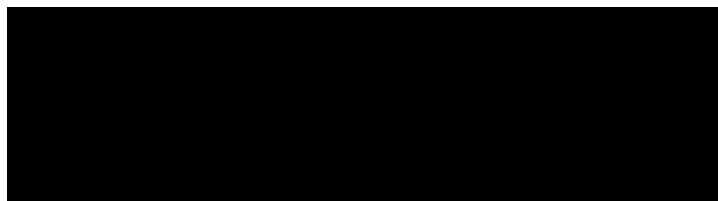
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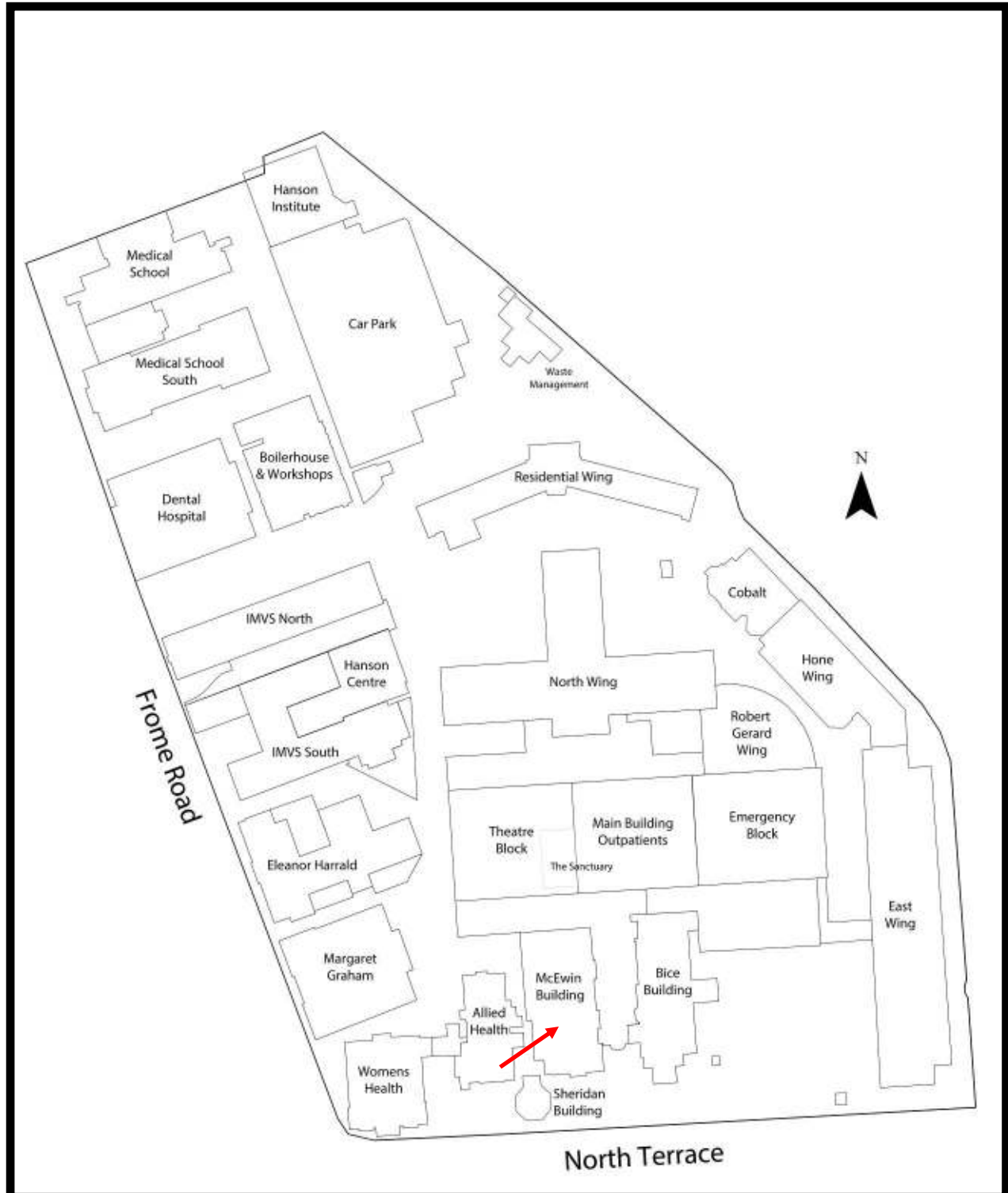
Section:
Hundred:

Adelaide

OWNER:


NAME: McEwin Building (1945-46)

PLACE NO.: 26440



SITE PLAN - McEWIN BUILDING ARROWED

NAME: McEwin Building (1945-46)

PLACE NO.: 26440



McEwin Building - views of the south elevation



McEwin Building - east elevation



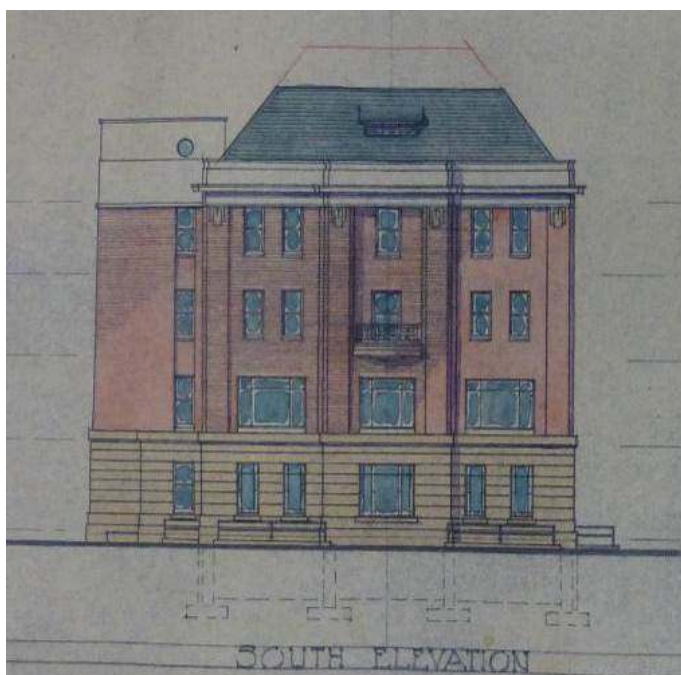
McEwin Building - west elevation

NAME: McEwin Building (1945-46)

PLACE NO.: 26440



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



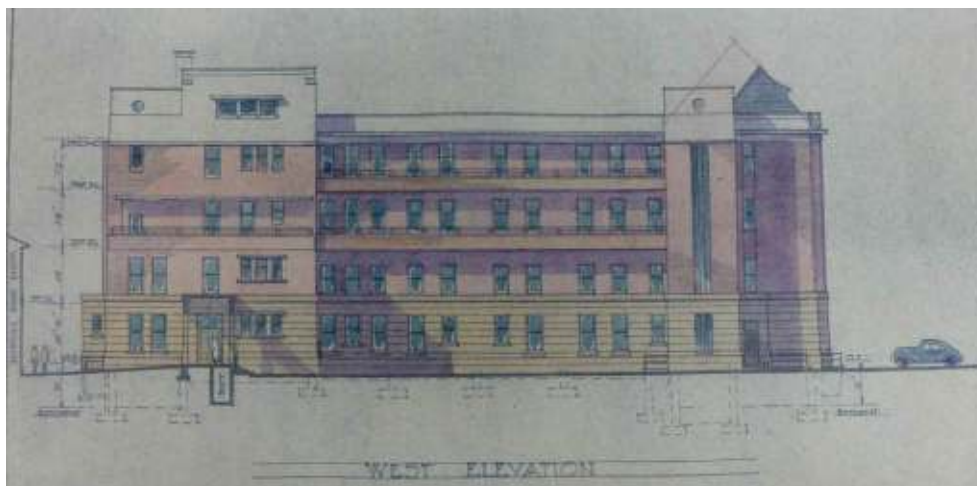
McEwin Building - 1939 proposed south elevation (*Architecture Museum, Uni SA S250/33*)



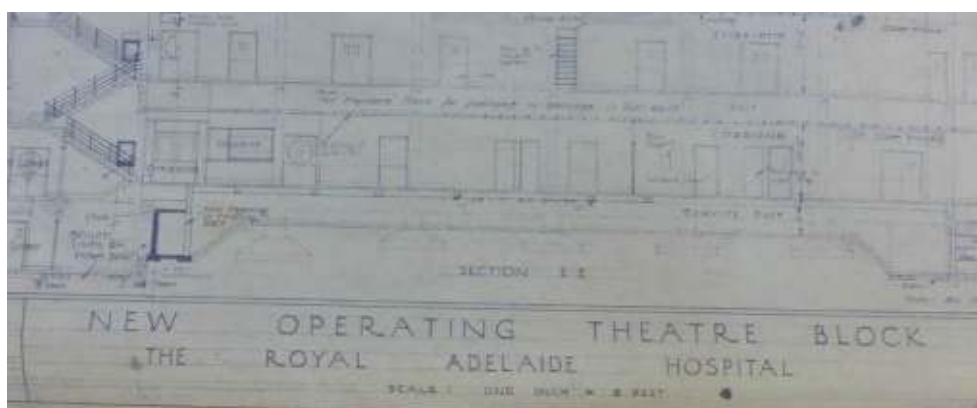
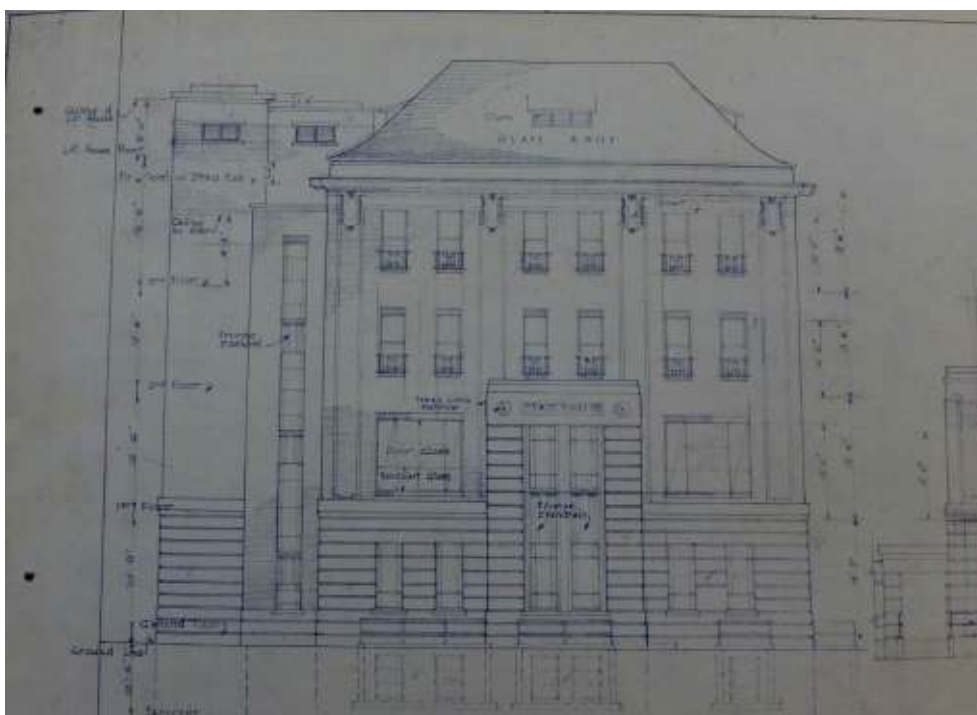
1946 Perspective of proposed McEwin Building
(Source: *G G Lawson cuttings book – Architecture Museum, Uni SA*)

NAME: McEwin Building (1945-46)

PLACE NO.: 26440

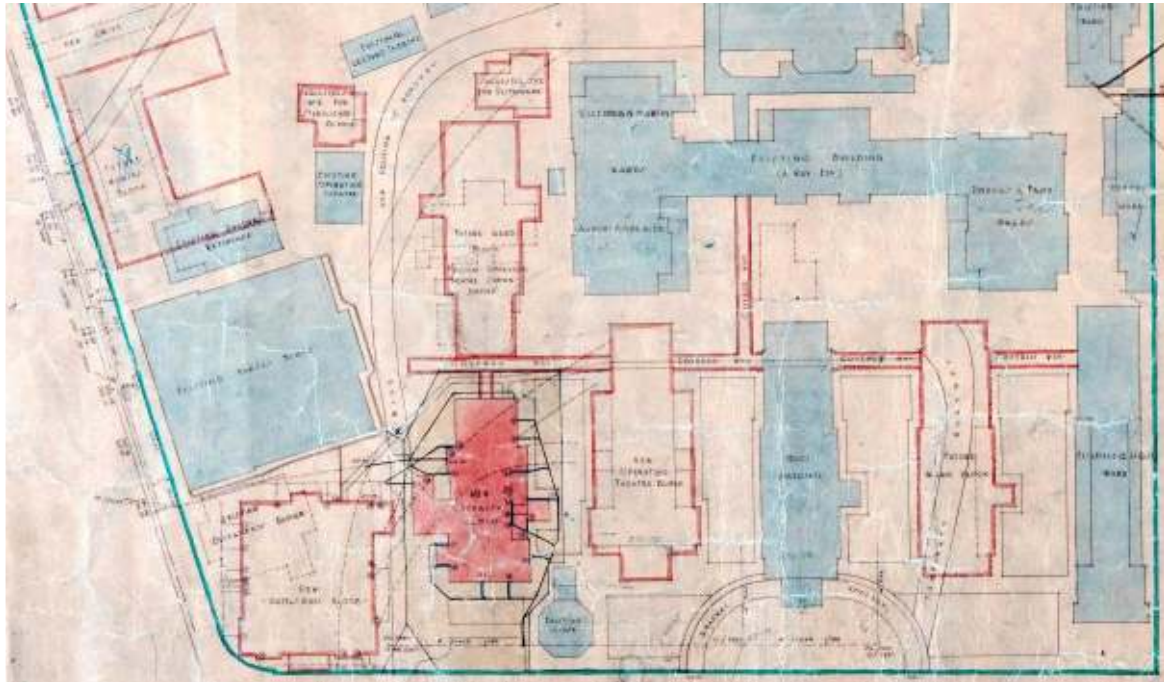


McEwin Building - 1939 west elevation (Source: Architecture Museum, Uni S,A S250/33)



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

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



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

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441

Address: Royal Adelaide Hospital, Frome Road, Adelaide

1. BRIEF HISTORY OF THE ADELAIDE UNIVERSITY MEDICAL SCHOOL

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

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

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

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

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

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

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

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

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

2. DESCRIPTION

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

The extent of listing includes:

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

The extent of listing excludes:

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

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

REFERENCES:

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

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

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

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441

SITE RECORD:**FORMER NAME:****DESCRIPTION OF PLACE:**

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

DATE OF COMPLETION:

1947 + 1952-3

REGISTER STATUS:

Description: Nominated
Date: 20 March 2012

CURRENT USE:

Description: Medical School
Dates: 1947-present

PREVIOUS USE(S):

Description: n/a
Dates: n/a

ARCHITECT:

Name: Woods Bagot Laybourne Smith and Irwin
Dates: 1946

BUILDER:

Name: Not known
Dates: 1946-47

SUBJECT INDEXING:

Group: Education
Category: Tertiary Institution

LOCAL GOVERNMENT AREA:

Description: Adelaide City Council

LOCATION:

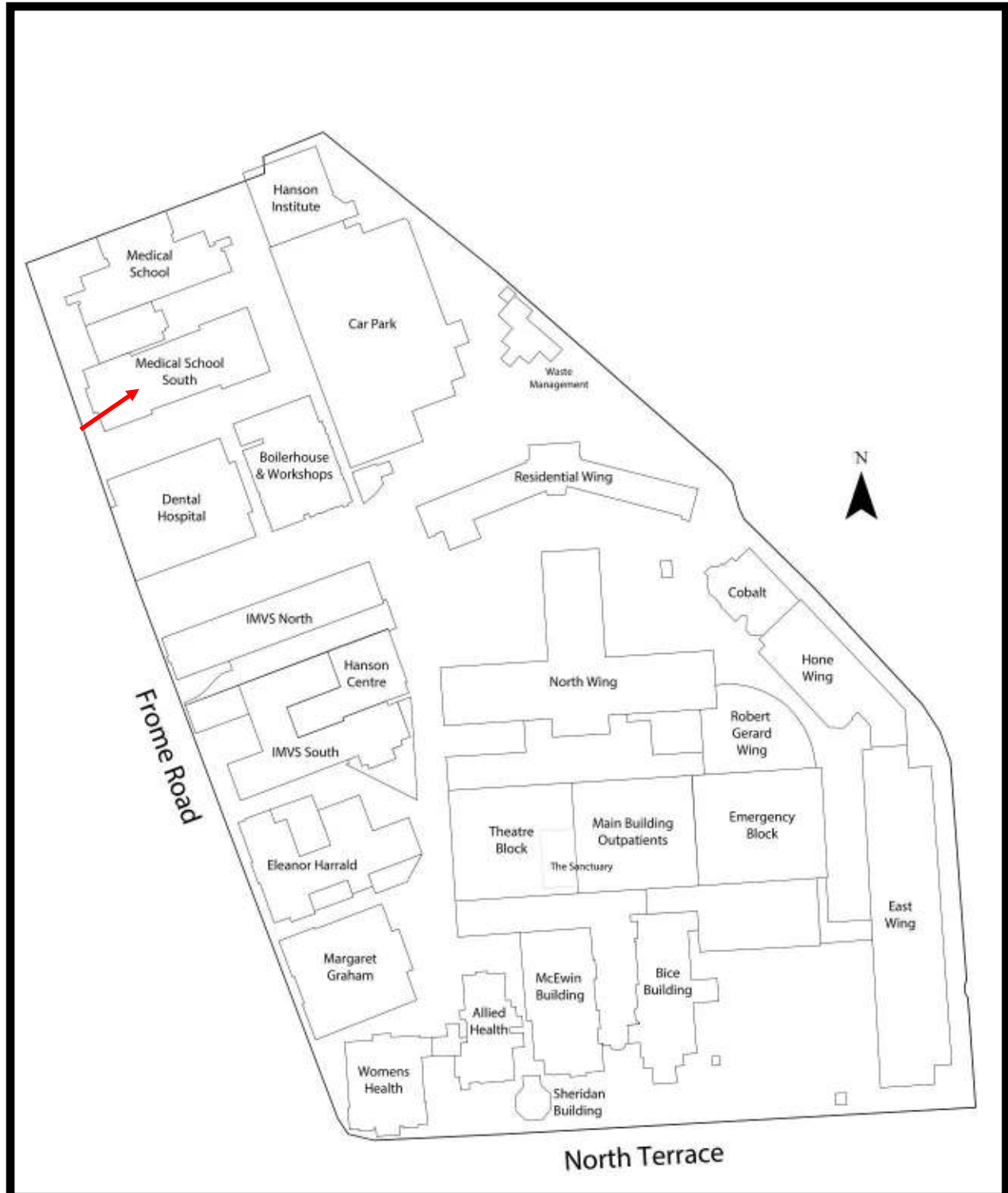
Unit No.:
Street No.:
Street Name: Frome Road
Town/Suburb: Adelaide
Post Code: 5000

LAND DESCRIPTION:

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

OWNER:

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441



SITE PLAN – MEDICAL SCHOOL ARROWED

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441



Adelaide University Medical School - west elevation



**Adelaide University Medical School
- north elevation**



**Adelaide University Medical School
- south elevation**

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441

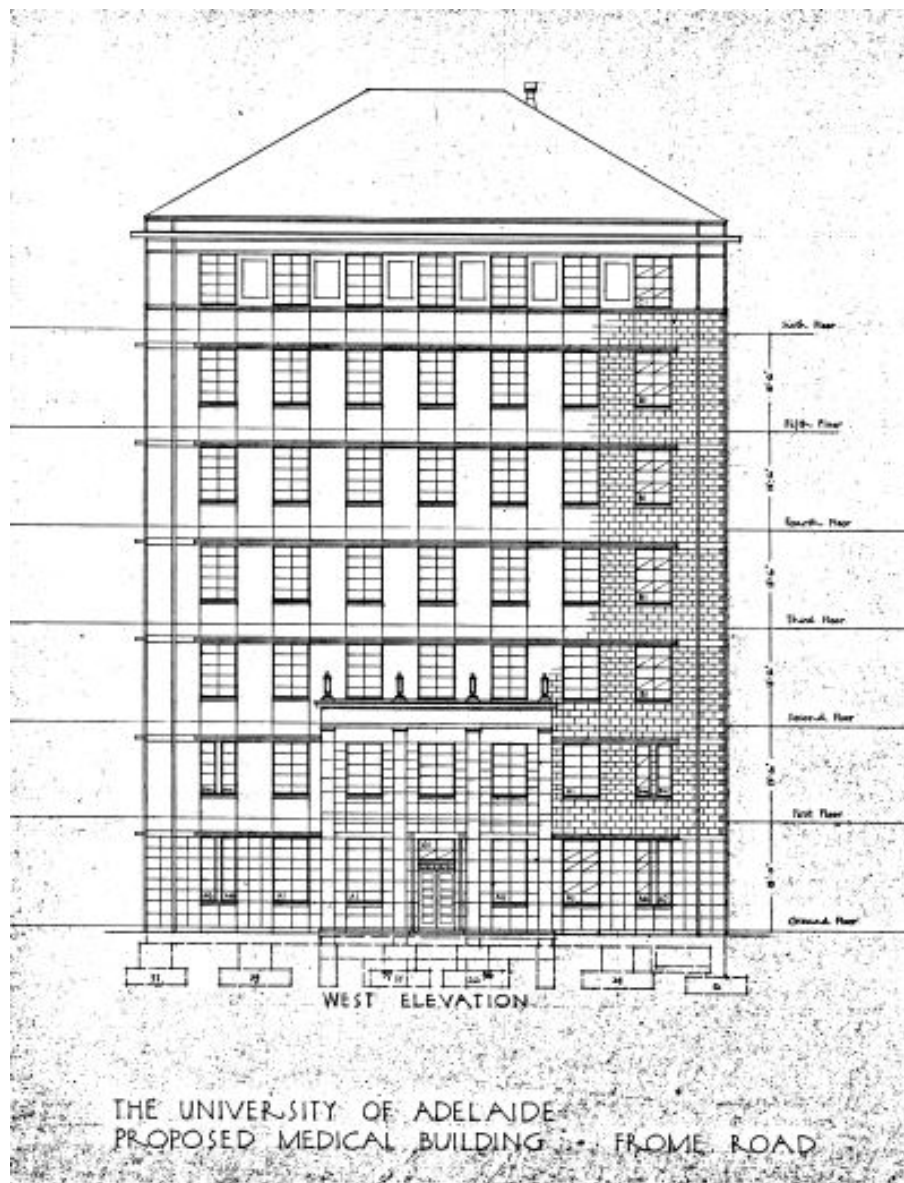


Adelaide University Medical School c1960
(Source: *University of Adelaide Archives S1000, Box 5*)



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

NAME: Adelaide University Medical School (1947) **PLACE NO.:** 26441



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

NAME: Eleanor Harrald Building (1954)

PLACE NO.: 26413

Address: Royal Adelaide Hospital, Frome Road, Adelaide

1. BRIEF HISTORY OF THE ELEANOR HARRALD BUILDING

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

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

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

2. DESCRIPTION

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

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

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

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

REFERENCES:

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

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

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

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

SITE RECORD:

FORMER NAME: *Eleanor Harrald Nurses Home*

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

DATE OF COMPLETION: 1954

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

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

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

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

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

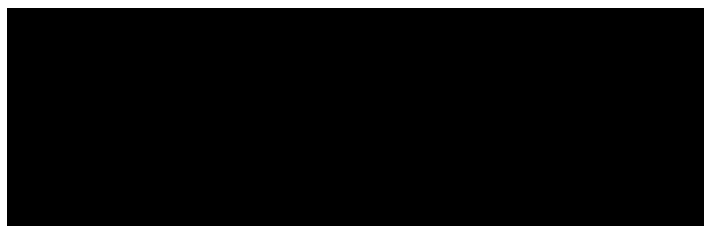
SUBJECT INDEXING: **Group:** Health; Education
Category: Hospital; Tertiary Institution

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

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

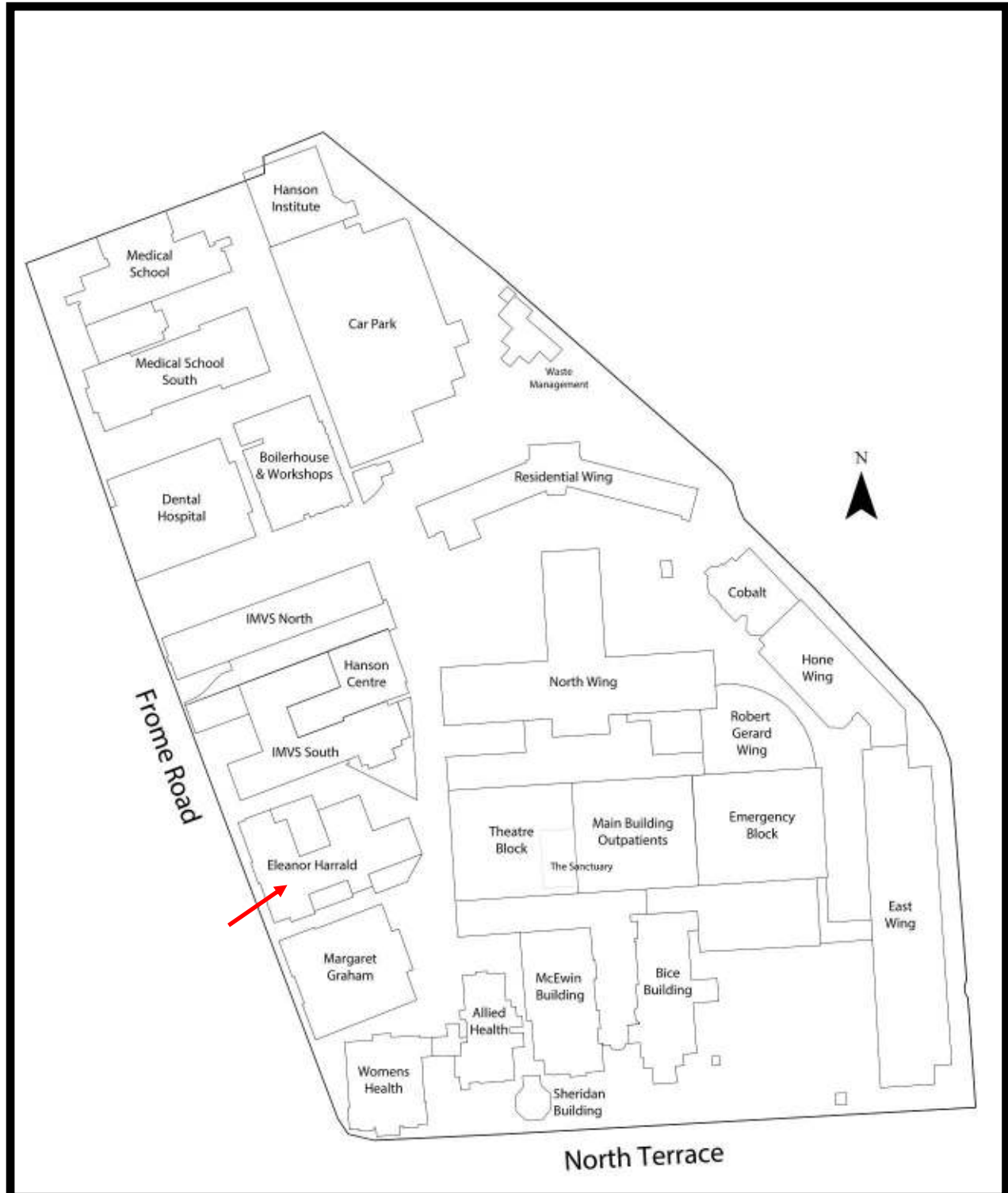
LAND DESCRIPTION: **Title Type:** Certificate
Volume: 5832
Folio: 785
Lot No.: A14, D51367
Section:
Hundred: Adelaide

OWNER:



NAME: Eleanor Harrald Building (1954)

PLACE NO.: 26413



SITE PLAN – ELEANOR HARRALD BUILDING ARROWED

NAME: Eleanor Harrald Building (1954)

PLACE NO.: 26413



Eleanor Harrald Building - views of west elevation

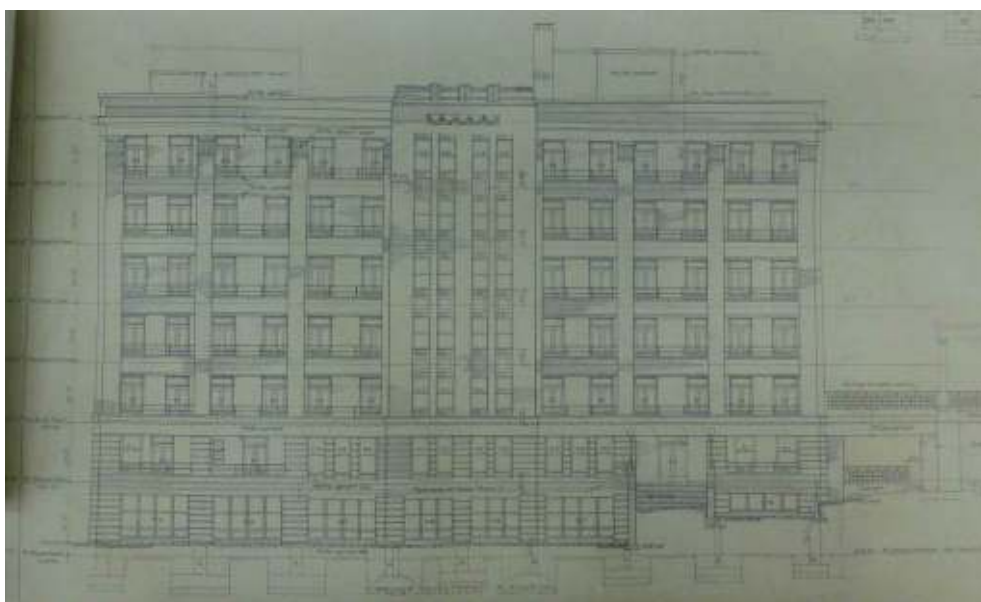


Eleanor Harrald Building - east Elevation



Eleanor Harrald Building - south elevation

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



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

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

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

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE EAST WING

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

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

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

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

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

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

2. DESCRIPTION

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

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

REFERENCES:

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

Building and Architecture, No 6 1967

NAME: East Wing (1962)

PLACE NO.: 26413

SITE RECORD:**FORMER NAME:**
DESCRIPTION OF PLACE: Seven storey steel framed building including basement.

DATE OF COMPLETION: 1962

REGISTER STATUS:
Description: Nominated
Date: 20 March 2012

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

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

ARCHITECT:
Name: Public Buildings Department
Dates: 1962

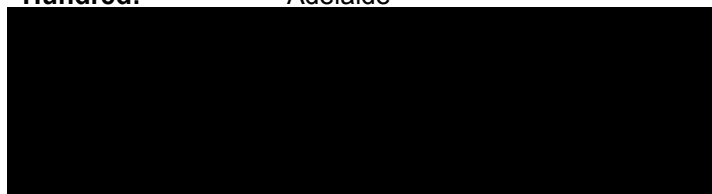
BUILDER:
Name:
Dates: 1962

SUBJECT INDEXING:
Group: Health
Category: Hospital

LOCAL GOVERNMENT AREA:
Description: Adelaide City Council

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

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

OWNER:


NAME: East Wing (1962)

PLACE NO.: 26413



SITE PLAN – EAST WING ARROWED

NAME: East Wing (1962)

PLACE NO.: 26413



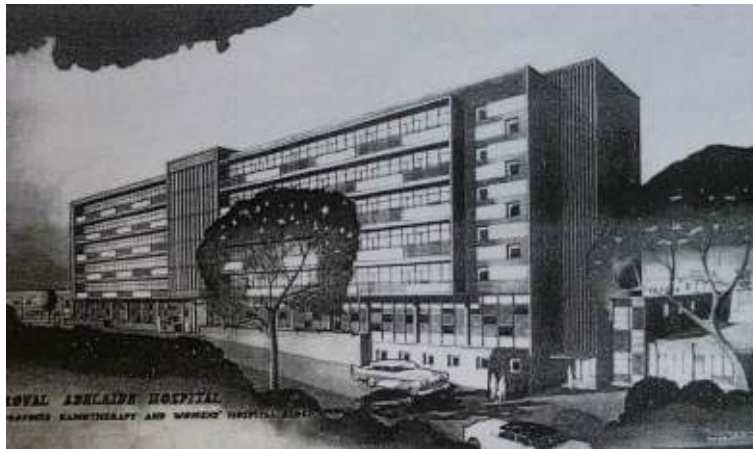
East Wing - views of the west elevation



East Wing - views of the east elevation

NAME: East Wing (1962)

PLACE NO.: 26413



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



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



East Wing - 1964 view (Source: SLSA B15540)

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

Address: Royal Adelaide Hospital, Frome Road, Adelaide

1. BRIEF HISTORY OF THE ADELAIDE DENTAL HOSPITAL

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

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

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

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

2. DESCRIPTION

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

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

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

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

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

COMPARABILITY / RARITY / REPRESENTATION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Dental Hospital is the representative of this particular class of places - dental hospitals. However, it could not be considered to be outstanding.

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

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

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

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

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

The Dental Hospital was built in two stages and consequently does not show a unity of design which would be required to assess the building has demonstrating a high degree of aesthetic and creative accomplishment. Although it is an important work of architect Jack Cheesman during the 1960s, it is not considered to be an outstanding representative of his later work.

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

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

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

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

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

The Dental Hospital could not be considered to retain strong cultural or spiritual associations for the patients who were treated, or the dentist's who were trained there, while it is a more practical site for these types of activities.

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

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

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

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

Places will not generally be considered under this criterion if they have only a

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

The Dental Hospital is closely associated with the training and work of dentists and dental academics and clinicians from the time of its establishment as a dental service. It continues to provide this service to all South Australians, therefore this association is of a more general and comprehensive nature, and not 'special' in any particular aspect.

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

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

REFERENCES:

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

Donovan, Peter, *Towards Excellence, the A W Baulderstone Story*, (SA 150 Jubilee edition, 1987)

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

SITE RECORD:**FORMER NAME:** Dental School**DESCRIPTION OF PLACE:** A large six storey face red brick structure with concrete banded window sections to the southern end of the west elevation and simple concrete framed strip windows to the northern end.**DATE OF COMPLETION:** 1963 and 1968

REGISTER STATUS:	Description:	Nominated
	Date:	20 March 2012

CURRENT USE:	Description:	Dental School
	Dates:	1968-present

PREVIOUS USE(S):	Description:	
	Dates:	

ARCHITECT:	Name:	J D Cheesman
	Dates:	1968

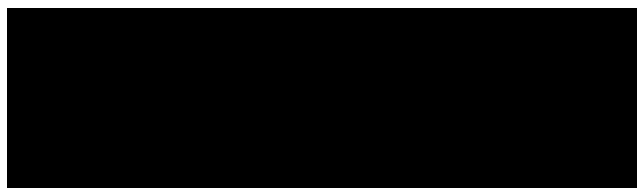
BUILDER:	Name:	Not known?
	Dates:	Stages – 1962 & 1967

SUBJECT INDEXING:	Group:	Education
	Category:	Tertiary Institution

LOCAL GOVERNMENT AREA:	Description:	City of Adelaide
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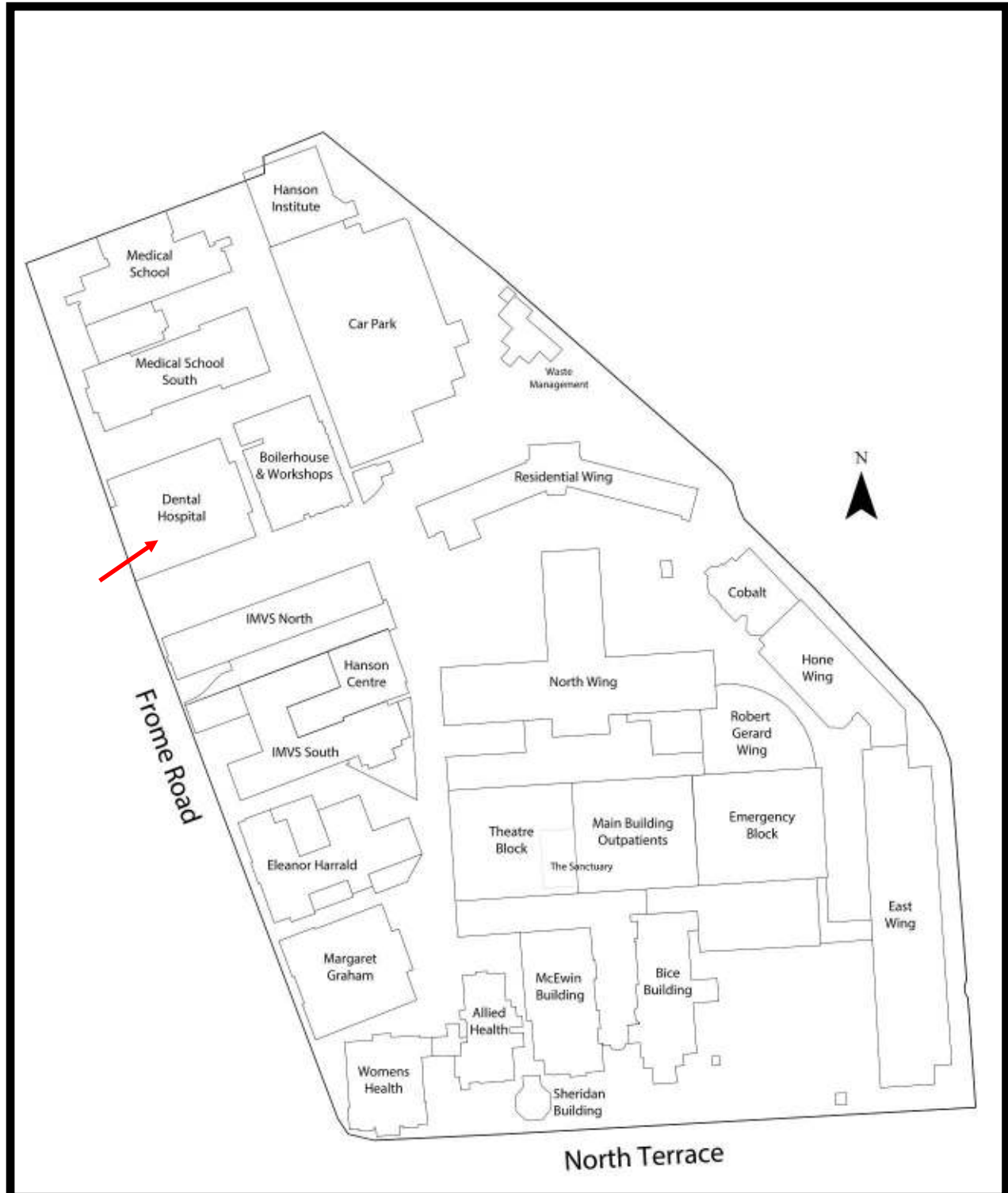
LOCATION:	Unit No.:	
	Street No.:	
	Street Name:	Frome Road
	Town/Suburb:	Adelaide
	Post Code:	5000

LAND DESCRIPTION:	Title Type:	Certificate
	Volume:	5759
	Folio:	670
	Lot No.:	S7624, H105100
	Section:	
	Hundred:	Adelaide

OWNER:

NAME: Dental Hospital (1968)

PLACE NO.: 26413



SITE PLAN – DENTAL HOSPITAL ARROWED

NAME: Dental Hospital (1968)

PLACE NO.: 26413



Dental Hospital - west elevation



Dental Hospital - north elevation



Dental Hospital - south elevation

NAME: Dental Hospital (1968)

PLACE NO.: 26413



1923 View of first Dental Hospital (Source: SLISA PRG 280/1/40/208)



Frome Road elevation of the first Dental Hospital, 1962 (Source: RAH album GRG38/66)



1962 Stage 1 - work to rear of 1920s Dental Hospital (Source: RAH album GRG38/66)

NAME: Dental Hospital (1968)

PLACE NO.: 26413



Stage 2 of development of Dental Hospital, view from south east
(Source: Building and Architecture 1967)

NAME: Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE RESIDENTIAL WING (INCLUDING CHAPEL)

The Residential Wing in the north east corner of the RAH site was constructed in 1968-69 and is a building of eleven storeys with two wings extending from a central stair core. It was originally constructed as a Nurses Home. As nurses continued to be required to live on site, this new multi-storey residential block was planned as part of the 1960s redevelopment. The architects for this large two winged structure were Stanley Ralph, Assistant Director of Planning and Design, and H Malkin, architects in the Public Buildings Department. Occupied from December 1969, there were 455 bedrooms in the Nurses Residential Wing. Nurses were transferred from several places of accommodation, including the Margaret Graham Nurses Home, 'Eden Park' and Austral House (Ayers House).

Officially opened 17 June 1970, the building comprised a common lounge, recreational areas and a purpose built chapel which includes a later large stained glass window by South Australian Artist Cedar Prest, unveiled 14 July 1982. The northern wall of the chapel is a wall of honour - 'this area is dedicated to the memory of nurses who died whilst in the service of the RAH'. Special occasions are held here such as the commemoration of laying the foundation stone of the first 1841 Adelaide Hospital. The Chapel has been located in various buildings across the RAH site over a number of years, and this is merely the final location for this religious function as a multi-denominational facility.

Soon after the opening of this building, in the early 1970s nurses began to live off-site as there was no requirement for them to have a residential component to their training. Other uses have had to be found for the areas in the block and rooms in this building have been rented out to students and other Hospital staff.

2. DESCRIPTION

This eleven storey building is constructed of lift slab floors with steel and concrete framing, clad in brickwork. It is V-form in plan with two wings radiating from a central stair tower. Internally, the finishes are typical austere with concrete floors and ceilings, and plastered walls. Stairs have timber horizontal rails for balustrades. The chapel is similarly austere, with face red brick walls, and a timber lined ceiling.

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

The Residential Wing is representative of a significant theme in South Australian history including:

- Provision of additional staff accommodation as part of hospital facilities for a growing population in South Australia, specifically during the 1960s and 1970s. The Adelaide Hospital was the initial focus of health care in the state and the main location of education and training for doctors, nurses and health administrators, and the Residential Wing provided nurses accommodation for the hospital from 1970.

COMPARABILITY / RARITY / REPRESENTATION:

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

The Residential Wing has no rarity value in South Australia as it is a continuing evolving form of nurses accommodation, two earlier examples of which remain on site.

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

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

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

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

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

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

The Residential Wing is one of a number of buildings which over the years in the terms of the development of the hospital have been used for nurses accommodation. It was already unnecessary as soon as it had been completed as nurses were no longer required to reside on site during their training at the hospital. It therefore does not demonstrate any important aspect of the State's history.

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

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

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

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

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

The Residential Wing demonstrates a custom that is no longer practiced at the hospital, but the representation of nurses' homes at the hospital is well covered with the Margaret Graham Nurses Home and also the Eleanor Harrauld Building.

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

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

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

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

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

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

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

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

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

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

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

The particular place of cultural significance which this building represents is accommodation for the nurses on the hospital site – it is not considered to be an outstanding representative of this class.

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

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

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

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

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

The Residential Wing is a good example of a late 1960s early 1970s high rise structure using slab floor construction where the building was built from the ground upwards. But there are other and better examples of this particular construction technique which would be more appropriate to include as State Heritage Places.

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

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

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

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

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

The Residential Wing will have strong associations for nurses who have been residents there, but this was for a short period of time for a small number of nurses over the history of the hospital and therefore the strength of these associations is not considered strong enough for State heritage listing.

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

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

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

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

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

The Residential Wing does not have special associations with any particular person or organisation. The Chapel, which is the most specifically spiritual section of the building, is also the last of a long run of buildings used as chapels on the hospital site.

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

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

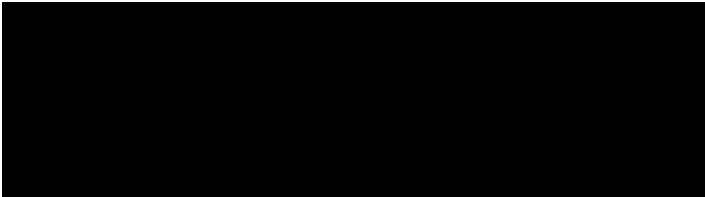
As The Residential Wing does not meet one or more criteria under section 16 of the *Heritage Places Act 1993*, no extent of listing is provided.

REFERENCES:

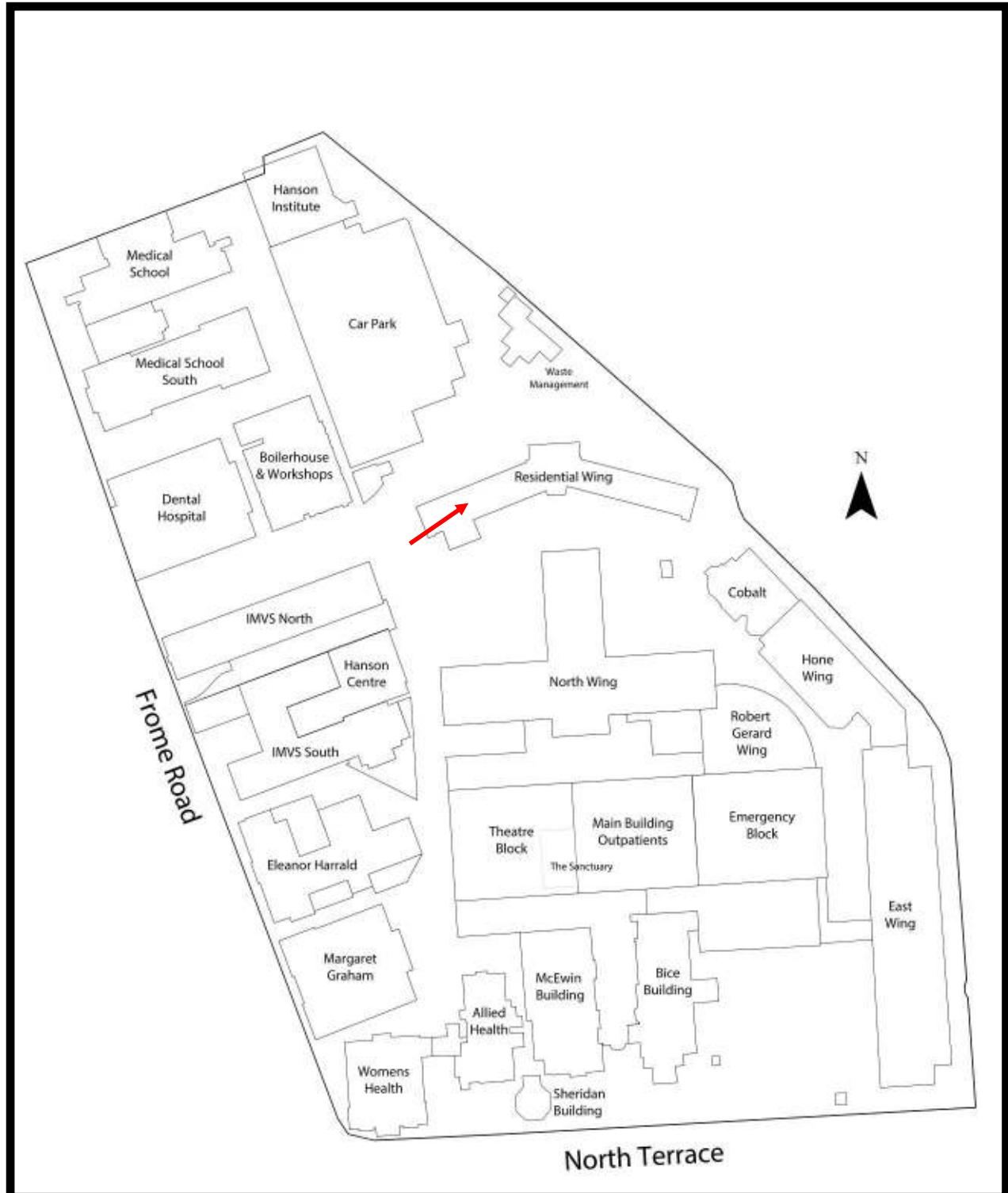
Durbin, Joan, 'History, Nursing Education and Jubilee 150' in *The True Glory – RAH Foundation Day Addresses 1979-1993*, p 64, editor Bernard Nicholson, 1993

NAME: Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413

SITE RECORD:

FORMER NAME:	New Staff Quarters for Nurses	
DESCRIPTION OF PLACE:	A utilitarian building of 11 storeys with two wings extending from a central stair core	
DATE OF COMPLETION:	1968-69	
REGISTER STATUS:	Description:	Nominated
	Date:	20 March 2012
CURRENT USE:	Description:	Chapel, etc
	Dates:	c1970-present
PREVIOUS USE(S):	Description:	Nurses Home
	Dates:	1968-69
ARCHITECT:	Name:	Stanley Ralph, Assistant Director of Planning and Design, Public Buildings Department
	Dates:	1968
BUILDER:	Name:	Unknown
	Dates:	1968-69
SUBJECT INDEXING:	Group:	Health; Religion
	Category:	Nurses Home, Hospital; Chapel
LOCAL GOVERNMENT AREA:	Description:	Adelaide City Council
LOCATION:	Unit No.:	
	Street No.:	
	Street Name:	North Terrace
	Town/Suburb:	Adelaide
	Post Code:	5000
LAND DESCRIPTION:	Title Type:	Certificate
	Volume:	5832
	Folio:	785
	Lot No.:	A14, D51367
	Section:	
	Hundred:	Adelaide
OWNER:		

NAME: Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413



SITE PLAN – RESIDENTIAL WING ARROWED

NAME: Residential Wing (including Chapel) (1969) **PLACE NO.:** 26413



Residential Wing - entrance to Chapel



Residential Wing - north elevation



Residential Wing - south elevation

NAME: The Sanctuary (2005)

PLACE NO.: 26413

Address: Royal Adelaide Hospital, North Terrace, Adelaide

1. BRIEF HISTORY OF THE SANCTUARY

The Sanctuary, between the 1960s Central Tower and Theatre Blocks, was established as a patient and staff relaxation area in 2005. It includes acknowledgements of major financial contributions by individuals and organisations, and features raised garden beds and unusual floor level treatment, both outside and in the entry area indoors. The sponsors, benefactors and other donors to a Royal Adelaide Hospital Redevelopment Appeal in 2009 are recorded, and seating was donated by the Lavender Lads and Ladies in 2007.

2. DESCRIPTION

This area is an interesting reclamation of a roof area between two of the 1960s buildings to create an outdoor garden and seating area for staff and patients. It contains public artwork which represents the donations of people and organisations. The gardens have been carefully planted and it is an area which provides some relief from the uncompromising 1960s architecture around it.

3. ASSESSMENT OF HERITAGE SIGNIFICANCE

IDENTIFICATION OF SOUTH AUSTRALIAN HISTORICAL THEMES:

It is not considered that The Sanctuary is representative of any particular historical themes relating to the development of South Australia, except as a minor and not particularly easily accessible representation of acknowledgement of philanthropy.

COMPARABILITY / RARITY / REPRESENTATION:

There are other more significant representations of acknowledgements of philanthropy within the RAH site and within South Australia particularly, in most instances the individual named buildings or sites are more accessible and easily understood.

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

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

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

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

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

It is not considered The Sanctuary demonstrates any important aspects of the evolution or pattern of the State's history.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

It is not considered The Sanctuary has rare, uncommon or endangered qualities of cultural significance.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

It is considered that The Sanctuary will not be able to yield information to contribute further to the understanding of South Australia's history.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

It is not considered that The Sanctuary is an outstanding representative of a particular class of places of cultural significance.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

While a pleasant and well-designed area, it is not considered that The Sanctuary demonstrates a high degree of creative, aesthetic or technical accomplishment.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

The Sanctuary, as an area which acknowledges philanthropy to the Hospital, does not have strong cultural or spiritual associations for any particular community or group. As a place of relaxation for the staff and patients it is a pleasant area, but is not highly utilized, apart from smokers. The acknowledgements of the benefactors and donors to the Hospital can be made in an alternative location just as successfully.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

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

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

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

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

The Sanctuary does not have a special association with any particular person or organisation or event.

In conclusion, it is considered that The Sanctuary does not meet this criterion.

EXTENT OF LISTING / SIGNIFICANT FABRIC / CURTILAGE:

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

REFERENCES:

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

NAME: The Sanctuary (2005)
PLACE NO.: 26413**SITE RECORD:****FORMER NAME:****DESCRIPTION OF PLACE:**

The reclamation of a roof area between two of the 1960s buildings to create an outdoor garden and seating area for staff and patients.

DATE OF COMPLETION:

2005

REGISTER STATUS:**Description:**

Nominated

Date:

20 March 2012

CURRENT USE:**Description:**

Relaxation Area

Dates:

2005-present

PREVIOUS USE(S):**Description:**

n/a

Dates:

n/a

ARCHITECT:**Name:**

n/a

Dates:

n/a

BUILDER:**Name:**

n/a

Dates:

n/a

SUBJECT INDEXING:**Group:**

Health; Parks, gardens and trees

Category:

Hospital; Garden

LOCAL GOVERNMENT AREA:**Description:**

Adelaide City Council

LOCATION:**Unit No.:****Street No.:****Street Name:**

North Terrace

Town/Suburb:

Adelaide

Post Code:

5000

LAND DESCRIPTION:**Title Type:**

Certificate

Volume:

5832

Folio:

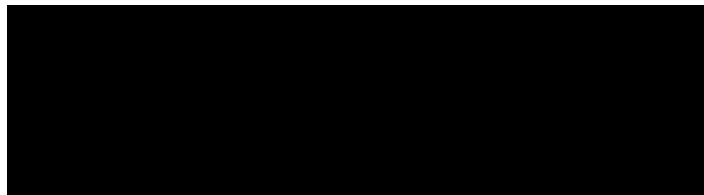
785

Lot No.:

A14, D51367

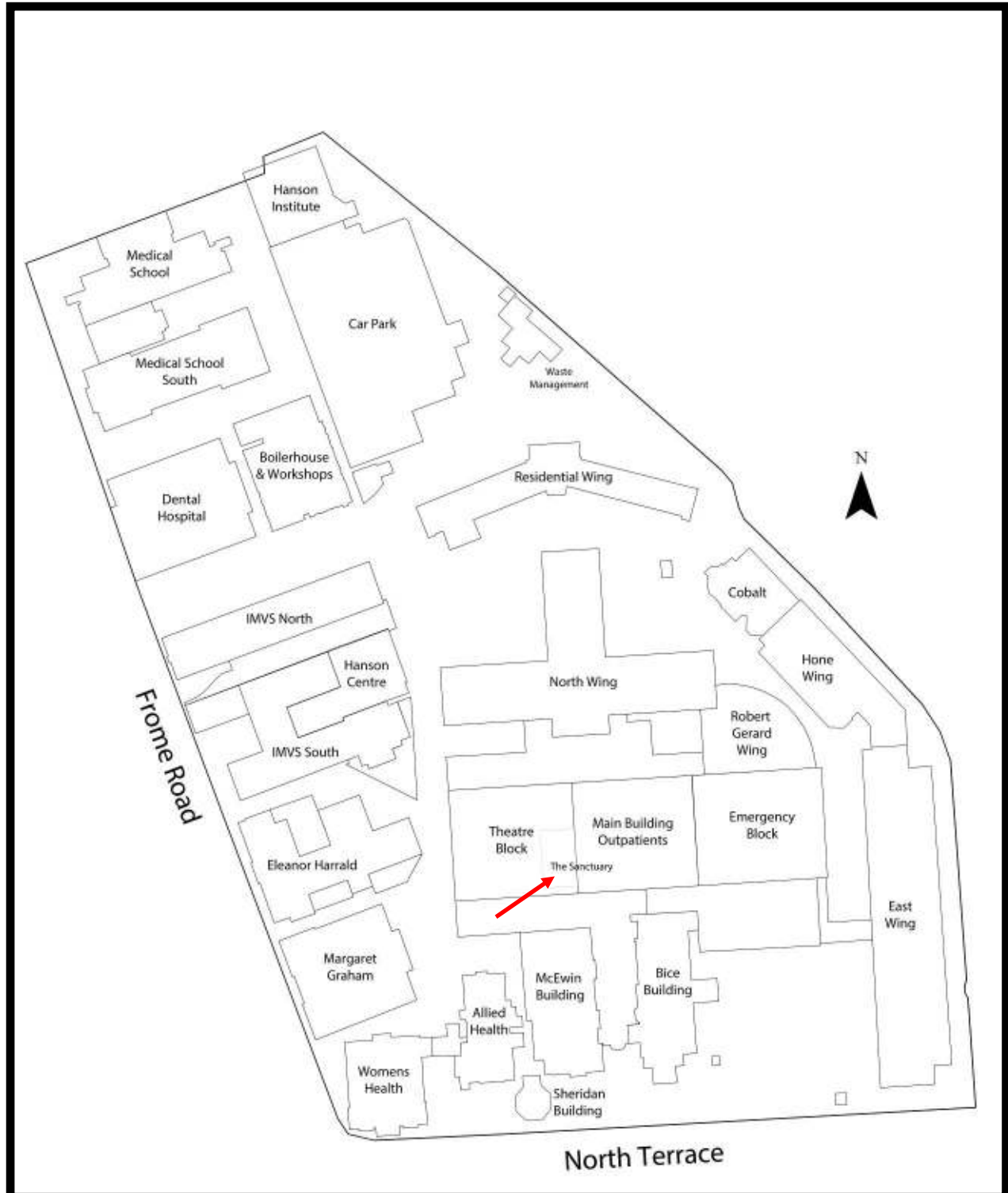
Section:**Hundred:**

Adelaide

OWNER:

NAME: The Sanctuary (2005)

PLACE NO.: 26413



SITE PLAN – THE SANCTUARY ARROWED

NAME: The Sanctuary (2005)

PLACE NO.: 26413

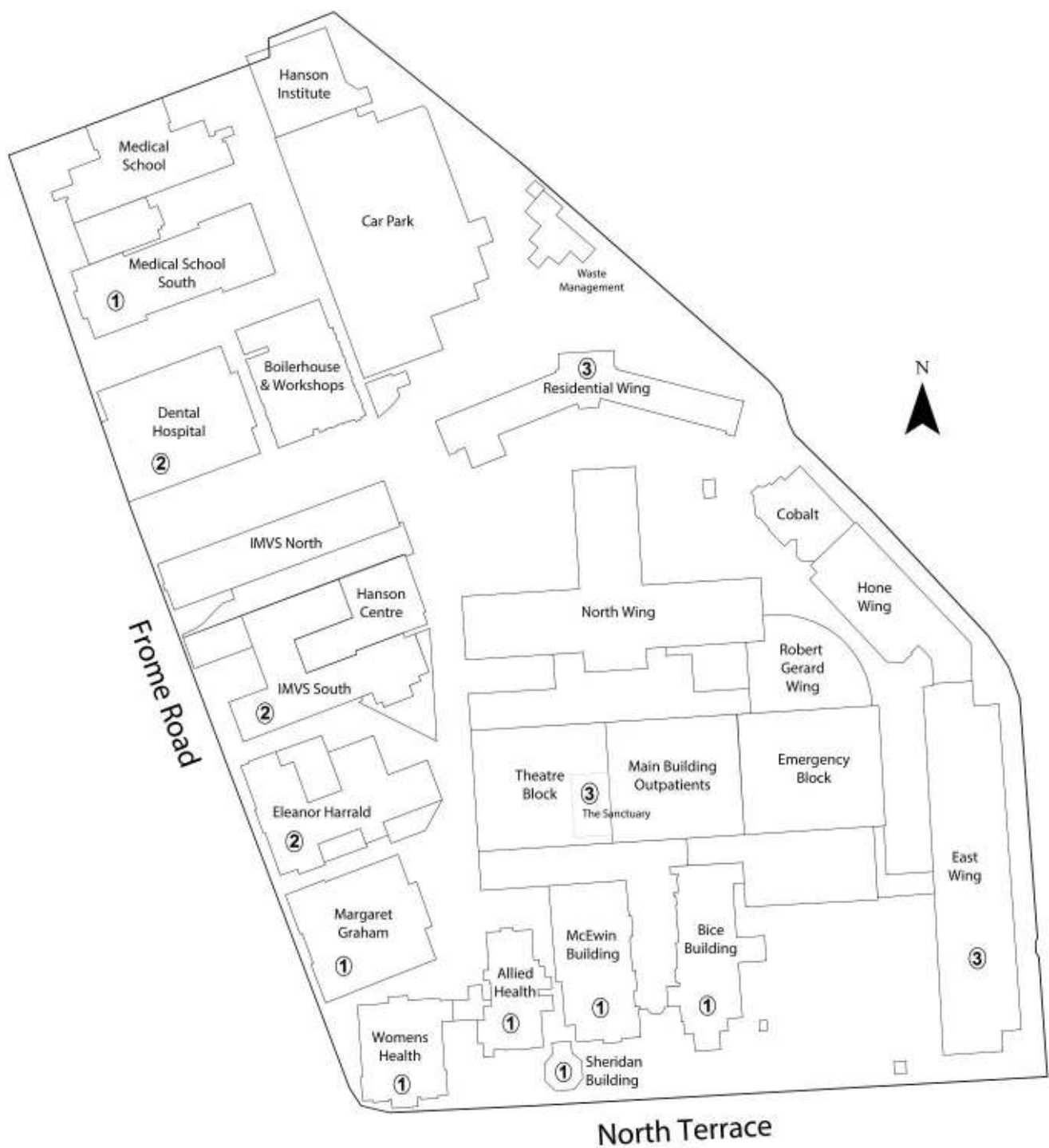


The Sanctuary - general view

4.2 Summary of Assessments

	SUMMARY OF ASSESSMENT AGAINST CRITERIA						
BUILDING	a	b	c	d	e	f	g
Sheridan Building (<i>Kiosk</i>)	✓	x	x	x	✓	✓	✓
Bice Building	✓	x	x	✓	✓	✓	x
Women's Health Centre (<i>Outpatients</i>)	✓	x	x	✓	✓	✓	x
Allied Health Building (<i>Admissions and Casualty</i>)	✓	x	x	✓	✓	✓	x
IMVS Building	x	x	x	x	x	x	x
McEwin Building (<i>Operating Theatres block</i>)	✓	x	x	✓	✓	✓	x
Adelaide University Medical School	✓	x	x	x	x	✓	x
Eleanor Harrald Building (<i>Nurses Home</i>)	x	x	x	x	x	x	x
East Wing	x	x	x	x	x	x	x
Dental Hospital	x	x	x	x	x	x	x
Residential Wing	x	x	x	x	x	x	x
The Sanctuary	x	x	x	x	x	x	x

4.3 Relative Significance of Buildings



KEY:

- ① Exceptional Heritage Value
- ② Moderate Heritage Value
- ③ Low Heritage Value

5.0 ASSESSMENT OF CITY OF ADELAIDE SIGNIFICANCE

5.1 Significance of Buildings

The RAH site is considered to have evolved from the establishment of hospital facilities which provided health care and medical education and research for the whole of South Australia. No structures on site were constructed only for the use of residents of the city of Adelaide. Consequently, no local heritage status has been accorded to any structure or building.

Rather, it is recommended that the one local heritage place that is included in the City of Adelaide plan be upgraded to State significance.

5.2 Significance of Visual Qualities

Consideration could be given to the assessment of the visual amenity and streetscape qualities of the buildings which form the perimeter rows along North Terrace and Frome Road, with the aim of retaining the elements which make this area an important section of the city landscape.

The significant elements include

- Plane trees to Frome Road
- Elm trees to North Terrace
- Iron fence remnants to North Terrace
- Brick and render fencing to Frome Road buildings

In addition, the relationship of the RAH site to the Botanical Gardens to the east is of crucial concern. The visual qualities of the western edges of the Botanical Gardens have been dominated and diminished by the bulk of the East Wing building for more than 50 years.

6.0 POTENTIAL ARCHAEOLOGICAL AREAS

6.1 Introduction

South Australia has developed and redeveloped the site of the Royal Adelaide Hospital to match public needs, changing circumstances (such as war), and evolving approaches to health care provision. The buildings themselves, past and present, are physical expressions of these changes. Their scale, architectural design, construction materials and deposited artefacts can tell us much about the hospital's past and its part in the story of South Australia's development.

This section of this report identifies the past features with the greatest potential to speak to the important aspects of the hospital's history prior to the current physical configuration of the site, and will help guide decisions over archaeological permit requirements for anticipated site changes in the future.

6.2 Statutory Requirements

This archaeological study was made within the context of the archaeological provisions of the *Heritage Places Act* (1993):

S26: a person must not, without a permit from the Council —

- (a) excavate or disturb a State Heritage Place designated as a place of archaeological significance; or
- (b) remove archaeological artefacts from such a place.

S27(1): a person must not, without a permit from the Council —

- (a) excavate or disturb any land (not designated as a place of archaeological significance) for the purpose of searching for or recovering archaeological artefacts of heritage significance.
- (b) excavate or disturb any land (not designated as a place of archaeological significance) knowing or having reasonable cause to suspect that the excavation or disturbance will or is likely to result in an archaeological artefact of heritage significance being discovered, exposed, moved, damaged or destroyed.

Section 16 of the Act defines *heritage significance* under seven criteria. This archaeological study focuses solely on *criterion c*; 'it may yield information that will contribute to an understanding of the State's history, including its natural history'.

The Act defines *archaeological artefact* as:

any matter forming part of an archaeological deposit, or any artefact, remains or material evidence associated with an archaeological deposit, that relates to the non-Aboriginal settlement of South Australia, or to an activity undertaken by a person as part of the exploration of South Australia, but does not include the remains of a ship or an article associated with a ship.

No State heritage places in the Royal Adelaide Hospital site are currently designated a place of archaeological significance. This, however, does not remove the archaeological permit requirements as per S27(1b) of *the Act*.

Publication of this report constitutes reasonable notification of the potential archaeological artefacts likely to remain in the Royal Adelaide Hospital site under Section 27(1) of *the Act*.

6.3 Methodology

This archaeological study assessed the archaeological potential of all known structures built within the study area. To achieve that, the following staged methodology was adopted.

6.3.1 Gathering of Information

Documentary collections in the Royal Adelaide Hospital Engineers Office, the Royal Adelaide Hospital Heritage Office, the State Library of South Australia, State Records SA, the SA Architecture Museum, the Botanical Gardens and the Adelaide City Council were examined for information on the development of the hospital. Research focused primarily on historic site plans and secondarily on building plans and historic photographs.

6.3.2 Site Mapping

Research uncovered 103 site maps and building plans, and numerous historic photographs. 52 maps were geo-referenced onto a GIS (Geographic Information System) of the site. GIS mapping incorporates together spatial information and data to allow a dynamic analysis of site development. Geo-referencing involves placing plans into real world co-ordinates, such that historic plans can be seen together and related directly with today's landscape.

All structures and major features shown on the historic plans were traced into a GIS map layer to produce a map of all known structures found to have existed in the study area. Because the historic maps used have spatial inaccuracy, the traced layer represents a best estimate of the true former location of past features.

All structures were then assigned an individual feature number, or sub-feature number in the case of building additions. Through comparison of site plans and historical research, each site feature was named and dated.

Some historic features, including but not necessarily limited to utility lines, roads, walls, dump sites, cesspits, burials and landscaping elements have not been included in this work. Most are poorly represented in early plans and are at a level of detail beyond the scope of this study. Documentation of at least a representative sample of these will likely reveal important information about the function and design of the early hospital site. The recommendations include an area of exceptional archaeological potential encapsulating the rear yard area of the early hospital site, which may capture a number of these features.

Figures 6.1 – 6.7 map features through the major periods of the hospital's history.

Royal Adelaide Hospital Site 1880 Layout

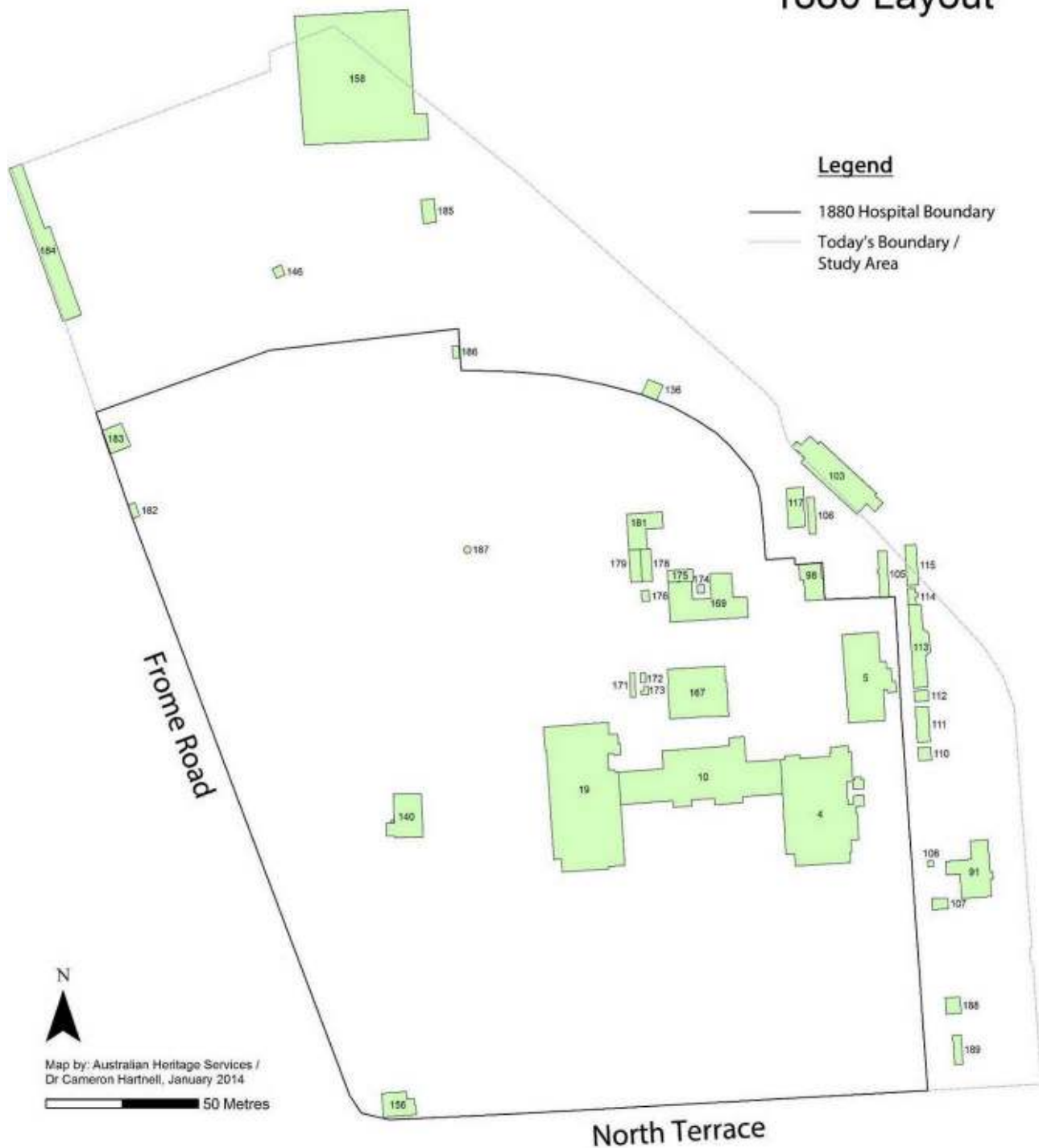


Figure 6.1

1880 FEATURES

NO.	NAME	DATES
4	East Wing (Original)	1856 - 1963
5	DaCosta Ward	1878 - 1963
10	Main Block (Original)	1856 - 1965
19	West Wing (Original)	1856 - 1963
91	Director's Residence (Botanic Gardens)	By 1864 - c1955
98	Dead House/Original Mortuary	c1856 - c1955
103	Fern House and Museum (Botanic Gardens)	By 1864 - c1955
105	Unknown Building (Botanic Gardens)	By 1880 - By 1955
106	Unknown Feature	1880? - Unknown
107	Unnamed Building - Shed?	By 1880 - c1955
108	Director's/Superintendent's Residence Toilet	By 1864 - c1955
110	Toilet (Botanic Gardens)	By 1937 - c1955
111	Green House (Botanic Gardens)	By 1864 - c1955
112	Unknown Building (Botanic Gardens)	By 1864 - c1955
113	Conservatory and Store Houses	By 1864 - c1955
114	Unknown Building (Botanic Gardens)	By 1880 - By 1955
115	Green House (Botanic Gardens)	By 1880 - c1955
117	Unknown Building (Botanic Gardens)	By 1880 - By 1946
136	Unknown Building (Botanic Gardens)	By 1890 - By 1902?
140A	Cottage / Residence	c1877 - By 1954
140B	Tank Stand adjacent to Operating Theatre #2	c1877 - By 1954
146	Rubbish Furnace	By 1880 - Unknown
156	Gardener's Cottage	By 1880 - c1935
158	Exhibition Building	1859 - c1968
167	Kitchen	By 1880 - c1925
169	Wash House	By 1880 - c1923
171	Toilet	By 1880 - By 1923
172	Small Unknown Building	By 1880 - By 1923
173	Small Unknown Building	By 1880 - By 1923
174	Tank	By 1880 - By 1923
175	Unknown Building	By 1880 - By 1923
176	Toilet	By 1880 - By 1923
178	Unknown Building	By 1880 - By 1923
179	Unknown Feature	By 1880 - By 1923
181	Shed	By 1880 - By 1923
182	Small Unknown Building	By 1880 - Unknown
183	Entrance (Building?) to Exhibition Grounds	By 1880 - By 1917
184	Extended Shed (?) along Exhibition Grounds Boundary	By 1880 - Post 1920
185	Small Structure labelled 'W' on 1880 Survey	By 1880 - By 1920
186	Toilet	By 1880 - By 1927
187	Rubbish Furnace	By 1880 - By 1927
188	Unknown Building (Botanic Gardens)	By 1874 - By 1906?
189	Unknown Building (Botanic Gardens)	By 1864 - By 1906?

Royal Adelaide Hospital Site 1906 Layout

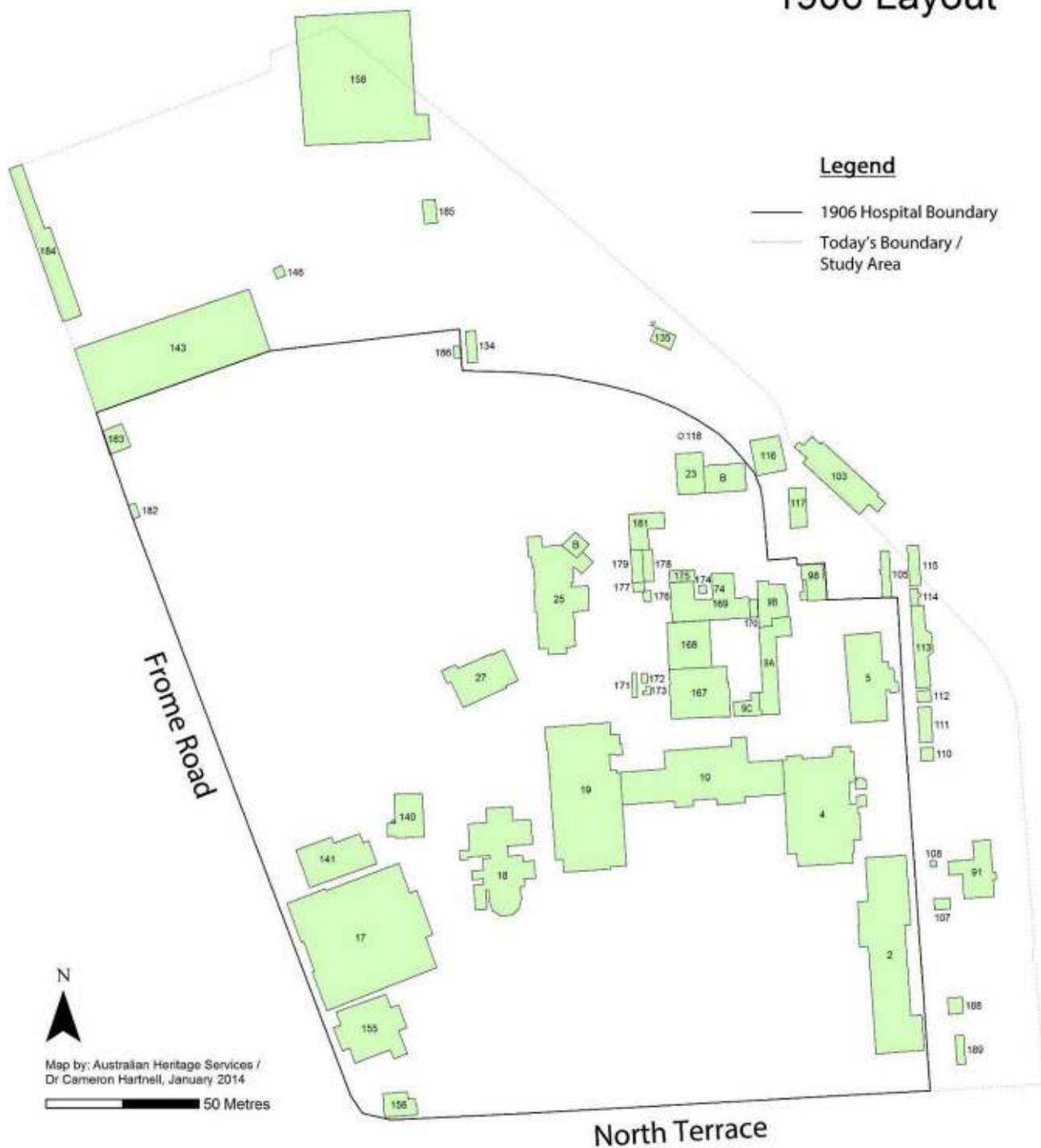


Figure 6.2

1906 FEATURES

NO.	NAME	DATES
2	Flinders and Light Ward	1892 - 1970
4	East Wing (Original)	1856 - 1963
5	DaCosta Ward	1878 - 1963
9A	Terrace Ward	1882 - 1963
9B	Terrace Ward - Ward Maid Quarters	1889 - 1963
9C	Additional Nurses Accommodation	1882 - c1925
10	Main Block (Original)	1856 - 1965
17	Margaret Graham Building	1906 - Still Standing
18	Operating Theatre #1	1888 - Post 1963
19	West Wing (Original)	1856 - 1963
23A	Pathological Block	By 1902 - c1962
23B	Pathology	By 1902 - By 1930
25A	Ophthalmic Block	1898 - 1963
25B	Ophthalmic Block Operating Theatre	1898 - 1963
27	Bacteriological and Pathological Institute	c1899 - c1963
91	Director's Residence (Botanic Gardens)	By 1864 - c1955
98A	Dead House/Original Mortuary	c1856 - c1955
98B	Addition to Dead House	By 1906 - c1955
103	Fern House and Museum (Botanic Gardens)	By 1864 - c1955
105	Unknown Building (Botanic Gardens)	By 1880 - By 1955
107	Unknown Building	By 1880 - c1955
108	Director's/Superintendent's Residence Toilet	By 1864 - c1955
110	Toilet (Botanic Gardens)	By 1937 - c1955
111	Green House (Botanic Gardens)	By 1864 - c1955
112	Unknown Building (Botanic Gardens)	By 1864 - c1955
113	Conservatory and Store Houses	By 1864 - c1955
114	Unknown Building (Botanic Gardens)	By 1880 - By 1955
115	Green House (Botanic Gardens)	By 1880 - c1955
116	Shed (Botanic Gardens)	By 1902 - 1947
117	Unknown Building (Botanic Gardens)	By 1880 - By 1946
118	Incinerator	c1899 - By 1969
134	Shed (Botanic Gardens)	By 1890 - By 1946
135A	Unknown Building (Botanic Gardens)	By 1890 - By 1946
135B	Unknown Building - Toilet? (Botanic Gardens)	Unknown
140A	Cottage / Residence	c1877 - By 1954
140B	Tank Stand adjacent Cottage	c1877 - By 1954
141	Secretary's Abode	1883 - c1954
143	Wood & Iron Building	By 1906 - By 1947
146	Rubbish Furnace	By 1880 - Unknown
155	Out-Patients Block	1882 - By 1933
156	Gardener's Cottage	By 1880 - c1935
158	Exhibition Building	1859 - c1968
167	Kitchen	By 1880 - c1925
168	Unknown Feature	By 1906 - c1925
169	Wash House	By 1880 - c1923
170	Laundry Addition	c1889 - c1923
171	Toilet	By 1880 - By 1923
172	Small Unknown Building	By 1880 - By 1923
173	Small Unknown Building	By 1880 - By 1923
174	Tank	By 1880 - By 1923
175	Unknown Building	By 1880 - By 1923
176	Toilet	By 1880 - By 1923
177	Unknown Building	By 1906 - c1923
178	Unknown Building	By 1880 - By 1923
179	Unknown Feature	By 1880 - By 1923
181	Shed	By 1880 - By 1923
182	Small Unknown Building	By 1880 - Unknown
183	Entrance (building?) to Exhibition Grounds	By 1880 - By 1917
184	Extended Shed (?) along Exhibition Grounds Boundary	By 1880 - Post 1920
185	Small Structure labelled 'W' on 1880 Survey	By 1880 - By 1920
186	Toilet	By 1880 - By 1927
188	Unknown Building (Botanic Gardens)	By 1874 - By 1906?
189	Unknown Building (Botanic Gardens)	By 1864 - By 1906?

Royal Adelaide Hospital Site 1925 Layout

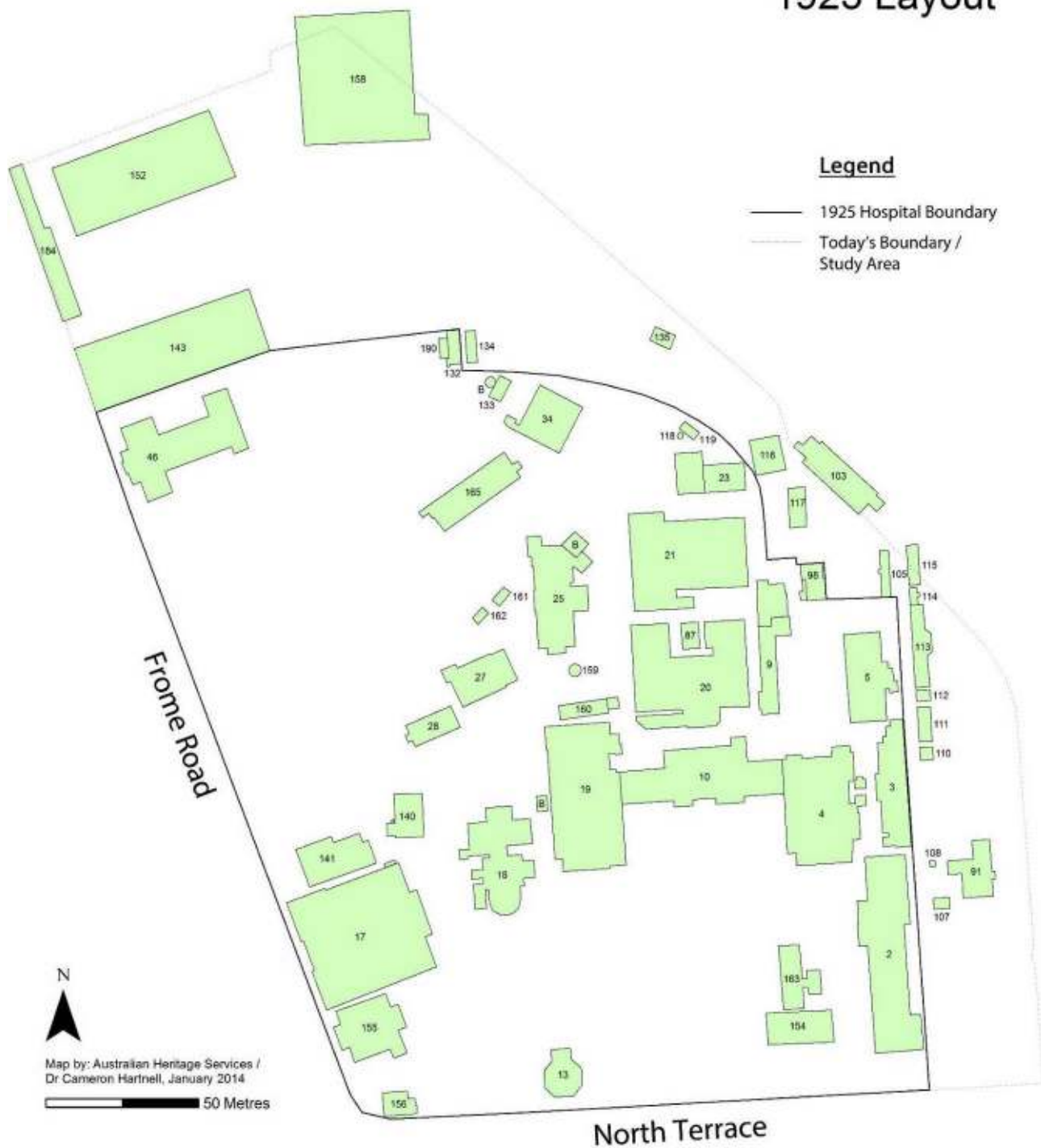


Figure 6.3

1925 FEATURES

NO.	NAME	DATES
2	Flinders and Light Ward	1892 - 1970
3	Verco Ward	1921 - 1963
4	East Wing (Original)	1856 - 1963
5	DaCosta Ward	1878 - 1963
9	Terrace Ward	1882 - 1963
10	Main Block (Original)	1856 - 1965
13	Sheridan Building	1921 - Still Standing
17A	Margaret Graham Building	1906 - Still Standing
17B	Boiler House to Margaret Graham Building	c1906 - To 1947
18	Operating Theatre #1	1888 - Post 1963
19A	West Wing (Original)	1856 - 1963
19B	Lift to Original West Wing	By 1927 - 1963
20	Kitchen	1925 - 1963
21	Laundry	1923 - 1963
23A	Pathological Block	By 1902 - c1962
23B	Pathology	By 1902 - By 1930
25A	Ophthalmic Block	1898 - 1963
25B	Ophthalmic Block Operating Theatre	1898 - 1963
27	Bacteriological and Pathological Institute	c1899 - c1963
28	Lecture Theatre	c1911 - c1963
34	Old Boiler House	1924 - c1955
46	Dental School	1917 - 1968
87	Store	c1923 - c1963
91	Director's Residence (Botanic Gardens)	By 1864 - c1955
98A	Dead House/Original Mortuary	c1856 - c1955
98B	Addition to Dead House	By 1906 - c1955
103	Fern House and Museum (Botanic Gardens)	By 1864 - c1955
105	Unknown Building (Botanic Gardens)	By 1880 - By 1955
107	Unknown Building - Shed?	By 1880 - c1955
108	Director's/Superintendent's Residence Toilet	By 1864 - c1955
110	Toilet (Botanic Gardens)	By 1937 - c1955
111	Green House (Botanic Gardens)	By 1864 - c1955
112	Unknown Building (Botanic Gardens)	By 1864 - c1955
113	Conservatory and Store Houses	By 1864 - c1955
114	Unknown Building (Botanic Gardens)	By 1880 - By 1955
115	Green House (Botanic Gardens)	By 1880 - c1955
116	Shed (Botanic Gardens)	By 1902 - 1947
117	Unknown Building (Botanic Gardens)	By 1880 - By 1946
118	Incinerator	c1899 - By 1969
119	Sputum Incinerator	c1924 - By 1969
132	Shed	By 1932 - By 1955
133A	Flue House	c1924 - c1959
133B	Boiler Chimney	c1924 - c1959
134	Shed	By 1890 - By 1946
135	Unknown Building (Botanic Gardens)	By 1890 - By 1946
140A	Cottage / Residence	c1877 - By 1954
140B	Tank Stand adjacent to Cottage	c1877 - By 1954
141	Secretary's Abode	1883 - c1954
143	Wood & Iron Building	By 1906 - By 1947
152	Tennis Courts	By 1923 - Post 1962
154	Tennis Courts	Post 1906 - By 1932
155	Out-Patients Block	1882 - By 1933
156	Gardener's Cottage	By 1880 - c1935
158	Exhibition Building	1859 - c1968
159	Unknown Circular Feature	Unknown
160	Hardware Store	By 1926 - By 1930
161	Unknown Dotted Feature	Unknown - By 1935
162	Unknown Dotted Feature	Unknown - By 1935
163	Temporary Marquee Ward	c1925 - By 1932
165	Torrens Ward (1)	1920 - 1932
184	Extended Shed (?) along Exhibition Grounds Boundary	By 1880 - Post 1920
190	Shed	By 1932 - By 1947

Royal Adelaide Hospital Site 1947 Layout

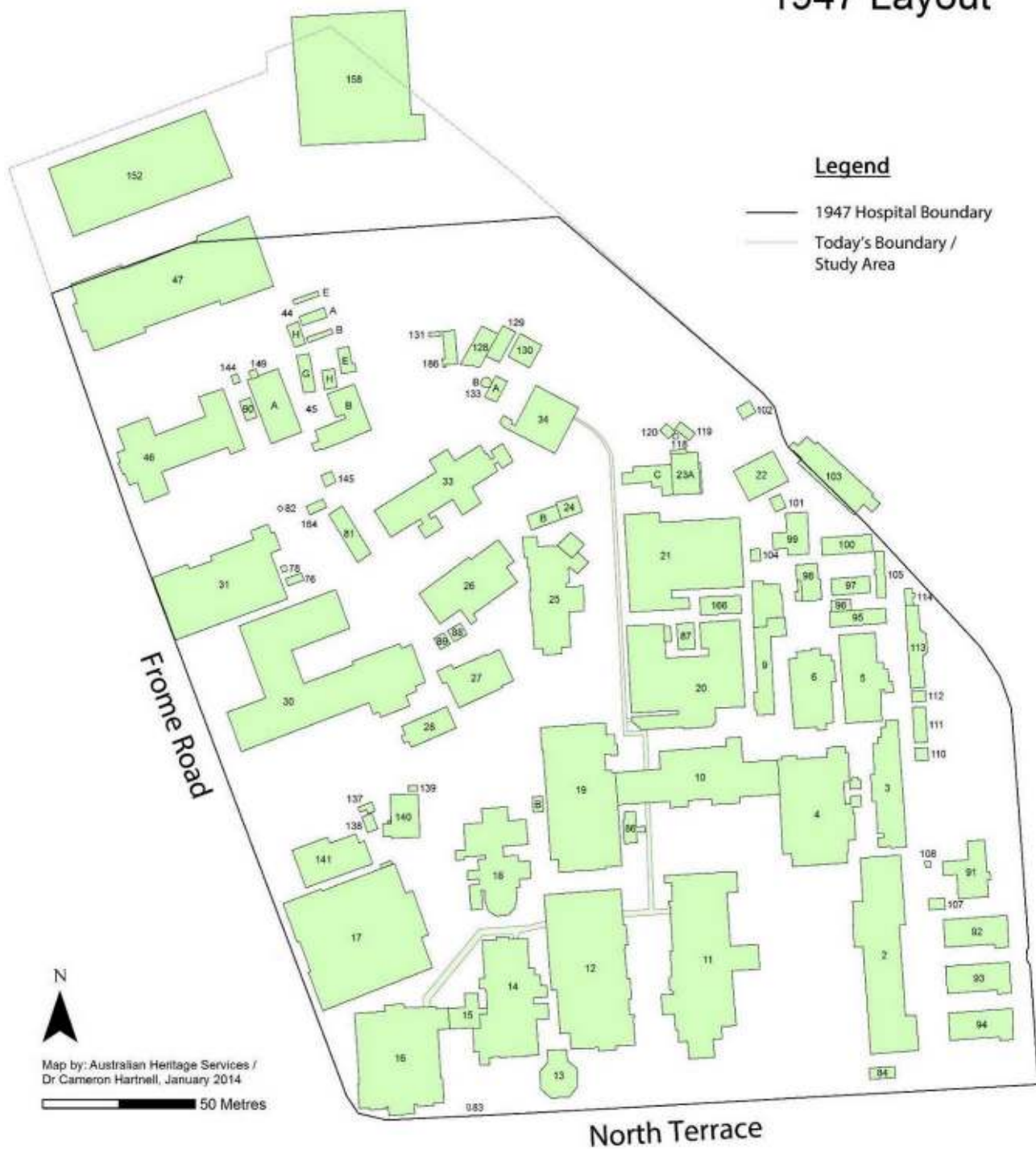


Figure 6.4

1947 FEATURES

NO.	NAME	DATES	NO.	NAME	DATES
2	Flinders and Light Ward	1892 - 1970	86	Temporary Plaster Room	By 1940 - c1962
3	Verco Ward	1921 - 1963	87	Store	c1923 - c1963
4	East Wing (Original)	1856 - 1963	88	Unknown Building adjacent Chest Clinic	By 1940 - c1963
5	DaCosta Ward	1878 - 1963	89	Unknown Building adjacent Chest Clinic	By 1940 - c1963
6	Torrens Ward	1923 - 1963	90	Unknown Feature	By 1946 - By 1962
9	Terrace Ward	1882 - 1963	91	Director's Residence (Botanic Gardens)	By 1864 - c1955
10	Main Block (Original)	1856 - 1965	92	Nurses' Accommodation (Northern)	1946 - 1958
11	Bice Building	1926 - Still Standing	93	Nurses' Accommodation (Central)	1947 - 1958
12	McEwin Building	1941 - Still Standing	94	Nurses' Accommodation (Southern)	1947 - 1958
13	Sheridan Building	1921 - Still Standing	95	Carpenters' Workshop	By 1946 - c1955
14	Allied Casualty	1935 - Still Standing	96	Unknown Building	By 1946 - By 1955
15	Almoners	1946 - Still Standing	97	Splintmakers	c1947 - c1955
16	Nursing School	1935 - Still Standing	98A	Dead House/Original Mortuary	c1856 - c1955
17	Margaret Graham Building	1906 - Still Standing	98B	Addition to Dead House	By 1906 - c1955
18	Operating Theatre #1	1888 - Post 1963	99	Bed Repairs & Painting	By 1940 - c1955
19A	West Wing (Original)	1856 - 1963	100	Porters (RAH)	c1947 - By 1955
19B	Lift to Original West Wing	By 1927 - 1963	101	Pharmacy Store	By 1947 - By 1955
20	Kitchen	1925 - 1963	102	Unknown Building	By 1955 - By 1962
20	Galvanised Iron Store Shed	Post 1925 - c1963	103	Fern House/Museum (Botanic Gardens)	By 1864 - c1955
21	Laundry	1923 - 1963	104	Unknown Building	By 1955 - By 1962
22	Bed and Record Store	c1947 - c1963	105	Unknown Building (Botanic Gardens)	By 1880 - By 1955
23A	Pathological Block	By 1902 - c1962	107	Unknown Building - Shed?	By 1880 - c1955
23B	Pathology	By 1902 - By 1930	108	Director's Residence Toilet	By 1864 - c1955
24A	Transformer House/E.T.S.A. Station	c1932 - c1963	110	Toilet (Botanic Gardens)	By 1937 - c1955
24B	Transformer	c1950 - 1963	111	Green House (Botanic Gardens)	By 1864 - c1955
25	Ophthalmic Block	1898 - 1963	112	Unknown Building (Botanic Gardens)	By 1864 - c1955
26	Chest Clinic	1935 - c1963	113	Conservatory and Store Houses	By 1864 - c1955
27	Bacteriological/Pathological Institute	c1899 - c1963	114	Unknown Building (Botanic Gardens)	By 1880 - By 1955
28	Lecture Theatre	c1911 - c1963	118	Incinerator	c1899 - By 1969
30	Medical Institute	1936 - Still Standing	119	Sputum Incinerator	c1924 - By 1969
31	Temporary Out-Patients Block	1929 - By 1973	120	Unknown Building	By 1955 - By 1969
33	Frome Ward	1932 - By 1969	128	Boiler House	By 1955 - c1959
34	Old Boiler House	1924 - c1955	129	Refrigeration Maintenance Workshops	By 1946 - c1959
44A	Animal Pen (I.M.V.S.)	By 1940 - By 1964	130	Workshop	Unknown
44B	Animal Pen (I.M.V.S.)	By 1940 - By 1964	131	Shed Style Building	By 1932 - By 1955
44E	Unnamed Animal Pens? (I.M.V.S.)	By 1940 - By 1989	132	Shed	c1924 - c1959
44H	Animal Pen (I.M.V.S.)	By 1940 - By 1964	133A	Flue House	c1924 - c1959
45A	Animal House (I.M.V.S.)	By 1940 - By 1964	133B	Boiler Chimney	c1924 - c1959
45B	Fodder Store / Sun Cages (I.M.V.S.)	By 1940 - By 1964	137	Laundry & Brick Toilet	By 1942 - By 1954
45E	Stable (I.M.V.S.)	By 1937 - By 1964	138	Lavatory Block	By 1942 - By 1954
45F	Pathological	By 1940 - By 1964	139	Tool Shed	By 1947 - By 1954
45G	Stables (I.M.V.S.)	By 1937 - By 1964	140A	Cottage / Residence	c1877 - By 1954
46	Dental School	1917 - 1968	140B	Tank Stand adjacent Cottage	c1877 - By 1954
47	Medical School	1947 - Still Standing	141	Secretary's Abode	1883 - c1954
69	Underground Duct	c1934 - Still Standing	144	Unknown Building	By 1940 - By 1955
76	Unknown Building adjacent V.D. Clinic	By 1940 - By 1973	145	Lumber Store	Post 1946 - c1949
78	Unknown Building adjacent V.D. Clinic	By 1937 - By 1973	149	Unknown Building adjacent Vet Yards	By 1937 - By 1955
81	New Army Hut	c1947 - By 1973	152	Tennis Courts	By 1923 - Post 1962
82	Gatekeepers Enclosure 1	Unknown	158	Exhibition Building	1859 - c1968
83	Gatekeepers Enclosure 2	Unknown	164	Palm House Building	By 1940 - c1949
84	Gatekeepers Enclosure & Shelter 3	Post 1955 - Unknown	166	Bed Store	Post 1923 - c1948

Royal Adelaide Hospital Site 1970 Layout

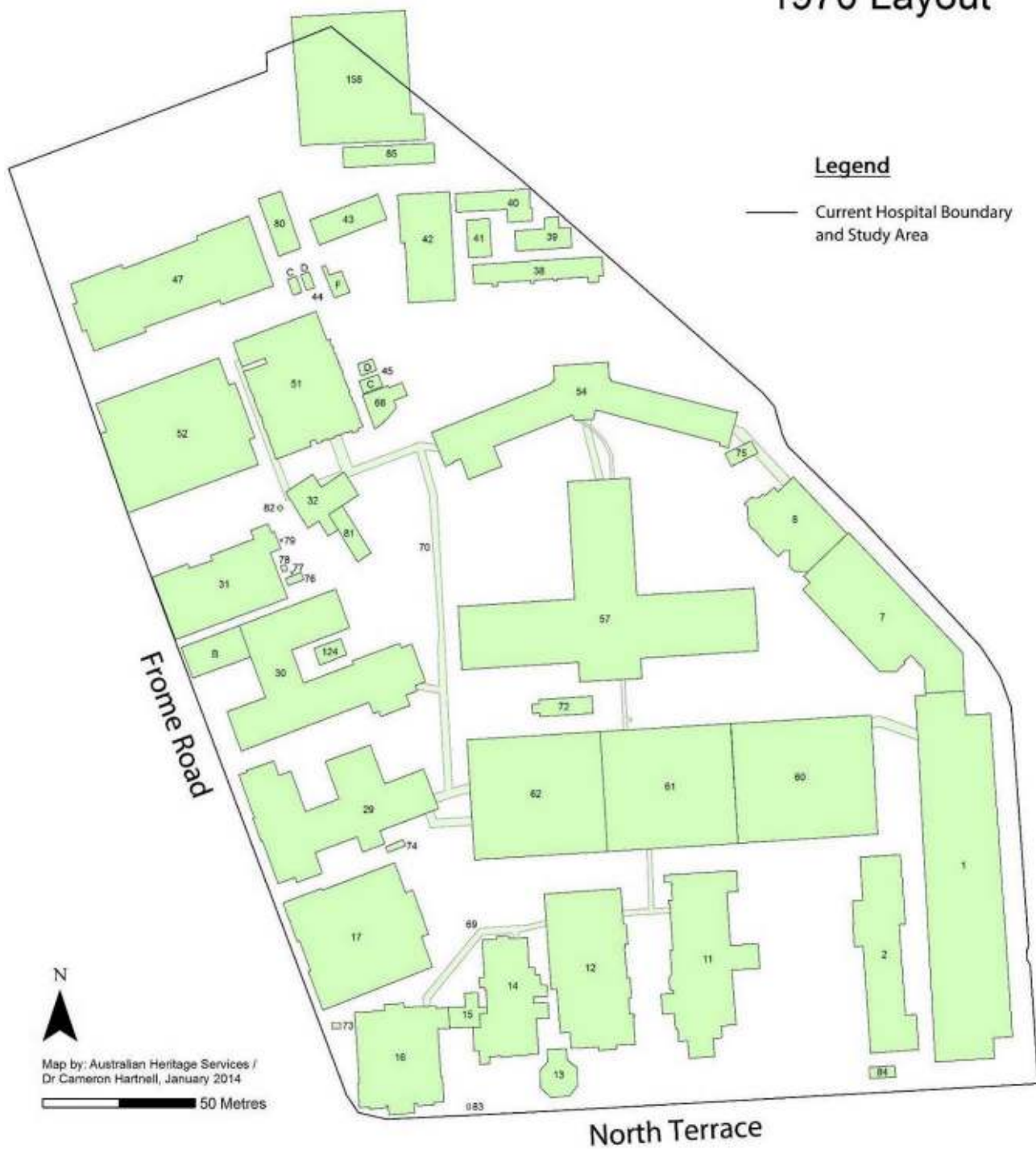


Figure 6.5

1970 FEATURES

NO.	NAME	DATES
1	"New" East Wing	1958 - Still Standing
2	Flinders and Light Ward	1892 - 1970
7	F.S. Hone Wing and Linear Accelerator	1955 - Still Standing
8	Cobalt Therapy	1955 - Still Standing
11	Bice Building	1926 - Still Standing
12	McEwin Building	1941 - Still Standing
13	Sheridan Building	1921 - Still Standing
14	Allied Casualty	1935 - Still Standing
15	Almoners	1946 - Still Standing
16	Nursing School	1935 - Still Standing
17	Margaret Graham Building	1906 - Still Standing
29	Eleanor Harrauld Building	1954 - Still Standing
30A	Medical Institute/I.M.V.S. South Building	1936 - Still Standing
30B	Medical Institute Addition	By 1962 - Still Standing
31	Temporary Out-Patients Block	1929 - By 1973
32	Medical Students Common Room	c1949 - By 1969
38	Store: Beds, Furniture & Pharmacy	c1955 - By 1989
39	Maintenance: Carpenters, Plumbers & Painters	c1955 - By 1989
40	Porters	c1955 - By 1989
41	I.V.M.S.	By 1962 - By 1989
42	I.M.V.S. Central Sterilizing Building	c1955 - c1989
43	Animal House (I.M.V.S.)	By 1955 - By 1989
44C	Unnamed Animal Pens? (I.M.V.S.)	By 1955 - By 1989
44D	Unnamed Animal Pens? (I.M.V.S.)	By 1955 - By 1989
44	Unnamed Animal Pen/Unknown Feature (I.M.V.S.)	By 1962 - By 1989
45C	Unknown Feature	By 1962 - By 1989
45D	Unknown Feature	By 1962 - By 1989
47	Medical School	1947 - Still Standing
51	Boiler House/Workshops/Cooling Plant	c1964 - Still Standing
52	Dental School/Hospital	1968 - Still Standing
54	Residential Wing	1969 - Still Standing
57	North Wing Wards	c1963 - Still Standing
60	Emergency Block	c1964 - Still Standing
61	Out-Patients Block	1964 - Still Standing
62	Theatre Block	c1964 - Still Standing
66	Transformer Station/small E.T.S.A. Building	c1962 - Still Standing
69	Underground Duct	c1934 - Still Standing
70	Underground Access Tunnel	c1960s - Still Standing
72	Trolley Bay	c1962 - By 2004
73	Galvanised Iron Shed (SH1)	Unknown
74	Galvanised Iron Shed (SH2)	1960s? - By 2004
75	Unknown Building	By 1962 - By 1989
76	Unknown Building adjacent to V.D. Clinic	By 1940 - By 1973
77	Unknown Building adjacent to V.D. Clinic	By 1962 - By 1973
78	Unknown Building adjacent to V.D. Clinic	By 1937 - By 1973
79	Unknown Building adjacent to V.D. Clinic	By 1962 - By 1973
80	Unknown Building adjacent to I.M.V.S./Car Park	By 1962 - By 1989
81	New Army Hut	c1947 - By 1973
82	Gatekeepers Enclosure 1	Unknown
83	Gatekeepers Enclosure 2	Unknown
84	Gatekeepers Enclosure and Shelter 3	Post 1955 - Unknown
85	Store Area	Post 1955 - Unknown
124	I.M.V.S. Temporary Office	Post 1962 - By 1989
158	Exhibition Building	1859 - c1968

Royal Adelaide Hospital Site 2014 Layout



Figure 6.6

2014 FEATURES

NO.	NAME	DATES
1	East Wing	1958 - Still Standing
7	F.S. Hone Wing and Linear Accelerator	1955 - Still Standing
8	Cobalt Therapy	1955 - Still Standing
11	Bice Building	1926 - Still Standing
12	McEwin Building	1941 - Still Standing
13	Sheridan Building	1921 - Still Standing
14	Allied Casualty	1935 - Still Standing
15	Almoners	1946 - Still Standing
16	Nursing School	1935 - Still Standing
17	Margaret Graham Building	1906 - Still Standing
29A	Eleanor Harrald Building/Nurses' Home	1954 - Still Standing
29B	Eleanor Harrald Building Addition	Post 1989 - Still Standing
29C	Eleanor Harrald Lecture Theatre	1998 - Still Standing
29D	Eleanor Harrald Addition	By 2004 - Still Standing
30A	Medical Institute/I.M.V.S. South Building	1936 - Still Standing
30B	Medical Institute Addition	By 1962 - Still Standing
30C	Hanson Centre	By 2004 - Still Standing
30D	I.M.V.S. Patient Centre and New Entry	By 2004 - Still Standing
47	Medical School	1947 - Still Standing
48A	Medical School - University of Adelaide	By 2004 - Still Standing
48B	Medical School Addition	Post 2004 - Still Standing
49	Medical School - University of Adelaide	c2002 - Still Standing
50	Car Park	c2002 - Still Standing
51	Boiler House/Workshops/Cooling Plant	c1964 - Still Standing
52	Dental School/Hospital	1968 - Still Standing
53	Main Block & East Wing Connection/Walkway	By 2004 - Still Standing
54	Residential Wing	1969 - Still Standing
55	Gate House	By 2004 - Still Standing
56A	Waste Management	By 2004 - Still Standing
56B	Liquid Oxygen Storage	Post 2004 - Still Standing
57	North Wing Wards	c1963 - Still Standing
58A	I.M.V.S. North Building	1973 - Still Standing
58B	HCCR/DSL Extension	By 2004 - Still Standing
59	Robert Gerard Wing	By 2004 - Still Standing
60	Emergency Block	c1964 - Still Standing
61	Out-Patients Block	1964 - Still Standing
62	Theatre Block	c1964 - Still Standing
63	RAH Main Entrance	By 2004 - Still Standing
64	Emergency Block Extension	by 2004 - Still Standing
65	North Wing Southern Extension	By 2004 - Still Standing
66	Transformer Station	c1962 - Still Standing
67	Chemical Store	By 2004 - Still Standing
68	Bike Shed	By 2004 - Still Standing
69	Underground Duct	c1934 - Still Standing
70	Underground Access Tunnel	c1960s - Still Standing

Royal Adelaide Hospital Site Features Not Shown on Other Map



Figure 6.7

FEATURES THAT DO NOT APPEAR ON OTHER MAP

NO.	NAME	DATES
45	Unknown Building within Vet Stockyards	By 1937 - By 1940
142	Unknown Building	By 1940 - c1947
147	Unknown Building	By 1946 - By 1947
148	Unknown Building	By 1946 - By 1947
150	Unknown Building	Post 1940 - By 1947
153	Tennis Courts	By 1932 - To 1936
157	Unknown Building / Feature	Unknown
180	Unknown Building	Post 1906? - c1925
191	Sheds	By 1955 - Unknown

6.4 Assessment of Archaeological Potential

Archaeological potential measures the value of conducting archaeological works on a potential sub-surface feature. It is not an indicator of the necessary extent of works since a feature with high archaeological potential may be relatively simple to investigate.

Assessing archaeological potential requires an understanding of two factors: a feature's heritage significance and the potential for evidence surviving in the ground today. Both are described in more detail below.

- Heritage Significance

In the context of archaeological potential, heritage significance is the potential for a site or feature to yield information that will contribute to an understanding of the State's history (*criterion c*).

In large part, a feature's potential to yield information relates to the extent of existing knowledge about it. Heritage significance is higher where no building plans and to a lesser degree, close up external photographs exist, as an investigation of remains can reveal much about a feature's design, scale and use.

Heritage significance also relates to a feature's age and its importance in the function and history of the site.

Recommendations on the degree of significance used the following scale:

1. Exceptional significance
2. Considerable significance
3. Some significance
4. Minor significance
5. Nil significance

Existing structures were designated as having nil heritage significance because they are not considered archaeological and since excavation works are not required to investigate them.

- Potential Survival of Remains

As the name suggests, this category assesses the potential that evidence of a feature remains discoverable.

Primarily, this assessment considers the development history of a site, including the characteristics of a feature's footings and those of later structures built in the same location.

In some cases, even where evidence were to survive, they would reveal little about the structure. For instance, the Royal Adelaide Hospital constructed a number of buildings on timber post footings from the 1920s – 50s. These structures received a low potential survival rating because they typically leave behind little interpretable evidence following demolition.

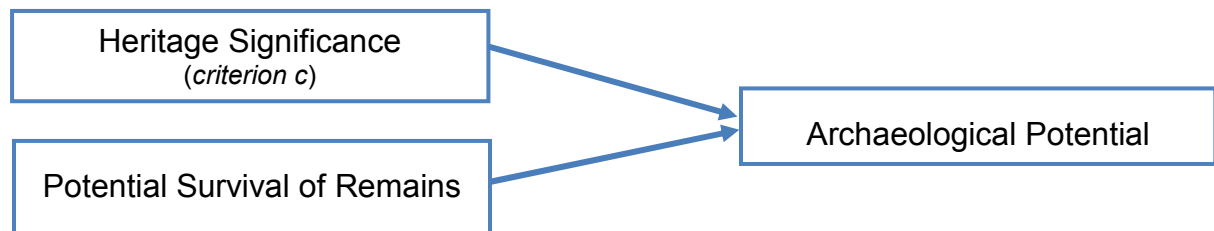
The assessment only considers the potential for at least part of the feature to remain. Thus, a building where only a portion is likely to survive may still receive a high rating. Some indication of the extent of potential remains is given in the 'survival notes' column of Table 6.1.

Recommendations on the potential survival of remains used the following scale:

1. Exceptional potential for remains surviving
2. Considerable potential for remains surviving
3. Some potential for remains surviving
4. Minor potential for remains surviving
5. Nil potential for remains surviving

- **Archaeological Potential**

A feature's archaeological potential draws together its assessed level of heritage significance and the potential for associated evidence to survive. The rating is not mathematically determined but rather is an evidence-based judgement.



A feature with high heritage significance has low archaeological potential if there is little chance of evidence surviving. Equally, evidence of a feature may be known to remain in the ground but still have low archaeological potential where there is little to learn from examining them. A feature can only have archaeological potential to meet the heritage permit requirements of the *Heritage Place Act* (1993) if it is determined to have both heritage significance and a reasonable chance of evidence surviving.

Recommendations on archaeological potential used the following scale:

1. Exceptional archaeological potential
2. Considerable archaeological potential
3. Some archaeological potential
4. Little archaeological potential
5. Nil archaeological potential

Recommendations for archaeological potential have not been applied to existing buildings since they are not considered archaeological.

The archaeological potential of individual features is mapped on Figure 6.8 - 6.10. Table 6.1 details the assessment of archaeological potential against each identified feature. A single area of exceptional archaeological potential is shown in Figure 6.12.

Royal Adelaide Hospital Site Features with High Archaeological Potential

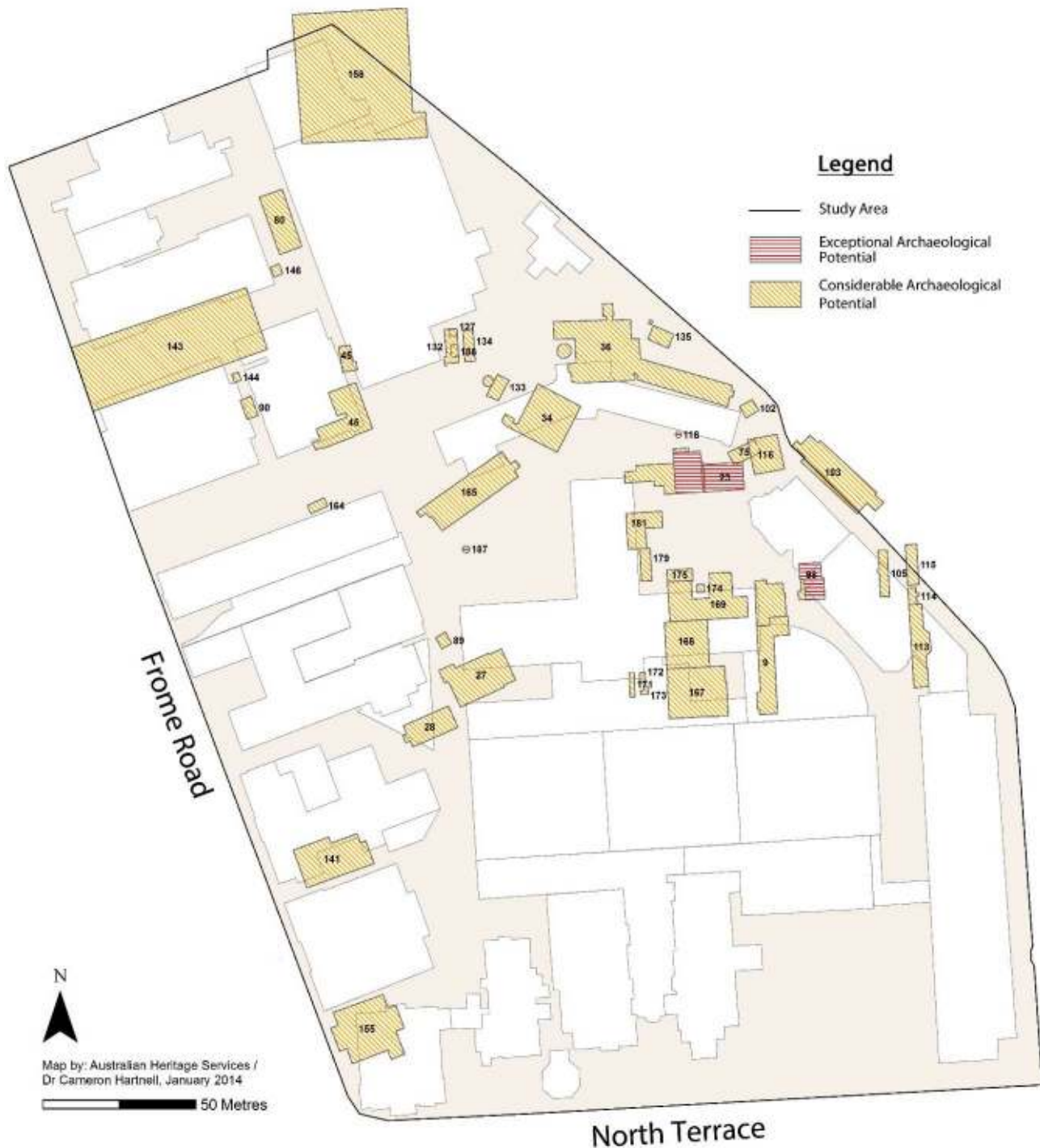


Figure 6.8

Royal Adelaide Hospital Site Features with Some Archaeological Potential

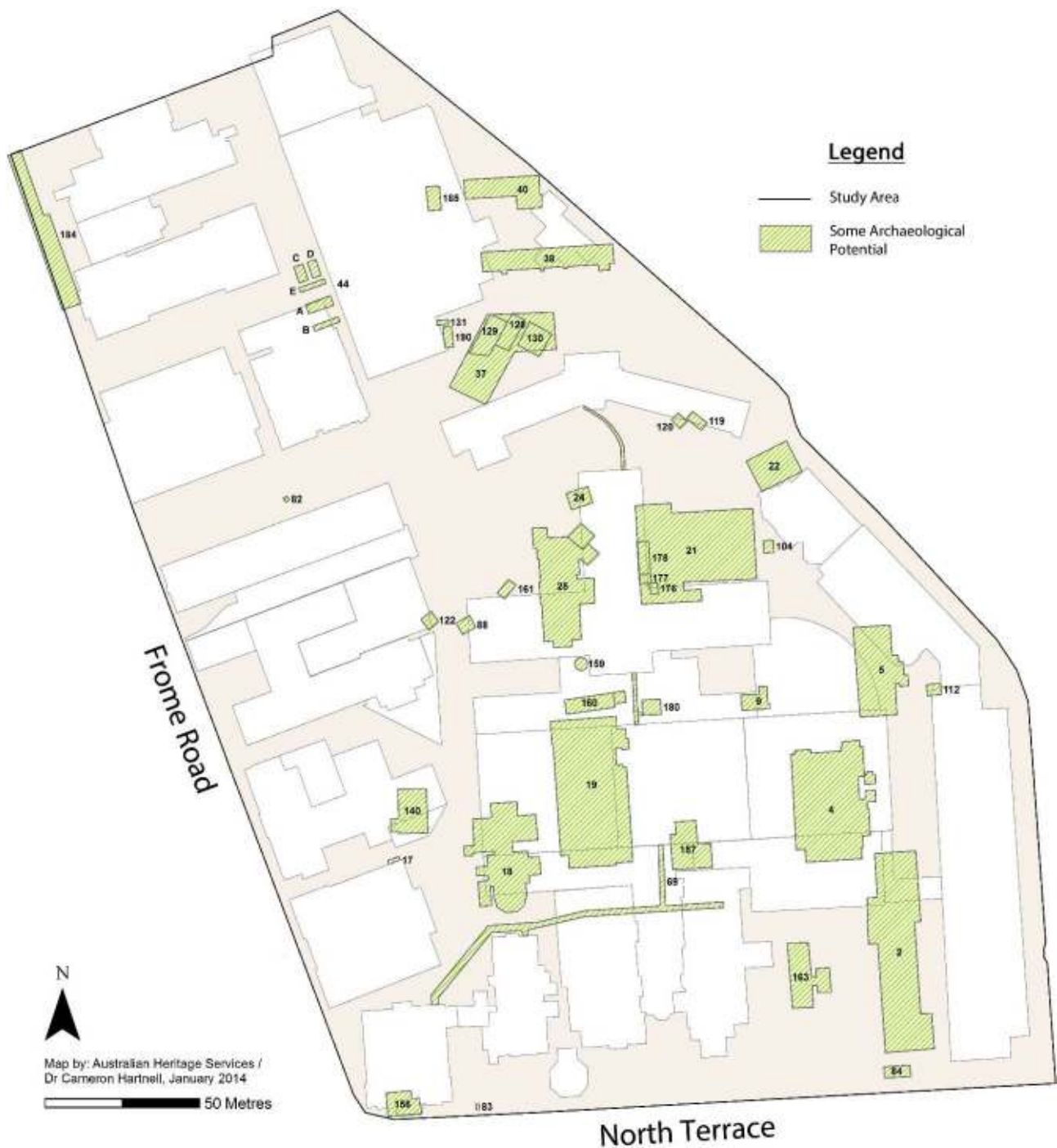


Figure 6.9

Royal Adelaide Hospital Site Features with Low Archaeological Potential

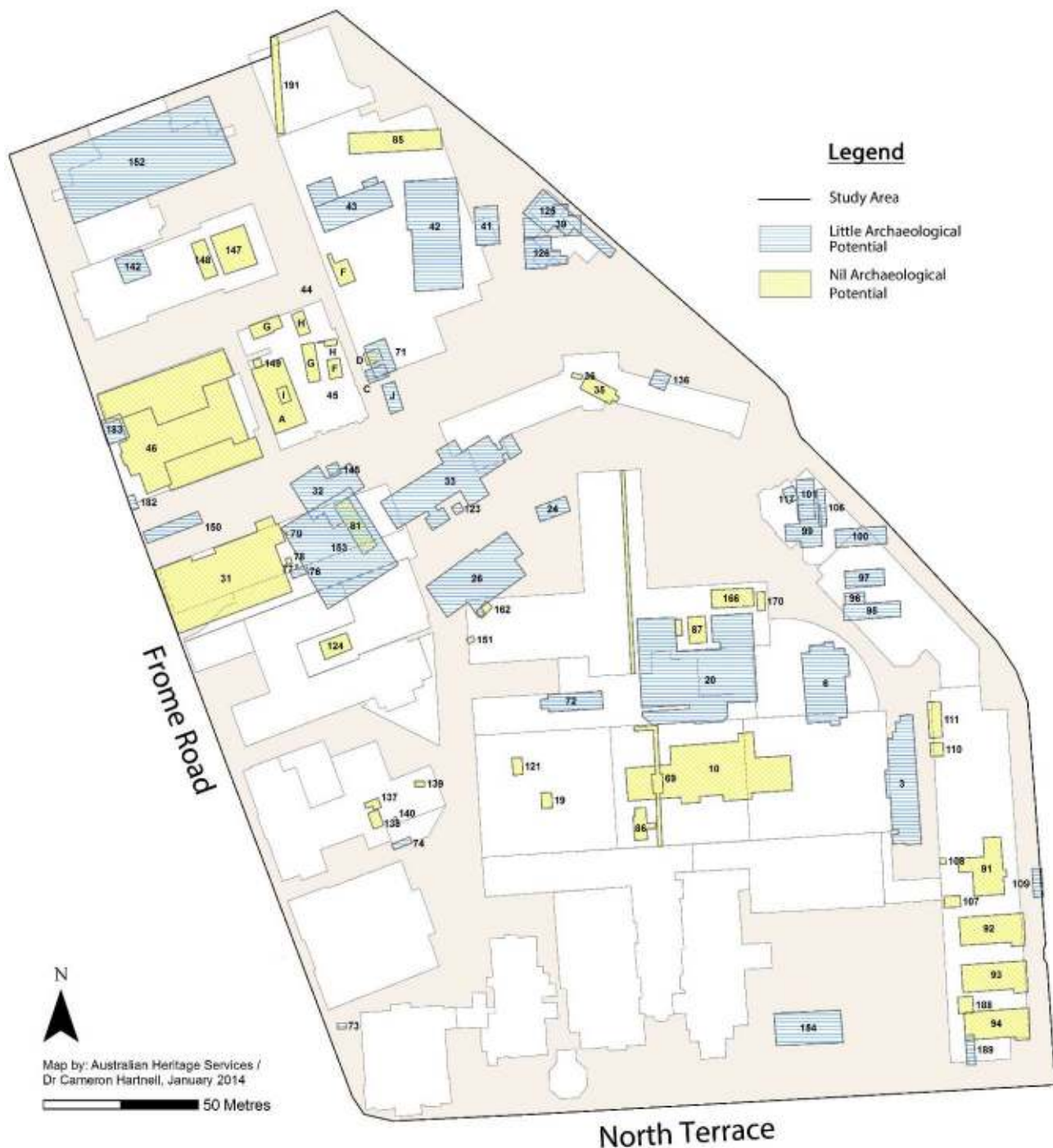


Figure 6.10

6.5 Area of Exceptional Archaeological Significance

The Royal Adelaide Hospital has a single area with exceptional archaeological significance, shown in Figure 6.12. This historic landscape contains the potential remains of the hospital's former rear work yard, as well as the original mortuary (feature #98) and nurses quarters (feature #9), which is a poorly understood but important functional part of the early hospital.

The sketchbooks relating to the 1880 Smith Survey of Adelaide City contain the only known maps of the hospital before the 1920s. They show the work yard comprised buildings supporting the hospital's primary health functions; a kitchen, washhouse (laundry) and a number of sheds, toilets and unnamed structures. Two photographs dating c1902 and 1906 give distant views of the yard but no plans are known for any pre-1920 yard structures. The 1906 photograph (below) shows this area positioned in the heart of the complex, hidden from general view.

In the early 1920s, the hospital developed new, larger kitchen and laundry facilities in the same location and demolished all yard structures. Deep excavations for the 1963 North Wing removed all evidence of part of the area.

This early landscape has the potential to expand our understanding of the makeup, change and function of the early site.



Figure 6.11 Portion of a 1906 aerial image of the Botanic Gardens and (Royal) Adelaide Hospital. The hospital's rear work area is visible in the centre of the image, with laundry, kitchen and other structures within a boundary wall or fence. (Source:SLSA - PRG 280/1/4/139)

Royal Adelaide Hospital Site Area of Exceptional Archaeological Potential

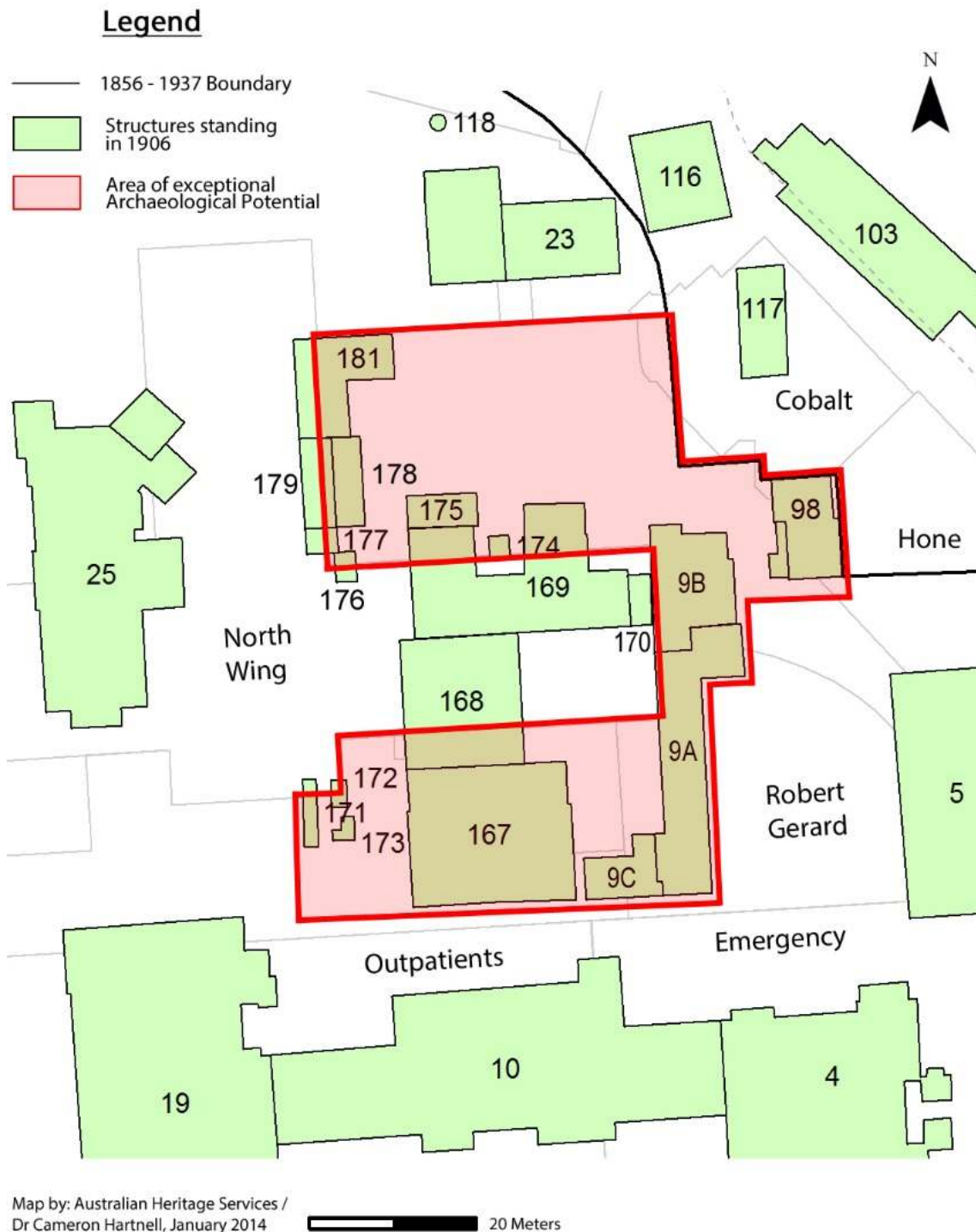


Figure 6.12

6.6 Recommendations

- The archaeological findings in this report should be adopted by the SA Heritage Council as a guide to decisions over archaeological permits related to the Royal Adelaide Hospital site. To ensure recognition and adoption of the archaeological findings in this report, copies of this report should be widely available. Copies might be deposited with the Adelaide City Council Library and heritage offices, SA Health, the Royal Adelaide Hospital, the State Library of South Australia, the National Library of Australia, the State Heritage Unit (DEWNR) and be available on-line.
- The level of archaeological potential should have the following implication for archaeological permits:

Archaeological Potential	Value	Permit Requirement
1	At least part of the former feature has an exceptional chance of revealing important information about the State's history	Yes
2	At least part of the former feature has a considerable chance of revealing important information about the State's history	Yes
3	At least part of the former feature has some chance of revealing important information about the State's history	Possible
4	Part of the former feature has little chance of revealing important information about the State's history	No
5	The former feature has no chance of revealing important information about the State's history	No

- Decisions over permit requirements for features with some archaeological potential (rating #3) should be resolved through discussions between the SA Heritage Council and developing parties. Archaeological permit applications will require a more detailed analysis of archaeological potential, research questions and work methodology than provided in this study.
- The SA Heritage Council should note that the maps generated for this report include spatial inaccuracies for site features of up to 30m. In considering permit requirements, the SA Heritage Council should apply a buffer around historic site features. SA Health's CAD drawings probably offer the most accurate spatial representation of the current Royal Adelaide Hospital buildings and modern utility lines. These should be used to help design future archaeological investigations of the site.
- The SA Heritage Council should notify organisations proposing any development within the study site of the potential of disturbing unidentified artefacts of significance. The Royal Adelaide Hospital site may well contain significant artefacts outside the scope of this study. Potential remains include, but are not limited to:
 - early burials (either Aboriginal or non-Aboriginal),
 - utilities (drains, water supply, wells),
 - dump sites (toilets, waste dumps, cess pits), and
 - un-identified buildings.

Such proposed developments should consider having an archaeologist available to manage any unanticipated artefacts. Technological options such as ground penetrating radar can be a simple, cost-effective approach to clarify the archaeological potential of a feature without disturbing the site.

Table 6.1 – Archaeological Assessment of Royal Adelaide Hospital Features

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
1	"New" East Wing	Extensively renovated in 1970s.	1958 - Still Standing	5	1 - Still Standing	5
2	Flinders & Light Ward	Flinders Ward (Ground Floor) & Light Ward (1st Floor) - last of the 'old 1894' buildings to be demolished.	1892 - 1970	3	2	3
3	Verco Ward	Constructed of timber, built to house 30 male patients.	1921 - 1963	4	4 - Timber post footings	4
4	Original East Wing	Original East Wing: Alfred, Leopold Wards (Ground Floor)/Hope, Beatrice Wards & Gynaecology Theatre (First Floor) - Renamed the Dorcas & Faith Wards by 1932. A second storey was added (1866-67?).	1856 - 1963	2	3 - Majority Disturbed by Emergency Block #60	3
5	DaCosta and Yates Ward	Opened as Infectious Diseases Ward; in 1912 converted for use as a gynaecology ward; remodelled in 1935; 1958 became a professional surgical unit.	1878 - 1963	3	2 - Partial Disturbance	3
6	Torrens Ward	Torrens Ward (1926) - Originally a temporary kitchen built of galvanized iron (Location pre-1940 not clear).	1923 - 1963	4	4 - Post footings and concrete	4
7	F.S. Hone Wing and Linear Accelerator	(Supervoltage Wing) - Opened as Orthotron Building; labelled Radiotherapy Treatment Wing on 1963 Plan.	1955 - Still Standing	5	1 - Still Standing	5
8	Cobalt Therapy	Extension added in 1961 to accommodate two cobalt 60 beams.	1955 - Still Standing	5	1 - Still Standing	5
9A	Terrace Ward	Originally built as a single storey building with verandah - the upper floor was added later. Ground floor was converted for restraining unruly patients from 1911; present but not labelled on 1932 Plan; labelled Male V.D. on 1940s Plan; present but not labelled on 1955 Plan.	1882 - 1963	2	2	2
9B	Terrace Ward - Ward Maid Quarters		1889 - 1963	3	2	2
9C	Additional Nurses Accommodation	Attached to original kitchen, second storey added for Terrace Ward in 1911. Demolished for new kitchen #20.	1882 - c1925	3	3	3
10	Main Block (Original)	Old Administrative Offices (Ground Floor) / Old Residents' Quarters (First Floor) - labelled X-Ray Dept on 1932/1940s Plan; labelled Main Block on 1955 Plan.	1856 - 1965	2	5	5
11	Bice Building		1926 - Still Standing	5	1 - Still Standing	5
12	McEwin Building	X-Ray Dept, Cystoscopy Suite, Plaster Room, Surgical Instruments, Technician (Ground Floor) / Operating Theatres (First Floor) / Coombe, Ritchie Wards, Transfusion Service (Second Floor) / Lomman, Lundie Wards (Third Floor:) - Future building incorporated onto 1932 Plan; Orthopaedic Clinic from 1946; alterations to building in 1963; a new entrance joined McEwin & Bice Buildings in 1990; Helipad constructed atop building in 1997.	1941 - Still Standing	5	1 - Still Standing	5

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
13	Sheridan Building	Originally the hospital kiosk (replaced an earlier timber kiosk); RAH Auxiliary from 1925, from 1990 housed the Research Fund Office.	1921 - Still Standing	5	1 - Still Standing	5
14	Allied Casualty Building	Medical Records (Basement) / Casualty Service (Ground Floor) / Sturt Ward (First Floor) / Robe Ward (Second Floor) / Grey Ward (Third Floor) - Future building incorporated onto 1932 Plan; labelled Speech Pathology & Physiotherapy on 1963 Plan; labelled Physio on 1989 Plan; labelled Allied Health Building on 2004 Plan. Has a WW2 lookout box on roof.	1935 - Still Standing	5	1 - Still Standing	5
15	Almoners	The link between Allied Health and Margaret Graham Nurses' Home.	1946 - Still Standing	5	1 - Still Standing	5
16	Nursing School	"New" Outpatient Building: Physiotherapy (Basement) / Outpatient Clinic (Ground, First & Second Floors) - future building incorporated onto 1932 Plan; labelled School of Nursing on 1963 & 1989 Plan; labelled Women's Health Centre on 2004 Plan.	1935 - Still Standing	5	1 - Still Standing	5
17A	Margaret Graham Nurses' Home	Labelled Nurses' Block on 1932/1940s/1947 Plan; labelled Nurses' Quarters on 1962 Plan; converted in 1969 for resident medical staff quarters; in 1998 became admin offices; in 1983 it was leased to Uni SA for 10 years; labelled Margaret Graham Building on 1989 & 2004 Plans.	1906 - Still Standing	5	1 - Still Standing	5
17B	Boiler House for Margaret Graham Nurses' Home	Visible on 1947 Eleanor Harrold Plan.	c1906 - To 1947	3	2	3
18	Operating Theatre #1	Theatre Block; Mercy & Charity Wards; Thoracic Clinic & Neuro-Surgical Clinic in 1946-50s; Cardio-Thoracic Theatre.	1888 - Post 1963	3	2 - Northern section removed	3
19A	West Wing (Original)	Adelaide & Albert, Martin & Victoria Wards [1932 Plan - Ground Floor] / Faith, Dorcas, Hindmarsh and Wyatt Wards - (First Floor); Theatre Block on 1963 Plan.	1856 - 1963	2	3 - Majority Disturbed by Theatre Block #18	3
19B	Lift for Original West Wing		By 1927 - 1963	2	5	5
20A	Kitchen		1925 - 1963	4	2 - Northern section removed	4
20B	Galvanised Iron Store Shed	Attached to kitchen; RAH Additions to Laundry in 1948.	Post 1925 - c1963	3	5	5
21	Laundry (Block 10)		1923 - 1963	3	2 - Southern section removed	3
22	Bed & Records Store	Splintmaker's Workshop on Prior 1962 Plan.	c1947 - c1963	3	2	3
23A	Pathological Block	Labelled Pathological Labs on 1932/1940s Plan; labelled Mortuary & Pathological on 1955 Plan.	By 1902 - c1962	1	2	1
23B	Pathology		By 1902 - By 1930	1	2	1
23C	Pathology Block Addition		By 1932 - c1962	2	2	2

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
23D	Unknown Building / Feature		By 1906 - By 1932	2	3	2
24A	Transformer House / E.T.S.A. Sub-Station	Future building incorporated into 1932 Plan.	c1932 - c1963	3	3	3
24B	Transformer		c1950 - 1963	4	3	4
25A	Ophthalmic	1899 Infectious Diseases Block/Former Lunatic Asylum; 1902 Ophthalmic Ward - Elder Ward (Ground Floor) / Infectious Diseases (First Floor).	1898 - 1963	3	2 - Partial Disturbance	3
25B	Ophthalmic Block Operating Theatre		1898 - 1963	3	3 - Partial Disturbance	3
26	Chest Clinic	Labelled T.B. Clinic on 1940s Plan; opposite the RAH on North Terrace on 2004 Plan.	1935 - c1963	4	2	4
27	Bacteriological and Pathological Institute	Professional Medical and Surgical Units, Offices & Laboratories - labelled as Bacteriological & Nurses Quarters on 1899 Plan; labelled Bacteriological & Pathological on 1932/1940s/1947/1955 Plan; labelled U. of A. Offices on 1962 Plan. Designed in 1899. Later addition to the East.	c1899 - c1963	2	2 - Partial Disturbance	2
28	Lecture Theatre	Converted and renamed in 1939 as the G.K. Stoward Chapel; Mortuary until 1913; Pathological Labs; labelled Lecture Theatre on 1932/1940s/1947 Plan; later used as medical school offices. Chapel moved to nurses' dining room in East Wing of Central Building in 1970.	c1911 - c1963	2	3 - Disturbed by I.M.V.S. Entry #30D. Likely has shallow foundations.	2
29A	Eleanor Harrald Building / Nurses' Home	Labelled Nurses' Quarters on 1962 Plan. Closed as residence in 1979; Administration until c1990s; in 1990s used for Uni SA Clinical Academic Depts & Library.	1954 - Still Standing	5	1 - Still Standing	5
29B	Eleanor Harrald Building Addition		Post 1989 - Still Standing	5	1 - Still Standing	5
29C	Eleanor Harrald Lecture Theatre		1998 - Still Standing	5	1 - Still Standing	5
29D	Eleanor Harrald Addition		By 2004 - Still Standing	5	1 - Still Standing	5
30A	Medical Institute / Institute of Medical and Veterinary Science South Building (I.M.V.S.)	Labelled Medical Institute on 1940s/1947/1955 Plan; labelled I.M.V.S. Building on 1962 Plan; new addition in 1962; labelled Medical Research Building on 1963 Plan; labelled IMVS Building on 1989 Plan; Hanson Centre and new entrance added by 2004.	1936 - Still Standing	5	1 - Still Standing	5
30B	Medical Institute Addition	On I.M.V.S. South Building.	By 1962 - Still Standing	5	1 - Still Standing	5
30C	Hanson Centre		By 2004 - Still Standing	5	1 - Still Standing	5
30D	I.M.V.S. Patient Centre and New Entry		By 2004 - Still Standing	5	1 - Still Standing	5

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
31	Temporary Out-Patients Block	Constructed of galvanised iron - Alexandra & Gowder Wards for females 1956-62; Temporary Outpatient Block on 1932 Plan; V.D. Clinic on 1940s Plan; 1941-46 taken over by the R.A.A.F.; labelled Old R.A.A.F. Pavillion on 1955 Plan; Site Office for Hospital Development 1962.	1929 - By 1973	4	5	5
32	Medical Students Common Room	Arcadia.	c1949 - By 1969	4	3	4
33	Frome Ward	Built on site replacing the timber Torrens Ward; labelled Existing Torrens Ward on 1932 Plan; in 1962 it housed T.B patients.	1932 - By 1969	4	3 - Timber footings, Partial Disturbance	4
34	Old Boiler House	Labelled Boiler House on 1932/1940s Plan; labelled A & O Maintenance on 1955 Plan; becomes workshop after 1955; labelled Workshop on 1962 plan. Had coal storage to South-East.	1924 - c1955	3	2 - Partial survival only	3
35	Garbage Disposal / Incinerator		c1959 - c1969	2	5	5
36A	Boiler House and Bunkers		By 1955 - c1969	2	2 - Partial Disturbance	2
36B	Boiler House Chimney		By 1955 - c1969	2	2	2
36C	Water Tanks x 2		By 1955 - c1969	3	5	5
37	Workshop	Possibly demolished for Residential Building.	c1959 - c1969	3	2	3
38	Store: Beds, Furniture, Pharmacy	Demolition date unclear. Simple gable building.	c1955 - By 1989	3	2 - Partial Disturbance by Waste Management #56 and E & BS Temporary Workshop #125	3
39	Maintenance: Carpenters, Plumbers, Painters.	Demolition date unclear.	c1955 - By 1989	3	3 - Later workshops, probably shallow foundations	4
40	Porters	Radiography; labelled Whole Monitor Building on 1962 Plan. Demolition date unclear.	c1955 - By 1989	3	2	3
41	I.M.V.S.	Porters Change Room; labelled Gamma Ray on 1962 Plan; labelled Whole Body Monitor Building on 1963 Plan; labelled IMVS Building on 1989 Plan.	By 1962 - By 1989	4	2 - Concrete slab foundation	4
42	I.M.V.S. Central Sterilizing Building	Clinical Microbiology Laboratory on 1963 Plan; labelled Media Building on 1989 Plan.	c1955 - c1989	3	4	4
43A	Animal House (I.M.V.S.)	Unnamed on 1955 Plan.	By 1955 - By 1989	3	4	4
43B	I.M.V.S. Animal House Addition		By 1989 - By 2002	3	4	4
44A	Animal Pen (I.M.V.S.)		By 1940 - By 1964	2	3 - Majority Disturbed	3
44B	Animal Pen (I.M.V.S.)		By 1940 - By 1964	2	3 - Majority Disturbed	3

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
44C	Unnamed Animal Pens? (I.M.V.S.)		By 1955 - By 1989	3	3	3
44D	Unnamed Animal Pens? (I.M.V.S.)		By 1955 - By 1989	3	3	3
44E	Unnamed Animal Pens? (I.M.V.S.)		By 1940 - By 1989	2	3	3
44F	Unnamed Animal Pen / Unknown Feature (I.M.V.S.)		By 1962 - By 1989	3	5	5
44G	Unknown Feature		By 1962 - By 1964	3	5	5
44H	Animal Pen (I.M.V.S.)		By 1940 - By 1964	3	5	5
45A	Animal House (I.M.V.S.)		By 1940 - By 1964	2	5	5
45B	Fodder Store / Sun Cages (I.M.V.S.)		By 1940 - By 1964	2	3 - Majority Disturbed	2
45C	Unknown Feature		By 1962 - By 1989	3	3 - Majority Disturbed	4
45D	Unknown Feature		By 1962 - By 1989	3	5	5
45E	Stable (I.M.V.S.)		By 1937 - By 1964	2	2	2
45F	Pathological	Veterinary Laboratory.	By 1940 - By 1964	2	5	5
45G	Stables (I.M.V.S.)	Veterinary Laboratory (I.M.V.S.).	By 1937 - By 1964	4	5	5
45H	Unknown Feature / Animal Pen?		By 1955 - By 1964	3	5	5
45I	Unknown Building	Within Veterinary Stock yards.	By 1937 - By 1940	2	5	5
45J	Veterinary Building?	Unknown purpose.	Post 1955 - By 1962	3	3 - On ETSA plan, likely shallow foundations	4
46A	Dental School and Department	Labelled Dental Hospital on 1932 & 1940s Plan.	1917 - 1968	2	5	5
46B	Dental School Addition		1958 - 1968	3	5	5
47	Medical School	Labelled University Building Training Centre on 1963 Plan; labelled Adelaide University Dental School on 2004 Plan.	1947 - Still Standing	5	1 - Still Standing	5
48A	Medical School - University of Adelaide		By 2004 - Still Standing	5	1 - Still Standing	5
48B	Medical School Addition		Post 2004 - Still Standing	6	2 - Still Standing	6
49	Medical School University of Adelaide - Hanson Institute / IMVS Research Building	Hanson Institute / IMVS Research Building.	c2002 - Still Standing	5	1 - Still Standing	5
50	Carpark		c2002 - Still Standing	5	1 - Still Standing	5
51	Boiler House / Engineering Workshops / Cooling Plant		c1964 - Still Standing	5	1 - Still Standing	5
52	Dental School / Hospital	Labelled Dental Clinic on 1989 Plan.	1968 - Still Standing	5	1 - Still Standing	5

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
53	Main Block & East Wing Connection / Walkway		By 2004 - Still Standing	5	1 - Still Standing	5
54	Residential Wing	Contained 455 bedrooms with a common lounge/recreation area; labelled Nurses' Residential Wing on 1963 Plan; Chapel opened 1970.	1969 - Still Standing	5	1 - Still Standing	5
55	Gatehouse		By 2004 - Still Standing	5	1 - Still Standing	5
56A	Waste Management		By 2004 - Still Standing	5	1 - Still Standing	5
56B	Liquid Oxygen Store		Post 2004 - Still Standing	5	1 - Still Standing	5
57	North Wing Wards	Accommodated 570 patients; an Intensive Care Ward; Recovery Ward and Burns/Serious Injury Patients.	c1963 - Still Standing	5	1 - Still Standing	5
58A	I.M.V.S. North Building	Labelled Medical Research Building on 1963 Plan; I.M.V.S. Building on 1989 Plan.	1973 - Still Standing	5	1 - Still Standing	5
58B	HCCR/DSL Extension		By 2004 - Still Standing	5	1 - Still Standing	5
59	Robert Gerard Wing		By 2004 - Still Standing	5	1 - Still Standing	5
60	Emergency Block	Labelled Administration & Café on 1963 Plan; labelled Services & Teaching on 1989 Plan.	c1964 - Still Standing	5	1 - Still Standing	5
61	Out-Patients' Block	Administration Section/Services Wing "New" Central Block; labelled Casualty Block on 1963, 1989 & 2004 Plan.	1964 - Still Standing	5	1 - Still Standing	5
62	Theatre Block		c1964 - Still Standing	5	1 - Still Standing	5
63	RAH Main Entrance		By 2004 - Still Standing	5	1 - Still Standing	5
64	Emergency Block Extension		By 2004 - Still Standing	5	1 - Still Standing	5
65	North Wing Southern Extension		By 2004 - Still Standing	5	1 - Still Standing	5
66	Transformer Station / small E.T.S.A. Building		c1962 - Still Standing	5	1 - Still Standing	5
67	Chemical Store		By 2004 - Still Standing	5	1 - Still Standing	5
68	Bike Shed		By 2004 - Still Standing	5	1 - Still Standing	5
69A	Underground Duct	Connected to 1934 duct on construction of McEwin.	c1941 - Still Standing	3	1 - Still Standing	5
69B	Underground Duct	Built c1934 and expanded 1941 into McEwin. Removed in 1963 development.	c1934 - Still Standing	3	5	5
69C	Underground Duct	Built c1934 and expanded 1941 into McEwin. Undisturbed by 1963 development.	c1934 - Still Standing	3	1	3
70	Underground Access Tunnel		c1960s - Still Standing	5	1 - Still Standing	5
71	Virology		Post 1962 - By 2002	3	4	4
72	Trolley Bay		c1962 - By 2004	4	4	4
73	Galvanised Iron Shed (SH1)	Dating unclear.	Unknown - Unknown	4	3	4

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74	Galvanised Iron Shed (SH2)	Dating unclear.	1960s? - By 2004	4	4	4
75	Unknown Building		By 1962 - By 1989	2	2	2
76	Unknown Building	Adjacent V.D. Clinic.	By 1940 - By 1973	2	4	4
77	Unknown Building	Adjacent V.D. Clinic.	By 1962 - By 1973	3	5	5
78	Unknown Building	Adjacent V.D. Clinic.	By 1937 - By 1973	2	5	5
79	Unknown Building	Adjacent V.D. Clinic.	By 1962 - By 1973	3	5	5
80	Unknown Building	Adjacent I.M.V.S. / Car Park.	By 1962 - By 1989	2	2	2
81	New Army Hut	Student's Change Room, Medical Students Room. Possibly moved from Frome Road #150.	c1947 - By 1973	4	5	5
82	Gatekeepers Enclosure 1	Dating unclear.	Unknown - Unknown	3	2	3
83	Gatekeepers Enclosure 2	Dating unclear.	Unknown - Unknown	3	2	3
84	Gatekeepers Enclosure and Shelter 3	Built after 1955. Dating unclear.	Post 1955 - Unknown	3	2	3
85	Shed	Large gabled shed.	Post 1955 - Unknown	3	5	5
86	Temporary Plaster Room	Labelled Dispensary on 1955 Plan.	By 1940 - c1962	3	5	5
87	Store	Possibly Kitchen store?	c1923 - c1963	3	5	5
88	Unknown Building	Adjacent to Chest Clinic.	By 1940 - c1963	2	3 - Partially Disturbed by North Wing #57	3
89	Unknown Building	Adjacent to Chest Clinic.	By 1940 - c1963	2	2	2
90	Unknown Feature		By 1946 - By 1962	2	2 - Partially Disturbed	2
91	Directors Residence (Botanic Gardens)	Medical Superintendent's Residence c1936.	By 1864 - c1955	2	5	5
92	Nurses' Accommodation (Northern)	Partly visible on 1946 photograph.	1946 - 1958	3	5	5
93	Nurses' Accommodation (Central)		1947 - 1958	3	5	5
94	Nurses' Accommodation (Southern)		1947 - 1958	3	5	5
95	Carpenters Workshop		By 1946 - c1955	2	4	4
96	Unknown Building	Visible on 1946 Photograph. Adjacent Carpenters Workshop #95.	By 1946 - By 1955	2	4	4
97	Spitmaker's Workshop		c1947 - c1955	2	4	4
98A	Dead House / Original Mortuary	Labelled Paint Shop & Store "L" on 1955 Plan.	c1856 - c1955	1	2 - Majority Disturbed	1
98B	Dead House Addition		By 1906 - c1955	2	2	2
99	Bed Repairs & Painting	Labelled 'Store K' on 1940 RAH New Escape Stairway Plan. Foreman temporary.	By 1940 - c1955	3	4	4
100	Porters	Possibly built on previous buildings foundations.	c1947 - By 1955	3	3 - Majority Disturbed	4
101	Pharmacy Store	Ether Store. Foreman temporary.	By 1947 - By 1955	3	4	4

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102	Unknown Building		By 1955 - By 1962	2	2	2
103	Fern House & Museum for Botanic Gardens	Stone building also used for BAH bottle storage.	By 1864 - c1955	2	2 - Majority in Botanic Gardens	2
104	Unknown Building		By 1955 - By 1962	3	2	3
105	Botanic Gardens Building	Also Pharmacy & Cargenters Store.	By 1880 - By 1955	2	2 - Majority Disturbed by Hone Wing #7	2
106	Unknown Feature	Sited in the Botanic Gardens Nursery. Visible in 1880.	1880? - Unknown	2	4	4
107	Unknown Building	Possibly a shed? Located in the Directors' Residence yard.	By 1880 - c1955	2	5	5
108	Director's Residence W.C.		By 1864 - c1955	2	5	5
109	New Garage and Ramp	Medical Superintendent's Residence Garage in 1953.	1953 - c1955	4	2	4
110	Botanic Gardens Lavatory	Demolished c1955 - 1957 for East Wing.	By 1937 - c1955	2	5	5
111	Botanic Gardens Greenhouse	Demolished c1955 - 1957 for East Wing.	By 1864 - c1955	2	5	5
112	Botanic Gardens Unknown Building	Demolished c1955 for Hone Wing.	By 1864 - c1955	2	3 - Only small section possibly remaining.	3
113	Botanic Gardens Conservatory and Store Houses	Botanic Gardens Conservatory and Store Houses - demolished c1955 for Hone Wing.	By 1864 - c1955	2	2 - Majority Disturbed	2
114	Botanic Gardens Unknown Building		By 1880 - By 1955	2	2 - Majority Disturbed	2
115	Botanic Gardens Greenhouse		By 1880 - c1955	2	2	2
116	Botanic Gardens Shed	Possible Nursery? Major footings visible in 1902 photograph.	By 1902 - 1947	2	2 - Potentially disturbed by underground tunnel construction	2
117	Botanic Gardens Unknown Building	Possibly a shed/nursery?	By 1880 - By 1946	2	4	4
118	Incinerator	Poulitice chimney.	c1899 - By 1969	1	2	1
119	Sputum Incinerator Shed		c1924 - By 1969	3	3 - Majority Disturbed	3
120	Unknown Building		By 1955 - By 1969	3	2 - Partially Disturbed	3
121	Unknown Feature	Not labelled.	By 1962 - c1963	2	5	5
122	Unknown Building	Adjacent Chest Clinic #26.	By 1955 - c1963	2	3 - Majority Disturbed by L.M.V.S. #30	3
123	Unknown Building	Adjacent Frome Ward #33.	By 1955 - c1969	2	4 - Probably had timber post fittings	4
124	L.M.V.S. Temporary Office	Dating unclear.	Post 1962 - By 1989	3	5	5
125	E & BS Temporary Workshops	Fitters Building, Store and Offices.	c1991 - By 2004	4	4	4
126	E & BS Temporary Workshop Amenities	Lunchroom, Toilet, Shed & Verandah.	c1991 - By 2004	4	4	4

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127	Unknown Building		By 1955 - By 1962	2	2	2
128	Boiler House	Refrigeration maintenance workshop in 1955. Marked for removal 1959.	By 1946 - c1959	2	3 - Disturbed by construction of Workshop #37	3
129	Refrigeration Maintenance Workshops	Possible extension to Boiler House #128. Marked for removal 1959.	By 1955 - c1959	2	3 - Disturbed by construction of Workshop #37	3
130	Workshop	Marked for removal 1959.	By 1946 - c1959	2	3 - Disturbed by construction of Workshop #37	3
131	Shed-style Building	Dating unclear, only visible in 1946 photograph. Possible chicken coop?	Unknown - Unknown	2	3	3
132	Shed	Unknown use. Visible only in 1946 photograph.	By 1932 - By 1955	2	2	2
133A	Flue House	Marked for removal 1959.	c1924 - c1959	2	1 - Partially Disturbed by Workshop #37	2
133B	Boiler Chimney	Adjacent Flue House #133A.	c1924 - c1959	2	1 - Partially Disturbed by Workshop #37	2
134	Botanic Gardens Shed	Unknown use. Visible only in 1946 photograph.	By 1890 - By 1946	2	2	2
135A	Botanic Gardens Unknown Building		By 1890 - By 1946	2	2	2
135B	Botanic Gardens Unknown Building	Possible Lavatory? Location approximate, taken from 1902 photograph.	Unknown - Unknown	2	1	2
136	Botanic Gardens Unknown Building		By 1890 - By 1902?	2	4 - Majority Disturbed by Residential Wing #54	4
137	Laundry/Washhouse and Brick W.C.	On 1947 Eleanor Harrald Plan.	By 1942 - By 1954	3	5	5
138	Lavatory Block	Previously Garage for Doctor's Residence; 1947 Eleanor Harrald Plan.	By 1942 - By 1954	3	5	5
139	Tool Shed	1947 Eleanor Harrald Plan.	By 1947 - By 1954	3	5	5
140A	Cottage / Residence	For Ovariectomy Patients 1880s-90; Operating Theatre #2 (Ear/Nose/Throat); Septic Theatre.	c1877 - By 1954	3	3 - Majority Disturbed by Eleanor Harrald #29	3
140B	Tank & Stand	Adjacent Operating Theatre #2.	c1877 - By 1954	3	5	5
141	Secretary's Abode	Secretary's Abode - c1880s; Medical Superintendents/Doctor's Residence c1932; 1941 Male Patients' Ward; Skin Hospital c1947?; Location of adjacent toilet not known.	1883 - c1954	2	2 - South-Eastern section of cellar may survive	2
142	Unknown Building		By 1940 - c1947	2	4 - Likely removed for construction of Medical School #47	4
143	Wood & Iron Building	Labelled as Depot used by the A.I.C. Dept [Dept Anaesthesia & Intensive Care?] on 1940s Plan.	By 1906 - By 1947	2	2	2

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144	Unknown Building	Adjacent Animal House #45.	By 1940 - By 1955	2	2 - Partially Disturbed by Dental School #52	2
145	Lumber Store		Post 1946 - c1949	4	2	4
146	Rubbish Furnace	Position approximate.	By 1880 - Unknown	2	2	2
147	Unknown Building	Simple shed structure; only visible in 1946 photograph.	By 1946 - By 1947	2	5	5
148	Unknown Building	Simple shed structure; only visible in 1946 photograph.	By 1946 - By 1947	2	5	5
149	Unknown Building	Adjacent to Vet stockyards/storage; 1937 RAH Deviation Roadway Plan.	By 1937 - By 1955	2	5	5
150	Unknown Building	Possible Army Hut; only visible in 1946 photograph; possibly moved in 1947 (#81).	Post 1940 - By 1947	3	3	4
151	Unknown Building	Adjacent to Chest Clinic #26.	By 1962 - c1963	2	5	5
152	Tennis Courts	Only visible in 1962 photograph. Approximate position only.	By 1923 - Post 1962	4	3	4
153	Tennis Courts	Approximate position only.	By 1932 - To 1936	4	3	4
154	Tennis Courts	First known tennis court on RAH site.	Post 1906 - By 1932	4	2	4
155	Out-Patients Block/Department (Original)	In 1929 two rooms of iron & timber were added; used as a Female Surgical ward when Out-Patients was moved to a temporary building.	1882 - By 1933	2	2 - Majority Disturbed by new Out-Patients Block #16	2
156	Gardner's Cottage / Gatehouse		By 1880 - c1935	2	4	3
157	Unknown Building / Feature		Unknown - Unknown	3	3	3
158	Old Exhibition Building	Used as a Isolation Hospital c1919; School of Anatomy in 1940s; became the Automotive/Motor Trade School in 1950s; demolished after 1964.	1859 - c1968	2	2	2
159	Unknown Circular Feature	Possibly mound, furnace, tree or underground tank? Only visible on 1930 plan.	Unknown - Unknown	2	3	3
160A	Hardware Store		By 1926 - By 1930	2	3	3
160B	Hardware Store		By 1926 - By 1932	2	3	3
161	Unknown Dotted Feature	Appears to have been demolished for Chest Clinic #26.	Unknown - By 1935	2	3 - Partially Disturbed by North Wing #57 and Chest Clinic #26	3
162	Unknown Dotted Feature	Appears to have been demolished for Chest Clinic #26.	Unknown - By 1935	2	5	5
163	Temporary Marquee Ward	Tent construction, designed to have wood floors on stumps with "masts" (presumably to hold up tent). Had adjoining sitting room and bathroom facilities to the Eastern side; more permanent structure. Unclear if ever constructed.	c1925 - By 1932	3	3 - Likely only evidence for Eastern addition	3
164	Palm House	Yard to South enclosed by pipe fence.	By 1940 - c1949	2	2 - Partial disturbance from Student Rec Room #32 which was built with timber footings	2

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165	Torrens Ward (1)	Also Pathology, Laboratory, Museum & Library; demolished in 1932 to make way for Frame Ward #33; constructed of timber.	1920 - 1932	2	2 - Possibly built with light fittings, partial disturbance from Frame Ward #33.	2
166	Bed Store	Constructed with galvanised iron.	Post 1923 - c1948	3	5	5
167	Kitchen		By 1880 - c1925	1	3 - Footings visible on 1925 & 1927 Kitchen #20 plans	2
168	Unknown Feature	Possible addition to Kitchen #166, visible on 1906 photograph only.	By 1906 - c1925	1	3 - Footings possibly visible on 1927 Kitchen plan #20	2
169	Wash House / Laundry	Replaced by 1923 Laundry #21.	By 1880 - c1923	1	3 - Small section of Northern end may survive	2
170	Laundry Addition		c1889 - c1923	2	5	5
171	Toilet		By 1880 - By 1923	2	2 - Possibly featured deep pit/s	2
172	Unknown Building	Adjacent East of stone wall.	By 1880 - By 1923	1	2	2
173	Unknown Building	Adjacent walls to West and South.	By 1880 - By 1923	1	2	2
174	Tank	Replaced by Laundry #21.	By 1880 - By 1923	2	2	2
175	Unknown Building	Probably an addition to the bath house (#169); replaced by Laundry #21.	By 1880 - By 1923	1	3	2
176	Toilet/W.C.	Replaced by Laundry #21.	By 1880 - By 1923	1	3	3
177	Unknown Building	Gabled building; only visible on 1902 & 1906 photographs.	By 1906 - c1923	1	3 - Likely Majority Disturbed by North Wing #57	3
178	Unknown Building	Replaced by Laundry #21	By 1880 - By 1923	2	3	3
179	Unknown Feature	Possibly a yard or paved area? replaced by Laundry #21.	By 1880 - By 1923	2	2	2
180	Unknown Building		Post 1906? - c1925	2	3	3
181	Shed	Replaced by Laundry #21.	By 1880 - By 1923	2	2 - Partially Disturbed by North Wing #57 & Laundry #21	2
182	Unknown Building	Approximate position only - on boundary of Old Exhibition Grounds.	By 1880 - Unknown	2	4 - Likely demolished for Dental School #52	4
183	Entrance (building?) to Old Exhibition Grounds		By 1880 - By 1917	2	4 - Likely demolished for Dental School #52	4
184	Extended Shed?	On Old Exhibition Grounds boundary.	By 1880 - Post 1920	2	3	3
185	Small structure labelled 'W' on 1880 Smith Survey	Small structure labelled 'W' in 1880 Smith Survey sketchbooks.	By 1880 - By 1920	2	3	3
186	Toilet/W.C.	Approximate position only - on East boundary of Old Exhibition Grounds.	By 1880 - By 1927	2	2	2
187	Rubbish Furnace	Approximate position only; shown on 1880 Smith Survey.	By 1880 - By 1927	1	2	1

NO.	NAME OF BUILDING	NOTES & OTHER NAMES	DATES	SIGNIFICANCE - CRITERION C	POTENTIAL SURVIVAL OF REMAINS	ARCHAEOLOGICAL POTENTIAL
188	Botanic Gardens Unknown Building	Unknown use; not visible in 1906 photograph.	By 1874 - By 1906?	2	5	5
189	Botanic Gardens Unknown Building	Unknown use; not visible in 1906 photograph.	By 1864 - By 1906?	1	4 - Likely demolished for construction of East Wing #1	4
190	Shed		By 1932 - By 1947	3	3	3
191	Sheds	Related to Automotive Trade School #158; approximate position only.	By 1955 - Unknown	3	5	5

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APPENDIX TWO: LIST OF EARLY PHOTOGRAPHS

Early photographs are an invaluable aid to conservation. The following list has been compiled from those held by the sources below:

Sources:	ACC	Adelaide City Council Archives
	Arch	Architecture Museum
	B&A	<i>Building & Architecture</i>
	GRG38/66	Album of 1962 photographs from the State Records Office
	RAH	Royal Adelaide Hospital Heritage Office
	NL	National Library (Trove)
	SLSA	State Library of South Australia Mortlock Pictorial Collection
	UofA	University of Adelaide Archives

Description	Date	Source
Adelaide Hospital	1872	SLSA B7868
Adelaide Hospital	1872	SLSA B10720
Adelaide Hospital	c1870s	ACC
Adelaide Hospital	c1870s	ACC
Adelaide Hospital	c1870s	ACC
The Adelaide Hospital complex is two storey and built of stone, with arched windows and cloistered verandahs. The two towers, which are a feature of this building, have been incorporated into the present day Coat of Arms of the hospital. The central block and the west wing of this hospital was completed in September, 1856, and the east wing was built in 1866-67. The Hospital garden and part of the Botanic Gardens appear in the foreground whilst open parkland and roofs of North Adelaide are seen in the background. [On back of photograph] 'Adelaide Hospital / 1873-86' (Another hand) 'Presented by A.J. Cross'	1873	SLSA B3718
Royal Adelaide Hospital	1880	SLSA B53324
The Adelaide Hospital complex on the corner of North Terrace and Frome Road. The main wing with its twin towers can be seen in the background and part of the Botanic Gardens can be seen on the right. A sign on the stone wall in the centre points to the Zoological gardens	1880	SLSA B3738
Portion of Hospital (Da Costa)	1880	SLSA B3796
General view of Adelaide Hospital on North Terrace	1885	SLSA B61372
General view of the exterior of the Adelaide Hospital	1895	SLSA B23506/1
Adelaide Hospital, exterior view of the operating theatre	1895	SLSA B23506/2
Adelaide Hospital, interior view of the operating theatre	1895	SLSA B23506/3
Mercy Ward, Adelaide Hospital. Sitting at table - Sister Basham; standing between beds - Nurse Good; standing by windows - Nurse Hind	1895	SLSA B23506/4
Patients 'out for an airing' in beds, wheelchairs and on crutches in the grounds of the hospital	1895	SLSA B23506/5
Victoria Ward. Sitting at table - Sister Josling; standing - Miss Banks (Matron); at end of ward - Nurse Atkinson	1895	SLSA B23506/6
Adelaide Ward. Sitting at table at right - Dr Irwin; sitting at table at left - a student; sitting in ward - Nurse Townsend	1895	SLSA B23506/7

The gardens of the Adelaide Hospital	1895	SLSA B23506/8
Dorcas Ward. Sitting at table - Sister Henderson; sitting in ward - Nurse Hamlyn	1895	SLSA B23506/9
West face of new wing of the Adelaide Hospital	1895	SLSA B23506/10
Flinders Ward. Sitting at table - Dr H.H. Russell; standing at table - Sister Moreton	1895	SLSA B23506/11
Exterior view of the Royal Adelaide Hospital	1895	SLSA B23506/12
Group of Honorary Medical and Surgical Staff of the Adelaide Hospital	1896	SLSA B12159
Entry Gates	1900	SLSA B71049
General View of Hospital	1900	SLSA B15861
Nurses from the Adelaide Hospital waiting to greet the Duchess of York during the visit to Adelaide of the Duke and Duchess in July 1901	1901	SLSA B45558/14
Aerial View of site	1906	SLSA - PRG 280/1/4/139
Margaret Graham Building	1910	SLSA B60628/43
Nurses Quarters	1910	SLSA B5807
Dining hall	1918	SLSA B60628/69
Nurses in courtyard	1918	SLSA B60628/57
On steps of Margaret Graham Building	1918	SLSA B60628/68
View of two buildings making up the Adelaide Hospital complex	1918	SLSA B60628/56
View looking north-west-north over the buildings between Rundle Street and North terrace. The Royal Adelaide Hospital, Botanic Garden buildings, and Institute of Technology can be seen in the middle distance	1920	SLSA B68678/7
Entrance	1920	SLSA B45093
Large crowds attending a function outside the Royal Adelaide Hospital; a Bishop and other clergy are standing at the entrance to a building	1923	SLSA PRG280/1/35/19
Dental Hospital	1923	SLSA PRG280/1/40/208
New Dental Hospital	1923	SLSA PRG280/1/36/185
General View	1925	SLSA B4444
Bice Building - Lawson scrapbook	1925	Arch
Bice Building, <i>Mail</i> , July 31, 1926	1926	SLSA B3745
Bice Building	1926	SLSA B4087
Bice Building	1926	NL (Trove) H30134/53
Corner View	1935	SLSA B6667
Women's Health Building - Lawson scrapbook	1935	Arch
Sister Kildael and Miss Lowe at the cooking demonstration at Royal Adelaide Hospital, 31 July 1939	1939	SLSA SRG770/40/4
Royal Adelaide Hospital, operating theatre block	1946	SLSA B26134/2
Royal Adelaide Hospital, operating theatre block	1946	SLSA B26134/5
Royal Adelaide Hospital, operating theatre	1946	SLSA B26134/6
Royal Adelaide Hospital, Surgeons scrub up room	1946	SLSA B26134/10
Aerial View	1946	SLSA B11099
McEwin Building	1946	SLSA B14019
McEwin Building - Lawson scrapbook	1946	Arch
Photo of the Resident Medical Officers at the Royal Adelaide Hospital (R.A.H.), pictured outside one of the buildings. Front row (from left): Drs A.G. Fisher, W.J.		

McCann, J.H. Pash, J.W. Rollison (Med. Supt.), J.R. Magarey (Surgical Supt.), Y.G. Seppelt, R.N. McCann, J.N. Diggle. Middle row (from left): Drs H.F. Haselgrove, J.H. Nicholls, G.B. Fisk, D.A. Coats, J.A. Bonnin, G.F. Cheesman, D.K. Caust, M.E. Nancarrow, R.F. Scragg, J.H. Slade, T.G. Kohler, R.M. Beard. Back row (from left): Drs M. de L. Faunce, R.A. Kenihan, R.S. Wurm, D.N. Kirkman, M.W. Guymer, T.G. Maddison, R.F. Condon, H. Ellis, G.G. Wyllie, M.G. Sarre, B.F. Venner.	1948	SLSA PRG343/40/1
Medical School	c1960	UofA S1000, Box 5
Medical School	c1960	UofA S1000, Box 5
East Wing	nd (c1960)	RAH
Redevelopment Building and Architecture	nd (c1960)	Arch
ROYAL ADELAIDE HOSPITAL ALBUM	1962	GRG38/66
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15012
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15013
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15014
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15015
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15016
Royal Adelaide Hospital, 26th July 1963	1963	SLSA B15017
Royal Adelaide Hospital	1964	SLSA B15528
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15529
Royal Adelaide Hospital, 3rd July 1964	1964	SLSA B15530
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15531
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15532
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15533
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15534
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15535
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15537
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15538
Royal Adelaide Hospital, new buildings under construction, 3rd July 1964	1964	SLSA B15539
Royal Adelaide Hospital, North Terrace, 9th October 1964	1964	SLSA B15541
Royal Adelaide Hospital, North Terrace, 9th October 1964	1964	SLSA B15542
Royal Adelaide Hospital, North Terrace, 9th October 1964	1964	SLSA B15543
Royal Adelaide Hospital, North Terrace, 9th October 1964	1964	SLSA B15544
Royal Adelaide Hospital, North Terrace, 9th October 1964	1964	SLSA B15545
East Wing	1964	SLSA B15540
Frome Road	1964	SLSA B15528

Dental School - Redevelopment Stage 2 - Building and Architecture no 6, 1967	1967	B&A
Dental School - Redevelopment Stage 2 - Building and Architecture no 6, 1967 (closer view than above)	1967	B&A
Flinders Wing	1969	SLSA B18744/2
Flinders Wing	1969	SLSA B18744/3
Flinders Wing	1969	SLSA B18744/6
Flinders Wing	1969	SLSA B18744/7
Flinders Wing	1969	SLSA B18744/10

10. AERIAL PHOTOGRAPH OF ROYAL ADELAIDE HOSPITAL



ROYAL ADELAIDE HOSPITAL SITE HERITAGE ASSESSMENT (2013)

PROJECT BRIEF (September 2013)

11. SITE PLAN OF ROYAL ADELAIDE HOSPITAL

