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Bathurst Health Service Redevelopment

Historical Archaeological and Heritage Assessment

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LGA:	Bathurst Regional Council
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Executive Summary

The NSW Government and Health Infrastructure NSW are proposing the redevelopment of the Bathurst Health Service (BHS), which includes Bathurst Hospital, Daffodil Cottage and community health services.

As such, Unearthed Archaeology & Heritage have been engaged by Health Infrastructure NSW to undertake this historical archaeological and heritage assessment. This historical archaeological and heritage assessment is undertaken in accordance with the *NSW Heritage Manual* (NSW Heritage Office and Department of Urban Affairs & Planning 1996), *Assessing Significance for Historical Archaeological Sites and Relics* (Heritage Branch, Department of Planning 2009) and the Heritage Manual.

It is anticipated that the proposed works for the construction of the extension to the south east of the main hospital building will include ground disturbance in the form of piling, excavation for footings, excavation for the installation of services, cutting and filling, etc. These works have the potential to impact on the two drainage pits shown on the 1911 plan in this location. The form and function of other examples of these pits has been determined during the 2006 archaeological testing and they were assessed as being of limited heritage significance and not warranting *in situ* conservation. Therefore, a program of archaeological monitoring should be undertaken in this area to confirm that these pits are of the same form and function as the previously excavated and recorded pits and to record the pits and assess if their significance differs from the other pits. It is not anticipated that these pits will need to be retained *in situ* but rather be recorded prior to their removal.

The location of the proposed carpark between the heritage building, main hospital building and Poole House is in the vicinity of two cisterns/wells indicated on the 1911 plan and the location of the Isolation Block and Straw House. No archaeological investigation has been undertaken to date of the Isolation Block, Straw House or these two cisterns. It is not anticipated that the proposed excavation in this area will be deep enough to impact on these archaeological deposits, however a program of archaeological monitoring should be undertaken during any ground disturbance works in the vicinity of these potential archaeological deposits.

The proposed works are in the vicinity of the heritage building of Bathurst Health Service, formerly known as Bathurst Hospital. None of the proposed works will directly impact on the heritage building. It is considered that the construction of the proposed additions will not have a significant visual impact on the heritage building as these additions will be located behind structures that have already had an impact on the visual amenity of the heritage building. However, the removal of the cedar trees along Howick Street, which are assessed as of high significance and the removal of part of the grassed area between the heritage hospital building and Howick Street, which is assessed as being of exceptional significance, will impact on the heritage significance of the Bathurst Health Service site.

Therefore, it is recommended that:

1. The works proposed to remove the grassed area to the north of the semi circular drive and the cedars along Howick Street should be redesigned to avoid the removal of these significant items.

2. The proposed works are in the vicinity of the location of the isolation block, straw house and several cisterns and drainage pits marked on the 1911 plan. It is not anticipated that the proposed works will involve excavation to a sufficient depth to expose these archaeological deposits, however a program of archaeological monitoring must be undertaken during any ground works in these areas in accordance with an archaeological research design.

3. The program of archaeological monitoring must be undertaken by a suitably qualified and experienced archaeologist and in accordance with an approved Archaeological Monitoring Methodology and Research Design.

4. It is not anticipated that the proposed works will have an impact on the heritage significance of the original hospital building.

5. It will be necessary to apply for and be issued a Section 60 permit to undertake the proposed works.

6. A heritage induction must be provided to all workers engaged on the project.

7. If, during the works, any unexpected archaeological deposits are uncovered, all work in the vicinity of that deposit must cease and advice be sought from a suitably qualified and experienced archaeologist.

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1.0 Background Information

1.1 Introduction

This Historical Archaeological and Heritage Assessment has been prepared by Unearthed Archaeology & Heritage on behalf of Health Infrastructure for the redevelopment of the Bathurst Hospital at 361 – 365 Howick Street, Bathurst.

The site is located at 361 – 365 Howick Street, Bathurst, in the Bathurst Local Government Area. It is occupied by Bathurst Health Service, a Level C referral facility in the Western NSW Local Health District.

The project was previously being undertaken as a State Significant Development (SSD) for the construction and operation of a new build expansion, refurbishment and repurposing works to the existing Bathurst Health Service main hospital building. Proposed works will include:

- A new build, multistorey health services building expansion toward Mitre Street (including one plant level) to include overnight, inpatient accommodation and non-admitted care services and a new hospital front of house and entrance.
- A new build, two storey expansion to the Emergency department and Operating Theatres (plus one plant level).
- A new build, single storey expansion to the existing Cancer Service building – Daffodil Cottage.
- Refurbishment and repurposing to areas of the existing hospital.
- Site establishment, demolition of some existing structure, cut and fill and remediation works.
- Vehicular circulation and car parking improvements.
- Tree removal.
- Landscape works.
- Alteration and amplification of existing hospital plant and services infrastructure.
- For a detailed project description, refer to the Environmental Impact Statement prepared by Ethos Urban.

The Planning Secretary's Environmental Assessment Requirements (SEARs) were issued on 21st November 2023. However, since then it has been determined that the project will be assessed as a Development Application under a Review of Environmental Factors (REF).

As such, Unearthed Archaeology & Heritage have been engaged by Health Infrastructure NSW to undertake this historical archaeological and heritage assessment. This historical archaeological and heritage assessment is undertaken in accordance with the *NSW Heritage Manual* (NSW Heritage Office and Department of Urban Affairs & Planning 1996)*, Assessing Significance for Historical Archaeological Sites and Relics* (Heritage Branch, Department of Planning 2009), *the Guidelines for preparing a statement of heritage impact* (Department of Planning and Environment 2023) and the Heritage Manual.

1.2 Study Area Location

Bathurst Health Service is located at 361 Howick Street, West Bathurst. It comprises the entire city block bound by Commonwealth Street to the north west, Durham Street to the north east, Mitre Street to the south east and Howick Street to the south west. It has been/is also known as Bathurst Hospital, Bathurst Base Hospital and Old Bathurst Hospital. It comprises 100//1126063 and is situated within the Bathurst Regional Council Local Government Area (LGA).

Figure 1 below shows the location of Bathurst. Figure 2 shows the location of Bathurst Health Service on the street map. Figure 3 shows Bathurst Health Service on the aerial photograph.

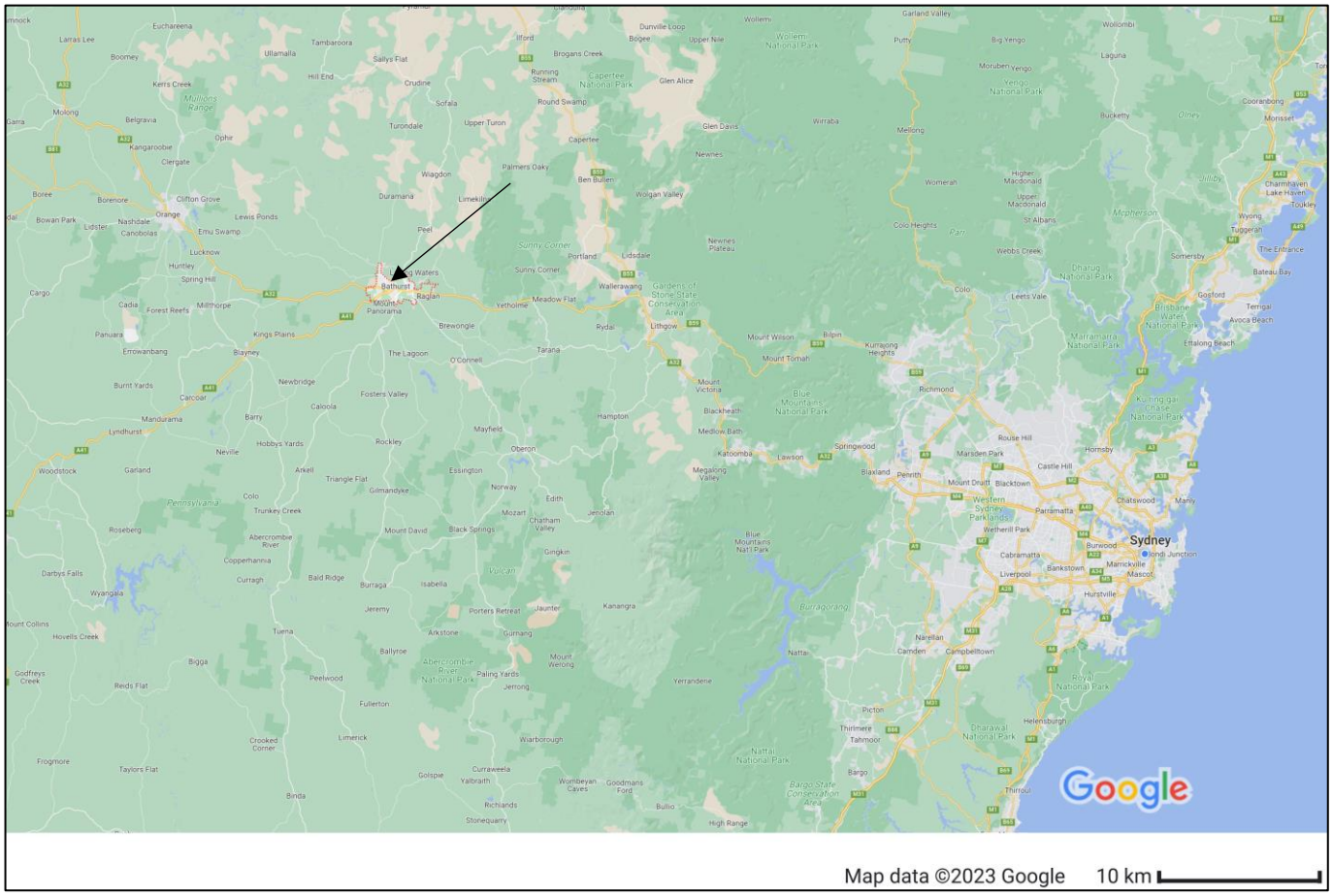

Figure 1: Showing the location of Bathurst outlined in red and indicated by the arrow (map courtesy of Google Maps).

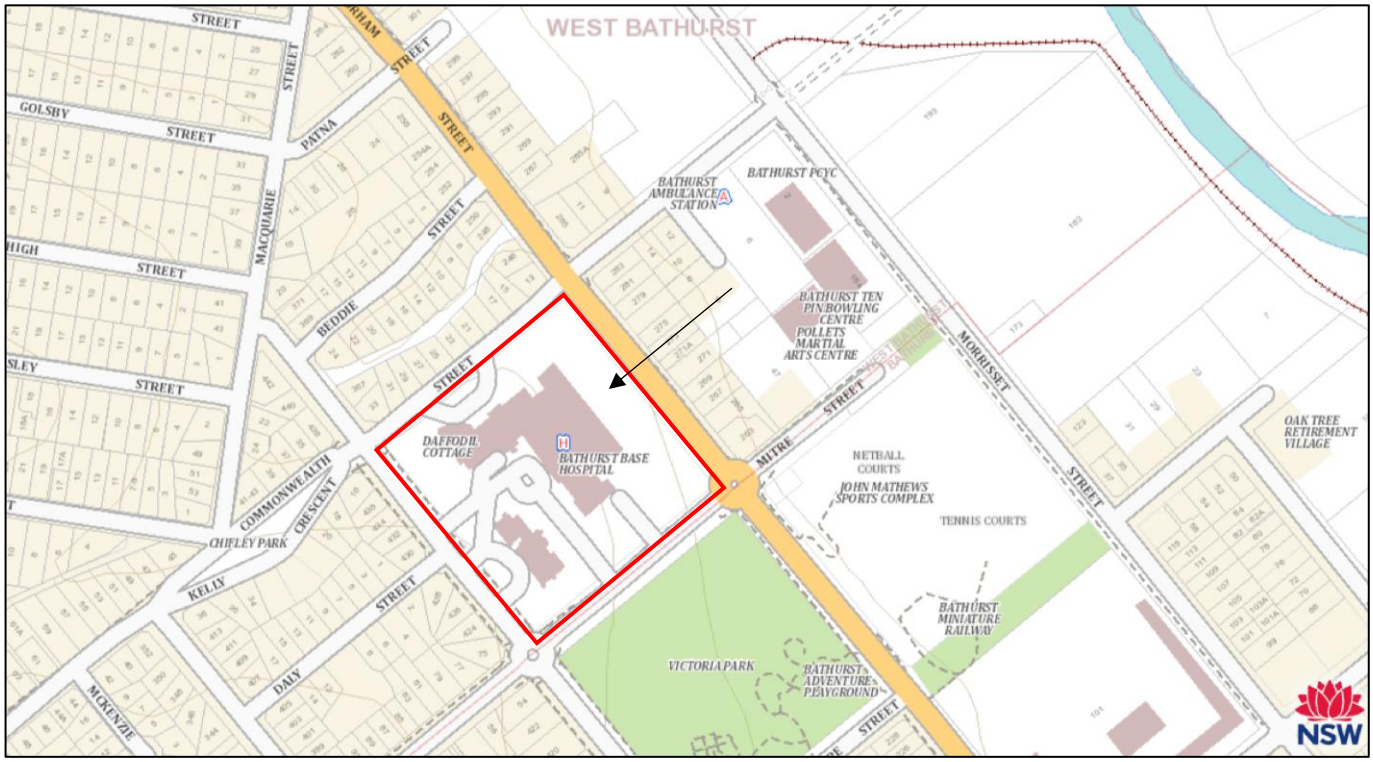

Figure 2: Showing the location of Bathurst Health Service outlined in red and indicated by the arrow (map courtesy of www.maps.six.nsw.gov.au).

Figure 3: Showing Bathurst Health Service on the aerial photograph (aerial courtesy of www.maps.six.nsw.gov.au).

1.3 Proposed Works

A preferred master planning option has been approved by the Ministry of Health. Figure 4 below shows the proposed expansion zones on the preferred master planning option.

The proposal includes the following:

- A new-build, three-storey health services building expansion (including 1 plant level) to include overnight inpatient accommodation and non-admitted care services and a new hospital front-of house and entrance
- A new-build, two-storey expansion to the Emergency department and Operating Theatres (plus 1 plant level)
- A new-build, single-storey expansion to the existing Cancer Service building – Daffodil Cottage
- Refurbishment and repurposing to areas of the existing hospital
- Site establishment, demolition of some existing structure, cut and fill and remediation works
- Vehicular circulation and car parking improvements
- Tree removal
- Landscape works
- Alteration and amplification of existing hospital plant and services infrastructure.

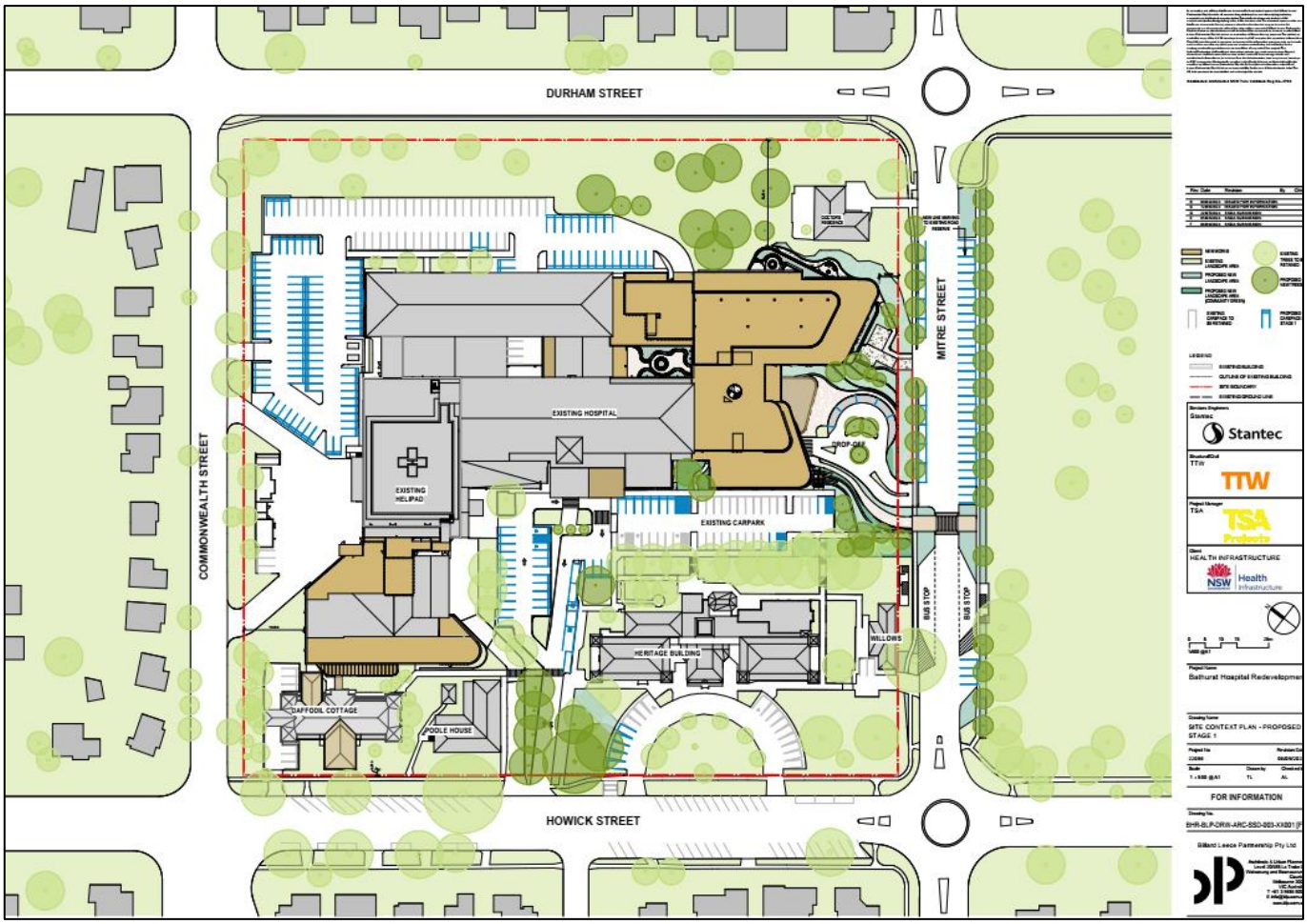

Figure 4: The preferred master planning option approved by the Ministry of Health. The plan shows proposed expansion zones (plan courtesy of Billiard Leece Partnership.

1.4 Heritage Listings

The following heritage listings are located within or in the vicinity of the study area:

NSW State Heritage Register (SHR)

- Bathurst District Hospital (SHR Listing No. 00815).
- Miss Traill's House (SHR Listing No. 001501).

Bathurst Regional Local Environmental Plan 2014 (BLEP)

- Bathurst District Hospital (including Victorian building, excluding later additions and new buildings) (LEP Listing No. I285).
- Victoria Park (LEP Listing No. I333).
- Yarras (LEP Listing No. I33).

1.5 Legislation and Statutory Controls

1.5.1 The Heritage Act 1977 (as amended)

Under s57 of the Heritage Act a person must not "demolish, despoil, excavate, alter, move, damage or destroy" an item listed on the State Heritage Register without a permit under s60 of the Act.

Bathurst Hospital is listed on the State Heritage Register so there may be a need to apply for a s60 permit from the NSW Heritage Council prior to undertaking any works.

1.5.2 Environmental Planning and Assessment Act 1979 (EP&A Act)

This project is being undertaken as a State Significant Development under Part 4, Division 4.1 of the Environmental Planning and Assessment Act 1979.

Section 4.41 of the EP&A Act states the following:

4.41 Approvals etc. legislation that does not apply (cf previous s 89J)
(1) The following authorisations are not required for State significant development that is authorised by a development consent granted after the commencement of this Division (and accordingly the provisions of any Act that prohibit an activity without such as authority do not apply) –

(a) Repealed
(b) A permit under section 201, 205 or 219 of the Fisheries Management Act 1994,
(c) An approval under Part 4, or an excavation permit under section 139, of the Heritage Act 1977,
(d) An Aboriginal heritage impact permit under section 90 of the National Parks and Wildlife Act 1974,
(e) (Repealed)
(f) A bush fire safety authority under section 100B of the Rural Fires Act 1997.
(g) A water use approval under section 89, a water management work approval under section 90 or an activity approval (other than an aquifer interference approval) under section 91 of the Water Management Act 2000.

(2) division 8 of Part 6 of the Heritage Act 1977 does not apply to prevent or interfere with the carrying out of State significant development that is authorised by a development consent grated after the commencement of this Division.

(3) A reference in this section to State significant development that is authorised by a development consent granted after commencement of this Division includes a reference to any investigative or other activities that are required under this Part in connection with a development application for any such development.

The EP&A Act is administered by the Department of Planning, Infrastructure and Development who will provide any necessary consent for this project and for any impacts on any items of heritage significance or historical archaeological deposits. Section 4.41 does not require the consent of the Heritage NSW.

1.5.3 Bathurst Regional Local Environmental Plan 2014 (BLEP)

Section 5.10 of the Bathurst Regional Local Environmental Plan 2014 pertains to heritage conservation. That Section includes the following:

(1) states that the objectives of this clause are as follows:
- (a) to conserve the environmental heritage of Bathurst,
- (b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,
- (c) to conserve archaeological sites,

(d) to conserve Aboriginal objects and Aboriginal places of heritage significance.

(2) Requirement for consent Development consent is required for any of the following:

(a) demolishing or moving any of the following or altering the exterior of any of the following (including, in the case of a building, making changes to its detail, fabric, finish or appearance):

(i) a heritage item,

(ii) an Aboriginal object,

(iii) a building, work, relic or tree within a heritage conservation area,

(b) altering a heritage item that is a building by making structural changes to its interior or by making changes to anything inside the item that is specified in Schedule 5 in relation to the item,

(c) disturbing or excavating an archaeological site while knowing, or having reasonable cause to suspect, that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, moved, damaged or destroyed,

(d) disturbing or excavating an Aboriginal place of heritage significance,

(e) erecting a building on land:

(i) on which a heritage item is located or that is within a heritage conservation area, or

(ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance,

(f) subdividing land:

(i) on which a heritage item is located or that is within a heritage conservation area, or

(ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance.

…

(7) Archaeological sites The consent authority must, before granting consent under this clause to the carrying out of development on an archaeological site (other than land listed on the State Heritage Register or to which an interim heritage order under the *Heritage Act 1977* applies):

(a) notify the Heritage Council of its intention to grant consent, and

(b) take into consideration any response received from the Heritage Council within 28 days after the notice is sent.

If this archaeological assessment determines that any archaeological potential or the works have the potential to impact on any relics or heritage items, it may be necessary to apply for and be granted approval from Bathurst Regional Council prior to any works which may impact on these items.

1.5.4 Statutory and Non-Statutory Guidelines

The management of archaeological and heritage sites in NSW should be undertaken in accordance with the following statutory and non-statutory guidelines:

- *The Burra Charter* (Australia ICOMOS and International Council on Monuments and Sites 2013).
- *Archaeological Assessment Guidelines* (Heritage Office 1996).
- Guidelines for preparing a statement of heritage impact (Department of Planning and Environment 2023).
- *The Conservation Plan* (Kerr 2013).

- *Assessing Significance for Archaeological Sites and 'Relics'* (Heritage Branch, Department of Planning 2009).
- *NSW Heritage Manual* (NSW Heritage Office and Department of Urban Affairs & Planning 1996).
- *Historical Archaeological Investigations: A Code of Practice* (Heritage Office 2006).
- *Historical Archaeological Sites, Investigation and Conservation Guidelines* (NSW Department of Planning and Heritage Council of NSW 1993).
- *Criteria for assessing Excavation Directors* (Heritage Council of NSW 2019).
- *ICOMOS Charter for the Protection and Management of Archaeological Heritage* (International Committee for the Management of Archaeological Heritage 1990).
- *Recommendation on International Principles Applicable to Archaeological Excavations* (UNESCO 1956).
- *Heritage Interpretation Policy and Guidelines*, Heritage Information Series (Heritage Office 2005).
- *Photographic Recording of Heritage Items* (NSW Heritage Office 2006).
- *Relics of local heritage significance: a guide for archaeological monitoring, Heritage NSW 2022.3 Information Sheet* (Heritage NSW 2022a).
- *Relics of local heritage significance: a guide for minor works with limited impact. Heritage NSW 2022.1 Information Sheet* (Heritage NSW 2022c).
- *Relics of local heritage significance: a guide for archaeological test excavation. Heritage NSW 2022.2 Information Sheet* (Heritage NSW 2022b).
- *Heritage Information Series: How to carry out work on heritage buildings & sites* (NSW Heritage Office 2002).

1.6 Terminology and Abbreviations

The terminology and abbreviations presented in Table 1 are used throughout this report.

Terminology/Abbreviation	Definition
Archaeological potential	The likelihood that archaeological deposits are present.
Bathurst Regional Council (BRC)	The independent, locally elected body responsible for making decisions about the Bathurst LGA.
Bathurst Regional Local Environmental Plan 2014 (BLEP)	Bathurst Regional Council's legal document to guide the development and use of public and private land through zoning and development controls.
Burra Charter	*The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance 1999*.
Carbon-14 (C-14)	Carbon-14 is a radioactive isotope of carbon that can be used to radiocarbon date an organic object.
	Means the main business and commercial area of a town or city.

Central Business District (CBD)	
Conservation	Means all the processes of looking after a place so as to retain its cultural significance (Burra Charter Article 1.1). conservation can include 'maintenance', 'preservation' and 'restoration' works.
Conservation Management Plan (CMP)	The principal guiding document for the conservation and management of a heritage place. Its main objective is to ensure that decisions about a place are carried out with regard to its cultural heritage significance.
Department of Planning and Environment (DPE)	The NSW government department responsible for the management of urban and regional planning, natural resources, industry, environment, heritage, Aboriginal and social housing and Crown Lands and water.
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'.
Heritage NSW	The NSW government department within the Department of Planning, Industry and Environment responsible for administration and protection of items listed under the *NSW Heritage Act 1977* (as amended).
High archaeological potential	Indicates a high probability that archaeological remains, including evidence of structures and occupation deposits, are present in a reasonably undisturbed context.
Local Government Area (LGA)	An administrative division of an area that a local government is responsible for.
Low archaeological potential	Indicates a low probability that archaeological remains, including evidence of structures and occupation deposits survive due to later disturbance.
Medium archaeological potential	Indicates a medium probability that archaeological remains, including evidence of structures and occupation deposits, are present, however it is likely to have been subjected to some later disturbance.
NSW National Parks and Wildlife Service (NPWS)	The NSW government department within the Department of Planning, Industry and Environment responsible for the management of more than 890 national parks and reserves in NSW.
	Indicates that it is not expected that any archaeological deposits exist.

No archaeological potential	
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 (Burra Charter Article 1.7).
Reconstruction	Means returning a place to a known earlier state and is distinguished from 'restoration' by the introduction of new material into the fabric (Burra Charter Article 1.8).
Preservation	Means maintaining the fabric of a place in its existing state and retarding deterioration (Burra Charter Article 1.6).
State Environmental Planning Policy (SEPP)	Policies prepared by the NSW Government to manage land use and urban and regional development in a state wide context.
State Heritage Register (SHR)	A register of places that are considered to be of 'state' significance and protected under the NSW Heritage Act 1977 (as amended).
S170 Register	Section 170 Heritage and Conservation Register, a heritage register of items owned and managed by a government agency, as required by the *NSW Heritage Act 1977 (as amended).*

Table 1: Table of terminology and abbreviation definitions as used throughout this report.

2.0 History

2.1 Authorship

The following history is taken directly from the *Conservation Management Plan - Bathurst Hospital* (Government Architects Office 2005:8–36).

2.2 Site History

Although there are a number of State and Commonwealth historic themes that could apply to this place, the only theme that applies in any substantive way is "Health". For this reason, the history below is not thematic, but chronological.

2.3 The Convict Period

Governor Macquarie chose the site of the town of Bathurst on 7 May 1815 during his tour over the Blue Mountains on the road recently completed by Cox. Macquarie marked out the boundaries near the depot established by Surveyor George Evans and reserved a site for a government house and domain. Reluctant to open the rich Bathurst Plains to a large settlement, Macquarie authorised few grants there initially, one of the first being 1,000 acres to William Lawson, one of the three European explorers who crossed the mountains in 1813. The roadmaker William Cox was another early grantee but later had to move his establishment to Kelso on the non-government side of the Macquarie River.

A modest release of land occurred in February 1818 when ten men were chosen to take up 50acre farms and 2-acre town allotments across the river from the government buildings. When corruption by government supervisor Richard Lewis and acting commandant William Cox caused their dismissal, they were replaced by Lieutenant William Lawson who became commandant of the settlement in 1818.

According to local historian Bernard Greaves, medical services began in Bathurst on 1 April 1817 when acting assistant surgeon Harry Seymour was appointed to tend the district's few settlers and the convicts at the government station. Himself, a convict imprisoned there, Seymour was recorded as one of 23 convicts that Acting Commandant Cox recommended for emancipation. But Seymour submitted a petition for mitigation of his sentence from Richmond in December 1819 and again in 1822 so it appears that he had not been freed at Bathurst and that he worked there for only a limited time.

Macquarie continued to restrict the Bathurst settlement and reserved all the land on the south side of the Macquarie River for government buildings and stock, a situation that prevailed until 1826. In December 1819 Bathurst had a population of only 120 people in 30 houses, two-thirds being in the township at Kelso on the eastern side of the river and the remainder scattered on rural landholdings nearby. The official report in 1820 numbered the Bathurst settlers at 114, including only 14 women and 15 children. The government buildings comprised a brick house for the commandant, brick barracks for the military detachment, and houses for the storekeeper, chief constable and superintendent of convicts, as well as a store, a barn, a weatherboard barrack for the stockkeeper, and log houses for the 50 convicts who worked the government farm. (Never successful, the farm was closed by Governor Darling in 1828.) However, Bathurst did not have any assistant surgeon in residence in 1820, as this position was one that Principal Surgeon James Bowman was eager to fill.

2.3.1 Bathurst Convict Hospital 1824 – 1878

Tradition has it that the first hospital, a government establishment for convicts, was opened in a four-roomed weatherboard building at the corner of Howick and Bentinck Streets in 1824. Local historian Theo Barker believes that this date refers to the building rather than the establishment. He suggests that the hospital opened earlier and provides evidence that assistant surgeon James Paterson —– who had been convicted of forgery – was in charge of the Bathurst Hospital in 1823; and Dr William Richardson succeeding him that year after his death in 1826. However, the Returns for the Colony in 1825 do not mention the medical establishment at Bathurst even though they provide details of the hospitals at other New South Wales outposts.

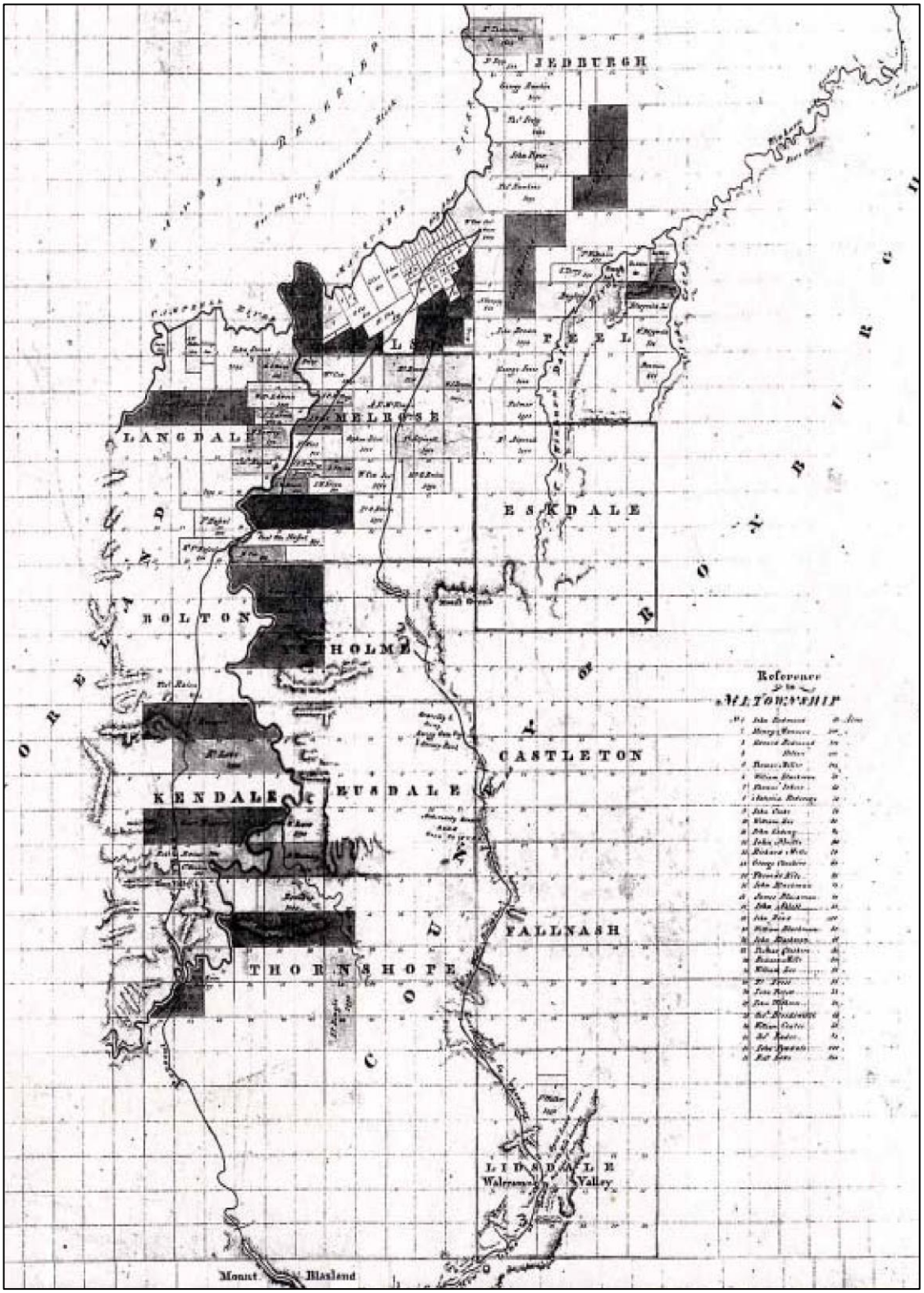

Figure 5: G.C. Stewart's Plan of Land at Bathurst in 1824 shows the numerous squatting runs in the district and the division between land reserved for the government's convict establishment in Bathurst and that available for private ownership at Kelso. The allotments in Kelso are marked but there are no lots distinguished in Bathurst itself.

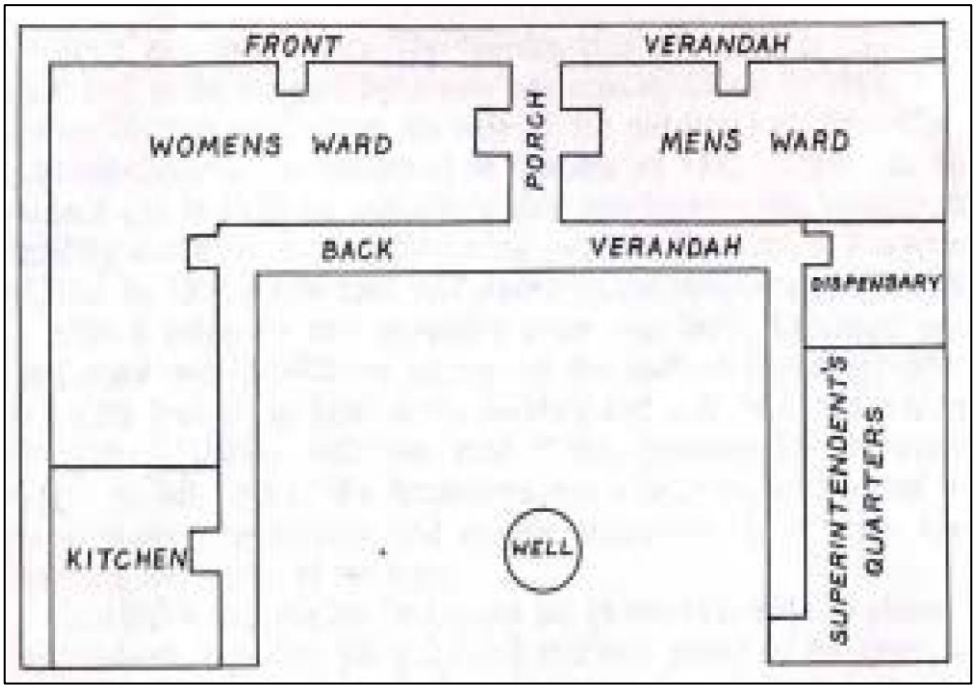

Figure 6: This sketch of the Convict Hospital at Bathurst drawn by Leslie Andrews, son of the superintendent, was made from his memory of the building when he lived there with his parents in the 1870s.

2.3.2 Administrative Changes 1820s and 1830s

Arriving in Sydney in 1825, Governor Darling promptly commenced a review of colonial administration and subsequently introduced vigorous reforms. These changes impacted the medical establishment from 1828. On advice from Viscount Goderich, Darling divided colonial expenditure in two parts: one to cover the civil administration funded by New South Wales; the other for the convict system funded by Britain. When Darling applied the departmental hierarchical structure to the medical establishment in 1829, Bathurst was still relatively unimportant and was served by the lowest medical rating. Assistant surgeon George Busby had taken charge of the convict hospital in 1828.

By this time, J. McBrien and R. Hoddle had surveyed the existing grants in the vicinity. Surveyor James Byrn Richards began work on the south side of the river in 1826. But the town was apparently designed by Thomas Mitchell in 1830 and did not open until late 1833 after Richards had completed the layout of the streets with their two-rood allotments. The first sales were held in 1831 before the survey was complete, surgeon George Busby being one of the early buyers.

A further administrative change in 1836 arose from the British order that colonial revenue must defray any part of the cost of police and gaols not 'immediately connected with the custody and supervision of [transported] convicts'. The latter care would continue to be financed from the British military chest. As all colonial hospitals served non-convicts as well as the transportees for whom they were established, the Lords of the Treasury now demanded tighter controls of stores and finances to ensure that their contribution was directed only to convicts. To further reduce expenditure, they specified that medical officers be appointed from the ranks of army surgeons on half-pay. Colonial funds paid these doctors the difference between half and full pay, together with allowances for lodging, forage, travelling expenses or other entitlements.

The newly appointed Deputy Inspector General of convict and military hospitals in New South Wales, John Vaughan Thompson, was instructed to visit all the facilities and, together with the Governor, revise the

administration to comply with the military regulations. At this time Bathurst Hospital had a staff of two. In addition, a district surgeon Fergus Hawthorne was appointed to serve the Mandurama district outside Bathurst, visiting the convict iron gangs working in the roads and their military overseers.

The change to military control of the medical establishment signalled the end of the convict system in New South Wales. It was a reflection of the British movement to end slavery and similar abuses of privilege, together with colonial demands for the full entitlement due to British subjects. The move to end transportation was also hastened by official support of free immigration schemes. Recommended by the Molesworth House of Commons Committee of 1837-8, the decision was confirmed by Normanby's despatch to Gipps on 11 May 1839 which instructed him to cease assigning convicts to private masters and prepare Norfolk Island to receive subsequent transportees from Britain.

Preparing for the change, the Lords of the Treasury informed Governor Bourke that the British government would only pay hospital costs for convicts 'suffering under the sentence of the Law'. The colony was liable to pay for any other persons admitted into the hospitals. They also refused to accept the colonial interpretation of this regulation, which limited colonial costs to persons arriving free, pointing out that ex-convicts who had become free settlers had contributed their labour to the colony since their release and the colony should bear their costs too. The British maintained their ruling in spite of claims that a recent influx of pauper immigrants had imposed a great burden on the colonial purse. As a consequence, the 1838 estimate for the support of free paupers in colonial hospitals was £3,000 with a further £500 provided for free pauper lunatics.

Transportation of convicts to New South Wales officially ended in 1840 and the gradual conversion of convict hospitals to community-operated charities commenced the following year. The process was actively encouraged by Governor Gipps who presided over the genesis of representative government as laid out in the Constitution Act of 1842. This legislation included elaborate provisions for local (district) councils, which Gipps supported as a means of defraying the expenses of the central government. In his opinion, the proportion of Treasury money spent in New South Wales was far too high. He wanted local rates to support local infrastructure and services. However, the councils Gipps intended to raise local revenue were not successful.

Bathurst was one of three convict hospitals that Gipps promptly transferred to local administrations in 1842, making them responsible for the 'gratuitous treatment of sick and indigent persons'. In effect, while assisting them with buildings, he imposed the responsibility for public health upon these communities. I have proposed to the Magistrates of the different Districts the formation of Institutions of the nature of County Hospitals in England, to be supported either by voluntary subscription or Local rates, with probably some help from the Government; and, in so doing, I have promised to endeavour to procure from Her Majesty's Government a transfer of existing Hospital Buildings and of such land as may be attached to them to the Trustees, who may be appointed to manage the new Institutions.

In so doing, Gipps referred again to what he believed was 'a long established principle' that when a charge was transferred from Britain to the colony, the buildings would be transferred with it, as in the case of police stations and gaols. For its part, Britain was anxious to reduce all convict establishments in New South Wales as soon as possible and requested that the process be accelerated.

Successful in procuring the old convict hospitals for local use, Gipps went further. He encouraged the granting of pound for pound subsidies to hospitals at Windsor, Bathurst and Goulburn after their transfer to local control in 1842 and the New South Wales Legislative Council extended the policy by granting subsidies on the same basis for the operating costs in 1843 and 1844. The other five convict hospitals were handed over to local district committees in 1848.

2.4 Bathurst District Hospital

2.4.1 Transfer to Local Administration

When the Government closed the convict hospital and offered the building to the local population as a District Hospital, the offer was unanimously accepted at a public meeting, which acknowledged the hospital to be indispensable. The changeover was organised by a provisional committee, which was also authorised to devise the rules for the new institution.

The government-appointed surgeon in charge of the convict hospital, George Busby, handed over any medicines, materials and stationery remaining with the convict administration when the buildings themselves were transferred on 31 August 1842. Busby had been paid to administer the hospital for convicts and soldiers but the government would now pay him only for his work at the Bathurst Gaol, a situation that left him, effectively, without full employment. Subsequently, the committee agreed to pay Busby a fee of 2 shillings and 6 pence per patient per day in salary, together with expenses for his attendance at the hospital.

Even with the subsidy of medicines and other supplies inherited from the convict hospital, after their first thirteen months, the new management committee reported that the effectiveness of the institution was limited for want of funds. Already, they had been forced to send away a number of pauper patients. Patient intake for this first year totalled 67; comprising 43 employees paid for by their masters, twelve paupers supported by the community and twelve patients who made their own application. The daily average of patients throughout the year had been eleven and a half while the average period of treatment was 49 days. The hospital was financed by £202.14.6 in fees; £51.10.0 in subscriptions and £33.17.6 in fines from the Police Office but had a balance of only £10.18.0 after paying all costs. From this information the committee calculated that the daily cost of accommodating each patient during the year was one shilling and four pence. But it was anticipated that this cost would rise in the following year as the hospital had to pay for its own supplies and it also intended to pay its medical staff. Noting that a significant proportion of patients were poor immigrants 'sent out by the Home government', the Committee sought £150 further support from the New South Wales government.

2.4.2 Admission Policies

The first admission policy supported the prevailing concept that a hospital was a charitable institution whose main purpose was to extend assistance to the poor and needy when they fell ill. Such persons had to be recommended for admission by a community leader such as a clergyman or magistrate.

1. Pauper patients will be admitted as far as the Annual Subscriptions, Donations, and other funds will allow, on the production of a certificate of a Magistrate or Clergyman, stating that the applicant is destitute of means of any kind.
2. All other patients who may wish to avail themselves of the benefits of the Hospital will be admitted at a daily charge of one shilling and nine pence, on proper security for the payment being given. Subscribers will be allowed the full amount of any subscription that they have paid for the year in which they may become patients.

Later modifications to these rules allowed subscribers of substantial amounts such as £1 or £2 to recommend a hospital place for two and four patients respectively. The rules did not permit longterm admission of aged patients who were sent to the Sydney Benevolent Society when the ward space was required for the sick or injured.

2.4.3 Transfer of All Convict Hospitals to Local Authorities 1848

The model established by Governor Gipps in 1844 was put into practice in the Hospitals Partial Incorporation Act assented to on 17 June 1847 which identified those already established on the colony of New South Wales as Melbourne, Newcastle, Parramatta, Windsor, Bathurst, Maitland, Brisbane, Goulburn and Yass. Maintained 'partly by private contributions and partly by aid from the public funds', these were the forerunners of other hospitals 'to be maintained in like manner' which 'may hereafter be established in the said colony'. The Act enabled hospital treasurers to sue and be sued on behalf of their institutions and vested property in the officers and trustees, not more than five in number, elected by secret ballot at a public meeting by contributors of between £1 and £10, at least ten being required for a quorum. Vacancies on the boards were to be filled in like manner by secret ballot at public meeting. The governor in proclamations published in the Government Gazette declared extension of this Act to other hospitals. The name of each treasurer was to be recorded in the Registrar General's Office, Sydney, or with the deputy of the Supreme Court in Port Phillip. The treasurers of hospitals at Newcastle, Parramatta, Yass, Windsor, Goulburn and Brisbane all registered in 1848, the first year of the Act's operation.

Sometimes called 'voluntary', sometimes 'public' the hospitals founded immediately after the convict system ended are difficult to classify. Intended as charitable institutions for the sick poor, in the first thirty years of their existence they gradually developed into general public hospitals used by a broader range of people. This can partly be ascribed to improvements in medical science; partly to the fact that in many country towns, the hospital and its doctor was the only medical service. They were neither wholly public, nor wholly voluntary, nor wholly dependent on local funding.

For the first twenty years of their existence, there was no mechanism whereby these institutions were required to account to the government for its monetary assistance. When this was established through the position of Inspector of Charities in 1868, the government was reluctant to extend his responsibilities beyond appraisal of the accounts. In the years 1870 to 1875, when his reports were not printed, fragments can be assembled from letters in the Colonial Secretary's in-file. In these, the Inspector of Public Charities reported that, like other convict hospitals, Bathurst Hospital was 'neglected and dilapidated' while those built recently were cleaner and better.

King's findings were borne out by Alfred Roberts, the Sydney Infirmary (Sydney Hospital) surgeon who reported to the Government Medical Adviser on the state of the colony's country hospitals after he had visited several on a trip from Sydney to Brisbane in November 1869. Whether old or new, Roberts found most of their buildings unfit for hospital purposes. They suffered an almost universal deficiency of ventilation and had insufficient medical and surgical supplies. They frequently lacked qualified attendants and, he saw the utilisation of the same premises as hospital and benevolent asylum, without classification, as pernicious.

> *[A]dmittance of infirm paupers (many of whom are especially dirty and loathsome in their habits) into Hospitals lies at the root of the evils observable in the hospital system. It is but repeating an established fact to affirm that no serious case of illness or accident can be efficiently treated in the rooms of a small Hospital which are appropriated to the uses of a Poor-house.*

Figure 7: This sketch by George French Angas published in 1851 shows parties of gold-seekers entering Bathurst on their way to the diggings at Ophir at the beginnings of the gold ruch that brought considerable wealth to the district.

Roberts emphasised that it was time to end this abuse in order 'to meet the true interests of humanity and further the advancements of medical science'. The government absolved itself from responsibility for these conditions when the principal under-secretary pointed out that 'as each Hospital is under the management of its own Committee, the action of the Government can only be indirect, by advice, and the conditions on which the aid of public money is granted'.

2.4.4 Mid-Nineteenth Century Hospital Treatments

A century later, historian Brian Dickey also slated these country hospitals, stating they 'gave nothing but the bare minimum'. But, by all accounts, this was the situation with all hospitals in New South Wales, including those in Sydney. Like many in Britain, they were slow to adopt the findings of Pasteur and Lister on the benefits of antiseptics and so remained locked into early nineteenth century health care methods, the best of which were not applied in New South Wales until Florence Nightingale's nurses arrived in 1868. Carol Liston reports one doctor who was familiar with antiseptic techniques in the 1860s. A surgeon at Parramatta Hospital, Dr George Pringle, who trained in Scotland as an associate of Joseph Lister, pioneered the use of antiseptics in surgery in New South Wales but he seems to have been unique. Frederick Watson certainly did not report such an advance in the same decade at the Sydney Infirmary. Nor is that surprising, since Lister did not publish his findings until 1867 and many doctors resisted his methods until the 1890s.

Inspired by Louis Pasteur's work on fermentation, putrefaction and bacteria, Lister concluded that carbolic acid would be an effective antiseptic for wounds and tested his theories in surgery undertaken in 1866. The following year he documented his findings in three articles in The Lancet. Multiple clinical testing of his ideas occurred during the Franco-Prussian War 1870-71, when the Prussians, who used his techniques, reported dramatically higher surgical recovery rates than the French, who did not. However, many other doctors continued to ignore them. The American Surgical Association rejected Lister's discoveries as late as 1882, so it would be simplistic to criticise the Australian colonial medical establishment for failing to embrace them.

2.4.5 Nursing Staff in the Bathurst District Hospital 1870s

The early nurses at Bathurst were all males and were not trained in the Nightingale method of nursing care. Even within these constraints, however, the committee in charge of the hospital worked to improve the level of care. A public meeting in 1870 framed a set of comprehensive regulations that contained instructions to nurses and patients.

> *The Wardsmen shall exercise kindness and forbearance towards the patients, and avoid quarrelling; they will report to the Overseer [later Superintendent] any infringement of the rules, and he will report the same to the Medical Officer at his first visit hereafter.*

The patients must take their medicines at the appointed times; they shall abstain from loud talking, swearing, or the use of indecent language; they shall not play at dice or cards; smoking is strictly prohibited.

These rules underlined the fact that only lower socio-economic groups used the hospital, well-to-do persons being attended by their personal physicians in their own houses.

In the interim, sanitary hospital practice as exemplified by the Nightingale-trained nurses, spread gradually to the country as trainees from the Sydney Infirmary were qualified and dispersed. Parramatta, for example, received its first trained nurse in 1876 and its second in 1881. Others which began to benefit at this time were Bathurst, Goulburn, Newcastle, Maitland, Albury, Deniliquin, Wagga Wagga, Young, Forbes, Parkes, Orange, Singleton, Scone and Armidale. The advantages that accrued were 'gentler treatment of patients, better food and more intelligent execution of doctors' instructions'. This treatment was crucial as it was the most effective part of the hospital regimen, the other elements being surgery where needed, blood-letting, and the herbal pharmacopoeia.

2.4.6 Planning a New Bathurst Hospital 1873 – 78

Only too aware that the old convict building was inadequate, the Bathurst Hospital Committee commenced preparing for a new hospital in 1873 when they sought a new site. Applying to the New South Wales Parliament for 10 acres of town land through F. B. Suttor MLA, they were granted 6 acres of Crown land on 5 May 1876. The site, which was increased by a further 4 acres and 30 perches on 23 September 1882, ultimately covered the whole of Section 60, half of a reserved area on elevated ground at the northern end of the town about three-quarters of a mile from the civic buildings. On opposite sides of Howick Street, both the old and new hospital sites are shown in the 1882 Town Plan.

Meanwhile a Building Committee formed in June 1876 had called for a hospital plan that could be constructed for a total cost of £6,000. Sydney architect William Boles won the tender from thirteen applications. His design was approved by Florence Nightingale and the Minister for Public Works authorised his plans on 11 November 1877 after the Colonial Architect had made some modifications. The cost of the building having risen to £9,000, rival applicant Thomas Rowe disputed the appropriateness of the winning design and had to be placated by a payment of £25 as second prize. Boles died in March 1880, eight months before completion of the project.

An architect named William Boles designed a number of churches during the 1870s including St Joseph's Catholic Church, Edgecliff (1874), the Wesleyan Church, Windsor (1876), and extensions to the Blacket designed St Matthews Anglican Church, Albury (1876) and was apparently a former convict arriving in Sydney during the 1820s. It is unclear if this is the same person as the designer of Bathurst Hospital in 1876, though it is likely. A William Boles, a labourer originally from Roscommon arrived in Sydney on the Morley

(4) in 1828, was granted a Ticket of Leave in 1832 and a certificate of Freedom in 1834. Before Bathurst Hospital was complete, Boles died.

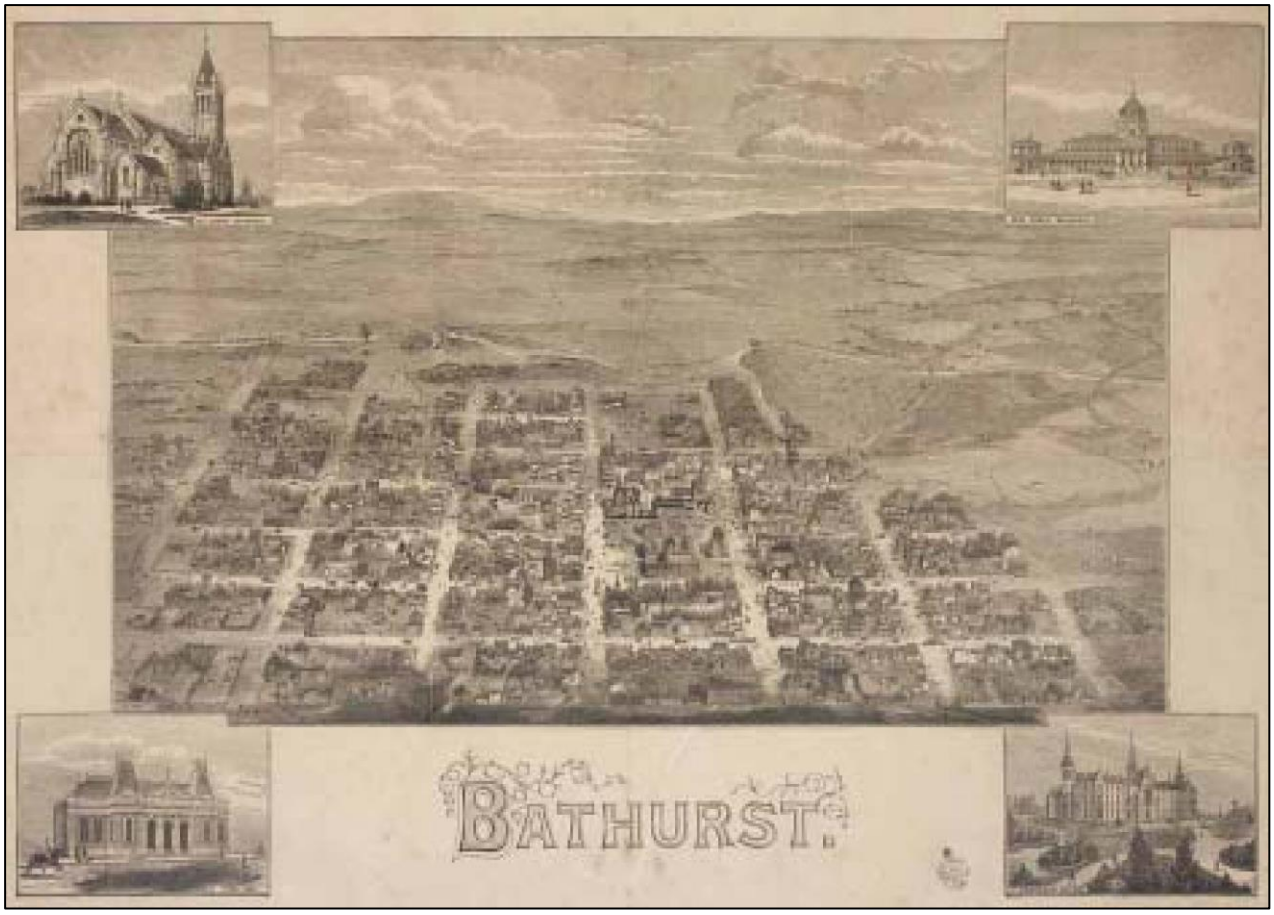

Figure 8: Created by A. Cooke, this Bird's-Eye View of Bathurst was published in the Illustrated Sydney News in 1885. The new Hospital can be seen in the middle distance, right of centre. The high standard of architecture in specially featured buildings – All Saints Cathedral (top left), the Court House (top right), the Town Hall (lower left) and St Stanislaus College (lower right) show why Bathurst citizens wanted a Hospital of grand proportions and high architectural merit.

Meanwhile a Building Committee formed in June 1876 had called for a hospital plan that could be constructed for a total cost of £6,000. Sydney architect W. Boles won the tender from thirteen applications. His design was approved by Florence Nightingale and the Minister for Public Works authorised his plans on 11 November 1877 after the Colonial Architect had made some modifications. The cost of the building having risen to £9,000, rival applicant Thomas Rowe disputed the appropriateness of the winning design and had to be placated by a payment of £25 as second prize.

By the time J. Willett's tender for construction had been accepted in early January 1878, building costs had risen to £10,000 including furniture and fittings. With the help of some very generous contributions from such people as Thomas Walker of Concord and William Kite of Dockairne, who each donated £500, the district quickly raised the £4,500 needed as its contribution to construction. This was matched by the government, which also paid for furnishing the building.

Figure 9: This detail from Bathurst Town Plan 1882 shows the 2 acre 2 rood site occupied by the original Bathurst hospital building (lower left) and the new site at section 60.

2.4.7 Destruction of Bathurst Convict Hospital Buildings 1878

In the meantime, when construction of the new hospital had barely commenced, on 12 December 1878 the old convict building serving as the Bathurst District Hospital was burnt down. The fire was so intense that the bucket brigade trying to extinguish the flames had to abandon that task and concentrate on evacuating the 24 male and four female patients. An application to the Colonial Secretary for assistance led to eighteen patients being transferred to Sydney Infirmary by train while the Committee leased Miss Sullivan's cottage in Durham Street to house patients until the new building was finished.

2.5 Bathurst District Hospital 1880 – 1930

The Governor of New South Wales, Lord Loftus, opened the new hospital building in Howick Street, Bathurst on 9 November 1880. The official party included Lady Loftus, the Colonial Secretary Sir John Robertson and his wife, the Governor's aide-de-camp Lt Augustus Loftus and his secretary Mr R. Bloxsome. The opening ceremony featured a grand march from the Ordnance Ground comprising mounted troopers, the Bathurst band, the Volunteers Corps under Captain Paul, All Saints College Cadets, the Independent order of Oddfellows, the Sons of Temperance led by Stone's String Band, the Holy Catholic Guild, the Hibernian Benefit Society and the Grand United Order of Oddfellows led by the Orange town band. Other festivities included a banquet and a Vice-Regal levée. The patients were moved into the new building on 4 December.

Figure 10: This early photograph of Bathurst Hospital's new building, copied by the Government Printing Office, shows the boundary fence and lack of vegetation.

The Bathurst Times published fulsome praise for the building. It applauded the excellent, elevated site, which was 'freed from any impurities' and furnished a detailed description of the architecture and interior.

> *[The hospital comprised] a detached central block and wings surmounted by a central tower and six corner turrets. In each wing there were two wards 40 by 26 feet with ten beds to each ward. At the corner beneath the outside turrets are baths, lavatories, etc., and beneath the inside turrets are the scullery and nurses' rooms for each ward, which are extremely convenient. Each ward is on the same principle. In the administrative portion are the superintendent's quarters. On the ground floor are the boardroom, operating rooms and dispensary with the public waiting rooms, and doctors consulting and sitting rooms. On the second floor are four bedrooms with a room for paying patients. There are large underground tanks, from which the tanks in the turrets can be replenished by pumping apparatus.*

V. Tomkins of Pitt Street Sydney installed hot water and other gas appliances, possibly including gaslight. Completion of the building was a veritable triumph.

As Theo Barker points out the impressive building opened in 1880 'was merely the nucleus of a complete hospital'. Almost immediately workers proceeded to enclose the balconies to stop the rain beating in. A laundry, windmill and 'swag room' were added in 1882 and that first laundry was replaced in 1886. During this period the Committee also had to replace the hardwood floors recommended by the government architect because the boards shrank from the constant washing and created an unhealthy drainage problem. After the practice of burning of old mattresses and blankets in a paddock had set off fires, a furnace was added in 1895.

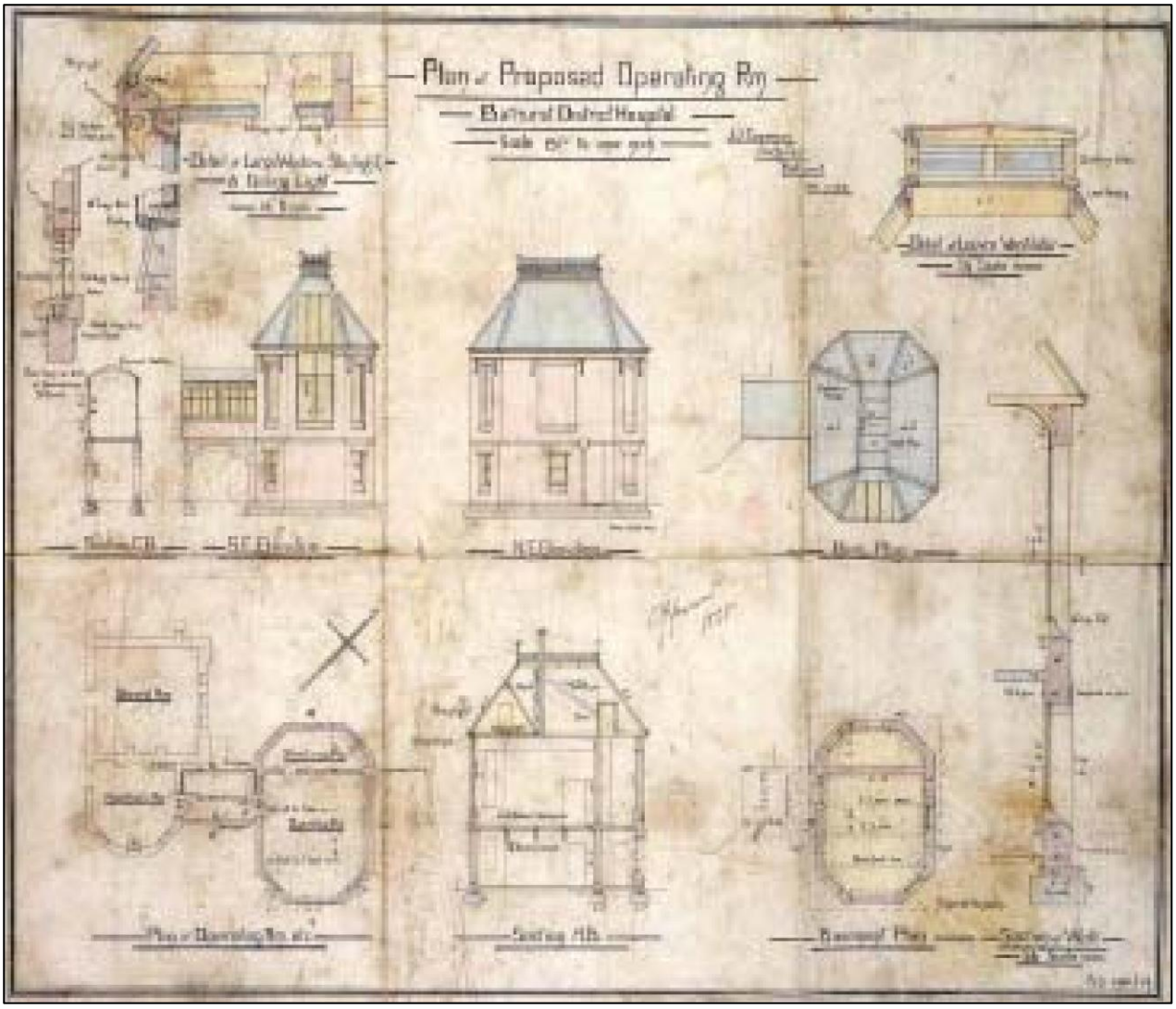

Figure 11: The new operating room designed by Bathurst architect J. J. Copeman was situated on the first floor and had a large window and skylight on the south-west side. A ceiling light was also installed to maximise the illumination. Adjacent to the operating room was a sterilising room while the anaesthetic room in the next building was reached by a covered way.

The operating room received a new roof in 1893 – indicating that it was on the first floor – and a completely new operating room was provided in 1904 to the plan of local architect John Job Copeman. It followed the usual practice of siting operating rooms under the roof and was located at the top of the main tower on the south-east side. Upper storeys were used for operating rooms because of the possibility of increasing the light with skylights as well as windows. Copeman also designed the Boer War Memorial in Kings Parade, Bathurst, completed in 1903.

Drainage was inefficient and unhealthy and, until a well was sunk, the water supply remained haphazard. Apart from a boundary fence erected during the construction period, for their first sixteen years of existence the hospital grounds were almost bare. A local resident Mr Taylor and his son voluntarily planted several trees, including an American Live Oak, Quercus virginiata, on Arbor Day 1890. Landscaping commenced in 1896 after an inspection of the grounds by the gardener employed by Bathurst Council. From that time additional trees were planted around the building and garden beds were established near the entrance.

In spite of its shortcomings, the new Bathurst Hospital was up-to-date with its pavilion plan, large open wards, bathrooms, and good ventilation. It represented the 'commendable improvement' in general hospitals noted by the Inspector of Public Charities in 1880 and, with its ward for paying patients indicated that 'a better class of people' were using rural hospitals. Other modern aids were the telephone that connected with the honorary surgeons in 1890 and with the exchange six years later; and the hand-powered lift installed in 1906.

The earliest surviving plan of the Hospital is a 1911 Department of Public Works 'Site Plan showing Drainage'. It shows the central tower as the administration block with the women's ward on the left and men's ward on the right as one entered the hospital from Howick Street. This plan shows an additional operating room at ground level at the rear of the tower. The morgue was at the front on the corner of Howick and Mitre Streets and the laundry was on Mitre Street also. The property was dotted with numerous wells.

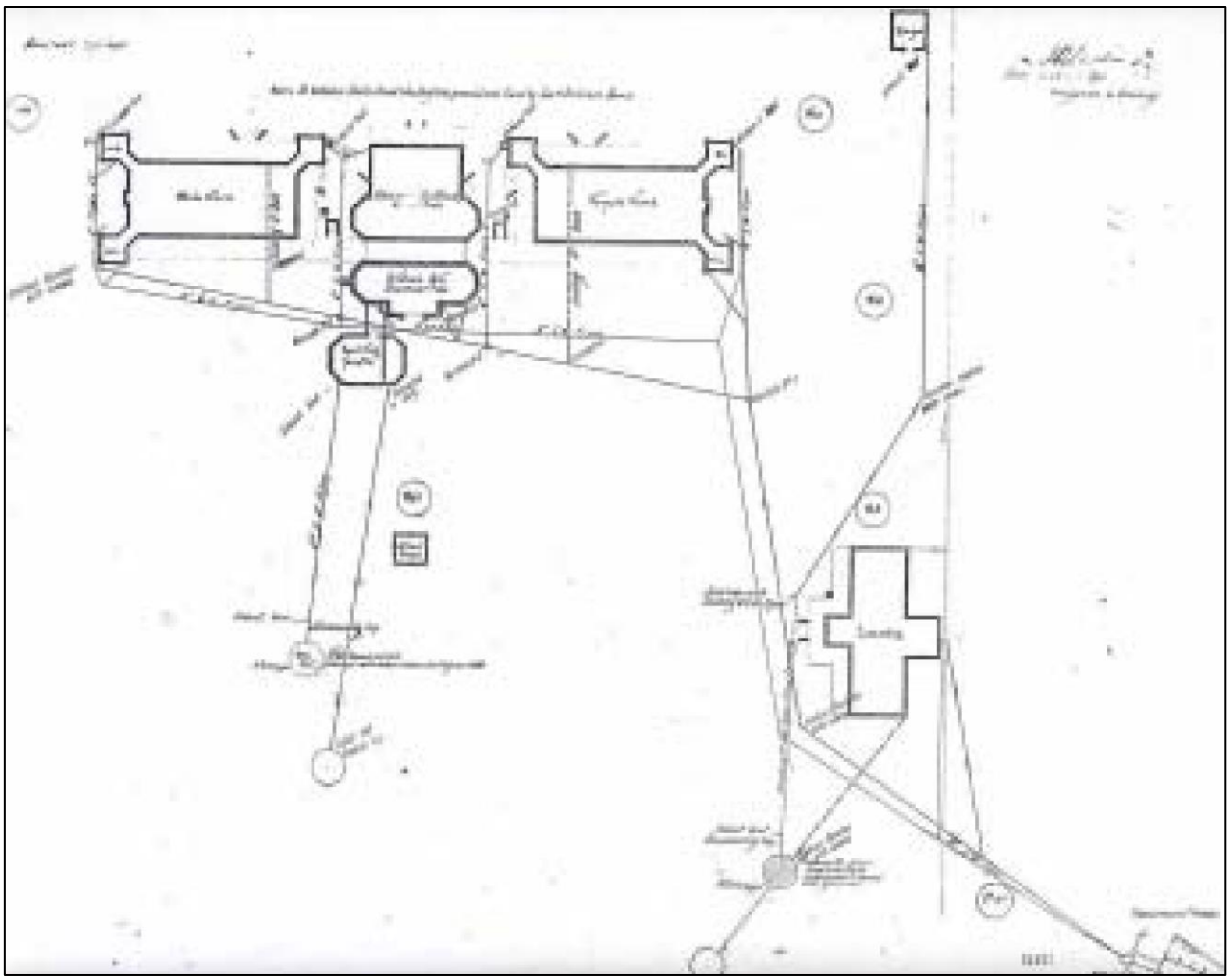

Figure 12: In this Department of Public Works Site Plan showing Drainage 1911, the front entrance on Howick Street is at the top of the plan and Mitre Street is on the left hand side.

2.5.1 Patient Care

Soon after the opening of the new building, the employment of female nurses from 1881 led to a marked improvement in patient care. In 1883 a completely new staff was appointed to resolve differences, it comprised six nurses, one servant, a laundress and a part-time domestic servant, all of whom were women. They were supervised by Matron Downie. A more significant change occurred after the appointment of

Matron Hertzog in 1887. She had trained under Florence Nightingale and served at St Thomas' Hospital, London. Under her influence, from 1897 Bathurst Hospital gave its nurses three years training and it joined the Australian Trained Nurses Association in 1900. The changes initiated in 1883 also replaced the superintendent with a resident medical officer (RMO) as the chief executive.

Figure 13: Bathurst Hospital nurses c. 1896 with Secretary Mr A. Blackshaw.

2.5.2 Extension of Services

In 1921 and 1922 Bathurst District Hospital gained an isolation building for patients with infectious diseases and an emergency midwifery ward. Situated about 50 feet behind the rear operating theatre, the isolation block (Figure 14) had four wards, a day room and two verandahs, which were enclosed with gauze in 1933. Bathrooms and toilets were at the back.

Electrical power was installed throughout the site in 1926. The Hospital introduced a children's ward in 1929 by remodelling the male ward in the main block for that purpose. It also built a new kitchen behind the tower block above the nurses' bedrooms.

Additions to the 1921 'Record Plan' prepared by the Government Architect's Office record the arrangement of the main buildings c. 1933. Where the ground sloped away to the east, a wing was added to the central block at basement and ground floor level. The basement contained seven staff bedrooms and a women's bathroom as well as the boiler room, heating equipment and a shed for the gas engine. Above these rooms on the ground floor was a kitchen on the northern side. Although this plan shows a staff dining room addition to the north, the 1928 version shows staff using the Board Room as a dining room. On the eastern side at ground level were two operating rooms linked by a passageway; one below the new theatre built in 1904, and another of similar shape behind it as shown in the 1911 plan. The roof designed by Copeman was

still in use and the second ground floor operating room had an extensive lantern. This plan shows the lift on the north-eastern corner of the male ward.

Another late-1920s change was the conversion of the first floor male ward to a Children's Ward. Authorised by Government Architect Wells on 31 August 1928, the plan entailed removing the posts, wooden arches and existing balustrades that gave the Hospital its distinctive appearance. In their place, at both front and rear, the architects installed fibro panels to rail height and fly-proof gauze from there to the ceiling. A new electrically powered bed lift was installed at this time.

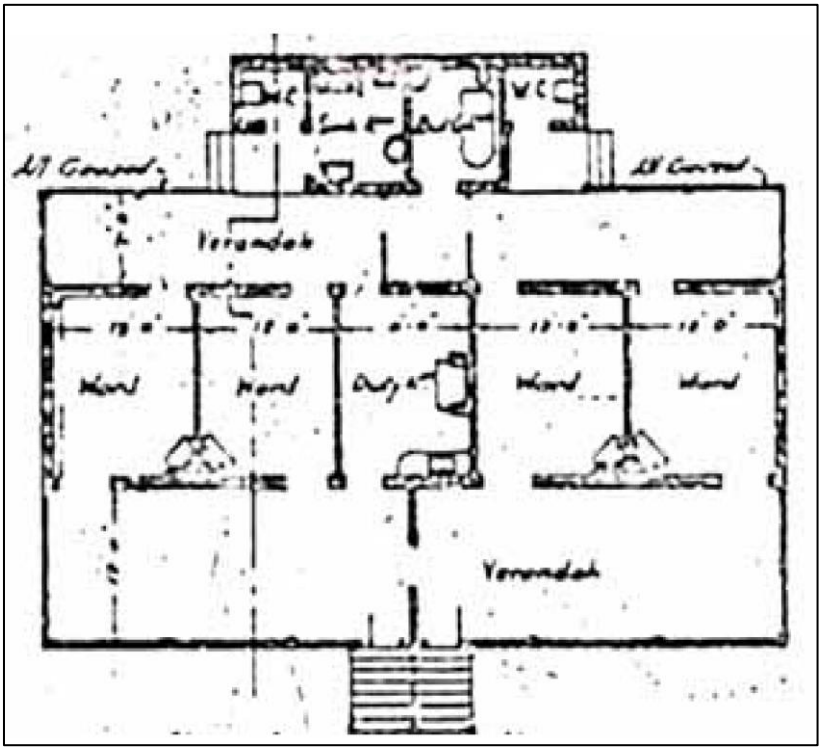

Figure 14: The isolation block.

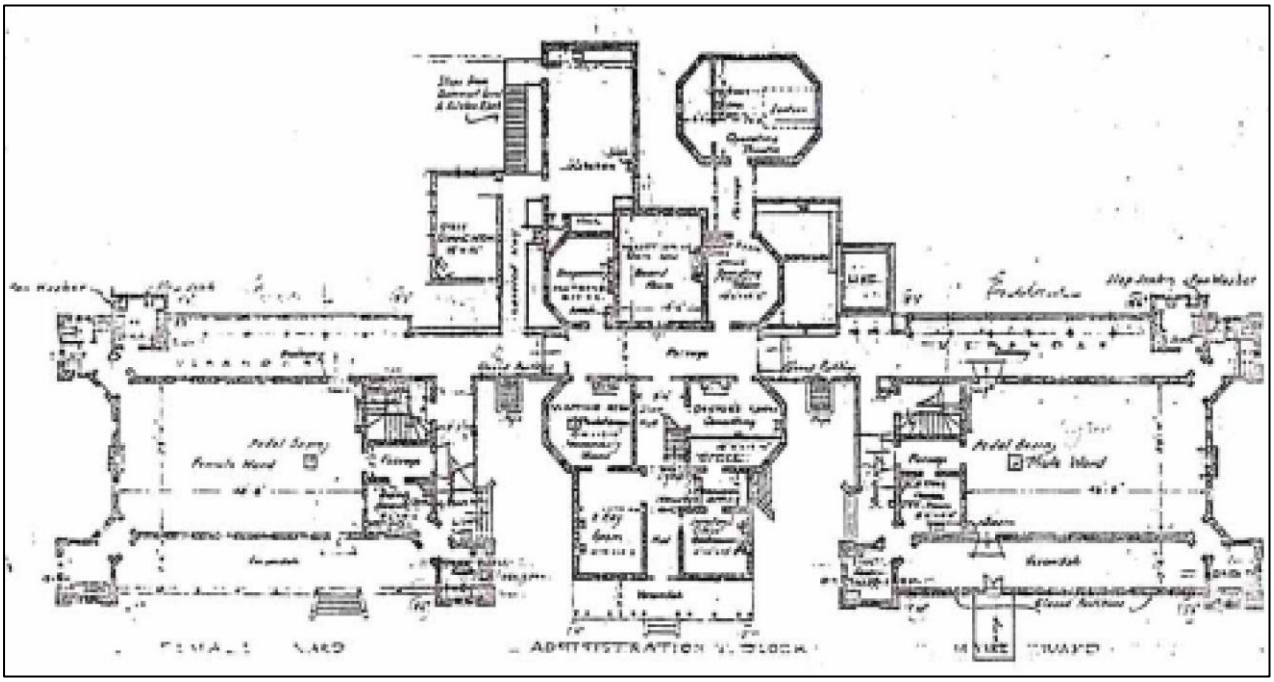

Figure 15: This version of the 1921 'Record Plan' has additions and annotations dating to the early 1930s. As a consequence, the ground floor detail above relates to the period from 1928 to 1933.

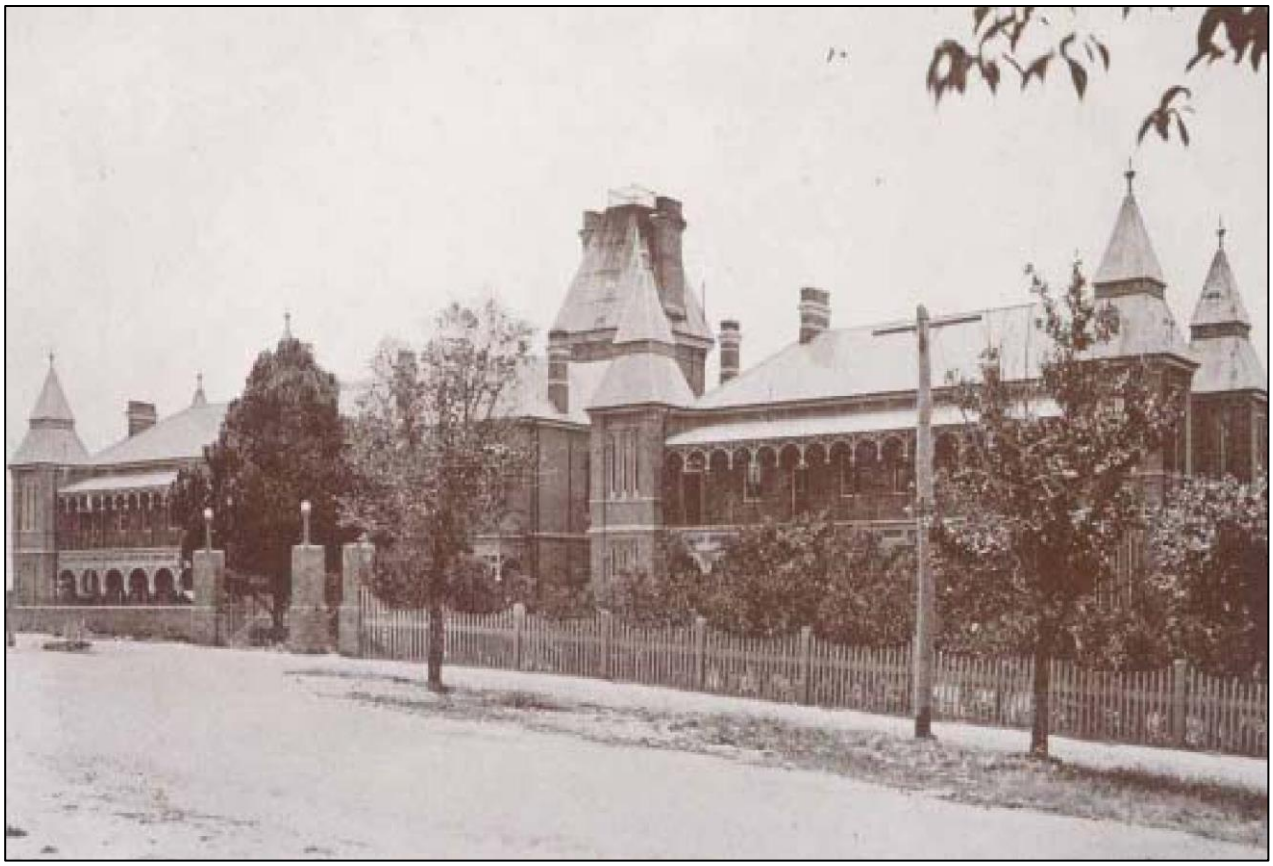

Figure 16: A photograph of Bathurst Hospital in the 1920s shows improvements to the entry gateway and some advanced trees and shrubs in front of the building.

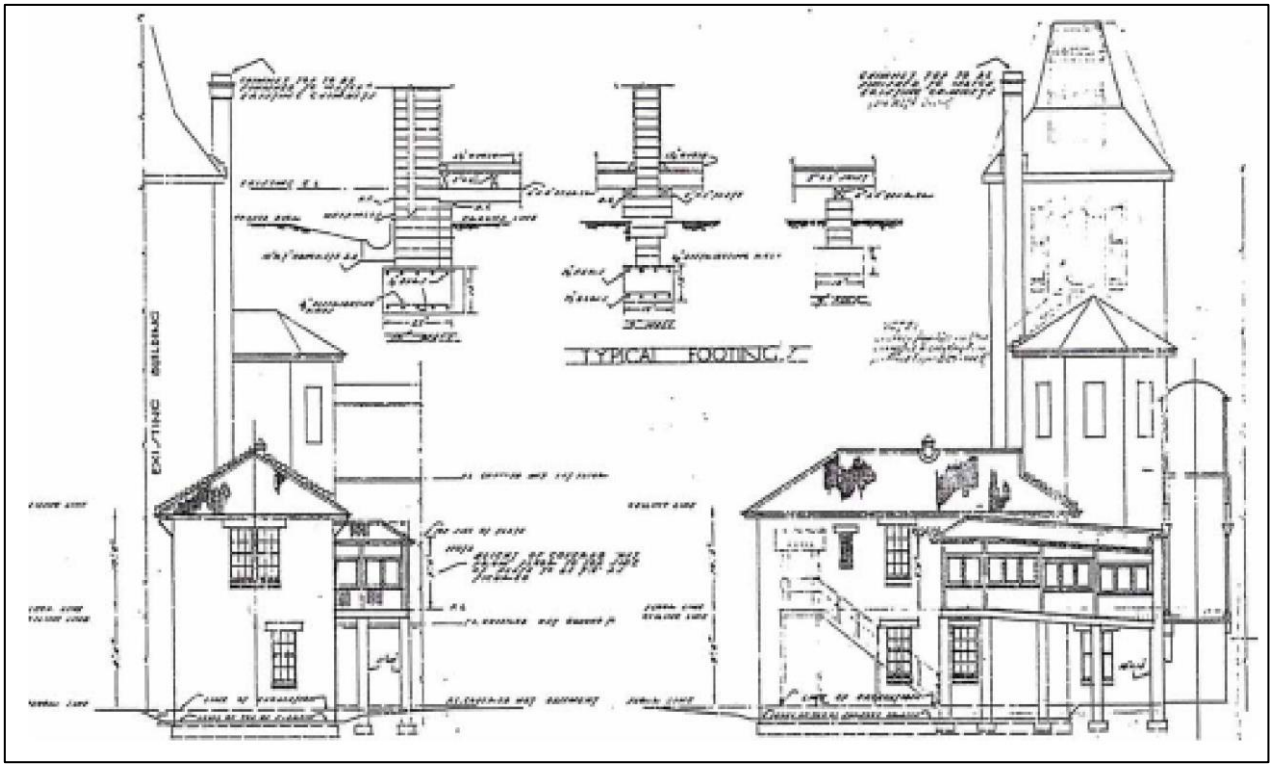

Figure 17: Detail from the 1928 kitchen plan shows the north-east and north-western elevations of the additional wing at the back of the central tower.

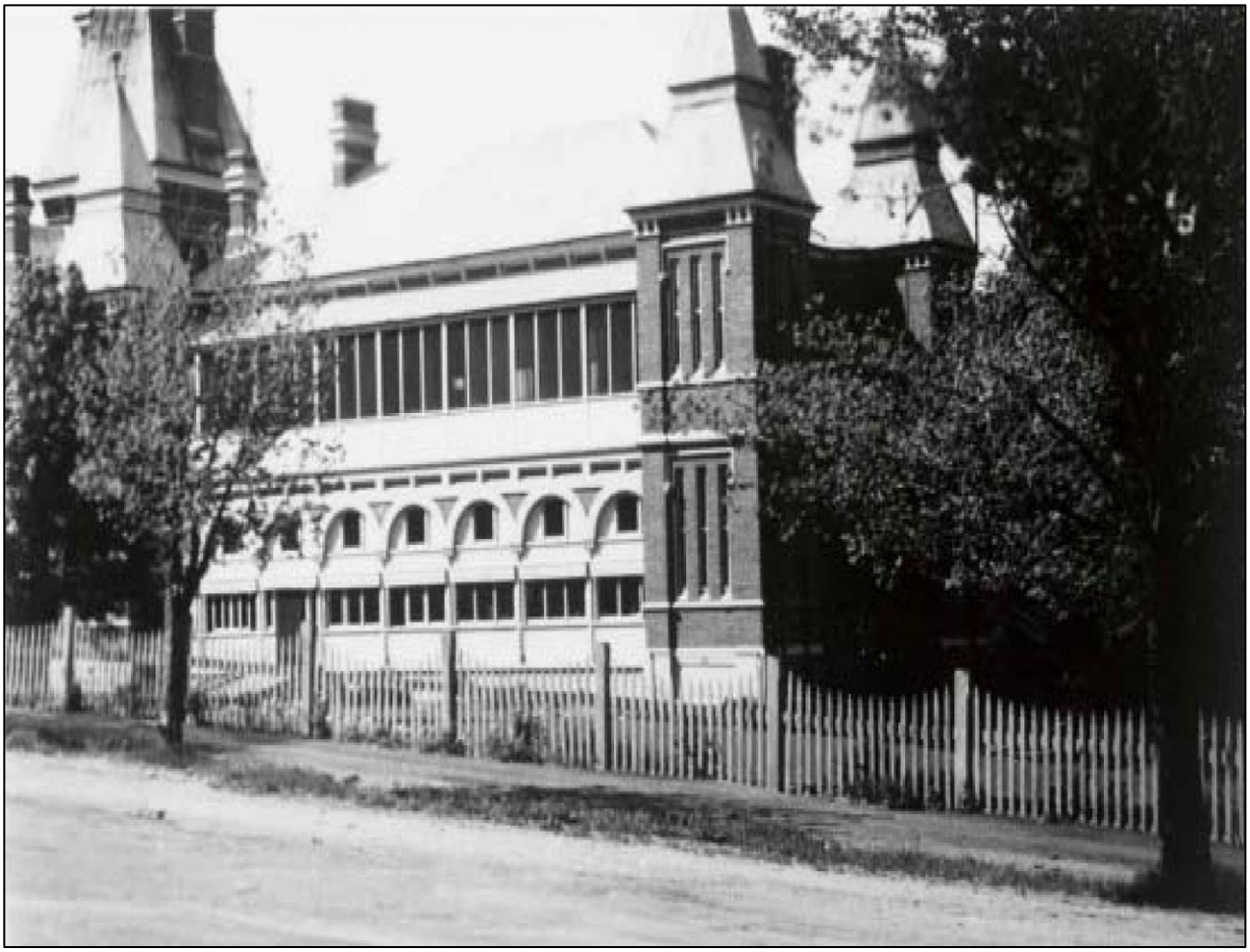

Figure 18: An undated photograph of part of Bathurst Hospital showing closed in verandahs and balconies. The upper floor was enclosed in 1929, but the lower enclosure was later.

2.6 Bathurst Community Hospital 1930 – 1946

Passage of the Hospitals Act in 1929 necessitated changing the regulations and moving the annual report to financial rather than calendar years. The new Act created a Hospitals Commission with 'power to appoint any or all of the directors' up to 30 June 1930 to supervise the changes. It directed all hospitals to collect fees that were raised from six shillings to ten shillings and sixpence a day, and could be recovered by court action. It also decreed that hospitals encourage patients to join a systematic contribution fund to help them pay their hospital expenses. Funding for hospitals changed also when the £ for £ subsidy system made way for a Hospital Fund distributed by Parliament according to the merits and needs of services rendered. Many hospitals – Bathurst included – were alarmed by this change. It seemed unfair because the amount distributed depended on the wealth of the hospital before the new system began.

The most important contribution of the Hospitals Commission was its recognition that hospitals were no longer institutions for the poor alone. Its reasoning was set out in its first Annual Report in 1930.

> *Again, there is a greater appreciation by all classes of the community of the value of public hospital treatment. Every doctor knows that in days gone by, he had the greatest difficulty in getting patients into such hospitals, which they dreaded, thinking they were going there to die, whereas now patients ask doctors to allow them to go, recognising that in such hospitals they have the best chance of being restored to health and strength.*

Advances in medical science had equipped hospitals with diagnostic and therapeutic machinery not available to home patients, as well as superior surgical and nursing care. As a result, rather than a place of dread, the hospital had become a haven for the ill where sick persons of all classes sought admittance. For these reasons the Commission embarked on a campaign to create a hospital system where 'every person requiring treatment will have ready and convenient access to properly equipped and managed institutions [that were] capable of giving the requisite attention.' The Commission planned new hospitals in areas where medical treatment was unavailable; it also instructed existing hospitals to provide suitable accommodation for all socio-economic classes by offering private, intermediate and public wards.

The Hospitals Commission recommended changes to the large open ward designs of the past and urged their replacement by twenty-bed wards containing four four-bed cubicles and two two-bed cubicles, with one segregation ward for each ten beds. In general, the interior design was created to contribute a beneficial effect on patients and visitors alike. The daunting plain white walls were replaced with calming colours and the hospital entrance was decorated to welcome patients and visitors. It was at this time too that architects emphasised the importance of landscape and encouraged plantings that would add to the peaceful atmosphere.

Retaining the Bathurst's classification of District Hospital, the Hospitals Commission assessed its most urgent needs as a new nurses home and mortuary. But it being the height of the Great Depression, these works were delayed, even though Premier Lang instituted a State Lottery to raise money for hospitals. Less expensive changes desired were the enclosure of the infectious block and the children's ward verandahs. These small contracts were let out to tender in 1930, together with others to alter existing buildings to accommodate private and intermediate patients.

The new nurses' home, Poole House, opened in 1933 and private and intermediate wards on the first floor of the main ward block were ready the following year. A new mortuary was built at the same time. The sum of £8,338 for nurses' home and mortuary was listed in the Hospitals' Commission Report for 1934-6. Costs rose continually as the new system proceeded. For example, the improvement of the accommodation and facilities for a larger nursing staff encouraged more patients to use the hospital, as did the extension of contribution schemes from married persons to single men over 21. Bathurst applied every year for subsidies to finance its needs but did not receive satisfactory financial assistance until 1936. The Hospital was consequently forced to delay providing improvements ordered by the Commission such as a new x-ray plant. Only half of the £1,140 cost of this equipment was subsidised, the Hospital having to finance the rest with a bank overdraft. For this reason bequests and community donations to the Hospital continued to be a necessity.

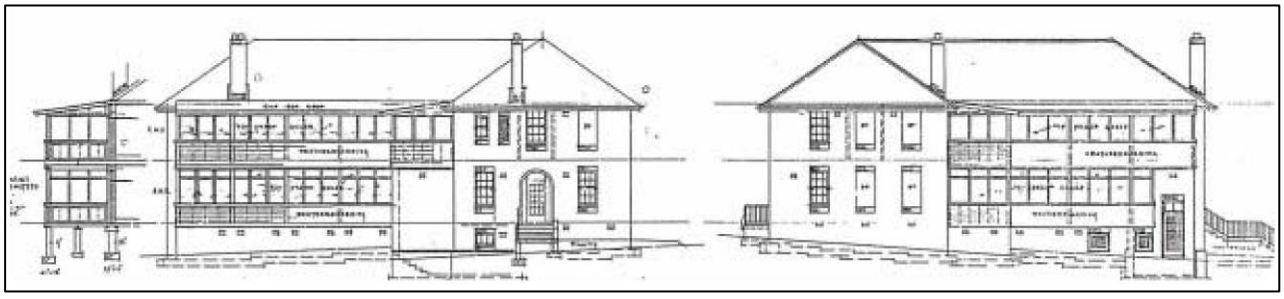

Figure 19: North-west and north-east elevations from the plan of 'Nurses' Quarters New Building', Poole House, authorised in October 1931 but not built until 1933.

Detached nurses' homes had become more common from the 1880s onwards, when they were either added to existing hospitals or formed part of new schemes. Developments in hospital planning and design had gone hand in hand with the reform of the nursing profession, and Nightingale, for one, recognised the need to provide nurses with better accommodation within the hospital.56 By the end of the nineteenth and the beginning of the twentieth century, the nurses' homes were mostly single-storey buildings with wide verandahs. In the 1920s and 1930s, two or three-storey nurses' homes were integral parts of the disciplinary structure of the larger hospitals and as a result, numerous nursing homes were built between during this period. There were usually very strict rules and regulations as well as curfew, all designed to ensure that nurses had enough sleep to be fit for work the next day and to offer security to young trainees from sheltered backgrounds, as well as a need to protect the hospital's reputation.

Figure 20: This contemporary photograph of Poole House from the west shows the second Nurses' Home, Paul House, in the background (2004).

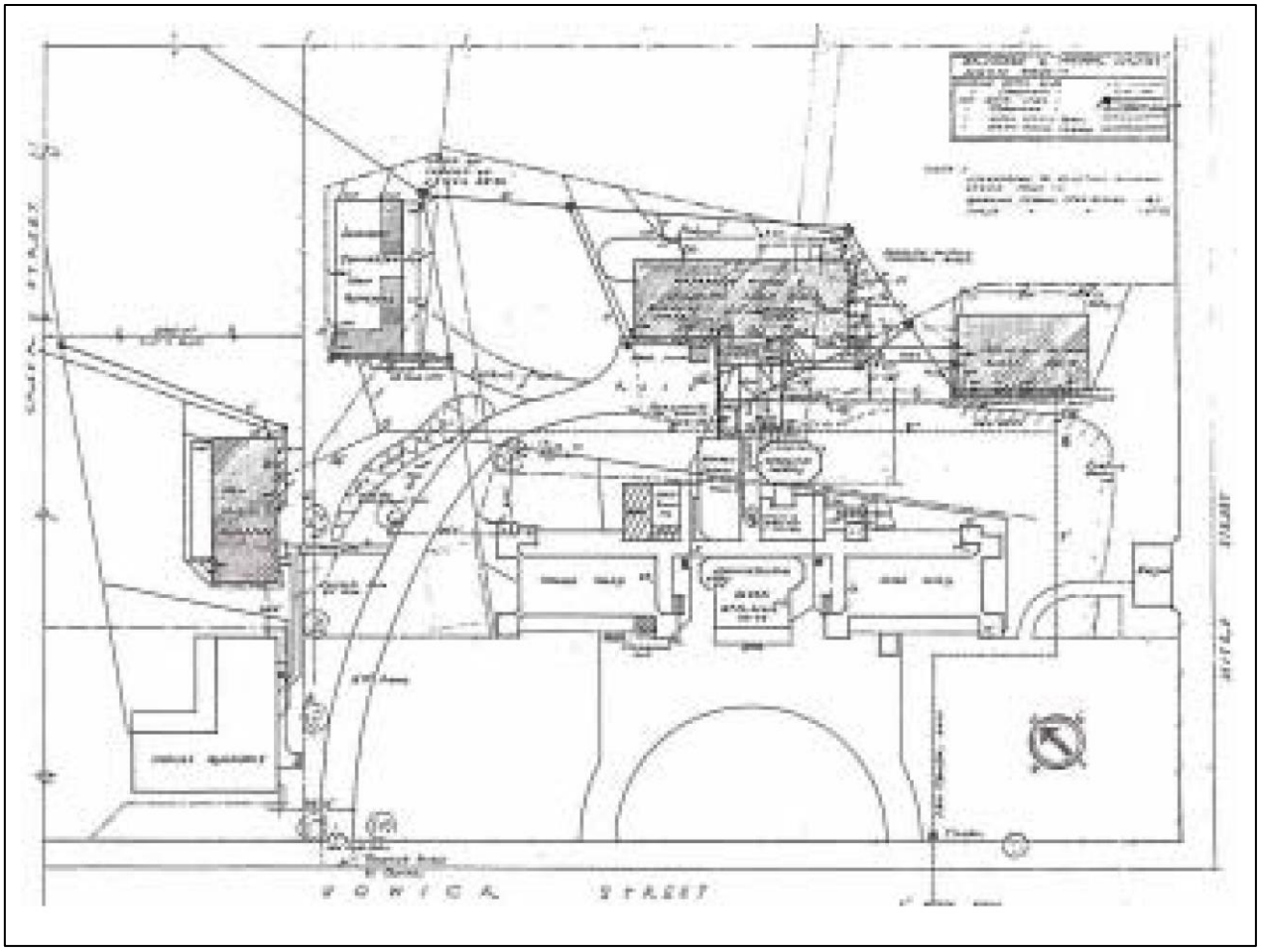

Figure 21: The Block Plan showing the alterations and additions to Bathurst District Hospital during the 1940s. The isolation ward on the Mitre Street side later served as a children's ward.

Fully equipped maternity wards were lacking in all older hospitals because home births had been customary. The advances in obstetrics and increased numbers of doctors taking up this specialty discouraged women from relying on midwives to deliver their babies at home. When Bathurst Hospital applied for a new Obstetric Block in 1937, the Commission and Government Architect devised a more extensive development plan. As Theo Barker explains, 'The order of priority was, first a maternity and children's ward in the same block; second an extension of existing main ward facilities on the ground floor; third, conversion of the existing children's ward into an intermediate ward; and last extensions to the Nurses Home.' The delays caused severe overcrowding with double the recommended number of patients crammed into the wards that were available.

In 1942 the Public Works Department began building a new three-storey ward block (Figure 21) for obstetric and children's wards with laundry and boiler room in the basement but wartime problems delayed the opening until 15 April 1944. An additional Nurses' Home Paul House was opened on the same day. Also celebrated were refurbishment of the former children's ward as intermediate wards; and modernisation of the operating theatre, which was named The John Brook Moore Operating Theatre after a former long-serving consultant. It was a red-letter day for the hospital. State Premier and Treasurer William McKell and Commonwealth Treasurer and Chairman of the Bathurst Hospital Board, Hon J. B. Chifley MP were among those attending, the latter having served as the Hospital's Chairman for many years.

Figure 22: The curved end of the Maternity Ward Block contained solariums with metal-framed windows while the north-east facing balcony had sliding windows with wooden sashes. The seven two-bed wards opened onto the balcony and the view over the river flats while the utility rooms were on the north-west side of the building (2004).

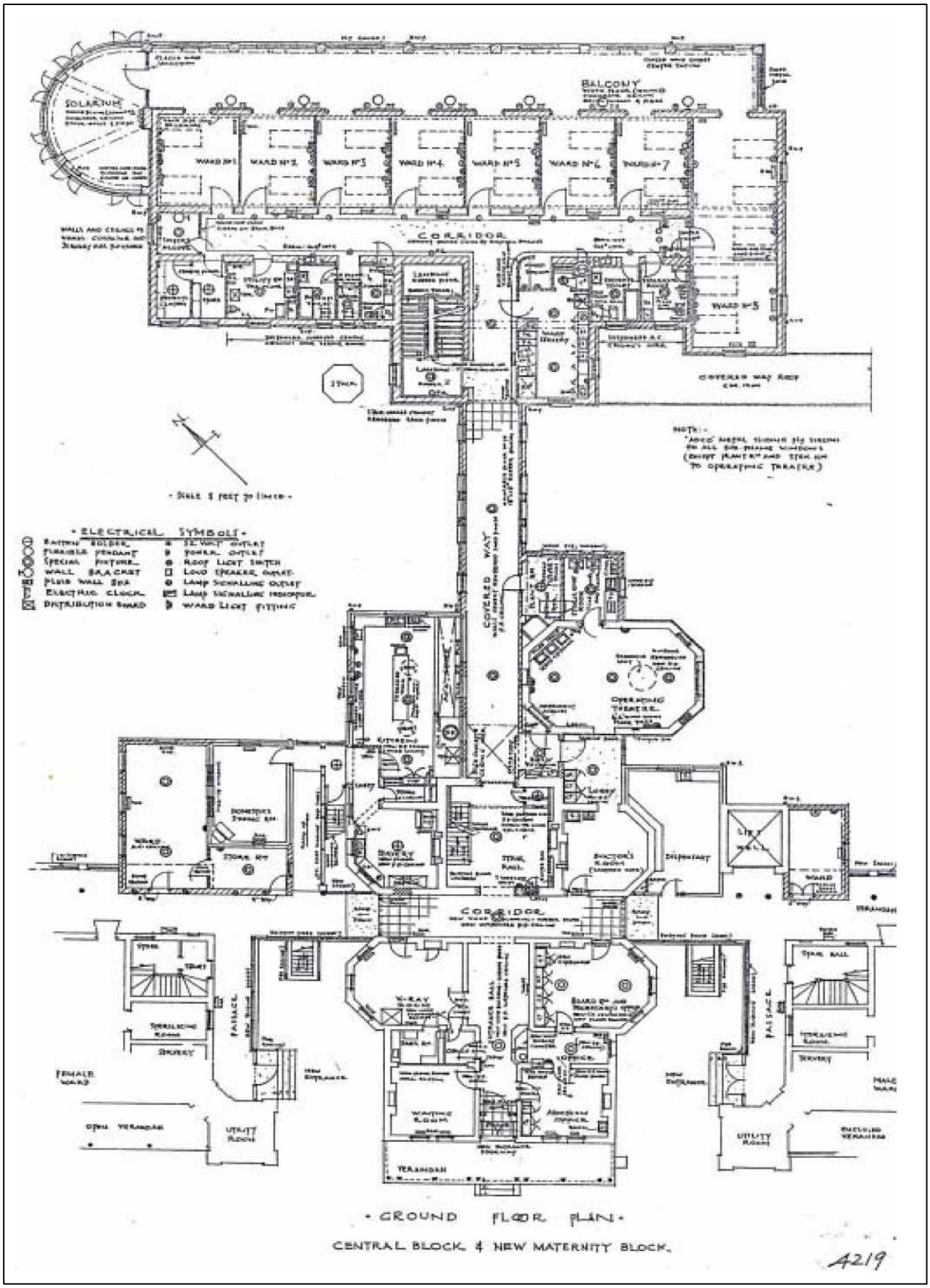

Figure 23: This 1945 plan of the alterations to the Central Ward Block and the new Maternity Block shows the work as executed. It documents numerous additions to the rear of the Tower Block.

2.6.1 Macquarie Homes for the Aged

Much needed ever since the Bathurst Hospital had open, an aged care facility was established on land near St Vincent's Hospital, formerly occupied by the Greenlawn Dairy. State member for the district, the Hon C. A. Kelly MLA was honoured for his assistance with the project when the first housing erected in the Macquarie Homes for the Aged complex was named Mary Kearney Cottages after his mother. These were commenced in 1945, completed in 1948 at a total cost of £70,476, and officially opened the following year. The homes were administered by the hospital and received hospital services. Provision of specially designed aged care was a logical component in a community hospital where everyone was entitled to receive treatment. The Commonwealth Hospital Benefits Scheme established on 1 July 1946 advanced the work of the Hospitals Commission in providing these facilities.

2.7 Post World War Two Development 1946 – 1973

The introduction of wonder drugs such as sulphanilamide and penicillin during the 1930s and 1940s change medical practice significantly, by shortening hospital stays and lessening the reliance on nursing care to effect a cure. They also increased the cost of hospital administration as did post-war pay increases and the introduction of the 40-hour week for hospital personnel. These last changes were introduced by the Hospital Commission. The Commonwealth and State Hospital Agreement pledge to provide free public-ward treatment for all who required it placed greater demand on hospitals. The imposition of a means test on this provision offered some relief in 1952. Subsequently hospital contribution funds multiplied as those with means sought to ensure any hospital treatments required.

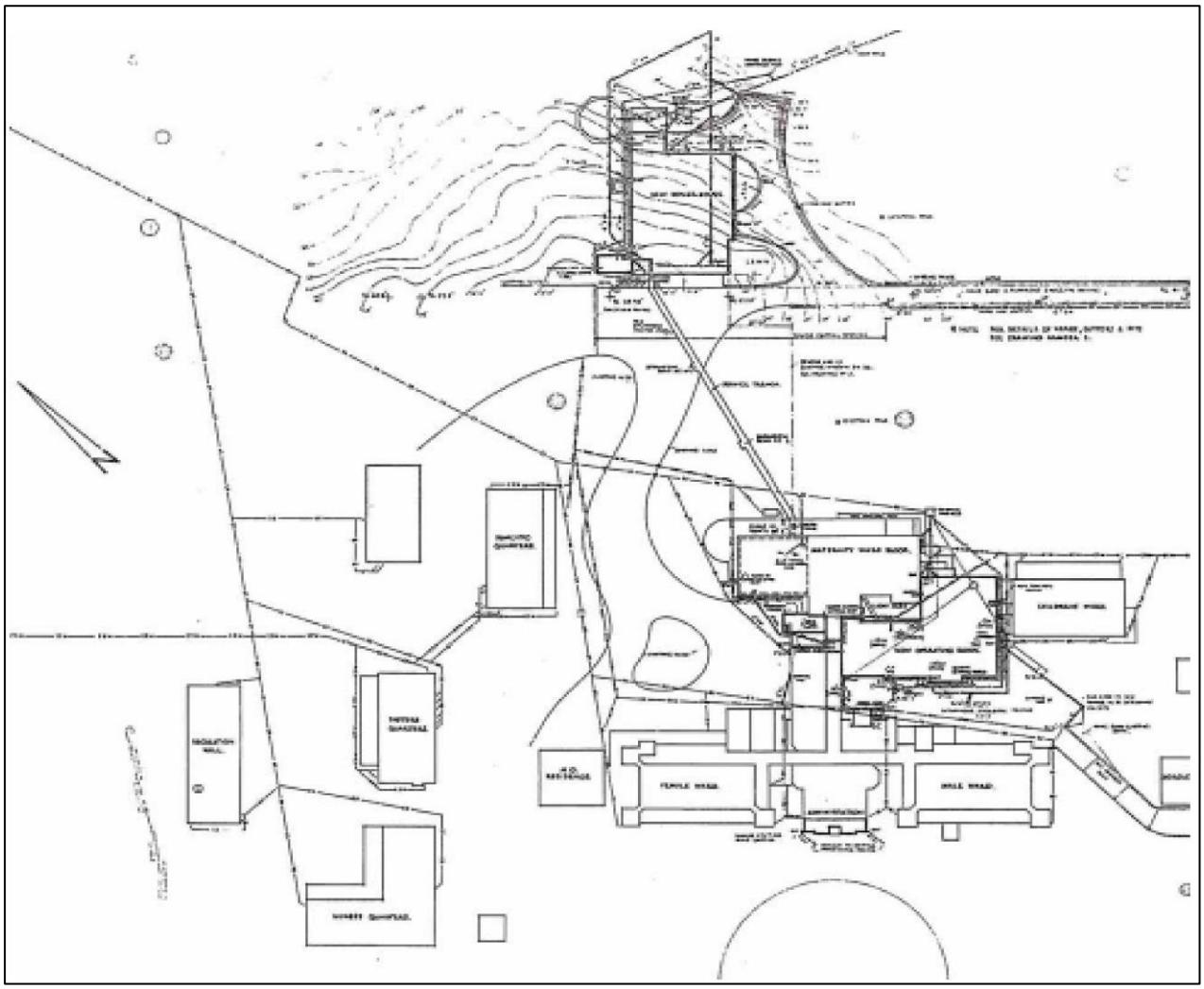

Figure 24: The site plan of alterations and additions 1964.

Bed shortages were common in the immediate post-war period and this affected Bathurst Hospital in spite of the new wing opened in 1944. The two main causes were an increased demand for hospital treatment and the sharp rise in the birth rate. Also contributing to the increase in patients was the opening of a migrant hostel in the former army camp. Compounding the problems was a serious shortage in nursing and domestic staff that was so extreme as to cause ward closures. In 1947 the Hospital was forced to restrict admission to its medical and surgical wards and reduced the days that new mothers stayed in hospital. Costs rose so much that the Bathurst Hospital expenditure was investigated in 1950. But the Hospitals Commission concluded that no further economies could be made. Cost problems began to ease in 1957 due to a significant decline in in-patients; a special grant of £12,000; and a welcome increase in maintenance support from the Hospitals Commission. This assistance allowed the Hospital to renovate and paint the existing buildings, even though payment of fees remained very slow.

The long-delayed additions to the Hospital were planned in 1959 after discussions on site with the Commission Chairman Dr H. Selle and Government Architect Mr E. Farmer. Stage 1 of the development comprised a two-theatre operating block with a central sterilising unit; a new xray department in the former operating theatre; and replacement of the lift and boiler house. Stage 2 planned modern service rooms for all public wards and Stage 3 comprised a private and intermediate block that would release the existing intermediate ward to obstetric patients currently accommodated on verandahs. It also provided for a new laundry. Sketches of the extensions were prepared in 1962 but the plans were not finalised until 1964. The Women's Auxiliary contributed a significant amount towards the equipment for the extensions, including xray table, surgical diathermy, air conditioner, steramatic steriliser and anaesthesia machine. A Nurses' Training School was opened on the campus in 1965 and work on the major extensions was commenced that year. Costing a total of £400,000 of which the Board contributed £6,000, the additions and renovations were officially opened by Minister for Health A. H. Jago MLA on 15 June 1967.

During the refurbishment of the 1960s the Hospital enclosed the verandah at the front of the tower block with brick and glass, giving it a modern but unsympathetic façade. A new children's ward was added on the south-eastern side of the operating block and a very large boiler house was erected on the east at the extreme edge of the elevated land.

Sometime after the establishment of the children's ward, probably in the 1960s, Pixie O'Harris painted a small mural of kookaburras there. Compared to some examples of her work, it is a simple, small work. Pixie O'Harris MBE (1903-1991) was an artist and author, particularly of children's books. She studied at the Julian Ashton School of Art and, during her career, she contributed poems, stories and illustrations to many publications, as well as illustrating works by other authors. Over a period of forty years she decorated hospitals, schools and community institutions with murals, panels and pictures. This started because she found the hospital surroundings so bleak, after the birth of her third child. It is noted in her autobiography that she worked at Bathurst District Hospital twice, though only one work appears to remain. In 1993, her brother Olaf painted a mural in her memory in the current children's ward.

2.8 Integrated Health Care 1973 – 1987

As a result of the Starr Report on Hospitals in 1969, a rationalisation process began. It recommended that a unified administration be created to incorporate public health, mental health, hospital and ambulance services. It was to be organised regionally with emphasis on community health. In the new system, the hospitals were to defer to the central administration, the Health Commission, which would have 'power of direction' over the boards of trustees. Legally, for the purpose of industrial arbitration, the Commission would be the 'employer' of public hospital staff. The Health Commission began operating on 2 April 1973.

In the new hospital system, Bathurst continued to be classified as a district hospital and became the headquarters of the Central West Region. From that time, the Hospital Board lobbied the Commission for elevation to the status of Base Hospital because only hospitals with this classification would be able to offer specialised treatment. Neighbouring hospitals, local doctors, politicians, Bathurst Council and the Chamber of Commerce all supported the Hospital's campaign to be upgraded.

Developments in aged care and concern for the growing proportion of aged people in the community made rehabilitation a priority during this decade and Bathurst gained a regional rehabilitation centre that was erected next to the Macquarie Homes for the Aged. Comprising a 40-bed ward and therapy unit, it was the first rural centre of its type. Named the Bill Dow Therapy Centre in memory of a longterm supporter of the hospital, it was opened by Minister for Health Kevin Stewart on 10 December 1976. A Vocational Rehabilitation Facility was incorporated in 1979.

Figure 25: Bathurst District Hospital Restoration and Reuse, 1978.

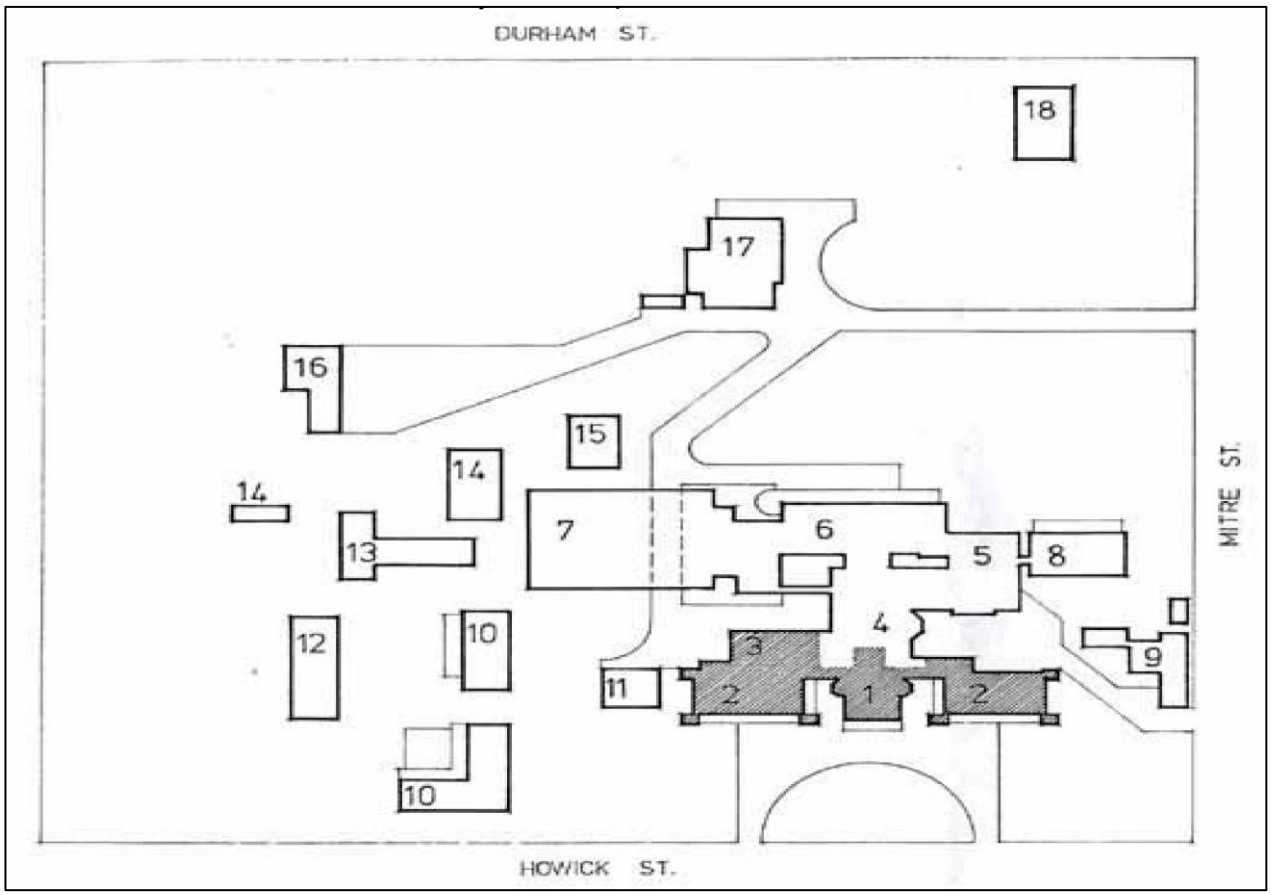

Figure 26: Site Plan of Existing Buildings 1978.
KEY: 1 Entry & Admissions; 2 Wards; 3 Wards; 4 X-Ray Plant, Pharmacy; 5 Amenities, Theatres; 6 Wards, ICU, Maternity; 7 New Wards; 8 Kitchen; 9 Pathology, Mortuary; 10 Nurses' Homes; 11 RMO's House; 12 Hall; 13 Nurses' Training School; 14 Workshop; 15 Staff Accommodation; 16 Carports; 17 Boiler House; 18 CEO's Residence.

The new ward block that Bathurst Hospital Boards had requested for over twenty years was finally granted in 1976 when the Health Commission accepted Kell and Rigby's tender to build a two-storey block that would accommodate 62 beds. It is located on the north-east side of the Hospital, north of the maternity block and was intended for male and female surgical patients. Completed two years later, the new block was designed by Thomson, Glendenning and Paul Pty Ltd, architects. Minister for Health Kevin Stewart opened this building, which would replace the Nightingale wards built almost 100 years earlier, in November 1978.

Figure 27: The 62-bed surgical ward block completed in 1978 can be seen behind the cottage in the centre of the picture. Formerly the resident medical officer's quarters, Chifley Cottage is currently used for counselling services (2004).

2.8.1 Restoration of the Bathurst District Hospital 19080 – 1985

The centenary of the Bathurst District Hospital's 1880 buildings was marked by a restoration that adhered to their original design but also fitted them to serve the needs of the late twentieth century. The opening of the surgical wards had left the old wards empty but, as the Government Architects Branch had listed the original buildings in the Heritage Council Register, it saw their retentions as paramount. It recommended that any redevelopment should include removal of inferior additions, sympathetic maintenance and integration of services. The project architect D. C. Jackson concluded that it would be less costly to restore the buildings and fit them out for the needy departments than to construct a new building.

Jackson first examined the existing buildings in order to assess how the Hospital's needs could be accommodated within the budget available. Departments cramped to the point of inefficiency were Pathology, Administration, Casualty-Outpatients and Physiotherapy. Pathology was particularly stressed from being in a small building part brick and part fibro extension that it shared with the mortuary; the twenty people working in administration were scattered through the Hospital; the casualty area in 'tiny quarters at the rear of the original building' could not deal with the numbers of patients visiting; the physiotherapy unit was similarly inadequate; and the bulk storage area in the basement was too low.

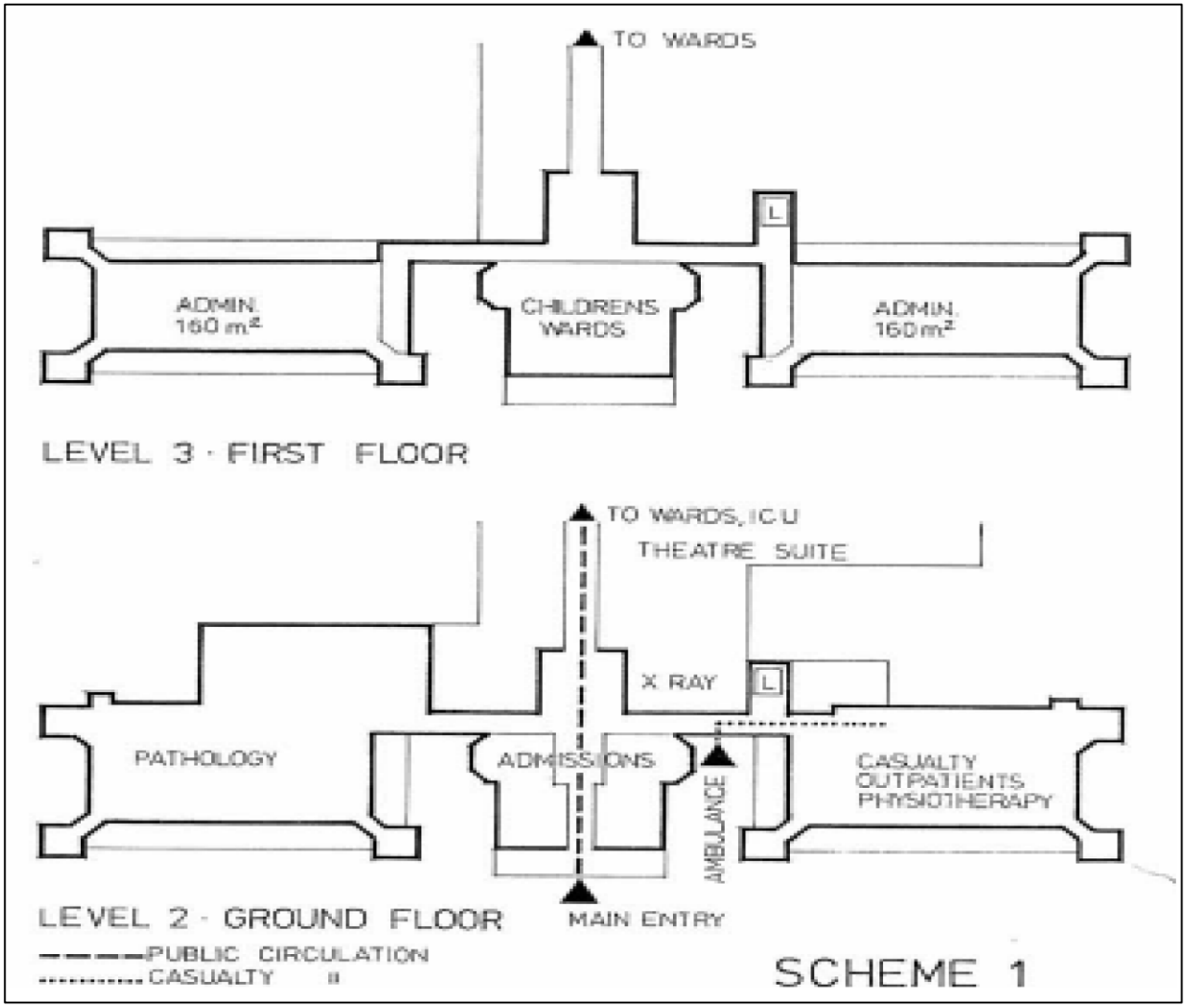

Figure 28: Scheme 1 was the option preferred by all parties involved but both schemes featured opening up and enhancing the dark and gloomy main entrance through the centre block and both would restore the front of the Hospital to its original appearance.

Figure 29: A view of the restored original buildings from the northwest also shows the evergreen oak planted in 1890. The small cottage in the foreground was built for the resident medical officer (2004).

Once the preferred scheme was chosen, the refurbishment was carried out in three stages. The new Casualty Department in what had been the original female surgical ward was opened on 28 April 1983 by Hon J. R. Johnson MLC, president of the New South Wales Legislative Council; and the redevelopment of the original male ward to contain a new Pathology Laboratory and Parent Accommodation was opened on 21 November 1984 by Minister for Health Ron Mulock. The boardroom executive staff offices, nursing administration, pay office, computer facilities and accounting staff were fitted in and around the central tower block. The verandahs along the front of the buildings were restored to their open state but the passage linking the three buildings was glazed to protect the interior from the extremes of the Bathurst climate.

2.8.2 Rationalisation of the Bathurst Hospitals

In 1985 Bathurst District Hospital and St Vincent's Hospital Bathurst signed an agreement to rationalise and share their services to avoid unnecessary duplication. Bathurst District Hospital would provide general medical, surgical, obstetric, paediatric, accident, emergency and radiology services and a high dependency ward for high-risk patients. Through its 42-bed hospital and outpatient services, St Vincent's would provide geriatric, psychiatric, developmental disability, domiciliary nursing, drug and alcohol, and renal dialysis as well as episodic care beds.

Also in 1985, nurse education was moved out of hospitals and into colleges of advanced education. Subsequently, Bathurst District Hospital provided the clinical education component for trainees studying for the Diploma in Applied Science (Nursing) at the Mitchell College of Advanced Education, Bathurst. However, the trainee nurses continued to live in the nurses' accommodation provided at the Hospital because there was insufficient accommodation at the College where the academic courses were held.

2.9 Bathurst Base Hospital 1988 – 2004

Bathurst District Hospital was upgraded to Base Hospital Status in 1988. The change, which was gazetted on 23 December 1987, recognised the Hospital's key role in the provision of services for the Central Western District. In announcing the change in status, NSW Minister for Health Peter Anderson stated that Bathurst District Hospital had assumed responsibility for all the region's surgical and acute services since 1985. Bathurst supported St Vincent's, Bathurst, and the hospitals at Blayney, Oberon and Rylstone It also provided some assistance for the hospitals at Lithgow and Portland.

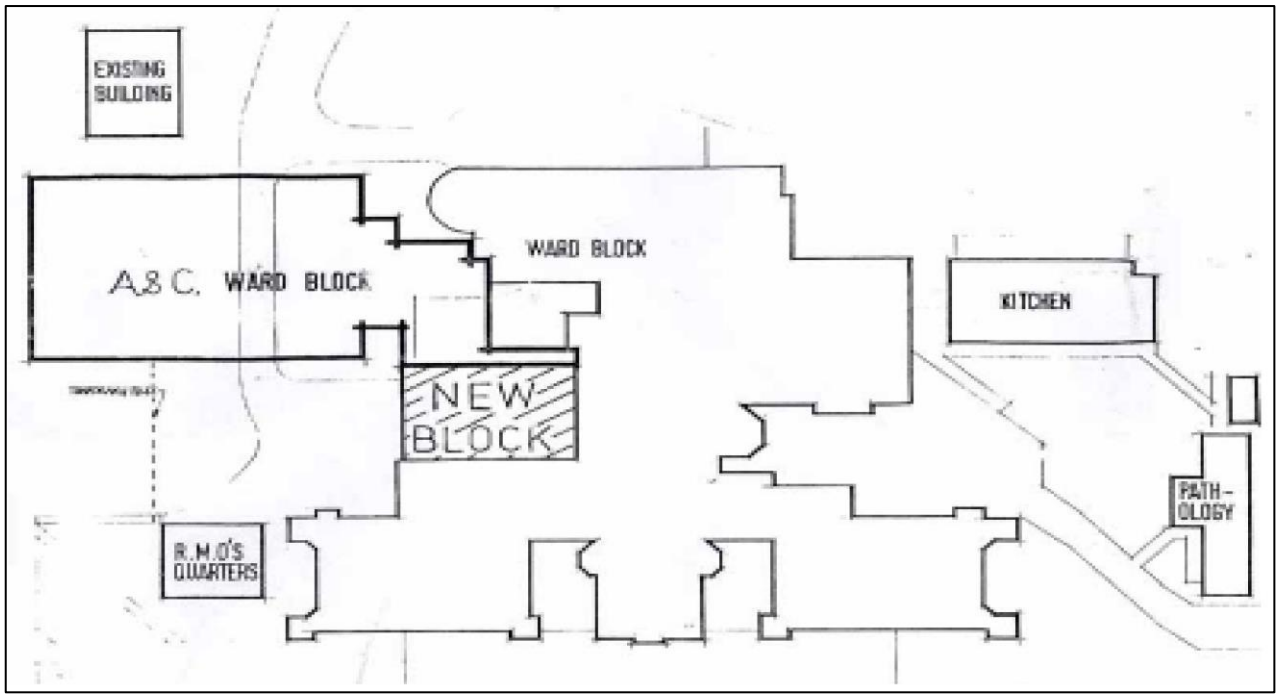

Figure 30: The sketch plan demonstrates how the new ward block, built in 1988, fitted into the Bathurst Base Hospital campus.

The higher status attracted a supplementary allocation to Bathurst Hospital to help it cope with the significant increase in demand for its services. The supplement of $445,000 was sufficient to appoint nine additional nurses and one career medical officer. The hospital Board saw the upgrade as 'a tremendous achievement for the Hospital' and regarded the date of its announcement as 'the most important day' in their history.

On 1 November 1987 work began on another major building incorporating a paediatric ward at basement level and a day surgery centre at ground level. A vacant third floor was included for future development. Ancillary services funded for this new building were a medical high dependency unit, orthopaedic enhancement program (prosthesis), theatre equipment, image intensifier and improvements to the accident and emergency department.

Community fund-raising began in 1994 for the provision of a children's cancer care facility within Bathurst Hospital. Daffodil Cottage was opened in late 1996, following a concerted community campaign, including an initial fund-raising of $76,000 within 24 hours with the support of the local radio station and total donations of $400,000 in money and $750,000 in labour and materials. The building was designed by Sue and David McGregor Projects Architects and Builders and located on a former tennis court on the corner of Howick and Commonwealth Streets. Since opening, the local community has continued to support Daffodil Cottage with an additional $500,000 raised to provide equipment.

Figure 31: A view of Bathurst Hospital from the north that shows the 1978 surgical block on the left and the original building on the right with the 1988 Block between them. The playground is immediately outside the children's ward (2004).

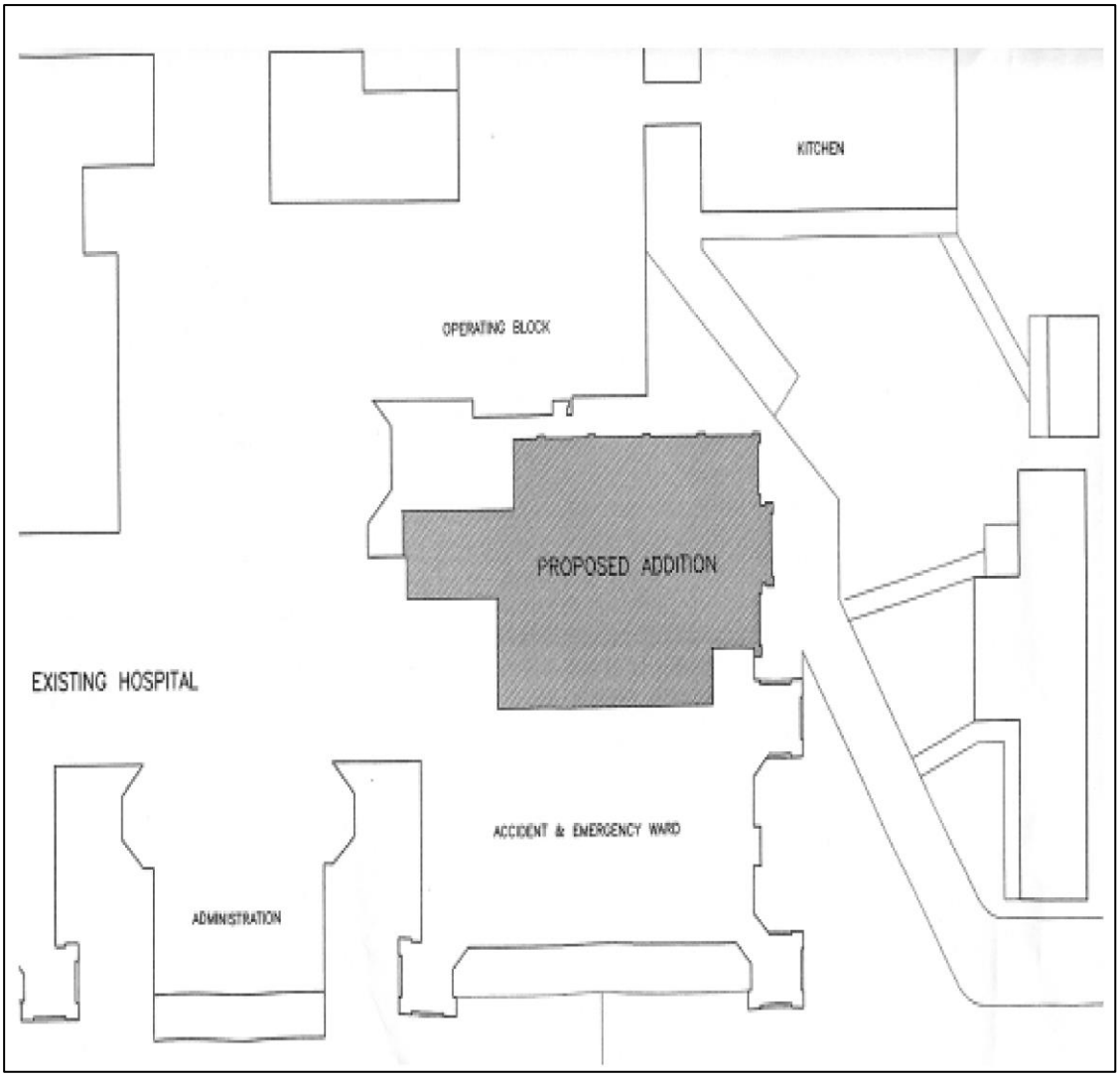

Figure 32: Site Plan detail shows location of extension to the Accident and Emergency Ward that was completed in 2000.

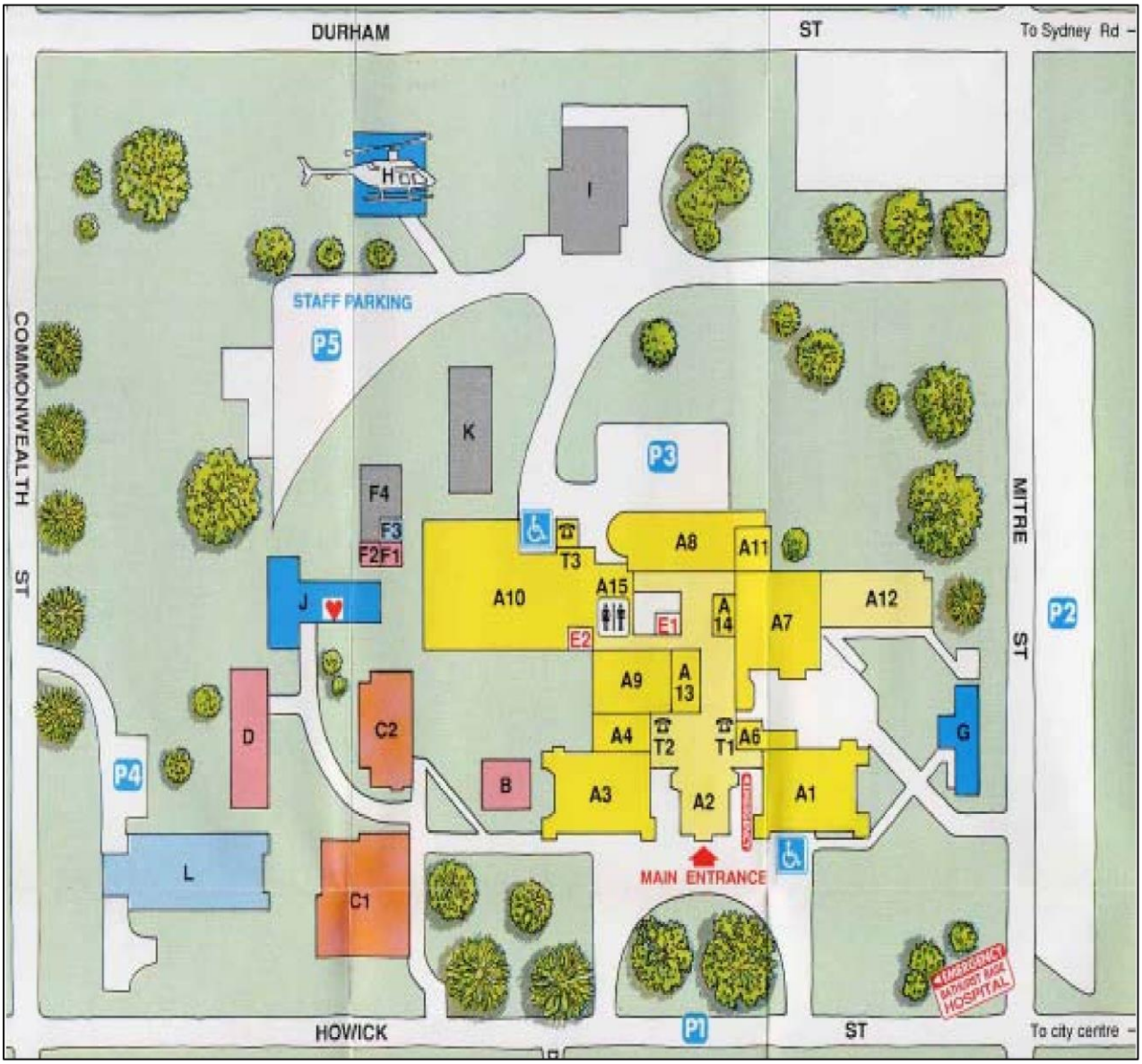

Figure 33: The Guide to Bathurst Base Hospital shows all buildings except the 2000 extension to the Accident and Emergency Department

In 1999 Bathurst Base Hospital received a State Government Grant for additions to its Accident and Emergency Department. The project would provide an additional waiting area, toilets, children's play area, reception and triage, three treatment cubicles, a plaster application and removal area, associated staff rooms, a grievance room and space for medical records storage. The team assembled to create the extension comprised Department of Public Works and Services, Architect John Blackwood from Orange, and a design committee from the Hospital. Because the addition was on the south-eastern side of the Hospital facing the park, it would be more prominent than the wards that had already been added on the northern and eastern sides. The outside wall was designed with inset lancet windows and a continuation of the drip mould between ground and first floors, as featured in the original building. The extension was set back from the original so that it did not impinge on the towers. Inside, where new and old sections meet, the original pillars and archways have been retained.

Figure 34: Daffodil Cottage for treating cancer patients was added to Bathurst Base Hospital in the early 1990s (2004).

Figure 35: This view of the Accident and Emergency Department extension shows the architectural elements designed to blend with the original building.

2.10 Recent Developments

In the last few years, the Mid Western Area Health Service (MWAHS) has been reviewing the Bathurst and Orange Health Services with a view to consolidation, reorganisation and provision of the best services in the best facilities in the best locations. As part of this review, MWAHS conducted surveys of the community views regarding alternative site options for the location of health facilities at both locations. The survey for the Bathurst Hospital facilities put forward 3 options, being the current Base Hospital site, St Vincent's

Hospital site, and the Macquarie Care Centre site. Responses to the survey were requested by 4 October 2002. The results strongly favoured the existing hospital site, and are shown on the table and in the diagrams on the next page. Though it was not possible to undertake a survey of community attitude to Bathurst Hospital as part of this CMP project, a small amount of consultation was undertaken with community members with an interest in the hospital. This showed a strong attachment and commitment to the existing hospital site and to the original building. Nearly all persons consulted showed a strong sense of pride in the recently completed children's cancer centre, Daffodil House, which was built entirely through community funding and labour.

PREFERENCE	EXISTING SITE	ST VINCENT'S SITE	MACQUARIE CARE CENTRE SITE
FIRST CHOICE	812	124	52
SECOND CHOICE	36	211	476
THIRD CHOICE	113	408	203
MISSING	40	124	267
TOTALS	1001	1001	1001

PREFERENCE	EXISTING SITE	ST VINCENT'S SITE	MAQUARIE CARE CENTRE SITE
FIRST CHOICE	81%	12%	5%
SECOND CHOICE	4%	21%	48%
THIRD CHOICE	11%	41%	20%
MISSING	4%	12%	27%

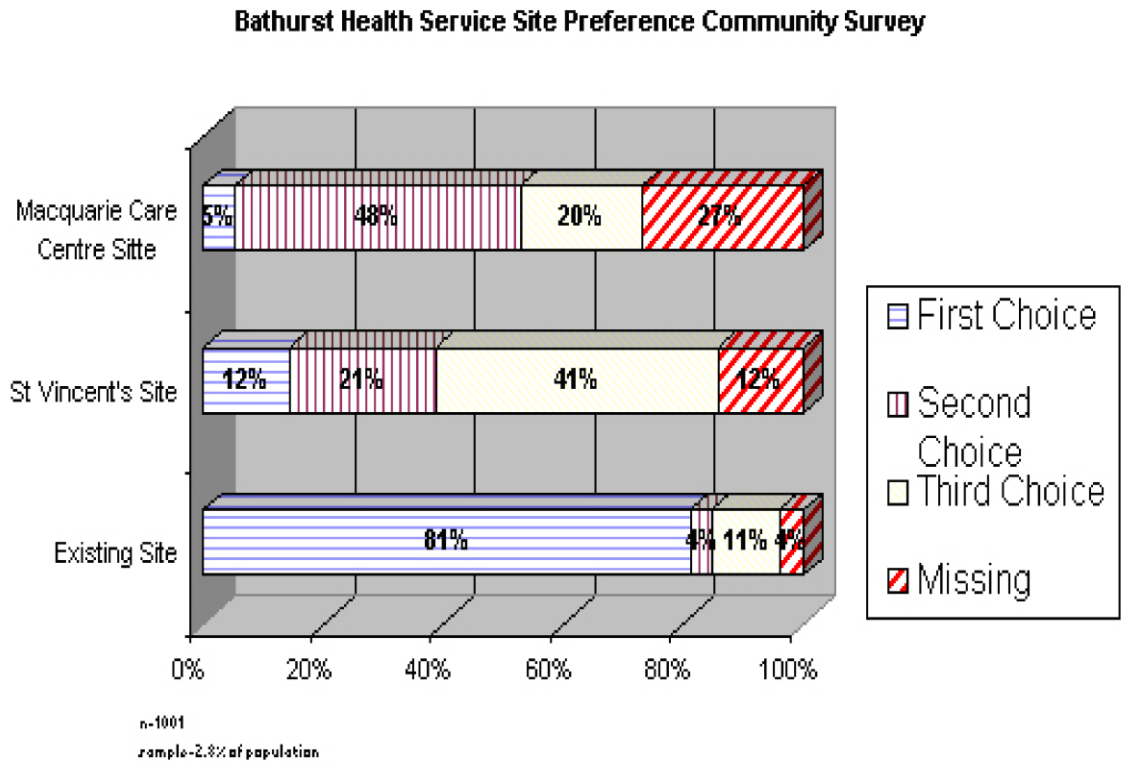

Figure 36: Showing the results of the 2002 survey.

2.11 Summary of Historical Development

Table 2 below summarises the historical development of the Bathurst Health Service:

Date	Activity	Buildings, Additions, Alterations	Plans/Pics
1824	Opening of Convict/Military Hospital corner of Howick and Bentick Streets.	Wooden building provided.	Sketch only.
1878	Convict/Military Hospital building destroyed by fire.		
1880	Opening of new building on Howick Street between Mitre and Commonwealth Streets.		No plans extant.
C.1880		Boundary fence built by contractor J.McDonald.	Photo.
1882	Additions.	Laundry (£500), windmill and Swag Room.	Photo.
1886	Replacement	New laundry (£1,000).	None.
1880s	Replaced hardwood floors.	New floors.	
1890	Telephone connection.	Hospital to honorary surgeons.	
1890	Landscaping, Arbor Day.	Several trees planted by Mr Taylor and his son.	
1893	Replacement	New roof for operating theatre.	None.
1896	Telephone connection.	Hospital to local exchange.	
1896	Inspection of grounds by Council Gardener.		

		Additional trees and shrubs planted at front and rear.	
1904	Addition.	New operating theatre.	Architectural Plans, ML.
1906	Installation.	Hand powered lift designed by R.G. Edgell.	None.
1921	Additions.	Isolation Building with four wards, day room and verandah.	PH15/5.
1922	Addition.	Emergency midwifery.	None.
1926	Installation.	Electric power and lighting throughout the hospital.	None.
1929	Alterations.	Convert male ward in main block to Children's Ward. Build new kitchen.	PH15/15 PH15/13.
1931	Alterations.	Build additional Nurses' Quarters.	Ph15/18 and PH15/19.
1931	Additions.	Mortuary.	PH15/20.
1932	Alterations.	Remodel first floor for paying patients.	PH15/21.
1960s	Refurbishments.	Construction of two theatre operation block and Nurses' Training School.	
1970s	Additions.	Rehabilitation centre, two storey block for	

		surgery patients constructed.	
1980s	Restoration.	Restoration works of the 1880 buildings.	
1990s – 2004	Additions.	Addition of major paediatric building, Daffodil Cottage, extension to the south eastern side of the hospital.	
2006	Historical Archaeological Test Excavations		
2007	Major redevelopment	Construction of modern hospital building that occupies much of the site.	

Table 2: Showing the historical development of Bathurst Health Service.

2.12 NSW State Historic Themes

Table 3 below shows the relationship of the Bathurst Hospital to the Heritage Council of NSW National., State and Local Historic Themes.

National Themes and subthemes	NSW State and Local Themes	Demonstrated by
3. Developing local, regional and national economies.	Health	Construction and ongoing use of the study area as Bathurst Hospital.

Table 3: Showing the National, State and Local Themes identified for Bathurst Health Service.

3.0 Archaeological Context

3.1 Heritage Listings

Bathurst District Hospital is listed on the NSW State Heritage Register (Listing no. SHR 00815). It is also listed as an item of Environmental Heritage on Schedule 5 of the BLEP 2014 (Item No. I285).

3.2 Previous Archaeological Investigation

As part of the mid 2000s major redevelopment of the Bathurst Hospital site, historical archaeological test excavations were undertaken across the Bathurst Hospital site in 2006 by AHMS. The results of this program of archaeological test excavation are presented in *Bathurst Base Hospital, 361 Howick Street Bathurst, NSW: Historical Archaeological Test Excavation Report* (Leslie and Douglas 2006).

During those archaeological test excavations, the following features were uncovered and recorded:

- c.1880 Morgue footings were uncovered but were not to be impacted by the proposed works.
- Two cobble -filled drainage pits were uncovered and recorded in the northern portion of the site. Two other pits shown on the 1911 plan were "either never installed in the locations indicated or destroyed during later historic development". No further archaeological investigation of these features was required prior to the redevelopment works.
- The sewerage treatment works were uncovered in the form of a filter bed. The filter bed was determined to contain large amounts of asbestos and further archaeological investigation was not recommended.
- The footings of the c.1886 laundry were uncovered and recorded below the former Engineering Building. No further archaeological investigation of relics associated with the laundry was recommended.
- No evidence of the 1895 furnace was uncovered and no further archaeological investigation was required.
- Cistern BBBH1 was uncovered outside of the development footprint of the project at the time. Another cistern shown on the 1911 plan was located below concrete in an area outside of the development footprint of that project. No further archaeological investigation of these features was proposed at the time because they were not to be impacted on by the proposed works.
- Cistern BBBH2 was also located within the midline of the proposed access road. The proposed works would have resulted in the truncation of the top 1200mm of the cistern and the access road was redesigned to avoid this cistern.

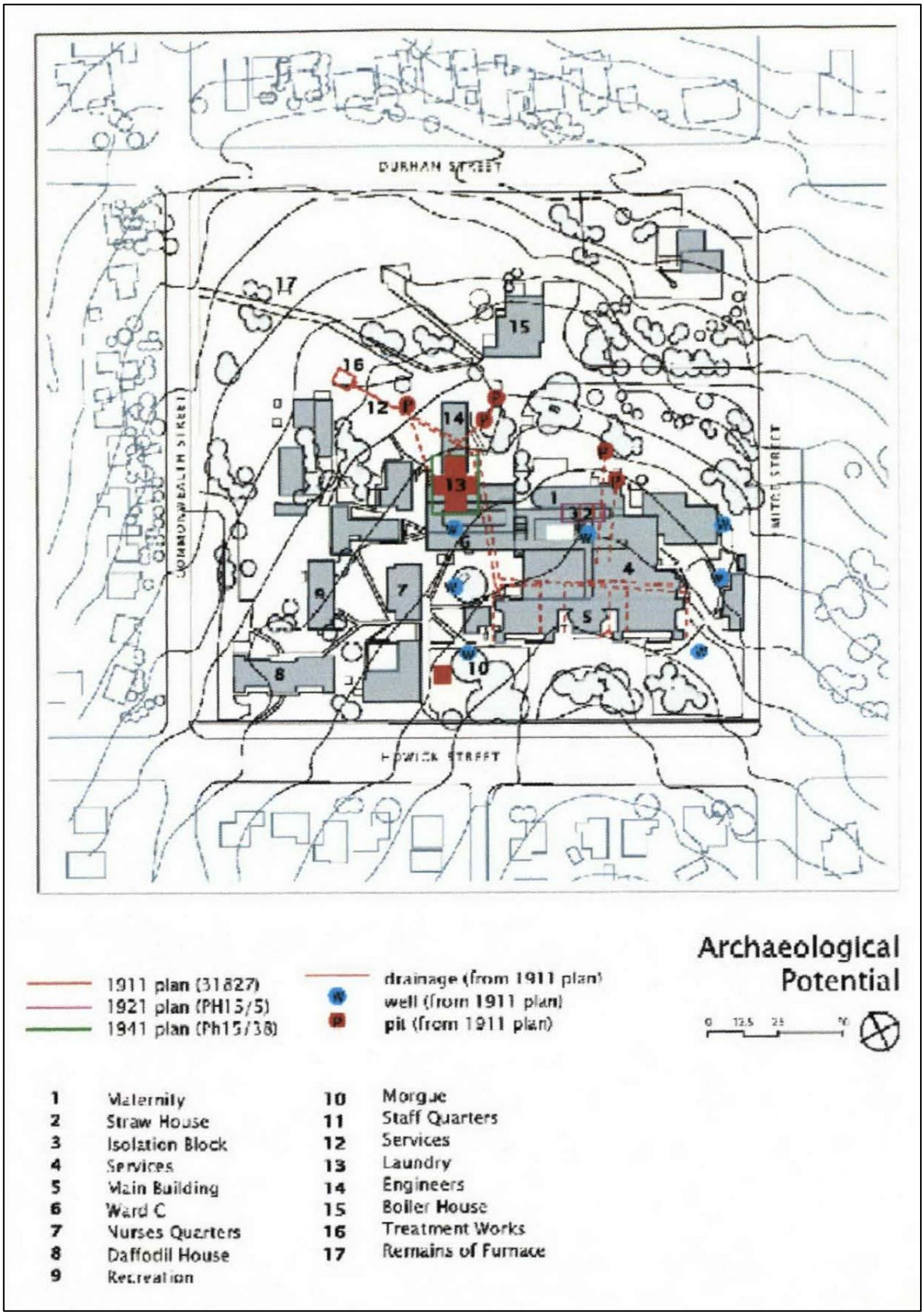

Figure 37: Plan showing the archaeological potential of the Bathurst Hospital site prepared by the NSW Government Architect's Office prior to the historical test excavations being undertaken.

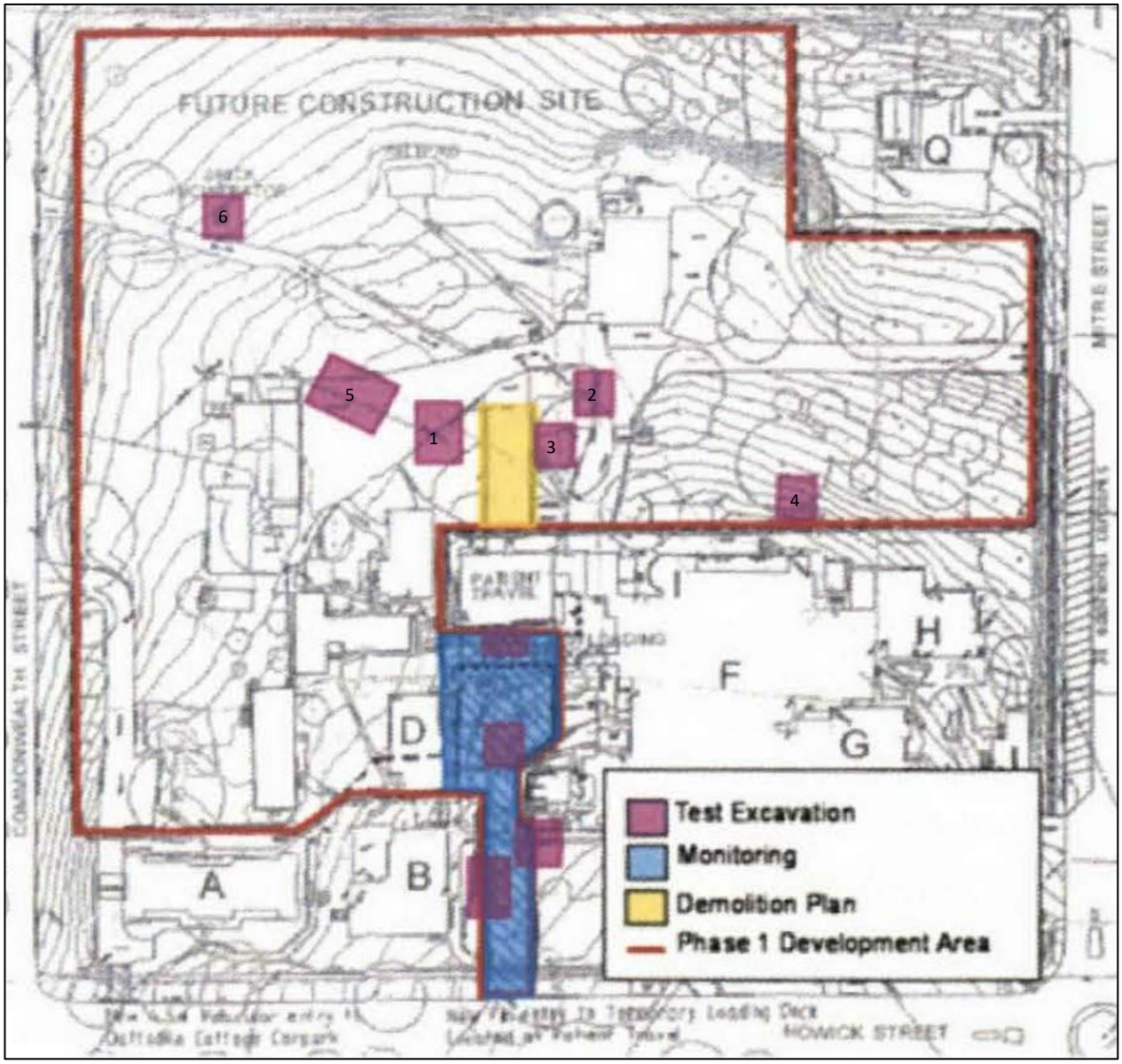

Figure 38: Plan showing the location of historical archaeological test excavations and monitoring during the 2006 test excavation program. Test trench numbers are shown within the test excavation unit (plan courtesy of Leslie and Douglass 2006:26).

3.3 Comparative Analysis

The Conservation Management Plan (Government Architects Office 2005) provides detailed descriptions of a number of comparable hospitals to the 1882 – 1909 Bathurst Health Service buildings. These include:

- Sydney Hospital.
- Royal Prince Alfred Hospital.
- Coast Hospital (later Royal Prince Henry Hospital).
- Parramatta Hospital.
- Maitland Hospital.

A detailed description of the comparable hospitals has not been reproduced here, but can be found in Section 5.14 of the *Conservation Management Plan – Bathurst Hospital* (Government Architects Office 2005:68–70).

4.0 Description

4.1 Introduction

This description will facilitate an understanding of the extant physical evidence at the Bathurst Health Service and the evolution of the site which may have impacted on archaeological evidence of previous structures and associated relics. The description will identify which structures remains extant within the study area and the evolution of the development of these structures.

The NSW Heritage Database listing for the Bathurst District Hospital contains the following physical description of the site:

> *Grounds:*
> *The Bathurst Hospital complex is best described as a collection of buildings set within a simple landscape of grass and trees. The front entrance, at the high point of the site, is formal in layout, designed to reinforce and complement the street facade of the original 1880s hospital building. The location of the entrance on Howick Street, with its views over the park to the north-east and panorama of the surrounding countryside, together with the formality of the landscape lends a quality of grandeur and importance to the main entrance. The front boundary is defined by a low brick wall, with entrance and exit gate posts which open on to the semi-circular driveway and simple garden planting containing a stone-edged plot of lawn, rockery and pergola and two very large (1890) Southern live oaks (Quercus virginiana) from America.*
>
> *The remainder of the grounds is dominated by various, well-established exotic trees (mostly cypresses (Cupressus spp./cv.), wide expanses of grass and small garden beds planted with dwarf heavenly bamboo (Nandina domestica 'Nana') and golden cypress (ibid, 53).*
>
> *The earliest known plantings on the site were several trees including the Southern live oaks, by a local man Mr Thomson and his son, on Arbor Day 1890.*
>
> *Further landscaping commenced in 1896 after an inspection of the grounds by the gardener employed by Bathurst Council. From that time additional trees were planted around the building, at the front and rear (ibid, 35) and garden beds were established near the entrance (ibid, 19).*
>
> *A 1920s photograph shows that part of the picket fence had been replaced. A low brick wall with entry gate posts, surmounted by lights, had been built in front of the main hospital entrance (ibid, 54).*
>
> *In addition to the formal entry, there are two obvious stages of landscape development on site. These are the landscape to the north of the site, most likely post construction of the Maternity and Children's wards in the early 1940s which included a number of Himalayan cedars (Cedrus deodara) and construction and planting of various garden beds with rock or Koppers log edging. These are planted with dwarf heavenly bamboo (Nandina domestica 'Nana') and golden cypress (Cupressus sp./cv.) and other assorted shrubs, particularly in the south-west section of the site, which is likely to have occurred post-1980 (ibid, 54).*
>
> *Hospital building complex:*
> *A large late Victorian hospital complex in the second empire style. The two storey hospital is comprised of a central administrative area with a tower, and operating theatre block flanked by long wings, with the men's wards on one side and women's on the other. Arcaded covered ways link the blocks and corner pavilions which are used for specific functions with octagonal operating*

theatres. Two storey arcaded verandahs run full length of the main façade. Construction is of brick with hipped iron roof and moulded string courses.

Constructed in Bathurst bricks; verandahs are decorated with timber posts, arched brackets and cast iron balustrades. The roofs are clad in iron sheeting. The architectural style is Federation Filigree.

The *Conservation Management Plan – Bathurst Hospital* (Government Architects Office 2005:42–53) contains a detailed list of buildings that have been constructed at the Bathurst Health Service site throughout its history. Many structures were demolished as part of the large redevelopment of the hospital in 2006. Following the 2006 redevelopment of the site, only the following buildings remain extant and these descriptions are taken directly from the *Conservation Management Plan*.

4.2 Heritage Building

William Boles, architect of Sydney, was commissioned in 1876 to design Bathurst Hospital. His design was allegedly endorsed by Florence Nightingale.

Typical of many large scale buildings of the Late Victorian period, the building is an eclectic mix of styles with elements of the Second Empire and Free Gothic styles. The building comprises two matching wings flanking a smaller central pavilion. All buildings are two storey with arcaded verandahs at both levels on the front and back facades. The buildings are constructed in Bathurst brick (dark red in colour), with moulded cement rendered string courses and have hipped roofs clad in cream colourbond sheeting (originally galvanised iron). The towers have a solid, vertical character. With brick corner pilasters and three long, narrow lancet sash windows at both levels on the main and side elevations. The pilasters are decorated with bosses and dentils.

The principal entry to the hospital is via the central pavilion. This central building has an interesting plan form of four octagonal rooms either side of a longitudinal hallway with rectangular rooms towards the front and a large pyramidal tower towards the rear. The side wings comprise one principal ward room on each floor with smaller corner rooms with towering pyramidal roofs. The spaces under these were used for ventilation and to house water tanks. The side wings are linked to the central pavilion by the rear arcaded verandahs, now enclosed in glass.

The overall character of this building is dominated by the impressive roofscape of hipped roofs and towers, as well as the arcaded two storey verandahs. The verandahs are decorated with timber posts, arched brackets and cast iron balustrades.

Originally, administrative offices were at the ground floor, and an operating room was at the first floor level, in one of the octagonal spaces below the central tower. A sitting room was located in another, and private wards were in the other rooms on the floor.

The wings of the building housed wards at both levels with male wards to the east and female wards to the west. There were verandahs to the front and rear of the wings which allowed cross ventilation, thought to be extremely healthy at the time. The tower rooms at the corner of the wards housed service rooms, bath and toilet facilities and a sewing room.

The basement area to the rear of the hospital under the Board Room and Operating Theatre at ground floor level was shown to be used for ‘Kitchen Etc’ in the 1911 plan. Other areas of the basement were used as

offices, some accommodation for staff and storage. Two concrete stairs lead from the basement to the spaces between the side and central wings. Though this area was designed with less decoration and detail than the upper levels, some decorative features were included.

4.3 1904 Operating Theatre

A new operating room was built in 1904, connected to the eastern side of the rear of the central block by a covered way. This building, designed by Bathurst architect, John Job Copeman, reflects design elements of the main hospital building in its materials, its elongated octagonal shape and in its roof form, as well as in its decorative detailing: hood moulds over the windows and the cast iron roof cresting.

It has since been altered and surrounded by subsequent extensions. At basement level, it has retained its octagonal plan form. Much of this has been lost by alterations and additions at ground level … The roof form has subsequently been reroofed in cream corrugated colourbond roof sheeting without the original cresting or roof light.

4.4 1932 Mortuary

A new mortuary was built on the Mitre Street boundary at the eastern end of the main hospital. Similar to other buildings built during the 1930s on the hospital site, the Mortuary was designed with some Interwar Georgian elements in face brick with a terracotta tiled roof and six pane double hung sash windows. It has fine brick detailing around the original side entry and eaves lined in spaced boards for ventilation. This building has since been extended on several occasions with additions on two sides, with the latest extension occurring in 2002, employing similar materials and detailing.

4.5 1933 Nurses Quarters (Poole House)

Designed in 1931, Poole House is L shaped in plan with verandahs on the inner part of the L plan. It is constructed in face brick work with a hipped terracotta tiled roof in a simple Interwar Georgian style with 6 pane double hung timber-framed sash windows and an arched main entry. The verandahs originally were screened to form a fly-proof enclosure (with weatherboards as balustrading) and have since been enclosed with glazing. In plan, the building comprises two floors of nurses' bedrooms either side of a central corridor, with larger communal rooms at the northern end of the building on both floors. It continues to be used for accommodation for hospital staff, and is generally in good condition.

Much of the original joinery remains intact, including the windows, the 15 paned obscured glass doors opening onto the verandahs, the picture rails, the bathroom doors and the original centrally located staircase. The box rooms and linen cupboards also remain. The sanitary fittings are original.

A number of changes have been made to the building. Bedroom doors have been replaced as have the ceilings and cornices. Additional stairs have recently been installed at either end of the building, probably to meet BCA requirements. Unfortunately, the work has involved the bricking up of some external windows, changing the rhythm of the openings in the facades. While the fireplaces have been bricked in in the staff rooms, the chimneys remain in situ.

4.6 1944 Maternity and Children's Ward and Associated Works

Construction of this building commenced in 1942, but it was not complete until 1944. It is a two storey building with a full height under croft, designed in the Inter-War Functionalist style, with horizontal lines. It is characterised by two bands of brickwork with painted rendered string courses with windows above and vertical brickwork piers between. These continue along the façade and around the semi-circular end to the building.

The building was designed to capture the northern and eastern sun, with rooms north of a central corridor opening onto balconies running the length of the north façade on both levels. These balconies were originally screened with fly gauze, but have since been enclosed with glazing. The building features an impressive semi-circular solarium at the western end of each floor. Functional service rooms are to the south of the central corridor. These service rooms retain internal finishes and fittings, including ceiling linings, wall and floor tiling, sanitary fittings and cupboards.

This building connected to the central block of the main hospital by a covered way between the octagonal operating theatre and the kitchen. Externally the covered way features projecting brick courses over openings and port hole windows. The character of this building is indicative of hospital buildings constructed during the 1930s-50s, particularly by the architects Stephenson & Turner.

Other minor changes to the hospital occurred at the same time as the construction of the Maternity & Childrens Wards, including the construction of new wards adjacent to the staff dining room and lift well, glazing the walkway links between the three original buildings, construction of a dispensary, lobby and sterilizing room surrounding the operating theatre.

Shown on 1941 and 1944 plans, the original main stairs at the back of the entrance hall in the central block of the hospital were demolished and new stairs were built in the former boardroom to the north of the main east-west corridor, giving access to the former boiler room in the basement and up to the former matron's room on the first floor. The entrance hall was thus extended to the north, and new ceilings and flooring inserted. This main stair was replaced at a later date, possibly during the 1980s restoration.

4.7 1996 Daffodil Cottage

This building is constructed in face brick with a hipped metal roof with corner towers, a stylized and scaled down-version of the roof of the original building. This building was constructed to provide facilities for the care of children with cancer. It was designed by Sue and David McGregor Project Architects and Builders and totally funded by community-raised donations of over $1.2 million (in money, materials and labour).

4.8 2006 Hospital Building

A three storey modern hospital building was constructed in 2006, covering much of the central portion of the Bathurst Health Service site and included associated construction of carparking facilities, landscaping and wayfinding infrastructure.

4.9 Trees and Landscaping

The heritage listing for Bathurst District Hospital includes the following in the physical description of the hospital in respect of the grounds:

The Bathurst Hospital complex is best described as a collection of buildings set within a simple landscape of grass and trees. The front entrance, at the high point of the site, is formal in layout, designed to reinforce and complement the street façade of the original 1880s hospital building. The location of the entrance on Howick Street, with its views over the park to the north east and panorama of the surrounding countryside, together with the formality of the landscape lends a quality of grandeur and importance to the main entrance. The front boundary is defined by a low brick wall, with entrance and exit gate posts which open on to the semi circular driveway and simple garden planting containing a stone edged plot of lawn, rockery and pergola and two very large (1890) Southern live oaks (Quercus virginiana) from America.

The remainder of the grounds is dominated by various, well established exotic trees (mostly cypresses (Cupressus epp./cv.)), wide expanses of grass and small garden beds planted with dwarf heavenly bamboo (Nandina domesitca 'Nana') and golden cypress.

The earliest known plantings on the site were several trees including the Southern live oaks, by a local man Mr Thomson and his son, on Arbor Day 1890.

Further landscaping commenced in 1896 after an inspection of the grounds by the gardener employed by Bathurst Council. From that time additional trees were planted around the building, at the front and rear and garden beds were established near the entrance.

A 1920s photograph shows that part of the picket fence had been replaced. A low brick wall with entry gates posts, surmounted by lights, had been built in front of the main hospital entrance.

In addition to the formal entry, there are two obvious stages of landscape development on site. These are the landscape to the north of the site, most likely post construction of the Maternity and Children's wards in the early 1940s which included a number of Himalayan cedars (Cedrus deodara) and construction and planting of various garden beds with rock or Koppers log edging. These are planted with dwarf heavenly bamboo (Nandina domestica 'Nana') and golden cypress (Cupressus sp./cv.) and other assorted shrubs, particularly in the south-west section of the site, which is likely to have occurred post-1980.

In 2016 a Heritage Impact Statement was prepared for the removal and replacement of the two large Southern live oaks at the front of the original hospital building (Betteridge 2016). Those were the trees planted by Mr Thomson and his son on Arbor Day in 1890. That assessment determined that the trees were senescent, i.e. the trees were at the end of their life, and that they should be replaced with new trees propagated from the original trees.

The Arboricultural Impact Assessment (Douglas 2024) prepared for the Bathurst Hospital Redevelopment indicates that there are 107 trees within the Bathurst Hospital site.

5.0 Archaeological Potential

5.1 Introduction

In undertaking an archaeological assessment, it is necessary to assess the likelihood that the study area contains archaeological deposits. This is the archaeological potential of the study area. The assessment of archaeological potential is guided by an understanding of the site as revealed through the historical research detailed in Section 2.0 of this report and a site inspection.

An assessment of archaeological potential is made by identifying areas of no, low, medium and high archaeological potential. This is undertaken by assessing the historical research to determine the potential for archaeological deposits to have been present within the study area; and by assessing the historical disturbance that may have impacted on any potential archaeological resource. The level of archaeological potential does not reflect the level of significance of an area. An area might be assessed as being mostly undisturbed and therefore of high archaeological potential, however the archaeological resource may be assessed as of limited heritage significance.

The following definitions of no, low, medium and high potential have been used to assist in the assessment of archaeological potential:

No potential indicates that it is not expected that any archaeological deposits exist.

Low potential indicates a low probability that archaeological remains, including evidence of structures and occupation deposits survive dur to later disturbance.

Medium potential indicates a medium probability that archaeological remains, including evidence of structures and occupation deposits, are present, however it is likely to have been subjected to some later disturbance.

High potential indicates a high probability that archaeological remains, including evidence of structures and occupation deposits, are present in a reasonably undisturbed context.

5.2 Phases of Occupation

Understanding the phases of occupation of the study area provides a framework to assist in determining the level of archaeological potential, as each successive phase has likely impacted on earlier phases.

Phase 1: Pre-colonial Aboriginal occupation
Evidence indicates that Aboriginal people have been occupying the Bathurst area for thousands of years. A separate Aboriginal due diligence assessment of the proposed works has been undertaken to understand the potential impacts to any Aboriginal objects, cultural heritage or declared Aboriginal places.

There is no documentary evidence to indicate that any development of the study area occurred prior to the construction of the new Bathurst Hospital commenced in1878.

Phase 2: New Bathurst Hospital (1880 – 1930)
Construction of the heritage building began in 1878 and opened in 1880. The first historic plan available for the site is a 1911 sewerage plan (Figure 12), however there are earlier detailed descriptions of the hospital including descriptions of the construction of the heritage building in 1880 and subsequent additions. A laundry, wind mill and ‘swag room’ were added in 1882. The laundry was replaced in 1886 and a furnace

was added in 1895. Landscaping works commenced in 1896. The 1911 plan (Figure 12) shows the heritage building with a kitchen and operating theatre to the rear. The 1895 furnace is not shown on this plan.

Phase 3: Bathurst Community Hospital (1930 – 1946)
The 1941 plan of additions and alterations (Figure 21) shows various changes that have occurred to the hospital by this time, including many new buildings, most of which were demolished prior to the 2006 redevelopment of the Bathurst Health Service. The plan shows the 1920s isolation block had been demolished and the new two storey maternity ward had been constructed in its place. The plan also shows a new isolation block to the rear of the heritage building's northeast corner; the new nurse's quarters (Paul House); the 1880s laundry which had by this time been converted to staff quarters; and an underground well marked as a underground tank.

Phase 4: Post World War II Development (1946 – 1973)
A 1964 plan (Figure 24) showing alterations and additions shows additional changes to the layout of the hospital with a new residence constructed at the western end of the heritage building; the conversion of the isolation ward to a children's ward; a new operating theatre constructed between the maternity ward, children's ward and original operating theatre; the new boiler house; a small structure to the north of the mortuary; and a small square structure in front of Poole House, in the same location as the original mortuary.

Phase 4: Bathurst Health Service (1973 – Present)
In 2006 a major redevelopment of the Bathurst Health Service was undertaken and many buildings, except the heritage building, Poole House, Daffodil Cottage and the brick building fronting Mitre Street, were demolished for the construction of the large modern hospital building that covers much of the central portion of the site. Extensive archaeological test excavations were undertaken prior to the major redevelopment of the hospital.

5.3 Assessment of Archaeological Potential

Extensive historical archaeological investigations were undertaken in 2006 (Leslie and Douglas 2006) across the entire Bathurst Health Service site. Their excavations uncovered the following:

- c.1880 Morgue footings were uncovered, but were not to be impacted by the proposed works.
- Two cobble -filled drainage pits were uncovered and recorded in the northern portion of the site. Two other pits shown on the 1911 plan were "either never installed in the locations indicated or destroyed during later historic development". No further archaeological investigation of these features was required prior to the redevelopment works.
- The sewerage treatment works were uncovered in the form of a filter bed. The filter bed was determined to contain large amounts of asbestos and further archaeological investigation was not recommended.
- The footings of the c.1886 laundry were uncovered and recorded below the former Engineering Building. No further archaeological investigation of relics associated with the laundry was recommended.
- No evidence of the 1895 furnace was uncovered and no further archaeological investigation was required.
- Cistern BBBH1 was uncovered outside of the development footprint of the project at the time. Another cistern shown on the 1911 plan was located below concrete in an area outside of the development footprint of that project. No further archaeological investigation of these features was proposed at the time because they were not to be impacted on by the proposed works.

- Cistern BBBH2 was also located within the midline of the proposed access road. The proposed works would have resulted in the truncation of the top 1200mm of the cistern and the access road was redesigned to avoid this cistern.

An overlay of the 2004 plan of archaeological potential on the proposed concept plan (Figure 4) shows that the planned expansion zones are in the location of one previously excavated archaeological deposit, one of the pits shown on the 1911 plan. That pit was excavated as part of the 2006 archaeological excavations (Leslie and Douglas 2006) within their Area B Trench 4. The historical archaeological excavation report (Leslie and Douglas 2006:49) summarises the results of the excavation of Trench 4 thus:

> *The remains of a drainage pit and feeder pipe indicated on the 1911 plan were identified within Trench 4. Further investigation of the pit revealed its content, function and provided insight into a system of 'grey' water disposal installed at the site between 1880 and 1911. The relics were assessed on site as being of limited heritage and did not warrant in-situ conservation.*

In addition, other drainage pits shown on the 1911 plan were excavated in Area B Trench 2 and Trench 3. The summary of those trenches (Leslie and Douglas 2006:43 & 46) states the following:

> Trench 2
> *The remains of the pit indicated on the 1911 plan near the sewerage treatment plan works were largely destroyed by later installation of a stormwater culvert. Demolition proposed in the area therefore has no potential to impact on any significant historic relics.*
>
> Trench 3
> *The remains of a drainage pit indicated on the 1911 plan near the Engineering Building were found to be truncated by later establishment of a driveway and were of limited significance. Demolition proposed in the area therefore has no potential to impact on significant historic relics.*

The location of the proposed carpark between the heritage building, main hospital building and Poole House is in the vicinity of two cisterns/wells indicated on the 1911 plan and the location of the Isolation Block and Straw House. No archaeological investigation has been undertaken to date of the Isolation Block, Straw House or these two cisterns.

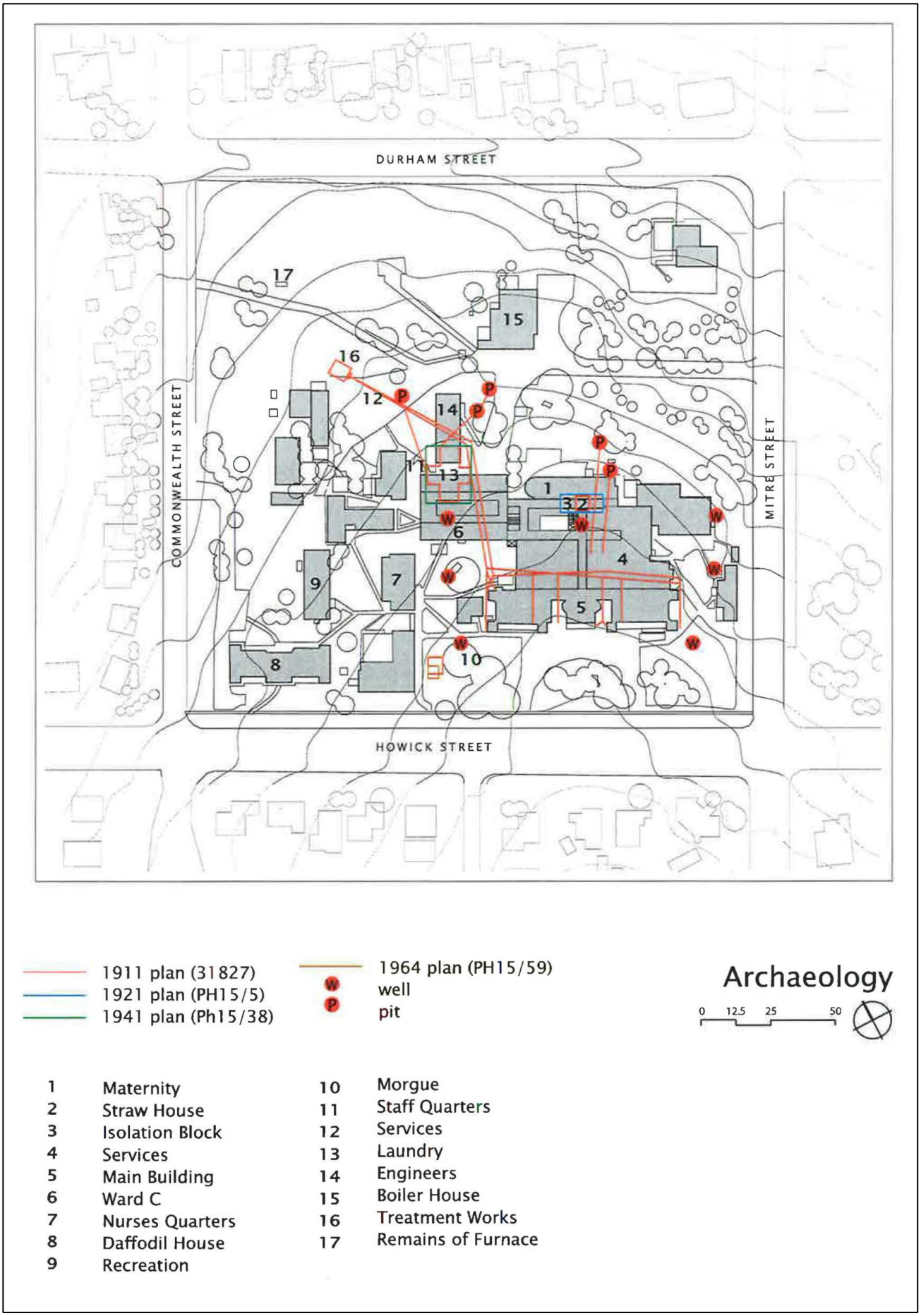

Figure 39: Plan showing the potential archaeology within the Bathurst Hospital site in 2004, prior to the test excavations by AHMS being undertaken (plan courtesy of GAO 2004:40).

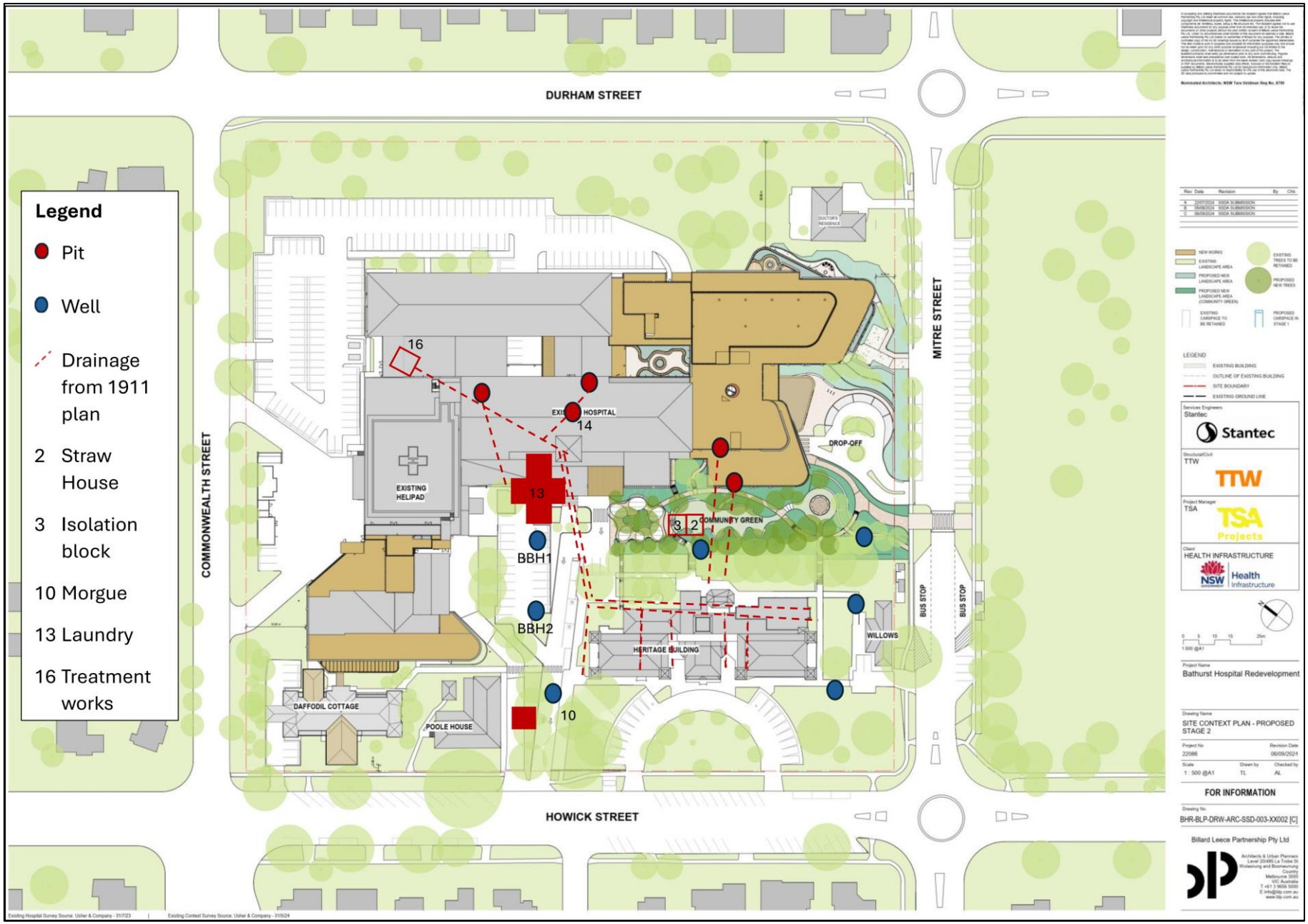

Figure 40: Showing an overlay of the archaeological potential plan from 2004 on the current redevelopment concept design.

6.0 Significance Assessment

6.1 Assessment Methodology

Significance assessment is the process whereby buildings, items or landscapes are assessed to determine their value or importance to the community.

The following criteria have been developed by the NSW Heritage Council and embody the values contained in the Burra Charter. The Burra Charter provides principles and guidelines for the conservation and management of cultural heritage places within Australia.

The following Assessment of Significance Criteria and Statement of Significance has been taken directly from *Bathurst Base Hospital, 361 Howick Street Bathurst, NSW: Historical Archaeological Test Excavation Report* (Leslie and Douglas 2006:66–69).

6.2 Criteria for Assessment of Cultural Heritage Significance

Historic

Criterion (a) – an item is important in the course, or pattern of NSW's cultural or natural history (or the cultural or natural history of the local area)

Bathurst hospital is historically significant for its provision of health services to Bathurst and its contribution to the ongoing development of the regional centre since 1880. The layout and design of early hospital buildings according to Florence Nightingale principles reflects an important period of change in health care and is considered state significant. Alterations and additions to its original design reflect broader trends in the development of health facilities in NSW throughout the late nineteenth and twentieth centuries. The Phase 1 archaeological investigation of historic relics and deposits at the hospital site in 2006 revealed sophisticated systems of water storage and waste disposal established at the site according to Florence Nightingale principles. Given their association with early hospital buildings they are considered to be highly significant at a local level in terms of this criterion.

Association

Criterion (b) – an item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area).

Bathurst Hospital is considered to be State significant in terms of this criterion. The site can demonstrate significant human occupation given its history of use and provision of health services to the local residents of Bathurst since 1880. The site is also associated with a number of persons important in NSW's cultural history. The hospital was designed by Sydney architect, Sydney Boles and the operating theatre by local architect, John Job Capeman. The hospital was designed in accordance with Florence Nightingale principles and its plan may have been personally approved by Nightingale. One of the walls of the hospital contains a painting by Pixie O'Harris, noted Australian children's book illustrator. Former fabric associated with the early phase of construction at Bathurst Hospital (i.e. 1880 - 1904), including the structural remains of the morgue, laundry, cisterns, sewage treatment works and drainage pits reflect Nightingale's principles and are considered highly significant because of this association.

Aesthetic

Criterion (c) – an item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area)

One of the seven 'wells' indicated in the 1911 plan of Bathurst Hospital was uncovered during the Phase 1 archaeological investigation. The cistern was in good condition, constructed of red sandstock brick bonded

with Portland-style cement and measured 4.4 metres across and 3.7m deep. The relic was found to have strong visual appeal representing a substantial piece of key infrastructure integral to the running of the early Hospital period before. The cistern is highly significant at a local level in terms of this criterion.

Social

Criterion (d) – an item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons

The cisterns, Morgue footings and remains of the Laundry uncovered during the Phase 1 archaeological investigation of Bathurst Hospital are likely to be significant to the local community for their association with the early period of the hospital's history. However, no particularly strong or special association with a particular community or cultural group is evident. Relics at the site are therefore considered of low local significance in terms of this criterion.

Research

Criterion (e) – an item has potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area)

The following relics were identified and recorded during archaeological investigation of the Phase 1 development site at Bathurst Hospital:

- A former morgue footing adjacent to Howick Street;
- Two cisterns (BBH1 and 2) within and adjacent to the path of the proposed temporary access road linking Howick Street with a temporary loading dock;
- Two of the four large drainage pits indicated in the northern portion of the site;
- The filter bed of the former Sewage Treatment Works; and
- Former Laundry footings below the Engineering Building and adjacent concrete slabs.

The investigation confirmed that the layout of the early hospital was strongly consistent with Florence Nightingale's principles of design. Sophisticated water storage and waste disposal systems were installed between 1880 and 1911 at Bathurst Hospital to ensure a continuous water supply and the hygienic processing of waste. A gravity-fed system of large bee-hive cisterns was installed around the Main Hospital Building to store roof water. Cobble-filled drainage pits and the sewage treatment works were also positioned to take full advantage of the site's topography dispersing contaminated waste away from hospital buildings. The laundry and morgue were located reasonable distances away from the Main Hospital Building and featured easily cleanable hard floor surfaces. The only relics that lend themselves to public interpretation and presentation are the large bee-hive shaped brick cisterns that circle the Main Hospital Building.

Rarity

Criterion (f) – an item possesses uncommon, rare or endangered aspects of NSW's cultural or natural history (or the cultural or natural history of the local area)

The study area does not meet this criterion.

Representative

Criterion (g) – an item is important in demonstrating the principal characteristics of a class of NSW's:

- **Cultural or natural places;**
- **Cultural or natural environments (State Significance); OR**

An item is important

- **Cultural or natural places; or**
- **Cultural or natural environments (local significance).**

Relics recorded within the Phase 1 development area at Bathurst Hospital are neither rare nor demonstrate a principle characteristic of a class of cultural places in NSW. They are therefore not considered significant in terms of these criteria.

6.3 Statement of Significance

Bathurst Hospital is of State heritage significance, and is recognised through its listing on the State Heritage Register.

The history of the development of Bathurst Hospital demonstrates the overall development of health facilities in NSW, namely the end of the convict era, the changing commitments of the British Government and its declining support of the Colony, the efforts of the citizens of Bathurst to build a new hospital to serve the growing population, medical developments through the period and social attitudes to the sick through the period. The hospital has associations with a range of individuals including Florence Nightingale, Lord Loftus, Governor of New South Wales, who opened the building, the Hon. J.B. Chifley, later Prime Minister of Australia who was Chairman of the Hospital Board for a number of years, children's illustrator Pixie O'Harris and the local community, who actively pursued its inception and facilitated further development on the site until the present day.

Bathurst Hospital is a rare example of a designed hospital of outstanding architectural accomplishment, which in its overall concept and fine detailing makes a significant contribution to the series of outstanding public buildings in the town of Bathurst, reflecting late 19th Century wealth and optimism. The hospital was designed by Sydney architect, William Boles with his design approved by Florence Nightingale, a mid nineteenth century reformer of hospital sanitation methods and nursing pioneer. Later extensions to the hospital were designed by various Government Architects, their staff and local architects. It is a landmark building in the town, with a distinctive roofscape, built on high land, which affords views to and from the building. The hospital contains an increasingly rare wall painting by Pixie O'Harris, noted Australian children's book illustrator. The Maternity and Children's Ward extension of 1944 is indicative of Interwar hospital developments popular across Australia in a stream lined modern idiom, typical of the work of architects Stephenson and Tuner during this period.

The landscape setting of the hospital entry, with its semi-circular driveway and large trees is representative of hospital landscapes of the Victorian period. The two Quercus virginiana opposite the front façade are relatively rare in NSW.

The Phase 1 Archaeological investigation at Bathurst Hospital identified and recorded structural remains of the cl880 morgue, the cl886 laundry, two [2] large bee-hive cisterns, two [2] cobble-filled drainage pits, below-ground services and deposits surrounding a furnace built in 1895. The investigation provided considerable insight into water storage, drainage and sewage treatment at the hospital during its initial phase of development (1880 -1911). The layout of the relics and open spaces surrounding them were strongly consistent with Florence Nightingale's principles of hospital design. The results revealed that contaminated fluids and sewage were treated as far away from the hospital as possible with none of the connecting services crossing below hospital buildings. The Laundry and Morgue were also located reasonable distances away from the Main Hospital Building and featured easily cleanable hard floor surfaces.

The 'wells' indicated on the 1911 Plan of the hospital were substantial bee-hive shaped sandstock brick cisterns with the capacity to hold at least 15,000 litres of water each. The cisterns adjacent to the Main Hospital Building were fed with roof water; whilst those positioned to the north were gravity fed via

overflow pipes. Their number, size and construction method indicate that water was a more capricious resource than the historical record suggests. The sophistication of the system and the size and design of the cisterns also demonstrates considerable technical skill. Cistern BBH2 has strong visual appeal and represents a substantial piece of key infrastructure integral to the running of the Hospital during initial occupation of the Hospital (1880 -1911). Its in-situ conservation and future interpretation is a highly desirable heritage outcome.

The pits shown the 1911 plan were used to disperse contaminated 'grey' water created during cleaning floors and walls of the Operating Theatre, Morgue and Laundry. The pits were filled with medium sized river cobbles, presumably sourced from the nearby Macquarie River, and gravity fed using a system of ceramic pipes. They were unsealed to allow the liquid to diffuse into surrounding subsoil with above-ground vents installed to disperse odour. The size of the pits suggests only small amounts of liquid were fed into the pits at one time.

Physical evidence of improvements made to the c1886 Laundry during the mid to late Twentieth Century also reflected changes to government regulation and hospital funding. Interior design changes and improvements to the accommodation and facilities of nursing staff were made to encourage more patients to use the public hospital system, which meant larger government subsidies for the hospital. Archaeological evidence for the c.1941 conversion of the Laundry into Staff Quarters reflects this operational and philosophical change brought on by legislative change.

The hospital demonstrates, through its initial design and subsequent changes, the development of advancing theories of medical practice, technology and hospital planning and in particular the improved hospital planning principles enunciated by Florence Nightingale.

7.0 Impact and Mitigation

7.1 Fabric and Spatial Arrangements

The proposal will not impact on original fabric or change spatial arrangements.

7.2 Settings, Views and Vistas

It is considered that the visual impact of the additions to the rear of the main hospital building and Daffodil Cottage will be significantly less than the visual impact of the main hospital building and Daffodil Cottage themselves. The main hospital building constructed c.2007 is a large and obtrusive modern hospital building that is visible in the landscape behind the heritage building. Daffodil Cottage is a 1996 face brick building. The proposed addition to the east and south of the main hospital building are considered to be less intrusive and significantly smaller than the existing main hospital building that was constructed in c.2007. The addition to Daffodil Cottage is significantly smaller than Daffodil Cottage itself, and is not expected to increase the visual impact of Daffodil Cottage on the heritage hospital building.

7.3 Landscape

The heritage listing for Bathurst Hospital describes the hospital complex as "a collection of buildings set within a simple landscape of grass and trees". The front of the property is described as "defined by a low brick wall, with entrance and exit gate posts which open on to the semi-circular driveway and simple garden planting containing a stone-edged plot of lawn, rockery and pergola and two very large (1890) Southern live oaks (*Quercus virginiana*) from America". The two large Southern live oaks were planted on Arbor Day 1890 and form an exceptional part of the heritage significance of the Bathurst Hospital site. These trees were replaced around 2016. It is not considered that the proposed works will have any impact on the front entry, the circular drive or the oak trees.

Two large cedars to the north of the circular drive are proposed to be removed. It is likely that these trees were planted in early 1940s. The Conservation Management Plan for Bathurst Hospital assesses the cedars along Howick Street to be of high significance (Government Architects Office 2005:87). These cedars labelled Trees 71 and 73 in the Arboricultural Impact Assessment. A smaller cedar labelled Tree 72 is situated between Trees 71 and 73 and will also be removed as part of the proposed works. The Arboricultural Impact Assessment states the following in respect of Trees 71, 72 and 73:

> *Tree 72 – small specimen with narrow*
> *The suppressed Atlas Cedar is growing between the canopy of the dominant Trees 71 and 73 which will be removed due to conflict with the design. Tree 72 has a minor TPZ encroachment by the additional Howick Street Carpark design and has a low retention value. Once Trees 71 and 73 are removed the tree will be newly exposed to wind forces and the likelihood of failure will increase, therefore it is recommended that the tree is also removed.*
>
> *…*
>
> *New pedestrian access path leading to the hospital entrance from Howick Street.*
> *The new pathway runs through the TPZ of Trees 69, 70 and 73. Tree 70 has poor structure and a short life expectancy, so removal is recommended.*
>
> *Tree 73*

Tree 73 is a visually prominent, large, mature tree with a medium retention value. The new roadway has a TPZ encroachment of 27% and is deemed a 'Major Encroachment ' under AS4970, and the project arborist must demonstrate that the tree will remain viable if it is to be retained.

Due to the major TPZ encroachment root mapping and likely tree sensitive construction methods or potentially design changes would be required if the tree is to be retained.

The design team has indicated that these parameters will likely lead to significant issues with the project and indicated removal is preferred.

The current plans require widening the existing footprint by 1.6m to approximately 4.4m from the trunk centre into an existing sloping garden bed with a minimum excavation depth of approximately 0.7m. This has the potential to require the removal of several significant wood roots that could impact tree health. The encroachment is beyond the SRZ required for tree stability.

New car parking spaces within the Howick Street carpark.
The proposed additional carparks within the Howick Street carpark has a major encroachment of the TPZ and SRZ of Tree 71 and design changes would be required if the tree is to be retained. The design team has indicated that these parameters will likely lead to significant issues with the project and indicated removal is preferred. The additional carparks have a minor TPZ encroachment of Tree 72 which is to be removed.

The removal of the cedar trees along Howick Street will have a significant impact on the heritage significance of the Bathurst Hospital site.

In addition, the proposal involves the removal of the grassed area to the north of the circular driveway along the Howick Street frontage. The Conservation Management Plan (Government Architects Office 2005:106) states that the grassed areas "between the hospital building and Howick Street, should be retained". The formal front garden which includes the semi circular drive, oak trees and grassed areas between Howick Street and the hospital building are assessed as having exceptional heritage significance (Government Architects Office 2005:87).

7.4 Use

The proposal will not change the use of the site.

7.5 Demolition

No demolition is proposed.

7.6 Curtilage

The proposed works will not impact on the curtilage of the site.

7.7 Moveable Heritage

The proposal will not impact on any items of moveable heritage.

7.8 Aboriginal Cultural Heritage

A separate Aboriginal Cultural Heritage Assessment Report (ACHAR) has been prepared by Unearthed Archaeology & Heritage which has determined that there is no potential for impacts to Aboriginal objects or cultural heritage.

7.9 Historical Archaeology

The proposed Bathurst Health Service redevelopment will be undertaken in the location of one of two pits shown on the 1911 plan. These pits were excavated as part of the 2006 archaeological excavations and it was determined that the pit in the location of the proposed expansion zone was investigated with its content and function recorded and its heritage significance being assessed on site as being of limited significance and did not warrant in situ conservation. Therefore, it considered highly likely that any evidence of these pits was removed during the 2006 major redevelopment of the hospital site.

The proposed carpark located between the heritage building, the main hospital building and Poole House extends over the location of the two cisterns labelled BBH1 and BBH2 and a further cistern which is located within the proposed access road and the laundry building. The archaeological test excavations in 2006 (Leslie and Douglas 2006) demonstrated that BBH1 was located at approximately 1m below the ground level at that time. The top of the cistern was uncovered and it was confirmed that the excavation required in this area was shallower than the top of the cistern and there would be no impact on the cistern itself. The cistern was reburied and no further investigation of the cistern was undertaken at that time. BBH2 has been retained and displayed as a feature of the landscape within the existing footpath adjacent to the existing carpark. The 2006 test excavations "provided considerable insights into water storage, drainage and sewage treatment at Bathurst Hospital during its initial phase of development (1880 – 1911)" (Leslie and Douglas 2006:63).

The footings of the c.1886 laundry and associated features were uncovered and fully investigated and recorded during the 2006 archaeological test excavations (Leslie and Douglas 2006:59). Those test excavations confirmed the location of the laundry and provided "physical evidence of the ongoing use and development of the Laundry" (Leslie and Douglas 2006:63). The laundry has been extensively investigated and recorded during the 2006 archaeological excavation.

The morgue footings are located in the vicinity of the proposed access way to the car park between the heritage building, the main hospital building and Poole House. Archaeological test excavations (Leslie and Douglas 2006) revealed that footings of the original c.1880s morgue survive approximately 750mm below the existing ground surface. The footings were described as "in poor condition and are situated at least 400mm below proposed excavation levels for the temporary access road" (Leslie and Douglas 2006:34). It was determined that the morgue footings would not be disturbed by the proposed works in 2006 and the footings were reburied.

The proposed works in the proposed carpark between the heritage building, main hospital building and Poole House involve minor ground disturbance in the form of minor scraping of topsoil and landscaping. It is not anticipated that these works will be carried out at sufficient depth to impact on the archaeological deposits associated with BBH1, the original morgue and the laundry. BBH2 will be maintained as a feature of the landscape.

The location of the proposed carpark between the heritage building, main hospital building and Poole House is in the vicinity of two cisterns/wells indicated on the 1911 plan and the location of the Isolation Block and Straw House. No archaeological investigation has been undertaken to date of the Isolation Block,

Straw House or these two cisterns. The Isolation Block was constructed between 1921 and 1922 for patients with infectious diseases. There is a plan of the Isolation Block showing its layout.

A straw house is shown on the 1911 plan. It is possible that the straw house is the swag room constructed in 1882 at the same time as the laundry and windmill. By 1921, the straw house has been demolished. The function and layout of the straw house is unknown. The Conservation Management Plan contains the following requirement in respect of the original morgue, laundry, isolation block, straw house and wells:

> …
> *(ii) if development disturbs or reveals the footings of the original morgue, laundry, isolation block, straw house or wells these should be recorded archaeologically, including any deposits associated with these features.*
> …
>
> (Government Architects Office 2005:107)

The works in the vicinity of the isolation block, straw house and cisterns in the proposed car park involve minor ground disturbance with minimal scraping of existing topsoil and landscaping. It is not anticipated that the proposed works will reach the depths of the archaeological deposit or impact on any archaeological deposits or 'relics', however a program of archaeological monitoring should be undertaken to ensure that there are no impacts on any known or unknown archaeological deposits or that if any archaeological deposits or 'relics' are uncovered, they can be subjected to archaeological recording and management and mitigation measures can be developed to minimise impacts.

The extension to the south east of the modern main hospital building is located over two pits shown on the 1911 plan. Four of the five pits were investigated as part of the 2006 test excavations. These pits were evidence of grey water dispersal installed across the site between 1880 and 1911. Prior to the 2006 test excavations, the location of these pits was known from the 1911 plan, however the form and function of these pits was unknown. The test excavations at each pit site revealed "one intact pit and the remains of two others truncated by later development" (Leslie and Douglas 2006:61). The pits were revealed to be circular and sunk "at least 1m into the natural substrate and filled with medium sized river cobbles densely packed in a grey silty clay loam matrix which contained frequent tree roots" (Leslie and Douglas 2006:61). The average pit diameter was 3.5m. The pits were assessed on site as being of limited heritage significance and did not warrant *in situ* conservation.

It is anticipated that the proposed works for the construction of the extension to the south east of the main hospital building will include ground disturbance in the form of piling, excavation for footings, excavation for the installation of services, cutting and filling, etc. These works have the potential to impact on the two drainage pits shown on the 1911 plan in this location. The form and function of other examples of these pits has been determined during the 2006 archaeological testing and they were assessed as being of limited heritage significance and not warranting in situ conservation. Therefore, a program of archaeological monitoring should be undertaken in this area to confirm that these pits are of the same form and function as the previously excavated and recorded pits and to record the pits and assess if their significance differs from the other pits. It is not anticipated that these pits will need to be retained in situ, but rather be recorded prior to their removal.

7.10 Natural Heritage

The proposed works will not impact on the natural heritage of the area.

7.11 Conservation Areas

The site sits within the Bathurst Heritage Conservation Area (C1).

7.12 Cumulative Impacts

The site has undergone significant impact by the construction of the c. 2006 main hospital building. The proposed extension to this building will have a minimal cumulative impact.

7.13 Built Environment

The proposed works are in the vicinity of the heritage building of Bathurst Health Service, formerly known as Bathurst Hospital. None of the proposed works will directly impact on the heritage building.

It is considered that the construction of the proposed additions will not have a significant visual impact on the heritage building as these additions will be located behind structures that have already had an impact on the visual amenity of the heritage building. It is not anticipated that the proposed works will have any impact on the heritage significance of the Bathurst Health Service site.

7.14 Conservation Management Plan

The following policies from the Conservation Management Plan are relevant to the present proposal:

Policy	Management and Mitigation
Policy 83: The formal landscape features, including the semi-circular formal driveway and sandstone edging, boundary fence, trees and lawned areas between the hospital building and Howick Street, should be retained.	The proposed works include the removal of the grassed area to the north of the circular drive along Howick Street. This area is assessed as being of exceptional heritage significance. The plans for this area should be redesigned to avoid the removal of the grassed area.
Policy 84: Mature trees on other parts of the site, including the Cedrus sp., native specimens and indigenous species should be retained where possible. A qualified arborist should be engaged to assess their health and potential for limb drop.	The proposed works include the removal of the significant cedars along Howick Street. The cedars along Howick Street are assessed as being of high heritage significance. The plans for this area should be redesigned to avoid removal of the cedars.
Policy 87: Major views of the 1880 hospital building are along the Howick Street frontage and should be retained.	The proposed works will impact on the views from Howick Street.

Policy 92: While most of the archaeological resources described in Section 4.6 are of moderate – little significance, they should still be recorded in the event of any disturbance to or uncovering of this archaeology. This should be done by a suitably experienced historical archaeologist. Adequate time and resources should be made available to allow this work to be undertaken.	It is not anticipated that the proposed works will uncover or impact on any historical archaeological deposits, however a program of archaeological monitoring of any ground disturbance must be undertaken to ensure that there are no inadvertent impacts to any historical archaeological deposits.
Policy 93: The strategy for the on-site archaeological program should be determined by the archaeologist carrying out the work, once the level of potential impact is better understood. If work is to be carried out on the site the following issues are relevant: i. If the rear of the site where there has been minimal building work to date is to developed, the Local Aboriginal Land Council and the Department of Environment and Conservation should be contacted regarding any requirements pursuant to the NSW National Parks and Wildlife Act 1974. ii. If development disturbs or reveals the footings of the original morgue, laundry, isolation block, straw house or wells these should be recorded archaeologically, including any deposits associated with these features. iii. If future alterations occur within the original 1880s building and early additions to the rear, for example the kitchen and operating theatre, artefact deposits or evidence of former structures may be revealed. This evidence should be recorded prior to alteration or removal. iv. If excavation is proposed at the rear of the site where dumping has occurred and in the areas of fill identified in Section 4.6, archaeological monitoring should take place to record any artefact dumps in these areas are recorded.	It is not anticipated that the proposed works will uncover or impact on any historical archaeological deposits, however a program of archaeological monitoring of any ground disturbance must be undertaken to ensure that there are no inadvertent impacts to any historical archaeological deposits.

7.15 Other Heritage Items in the Vicinity

It is not anticipated that the proposed works would have any impact, either direct or indirect on any other heritage items in the vicinity of the study area. The closest heritage item is Victoria Park, which is located on the other side of Mitre Street to the hospital site. It is considered that the extension to the modern main hospital building would have no impact on the heritage significance of Victoria Park. There are two other

heritage items in the vicinity, i.e. Miss Traill's House and Yarras. It is not considered that there will be any impacts to the heritage significance of these items by the proposed works.

7.16 Commonwealth/National Heritage Significance

There are no items of Commonwealth or national heritage significance in the vicinity of the Bathurst Hospital site.

7.17 World Heritage Significance

The Bathurst Hospital site is not considered to be of World Heritage significance and is not in the vicinity of any items of World Heritage significance. Therefore, there will be no impacts to any World Heritage significance.

7.18 Mitigation

It is anticipated that the proposed works for the construction of the extension to the south east of the main hospital building will include ground disturbance in the form of piling, excavation for footings, excavation for the installation of services, cutting and filling, etc. These works have the potential to impact on the two drainage pits shown on the 1911 plan in this location. The form and function of other examples of these pits has been determined during the 2006 archaeological testing and they were assessed as being of limited heritage significance and not warranting in situ conservation. Therefore, a program of archaeological monitoring should be undertaken in this area to confirm that these pits are of the same form and function as the previously excavated and recorded pits and to record the pits and assess if their significance differs from the other pits. It is not anticipated that these pits will need to be retained *in situ*, but rather be recorded prior to their removal.

Given that the proposed works will not impact on the heritage significance of the Bathurst Hospital site, it is not necessary to apply for approval or consent from Bathurst Council in respect of heritage and archaeology.

It is not considered that the proposed additions will have any significant or adverse impact on the heritage significance of the heritage building at Bathurst Health Service, however, the entire Bathurst Health Service site is listed on the NSW State Heritage Register. Given that this project is being assessed as an SSDA, it will not be necessary to apply for approval from Heritage NSW.

The cedar trees along the Howick Street frontage of the hospital site have been assessed as being of high heritage significance. The proposal includes the removal of three cedars along Howick Street, as well as the removal of the grassed area to the north of the semi circular drive. The design should be amended to avoid the removal of these items.

Management and mitigation recommendations
The works proposed to remove the grassed area to the north of the semi circular drive and the cedars along Howick Street should be redesigned to avoid the removal of these significant items.

A program of archaeological monitoring must be undertaken by a suitably qualified and experienced archaeologist of any ground disturbance in the vicinity of the isolation block, straw house, drainage pits or cisterns.
An Archaeological Monitoring Methodology and Research Design must be prepared by a suitably qualified and experienced archaeologist prior to the works commencing.
A heritage induction must be provided to all workers engaged on this project as part of the site specific induction.
It will not be necessary to apply for and be granted a s60 permit prior to works being undertaken, as the project is being assessed as an SSDA. Consent will be required from the Department of Planning, infrastructure and Environment.
If during the proposed works any archaeological deposits are uncovered, all works must cease in the vicinity of that deposit and advice be sought from a suitably qualified and experienced archaeologist.

Table 4: Showing the management and mitigation measures for this site.

8.0 Recommendations

The following recommendations are made in accordance with:

- The legal requirements of the *Heritage Act 1977* (as amended).
- Research into the historical record of the study area.
- The results of this assessment as outlined in this report.

Therefore, it is recommended that:

1. The works proposed to remove the grassed area to the north of the semi circular drive and the cedars along Howick Street should be redesigned to avoid the removal of these significant items.

2. The proposed works are in the vicinity of the location of the isolation block, straw house and several cisterns and drainage pits marked on the 1911 plan. It is not anticipated that the proposed works will involve excavation to a sufficient depth to expose these archaeological deposits, however a program of archaeological monitoring must be undertaken during any ground works in these areas in accordance with an archaeological research design.

3. The program of archaeological monitoring must be undertaken by a suitably qualified and experienced archaeologist and in accordance with an approved Archaeological Monitoring Methodology and Research Design.

4. It is not anticipated that the proposed works will have an impact on the heritage significance of the original hospital building.

5. It will be necessary to apply for and be issued a Section 60 permit to undertake the proposed works.

6. A heritage induction must be provided to all workers engaged on the project.

7. If, during the works, any unexpected archaeological deposits are uncovered, all work in the vicinity of that deposit must cease and advice be sought from a suitably qualified and experienced archaeologist.

9.0 Summary of Mitigation Measures

Following in Table 5 is a consolidated summary of the management and mitigation measures in respect of Aboriginal archaeology and cultural heritage:

Project Stage Design (D), Construction (C), Operation (O)	Mitigation Measures	Relevant Section of Report
D	The works proposed to remove the grassed area to the north of the semi circular drive and the cedars along Howick Street should be redesigned to avoid the removal of these significant items.	7.3 and 7.18
D	Preparation of an Archaeological Monitoring Methodology and Research Design by a suitably qualified and experienced archaeologist.	7.18
D	Apply for and be granted a s60 permit for heritage and archaeology.	7.9 and 7.13
D	No large trees to be removed and no works to occur to the front entry to the 1880 heritage building.	7.3
D	Apply for and be issued a Section 6-permit prior to any works being undertaken.	7.3
C	Heritage induction must be provided to all workers engaged on the project.	7.9 and 7.13
C	Program of archaeological monitoring during all ground disturbance works.	7.9

C	Unexpected Finds Policy	N/A

Table 5: Showing the mitigation measures in respect of heritage and historic archaeology.

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