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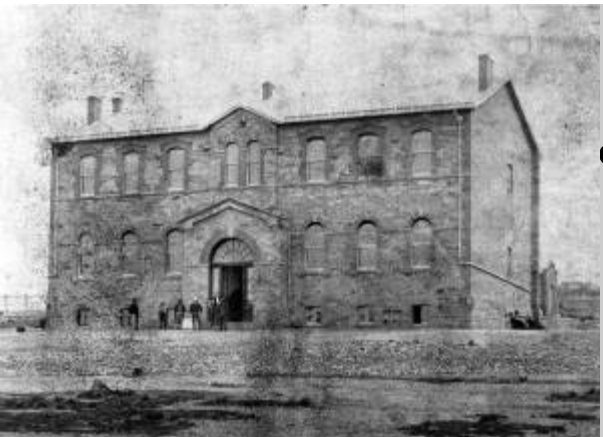
Heritage Survey

Bendigo Health's

Bendigo Hospital Campus

Lucan Street

Bendigo



This Conservation Analysis and Conservation Management Plan has been undertaken in accordance with the principles of the Burra Charter adopted by ICOMOS Australia

This document has been completed by
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EXECUTIVE SUMMARY

Planning Controls

The Bendigo Hospital is not included on the *Victorian Heritage Register* maintained by the Heritage Council of Victoria. However, the site is included as an individual heritage place in the *City of Greater Bendigo Planning Scheme* (being Heritage Overlay HO166). The listing extends across the whole block bound by Lucan, Arnold, Stewart and Bayne Streets. Under the Heritage Overlay a planning permit is required from Council to subdivide the land, demolish or remove a building, construct a building, externally alter a building, construct or carry out works, construct or display a sign or externally paint an unpainted surface.

The site is also in a PUZ3 (Public Use Zone) which allows the hospital to conduct planning and carry out hospital uses and works on the greater portion of the site without the need for ongoing permits.

The former central block of the hospital is listed on the *Register of the National Estate* maintained by the Australian Heritage Council, although its legal status is noted as 'Destroyed' and this listing has no statutory implications. The site is not currently classified by the National Trust of Australia (Victoria).

The purpose of this heritage survey is to guide the current and future custodians of the site by considering recommendations on appropriate site development and repairs to the buildings which would not be in conflict with the purposes of the planning scheme heritage overlay.

This heritage survey identifies the site's assets which are of heritage significance and those items not of importance when considering works and development under the Heritage Overlay.

Only a small number of the buildings and structures found today on the hospital site are considered to be of historical importance, while the bulk of structures are not. The import of this is that many buildings and structures can be considered for alterations or be demolished without impacting on the heritage overlay.

A small number of buildings and structures are of obvious heritage importance and these include the front fence, the fountain, the former Mortuary, Modesty House and the Lansell Laboratory Building while others are considered as having some significance for historical or architectural reasons.

Summary of Significance

The Bendigo Hospital is of historical, social and aesthetic significance to the City of Bendigo:

Historically, the Bendigo Hospital is significant for its long associations with the history of healthcare in Victoria and as one of the earliest district hospitals established in Victoria. Victoria's earliest regional public hospital was established in Geelong in 1852. This was followed by hospitals in Bendigo and Castlemaine in 1853. The Bendigo Hospital was relocated to the present site in 1858. Ten other district hospitals were established in Victoria between 1854 and 1858. Most of the early Bendigo Hospital buildings have been demolished as the facilities were improved and adapted over the years to meet the changing needs of healthcare and the local community.

Socially, the Bendigo Hospital is significant as a provider of healthcare to the local community for more than 150 years. In addition to general medical and surgical facilities, the hospital complex has also included infectious diseases wards, laboratories for medical research, a tuberculosis chalet and nurses' accommodation and training facilities. Some of the buildings and structures, such as the Lansell Laboratory Building and Fountain, were only erected as a result of donations by Bendigo residents, while the contribution of other board members and fundraisers, such as John Stanistreet and George Pethard, is commemorated in the naming of buildings.

Aesthetically, the front fence and entrance to the Bendigo Hospital are significant as an outstanding example of a fence design by the prominent Bendigo architects Vahland and Getzschmann. WC Vahland is perhaps most well known for his design for the Bendigo Town Hall and a substantial number of religious buildings. Vahland and Getzschmann were responsible for most of the structures built on the hospital site between 1858 and 1900. Very few elements from this period have been retained on the site, but include Modesty House and the Mortuary. These two buildings are not as aesthetically significant as the front fence and entrance.



Summary of Recommendations

Elements of Primary Significance:

There are five structures of primary significance on the site, in addition to identified trees and the central driveway. These are the Boundary Wall, the Lucan St Fence and Main Entrance, Modesty House, the Mortuary and the Lansell Laboratory Building. These structures should not be demolished or substantially altered. The setting of these structures is important and, wherever possible, new works in the vicinity should respect the scale, alignment and form of the existing heritage structures.

A buffer zone should be placed around these structures and elements in which no further construction takes place.

Buffer zones for the buildings should be:

- ❑ Modesty House
At least 5m either side and 10m in front
- ❑ Morgue Building
At least 5m to the south-east side and 10m in front of each of the gabled ends.
- ❑ Lansell Laboratory Building
At least 5m either side and no works between the building frontage and Arnold St
- ❑ Boundary Walls
A buffer of 10m
- ❑ Front Fence and Main Entrance
A buffer of 30m along the Lucan St fence in which there are no works of any substantive nature apart from landscaping, tree planting and discretely located and housed fire outlets, gas and water metres.
- ❑ Central Driveway
Between the oak trees
- ❑ Avenue plantings of oak trees along central driveway
Root zones

Elements of Contributory Significance:

There are three structures and one element of contributory significance on the site. These are the Fountain, the Old Library, and Yarrington House and the Landscape fronting Lucan Street. These structures should not be demolished, but they may be adapted to suit functional requirements.

Buffer zones for the buildings should be:

- ❑ The Fountain
A minimum 1.5m is required, however this structure should be reinstated at the head of a reworked main entry path system where it may be part of a round-about or within a nature strip.
- ❑ The Old Library
A small buffer is required at the rear (2m) and sides while the frontage on the south east façade should have a more substantial buffer of up to 10m
- ❑ Yarrington House
A buffer between the frontage of the house and the main entry path should be maintained free of other structures, including car parking, and a 5m buffer applied to the remaining three sides.
- ❑ Landscape fronting Lucan Street
The buffers recommended above for the Front Fence, Central Driveway and oak trees is sufficient.

Elements of No significance

Some of these elements should be removed from the site. Others may be taken down as required in a long term building programme.

Works

Brick Boundary Wall

Works should be undertaken to the brick wall in a number of locations to reinstate missing sections and reinstate its historic importance. Some sections have been taken down for reasons unknown while other sections can be rebuilt where openings are no longer required (eg. the former Commonwealth Laboratories on Arnold St). This includes the length of walls at the southern end of Bayne and Arnold Streets, adjoining the Lucan Street fence, which have been partly dismantled and should be rebuilt.

One section of wall at the corner of Arnold and Stewart Street should also be rebuilt to reinstate the wall corner and pillar, this being the only section of wall not built up at the defining corner point. This work would be done as part of the demolition of the Kumala Wing. As a minimum the fence should be run at its original height back to Modesty House.

The Front Fence

A number of sections of the fence have missing castings. Bendigo Health has stored some sections, which should be used to assist with repairs. Repairing the fence, while a worthwhile exercise, is probably not the best use of any heritage funds. The missing elements are spread out throughout the whole length and not overly noticeable. If more serious damage occurs to the fence, that may be the time to fully survey and carry out more extensive repairs to castings and stonework. The missing elements are not a visual security or structural problem at present.

The missing main entry gates to the fence should be reinstated (based on photographic evidence) if the front entry off Arnold St is reworked to become a formalised pedestrian and ceremonial entry rather than a common vehicular access route. Signage at the main entrance should also be rationalised so that it doesn't damage historic fabric and does not detract from the significance of the site.

The Frontal Buffer Zone

This zone should have minimal hard landscape and no built structures over 1m high. The exemption to this would be the provision of emergency services, but care should still be taken in the siting of such services, to minimise their visual impact on the significance of the site. Hardstand car parking areas within this buffer zone is also inappropriate.

Central Driveway

The central driveway should be redesigned within the existing avenue of trees to provide better circulation for a decreased amount of vehicular traffic and provide for the reinstatement of the fountain along the centre line of the main axis. While the construction of the Hyett Block prevents the return of the fountain to its original location, it might be relocated along the same axis, but somewhat closer to the front entrance. This might be provided for by having a relatively narrow central gravel nature strip headed by the fountain at the upper end and an elongated circulating asphalted drive from which there are minor one way traffic paths in the upper portion of the site where these paths will not affect the avenue of trees.

Avenue Plantings of Oak Trees framing the Central Driveway

This element should be maintained and reinforced as a visual feature and new trees planted where originals have been removed for traffic paths or because of senescence. Works to improve the health of the trees, which might include pruning or replacement, should be based on the recommendations of an arborist.

The original formal entry to the site should be given a very strong landscape tone that compensates for the hard-edged newer buildings beyond the entry area.



The Old Library

The Arnold St extension should be removed along with the facings under the south side verandah and the verandah repaired. The part glazed timber exterior wall (within the verandah) should be reinstated where missing using the existing section of walling as a model.

Lansell Laboratory Building

The in-fill to the archways within the loggia at the front of the building should be removed and the original appearance of this main entrance into the building should be reinstated based on photographic evidence.

Recording the site prior to major redevelopments and demolitions

It is recommended that in line with current heritage practices the existing site be archivally recorded to the published standards by the Victorian Heritage Council.

This would involve recording the context of the landscape and buildings on the site and the detail of a number of the more interesting architect-designed buildings.

Works Documentation

Works on the buildings of Primary and Contributory significance:

A schedule of works should be prepared with heritage input for the repair of the Old Library (exterior), the brick boundary walls, the front fence, and the Lansell Laboratory (exterior) and this would form part of a planning application proposal to the City of Greater Bendigo.

All other structures on the site are of no significance and may be retained or removed as the need arises. In the case of the Pethard Wing this should be recorded before demolition.

1.0 INTRODUCTION

1.1 The Purpose of this Report

This Heritage Survey was prepared to document the history and cultural significance of the Bendigo Hospital Campus, Bendigo, so as to better inform the decision-making process prior to any change of use, works or redevelopment.

A Heritage Overlay (HO166) exists within the City of Greater Bendigo Planning Scheme. The Overlay applies controls on any works and development on the hospital site extending across the block bound by Lucan, Bayne, Stewart and Arnold Streets.

Following an examination of the sites and structures within the HO, it is concluded that there are some elements of little or no cultural heritage significance which should not be controlled by the Planning Scheme's Overlay. There are also some structures which should remain controlled by the Overlay and these are identified in this report.

Most of the buildings on the site are post 1945, and a number were built as ad-hoc additions or reworking of existing buildings or were built in the 1990 to 2009 period and have (as yet) no identifiable social or historical significance. These buildings are of too recent an origin to have a determinable aesthetic or architectural significance and none have been the subject of an architectural award. None have an identifiable aesthetic significance.

The report has been compiled with reference to key cultural heritage documents used by heritage and collections management practitioners in Australia:

The Australia ICOMOS charter for the conservation of places of cultural significance: The Burra Charter. (See Appendix C.)

Peter Marquis-Kyle & Meredith Walker, *The Illustrated Burra Charter*, Australia ICOMOS, Sydney 1992.

James Semple Kerr, *The Conservation Plan: A guide to the preparation of conservation plans for places of European cultural significance*, National Trust of Australia (NSW), Sydney 1990.

Australian Heritage Commission, *Australian Historic Themes: A Framework for use in Heritage Assessment and Management*, Canberra 2001.

Australian Heritage Commission, 'Criteria for the Register of the National Estate', Canberra (version as at 22 May 2008).

The report also takes into account two documents produced by Heritage Victoria:

'Conservation Management Plan Draft Brief' (February 2001); and

'Criteria for Assessment of Cultural Heritage Significance' (adopted March 1997).

1.2 Study Team

The study team who prepared this report comprised:

David Wixted, conservation architect;

Jane McKenzie, conservation architect; and

Dr Carlotta Kellaway, historian.

1.3 Copyright

Copyright is held by heritage ALLIANCE, April 2010.

1.4 Commissioning of this Report

This report was commissioned by Bendigo Health, an organisation which controls regional health planning in the Bendigo area.

1.5 The Site

The site is bounded by Lucan Street (the main frontage), Arnold Street (north-west side), Stewart Street (north-east side) and Bayne Street (south-east side).

The site contains a number of buildings and structures dating from the nineteenth century through to major structures currently under construction.

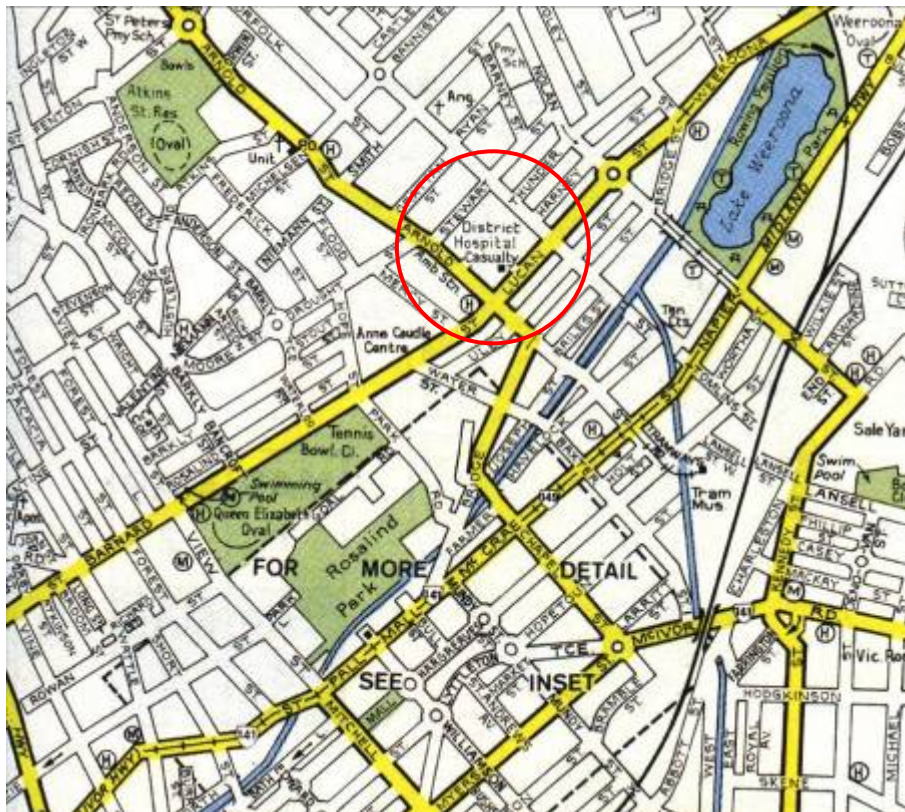


Figure 1 Location plan of the Bendigo Hospital Campus,
(Source: VicRoads Directory)

1.6 The Heritage Overlay

Under the local provisions of the City of Greater Bendigo Planning Scheme, the site is included on the heritage overlay schedule as an individual heritage place (HO166). It is described as the 'Old Base Hospital, 62 Lucan Street.' The site has no internal alterations controls, but there are controls on external paint colours and trees. The site also includes outbuildings or fences which are not exempt under clause 43.01-4. It is not identified as an Aboriginal Heritage Place.

The Heritage Overlay, as applied by the City of Greater Bendigo, relies on a citation provided by Graeme Butler and Associates as part of the 'Eaglehawk and Bendigo Heritage Study' prepared in 1993. The citation only identifies the Bendigo Goldfields Hospital Wings (demolished in 1989/90), the part perimeter brick wall on Bayne



Street, the iron and stone fence to Lucan Street, the fountain and the Officer's Quarters (Modesty House) on Stewart Street as being of historical importance.

The Statement of Significance in the Butler citation quotes the Australian Heritage Commission Citation:

The building (main hospital building) was demolished in late 1989/early 1990. Prior to that event it was of great historical significance as the earliest District Hospital in Victoria and an important early example of the work of architects Vahland and Getzschmann.

No other buildings or structures on the site are mentioned in the Australian Heritage Commission Citation. (The Bendigo Base Hospital (Central Block) is listed in the Register of the National Estate, but its Legal Status is noted as 'Destroyed' as a result of the building's demolition in 1989/90.)

Protection of Heritage within the Planning Scheme

Clause 22.06 of the planning scheme is the Municipal Strategy Statement on Heritage. It confirms the City's desire to protect buildings and sites of heritage significance through the Objectives and Policy in the Municipal Strategy.

Of relevance are (emphasis added)

Objectives:

To ensure that Greater Bendigo's heritage assets are maintained and protected.

To ensure that new land uses and developments are sympathetic with the character and appearance of the heritage places.

To retain heritage assets for the enjoyment and experience of residents visitors and future generations of the municipality

To encourage sympathetic reuse of heritage places so that such places are maintained and enhanced.

To identify and protect heritage places with Aboriginal cultural value.

Policy:

It is policy that

A proposal for the use and development of land should demonstrate how it maintains and supports the cultural and natural heritage of Greater Bendigo.

Alternative uses of buildings may be considered in order to achieve the protection of important heritage places.

The development of land adjoining or nearby a heritage place should have regard to any likely impacts on the heritage place. [NA]

The heritage value of any place be considered.

In considering an application to develop or rezone land, the Responsible Authority will have regard to:

Any current Aboriginal heritage study document for the municipality; and The Aboriginal cultural resource management grid map and guidelines provided by Aboriginal Affairs Victoria. [NA]

The effect of these policies:

The attached datasheets indicate there are only a small number of structures and landscape elements of heritage interest on the site and in particular:

- The boundary fence, walls and main entrance;
- The central driveway with the mature trees lining both sides;
- The Fountain;



- ❑ Lansell Laboratory Building;
- ❑ Old Library;
- ❑ Yarrington House;
- ❑ Pethard Wing;
- ❑ Modesty House; and
- ❑ Mortuary.

These structures and landscape elements are of historical interest in demonstrating the development of the site. This study indicates that many buildings and structures on the site have little or no heritage significance and proposed changes should not be overly constrained except where there is impact on adjacent structures or elements of primary or contributory significance.

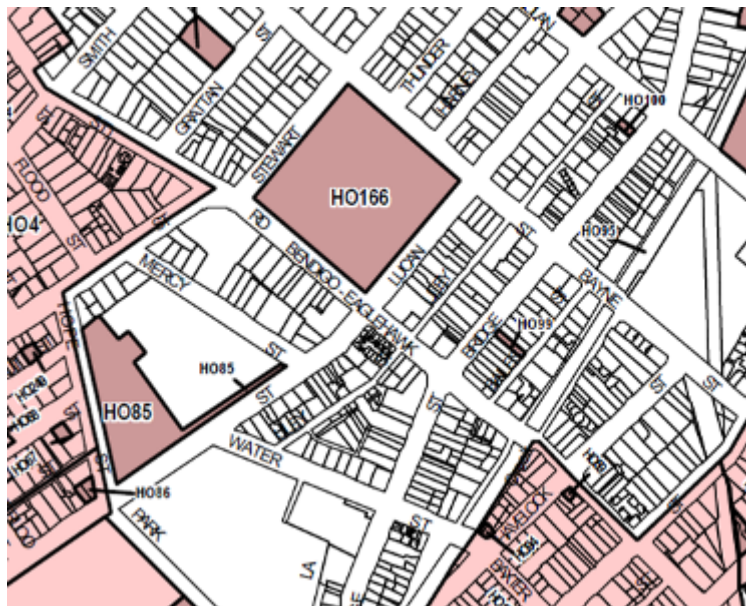


Figure 2 Extract from Planning Scheme Map for the City of Greater Bendigo identifying the Bendigo Hospital Campus as HO166.

1.7 Other Heritage Listings

Heritage Victoria

The Victorian Register identifies buildings and land which are considered to be of state significance and these are mapped automatically into the municipal planning schemes. Planning Schemes must show all such registered places and these will be noted in the schedule to the heritage overlay as being controlled by the Heritage Act.

The site has not been placed on the Victorian Heritage Register.

National Trust of Australia (Victoria)

The Main Building of the Bendigo Hospital was initially 'recorded' by the National Trust of Australia (Victoria) in the 1970s and upgraded to 'classified' in 1984. However, it was removed from the National Trust's Register following its demolition in 1989/90.

Register of the National Estate

The Bendigo Base Hospital (Central Block) is listed in the Register of the National Estate, but its Legal Status is noted as 'Destroyed' as a result of the building's demolition in 1989/90. The Place ID is 15516.

1.8 Definitions

- 1.1 *Place* means site, area, building or other work, group of buildings or other works together with associated contents and surrounds.
- 1.2 *Cultural significance* means aesthetic, historic, scientific or social value for past, present or future generations.
- 1.3 *Social value* embraces the qualities for which a place has become a focus of spiritual, political, national or other cultural sentiment to a majority or minority group.
- 1.4 *Fabric* means all the physical material of the *place*.
- 1.5 *Conservation* means all the processes of looking after a place so as to retain its *cultural significance*. It includes maintenance and may according to circumstance include *preservation, restoration, reconstruction and adaptation* and will be commonly a combination of more than one of these.
- 1.6 *Maintenance* means the continuous protective care of the *fabric*, contents and setting of a *place*, and is to be distinguished from repair. Repair involves *restoration or reconstruction* and it should be treated accordingly.
- 1.7 *Preservation* means maintaining the *fabric* of a *place* in its existing state and retarding deterioration.
- 1.8 *Restoration* means returning the EXISTING *fabric* of a *place* to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.
- 1.9 *Reconstruction* means returning a *Place* as nearly as possible to a known earlier state and is distinguished by the introduction of materials (new or old) into the *fabric*. This is not to be confused with either recreation or conjectural reconstruction which are outside the scope of this Charter.
- 1.10 *Adaptation* means modifying a *place* to suit proposed compatible uses.
- 1.11 *Compatible use* means a use which involves no change to the culturally significant fabric, changes which are substantially reversible, or changes which require a minimal impact.



2.0 HISTORICAL ANALYSIS

Note that a summary of the history of each building and historic photographs are included in the Data Sheets for existing buildings in Appendix C of this report. Historic images reproduced in this section of the report largely illustrate the overall development of the complex and demolished buildings not addressed by Data Sheets.

2.0 Introduction

The Bendigo and Northern District Base Hospital in Lucan Street has played an important role in the history of health and welfare services in Victoria. More than 150 years ago, a first building of social and architectural significance, known as the Bendigo Gold District Hospital, was constructed on the present Bendigo site. The early Central Block, an architect-designed structure built in 1858 with flanking wings added in 1863/64, was significant as an early purpose-built hospital and was one of the earliest public buildings in the goldfields city of Bendigo.

This early hospital building was the first major work designed by the important firm of architects, Vahland and Getzschmann.¹ The 1858 building with its 1860s wings was demolished in 1989. The later Bowen Wing, designed by the same architects and constructed on the site in 1873/74, has also been demolished.

From 1930, after the formation of the Commonwealth Department of Health and Charities in 1921/22, the Bendigo building came to be known as the Bendigo and District Base Hospital.

Over the years, two major architectural firms were associated with the design and construction of the Bendigo Hospital buildings. The earliest buildings on the site, at least two of which remain, were designed between 1858 and 1902, by the notable Bendigo firm, Vahland and Getzschmann. However, after the Second World War, from c.1946, the designing architects associated with alterations and additions at the Bendigo Hospital were members of the firm Yuncken, Freeman Brothers Griffiths and Simpson (later known as Yuncken Freeman Architects). This firm, which was responsible for the design of a number of other important hospital complexes in Victoria, played a major role in the Bendigo Hospital's rebuilding program that followed the 1989 and later demolition of earlier buildings on the site.

Yuncken, Freeman Brothers Griffiths and Simpson's first proposal of a new Development Plan for Bendigo Hospital was in 1946. Another development plan was proposed in 1960. In the following decades, many existing buildings on the site were redeveloped or demolished and new buildings constructed. This history of redevelopment on the site continues into the present.

There have been close associations over the years between the Bendigo Hospital and the nearby former Bendigo Benevolent Asylum (now the Anne Caudle Campus). These two bodies employed the same architects, Vahland and Getzschmann at first and, later, Yuncken, Freeman Brothers. Finally, in 1995, the Bendigo Hospital and former Benevolent Asylum amalgamated to form the Bendigo Health Care Group. This Group also included the Bendigo and Region Psychiatric Services. Since its inception in the late 1850s, psychiatric services had been provided by the Bendigo Goldfields Hospital.

An examination of the Bendigo Hospitals' development history has provided evidence of the institution's concern with a wide range of health issues. During the early years, the hospital catered for the health of local women and children, as well as Chinese workers employed in the district goldmines. In addition, a training school for nurses was constructed there in 1885. Later, in 1895, Vahland designed a Nurses' Home, which was built on the site. Little remains of the early buildings constructed on the site. The only structures to survive from the nineteenth century are the 1887 Morgue, the 1891 Modesty House (former Officer's Quarters), and the boundary wall, fence and main entrance to Lucan Street.

During the twentieth century, the Bendigo Hospital (like the nearby former Bendigo Benevolent Asylum) focused on community health problems. These included the scarlet fever and diphtheria epidemics during the First World

¹ *Bendigo Gold Fields Hospital, Lucan Street, Bendigo*, Bendigo and Eaglehawk Heritage Study. Significant Sites, Graeme Butler and Associates. 1993

War, tuberculosis during the 1920s, polio in the 1930s, and, more recently, the introduction of cancer treatments. The hospital's role in nurse education, which began in the 1880s, came to an end in 1989. In that year, the last hospital-based nurses completed their courses at Bendigo Hospital and tertiary courses were introduced elsewhere.

A series of aerial photographs of the Bendigo Hospital, which date from 1935 to 2009, show the evolution of the complex and confirm that there are still some older buildings on the site that survived the demolitions and redevelopment. These include the nineteenth century structures described above, as well as the 1908 Lunacy Ward (Old Library), the 1920s Yarrington House (former medical superintendent's residence); the 1928 Lansell Laboratory Buildings and the 1935 Kurmala Wing. Buildings constructed in the latter half of the twentieth century include the 1952 Stanistreet House, the 1962 Pethard Wing, the 1975 Hyett Block, the 1998 Alexander Bayne Centre and the 1999 NR Phillips Block.

2.1 Public Hospitals in Regional Victoria

2.2.1 Victoria's Early Public Hospitals

The history of Victoria's public hospitals began in 1837 with Batman's two-storey construction on the corner of Collins and William Street, Melbourne. A somewhat larger hospital was built in King Street in 1838. Seven years later, in 1845, Melbourne Hospital was built on the corner of Swanston and Lonsdale Streets. A year later, in 1846, Melbourne's Lying-In Hospital was constructed, which became the historic Royal Women's Hospital.²

An increase in Victoria's population after 1851, as a result of the economic stimulation provided by the gold discoveries, led to a demand for more public hospitals in country areas. The earliest of those regional public hospitals was constructed in Geelong in 1852. This was followed by the construction in 1853 of public hospitals in Castlemaine and Bendigo.³ The first Bendigo Gold District Hospital was opened in 1853. A second, larger architect-designed hospital was constructed on the present Bendigo site in 1858.

Public hospitals were built in 1854 in Kilmore, Warrnambool and Maryborough; in 1856 in Ballarat, Beechworth and Port Fairy; in 1858 in Stawell, Kyneton, Mildura and Ararat; and in 1859, in Amhurst, Heathcote and Dunolly. By 1862, there were 19 public hospitals in the State of Victoria.⁴

2.2.2 Government Regulation of Hospitals, 1862 to 1978

There is an Information Sheet produced by the Public Record Office of Victoria (PROV), which concerns the development history of hospitals and charities in Victoria.⁵ This useful document covers four key periods in the history of Victoria's hospitals and charitable institutions. Significant government legislation was associated with each of those four periods, which include (1) 1862-1922, (2) 1923-1948, (3) 1948 –1978 and (4) 1978-present.

1862-1922

As early as 1862, four years after the opening of the Bendigo Gold District Hospital, there was a *Parliamentary Inquiry into hospital and charitable institutions in Victoria*. Two years later, the *Hospitals and Charitable Institutions Act, 1864*, was passed. This Act required the incorporation of any institution, society or association, which had been established with the object of saving human life and providing health services. Grants-in-aid were issued to these institutions.

But, although an Inspector of Public Charities was announced in 1870, an appointment was not made until 1881.⁶

1922-1948

² *Victorian Year Book. Centenary Edition*, 1973, p 557.

³ *Ibid.*

⁴ *Ibid.*

⁵ *Hospitals and Charities in Victoria, 1862-1978*, PROV.

⁶ *Victorian Year Book*, 1973, p 565.



In 1922, a Charities Board of Victoria (VA 2707) was appointed under the provisions of the *Hospitals and Charities Act, 1922 (No 3260)*. This Board was not only responsible for public hospitals but also for benevolent societies and institutions. Therefore, both the Bendigo Gold District Hospital and the Bendigo Benevolent Asylum came under the provisions of this Act.

From 1930, after the formation of the Commonwealth Department of Health and Charities in 1921/22, the Bendigo Gold District Hospital became the Bendigo and District Base Hospital.

The 1922 Act provided for the incorporation of hospitals and philanthropic institutions, the regulation of fund raising, the liability of patients for the cost of their care and treatment, and the making and publication of regulations. In 1944, the Minister of Health assumed responsibility for the administration of the Hospitals and Charities Act.⁷

1948-1978

In 1948, during the post-WWII years, and following the passage of the *Hospitals and Charities Act, 1948 (No 5300)*, the powers and responsibilities of the Charities Board were transferred to a newly- established Hospitals and Charities Commission (VA 69).

This Commission took over responsibility for the functions previously administered by the Charities Board. The functions for which the Commission was responsible were the establishment and management of public hospitals and later, community health centers; midwifery and infant care; ambulance services; recruitment, training and conditions of employment of nurses; training of medical staff; registration and management of agencies providing residential care for the aged, children, convalescent and disabled persons.

The Commission was responsible for the registration and inspection of hospitals. It also 'exercised control over capital works and could determine the location and extent of all new buildings' and the accommodation to be provided.⁸

The Commission established a system of training for hospital administrators and, in consultation with the Nurses' Board, made provision for the training of nurses. The education and training of nurses at Bendigo Hospital, which began in the 1880s, came to an end in 1989.⁹

Eventually, the Hospitals and Charities Commission assumed control of Victoria's public hospitals, including the Bendigo Base Hospital, but also controlled private, voluntary institutions like the former Bendigo Benevolent Asylum.

1978-present

Following the proclamation of the *Health Commission Act 1977(No 9022)*, the Health Commission of Victoria (VA 652) was established in 1978. This led to a major re-organisation of health services in Victoria. The Commission assumed sole responsibility for all functions previously administered by three bodies: the Department of Health (VA 695), the Mental Health Authority (VA 694) and the Hospitals and Charities Commission.¹⁰

2.3 The Bendigo Hospital Site

2.3.1 The First Site, 1853/54

In October 1852, a public meeting on the Bendigo goldfields passed a resolution for the formation of a hospital 'for all classes of miners, and for all medical and surgical cases.'¹¹

⁷ *Hospitals and Charities in Victoria, 1862-1978* PROV.

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ David Lloyd, *Domestic Comforts They Had None. A Pictorial History of the Bendigo Hospital*, 2003, p.2.

The following year, in May 1853, a Provisional Committee was appointed to discuss the establishment of a general hospital in the Town of Sandhurst (now Bendigo). A sum of £1,078, which included a Government grant of £500, was raised. These funds were used to build a Men's Ward of timber slabs on stone foundations, measuring 40 x 20 feet, and with a roof of broad palings. That November, the first Gold District General Hospital was opened. A sketch dated 1854 shows the Men's Ward with a steeply pitched roof, surrounded by 2 or 3 smaller outbuildings. All the structures were single storey.¹²

An 1854 Survey map of the Township of Sandhurst indicated the original 'Hospital Reserve,' two acres of land on Hospital Hill.¹³ This site was approximately 1.5km south west of the present hospital and located on Rowan Street.



Figure 3 1854 Map of Bendigo – The first Hospital Reserve is shown circled.

Source: Bendigo Health

¹² Ibid, p 10.

¹³ Ibid, p 11.

2.3.2 The Second and Present Site, 1857-1882

Three years later, in 1857, it was decided that the first hospital site and its building were unsuitable. The present site, ten acres of land bounded by Lucan, Arnold, Stewart and Bayne Street in Bendigo, was chosen. This ten acre site was listed in the *Government Gazette*, 31 December 1868, and was permanently reserved for a hospital on 20 December 1872.¹⁴

The Bendigo Hospital Reserve in Section 83C, City of Sandhurst, was indicated on a Survey plan prepared in 1882 by George Black, Assistant Surveyor. The Hospital Reserve covered 10 acres and the map clearly indicates the Central Block with flanking wings, the Bowen Wing and the Gatehouse. Five other buildings shown on the site have not been firmly identified, but the smallest building is likely to be the first morgue or 'dead house' completed in 1868, the building in front was probably the stables, the building near the corner of Stewart and Arnold Street was most likely the house for the resident surgeon built in 1869 and the two building at the rear of the Central Block were probably the 'Lunacy Wards' built in 1871 and a wooden building for the isolation of cases of the most contagious diseases built in 1872.¹⁵

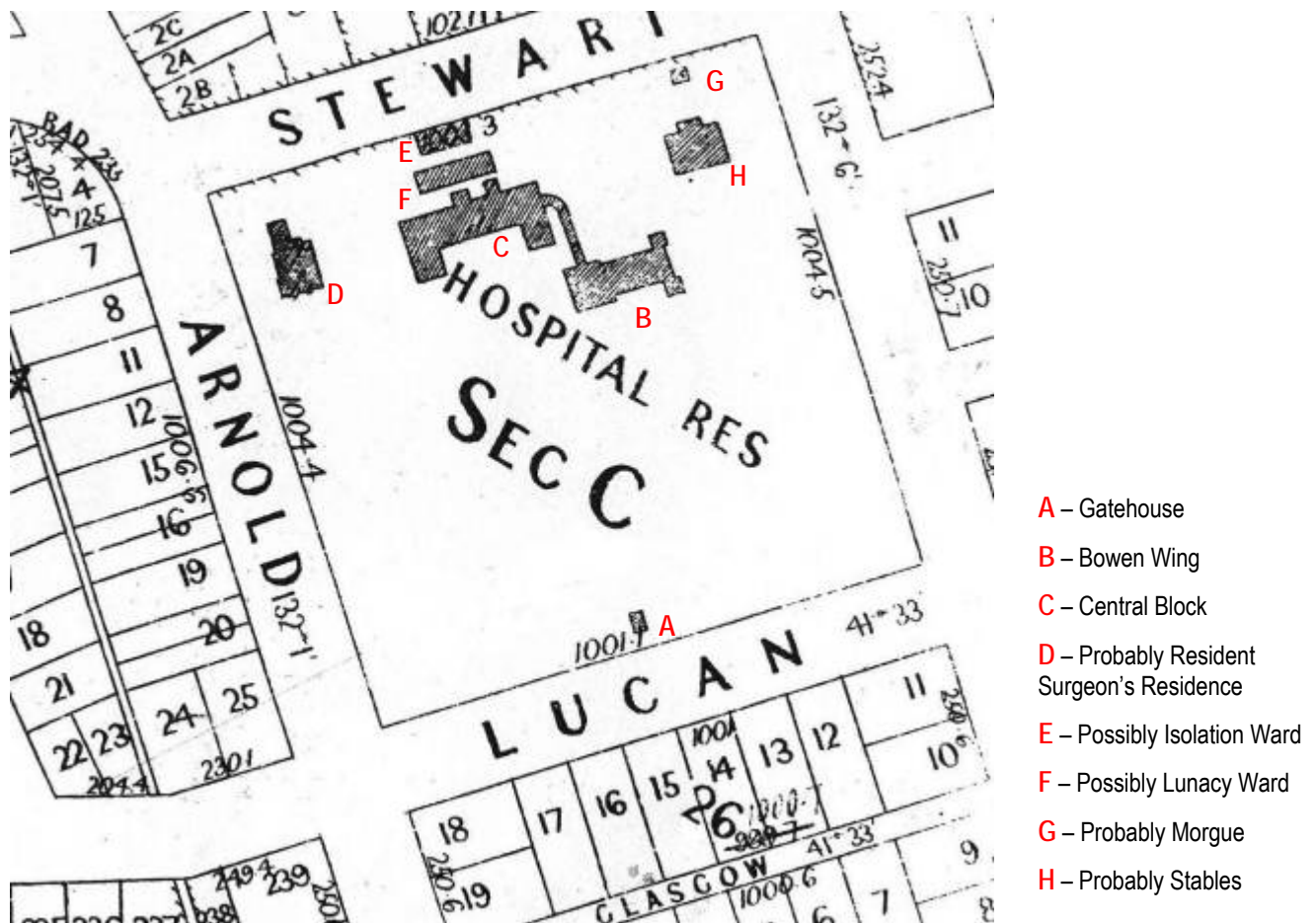


Figure 4 Detail of Black's Survey Plan, City of Sandhurst, Sheet 5, 1882-1884,
Source: Department of Sustainability and the Environment

¹⁴ Bendigo Hospital File, RS 7245, Dept. of Sustainability and Environment (DSE).

¹⁵ *Black's Survey Plan*, City of Sandhurst, 1882-1884, Sheet 5, DSE and description of building in Lloyd, p. 17.

2.3.3 Current Ownership of the Bendigo Hospital Site, 1995-present

As discussed earlier, in 1995, the Bendigo Hospital and the former Bendigo Benevolent Asylum amalgamated to form the Bendigo Health Care Group. This body also included the Bendigo and Region Psychiatric Services. Since 10 December 1995, the Bendigo Health Care Group of Lucan Street, Bendigo has had control over both the hospital and the former Benevolent Asylum.¹⁶

2.4 Development History of Bendigo Hospital

The development history of this important regional Victorian hospital, which covers about 158 years, includes a number of significant phases. Although most of the earliest buildings on the site, constructed between 1858 and c.1902 from the designs of the notable architectural firm, Vahland and Getzschmann, have now gone, a few significant early structures remain. Over the years, many new buildings have been added to the complex, which has continued to play an important role in the provision of health and welfare services throughout regional Victoria.

The Bendigo Hospital's development history can be divided into five key periods. They are:

2.4.1. The Early Years of the Bendigo Gold District Hospital, 1850s to WWI.

2.4.2. Between the Wars, 1920s to 1939.

2.4.3. Rebuilding Plans, 1940s to 1960s.

2.4.4. Battle over Demolition Plans, 1970s and 1980s

2.4.5. Recent History, 1990s to 2010.

2.4.1. The Early Years of the Bendigo Gold District Hospital, 1850s to WWI

As discussed earlier, the present site of the Bendigo Hospital, located on 10 acres of land bounded by Lucan, Arnold, Stewart and Bayne Streets, was secured in 1857 for the Bendigo Gold District Hospital. On 24 April 1858, the Bendigo architects, Vahland and Getzschmann, called tenders for a new hospital at Sandhurst.¹⁷ The foundation stone was laid on 13 September of that year by John O'Shanassy, Victoria's Chief Secretary.¹⁸ This stone has never been recovered.

Central Block, 1858-1864 (Demolished 1989)

An early 1861 photograph shows the first 1858 stage of the new Bendigo Hospital building. This two-storey central section, designed by Vahland and Getzschmann, was located close to Stewart Street at the rear of the hospital block.¹⁹ This location caused great problems over the years, when new buildings were to be built on the Hospital Reserve.

On 14 October 1863, Vahland and Getzschmann called tenders for the erection of two flanking wings on the Bendigo Hospital building.²⁰ There are many sketches and photographs of the completed building. These include the 1865 view by Frederick Grosse, held in the SLV, which shows the elegant structure with visitors strolling along the paths between the garden beds that lead up to the building's entrance. There is a clock tower indicated over the central section. According to Lloyd, this clock tower was installed in 1866.²¹

¹⁶ Certificate of Title Vol 10090 fol 329.

¹⁷ *Argus*, 24 April 1858, p 2.

¹⁸ Lloyd, p3.

¹⁹ *Ibid*, p15.

²⁰ *Argus*, 14 October 1863, p8.

²¹ Lloyd, pp 19, 21.

Surviving plans of the City of Sandhurst prepared in 1882 by George Black, Assistant Surveyor, indicated this first building on the hospital site near Stewart Street within the Hospital Reserve.²²

About a century later, when the National Trust classified the central block of the hospital (constructed between 1858 and 1864) in 1984, the structure was described as ‘of architectural significance as the first major work designed by the important firm of architects, Vahland and Getzschmann. Vahland was undoubtedly the most significant and prolific architect in Northern Central Victoria. More particularly it is a version of the Italian renaissance through the eyes of a German architect.’ This nineteenth century building was also described as ‘significant as an early purpose-built hospital and one of the earliest public buildings of the goldfields’ city of Bendigo.’²³

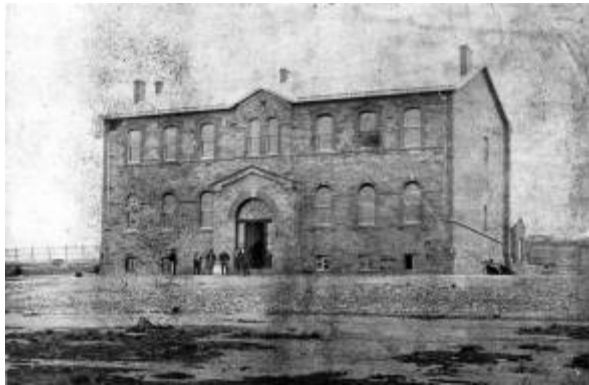


Figure 5 The first stage of the hospital's Central Block – 1861.

Source: Bendigo Health Records



Figure 6 The flanking wings and clock tower added to the Central Block, c.1875

Source: State Library of Victoria: mp000398

The Gatehouse, 1862 (Demolished 1983)

The Gatehouse shown in the 1874 photograph, which dated from 1862, was demolished in October 1983.²⁴ It had strong similarities with the existing Gatehouse to the Anne Caudle Campus, designed by Robert Getzschmann in 1862, and was undoubtedly also designed by Vahland and Getzschmann.



Figure 7 The Gatehouse is shown in the foreground, 1874.

Source: Bendigo Health Records

The Bowen Wing, 1873/74 (Demolished 1995)

²² Black's Survey Plans of the City of Sandhurst, 1882.

²³ National Trust file, FN 1064, Bendigo Base Hospital.

²⁴ Lloyd, p 189.

An 1874 photograph (held in the North Central Goldfields Library) shows the Bendigo Gold District Hospital and Gatehouse with a front picket fence and a path leading to the Hospital's Central Block. On its east side is a substantial new building, known as the Bowen Wing and completed in that year.²⁵

This new wing, designed by Vahland and Getzschmann, was built by a Mr Cooper for the 'treatment of women and children' at a cost of £5,654. It was named after Sir George Bowen, Governor of Victoria, whose wife, Lady Diamantina Bowen, laid the foundation stone.²⁶ The Bowen Wing and the covered walkway that linked it to the end of the earlier Central Block were indicated on Black's 1882 Survey Plans.

Reports of an unsuccessful campaign to save this important architect-designed wing, together with a series of photographs taken at the time, are held in a National Trust file.²⁷ There is also a surviving album of photographs of the Bowen Wing dated April 1995, and a large folder of measured drawings made at the same time, held in the State Library's Picture Collection.²⁸ The building was demolished in c.1995.



Figure 8 The Bowen Wing on the right hand side, shown adjoining the Central Block, 1931.

Source: 1931 Bendigo Hospital Annual Report



Figure 9 The Bowen Wing – 1972.

Source: Bendigo Health Records



Figure 10 The Bowen Wing – 1972.

Source: Bendigo Health Records

The Mortuary, 1887

²⁵ *Bendigo Hospital and Gatehouse, 1874*, in Lloyd, p24.

²⁶ *Ibid* p 25

²⁷ National Trust file FN 1064

²⁸ *The Bendigo Hospital. Bowen Wing. April 1995* .Album of Photos and Large Folder of Measured Drawings, LTAD 180, H 2009, Picture Collection, SLV

This building replaced an earlier morgue, which was judged to be too close to the main building. The earlier 1868 'dead house' was at the back of the stables. Lloyd tells how the 1887 building was later restored as a museum with the Hospital's Archives kept there. These Archives are now held off the Hospital site.

Modesty House, 1891

Modesty House, which was constructed along the back of the Hospital Reserve block, was built in 1891 for the hospital's officers and servants.²⁹ It is assumed that it was designed by Vahland.

Alterations and additions of a minor nature were made to Modesty House in April 1964, and there were first floor renovations in December 1974. This twentieth century work was carried out by Yuncken Freeman, Architects. These architects were the designing architects for Bendigo Hospital from 1946.³⁰

Nurses Home, 1898 and 1934 (Demolished c.1990)

In the years leading up to the First World War (1914-18), a major concern was the working conditions of nurses employed at the Bendigo Hospital. Over the years, there was gradual support for the increased professionalism of nursing. In 1898, a Nurses' Home was constructed from the designs of WC Vahland and Son. A 1902 view of this building was included in Lloyd's history, which shows it as a double-storey brick building with elaborate cast iron verandahs and two projecting gables to the front elevation.³¹

In 1934, *The Argus* reported that a new home for the nursing staff was erected at the hospital at a cost of £10,000.³² The 1902 photograph is substantially different to how the Nurses Home appeared in photographs from the 1930s, which show it as a considerably larger and long double-storey building. It is likely that the 1898 Nurses Home was demolished or substantially modified as part of the new building. The Main Nurses' Home was shown on a 1986 site plan prepared by the Hospitals Board, but was demolished by 2004.³³



Figure 11 The Nurses Home with the Bowen Wing on the left hand side, 1956.

Source: Bendigo Health Records

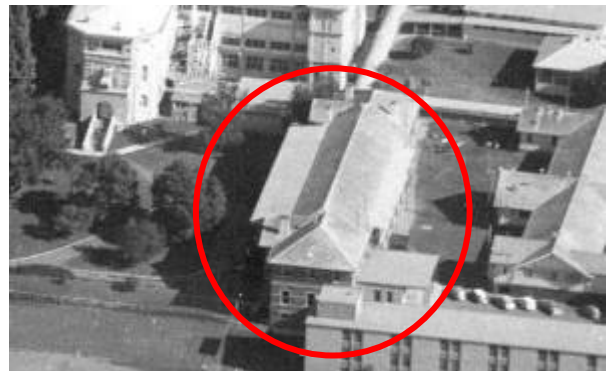


Figure 12 Aerial photograph of the Nurses Home with the Bowen Wing in the top left hand corner and the Pethard Wing in the bottom right corner, 1975.

Source: Bendigo Health Records

Lunacy Ward (Old Library), 1908

This structure, which was built along Arnold Street in 1908, was known at the time as the 'Lunacy Ward.' The name of the designing architect is unknown, but it was apparently 'laid out on modern lines under the supervision of Dr Jones – Inspector General of the Insane'.³⁴ The architectural practice of WC Vahland (formerly Vahland and

²⁹ Ibid, pp 35,59

³⁰ Archived Architectural Drawings for the Bendigo Hospital held by Dept of Human Services, viewed 21 May 2010.

³¹ Lloyd, pp 44,45; *BEMJ*, 24 December 1898, p6.

³² *The Argus*, 8/8/1934, p. 5.

³³ Archived Architectural Drawings for the Bendigo Hospital held by Dept of Human Services, viewed 21 May 2010.

³⁴ Lloyd, p 66.

Getzschmann) closed in 1900 when William Vahland retired. Vahland's son Henry Vahland died in 1902, so any continuing association between the original architectural practice and the Bendigo Hospital is unlikely.

In 1935, the building was used as a home for nurses and, in June 1959, was referred to as the 'Night Nurses Home.' Alterations and additions were indicated on 1959 and 1963 drawings prepared by Yuncken Freeman Architects. The demolition of the rear wing of the Nurses Home (Old Library) was proposed in 1963 to allow for the construction of the Outpatients and Casualty Department. A drawing prepared by the Hospitals' Board in 1971 indicated that this rear wing of the Nurses' Home (Old Library) had been demolished by that time.³⁵

In 1977, the building was converted into a medical library and was officially opened the following year.³⁶

Fountain, 1913

A plaque on this old structure reads: 'Erected to commemorate the munificent bequest of the late Henry Holmes one of the pioneers of the City of Bendigo, 1913.' Photos dated 1975 showed that the fountain was relocated from the front of the main hospital to its current site near the front gates in that year.³⁷

Infectious Diseases Wards, 1915 (Demolished 1964)

The isolation of patients with highly contagious diseases has been an issue since the hospital was first established and it was reported that a wooden building for such patients was built in 1872.³⁸ This was probably a fairly crude building, which did not survive into the twentieth century. Instead, it was noted that infectious diseases were isolated in a tent pitched in the hospital grounds.³⁹

Scarlet Fever and Typhoid were 'unusually prevalent' in the first decade of the twentieth century and Diphtheria reached epidemic proportions from 1908. Tents were erected in the hospital grounds to serve as wards and a photograph in the Hospital's 1912 Annual Report shows a 'Diphtheria Tent' with nurses outside.⁴⁰

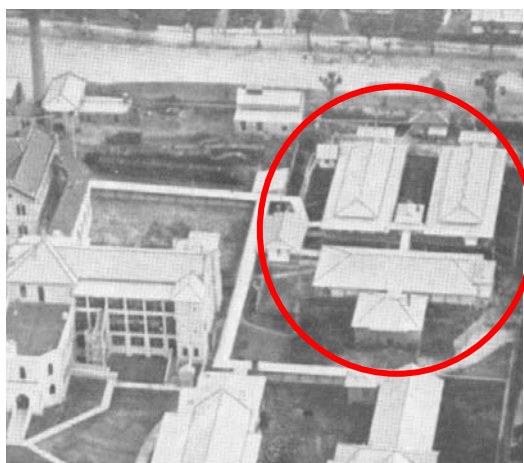


Figure 13 Aerial photograph of the Infectious Diseases Wards, 1935.

Source: Bendigo Health Records



Figure 14 Infectious Diseases Wards, 1931.

Source: Bendigo Hospital Annual Report 1931

In March 1915, *The Argus* reported that:

³⁵ Lloyd, pp 66, 122.

³⁶ Lloyd, p 174.

³⁷ Photo 1975 held by Bendigo Health.

³⁸ Lloyd, p 17.

³⁹ Lloyd, p 25.

⁴⁰ Lloyd, p 65.



The plans for the erection of an infectious diseases hospital were approved of at a meeting of the Bendigo Hospital Committee on Monday night, and after they have been submitted to the Central Board of Health, the work will be undertaken as soon as possible. ⁴¹

The buildings were referred to as the 'Watson Ward', in recognition of donations from the estate of the late Edward Watson. ⁴²

A photograph of the wards was included in the hospital's 1931 Annual Report. All three buildings were single-storey. The photograph shows the two wards closest to Stewart Street as timber-framed buildings, with the timber frame expressed externally (i.e. not clad), timber verandahs and corrugated iron roofs with multiple ventilating tubes. Children, beds and canvas blinds are shown on the verandahs. A 1935 aerial photograph confirms that the two western wards had verandahs wrapping around all four sides of the rectangular buildings.

The external expression of timber frames is an uncommon construction technique in Victoria. However, this shows strong similarities with a timber chalet constructed within the grounds of the Greenvale Hospital. The Greenvale Chalet was only a single-roomed timber building, but it similarly had expressed studwork and a verandah or deep eaves on all four sides. It was built in c.1905 and was part of Victoria's first purpose-built tuberculosis sanatorium. Both the Greenvale and Bendigo structures demonstrated the approach to the treatment of tuberculosis and other infectious disease before the introduction of antibiotics – they exposed patients to as much fresh air and sunlight as possible.⁴³ The use of verandahs and ventilating tubes in the roofs demonstrated this. The construction technique – which meant that the buildings only had internal lining boards and not additional external cladding, may have been intentional to increase ventilation.

Convalescing soldiers were accommodated within the Bendigo Infectious Diseases Wards directly after WWII. In the late 1940s, children suffering with polio stayed in the wards for long periods, often over several years. Some patients' beds were kept permanently on the verandahs throughout summer and winter, with only a canvas blind rolled down at night. By 1952, all the polio patients were transferred to the Fairfield Hospital in Melbourne.⁴⁴

A drawing in the archives of the Department of Human Services shows a perspective sketch for a new building for Infectious Diseases and Tuberculosis, prepared by Percy Everett, the Chief Architect of the Department of



Figure 15 Perspective Sketch of a New Building for Infectious Diseases and Tuberculosis (never constructed), 1950

Source: Archives of Department of Human Services

⁴¹ *The Argus*, 9 March 1915, p. 8.

⁴² *The Argus*, 13 January 1903, p.6.

⁴³ Victorian Heritage Database – H1882.

⁴⁴ Pauline Bazley's recollections of polio - <http://www.polionetworkvic.asn.au/polio-stories/items/2008/02/197566-upload-00001.pdf>

Public Works, in 1950. However, the Infectious Diseases Wards, built in 1915, were demolished in 1964 and not replaced. The site was used for car parking for several decades before the Radiotherapy building was built in this location in 2002.⁴⁵

2.4.2 Between the Wars, 1920s to 1939

During the pre- First World War years, there was great concern about the waves of infection that swept through the Bendigo district and beyond. These included epidemics of scarlet fever, typhoid fever, diphtheria and miners' phthisis of the lungs. Miners' phthisis was caused by the inhalation of quartz dust while working underground, which often led to sufferers getting tuberculosis.⁴⁶ Many of the health concerns during the pre-First World War years led to the construction of new hospital buildings during the post-WWI years.

When the *Hospitals and Charities Act, 1922* was passed, it provided for the incorporation of both hospitals and charitable organizations. Both the Bendigo Gold District Hospital and the nearby Bendigo Benevolent Asylum came under the provisions of this Act. From 1927, the Bendigo Hospital became a 'base hospital' and, in 1930, adopted the name of 'The Bendigo and Northern District Base Hospital.' This new name 'reflected the hospital's increased status as a provider of health care to the northern part of the State.'⁴⁷

A number of new buildings were constructed on the Bendigo Hospital site between the 1920s and 1939. Some of those buildings remain today as part of the present heritage of this historic regional hospital complex.



Figure 16 Main Operating Theatre, 1931

Source: Bendigo Hospital Annual Report 1931



Figure 17 Main Midwifery Ward, 1931

Source: Bendigo Hospital Annual Report 1931

Lansell Laboratory Building, 1928

It was decided in 1920, after a pioneering study of miners' phthisis carried out in the Bendigo mines, that a tuberculosis clinic should be opened with Government staff and funding. This followed the recommendations of Dr G Robertson, Commonwealth Health Department officer, who had come to Bendigo to investigate the high prevalence of respiratory disease in the area. A Tuberculosis Clinic (Health Laboratory) was opened in 1922 in the old Lying-In Hospital building at the Bendigo Benevolent Asylum. This was one of the first such health laboratories opened in a Victorian country town.

Mrs George Lansell and her son, the Hon GV Lansell, donated £3,000 towards the construction of a purpose-built Commonwealth clinic and laboratory in 1927.⁴⁸ It was to provide X-ray and pathological services.⁴⁹ A site was

⁴⁵ Lloyd, p.164.

⁴⁶ Lloyd, pp. 65 - 66.

⁴⁷ Lloyd, p 99.

⁴⁸ *The Argus* 13.9.1927, p.16.



allocated along Arnold Street, within the grounds of the Bendigo Hospital. The new building, constructed in 1928, was named the 'Edith and GV Lansell Laboratory and Clinic' in recognition of the Lansell family's contribution.⁵⁰

With the completion of the new building, the Commonwealth Health Laboratory moved from the Bendigo Benevolent Asylum to the Bendigo Hospital. A photograph of the building appeared in the Bendigo and Northern District Base Hospital's 1930/31 Annual Report.⁵¹ The building was also shown on a June 1959 drawing prepared by Yuncken Freeman Brothers Griffiths and Simpson. This drawing describes the ground floor as the X-Ray Department and the first floor as a Pathology Lab.⁵² When pathology services were transferred to the new Commonwealth Pathology Building in 1975, a dental laboratory opened in the first floor of the Lansell Building.⁵³ In 2000, the Centre for Rural Mental Health opened in the building.⁵⁴

Yarrington House (former Superintendent's Residence), 1920s

The date of Yarrington House has not been confirmed, but stylistically it appears to date from the 1920s. A photograph of the house, described as 'Superintendent's Residence', is included in the hospital's 1935/36 Annual Report. It is assumed that the house was built for this purpose and that it was used as the Superintendent's residence for several decades - it is described as the 'Medical Superintendent's House' in a 1959 site plan of the hospital.⁵⁵

In 1983, a Centre Against Sexual Assault (CASA) opened at the Bendigo Hospital. It was the first regional centre for sexual assault victims to open in Victoria. For a number of years, CASA was accommodated within Yarrington House, but relocated to new premises in Wattle Street in 2008.⁵⁶

Yarrington House currently accommodates a midwives clinic and maternity support services.

Tuberculosis Chalet, 1933 (Demolished c.1990)

During the 1920s, there was continuing concern about the high incidence of tuberculosis in the Bendigo area, particularly among those who worked in the district mines. This prompted the construction of the Lansell Laboratories Building described above. Since at least 1921, donations were also raised locally for the purpose of building a tuberculosis sanatorium.⁵⁷

In 1933, the King Edward Tuberculosis Chalet for tuberculosis sufferers was opened at the Bendigo Hospital by the Premier, Sir Stanley Argyle. The cost of construction and equipment was £3,500 and was met from the King Edward Memorial Fund. The building accommodated twenty beds, which provided for the treatment of cases of tuberculosis under sanatorium conditions.⁵⁸

The building is included in an aerial photograph in the Hospital's 1935/36 Annual Report, which shows it as a long rectangular building, aligned with the Bayne Street boundary of the site. The gabled roof had a central projecting bay to the front and rear. By 1959, flanking wings had been added to the short ends of the building to

⁴⁹ Lloyd, p. 99.

⁵⁰ Cusack, pp 157, 158; *Victorian Year Book, 1973, p 560*; Bendigo Benevolent Asylum PROV file C 73197.

⁵¹ *Ibid*, pp 99, 101.

⁵² Archived Architectural Drawings for the Bendigo Hospital held by Dept of Human Services, viewed 21 May 2010.

⁵³ Lloyd, p. 174.

⁵⁴ Lloyd, p. 200.

⁵⁵ 'As Existing' drawing by Yuncken Freeman Brothers Griffiths and Simpson, June 1959. Archives of the Department of Human Resources.

⁵⁶ *Bendigo Advertiser*, 28 November 2008.

⁵⁷ *The Argus*, 8/4/1921, p.10.

⁵⁸ *The Argus*, 9/10/1933, p.3.

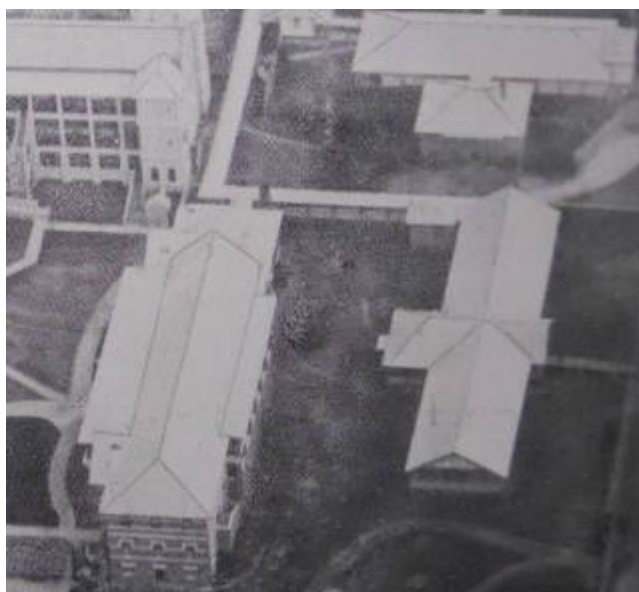


Figure 18 Aerial photograph – 1935, showing the Tuberculosis Chalet, with the Nurses Home on the left hand side and the Infectious Diseases Ward in the top right corner.

Source: Bendigo Hospital Annual Report 1935/36

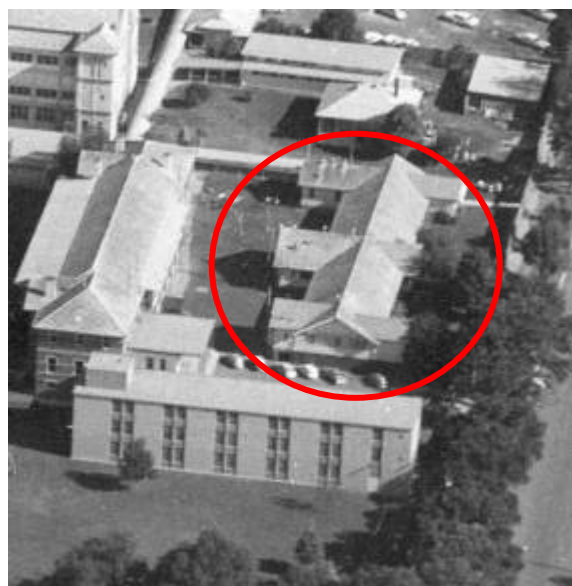


Figure 19 Aerial photograph – 1975, showing the later additions of flanking wings.

Source: Bendigo Health Records

form an ‘I’ in plan and these additions are visible in a 1975 photograph.⁵⁹ This photograph shows it as a single-storey, timber-framed building, clad with weatherboards and covered by a tiled roof.

According to Lloyd, the Tuberculosis Chalet was closed in 1980 because ‘there no longer being a need for a Sanatorium.’⁶⁰ A site plan prepared by the Hospitals Board showed that the Tuberculosis Chalet was still extant in 1986, but it was demolished by 1998, when the Alexander Bayne Centre was built on this portion of the site.⁶¹

Kurmala Private Hospital, 1934

On 8 June 1934, Kurmala, a private wing of the Bendigo Hospital, was opened by Sir Isaac Isaacs, Governor-General. Described in Lloyd as an ‘acme of modernity,’ the ‘New Community Wing’ was designed by the local Bendigo architects, GD Garvin and G Eathorne, with the Melbourne architects, Stephenson and Meldrum acting as consultants.⁶²

Garvin and Eathorne are not well known architects; however, G. Eathorne was engaged to prepare drawings for an extension to the West Wing of the Bendigo Benevolent Asylum in 1936.⁶³ In contrast, Stephenson and Meldrum became one of Australia’s largest architectural practices and the firm is recognized for their specialization in hospital design. Their Mercy, Freemason’s and Bethesda Hospitals in Melbourne ‘became touchstones in Melbourne of a radically unadorned functional modern architecture.’⁶⁴

In 1959, the architects Yuncken Freeman Brothers Griffiths and Simpson prepared drawings for alterations to the first floor of Kurmala. In 1968, they prepared further drawings for alterations and an additional floor. These

⁵⁹ As existing drawings prepared by Yuncken Freeman Brothers Griffiths and Simpson, June 1959 & photograph on p. 126 of Lloyd.

⁶⁰ Lloyd, p 174

⁶¹ Drawings held in the Archives of the Department of Human Services.

⁶² Drawings held in the Archives of the Department of Human Services.

⁶³ Drawings held in the Archives of the Department of Human Services.

⁶⁴ P. Goad, *Melbourne Architecture*, 1999, p. 247.



additions were completed in 1970.⁶⁵ Some years later, in 1981, the Hospital Board prepared a drawing showing Kurmala's balconies infilled.⁶⁶

2.4.3 Rebuilding Plans, 19402 to 1960s

Development Plan (1946)

In 1946, a development plan for the future direction of services provided at Bendigo Base Hospital was commissioned from the architects, Yuncken Freeman Brothers Griffiths and Simpson.⁶⁷ These architects specialized in hospital design and were also associated with designs for the nearby Bendigo Benevolent Asylum.

The 1946 plan prepared by Yuncken Freeman claimed that the Hospital's 'most urgent need (was) for more midwifery accommodation...a 60-bed midwifery unit.' Moreover, the plan declared that the 'only existing major buildings which (were) suitable for retention in the ultimate development envisaged by the plan (were) Kurmala, the Commonwealth Laboratories and the Nurses Home.'

Phase 1 in this plan was the construction of the midwifery unit, while Phase 2 was 'the replacement, stage by stage, of the remaining outworn and outmoded facilities.' The plan recommended the demolition of a number of the existing buildings, which included the 1891 Modesty House, 'to provide clear sites' for the new buildings.⁶⁸

Other existing buildings recommended for demolition at 'suitable stages during Plan 2' were the 'Old Central Block, Bowen Ward and the Mortuary.' Those demolitions were said to be 'major works to complete the modernization of the Hospital.'

Stanistreet House, 1952

The first part of the 1946 rebuilding plans to be constructed was Stanistreet House, a new midwifery wing. A drawing of 'New Midwifery Wing' by Yuncken Freeman Brothers Griffiths and Simpson was dated 1947.⁶⁹ The new Midwifery Wing was opened by Victoria's Premier, Mr McDonald, on 14 March 1952.⁷⁰ A photograph of Stanistreet House, taken from Bendigo Health Care Group Archives, showed the midwifery wing, 'the first part of the new hospital,' completed in 1952.⁷¹

An architectural drawing prepared by the Hospital's Board and approved in 1987, which related to Stanistreet House, illustrated 'Alterations and Extensions to Provide Home Birthing Units (4th Floor).'⁷² The building work was completed the following year.⁷³

Redevelopment Plan, 1960

In 1960, the Bendigo Hospital Board obtained agreement from the Hospitals and Charities Commission (which in 1948 had replaced the old Charities Board) for a Five Stage redevelopment. As discussed earlier, the Hospital and Charities Commission 'exercised control over capital works and could determine the location and extent of all new buildings.'⁷⁴

The five stages of redevelopment planned at Bendigo Hospital in 1960 were:

- (1) New nursing staff accommodation
- (2) Multi-storey wing to house radiology etc

⁶⁵ Lloyd, p.164.

⁶⁶ Lloyd, pp 115-117: Drawings held in the Archives of the Department of Human Services.

⁶⁷ Ibid, p 133; *Development Plan for the Bendigo and Northern District Base Hospital*, Yuncken Freeman Brothers, Griffiths and Simpson, August 1946.

⁶⁸ Ibid,

⁶⁹ Drawings held in the Archives of the Department of Human Services.

⁷⁰ Lloyd, p 133.

⁷¹ Ibid, pp 132, 158.

⁷² Drawings held in the Archives of the Department of Human Services.

⁷³ Lloyd, p.188.

⁷⁴ Lloyd, p 145; *Hospitals and Charities in Victoria, 1862- 1978*, PROV.

- (3) Additional floor on Kumala
- (4) New outpatient department
- (5) Demolition of the present building and erection of a multi-storey block.

The Hospitals and Charities Commission agreed to fund the redevelopment on condition that the local community raised £100,000 towards the projected cost of £1,500,000.⁷⁵

The Pethard Wing, 1964

The first stage in the 1960 redevelopment scheme comprised the new Nurses' Home and was named the Pethard Wing in memory of George Pethard, who had 'subscribed £5,200 towards a new nurses' home, as well as honouring his work on the Board and the 1961 appeal.⁷⁶

Architectural drawings dated November 1960, titled 'Proposed Staff Quarters-First Stage Development' and prepared by Yuncken Freeman Brothers Griffiths and Simpson, have similarities with the Pethard Wing built four years later. However, the set of drawings proposed three further and near-identical blocks grouped in a grid arrangement on the eastern corner of the site. Each block accommodated between 30 and 44 nursing staff. The drawings also show the retention of the 1934 Main Nurses' Home, which was to accommodate 30 night nurses as part of the new arrangement. A new building for a nursing school was proposed adjacent to the 1934 building.

A later drawing, 'Staff Quarters Block (Pethard Wing)' by Yuncken Freeman Architects and dated 2 April 1962 shows the building as constructed.⁷⁷ Victoria's Governor, Sir Rohan Delacombe, opened the new wing in 1964.⁷⁸

The proposal to maintain the 1934 Main Nurses' Home, and build a nursing school and three additional blocks of nursing accommodation, did not eventuate.

Outpatients / Admissions, 1967

Drawings were prepared by Yuncken Freeman Architects in 1963 for an Outpatients and Casualty Department wrapping around the base of Stanistreet House and connecting with the Lansell Laboratory Building. The single storey building was constructed with the same cream-coloured bricks as Stanistreet House and opened in 1967 by the Minister of Health the Hon. Vance Dickie.⁷⁹

2.4.3 Battle Over Demolition Plans, 1970s and 1980s

Conflict Over Future of the Hospital's Main Block, 1973-1977

During the 1970s, there was a battle over the next stage in the Bendigo Hospitals' redevelopment plans. This involved the proposed demolition of the historic Central Block, designed by the notable Bendigo architects, Vahland and Getzschmann between 1858 and 1864, and its replacement with new structures designed by the current hospital architects, Yuncken Freeman.

At the start of the new decade, battle lines were drawn up between those who supported the next stage in the hospital's redevelopment, and those who opposed it. Those who were in favour of the proposed demolitions were the Bendigo Hospital authorities, the Hospitals and Charities Commission, and members of the local community, who had helped raise substantial funds for the redevelopment. Those opposed to the demolition of the early buildings were mainly associated with the Melbourne branch of the National Trust. They were anxious to retain the old buildings that were seen as having great historic and architectural value for Victoria.

The architectural firm, Yuncken Freeman, which was responsible for the design and construction of the new buildings that would replace the demolished structures, found themselves in an increasingly difficult situation.

⁷⁵ Lloyd, p. 145

⁷⁶ Ibid, p. 146.

⁷⁷ Drawings held in the Archives of the Department of Human Services.

⁷⁸ Lloyd, p. 146.

⁷⁹ Lloyd, p. 164.



While they recognized the architectural and historical significance of the old buildings, and had suggested alternative schemes to avert their destruction, Yuncken Freeman was unable to persuade the Bendigo Hospital, or the Hospitals and Charities Commission, that retention was a viable option.

Pathology Building, c.1975

In 1962, the Commonwealth Government agreed to build a new pathology laboratory, to significantly upgrade the facilities housed in the Lansell Laboratory Building.⁸⁰ The Pathology Building, originally referred to as the Australian Government Health Laboratory, was built in c.1975. Its site, between the Old Library and Yarrington House, was previously occupied by two simple single-storey buildings with corrugated iron roofs and clad with asbestos cement sheets. These simple buildings were built some time after 1935 and before the mid-1960s.⁸¹ They were described in 1971 as Esler House and the Resident Medical Officer's (RMO) Flats.⁸²

Hyett Block, 1977 - 1982

According to Lloyd's history of the Bendigo Hospital, 'the introduction of Medibank by the Whitlam Labour Government in 1975 led to huge increases in the number of inpatients using the hospital.'⁸³

In that year, work began on the construction of the Hyett Block in front of the old Central Block. A contemporary photograph, held in Bendigo Health Care Archives, showed the foundations of the new building being prepared in front of the clock tower.⁸⁴ Two years later, on 3 April 1977, the Hyett Block's operating theatres were opened by Vasey Houghton, Minister for Health. The final stage in the construction was in 1982, when most of the old buildings in the Central Block were obscured by the new Hyett Block.⁸⁵ The naming of the building honoured members of the Hyett Family (Barkly, Rex, John and Peter), who had consecutively held positions on the Hospital Board for 129 years.⁸⁶

Roy Blakes Building c.1980

This building, built on part of the site previously occupied by the Infectious Diseases Ward, is not evident on a 1975 aerial photograph, but was most likely built a few years later. In 2003, it was referred to as the 'Main Engineering Workshops'.⁸⁷

Conflict about the Fate of the Central Block, 1982 to 1984

Between 1982 and 1984, there was conflict about the future of the Central Block at Bendigo Hospital. On 8 September 1982, the City of Bendigo proposed removing the Old Base Hospital's Central Block from the list of buildings of historic and scientific interest protected under the *Planning Act, 1961*. The Trust responded with an objection to the removal of the building of 'State-wide importance...recently recognized' by its incorporation 'on the Register of Government Buildings'.⁸⁸

The Register of Government Buildings is no longer extant but was a list of buildings of historic interest, maintained by the Government Buildings Advisory Committee, who would give advice to the Minister for Planning. (The Register and Committee no longer exist; however, many of the buildings on their list were eventually transferred to the Victorian Heritage Register, created by the *Heritage Act, 1995*.)

⁸⁰ Lloyd, p. 164.

⁸¹ 1935/36 Bendigo Hospital Annual Report – aerial photo shows site vacant. 1960s Bendigo Health aerial photos shows buildings as extant.

⁸² Hospitals Board drawing dated 1971, Archives of the Department of Human Services.

⁸³ Lloyd, p 174

⁸⁴ Ibid, p 179.

⁸⁵ Ibid, pp 181, 182.

⁸⁶ Lloyd, p. 173.

⁸⁷ Lloyd, p.209.

⁸⁸ Nat Trust File .FN 1046.

On 21 November 1983, the Government Buildings Advisory Committee wrote to the National Trust confirming the great architectural and historical importance of the 'Central Wing' as 'one of the first public buildings in the important goldfields City of Bendigo.'⁸⁹

National Trust Classification, May 1984

In May 1984, an article in *Trust News* announced the classification of the Old Bendigo Base Hospital as a building 'of architectural significance as the first major work known to have been designed by the important firm of architects, Vahland and Getzschmann.' Although 'major additions deface and obscure parts of the principal façade, the design is nonetheless clearly visible.' In addition, the building was described as historically significant 'as an early purpose-built hospital and one of the earliest public buildings of the goldfields City of Bendigo.'⁹⁰

The architectural firm, Yuncken Freeman, while agreeing that the recent major additions 'deface and obscure parts of the principal façade,' argued that 'some major rebuilding works were necessary.' As architects for the Bendigo Base Hospital over about 30 years, Yuncken Freeman said that it had become clear to both the Hospital and the Hospitals and Charities Commission that 'some major rebuilding works were necessary.' The two-stage development proposed by the Commission involved 'demolition of the original Hospital building.'

The firm pointed out that it had developed 'about six alternative schemes, some of which retained the old building and some of which did not, but none satisfied either the Hospital or the Commission.' The firm concluded that, 'it did not seem possible to make a rationally planned efficient hospital if the old block remained.' In addition, the firm told how it had prepared measured drawings and a photographic record of the old building, which had been presented to the Trust.

In conclusion, it was pointed out that the first stage in the current rebuilding plan had been completed. This was the design of the Hyett Block, which was described as 'the structure now standing right across the old façade and only a few meters from it. The second stage of the development involves the demolition of the old building and the building of a new radiology department and kitchen in its place.'

Yuncken Freeman claimed that the Trust 'had gone back on its previous word and classified the building, which presumably meant that it is bound to oppose demolition.' It was suggested that the classification of the building should be withdrawn.⁹¹

The Chairman of the National Trust responded by informing Yuncken that the Trust could not consider rescinding the classification but would not be mounting a campaign to save the building from demolition. Already some months earlier, on 4 July 1984, the Central Victorian Branch in Bendigo had declared that it was 'not prepared to fight for the Bendigo Base Hospital.' However, the Trust added in its August response that it 'would state publicly that the Trust regretted any demolition of the Hospital, as the building was Classified, as well as being listed in the local planning scheme, and on the Government Building Register.'⁹²

Demolition of the Old Central Block, February 1989

Despite the Classification of the building by the National Trust and its inclusion in the Government Buildings Register, neither of these listings had any statutory implications. The building's listing on the local planning scheme was insufficient protection when it was revealed that the Planning and Environment Minister, Evan Walker, had approved its demolition 'some years ago'⁹³ (Evan Walker held this portfolio between 1983-86).

The Central Block of the Bendigo Hospital was demolished on 6 February 1989.

2.4.3 Recent History, 1990s to 2010

Amalgamation of Bendigo Hospital and Former Benevolent Asylum, 1995

⁸⁹ Ibid.

⁹⁰ *Trust News*, May 1984.

⁹¹ National Trust File, FN 1046.

⁹² Ibid.

⁹³ *Bendigo Advertiser*, 14 February 1989.

According to Lloyd's history, on 1 July 1995, the Anne Caudle Centre and the Bendigo Hospital amalgamated to form the Bendigo Health Care Group. At this time, the two Boards of Management voluntarily formed a single entity. The Bendigo and Region Psychiatric Services, in line with the then Department of Health and Community Services Guidelines for mainstreaming psychiatric services, also joined the group.⁹⁴

The integration of the management of the two institutions was not an easy task. However, although the relationship between the two bodies had often been strained over the years, there was joint management of the Bendigo Palliative Care Service.⁹⁵



Figure 20 Aerial photograph - 1935.

Source: Bendigo Health Records



Figure 21 Aerial photograph - 1963.

Source: Bendigo Health Records



Figure 22 Aerial photograph - 1975.

Source: Bendigo Health Records



Figure 23 Aerial photograph - 2004

Source: www.panoramio.com/photo/24053265

Alexander Bayne Centre, 1998

The Alexander Bayne Centre was constructed in 1998 on the site of the former Tuberculosis Chalet, opened in 1933 and closed in 1980. The new centre was named for a long-standing Board member and faced onto Bayne Street. It was 'the third purpose-built structure built to treat patients with psychiatric illnesses' on the Bendigo Hospital site.

NR Phillips Block

⁹⁴ Lloyd, p 199.

⁹⁵ Ibid, pp 199, 200.

According to Lloyd, the Phillips Block was 'extended in 1999 to house the new accident and emergency, medical imaging, pharmacy, mortuary and medical records departments with a new coffee shop/kiosk for both staff and the public.' It was described at this time as 'behind the Hyett Block' and 'where the critical care unit, cafeteria, function rooms and pharmacy are located.'⁹⁶ It was named after Norm Phillips, the Hospital's longstanding manager, who retired in 1986.⁹⁷

Radiotherapy 2002

The Bendigo Radiotherapy Centre was built next to the Mortuary in 2002.⁹⁸

2.5 Architects Associated with Bendigo Hospital

2.5.1 Vahland and Getzschmann

William Charles Vahland was born in Hanover in 1828 and trained as an architect at Holzminden. After working as an architect in Hamburg and Bremen, he migrated to Australia. He arrived in Melbourne in 1854 and went to Bendigo, where he established a business as a carpenter and builder. In 1857, he took out Australian citizenship and opened an architectural practice in Bendigo with Robert Getzschmann. Vahland was chairman and managing director of the Bendigo Bank, a Justice of the Peace and a Bendigo City Councillor.⁹⁹

Robert Getzschmann was born in 1824 in Prussia and trained as an architect at Cassell University before migrating to Victoria in 1847. According to one writer, 'Getzschmann was very much the silent partner of the firm but may well have been the principal designer of the partnership as there is a distinct change in the style in Vahland's buildings following Getzschmann's death. Getzschmann was 'an inheritor of the classical rationalism espoused by Etienne-Louis Boullée and Claude Ledoux in France in the 18th century and the writings of J.N.L. Durand in 1802.'¹⁰⁰ Like Vahland, he was a Freemason and both men served on the same committees, including the Bendigo Hospital and Benevolent Asylum.¹⁰¹

The Bendigo Hospital was the firm's first major contract, with the Hospital's Central Block being built one year after the formation of Vahland and Getzschmann. In addition to the Bendigo Hospital, other significant buildings attributed to Vahland and Getzschmann include a number of buildings on the site of the Bendigo Benevolent Asylum (1863-1875), Bendigo Town Hall and Courthouse (1869), All Saints' Church, Sandhurst (1869), Sandhurst Masonic Hall (1873), Royal Princess Theatre, Sandhurst (1873- 74) and the Commercial Bank, Sandhurst (1874).¹⁰²

The architectural partnership of Vahland and Getzschmann, established in 1857, was maintained until Getzschmann's death in 1875. The name of the firm then reverted to Vahland's alone. Vahland's eldest son, Henry Ernest Vahland, joined the partnership in 1895. William Vahland retired from the practice in 1900 after a long illness and Henry Vahland then formed a partnership with the architect John Beebe (son of the Bendigo architect William Beebe), but Henry died in 1902 and the firm lapsed into obscurity. William Vahland died in 1915.¹⁰³

2.5.2 Yuncken Freeman

The firm of Yuncken Freeman was established in 1933 by Otto Yuncken and the Freeman Brothers (John and Tom). It began as a breakaway from the firm of A & K Henderson, where all three had been offered partnership,

⁹⁶ Ibid, pp 200, 208, 209.

⁹⁷ Lloyd, p. 180.

⁹⁸ Lloyd, p.201.

⁹⁹ Lawler, G. *The Vahland School*, Vol. 1, p. 9 (undated Undergraduate Thesis, Melbourne University).

¹⁰⁰ National Trust File FN 1046; Extract from GBAC File prior to repeal of the *GBAC Act, July 1983*; M.B. Lewis, *Architects Index*.

¹⁰¹ Lawler, G. *The Vahland School*, Vol. 1, p.13 (undated Undergraduate Thesis, Melbourne University).

¹⁰² M.B. Lewis, *Architects' Index*

¹⁰³ Lawler, G. *The Vahland School*, Vol. 1, pp. 11 & 16 (undated Undergraduate Thesis, Melbourne University).



but instead decided to set up practice on their own. Balcombe Griffiths joined the firm shortly afterwards and Roy Simpson joined in 1938.¹⁰⁴

The firm initially specialised in designing large Georgian Revival houses in Melbourne's wealthier suburbs, for clients such as Sidney Myer, and the Freemans have been described as 'masters of this ever-so-polite idiom.'¹⁰⁵ The firm also specialised in hospital design. They were involved in designs for the Austin Hospital in Heidelberg (1937), Castlemaine Hospital (1938), Gippsland Hospital in Warragul (1938), Castlemaine and District Community Hospital (1939), Hospital Block and Nurses' Home at Bairnsdale District Hospital (1939) and the Bendigo Benevolent Asylum (1947 to 1968).

During WWII, the office undertook defence works and Yuncken and Simpson were recruited to serve with the United States Army Services of Supply. They provided professional planning and design services for the US Corps of Engineers on a vast range of military projects distributed up the east coast of Australia and in the Pacific.

Between the late 1950s and 1970s, they designed eight major office towers in Melbourne, including the Royal Insurance Group Building (1965), the Scottish Amicable Building (1966), the State Public Offices (1966-69) and BHP House (1967-72). The last two projects won the RAI A Bronze Medal in 1970 and 1975 respectively.¹⁰⁶ The firm also designed the Sidney Myer Music Bowl (1959) and prepared the master plan for La Trobe University. Yuncken Freeman became one of Australia's largest architecture firms with eight different offices, including a branch in Hong Kong. From 1962, the firm's name was simplified to Yuncken Freeman. The practice was dissolved in 1985.¹⁰⁷

¹⁰⁴ P. Goad, *A Guide to Melbourne Architecture*, 1999, p. 252. Roy Simpson's AS Hook Address, as the 1997 RAI A Gold Medallist

¹⁰⁵ P. Goad, *A Guide to Melbourne Architecture*, 1999, p. 141.

¹⁰⁶ National Trust (VIC) Classification for the State Public Offices. B7022

¹⁰⁷ P. Goad, *A Guide to Melbourne Architecture*, 1999, p. 252.

3.0 COMPARATIVE ANALYSIS

3.1 Nineteenth Century Hospital Design

Major influences on hospital design in the nineteenth century included studies undertaken in France (particularly the recommendations of the surgeon Jacques Tenon), reforms in England (largely promoted by the nurse, Florence Nightingale), work undertaken in the United States (initiated by the design of the John Hopkins Hospital in Baltimore, lead by Dr Billings) and developments in Germany.

The French surgeon and hospital-reformer Jacques Tenon was a member of a committee appointed by the Paris Academy of Sciences in 1785 to investigate Paris's ancient hospital, Hotel-Dieu. Tenon recommended the demolition of the ancient building, and its replacement with four new hospitals in less populous, outlying sections of the city - 'to get the air to circulate, to dry out the soil, to guarantee against dangerous effects of accumulated putrid materials. All these precautions more and more favour the health of the city.'¹⁰⁸ The committee also made recommendations about the need to separate hospitals from their traditional associations as a refuge of Christian charity. Instead, they recommended that hospitals needed to be viewed as 'factories' or 'healing machines' for patients; their location, design, construction and management had to be carefully planned and not left to fate or traditions, as had occurred in the past.¹⁰⁹

In 1859, Florence Nightingale published her book 'Notes on Hospitals' detailing her views on health care reform gained from her experience during the Crimean War. Her suggestions for improving hospitals included rejecting the eighteenth century concept of long hospital corridors. Nightingale also believed that respiratory secretions were potentially dangerous and that good ventilation was necessary for preventing the transmission of disease. Finally, she believed the sick should be isolated and that hospitals should be no more than two stories high, as taller buildings interfered with sunlight and ventilation.¹¹⁰

Thanks to a considerable endowment left by John Hopkins, substantial research went into the design of the hospital given his name in the United States in 1889. Following the instructions of his will, the hospital's building committee invited plans and suggestions for a new hospital from five different physicians. The selected physician, Dr Billings, was then funded to travel widely with his design concepts and obtain advice from the best hospital authorities. His final scheme was then elaborated upon by architects under his instructions. The hospital comprised an administration block at the front of the block, flanked by two wards for paying patients. Extending from the rear of the administration block was a long spine with wards radiating from this. A complex ventilation system was a key component of the design.¹¹¹

In nineteenth century Germany, the pavilion concept was embraced and developed as the most appropriate model for hospital design. Of particular interest in reference to the Bendigo Hospital are the designs for two generations of German hospitals in Hamburg. The first hospital was built in 1820-23. William Vahland, one of the architects for the Bendigo Hospital, worked in Hamburg in the 1840s and early 1850s before coming to Australia, so this is a hospital design that he was probably familiar with. It comprised a vast front building of two stories, with four wings extending back from the rear elevation to partially enclose three courtyards. In 1891, Sir Harry Allen reported 'it was, until recent times, regarded as an excellent hospital.'¹¹² But it was replaced by the New Hamburg Hospital, built in 1885-89. The new hospital comprised an administration block and superintendent's residence at the front of the site, with rows of pavilions behind for separate departments and wards. These pavilions were mostly single storey and were sited to maximize solar gain and to take advantage of the prevailing winds - 'to

¹⁰⁸ J. Tenon, *Memoires sur les hopitaux de Paris*, Paris, 1788, p. 401.

¹⁰⁹ L. Greenbaum, 'Thomas Jefferson's University of Virginia and the Paris Hospitals on the eve of the French Revolution' *Medical History*, 1992, 36: 306-319.

¹¹⁰ http://www.medscape.com/viewarticle/414421_3 and F. Nightingale, *Notes on Hospitals*. 1859. p. 90-1.

¹¹¹ HB Allen, *Final General Report on Hospital Construction and Management*, Melbourne, 1891, p. 11.

¹¹² HB Allen, *Final General Report on Hospital Construction and Management*, Melbourne, 1891, p. 9.



sweep along between the pavilions'. The hospital also included carefully planned ventilation and heating systems, large windows and finishes which could be easily cleaned.¹¹³

While such people as Tenon and Nightingale were expending considerable thought on hospital design, it was not always transposed into reality, particularly in regional locations, and where funding was restricted. Geoffrey Rivet has written:

'More often, however, architects called upon to design a hospital or infirmary would apply their experience of domestic architecture uncritically. Buildings would be erected with handsome frontages, often in the form of Grecian temples with elaborate porticoes, behind which the wards would be crowded together.'¹¹⁴

No contemporary rationale or newspaper articles have been identified to shed light on Vahland and Getzschmann's original design approach for the Bendigo Hospital, but it was noted that the two flanking wings added in 1863 'adopted the regulations in force in British Military hospitals' with regards to ventilation and the amount of space recommended per patient.¹¹⁵

The siting of the Central Block suggests that Vahland and Getzschmann did not consider the future expansion of the hospital. Rivet's suggestion - that many nineteenth century architects designed hospitals with a handsome frontage, and then sited other necessary buildings behind this frontage with little consideration of health reforms – most probably applies to Vahland and Getzschmann's approach for the Bendigo Hospital. Vahland's design for the Bowen Wing, completed in 1884, more than 20 years after the Central Block, attempted to address this flaw in their original site planning. A report in the *Bendigo Advertiser* was most probably based on information provided by Vahland:

The Bowen Wing has been erected in the pavilion style, 100 feet from the old building and as the case arises, another wing can be built on the other side. There is ground enough for three such wings on each side of the main entrance to the hospital, and when they are erected, which might be the case should Sandhurst continue to grow, and each of them is connected with the other and the main building by arched corridors, the structure will have a very imposing appearance...

The greatest regard has evidently been paid to the ventilation, and this has been made thorough by the adoption of Stead's patent ventilators in every room.¹¹⁶

The article also goes on to say that the cubic feet of breathing room for each patient recommended by Miss Florence Nightingale had been met.

The design of the Bendigo Hospital did respond to international trends in improving healthcare, but it was not an outstanding example of how to incorporate new technologies and knowledge into the design of a hospital complex. That being said, it was of historic interest as one of the earliest District Hospitals in Victoria and of architectural interest as one of the earliest designs by the prominent architects Vahland and Getzschmann.

3.2 Nineteenth Century Comparative Health Complexes

An investigation into nineteenth century hospitals revealed some similarities between the design for the Bendigo Hospital and others constructed at the same time. A central block, like that designed at Bendigo, was commonly designed as the architectural focus of a hospital complex, being the largest element and sited at the front and centre of the site. Like the central block designed by Vahland and Getzschmann, the buildings were usually symmetrical with flanking wings. Typical examples include the Royal Edinburgh Infirmary (1870-1879) and the Berlin Hospital (1868-74). Another common feature seen at Bendigo was the siting of a separate residence for a

¹¹³ HB Allen, *Final General Report on Hospital Construction and Management*, Melbourne, 1891, p. 10.

¹¹⁴ G. Rivett, 'The Development of the London Hospital System, 1823-1982', www.nhshistory.net/voluntary_hospitals

¹¹⁵ Lloyd, p. 17.

¹¹⁶ *The Bendigo Advertiser*, 27 May 1884.



Figure 24 Melbourne Hospital, 1870.

Source: State Library of Victoria



Figure 25 Bendigo Hospital, 1874

Source: :Bendigo Health

superintendent, usually in the front and to the left of the main entrance. Such an arrangement was included in the designs for the new Hamburg Hospital (1885-89), the Melbourne Hospital (1846-57) and the North Melbourne Benevolent Asylum (1850-58).

An unusual aspect of the design for the Bendigo Hospital is the siting of the Central Block in the rear half of the site. This meant that, initially, landscaped grounds occupied the front half of the site and created a picturesque setting for the buildings. While space around hospital buildings had been recommended, at least since Tenon in 1785, to help isolate infectious diseases and improve air quality, few sites were large enough to support such generous gardens. In addition, the siting of Vahland and Getzschmann's Central Block, compromised its preservation in the future expansion of the hospital. Later buildings were built either side of the driveway leading up to the Central Block, as recommended in the *Bendigo Advertiser* article above, but the siting limited the efficient use of the land. Buildings were eventually built in front of the Central Block, destroying the architectural focus of Vahland and Getzschmann's original design.

Apart from the minor similarities described above, a comparison with 11 nineteenth century German hospitals uncovered no designs with particular similarities with the Bendigo Hospital, which may have influenced Vahland and Getzschmann when they undertook their architectural training in Germany.¹¹⁷ The hospital which most closely resembled the Bendigo Hospital was the Melbourne Hospital.

The central block of the first Melbourne Hospital was built in three stages (1846, 1854 and 1857), just before the central block at the Bendigo Hospital. It was initially designed by Samuel Jackson, but most of the early buildings were demolished in the early twentieth century. While Jackson's central block is stylistically different to Vahland and Getzschmann's design, the massing and symmetry of the buildings is similar and can be seen in the figures above. Like Bendigo, the Melbourne Hospital had a gatehouse and a Secretary's Residence on the left hand side. The other stark similarity is the inefficient siting – large open areas were left between the fences on Lonsdale and Swanston Streets and the Central Block – 'giving the pleasing appearance of the apparent spaciousness of the grounds'¹¹⁸. But in reality, all the other buildings which were successively added to the complex were crammed into the small spaces left along the Russell Street and Little Lonsdale frontages.

The dates of construction and location of the Melbourne Hospital, suggest that Vahland and Getzschmann were strongly influenced by this building in their designs for the Bendigo Hospital. The physical similarities, as seen in the photos above and in plans included in HB Allen's *Final General Report on Hospital Construction and Management*, prepared in Melbourne in 1891, confirm this.

¹¹⁷ FJ Mouat and H Saxon Snell, *Hospital Construction and Management*, London, 1883.

¹¹⁸ HB Allen, *Final General Report on Hospital Construction and Management*, Melbourne, 1891, p. 22.

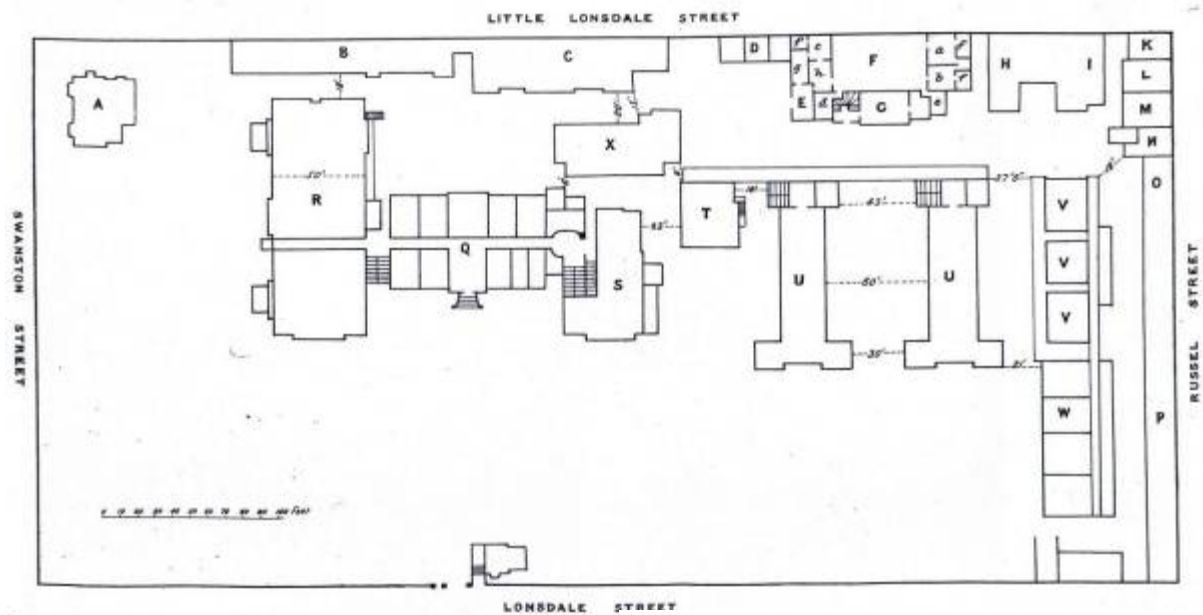


Figure 26 Plan of the Melbourne Hospital in 1891

Source: 'Final General Report on Hospital Construction and Management,' HB Allen, 1891 – Appendix.

- | | |
|---------------------------|---------------------------|
| A – Secretary's House | N – Pathologist |
| B – Nurses' Quarters | O – Workshops |
| C – Kitchen | P – Servants' Quarters |
| D – Dispensers' Quarters | Q – Central Block |
| E – Casualty | R – Western Wing |
| F – Out-patient | S – Eastern Wing |
| G – Dispensary Department | T – Operation House |
| H – Laundry | U – Pavilion Blocks |
| I – Boiler House | V – Tent for Septic Cases |
| K – Coroner's Room | W – Isolation Wards |
| L – Mortuary | X – Matrons Quarters |
| M – Post Mortem Room | |

The Bendigo Benevolent Asylum, located just two blocks away, was also developed by the architects Vahland and Getzschmann and was very similar to the design of the Bendigo Hospital in a number of ways. Both have similar geography in the slope and size of the land. Both have a surrounding wall and a metal open fence along the main address with an ingo to the main entrance. The design of the entrance is also similar to Vahland's other sizeable stand-alone fence at the White Hills Cemetery of the 1880s. Grand iron gates have since been removed from the Asylum and Hospital, but are still extant at the Cemetery.



Figure 27 Bendigo Benevolent Asylum, 1900.

Source: Bendigo Health



Figure 28 Bendigo Hospital, undated photograph.

Source: Bendigo Health

Inside the main entrance, on the right hand side, at both the Hospital and Asylum, were gatehouses - the gatehouse has been demolished at the Hospital, but is still extant at the Asylum. Both gatehouses were designed in a picturesque mode suggesting they were designed from a pattern book. Long, straight driveways from the main entrances originally lead to the main building of both complexes. The main building has been retained at the Asylum, but demolished at the Hospital. However, both sites have retained a strong sense of the original landscape design bordering this driveway and drawing the eye to the buildings at the top of the driveway. A further similarity in the designs is the siting of the Superintendent's Residence, somewhat separate from the core buildings and located to the left of the driveway. However, the Asylum's Superintendent's Residence is a grand house dating from c.1880, whereas the Hospital's Yarrington House was a more modest residence built in the 1920s.

3.3 Twentieth Century Contextual History

A salutary effect of the Second World War was the advance of medical science, which had a profound impact on civilian health services. Even before the War ended, the *Ministry of Health Act* (1943) placed the responsibility for all health-related matters under one administration and ushered in a new era of public health. Outcomes included the establishment of branches for maternal and infant welfare, dental treatment of school children, and the diagnosis of tuberculosis, while the *Cancer Institute Act* (1948) allowed the creation of a specialist institution for radiotherapy treatment, the Peter McCallum Clinic.¹¹⁹

As Julie Willis notes, the years 1930-50 represented the greatest era of hospital construction in Australia, “when hospitals became an identifiable building type of their own and the design of which became the province of specialist architecture firms”.¹²⁰ The influence of the war – not only in terms of medical advances but also in the restriction to labour and materials – redefined modern hospitals in Victoria. A pre-war tendency for sunlit balconies was soon abandoned, while the introduction of antibiotics – which reduced the time patients needed to spend in hospitals – prompted revisions to ward designs and the provision of specialist laboratories.



Figure 29 Mildura Base Hospital of 1934 by Irwin & Stevenson. This hospital is illustrative of the approach to health in which patients recuperate on sunlit balconies or in solaria, well-lit rooms at the ends of the ward wings.

¹¹⁹ “Health Services”, in *Victorian Year Book 1973: Centenary Edition*, p 533.

¹²⁰ J Willis, “The Health of Modernism”, in P Goad & J Willis, *Australian Modern*, p 27



Figure 30 Royal Melbourne Hospital by Stephenson & Turner. The sunlit balconies have been replaced by sunhoods defining the architectural aesthetic of the building.

The Royal Melbourne Hospital, designed and built before the War but not opened to civilians until the late 1940s, was the first Victorian hospital to reflect this new thinking. Its architects, the noted firm of Stephenson & Turner, became leading specialists in the field of hospital design— not merely in Victoria but across the country and beyond, with Arthur Stephenson receiving the Gold Medal from the RIBA in 1954 to acknowledge his significant contribution to the field.

The 1950s and '60s saw the massive expansion of hospital infrastructure in Victoria. In the case of some long-established hospitals, such as the Austin at Heidelberg and the Alfred at Prahran, comprehensive post-war master plans have all but obliterated their nineteenth or early twentieth century origins. The same period, however, saw many new hospitals erected from scratch, particularly in the hitherto underdeveloped outer suburbs and in regional centres. A rapid increase in medical specialisation since 1950 has also prompted the establishment of many smaller hospitals and specialist clinics.¹²¹ General practices with extended hours were introduced in Victoria during the later 1980s. These were pioneered by Sydney-based Dr Geoffrey Edelstein, whose chain of Supercare Clinics spread into Victoria in 1976 with the opening of the first example in Springvale Road, Glen Waverley.

Parallel developments in the field of maternal and child health included the introduction of pre-natal services (1946) and, in the late 1940s and early '50s, the appointment of social workers, dieticians and child psychologists. Although the construction of new infant welfare centres in the inner suburbs had peaked in the later 1930s, the immediate post-war period saw them proliferate in the developing outer suburbs, where newly married couples had tended to settle. Developments in mental health services were also re-shaped in the post-war period with the creation of the Mental Hygiene Authority in 1952, which was empowered to re-assess existing facilities and establish new ones.

3.4 Twentieth Century Comparative Architects and Dates

The primary architects for works at the site in the post WWII period were Yuncken Freeman Brothers Griffiths and Simpson. Yuncken Freeman Brothers Griffiths and Simpson also completed works at the Anne Caudle Campus (former Bendigo Benevolent Asylum) as well as numerous others around the state. While competently designed in terms of their functioning, the buildings did not often have the architectural expression seen in the work of other

¹²¹ "Health Services", in *Victorian Year Book 1973: Centenary Edition*, p 541.

hospital designers such as Stephenson and Turner and Leighton Irwin and Associates. Both these firms produced large-scale muscular compositions with the most well known being the Royal Melbourne (Stephenson and Turner) and Prince Henrys (Leighton Irwin and Associates) Hospitals.

These buildings were highly visible, had a strong urban presence and were lauded in various press articles not least because they also heralded a new age of hospital planning which took a greater interest in new technologies, the functionality of spaces and their planned relationships. The Royal Melbourne was particularly seen as heralding in a new period of salvation through health care.

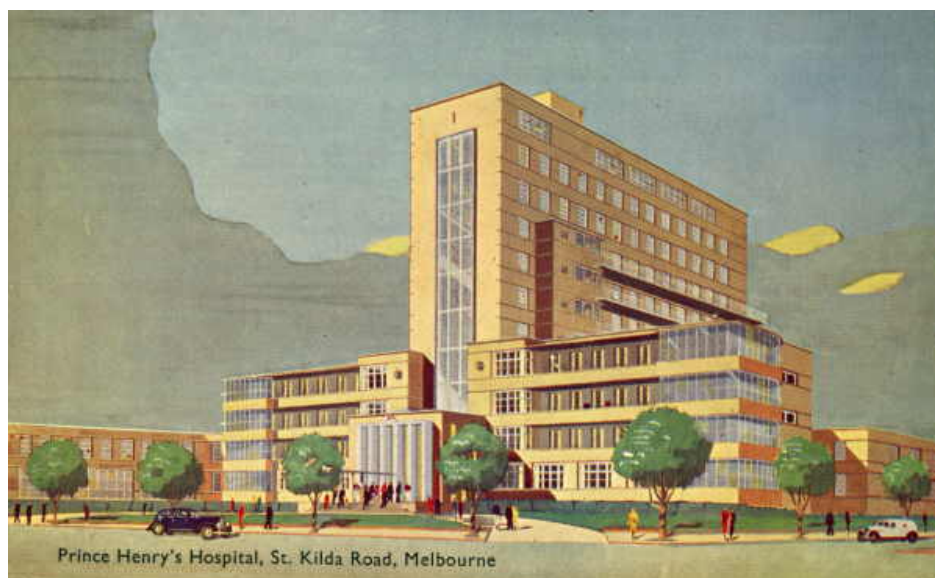


Figure 31 Postcard of Prince Henry's Hospital, Leighton Irwin's powerful architectural stamp.

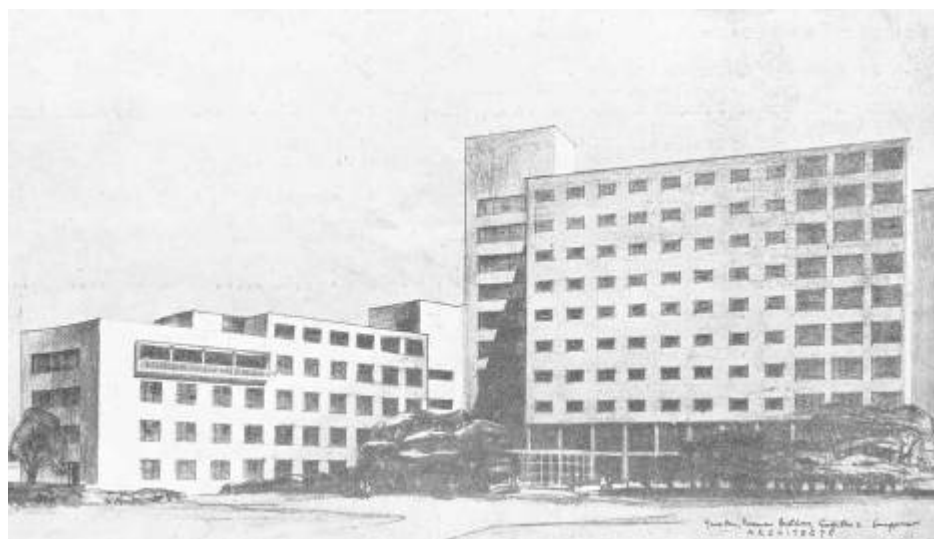


Figure 32 Bendigo Hospital Scheme by Yuncken Freeman Griffiths and Simpson 1946



Figure 33 Austin Hospital Ward, by Yuncken Freeman Brothers Griffiths and Simpson Architects 1951



Figure 34 Preston Hospital Wing by Yuncken Freeman Architects 1962

Many of the Yuncken Freeman Griffiths and Simpson buildings did not however have the streetscape presence given to the Irwin and Stephenson and Turner Hospitals. They were often within the hospital grounds, crowded by the works of other architects who had preceded them. They were never the less refined in their detail albeit stripped of the architectural elements and the block massing which gave architectural composition and visual interest to the schemes of Irwin and Stephenson.

4.0 THE SIGNIFICANCE OF THE BUILDINGS AND STRUCTURES

4.1 Assessment of Significance

Assessment by Criteria

In the light of the foregoing research and its conclusions, the significance of the Bendigo Hospital will be assessed in relation to the standard criteria put forward by the Heritage Council.

The criteria adopted by the Heritage Council on 6 March 1997 pursuant to Sections 8(c) and 8(2) of the Heritage Act 1995).

Criterion A: Importance to the course, or pattern, of Victoria's cultural history

i.e. the Bendigo Hospital's associations with the history of healthcare in Victoria;

Criterion B: Possession of uncommon, rare or endangered aspects of Victoria's cultural history.

Not applicable

Criterion C: Potential to yield information that will contribute to an understanding of Victoria's cultural history.

Not applicable

Criterion D: Importance in demonstrating the principal characteristics of a class of cultural places or objects.

Not applicable

Criterion E: Importance in exhibiting particular aesthetic characteristics.

i.e. The front fence and entrance along Lucan Street as a good example of a design by the prominent architects Vahland and Getzschmann.

Criterion F: Importance in demonstrating a high degree of creative/technical achievement at a particular period.

Not applicable

Criterion G: Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons. This includes the significance of a place to Indigenous peoples as part of their continuing and developing cultural traditions.

i.e. the institution as a provider of healthcare to the local community for more than 150 years.

Criterion H: Special association with the life or works of a person, or group of persons, of importance in Victoria's history.

Not applicable

Statement of Significance

The following Statement of Significance for the Bendigo Base Hospital was prepared by the National Trust of Australia (Victoria):

This building, constructed in 1858, with flanking wings of 1864, is of architectural significance as the first major work known designed by the important firm of architects Vahland and Getzschmann. Vahland was undoubtedly the most significant and prolific architect in North Central Victoria. More particularly it is a version of the Italian Renaissance through the eyes of a German architect, with a delightful cupola and Florentine arched windows. Although major additions deface and obscure parts of the principal facade the design is nonetheless clearly visible.

The same Statement of Significance was reproduced in the Australian Heritage Database, maintained by the Commonwealth government, but with an additional sentence at the end:

Historically, the building is significant as an early purpose built hospital and one of the earliest public buildings of the goldfields city of Bendigo.



The Bendigo and Eaglehawk Heritage Study (Graeme Butler and Associates, 1992) included the following Statement of Significance:

The building was demolished in late 1989/early 1990. Prior to that event it was of great historical significance as the earliest District Hospital in Victoria and an important early example of the work of the architects Vahland and Getzschmann.

In the process of preparing this report, the significance of the site has been reassessed and the Statement of Significance has been revised to respond to current Heritage Victoria standards:

What is Significant?

The Bendigo Hospital, addressing Lucan Street, Bendigo, is a complex of buildings on a rectangular-shaped site bound by Arnold Street to the west, Stewart Street to the north and Bayne Street to the east. It comprises boundary fences and walls, landscaped areas and approximately sixteen buildings. The first hospital building, (constructed in 1858 and demolished in 1989) and several subsequent buildings, were designed by Vahland and Getzschmann.

How is it Significant?

The Bendigo Hospital is of historical, social and aesthetic significance to the City of Bendigo.

Why is it Significant?

Historically, the Bendigo Hospital is significant for its long associations with the history of healthcare in Victoria and as one of the earliest district hospitals established in Victoria. Victoria's earliest regional public hospital was established in Geelong in 1852. This was followed by hospitals in Bendigo and Castlemaine in 1853. The Bendigo Hospital was relocated to the present site in 1858. Ten other district hospitals were established in Victoria between 1854 and 1858. Most of the early Bendigo Hospital buildings have been demolished as the facilities were improved and adapted over the years to meet the changing needs of healthcare and the local community.

Socially, the Bendigo Hospital is significant as a provider of healthcare to the local community for more than 150 years. In addition to general medical and surgical facilities, the hospital complex has also included infectious diseases wards, laboratories for medical research, a tuberculosis chalet and nurses' accommodation and training facilities. Some of the buildings and structures, such as the Lansell Laboratory Building and Fountain, were only erected as a result of donations by Bendigo residents, while the contribution of other board members and fundraisers, such as John Stanistreet and George Pethard, is commemorated in the naming of buildings.

Aesthetically, the front fence and entrance to the Bendigo Hospital are significant as an outstanding example of a fence design by the prominent Bendigo architects Vahland and Getzschmann. WC Vahland is perhaps most well-known for his design for the Bendigo Town Hall and a substantial number of religious buildings. Vahland and Getzschmann were responsible for most of the structures built on the hospital site between 1858 and 1900. Very few elements from this period have been retained on the site, but include Modesty House and the Mortuary. These two buildings are not as aesthetically significant as the front fence and entrance.

4.2 Grading of Significance

This report makes observations and gives opinions as to the cultural heritage importance of various structures and buildings on the site.

The principal Australian Historic Themes published by the Australian Heritage Council are relevant to this study and decision-making as to what is of cultural significance.

For the Bendigo Hospital, the relevant Australian Historic Themes are:

- ❑ 3.26 Providing Health Services (3.26.1 Providing Medical and Dental Services, 3.26.2 Providing Hospital Services)
- ❑ 4.3 Developing Institutions

In discussing heritage significance this report identifies structures of

- ❑ Primary significance to the major historic theme
- ❑ Contributory Significance to the major historic theme
- ❑ No significance or interest to the major historic theme

These terms (primary, contributory and no significance) are prevalent throughout the heritage industry and used in planning panels and reports.

There are a number of sources which analyse heritage significance and the writing of Statements of Heritage Significance. These are:

The Burra Charter, which discusses significance by analysis under a small number of broad categories being aesthetic (which includes architectural appearance), historic, scientific, social or spiritual value for past, present or future generations

The Australian Heritage Council National Estate Criteria with 8 main themes and sub-themes

The Criteria used by the Victorian Heritage Council with 8 main themes which follow closely the AHC criteria.

A place may therefore be considered to be of primary or contributory significance for aesthetic, historic, scientific, social or spiritual values.

In relation to this site's major historic theme: *The development of the Bendigo Hospital* there are seven elements of primary significance being:

- ❑ Boundary Wall,
- ❑ Fence and Main Entrance
- ❑ Modesty House
- ❑ Mortuary
- ❑ Lansell Laboratory Building
- ❑ Central Driveway
- ❑ Avenue plantings of oak trees along central driveway

Structures of contributory significance being:

- ❑ Fountain
- ❑ Landscape
- ❑ Old Library
- ❑ Yarrington House

And of No significance:

- ❑ Pethard Wing
- ❑ Archive Store
- ❑ Kurmala Wing
- ❑ Portable

- ❑ Philips Wing
- ❑ Stanistreet House
- ❑ Outpatients/Admissions
- ❑ Hyett Block
- ❑ Generator Enclosure
- ❑ Pathology
- ❑ Garden Shed and Glass House
- ❑ Roy Blakes Building
- ❑ Alexander Bayne Centre
- ❑ Waste Store
- ❑ Radiotherapy

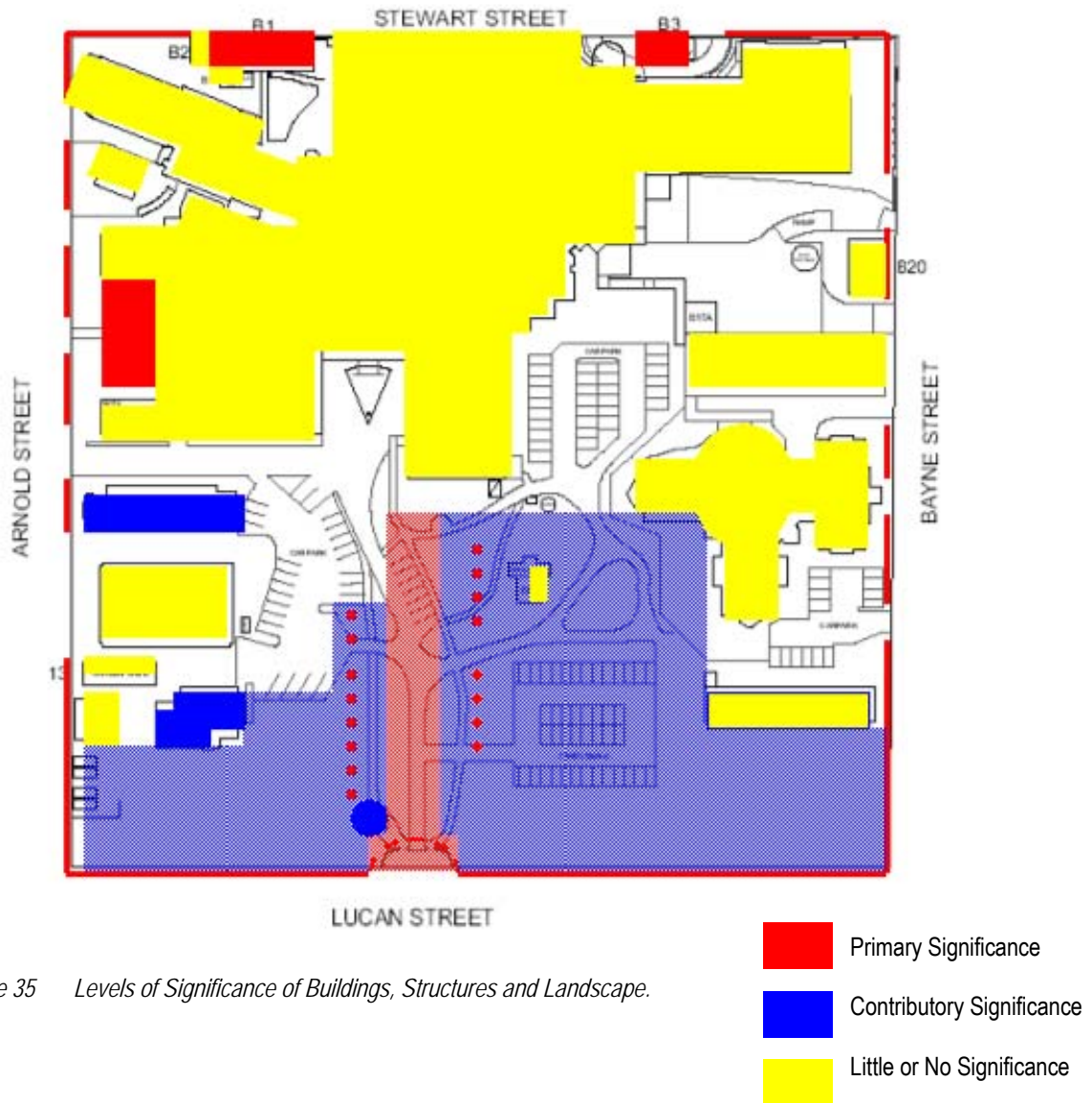


Figure 35 Levels of Significance of Buildings, Structures and Landscape.

5.0 REPORT RECOMMENDATIONS

These recommendations are derived from the historical analysis of the site and the determined significance of the elements and buildings.

It is assumed that the site will continue to be used as a hospital and for health-related functions for the foreseeable future.

5.1 Elements of Primary Significance

The following buildings and elements are of primary significance:

- ❑ Boundary Wall,
- ❑ Front Fence and Main Entrance
- ❑ Modesty House
- ❑ Mortuary
- ❑ Lansell Laboratory Building
- ❑ Central Driveway
- ❑ Avenue plantings of oak trees along central driveway

These structures should not be demolished or substantially altered. Any works to these structures should include conservation works and, where possible, enhancement of their significance through restoration and repair work. Such works may include paint analysis and the reinstatement of original paint schemes.

The setting of these structures is important and, wherever possible, new works in the vicinity should respect the scale, alignment and form of the existing heritage structures. The following buffer zones are recommended, where no new construction should take place:

- ❑ Boundary Walls - A buffer of 10m (structures lower than 5m in height may be acceptable).
- ❑ Front Fence and Main Entrance - A buffer of 30m along the Lucan St fence in which there are no works of any substantive nature apart from landscaping, tree planting and discretely located and housed fire outlets, gas and water metres.
- ❑ Modesty House - At least 10m in front of the building and 5m to each of the hipped ends.
- ❑ Morgue Building - At least 5m either side and 10m in front
- ❑ Lansell Laboratory Building - At least 5m either side and no works between the building frontage and Arnold St
- ❑ Central Driveway – between the oak trees.
- ❑ Oak trees – the root zones + 10m

Ensure that signage, particularly at the Main Entrance, is respectful of the site's cultural significance and does not conceal or irreversibly damage historic building fabric. Intrusive signage which is fixed to historic fabric, such as the granite gate piers at the Main Entrance, should be removed and any damage repaired.

5.2 Elements of Contributory Significance

The following buildings and elements are of contributory significance:

- ❑ Fountain
- ❑ Landscape
- ❑ Old Library

- Yarrington House

These structures should not be demolished, but they may be adapted to suit functional requirements. It is preferable that any works to these structures should include conservation works and, where possible, enhancement of their significance through restoration and repair work.

The setting of these structures is also important and, wherever possible, new works in the vicinity should respect the scale, alignment and form of the existing heritage structures. The following buffer zones are recommended, where no new construction should take place:

- The Fountain - A minimum 1.5m is required, however this structure may be reinstated at the head of a reworked main entry path system where it may be part of a round-about or within a nature strip.
- Landscape – The buffer zones applied to the front fence, oak trees and central driveway in the above section should apply. **A further 5m buffer should be applied beyond the oak tree drip line in which there is no building development.**
- The Old Library - A small buffer is required at the rear (2m) and sides while the frontage on the south east façade should have a more substantial buffer of up to 10m
- Yarrington House - A buffer between the frontage of the house and the main driveway should be maintained free of other structures, including car parking, and a 5m buffer applied to the remaining three sides.

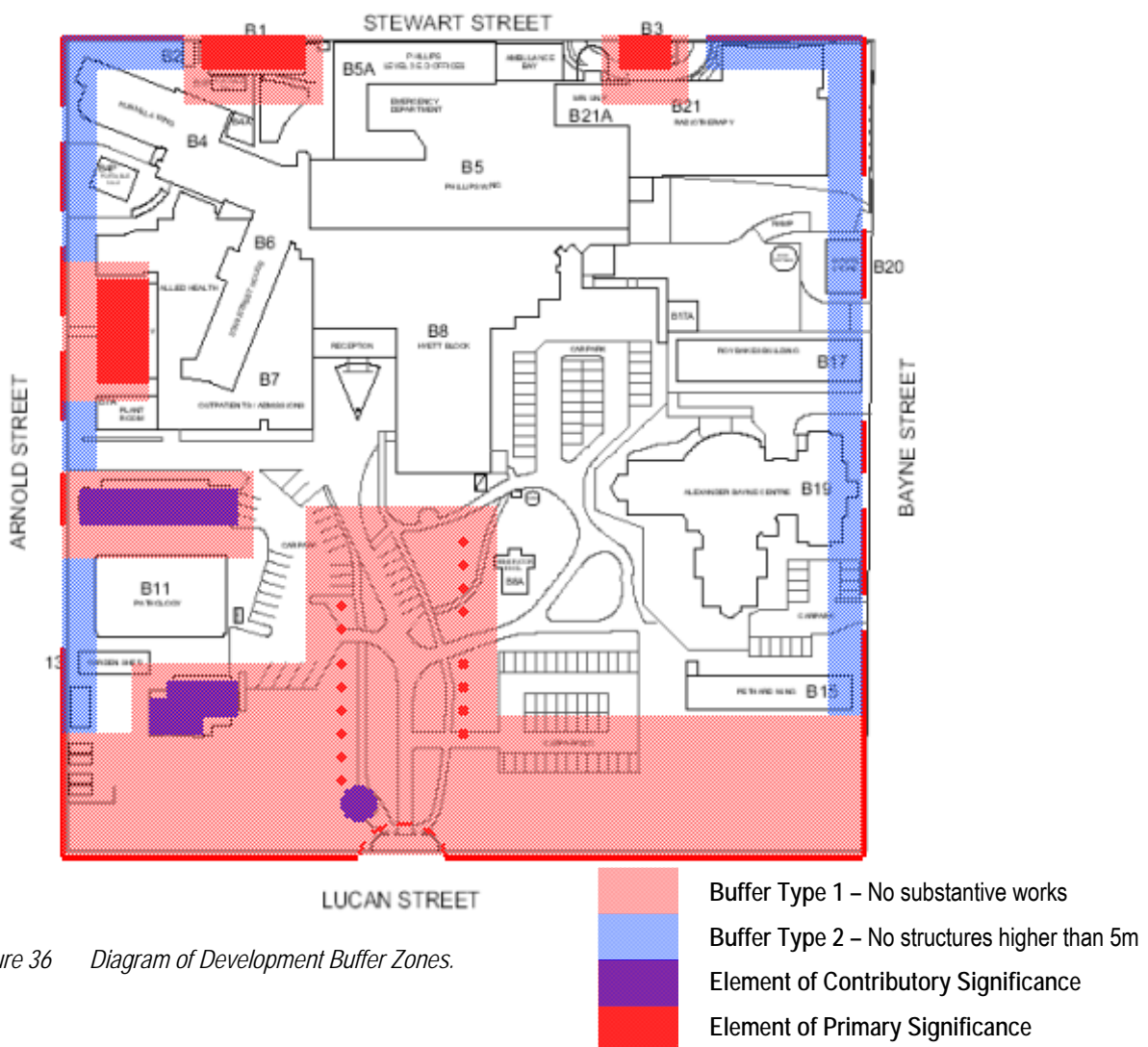


Figure 36 Diagram of Development Buffer Zones.

5.3 Elements of No Significance

The structures of no significance, which are listed in section 4.2 of this report, may be retained or removed as the need arises. Structures immediately adjacent to buildings of primary or contributory significance should not be altered or enlarged in a manner such that the significance of those (adjacent) buildings is affected.

5.4 New Development

No new development should take place in the strip of land between the Lucan Street Fence and the existing building setback of Yarrington House. This is the area identified as the buffer zone associated with the Front Fence and Main Entrance identified in section 5.1 above. No works of any substantive nature, apart from landscaping (tree planting and discretely located and housed fire outlets, gas and water metres), should occur within a 30m setback from Lucan Street. If emergency services must be provided in this area, care should still be taken in the siting of such services to minimise their visual impact on the significance of the site.

In addition, new development should not impact upon the avenue plantings along the main driveway from Lucan Street. Elsewhere, new development should not impede existing views or impact upon the immediate setting of buildings and structures of primary and contributory significance.

5.5 Works

Brick Boundary Wall

Works should be undertaken to the brick wall in a number of locations to reinstate missing sections and reinstate its historic importance. Some sections have been taken down for reasons unknown while other sections can be rebuilt where openings are no longer required (eg. the former Commonwealth Laboratories on Arnold St). This includes the length of walls at the southern end of Bayne and Arnold Streets, adjoining the Lucan Street fence, which have been partly dismantled and should be rebuilt.

One section of wall at the corner of Arnold and Stewart Street should be rebuilt to reinstate the wall corner and pillar, this being the only section of wall not built up at the defining corner point. This work would be done as part of the demolition of the Kumala Wing. As a minimum the fence should be run at its original height back to Modesty House.

Rebuilt sections of wall should match the original sections of wall in regard to height, capping detail, brick bonds the size, spacing and design of buttresses.

The Front Fence and Main Entrance

A number of sections of the fence have missing castings. Bendigo Health has placed some castings in storage, along with components of some of the gas lights fixed above the fence. Repairing the fence, while a worthwhile exercise, is probably not the best use of any heritage funds. The missing elements are spread out throughout the whole length and not overly noticeable. If more serious damage occurs to the fence, that may be the time to fully survey and carry out more extensive repairs to castings and stone work. The missing elements are not a visual security or structural problem at present.

When repairs to the fence are made, they should match the original section in terms of the size and design of the ironwork. The castings in storage should be used for repairs and also to allow additional sections of fence to be cast from them. Any usable components of the gas lights in storage should also be reinstated as part of any restoration works to the fence. Any repaired or replacement stonework should carefully match the dimensions and stone type of existing stonework.

The missing main entry gates to the fence should be reinstated if the front entry off Arnold St is reworked to become a formalised pedestrian and ceremonial entry rather than a common vehicular access route. The reinstated gates should be made to suit the existing dimensions of the gate piers and based on photographic evidence of the original gates. Castings taken from the original sections of fence may be useful. Reference should also be made to the existing gates at the White Hills Cemetery, which were also designed by Vahland at approximately the same time.



Signage at the main entrance currently detracts from the aesthetics of the place and has potentially damaged the granite gate piers. It should be removed and any damage made good. Replacement signage should be kept to a minimum so that it respects the architectural characteristics of the entrance and fence and doesn't intrude on the visual qualities of the setting.

Careful consideration should be given to all existing and proposed signage on the site. Unnecessary signage should be removed and visually intrusive signage should be replaced with more sympathetic and consistent signage. The architectural characteristics of the buildings and boundary fences should always dominate. Any required signage should preferably be hand-painted on surfaces that have already been painted, rather than applied sheet signs. The signage should not irreversibly damage historic building fabric and it is preferable that signage is not illuminated. It is not necessary to imitate old styles of lettering or graphics, but logos, colours etc. may need to be modified to suit the scale, materials or location of the proposed signage.

Central Driveway

The central driveway should be redesigned within the existing avenue of trees to provide better circulation for a decreased amount of vehicular traffic and provide for the reinstatement of the fountain along the centre line of the main axis. While the construction of the Hyett Block prevents the return of the fountain to its original location, it might be relocated along the same axis, but somewhat closer to the front entrance. This might be provided for by having a relatively narrow central gravel nature strip headed by the fountain at the upper end and an elongated circulating asphalted drive from which there are minor one way traffic paths in the upper portion of the site where these paths will not affect the avenue of trees. Landscape edging should use brick drains rather than standard kerb and channel.

Avenue Plantings of Oak Trees framing the Central Driveway

This element should be maintained and reinforced as a visual feature and new trees planted where originals have been removed for traffic paths or because of senescence. Works to improve the health of the trees, which might include pruning or replacement, should be based on the recommendations of an arborist. These recommendations should be provided in a report which identifies the species of all the trees, records their location and layout on a drawing with a numbering system and provides future maintenance recommendations.

The original formal entry to the site should be given a very strong landscape tone that compensates for the hard-edged newer buildings beyond the entry area.

Lansell Laboratory Building

The in-fill to the archways within the loggia at the front of the building should be removed and the original appearance of this main entrance into the building should be reinstated based on photographic evidence.

The Old Library

The Arnold St extension should be removed along with the facings under the south side verandah and the verandah repaired. The timber part glazed wall should be reinstated where missing using the existing section of walling as a model.

Recording the site prior to major redevelopments and demolitions

It is recommended that in line with current heritage practices the existing site be archivally recorded to the published standards by the Victorian Heritage Council.

This would involve recording the context of the landscape and buildings on the site and the detail of a number of the more interesting architect-designed buildings.

Works Documentation

Works on the buildings of Primary and Contributory significance:

A schedule of works should be prepared with heritage input for the repair of the Old Library (exterior), the brick boundary walls, the front fence, and the Lansell Laboratory (exterior) and this would form part of a planning application proposal to the City of Greater Bendigo.

All other structures on the site are of no significance and may be retained or removed as the need arises. In the case of the Pethard Wing this should be recorded before demolition.

5.6 Other Recommendations

Interpretation

Interpretation of the Bendigo Hospital site will help explain the cultural significance of the site and thereby provide locals and visitors with a better understanding and appreciation of its history and context.

The Illustrated Burra Charter asserts that interpreting or explaining the significance of a place is integral to its conservation. It describes interpretation as an ongoing activity that integrates the understanding, appreciation and enjoyment of a place with its day-to-day use and management.¹²²

The interpretation of a site is best achieved by the conservation of the significant fabric and, where possible, the retention of its original use. The following actions are considered as highly desirable to enhance the general public's understanding and appreciation of the site:

- ❑ Maintenance and, where necessary, repair of the historic building fabric of elements of primary and contributory significance.
- ❑ Continued compatible use and access by the local community.
- ❑ The introduction of appropriate interpretive material, such as interpretive elements in public places and the production of a booklet or pamphlet which tell the history of the place.
- ❑ The appropriate hanging of copies of historic material, such as photographs, within the buildings.
- ❑ The archival recording of the current state of the buildings prior to any substantial conservation works or alterations.

It would also be desirable for oral histories to be recorded which document the contemporary use of the place by the hospital workers and staff. Photographs showing the current use of the hospital, including people, equipment, furnishings, machinery and plant rooms, should be taken to support such oral histories. The Bendigo Historical Society, who have an oral history program, may be interested in undertaking this work.

Any interpretive signage should be sensitive to the character, setting (including views) and significance of the site, while remaining easily identifiable. It should not detract from the visual presentation of the buildings and landscape, and should be integrated with any wider interpretive programs for the city of Bendigo.

The interpretation of the Bendigo Hospital should cover the aspects of the site identified as significant in the Statement of Significance. These include:

- ❑ The Hospital's long associations with the history of healthcare in Victoria and as one of the earliest regional hospitals established in Victoria.
- ❑ The continuous provision of healthcare to the local community for more than 150 years. In addition to general medical and surgical facilities, the hospital complex has also included infectious diseases wards, laboratories for medical research, a tuberculosis chalet and nurses' accommodation and training facilities.
- ❑ The aesthetic significance of the site through its associations with the prominent Bendigo architects Vahland and Getzschmann. This is physically represented by the outstanding fence design to Lucan Street, but also through photographs and drawings of earlier buildings which have since been demolished.

¹²² Marquis-Kyle, P. and Walker, M. *The Illustrated Burra Charter*, 2004, p. 74.



Services

Many of the services to hospital facilities are run as overhead pipework, particularly retrofitted services such as waste, steam, heating and vacuum lines. All these services add up and can become visually intrusive, diminishing the presentation of historic structures. If not thoughtfully considered, their installation can also destroy historic fabric.

New services should not be introduced in a manner which destroys the architectural integrity of the building, or damages historic fabric, or is visually intrusive. Wherever possible, new services required in the historic buildings should be fully concealed and, where possible, they should be specifically dedicated installations rather than part of the broader supply of infrastructure. This allows for the sizing of equipment to be discrete.

All redundant services should be removed from historic buildings and historic fabric made good. When new services are required, ensure that they have a minimal impact on the cultural significance of the site.

Maintenance Issues

The Bendigo Hospital has been relatively well maintained over the years and it is understood that most maintenance issues are already taken care of by Bendigo Health's existing processes and systems. It is important that regular maintenance continues, regardless of whether a building is used or vacant.

Careful consideration should also be given to the engagement of contractors to undertake maintenance works. Contractors should have the appropriate heritage skills and experience to undertake the work. Where necessary, refer to Heritage Victoria's 'Consultants and Contractors Directory' (<http://www.heritage.vic.gov.au/Heritage-places-objects/Consultants-and-contractors>), or seek the recommendations of a heritage professional. It is also preferable to maintain a long-term relationship with the appropriate tradespeople who will be required on a regular basis. An electrician or roofer who is already familiar with the building and site will be able to provide more-informed advice and carry out the necessary work more efficiently.

If possible, maintenance should not be carried out in an ad-hoc fashion, just as the need becomes clearly apparent, but should be carefully planned out in advance. This will allow for the appropriate budget to be allocated by Bendigo Health administration.

6.0 SELECT BIBLIOGRAPHY

Allen, HB. *Final General Report on Hospital Construction and Management*, Melbourne, 1891 (Special Collection, Ballieu Library, Melbourne University)

Black's Survey Plan, City of Sandhurst, Sheet 5, 1882-1884, Department of Sustainability & Environment.

Butcher, M. and Flanders, G. *Bendigo Historic Buildings*, 1987.

Lawler, G. *The Vahland School*, Vol. 1 & 2, (undated Undergraduate Thesis, Melbourne University).

Lewis, MBL, *Architects Index*.

The Argus, 14 October 1863.

Bendigo Advertiser, 7 February 1989.

Bendigo Benevolent Asylum Reserve File, File 06P127361, Dept. of Sustainability & Environment.

Bendigo Gold Fields Hospital, Lucan Street, Bendigo, Bendigo & Eaglehawk Heritage Study, Significant Sites, Graeme Butler & Associates, 1993.

Bendigo Hospital File, RS 7245, Dept. of Sustainability & Environment.

Heritage Victoria, *The Former Bendigo Benevolent Asylum (Anne Caudle Centre)*, VHR No 992.

Hospitals & Charities in Victoria, 1862 to 1978, Public Record Office of Victoria.

Lloyd, David, *Domestic Comforts They Had None. A Pictorial History of the Bendigo Hospital*, 2003

Mouat, FJ. and Saxon Snell, H. *Hospital Construction and Management*, London, 1883. (Architecture Library, Melbourne University)

National Trust of Australia (Vic) *Bendigo Base Hospital*, FN 1064.

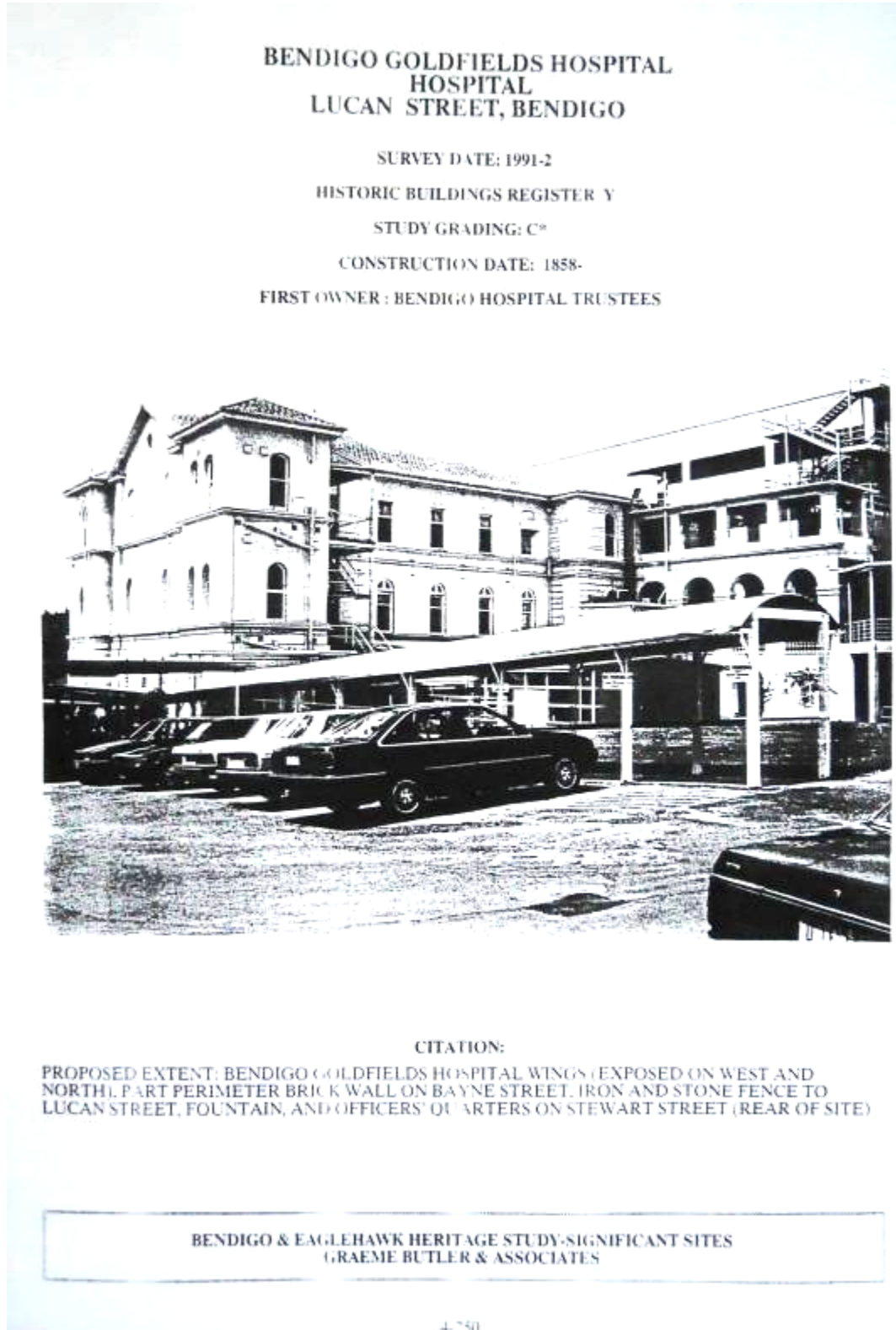
National Trust of Australia (Vic) *Benevolent Home & Hospital, Bendigo*, FN 315.

Trust News, May 1984.

Victorian Year Book, Centenary Edition, 1973, State Library of Victoria.

APPENDIX A HERITAGE LISTINGS

City of Greater Bendigo – Citation from the 'Eaglehawk & Bendigo Heritage Study – Significant Sites', Graeme Butler & Associates, 1993. Volume 4, pp. 250-251.



History

The centre block of the present hospital was erected in 1858, the two wings added in 1864 and the central clock tower in 1866. Clock-makers, Joseph and Company of Pall Mall, made the clock. The building gives the impression of having been designed in stages as well as erected. Now, only the western wing remains unobscured by modern additions.

The Bowen pavilion wing was added in 1873-4, again by Vahland and Getzschmann, according to prevailing practice. In the days before antibiotics, good ventilation was vital to prevent epidemics in hospitals. The improved ventilation of detached pavilion wings made them popular with planners, but less so with the staff.

Officers' quarters with ornamental cast-iron verandah and balcony were added in 1890, to the design of W.C. Vahland. These still remain at the rear of the hospital.

Vahland and Son added the nurses' home in 1900, but removal of the verandah and other changes have left it almost unrecognisable. The impressive cast-iron gates were removed and accidentally destroyed. The hospital is now known as the Bendigo and Northern District Base Hospital¹.

AUSTRALIAN HERITAGE COMMISSION CITATION:

Description

The building was demolished in late 1989/early 1990. Prior to this it was described in the following terms:

The building is of two storeys beneath a continuous hipped roof with projecting wings to each side and the centre of the building marked with a tower rising above the roof. The building achieves its power through its heaviness of the plinth, the continuous rustication and especially the repetitive and continuous lines of fenestration. The broken chord pedimented treatment of the gables to the projecting wings further emphasises the constructivist nature of its architectural concept and the design is completed by the tower which is more akin to an earlier baroque tradition, but superbly balances the weight of the composition by giving it a delicate vertical emphasis. The building is constructed of rendered brick on a sandstone footing. The slate roof has been replaced with tiles. Internally, it is very simple with a long central corridor, two staircases and smallish rooms. Little embellishment remains, although the corridor walls have an ashlar finish and the wing wards retain their pressed metal ceilings.

Condition

The building was demolished in late 1989/early 1990.

Significance

The building was demolished in late 1989/early 1990. Prior to that event it was of great historical significance as the earliest District Hospital in Victoria and an important early example of the work of Architects Vahland and Getzschmann.

Bibliography

National Trust of Australia (Victoria) File.

¹ Butler & Flanders p 94



Register of the National Estate

Bendigo Base Hospital (Central Block), Lucan St, Bendigo, VIC, Australia

| | |
|--|---------------------------------|
| Photographs: | None |
| List: | Register of the National Estate |
| Class: | Historic |
| Legal Status: | Destroyed |
| Place ID: | 15516 |
| Place File No: | 2/06/200/0034 |
| Nominator's Statement of Significance: | |
| <p>This building constructed in 1858 with flanked wings of 1864, is of architectural significance as the first major work known designed by the important firm of architects Vahland and Getzschamann. Vahland was undoubtedly the most significant and prolific architect in north central Victoria. More particularly it is the version of the Italian Renaissance through the eyes of a German architect, with a delightful cupola and Florentine arched windows. Although major additions deface and obscure parts of the principal facade the design is nonetheless clearly visible. Historically, the building is significant as an early purpose built hospital and one of the earliest public buildings of the goldfields city of Bendigo.</p> | |
| Official Values: Not Available | |
| Description: The building was demolished in late 1989 early 1990. Prior to this it was described in the following terms. The building is of two storeys beneath a continuous hipped roof with projecting wings to each side and the centre of the building marked with a tower rising above the roof. The building achieves its power through its heaviness of the plinth, the continuous rustication and, especially the repetitive and continuous lines of fenestration. The broken chord pedimented treatment of the gables to the projecting wings further emphasise the Constructivism nature of its architectural concept and the design is completed by the tower which is more akin to an earlier Baroque tradition but superbly balances the weight of the composition by giving it a delicate vertical emphasis. The building is constructed of rendered brick on a sandstone footing. The slate roof has been replaced with tiles. Internally, it is very simple with a long central corridor, two staircases and smallish rooms little embellishment remains, although the corridor walls have an ashlar finish and the wing wards retain their pressed metal ceilings. | |
| History: Not Available | |
| Condition and Integrity: | |
| The building was demolished in late 1989 early 1990. | |
| Location: Lucan Street, Bendigo. | |
| Bibliography: | |
| NATIONAL TRUST OF AUSTRALIA (VICTORIA) FILE. | |





APPENDIX B THE BURRA CHARTER

- Article 1 Definitions
For the purpose of this Charter:
- 1.1 *Place* means site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views. *The concept of place should be broadly interpreted. The elements described in Article 1.1 may include memorials, trees, gardens, parks, places of historical events, urban areas, towns, industrial places, archaeological sites and spiritual and religious places.*
- 1.2 *Cultural significance* means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.
Cultural significance is embodied in the place itself, its fabric, setting, use, associations, meanings, records, related places and related objects.
Places may have a range of values for different individuals or groups. The term cultural significance is synonymous with heritage significance and cultural heritage value.
Cultural significance may change as a result of the continuing history of the place.
Understanding of cultural significance may change as a result of new information.
- 1.3 *Fabric* means all the physical material of the *place* including components, fixtures, contents, and objects. *Fabric includes building interiors and sub-surface remains, as well as excavated material.*
Fabric may define spaces and these may be important elements of the significance of the place.
- 1.4 *Conservation* means all the processes of looking after a *place* so as to retain its *cultural significance*.
- 1.5 *Maintenance* means the continuous protective care of the *fabric* and *setting* of a *place*, and is to be distinguished from repair. Repair involves *restoration* or *reconstruction*. *The distinctions referred to, for example in relation to roof gutters, are:*
- *maintenance - regular inspection and cleaning of gutters;*
 - *repair involving restoration - returning of dislodged gutters;*
 - *repair involving reconstruction - replacing decayed gutters.*
- 1.6 *Preservation* means maintaining the *fabric* of a *place* in its existing state and retarding deterioration. *It is recognised that all places and their components change over time at varying rates*
- 1.7 *Restoration* means returning the existing *fabric* of a *place* to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.
- 1.8 *Reconstruction* means returning a *place* to a known earlier state and is distinguished from *restoration* by the introduction of new material into the *fabric*. *New material may include recycled material salvaged from other places. This should not be to the detriment of any place of cultural significance.*
- 1.9 *Adaptation* means modifying a *place* to suit the existing *use* or a proposed use.
- 1.10 *Use* means the functions of a place, as well as the activities and practices that may occur at the place.
- 1.11 *Compatible use* means a *use* which respects the *cultural significance* of a *place*. Such a use involves no, or minimal, impact on cultural significance.
- 1.12 *Setting* means the area around a *place*, which may include the visual catchment.
- 1.13 *Related place* means a *place* that contributes to the *cultural significance* of another place.
- 1.14 *Related object* means an object that contributes to the *cultural significance* of a *place* but is not at the place.
- 1.15 *Associations* mean the special connections that exist between people and a *place*.

Associations may include social or spiritual values and cultural responsibilities for a place

- 1.16 *Meanings denote what a place signifies, indicates, evokes or expresses. Meanings generally relate to intangible aspects such as symbolic qualities and memories*
- 1.17 *Interpretation means all the ways of presenting the cultural significance of a place. Interpretation may be a combination of the treatment of the fabric (e.g. maintenance, restoration, reconstruction); the use of and activities at the place; and the use of introduced explanatory material*

Conservation Principles

Article 2 Conservation and management

- 2.1 *Places of cultural significance should be conserved.*
- 2.2 *The aim of conservation is to retain the cultural significance of a place.*
- 2.3 *Conservation is an integral part of good management of places of cultural significance.*
- 2.4 *Places of cultural significance should be safeguarded and not put at risk or left in a vulnerable state.*

Article 3 Cautious approach

- 3.1 *Conservation is based on a respect for the existing fabric, use, associations and meanings. It requires a cautious approach of changing as much as necessary but as little as possible. The traces of additions, alterations and earlier treatments to the fabric of a place are evidence of its history and uses which may be part of its significance. Conservation action should assist and not impede their understanding.*
- 3.2 *Changes to a place should not distort the physical or other evidence it provides, nor be based on conjecture.*

Article 4 Knowledge, skills and techniques

- 4.1 *Conservation should make use of all the knowledge, skills and disciplines which can contribute to the study and care of the place.*
- 4.2 *The use of modern materials and techniques must be supported by firm scientific evidence or by a body of experience.*

Article 5 Values

- 5.1 *Conservation of a place should identify and take into consideration all aspects of cultural and natural significance without unwarranted emphasis on any one value at the expense of others. Conservation of places with natural significance is explained in the Australian Natural Heritage Charter. This Charter defines natural significance to mean the importance of ecosystems, biological diversity and geodiversity for their existence value, or for present or future generations in terms of their scientific, social, aesthetic and life-support value.*
- 5.2 *Relative degrees of cultural significance may lead to different conservation actions at a place. A cautious approach is needed, as understanding of cultural significance may change. This article should not be used to justify actions which do not retain cultural significance*

Article 6 Burra Charter Process

- 6.1 *The cultural significance of a place and other issues affecting its future are best understood by a sequence of collecting and analysing information before making decisions. Understanding cultural significance comes first, then development of policy and finally management of the place in accordance with the policy. The Burra Charter process, or sequence of investigations, decisions and actions, is illustrated in the accompanying flowchart*
- 6.2 *The policy for managing a place must be based on an understanding of its cultural significance.*
- 6.3 *Policy development should also include consideration of other factors affecting the future of a place such as the owner's needs, resources, external constraints and its physical condition.*

Article 7 Use

- 7.1 *Where the use of a place is of cultural significance it should be retained.*
- 7.2 *A place should have a compatible use. The policy should identify a use or combination of uses*



or constraints on uses that retain the cultural significance of the place. New use of a place should involve minimal change, to significant fabric and use; should respect associations and meanings; and where appropriate should provide for continuation of practices which contribute to the cultural significance of the place.

Article 8 Setting

Conservation requires the retention of an appropriate visual setting and other relationships that contribute to the cultural significance of the place.

New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate. Aspects of the visual setting may include use, siting, bulk, form, scale, character, colour, texture and materials.

Other relationships, such as historical connections, may contribute to interpretation, appreciation, enjoyment or experience of the place.

Article 9 Location

9.1 The physical location of a *place* is part of its *cultural significance*. A building, work or other component of a place should remain in its historical location. Relocation is generally unacceptable unless this is the sole practical means of ensuring its survival.

9.2 Some buildings, works or other components of *places* were designed to be readily removable or already have a history of relocation. Provided such buildings, works or other components do not have significant links with their present location, removal may be appropriate.

9.3 If any building, work or other component is moved, it should be moved to an appropriate location and given an appropriate *use*. Such action should not be to the detriment of any *place* of *cultural significance*.

Article 10 Contents

Contents, fixtures and objects which contribute to the *cultural significance* of a *place* should be retained at that place. Their removal is unacceptable unless it is: the sole means of ensuring their security and *preservation*, on a temporary basis for treatment or exhibition; for cultural reasons; for health and safety; or to protect the place. Such contents, fixtures and objects should be returned where circumstances permit and it is culturally appropriate.

Article 11 Related places and objects

The contribution which *related places* and *related objects* make to the *cultural significance* of the *place* should be retained.

Article 12 Participation

Conservation, interpretation and management of a place should provide for the participation of people for whom the place has special associations and meanings, or who have social, spiritual or other cultural responsibilities for the place.

Article 13 Co-existence of cultural values

Co-existence of cultural values should be recognised, respected and encouraged, especially in cases where they conflict. *For some places, conflicting cultural values may affect policy development and management decisions. In this article, the term cultural values refers to those beliefs which are important to a cultural group, including but not limited to political, religious, spiritual and moral beliefs. This is broader than values associated with cultural significance.*

Article 14 Conservation processes

Conservation may, according to circumstance, include the processes of: retention or reintroduction of a use; retention of associations and meanings; maintenance, preservation, restoration, reconstruction, adaptation and interpretation; and will commonly include a combination of more than one of these. There may be circumstances where no action is required to achieve conservation.

Article 15 Change

15.1 Change may be necessary to retain *cultural significance*, but is undesirable where it reduces cultural significance. The amount of change to a *place* should be guided by the *cultural significance* of the place and its appropriate *interpretation*. *When change is being considered, a range of options should be explored to seek the option which minimises the reduction of*

- cultural significance.*
- 15.2 Changes which reduce *cultural significance* should be reversible, and be reversed when circumstances permit. *Reversible changes should be considered temporary. Non-reversible change should only be used as a last resort and should not prevent future conservation action*
- 15.3 Demolition of significant *fabric* of a *place* is generally not acceptable. However, in some cases minor demolition may be appropriate as part of *conservation*. Removed significant fabric should be reinstated when circumstances permit.
- 15.4 The contributions of all aspects of *cultural significance* of a *place* should be respected. If a place includes *fabric, uses, associations* or *meanings* of different periods, or different aspects of cultural significance, emphasising or interpreting one period or aspect at the expense of another can only be justified when what is left out, removed or diminished is of slight cultural significance and that which is emphasised or interpreted is of much greater cultural significance.
- Article 16 Maintenance**
- Maintenance* is fundamental to *conservation* and should be undertaken where *fabric* is of *cultural significance* and its *maintenance* is necessary to retain that *cultural significance*.
- Article 17 Preservation**
- Preservation* is appropriate where the existing *fabric* or its condition constitutes evidence of *cultural significance*, or where insufficient evidence is available to allow other *conservation* processes to be carried out. *Preservation protects fabric without obscuring the evidence of its construction and use. The process should always be applied:*
- where the evidence of the fabric is of such significance that it should not be altered;
 - where insufficient investigation has been carried out to permit policy decisions to be taken in accord with Articles 26 to 28.
- New work (e.g. stabilisation) may be carried out in association with preservation when its purpose is the physical protection of the fabric and when it is consistent with Article 22.*
- Article 18 Restoration and reconstruction**
- Restoration and reconstruction* should reveal culturally significant aspects of the *place*.
- Article 19 Restoration**
- Restoration* is appropriate only if there is sufficient evidence of an earlier state of the *fabric*.
- Article 20 Reconstruction**
- 20.1 *Reconstruction* is appropriate only where a *place* is incomplete through damage or alteration, and only where there is sufficient evidence to reproduce an earlier state of the *fabric*. In rare cases, reconstruction may also be appropriate as part of a *use* or practice that retains the *cultural significance* of the *place*.
- 20.2 *Reconstruction* should be identifiable on close inspection or through additional *interpretation*.
- Article 21 Adaptation**
- 21.1 *Adaptation* must be limited to that which is essential to a use for the *place* determined in accordance with Articles 6 and 7.
- Adaptation* is acceptable only where the adaptation has minimal impact on the *cultural significance* of the *place*. *Adaptation is acceptable only where the adaptation has minimal impact on the cultural significance of the place*
- 21.2 *Adaptation* should involve minimal change to significant fabric, achieved only after considering alternatives.
- Article 22 New work**
- 22.1 New work such as additions to the *place* may be acceptable where it does not distort or obscure the *cultural significance* of the *place*, or detract from its *interpretation* and appreciation. *New work may be sympathetic if its siting, bulk, form, scale, character, colour, texture and*



material are similar to the existing fabric, but imitation should be avoided

22.2 New work should be readily identifiable as such.

Article 23 Conserving use

Continuing, modifying or reinstating a significant *use* may be appropriate and preferred forms of *conservation*. *These may require changes to significant fabric but they should be minimised. In some cases, continuing a significant use or practice may involve substantial new work.*

Article 24 Retaining associations and meanings

24.1 Significant *associations* between people and a *place* should be respected, retained and not obscured. Opportunities for the *interpretation*, commemoration and celebration of these associations should be investigated and implemented. *For many places associations will be linked to use*

24.2 Significant *meanings*, including spiritual values, of a *place* should be respected. Opportunities for the continuation or revival of these meanings should be investigated and implemented.

Article 25 Interpretation

The *cultural significance* of many *places* is not readily apparent, and should be explained by *interpretation*. Interpretation should enhance understanding and enjoyment, and be culturally appropriate.

Article 26 Applying the Burra Charter process

26.1 Work on a *place* should be preceded by studies to understand the place which should include analysis of physical, documentary, oral and other evidence, drawing on appropriate knowledge, skills and disciplines. *The results of studies should be up to date, regularly reviewed and revised as necessary.*

26.2 Written statements of *cultural significance* and policy for the *place* should be prepared, justified and accompanied by supporting evidence. The statements of significance and policy should be incorporated into a management plan for the place. *Statements of significance and policy should be kept up to date by regular review and revision as necessary. The management plan may deal with other matters related to the management of the place.*

26.3 Groups and individuals with *associations* with a *place* as well as those involved in its management should be provided with opportunities to contribute to and participate in understanding the *cultural significance* of the place. Where appropriate they should also have opportunities to participate in its *conservation* and management.

Article 27 Managing change

27.1 The impact of proposed changes on the *cultural significance* of a *place* should be analysed with reference to the statement of significance and the policy for managing the place. It may be necessary to modify proposed changes following analysis to better retain cultural significance.

27.2 Existing *fabric, use, associations* and *meanings* should be adequately recorded before any changes are made to the *place*.

Article 28 Disturbance of fabric

Disturbance of significant *fabric* for study, or to obtain evidence, should be minimised. Study of a *place* by any disturbance of the fabric, including archaeological excavation, should only be undertaken to provide data essential for decisions on the *conservation* of the place, or to obtain important evidence about to be lost or made inaccessible.

Investigation of a *place* which requires disturbance of the *fabric*, apart from that necessary to make decisions, may be appropriate provided that it is consistent with the policy for the place. Such investigation should be based on important research questions which have potential to substantially add to knowledge, which cannot be answered in other ways and which minimises disturbance of significant fabric.

Article 29 Responsibility for decisions

The organisations and individuals responsible for management decisions should be named and

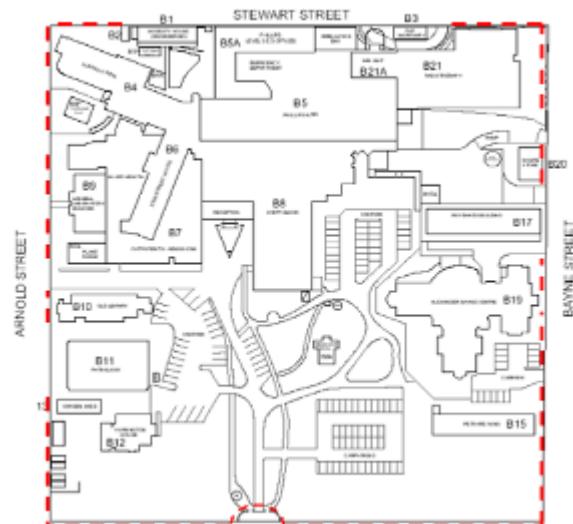
- specific responsibility taken for each such decision.
- Article 30** **Direction, supervision and implementation**
Competent direction and supervision should be maintained at all stages, and any changes should be implemented by people with appropriate knowledge and skills.
- Article 31** **Documenting evidence and decisions**
A log of new evidence and additional decisions should be kept.
- Article 32** **Records**
- 32.1 The records associated with the *conservation* of a *place* should be placed in a permanent archive and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate.
- 32.2 Records about the history of a *place* should be protected and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate.
- Article 33** **Removed fabric**
Significant *fabric* which has been removed from a *place* including contents, fixtures and objects, should be catalogued, and protected in accordance with its *cultural significance*.
Where possible and culturally appropriate, removed significant fabric including contents, fixtures and objects, should be kept at the place.
- Article 34** **Resources**
Adequate resources should be provided for *conservation*. *The best conservation often involves the least work and can be inexpensive.*

APPENDIX C DATA SHEETS

Boundary Fence, Walls and Main Entrance



Location: Lucan Street
Built: Timber fence & gates – by 1874
 Metal fence & gates – c.1885
 Brick walls – c.1880 -1910
Designer: Probably W.C. Vahland
Builder: Unknown



History:

An 1865 etching (State Library of Victoria – mp000879) shows what appears to be a boundary wall or fence running along the rear (Stewart Street) boundary of the site behind the hospital's Central Block. A timber fence and timber gates were definitely constructed along the front (Lucan Street) boundary by 1874 (refer to Bendigo Health photo below).

A bequest of £1,439 from George Drury in c.1885 funded the replacement of the timber fence and gates with the existing metal fence and entrance along Lucan Street. Vahland undoubtedly designed these elements. The brick boundary wall along Arnold Street was built at the same time as the Lunacy Ward in 1908. It is uncertain when the remaining boundary walls were built, but it was most likely between 1880 and 1910.

Description:

A decorative cast iron palisade fence, set into a bluestone base, extends along the Lucan Street boundary of the site. The main entrance into the site is located part way along this fence. The palisade fence curves inwards to form a semi-circular recess for the entrance, framed by two pairs of granite gate piers. The piers originally framed central iron gates, sufficiently wide for a horse-drawn vehicle, flanked by two smaller pedestrian gates. All the gates have since been removed, but the piers and fence are largely intact. Spherical gaslights, capped by a decorative crown, are mounted on cast iron posts at the junctions where the palisade fence curves in towards the main entrance.

Further granite piers are located at the corners of Lucan and Bayne Street, and Lucan and Arnold Streets. At these points the boundary treatment changes from the palisade fence to a brick wall. On both Bayne and Arnold Streets, it appears as though sections of brickwork have been cut out at the south-eastern ends of the wall, to improve visibility.

Where intact, the red brick wall has a sandstone plinth and is approximately 2 to 2.5 metres high. The wall is capped by a rendered roll-over top with embedded glass to deter intrusion. Simple brick buttresses are located at regular intervals on the inner face of the wall. The wall has been broken through and decapitated in a number of locations. It has also been rendered and painted in some sections along Arnold and Stewart Streets.

Along Bayne St there are sections removed at the corner with Lucan St (approx 9m), at the Pethard Wing Gates (approx 10m), in front of the Bayne Wing along the top of the wall, then again for a 12m wide truck opening and a smaller opening with new yellow brick piers.

Much of the wall is missing along Stewart St with only 37.3m near Bayne St being the most complete. A further short section is adjacent to Modesty House after which it reappears as a lowered wall to the Arnold St pier.

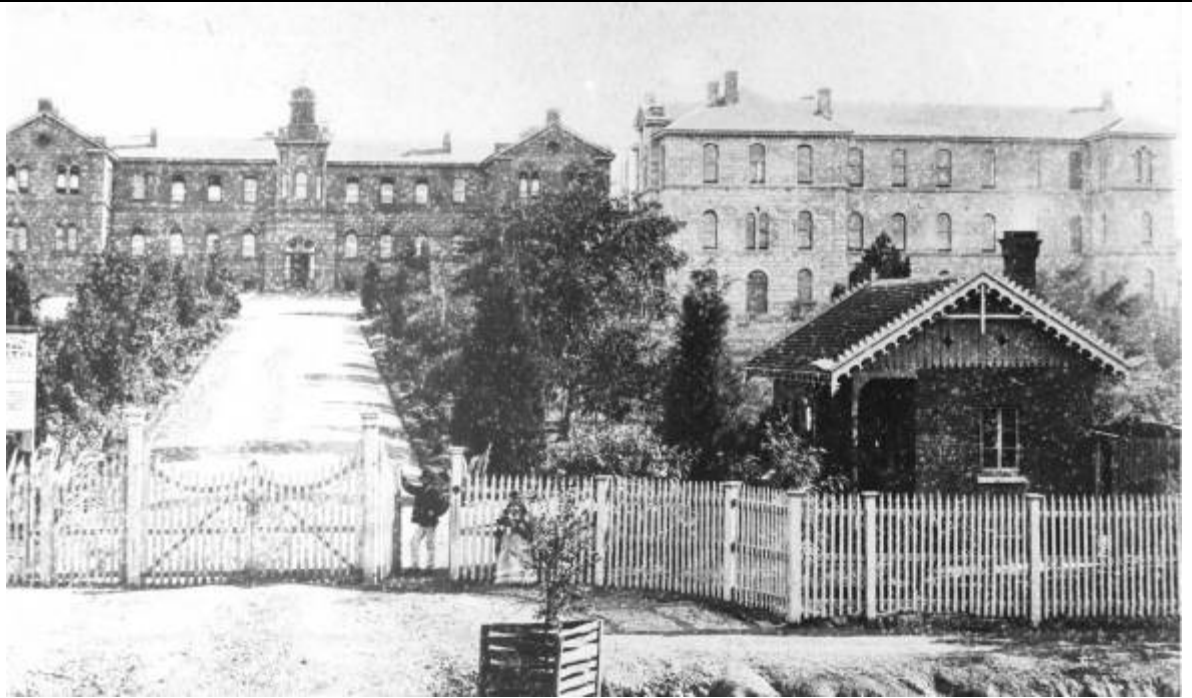
At the corner of Arnold and Stewart Streets the full height of the wall is missing (and the wall has been rendered) when the Kumala Wing was established. The wall has been lowered to 1m high in front of the Lansell Laboratory to act as a 1920s style fence, and then it is full height at the Old Library followed by another long section of missing wall (27.5m) in front of the Commonwealth Laboratory. A further 9m section is missing at the Lucan and Arnold St intersection and a door has been inserted along Arnold St to service the rear yard of the caretakers house.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Primary significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history. Where the wall has been reduced in height and altered, it is of contributory significance.

The fence, wall and entrance are also important as elements which clearly define the location and alignment of the land held as a reserve for the purpose of the Hospital.



Main Entrance of the Bendigo Hospital, 1874. (Note the timber fence and gates)
Source: Bendigo Health Records



Undated photo of the Main Entrance.
Source: Bendigo Health Records

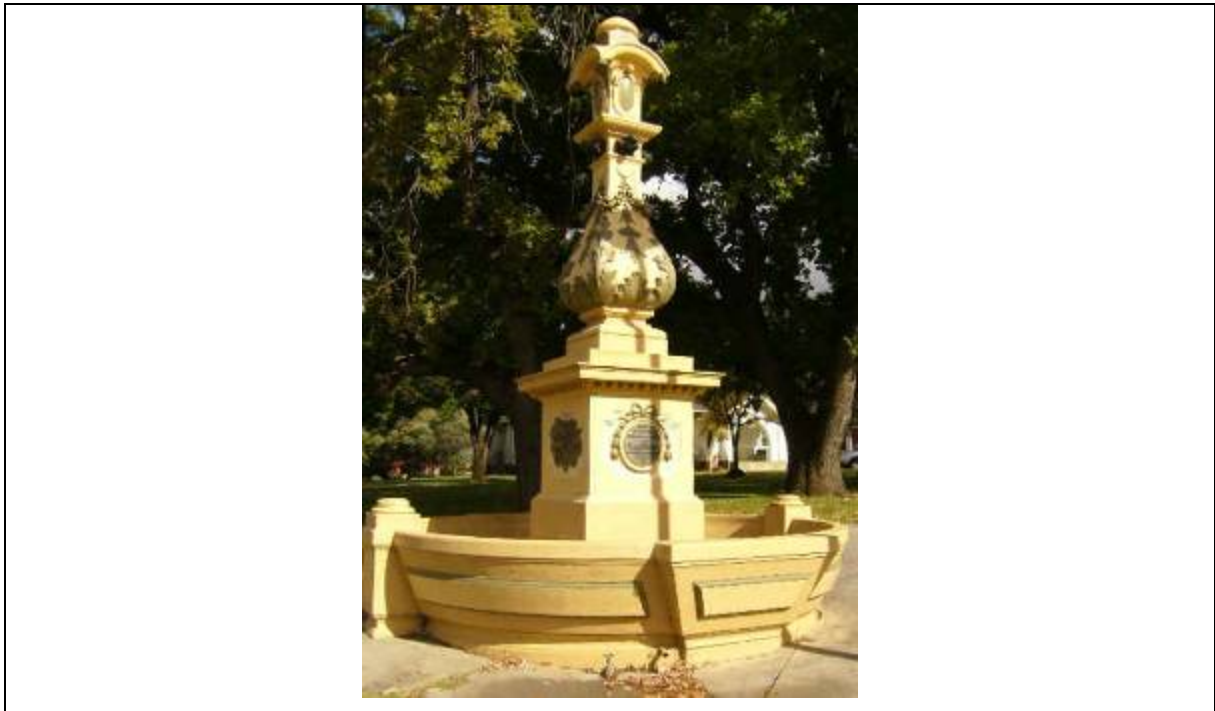


Main Entrance of the Bendigo Hospital, undated photograph. (Note that the gates are partly visible)
Source: Bendigo Health Records

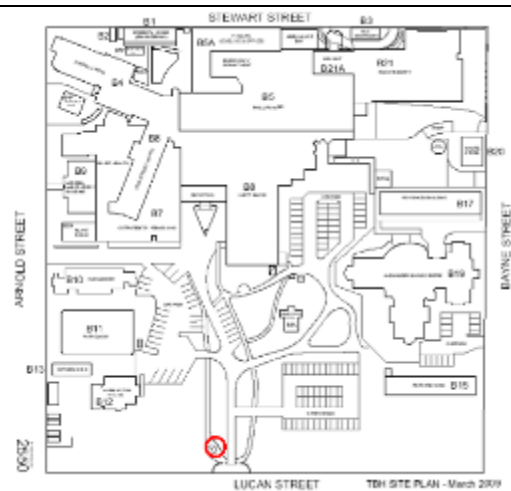


Undated photo of the Lucan St fence, showing the frame for gaslights at the Main Entrance. The opalescent globe is missing from the lamp.
Source: State Library Victoria

Fountain



Location: Lucan Street
Built: 1913
Designer: Unknown
Builder: Unknown



History:

The plaque on this fountain reads:

'Erected to commemorate the munificent bequest of the late Henry Holmes one of the pioneers of the City of Bendigo.'

It was originally located in the centre of the forecourt in front of the hospital's Central Block, but was relocated to its current location in 1972, prior to the construction of the Hyett Block. Photographs show that it was not painted at this time.

Description:

A painted, cast concrete fountain centred within a shallow circular pool. The fountain is decorated with Baroque-style ornamentation.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Contributory significance to the major historic theme and to the site as part of the group of the structures which define the site's history.

The fountain is important as a decorative landscape element and as evidence of the many donations made to the development of the hospital site by Bendigo residents.



The fountain in front of the Central Block, before it was relocated, 1972.
Source: Bendigo Health Records

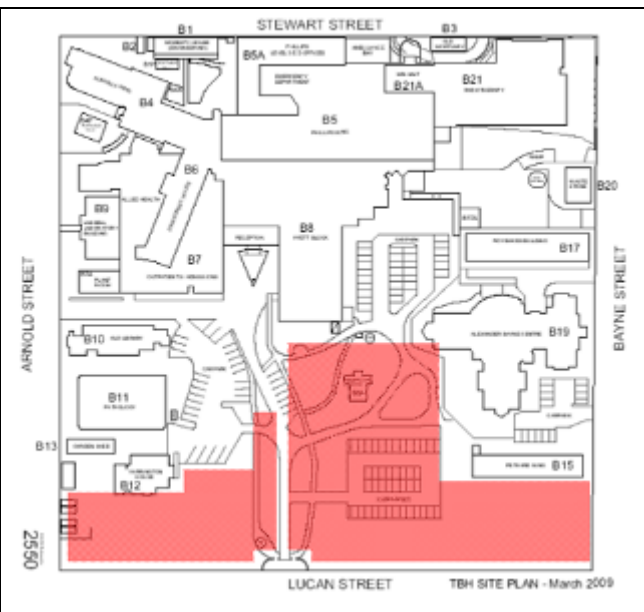


The fountain in front of the Central Block, before it was relocated, 1972.
Source: Bendigo Health Records

Landscape



Location: Lucan Street
Built: -
Designer: Probably Vahland & Getzschmann
Builder: Unknown





History:

Historic photographs show that the vegetation on the site has changed a number of times, but consistent elements are avenue plantings framing the main driveway and trees planted along the street boundaries. There appears to have always been a strong commitment to maintaining attractive gardens around the hospital buildings. This was most likely for the enjoyment of patients, visitors and staff and as a distraction from illness and grief - a place to seek solace.

The siting of the earliest hospital buildings towards the rear of the site was most likely master-planned by Vahland and Getzschmann. The siting of the symmetrical Central Block at the top of the hill and at the end of the straight driveway from the main entrance on Lucan Street, created an impressive image of the hospital complex. This approach would have been further enhanced by the avenue plantings on either side of the driveway. The large expanse of gardens in front of these buildings, when viewed from Lucan Street, would also have enhanced the picturesque qualities of the setting and increased the sense of separation from the general public.

Historic photographs show a variety of plants and trees, from willows to palms, which are no longer extant.

Despite extensive redevelopment across the site throughout the twentieth century, garden space has generally been retained for a depth of approximately 30 metres back from the Lucan Street boundary and either side of the driveway. However, the design of the Hyett Block, constructed in 1977, necessitated the re-alignment of the central driveway. The first half of the driveway from Lucan Street has been retained in its original location, but it then turns approximately 20 degrees to the west to lead towards the hospital's new reception.

Description:

The site is rectangular and slopes gently uphill from Lucan St toward Stewart Street. The front of the site, along Lucan Street, is well planted with a variety of mature trees and lawn areas. These trees include avenue plantings of sixteen oak trees lining the main driveway. These trees provide evidence of the original alignment of the driveway. Further trees in the open area adjacent to the Lucan Street boundary include Cypress, Liquid Amber, Ash and a Cork tree. Elsewhere on the site, planted near the street boundaries, are a wide variety of trees including a substantial Silver Birch near the Lansell Laboratory Building.

The expanse of lawn and plantings has been reduced in recent years by the expansion of the bitumen parking areas.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Contributory significance to the major historic theme and to the site as the setting for the structures which defined the site's earliest history. Apart from the first half of the driveway, the original garden design is not intact and has been diminished by the construction of the Hyett Block and parking.



The landscaped grounds in front of the Central Block and Bowen Wing, 1880.
Source: Bendigo Health Records

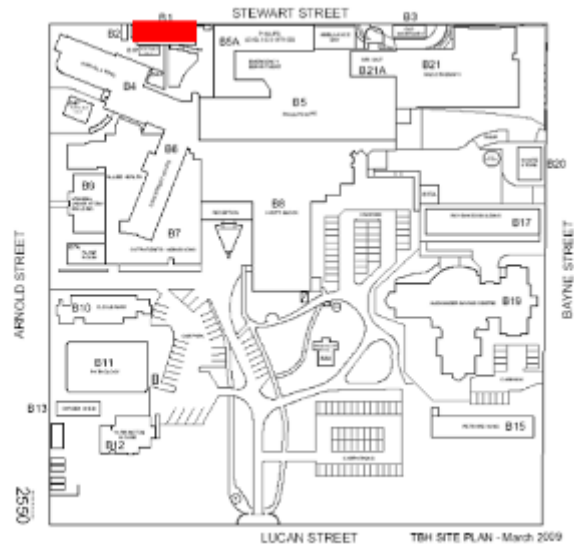


Trees lining the central driveway and boundaries in c.1963.
Source: Bendigo Health Records

B1 Modesty House



Location: Stewart Street
Built: 1891
Designer: Probably W.C. Vahland
Builder: Unknown



History:

Modesty House was built in 1891 to accommodate the hospital's officers and servants. Minor alterations and additions have been undertaken in 1964 and 1974. The building currently accommodates some of the hospital's administrative staff.

Description:

Modesty House is a double-storey red brick building with a double-storey verandah extending along the south-east elevation. The building turns its back on Stewart Street and addresses the rear of the main hospital buildings. It is rectangular in plan and has a hipped roof clad with corrugated iron. The similarly hipped and corrugated iron roof of the timber-framed verandah is separate to the main building's roof. Cast iron balustrade panels, brackets and friezes ornament the verandah structure. Timber-framed, double-hung windows are spaced at regular intervals across the elevations, while the main entrance is centrally located on the south-east elevation. The double door is framed by top and side lights and comprises two leaves, each with two panels.

A central timber staircase is located within the entrance foyer and provides access to a corridor, which extends along the north-western length of the building at ground and first floor level. The interiors have timber floors and square-set cornices.

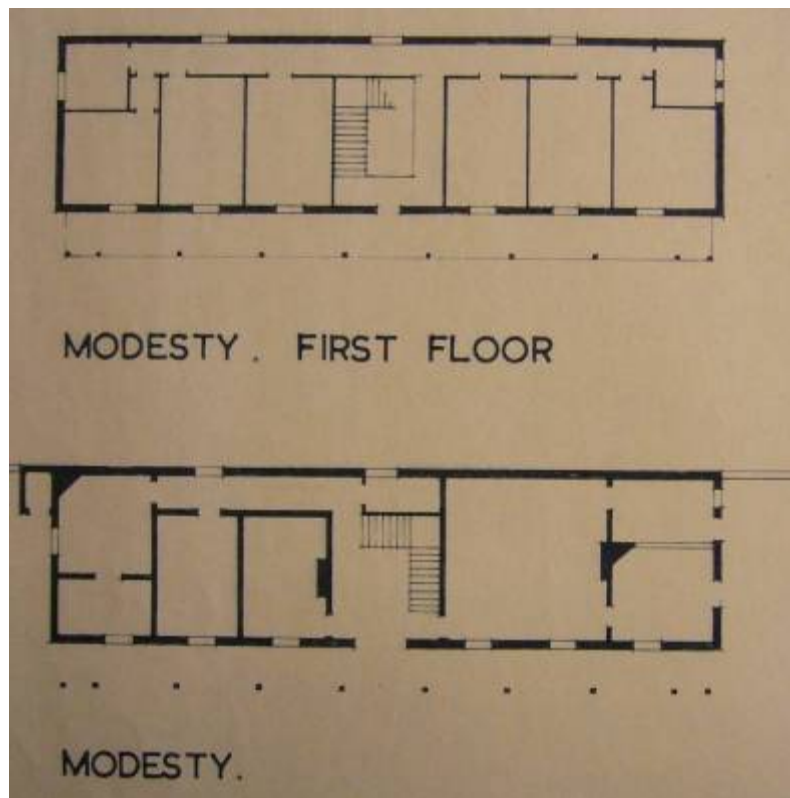
Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Primary significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



Male staff in front of Modesty House, 1900
Source: Bendigo Health Records



Plan of Modesty House, as existing in 1959.
Source: Archives of Department of Human Services, Drawing by Yuncken Freeman Brothers Griffiths & Simpson

B2 Archive Store

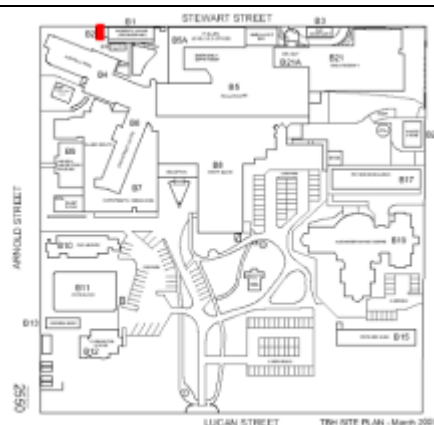


Location: Stewart Street

Built: c.1970s

Designer: Unknown

Builder: Unknown



History:

This building appears evident in a 1986 block plan and its construction indicates that it may have been built in the 1960s, 70s or 80s.

Description:

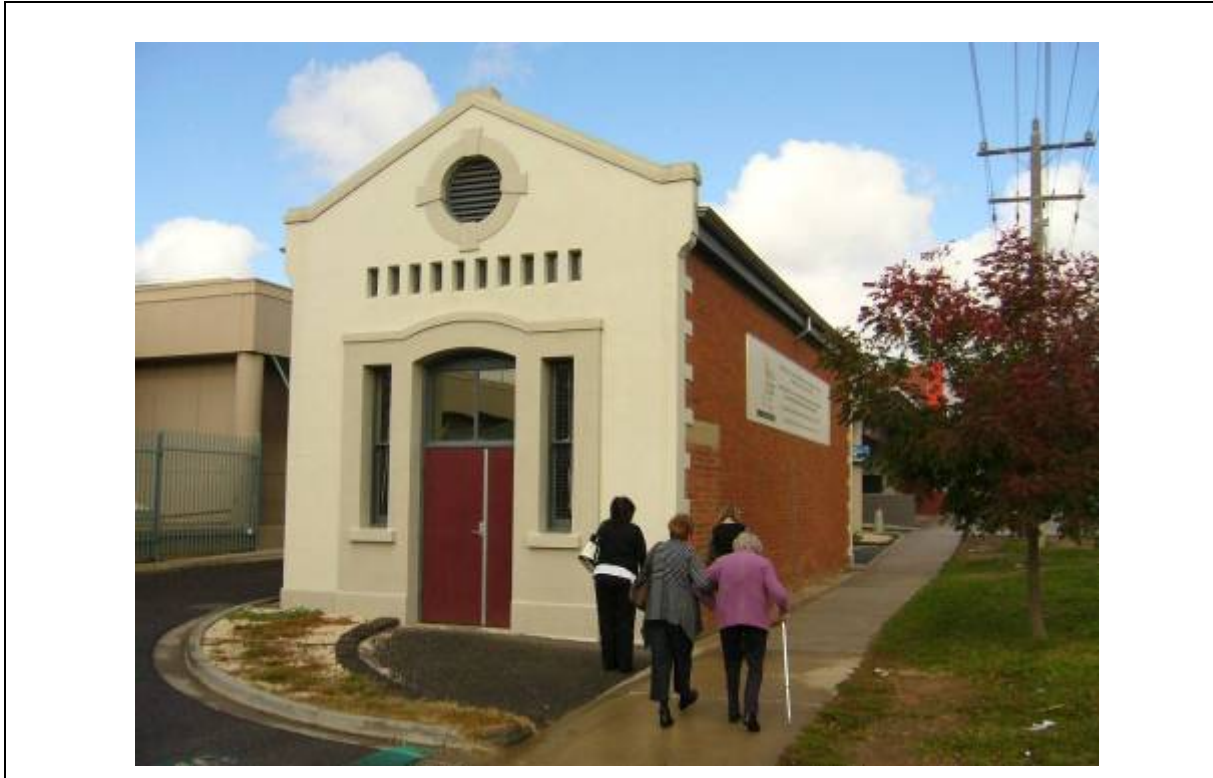
A single-storey painted brick building with a flat roof.

Cultural Heritage Significance

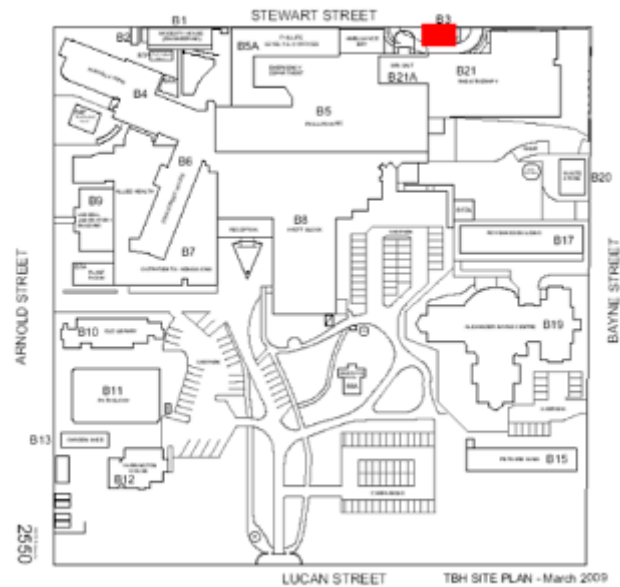
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B3 Mortuary



Location: Stewart Street
Built: 1887
Designer: W.C. Vahland
Builder: Unknown



History:

The Mortuary was built in 1887 and replaced an earlier morgue on the hospital site. It has not been used as a morgue for many years. A Stores and Refuse Disposal Building was shown as adjoining the southern side of the Mortuary in 1959 drawings and in the 1997 photograph below, this adjoining building has since been demolished. The Mortuary was used in recent years as a museum and archive for some of the hospital's records. A plaque on the building records that it was designed by WC Vahland and restored in 2003.

Description:

A single-storey red brick and rendered building with a gabled roof clad with corrugated iron. The rectangular building is built on the Stewart Street boundary. Sections of the high brick boundary wall around the hospital site have been removed from the Stewart Street boundary and this wall originally abutted both ends of the Mortuary building (as shown in the photograph below), accounting for its plain brick elevation to Stewart Street. Instead, the building was designed with entrances on the two gabled side elevations.

These elevations on the short ends of the building each feature a central door with top light, flanked by narrow timber-framed, double-hung windows. Rendered dressings surround these door and window openings, and also surround circular vents with timber louvres in the gables above. Other rendered details include the gable coping, plinth and quoins at the building corners. On both building ends, a row of ten small rectangular openings extends above the windows and door, but below the circular vent. These openings are now glazed, but were probably left open originally to increase the ventilation of the building.

There is evidence of a simple door opening on the Stewart Street elevation, which has since been bricked-up. Externally, the building is relatively intact; however, the original door on the north-east elevation has been replaced with a modern flush door.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Primary significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



The Mortuary prior to restoration works, 1997. Note that the boundary walls abutted the building.
Source: Bendigo Health Records

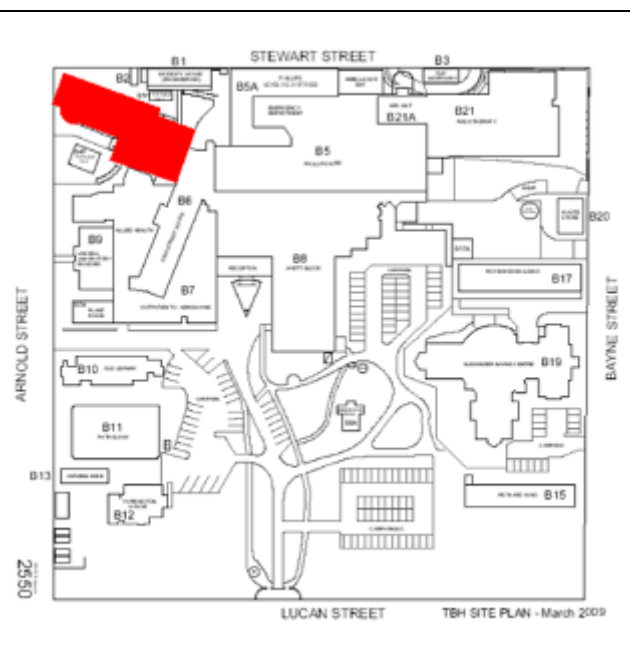


The Mortuary prior to restoration works, 1997. Note the abutting building, which has since been demolished.
Source: Bendigo Health Records

B4 Kurmala Wing



Location: Corner of Stewart and Arnold Streets
Built: 1934
Designer: GD Garvin & G. Eathorne, with Stephenson and Meldrum
Builder: Unknown



History:

The Kurmala Wing was built in 1934 and designed by the local Bendigo architects GD Garvin & G. Eathorne, with the Melbourne architects, Stephenson and Meldrum, who specialised in hospital design, acting as consultants. It was described at this time as the 'New Community Wing'.

The building has been substantially altered from the original design. In 1959, some of the balconies on the first floor were enclosed. In 1970, substantial alterations included the addition of the third storey and changes to the tower element, making it much less of a dominant feature. In 1981, the remainder of the balconies on the south elevation were enclosed.



Description:

A three storey concrete building with a central tower element and a flat roof with deep eaves. The building is of a linear design, which radiated at an angle from the original Central Block of the hospital (since demolished). The original windows are steel-framed, but a variety of later windows have also been installed. Internally, a stairwell with a Moderne-styled steel and timber balustrade, located within the central tower, is the most substantial remnant of the original design.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history. As it was originally designed, the building was of architectural interest, but substantial modifications have degraded its heritage values



Kurmala, 1937.
Source: Bendigo Hospital Annual Report 1936-37



Kurmala, 1938
Source: Bendigo Health Records



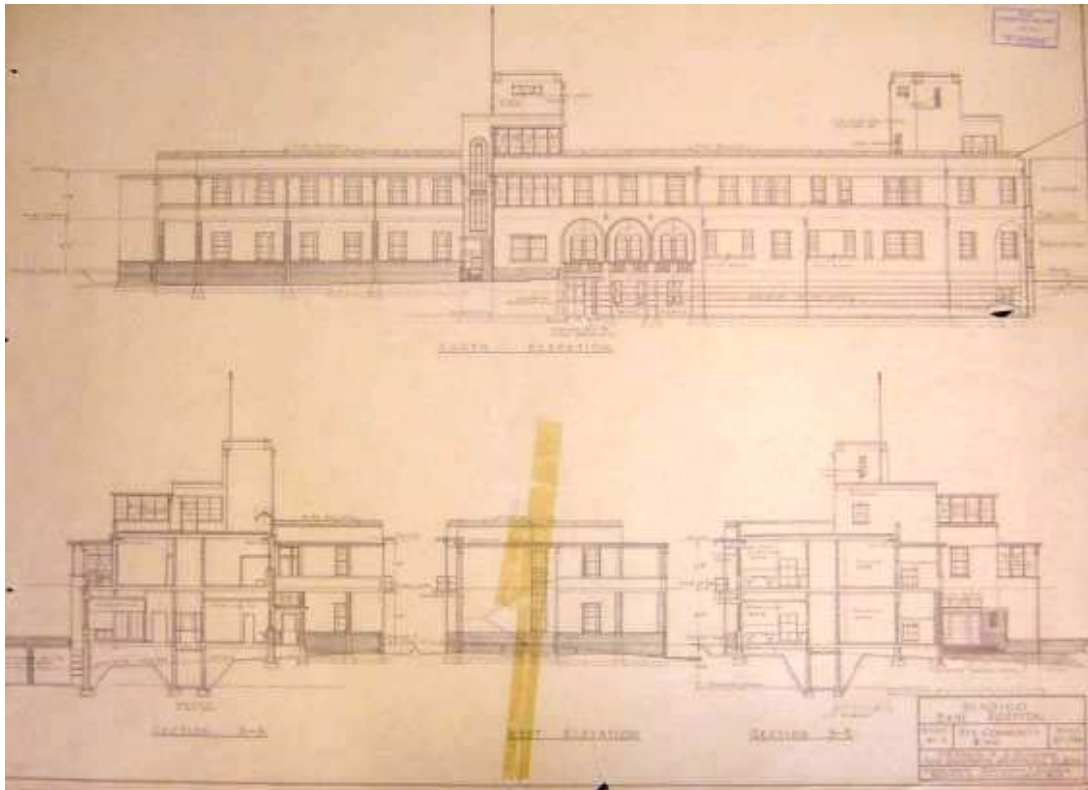
Kurmala, 1957
Source: Bendigo Health Records



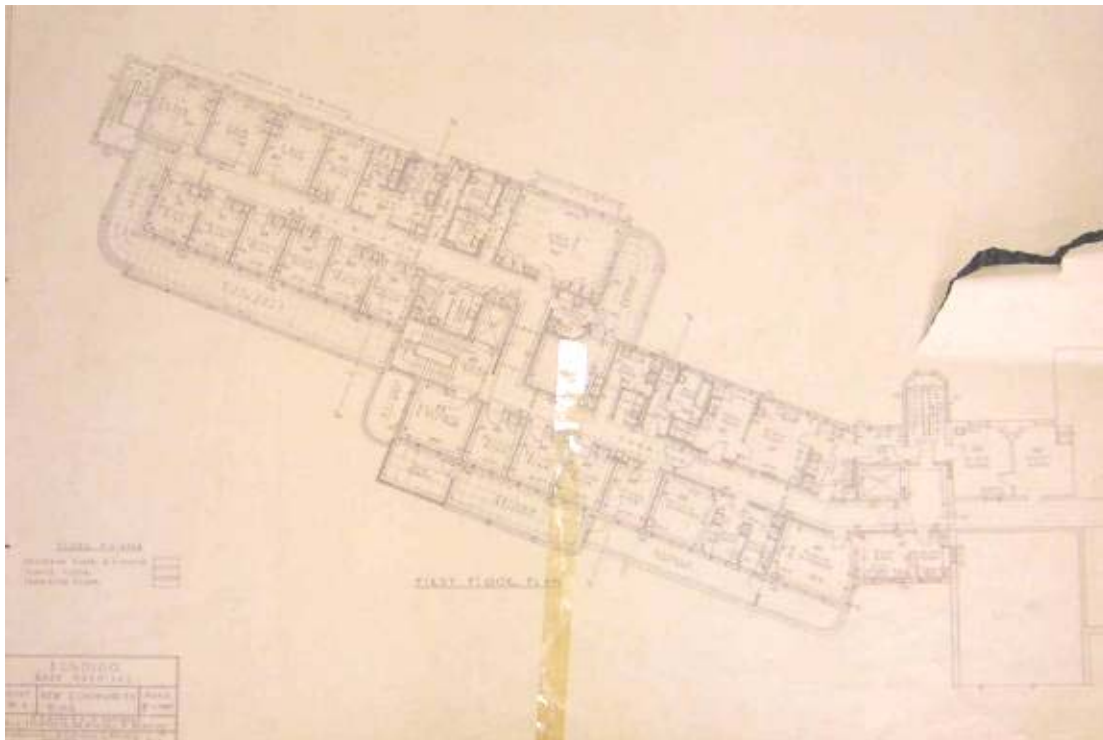
Kurmala, 1971
Source: Bendigo Health Records



Kurmala, 1971
Source: Bendigo Health Records



Original Elevation and Sections for Kurmala, by GD Garvin & G Eathorne with Stephenson & Meldrum, 1934.
 Source: Archives of Department of Human Services

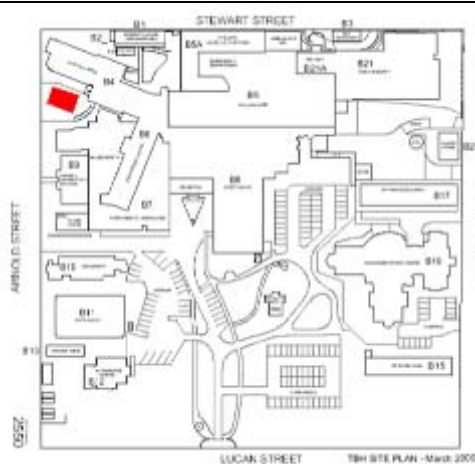


Original first Floor Plan for Kurmala, by GD Garvin & G Eathorne with Stephenson & Meldrum, 1934.
 Source: Archives of Department of Human Services

B4P Portable



Location: Arnold Street
Built: c.2005
Designer: Unknown
Builder: Unknown



History:

This portable structure has been introduced to the site with the past decade.

Description:

A small rectangular, steel-framed building with an almost flat roof.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B5 Philips Wing

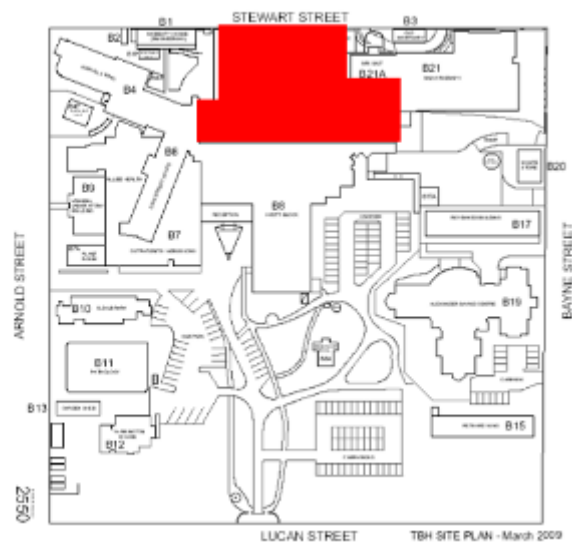


Location: Stewart Street

Built: c.1980s

Designer: Unknown

Builder: Unknown



History:

The Philips wing is a recent building and was extended in 1999 to house the hospital's new accident and emergency department. It was also designed to accommodate medical imaging, a pharmacy, mortuary, medical records department and a coffee shop.

A new ambulance bay is currently being constructed at the front of the building.

Description:

A recent building of two to four storeys with a flat roof, which has been added to on a number of occasions. The different phases of construction have utilised a variety of construction materials and techniques. The building abuts the rear of the Hyett Block.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

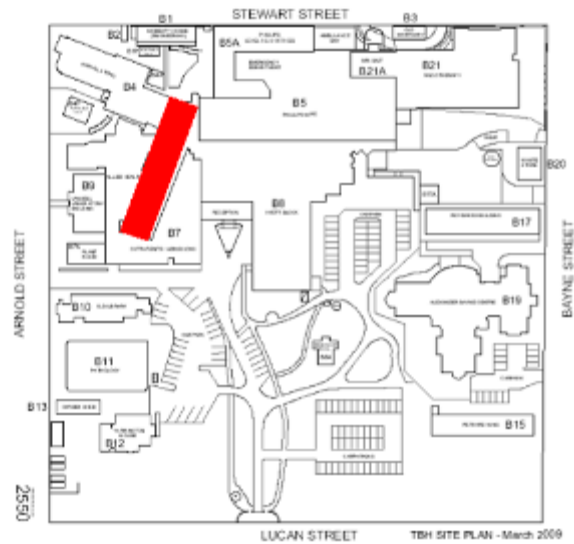


The Philips Wing in 1997, behind the single storey buildings, prior to more recent building extensions.
Source: Bendigo Health Records

B6 Stanistreet House



Location: Central
Built: 1952
Designer: Yuncken Freeman Brothers
 Griffiths and Simpson
Builder: Unknown



History:

The building was designed by Yuncken Freeman Brothers Griffiths and Simpson in 1947, but was not completed until 1952. It was designed as the new midwifery wing and initially abutted the hospital's original Central Block, before it was demolished.

In 1987, drawings by the Hospitals Board for extensions to the fourth floor were approved. The fourth floor originally only covered approximately half of the third floor plate, but these alterations, completed in 1988, extended the accommodation southwards. The extension housed new 'Home Birthing Units'.

Description:

A linear, cream brick building of five storeys with a flat roof and lift tower at the northern end. Fenestration is arranged in regular grids and visual interest is created by a recessed balcony area, extending across approximately one third of the length of the third floor on the east elevation. Further interest is created by a slight convex curve in the south elevation.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



Undated photo taken prior to the construction of the Outpatients/Admissions building around the base of Stanistreet House in c.1964.
Source: State Library Victoria

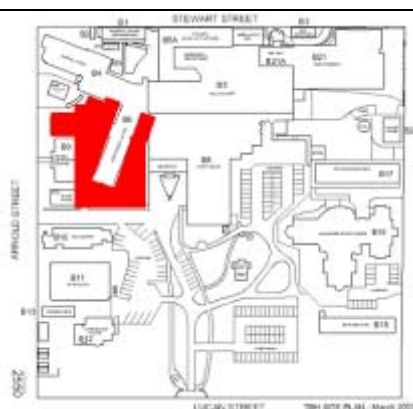


Stanistreet House in 1983, prior to the extensions on the fourth floor.
Source: Bendigo Health Records

B7 Outpatients / Admissions (including Plant Room)



Location: Central
Built: 1967
Designer: Yuncken Freeman Architects
Builder: Unknown



History:

This building was designed by Yuncken Freeman Architects in 1964. It was originally referred to as the Outpatients and Casualty Departments and was opened by the Minister of Health, Vance Dickie, in 1967.

Description:

A single-storey, building which wraps around the base of Stanistreet House and abuts the rear of the Lansell Laboratory Building. It is constructed of cream bricks, matching those used for Stanistreet House, and has a flat roof clad with metal decking. The building has deep eaves and high-set horizontal windows along its eastern elevations, which emphasize the podium-like presence of the building when viewed with the five-storey Stanistreet House extending above. Two ramps along the south-eastern elevation provide access to the main entrance into the building. A plant room occupies the southern corner.

Cultural Heritage Significance

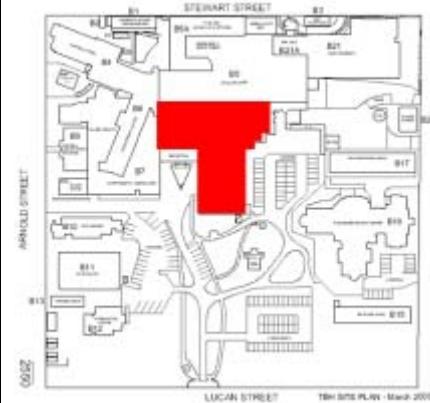
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B8 Hyett Block (including reception)



Location: Central
Built: 1977-1982
Designer: Yuncken Freeman Architects
Builder: Unknown



History:

Yuncken Freeman Architects prepared drawings for the Hyett Block between 1975 and 1981. The building was constructed in stages with the operating theatres opening in 1977 and the final stage completed in 1982.

Description:

The building mainly comprises a five-storey block, but also includes the two-storey reception area with a triangular-shaped modern interpretation of a porte-cochere. A tower element accommodating services, which is behind the reception, visually links it with the main block. The building is mainly constructed of reinforced concrete with a flat roof.

Cultural Heritage Significance

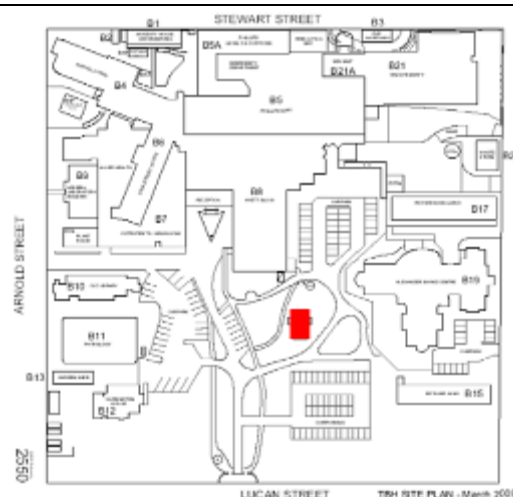
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B8A Generator Enclosure



Location: Central
Built: c.2008
Designer: Unknown
Builder: Unknown



History:

The structure is not evident in a 2004 aerial photograph, so is presumed to be of recent construction.

Description:

A simple structure to shelter a generator. It is clad with flat Colorbond metal cladding.

Cultural Heritage Significance:

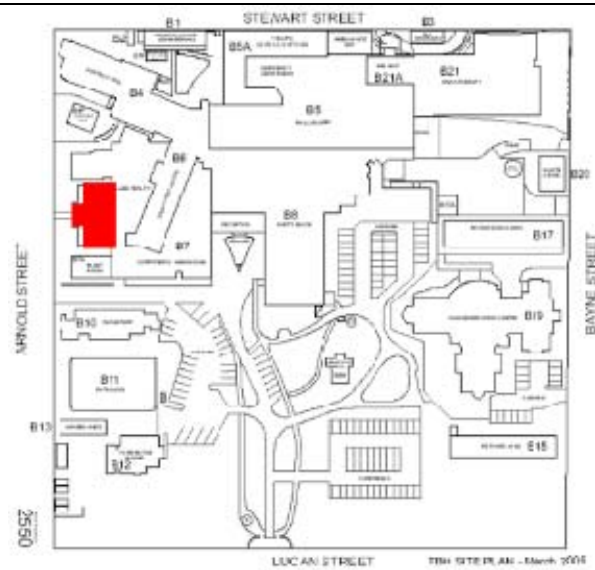
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B9 Lansell Laboratory Building



Location: Arnold Street
 Built: 1928
 Designer: Unknown
 Builder: Unknown



History:

Mrs George Lansell and her son, the Hon. GV Lansell, donated £3,000 towards the construction of a purpose-built Commonwealth clinic and laboratory in 1927. The establishment of the clinic and laboratory was prompted by a 1920 Commonwealth government investigation into the high prevalence of respiratory disease in the Bendigo area. A tuberculosis clinic and laboratory was subsequently opened within an existing building at the Bendigo Benevolent Asylum in 1922. These services were relocated to the larger and purpose-built Lansell Laboratory Building on the Bendigo Hospital site in 1928.

In 1959, an architectural drawing described the ground floor as the X-Ray Department and the first floor as a Pathology Lab. In c.1964, alterations to the building included the enclosure of the loggia and installation of toilet facilities. Drawings from this date indicate that the building was used for multiple uses at this time, including a chest clinic, speech therapy, ear nose and throat, dentist and eye clinic.

Description:

The Lansell Laboratory Building is constructed of red brick with a tiled, hipped roof. The double-storey building is essentially rectangular in plan and addresses Arnold Street. The focus of the symmetrical front elevation is a central rendered loggia. The loggia has a pedimented parapet and a cornice supported on simple corbels. Just below the corbels, the name 'EDITH & GV LANSELL LABORATORY & CLINIC' is applied to the wall in rendered letters. All but one of the three round-arched openings to the front of the loggia, and the two side arches, have been infilled. A later concrete ramp and steps lead up to the central arch of the loggia and from there to the main entrance into the building through a modern glazed door.

The building has multi-paned, steel-framed casement windows with painted concrete lintels and sills. Further decorative details include bands of brickwork, wrapping around all the buildings elevations, with patterns formed by alternating manganese and red bricks.

A barrel-vaulted ventilating dormer projects from the roof, above the loggia. It has horizontal louvres and is clad with metal sheet. It presumably assisted with the ventilation of the laboratories. Multiple ventilating tubes projecting from the roof also contributed to the ventilation system. Deep eaves, lined and bracketed with timber, are another feature of the building's design.

Internally, the building has been modified but contains some original elements, such as the timber stair, some battened fibrous plaster ceilings and single panel doors with simple mouldings and Inter-War door hardware. At first floor level, large circular openings in the ceilings connected to the ventilation system.

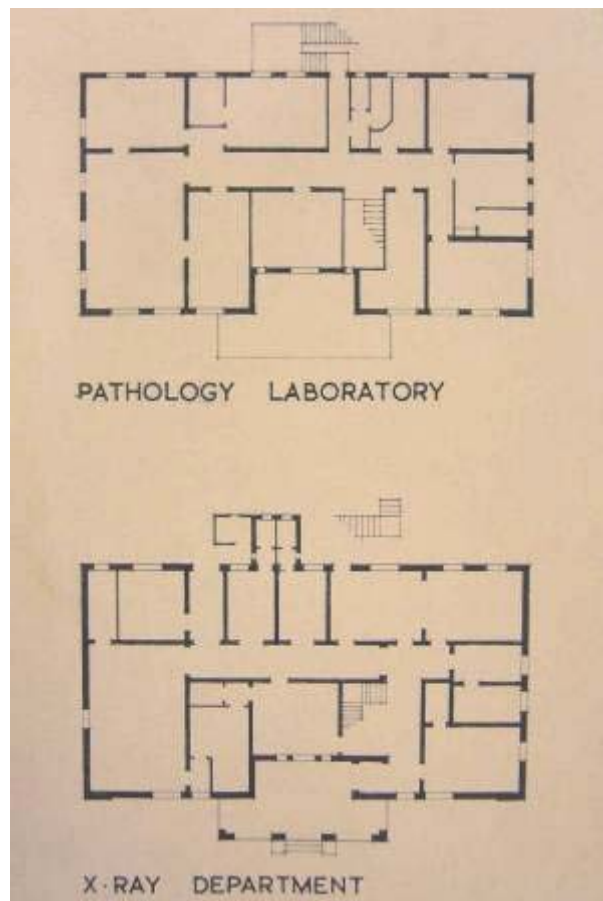
Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Primary significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



Lansell Laboratory Building, 1931
Source: Bendigo Hospital Annual Report 1931

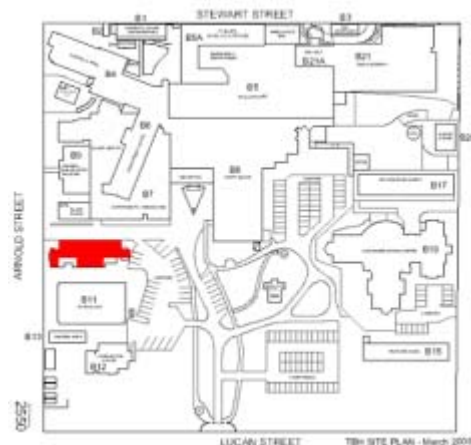


Plan of the Lansell Laboratory Buildings, as existing in 1959.
Source: Archives of Department of Human Services, Drawing by Yuncken Freeman Brothers Griffiths & Simpson

B10 Old Library



Location: Arnold Street
Built: 1908
Designer: Unknown
Builder: Unknown



History:

This building was constructed in 1908 as a Lunacy Ward. The architect is unknown, but it was noted that it was 'laid out on modern lines under the supervision of Dr Jones – Inspector General for the Insane'. By 1935 the building was being used to accommodate nurses. The rear wing of the building was demolished in c.1964 to allow for the construction of the Outpatients / Admissions Department. The building was converted into a Medical Library in 1977.

Description:

This single-storey, red brick building originally had a T-shaped plan, but the demolition of the rear wing has left it as essentially a rectangular building. Symmetrical bays projecting from the two short ends of the building accommodated toilets and were most probably the male and female ablution blocks for the Lunacy Ward.

The building appears as though the north-east elevation was originally the front elevation. Before the nearby Pathology building was constructed, this elevation would have been directly visible from the main entrance on Lucan Street. This front elevation is distinguished by the jerkin head roofs over the two most prominent bays. A

verandah originally extended between these bays, but has been enclosed at a later date. The remainder of the building has a hipped roof clad with corrugated iron.

The current entrance into the building is through a modern glazed porch built between the ablution block and main building at the northern corner of the building. A further addition has been added to the southern corner of the building. The building features four brick chimneys with rendered tops, projecting from the main ridge. The multi-paned windows are timber-framed and double-hung. Internally, the building has retained some original plaster ceilings with ribbed mouldings, and early tiled floors and ripple iron ceilings to the ablution block at the southern end.

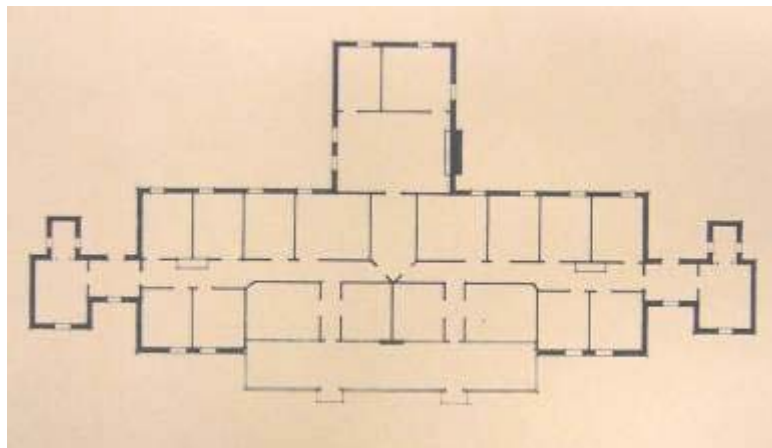
Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Contributory significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



The Old Library in the 1960s
Source: Bendigo Health Records

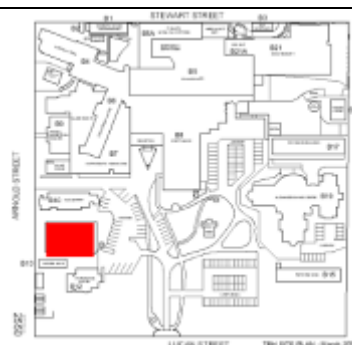


Plan of the Old Library, as existing in 1959.
Source: Archives of Department of Human Services, Drawing by Yuncken Freeman Brothers Griffiths & Simpson

B11 Pathology



Location: Arnold Street
Built: c.1975
Designer: Yuncken Freeman
Builder: Unknown



History:

The building was built as an Australian Government Health Laboratory in c.1975. A services drawing, covering the whole hospital site in 1975, states that the building was not considered part of the hospital complex in the provision of fire services.

Description:

A double-storey building addressing Arnold Street with a flat roof and featuring a rectangular plan. While the building appears as a Brutalism-styled concrete building, its construction actually features a combination of a thin layer of textured concrete spayed onto the exterior and red brick panels. The powder-coated windows are fixed, while doors are variously glazed or flush core. Internally, the rooms have stud walls and acoustic tiled ceilings.

Cultural Heritage Significance

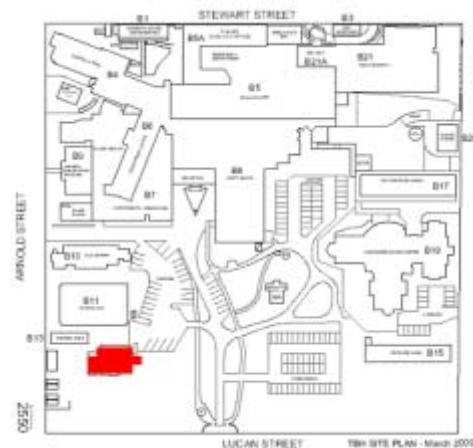
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B12 Yarrington House



Location: Corner of Lucan and Arnold Streets
Built: c.1920.
Designer: Unknown
Builder: Unknown



History:

Little is recorded about this building, but stylistically it appears to have been built in the 1920s and was described in the Hospital's 1935/36 Annual Report as the Superintendent's Residence.

Description:

This single-storey residence faces the main driveway of the hospital. It has a red brick plinth, with rendered walls above and a predominantly hipped roof covered with concrete tiles. The focus of the design is a central gabled porch on the north-east elevation. It has a large round-arched opening, emphasised by an elongated keystone and hood moulding. It appears as though the arch was originally face brick, but has been painted. Triangular buttresses to the front and sides of the porch provide further visual interest.

Either side of the porch are double-hung, timber-framed windows in a set of three. The windows feature decorative leadlight in an Art Deco style, and rendered flower boxes permanently mounted below. A convex

bay window, also comprising a set of three double-hung windows with Art Deco leadlight, projects from the south-east elevation. Elsewhere, the windows are similarly timber-framed, but not elaborated with leadlight.

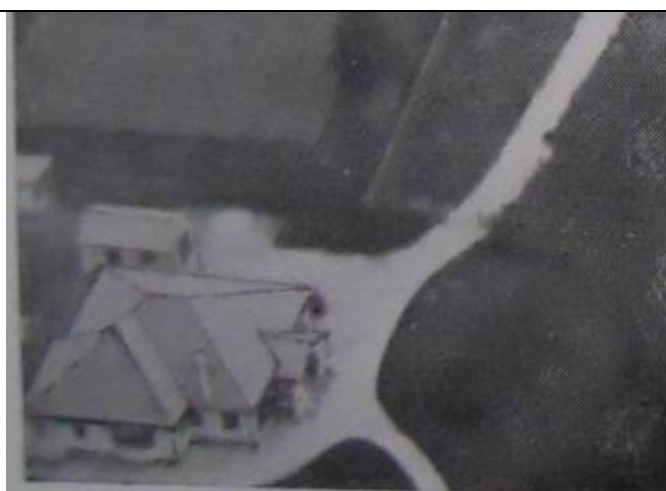
Two tall and slightly tapered rendered chimneys extend from the south-eastern side of the building.

Later modifications include a concrete ramp and handrails up to the front porch. The porch floor has been concreted and the front door modified. A rendered addition with a gabled tiled roof has been added to the rear of the building.

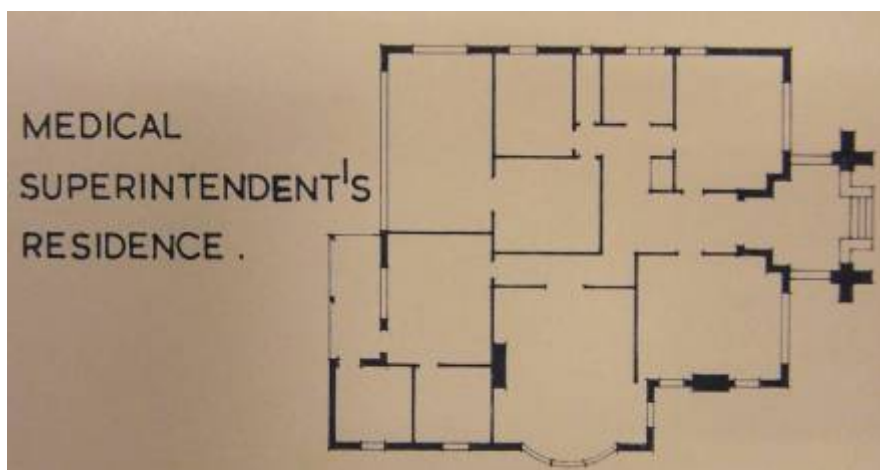
Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Contributory significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.



Aerial photograph, 1935.
Source: Bendigo Health Records

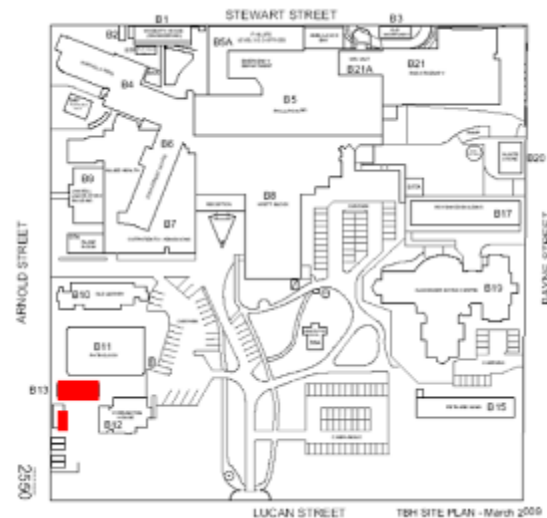


Plan of Yarrington House, as existing in 1959.
Source: Archives of Department of Human Services, Drawing by Yuncken Freeman Brothers Griffiths & Simpson

B13 Garden Shed (including Glasshouse)



Location: Arnold Street
Built: After 1975
Designer: Unknown
Builder: Unknown



History:

An aerial photograph from 1935 shows a garage (no longer extant) on the north-west side of Yarrington House, but the Garden Shed and Glasshouse did not appear until after 1975.

Description:

Rectangular brick structures of recent construction.

Cultural Heritage Significance

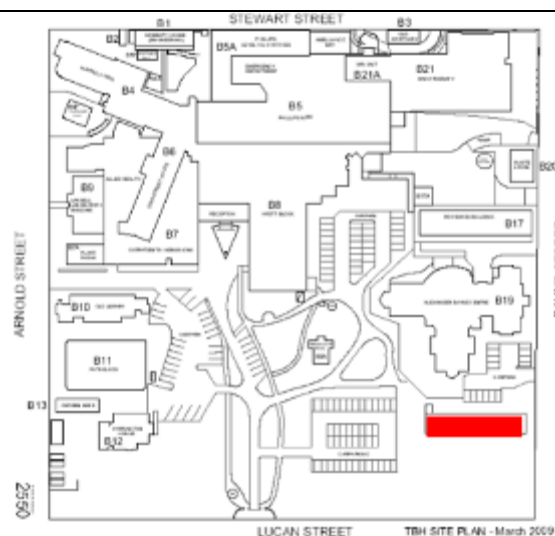
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B15 Pethard Wing



Location: Lucan Street
Built: 1964
Designer: Yuncken Freeman
Builder: Unknown



History:

The Pethard Wing was designed by Yuncken Freeman Architects as staff quarters and opened by Victoria's Governor, Sir Rohan Delacombe, in 1964. The building was named in honour of George Pethard, who had donated £5,200 towards a new nurses' home and served on the Hospital Board. It was intended that three further near-identical blocks for nursing staff would be built in a grid pattern in this corner of the hospital site, but construction on the remainder of the scheme did not proceed.



Description:

A three storey brick building with a flat roof. A plant room is located on the roof of the building, at the south-eastern end. Fenestration is arranged in vertical grids, with panels of textured cladding fixed below each of the aluminium-framed, double-hung windows. Some visual interest is created by a vertical band of brickwork, in the middle of the north-west elevation, which has been laid in a lattice pattern.

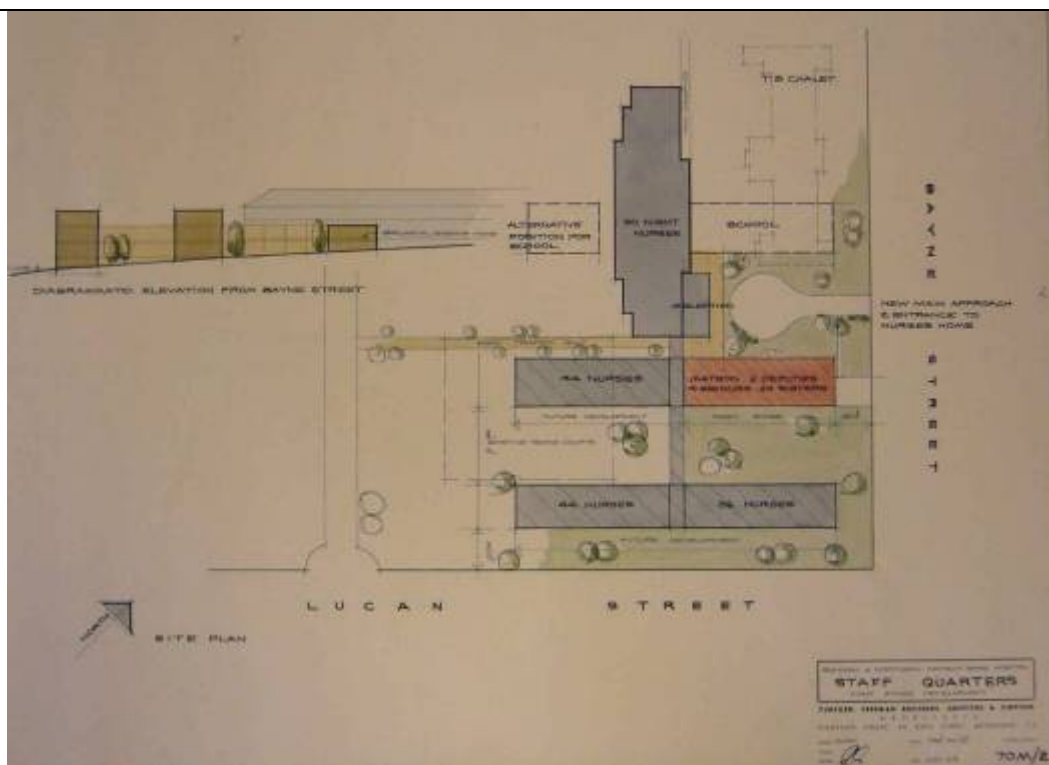
The building features a simple rectangular plan, with rooms radiating off one long central corridor, and vertical circulation addressed by a stairwell at the south-western end of the building. The non-descript entrance into the building is also located at this end.

The building is largely intact and has only undergone very minor modifications to the interiors since the 1960s.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

Lesser / No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history. This was approximately one fifth of a scheme for staff quarters, the remainder of which was never built.



The Pethard Wing was initially proposed as the first of four similar accommodation blocks for nurses.

Source: Archives of Department of Human Services,
Drawing by Yuncken Freeman Brothers Griffiths and Simpson, 1960



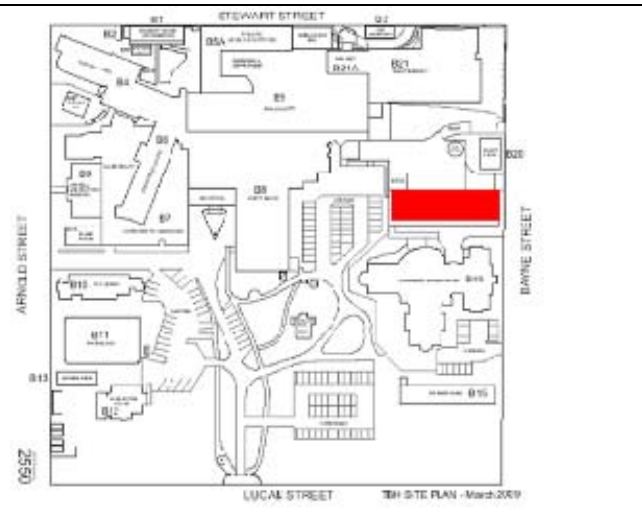
Perspective sketch showing two further blocks, like the Pethard Wing, which were never built.

Source: Archives of Department of Human Services,
Drawing by Yuncken Freeman Brothers Griffiths and Simpson, 1960

B17 Roy Blakes Building



Location: Bayne Street
Built: c.1980
Designer: Unknown
Builder: Unknown



History:

This building is not evident in a 1975 aerial photograph, so is assumed to have been built in c.1980. In 2003, the building was referred to as the Main Engineering Workshops.

Description:

A single-storey red brick building with a hipped roof clad with corrugated sheeting.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B19 Alexander Bayne Centre

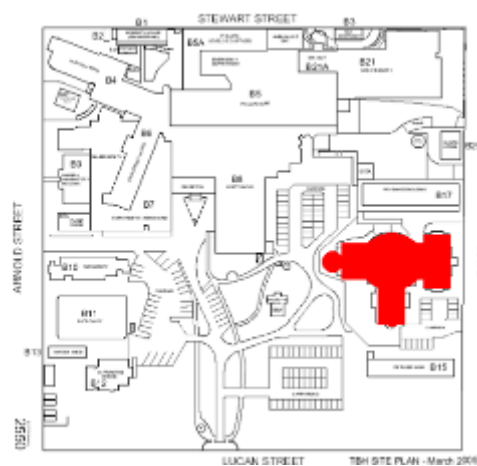


Location: Bayne Street

Built: 1998

Designer: Unknown

Builder: Unknown



History:

The building was designed to accommodate psychiatric treatment and was named after a long-standing member of the Hospital Board.

Description:

A single-storey concrete block (tinted yellow) building with a dominant corrugated steel roof.

Cultural Heritage Significance

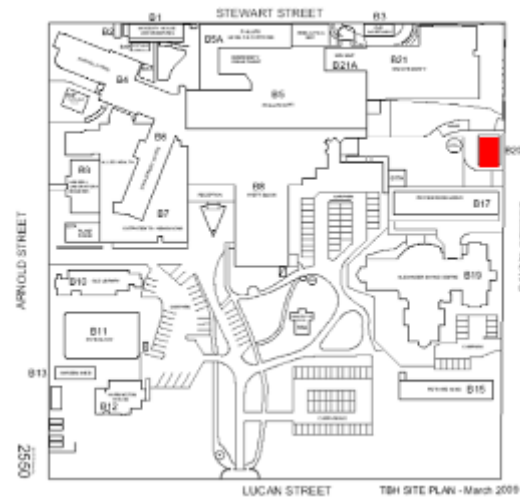
Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B20 Waste Store



Location: Bayne Street
Built: Unknown
Designer: Unknown
Builder: Unknown



History:

Unknown

Description:

A simple building with a flat roof and clad with corrugated iron.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.

B21 Radiotherapy

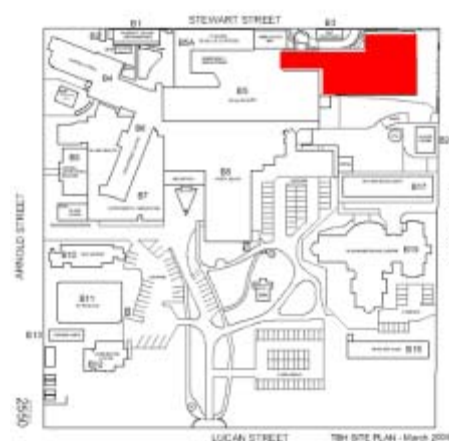


Location: Stewart Street

Built: 2002

Designer: Unknown

Builder: Unknown



History:

The Bendigo Radiotherapy Centre was built and opened in 2002.

Description:

A double storey building with a flat roof and reinforced concrete frame.

Cultural Heritage Significance

Historic Theme: Development of the Bendigo Hospital

No significance to the major historic theme and to the site as part of the group of the structures which define the site's earliest history.