



REGISTER OF HERITAGE PLACES - ASSESSMENT DOCUMENTATION

11. ASSESSMENT OF CULTURAL HERITAGE SIGNIFICANCE

The criteria adopted by the Heritage Council in November 1996 have been used to determine the cultural heritage significance of the place.

PRINCIPAL AUSTRALIAN HISTORIC THEME(S)

- 9.1.2 Promoting mothers' and babies' health

HERITAGE COUNCIL OF WESTERN AUSTRALIA THEME(S)

- 404 Community services & utilities

11.1 AESTHETIC VALUE*

Manjimup Infant Health Centre (fmr) is a competently designed and built example of the Inter-war Stripped Classical style of architecture. (Criterion 1.1)

Manjimup Infant Health Centre (fmr) is a relatively simple building, almost domestic in scale, that achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade of the building. (Criterion 1.3)

Manjimup Infant Health Centre (fmr) is located at the corner of a large public open space/playing field opposite Manjimup Primary School. The *Manjimup Infant Health Centre (fmr)* is important as one of these three components, which collectively form a significant precinct through their townscape and cultural values. (Criterion 1.4)

11.2 HISTORIC VALUE

Manjimup Infant Health Centre (fmr) is associated with the development of the Town and Shire of Manjimup, and of the provision of public and community services prevalent during the Inter-War and subsequent period. (Criterion 2.1)

The place is representative of the establishment and subsequent growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State. *Manjimup Infant Health Centre (fmr)* operated as the main clinic for the Manjimup district from its construction in 1946 up until its closure in 2000. (Criteria 2.1 & 2.2)

* For consistency, all references to architectural style are taken from Apperly, Richard; Irving, Robert and Reynolds, Peter *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Angus & Robertson, North Ryde, 1989.

Manjimup Infant Health Centre (fmr) has associations with the number of Infant Health Nurses who have worked and lived at the place since its construction in 1946 up until 2000. The place also has broader associations with local community members who served on the management committee for the clinic as well as the mothers and children who have attended the clinic from 1946 up until its closure in 2000. (Criterion 2.3)

Manjimup Infant Health Centre (fmr) was designed by architect Nancy Allen who was the first woman to pass the examination of the Architects Board of Western Australia in 1932, and the first woman to become a member of the Western Australian branch of the Royal Institute of Architects. (Criterion 2.3)

Manjimup Infant Health Centre (fmr) is associated with Dr Eleanor M. Stang the medical supervisor for Infant Health Centres from 1929 to 1954. Dr Stang was a strong and committed advocate of pre-natal, infant and maternal health and it was under her direction that the infant health movement grew and was greatly developed. (Criterion 2.3)

11. 3. SCIENTIFIC VALUE

11. 4. SOCIAL VALUE

Manjimup Infant Health Centre (fmr) is highly valued for its role as a health, educational, social and community centre for local women and their children since its construction in 1946 up until its closure in 2000, and thus contributes to this community's sense of place. (Criteria 4.1 & 4.2)

Manjimup Infant Health Centre (fmr) is highly valued for its association with the post war development of the town. (Criterion 4.1)

12. DEGREE OF SIGNIFICANCE

12. 1. RARITY

12. 2 REPRESENTATIVENESS

Manjimup Infant Health Centre (fmr) building is representative of the Infant Health Centres with attached staff quarters that were built in rural areas in the period after the second world and the mid-1950s.

12. 3 CONDITION

Manjimup Infant Health Centre (fmr) was well built and appears to be in good condition. The building has benefited from a regular maintenance regime, however it is now unoccupied and is starting show the effects of no longer receiving the same level of maintenance.

The grounds and gardens would be improved by more regular care. The presentation of the front façade would be enhanced by the removal of the mature tree planted to the west of the entry portico.

The garage at the rear of the site is in a sound condition

12.4 INTEGRITY

Manjimup Infant Health Centre (fmr) has a high level of integrity and, although the building is unoccupied, the original intention of the building remains intact. In recent years the *Manjimup Infant Health Centre (fmr)* did not fulfil its original purpose as a combined clinic and residence. However, none of the fabric of the building was altered when all rooms were given over to clinic use. The building could readily be returned to serve its original purpose.

The garage at the rear of the site remains in use as a garage.

12.5 AUTHENTICITY

With much of the building's fabric intact *Manjimup Infant Health Centre (fmr)* has a high level of authenticity. The only noticeable changes to the original fabric have been the enclosure of the back verandah, the replacement of the louvres in the windows of the rear sleep-out and the 'modernisation' of the bathroom.

The garage appears to be unaltered.

13. SUPPORTING EVIDENCE

The documentary evidence has been compiled by Kristy Bizzaca, Historian. The physical evidence has been compiled by Alan Kelsall, Kelsall Binet Architects.

It is recommended that the site as defined by the current fencing as described in the Physical evidence be adopted as the curtilage to the place.

13.1 DOCUMENTARY EVIDENCE

The development of the Manjimup district dates mainly from the turn of the twentieth century. This was largely a result of the growth of the timber industry in the area, reflected by the opening of State timber mills at Manjimup and Pemberton in the early 1900s. The town of Manjimup was gazetted in 1910 and developed as a service centre for surrounding districts. The South-Western Railway was extended to the town in 1911 and this was followed by the construction of a number of public buildings including the Manjimup Hotel in 1912 and the Worker's Hall in 1913.¹

Interest in mother and child health dates from the turn of the Twentieth Century when there was much concern about the high levels of maternal and infant mortality. For example, in 1900, '1 in 240 mothers died in childbirth and 1 in 8 babies did not reach the age of one year.'² Lack of trained midwives and poor maternal practices were blamed for these high rates and the Public Health Department attempted to counteract this through the establishment of the Midwives Registration Board and the employment of visiting nurses who could help 'train' mothers in infant health care. Yet, there was still no real provision of child health services as such. The Silver Chain Nursing Association had established rooms in Kalgoorlie in 1920 and a pilot infant health clinic was introduced to Perth by the Children's Protection Society at approximately the same time. However it was recognised that a

¹ Heritage & Conservation Professionals, 'Shire of Manjimup Municipal Inventory', prepared for the Shire of Manjimup, May 1995, pp. 11 – 12.

² D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 85.

State-wide infant welfare service was needed. As a result of a conference held in 1922 at the instigation of the Children's Protection Society, the Infant Health Association of Western Australia was formed in 1923 to work in conjunction with the Public Health Department. In this year, three clinics with full time nurses began to operate in the Perth area and, in 1924, two more clinics were started in Fremantle and Northam. By 1 July 1945, when the State Government took over responsibility of nurses' salaries and travelling expenses, there were 31 infant health centres and 72 sub-centres. This number rapidly increased and, by September 1955, there were 26 country centres and 215 associated sub-centres, and 25 metropolitan centres and 95 sub-centres.³

There was an increase in the provision of public services to the Manjimup area during the inter-war period. This is evidenced by the establishment of a number of community organisations in the district including the Red Cross Association, the Returned Servicemen's League and the Country Women's Association (CWA).⁴ It was at the instigation of the Bridgetown branch of the CWA that an infant health clinic was opened at Bridgetown/Manjimup on 29 November 1940.⁵ (At the time of its establishment, the Bridgetown clinic also served the Manjimup district.)

In Bridgetown, a number of steps were generally taken by a local community in order to establish an infant health clinic. These steps were laid out in a paper entitled 'How to Establish a Child Health Centre' published by Western Australia's Public Health Department.⁶ After a public meeting was held to ascertain support for a clinic, a committee was formed to raise funds for the furnishing, equipping and operation of the clinic and for the salary of an infant health nurse. The committee was also responsible for applying to the Public Health Department for the establishment of the infant health centre and this included providing the Department with statistical information about the number of births and children in the district.⁷

On 16 August 1940, the Bridgetown CWA told the Department that over 300 births had taken place in the area, and that mothers had to rely on correspondence for advice on infant care.⁸ The next month it was recommended that a clinic be established in Bridgetown to serve that town and the Manjimup district, and it was opened on 29 November 1940.⁹

The Infant Health Nurse, based at Bridgetown, travelled to the sub-centre at Manjimup one day a week to operate a clinic out of rooms in the local CWA's rest room.¹⁰ By January 1943, the Bridgetown clinic had grown to include a new sub-centre at Pemberton. It was also noted that the Manjimup section of

³ 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, pp. 85-101.

⁴ Ibid., pp. 15 – 16.

⁵ Letter dated 16/8/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, Health Department, AN 120/4, Acc 1003, File 966/1926.

⁶ 'How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, Health Department, AN 120/4, Acc 1003, File 620/1944.

⁷ Ibid.; 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, AN 120/4, Acc 1003, File 760/1938.

⁸ Letter dated 16/8/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.

⁹ Letter dated 11/9/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.

¹⁰ Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.; *The Manjimup-Warren Times*, 10/7/1946.

the clinic was 'flourishing' and it was recommended that it was opened two and a half days a week.¹¹

The work of the Infant Health Nurse included weighing babies, discussing the progress and any problems with the child's health and development, and also teaching mothercraft. The Infant Health Clinic was seen as an educational institution for mothers and one of the main aims of the clinic was to help and teach mothers how to provide for the good health of their infant 'hoping to help her to produce a happy, healthy, well-adjusted Australian citizen'.¹² A 'Correspondence Infant Health Centre' provided advice to country mothers who were unable to attend or did not have access to any clinic.¹³

Infant Health Nurses had to be 'Triply Certificated', having a General Nurses', a Midwifery and a Special Mothercraft and Infant Health Certificate.¹⁴ Infant Health Nurses were single women. The Public Health Department had a policy of not giving 'Infant Health Centres to married women or to women with children under 12 years'.¹⁵ Although there were some exceptions to this, married women were only employed in the position of a 'temporary reliever'.¹⁶ It was generally the case that a woman would resign her position upon her marriage.¹⁷

The Manjimup clinic soon outgrew the CWA rooms and relocated to new accommodation in Brockman Street. However it was not long before these too proved to be inadequate.¹⁸ It appears that from circa 1943 the Manjimup Infant Health Centre became increasingly autonomous from the Bridgetown clinic. Records show that the Manjimup Infant Health Centre was administered by its own committee as early as 1941/1942.¹⁹ By 1944, the Manjimup Infant Health Centre was served by the Warren Infant Health Centre. All centres in the Warren area were independent. Each respective clinic was run by a Committee of Management, each was responsible for paying the Sister's wages for the time she was at the clinic, and each was responsible for the running expenses of the clinic, which included raising money for rent and maintenance costs.²⁰

In January 1944, Dr. Eleanor. M. Stang, Medical Supervisor of Infant Health, visited Manjimup. Dr Stang was a committed and enthusiastic advocate of

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- 11 Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.
- 12 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.; Report of the Public Health Department, 1939 to 1943, pp. 9 & 18, in *Votes and Proceedings*, 1944, Vol. 2.
- 13 Report of the Public Health Department, 1939 to 1943, p. 19, in *Votes and Proceedings*, 1944, Vol. 2.
- 14 How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, op. cit.
- 15 Infant Health – Staffing of Centres, Health Department, AN 120/4, Acc 1003, File 889/1945.
- 16 Letter dated 31/10/1945, Infant Health – Staffing of Centres, op. cit.
- 17 Infant Health – Staffing of Centres, op. cit. Sister Polley believes that this policy remained in place up until the early 1970s. (Phone conversation with Sister Lesley Polley.)
- 18 *The Manjimup-Warren Times*, 19/4/1944 & 10/7/1946.
- 19 Letter dated 29/10/1942 & Letter dated 25/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- 20 Statement of Receipts & Expenditure for the year ending June 30 1945, Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. **Note:** By 23 January 1946, the State government was responsible for paying the Sister's salary and her travelling expenses. (Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.)

the infant health movement. She gained information from trips to North America, the United Kingdom and the Eastern States of Australia. Her commitment to pre-natal and infant health issues was an asset to the fledgling movements during her 27 years as Medical Supervisor of Infant Health.²¹

Dr Stang met with members of the Manjimup Infant Health Committee and clinic nurse Sister Page to discuss a number of issues including the building of an infant health centre in the town.²² From this time, much effort was made by the Committee and local community to raise funds for the construction of the new building. A popular baby competition was organised by the Committee, the £1,431/17/6 fundraising total reflecting community support for the establishment of an infant health centre in the town.²³ A further £300 was secured from the Lotteries Commission and the Manjimup Road Board donated £550 towards the cost of construction.²⁴

In November 1944, plans were drawn by Nancy Allen, of the architectural firm of Honorary Architect W. G. Bennett, for the proposed Infant Health Centre at Manjimup.²⁵ The building comprised the rooms of the centre and living quarters for the nurse. A large waiting room, consulting room, two test feed rooms and toilets made up the centre itself, while the Sister's quarters incorporated a living room, bedroom, kitchen, bathroom and sleepout. The living quarters were accessed on the north side of the building.²⁶

In February 1945, the tender for the construction of *Infant Health Centre, Manjimup (fmr)* was awarded to local resident James Rea at a cost of £2,148/14/-.²⁷ The building contract was signed on 21 May 1945²⁸ and work soon commenced on its construction at the corner of Rutherford and Moore Streets, which had been gazetted for use as an infant health clinic. Portion of the surrounding area was also set aside for use as a children's playground.²⁹

Records show that the clinic formed part of a larger civic centre to be located on the site. As part of the post World War Two redevelopment, the Manjimup Road Board planned to construct a new civic centre.³⁰ The Committee was told that the Honorary Architect had been given the layout

21 D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 90-91.

22 *The Manjimup-Warren Times*, 19/1/1944.

23 *The Manjimup Warren-Times*, 7/6/1944, 14/6/1944, 12/7/1944 & 18/10/1944.

24 *The Manjimup-Warren Times*, 7/6/1944, 16/5/1944 & 10/7/1944.

25 Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. W. G. Bennett was on military service overseas at the time the plans were drawn up by his firm. (Letter dated 3/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.)

26 Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

27 *The Manjimup-Warren Times*, 28/2/1945.

28 Contract dated 21/5/1945, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

29 Letter dated 27/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. Reserve 14584, comprising lots 153, 316 & 452, was set aside for recreation purposes on 17 January 1913. On 5 July 1946, the reserve was vested in the Manjimup Road Board for use as recreation, an infant health centre, a war memorial, Road Board buildings and water storage. (*Government Gazette*, 17/1/1913; *Government Gazette*, 5/7/1946; DOLA Crown Reserves Register, State Records Office.)

30 *The Manjimup-Warren Times*, 5/7/1944.

so that the new clinic building could fit into the overall scheme for the civic centre.³¹ The construction of the community centre did not go ahead. *Infant Health Centre, Manjimup (fmr)* was the first stage and only part of the place to be built.³²

The Manjimup Road Board was the owner of the property and was responsible for the maintenance of the building and its grounds.³³ The Road Board erected a privacy fence at the rear of the new building in January 1946.³⁴ Also in this month, the Committee requested that the Road Board organise the levelling of the front path to the new building: 'At the present time it would be awkward for mothers wheeling their prams over the rough surface.'³⁵ Rent was paid for the Sister's living quarters and, in January 1946, this was said to be 10/- per week.³⁶

Infant Health Centre, Manjimup (fmr) was opened to mothers on 4 February 1946.³⁷ Poor attendance in the first few months of the clinic caused much concern to the Committee and to Nurse Sister Hernan. This appears to have been mainly due the new clinic being some distance from the town centre. Arrangements were made for bus drivers to take mothers to the clinic at no extra charge and notices were placed in the buses and local newspapers to explain the best way to travel there.³⁸ In a letter to Dr. Stang, Sister Hernan wrote:

I am sorry to say the attendance at Manjimup for last month was again very poor.

I feel as if I should be able to do something about it. I have tried to impress on the mothers how important it is to bring their babies to the clinic regularly, and that it is not really far out of town. Some of them have said "You push a pram up there with a toddler hanging on to your skirts."...

It is just the worst time of the year to get them used to attending the clinic, now the rains are here.

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- ³¹ Letter dated 21/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³² On his return to Perth, William Bennett expressed his interest in being associated with the Manjimup community centre project. A response to his enquiry shows that the centre was to have been constructed in stages, the first stage being the clinic building. The estimated cost of the entire complex was £50,000 and the centre was to comprise various facilities including a kindergarten and community hotel. (Letters dated 3/4/1946 & 11/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley; *The Manjimup-Warren Times*, 30/5/1945.) **Note:** No evidence has been found as to why the community centre did not go ahead. This is an area of further research.
- ³³ Letter dated 16/1/1946, 21/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁴ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁵ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁶ Letter dated 21/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁷ Letter dated 4/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. It is interesting to note that as *Infant Health Centre, Manjimup (fmr)* was nearing completion, the Pemberton clinic applied for its own purpose built facility (without living quarters); however, this application was refused. (*The Manjimup-Warren Times*, 14/11/1945.)
- ³⁸ Letter dated 26/3/1946 & 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley; *The Manjimup-Warren Times*, 17/4/1946.

People say they often hear of mothers saying, “I wish the clinic was around the corner. I haven’t got time to walk up to the new place.”³⁹

Sister Hernan also expressed her interest in buying a car and starting a clinic at the mill towns in the area. It seems that she believed that this would allow mothers to attend the clinic without the problems of travel.⁴⁰ Dr. Stang forwarded this information to the Committee and stated ‘if the Centre can do anything in the future in regard to getting a car, it will probably be a great boon to the District.’⁴¹

In May 1946, the Committee proposed works to beautify the grounds and requested that a Mr Watson plan the layout of lawns and shrubs at the site. At this same time, the Committee also asked the Road Board to fix the footpaths in Brockman Street as it had had many complaints from mother’s using perambulators.⁴²

On 5 July 1946, the Hon. E. Nulsen, Minister for Health, officially opened *Infant Health Centre, Manjimup (fmr)*. State and local dignitaries were present for the opening ceremony including Dr. Stang, Honorary Architect Nancy Allen, Sister Margaret Hernan, and the Manjimup Health Centre Committee.⁴³ Dr. Stang reported that: ‘Manjimup was pioneering the toddler work and was the only centre in the State boasting suitable scales to weigh toddlers.’⁴⁴ It was also noted that the community would have no cause to be concerned about keeping the Sister – or future Sisters – happy given the superior clinic facility and living accommodation.⁴⁵

In the late 1940s/early 1950s, a garage was built to house the vehicle owned by the infant health nurse. The nurse used her own vehicle to visit outlying centres in the Manjimup district. When she announced her plans to leave the position, the Committee realised that it would have to provide the new nurse with a vehicle and subsequently raised funds for this purpose.⁴⁶

From this time up until the early 1980s, very little work was carried out to *Infant Health Centre, Manjimup (fmr)*. The main alteration carried out during this period was the enclosure of the rear verandah.⁴⁷

Maintenance work was carried out to *Infant Health Centre, Manjimup (fmr)* in 1982. This work included repairs to the ceiling in the consulting room, patching and painting walls and ceilings damaged by wet weather and, repair of the roof timbers and other parts of the garage.⁴⁸ Records show that the nearby Primary School was charged with the responsibility of keeping up the garden as well as upgrading the fence. At the time, the Principal of the

³⁹ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴⁰ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴¹ Letter dated 3/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴² Letter dated 14/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴³ *The Manjimup-Warren Times*, 10/7/1946.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Phone conversation with Lesley Polley, 17/11/2000.

⁴⁷ Phone conversation with Sister Leslie Polley, 17/11/2000; Site Inspection by Alan Kelsall, 16/10/2000.

⁴⁸ Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

Primary School agreed that they would carry out this work because the school nurse was living in the quarters at a low rent.⁴⁹

Manjimup Road Board and the Committee appear to have paid the cost of this maintenance jointly. However, with the more expensive items such as the replacement of floor coverings, application for funds was made to the Community and Child Health Services.⁵⁰ Works, which were described as having run to 'fairly heavy costs', had preceded these 1982 repairs. A letter to the Committee dated 19 May 1982 stated that the high cost of the building's maintenance had been noted and that Council was considering changing its policy relating to the building.⁵¹

In February 1984, a newspaper article reported that the future of *Infant Health Centre, Manjimup (fmr)* was in jeopardy due to a revised funding system. The Committee stated that the proposed funding was insufficient and could not provide for all expenses associated with running the clinic including the cost of the car, insurance, cleaning and utilities. At the time, the centre's Sister Janet Johnston travelled to clinics at Northcliffe, Pemberton, Nyamup, Deanmill, Quinninup and Walpole and it was feared that these activities would have to be restricted due to insufficient funds. Local community support was called for the continued operation of the clinic.⁵²

Due to the expansion of infant health facilities, the clinic took over the entire building circa 1994.⁵³ The main work involved the conversion of the nurse's living room and bedroom for use as a consulting room and waiting room. With the whole building now used for clinic purposes it appears that the former entrance to the living quarters (one the north side) became the main entrance. The entrance was altered to allow disabled and pram access, and a ramp was also constructed.⁵⁴

Prior to the celebration of the 50th anniversary of the clinic in July 1994, the building was repainted, carpet was installed and new curtains were hung. This work was funded with money raised by the Committee of *Infant Health Centre, Manjimup (fmr)*.⁵⁵

A building surveyor assessed the place for the Shire of Manjimup on 8 November 1994. The surveyor identified minor cracking in some walls, badly fretting brick joints, and rusting nails in the walls.⁵⁶ It is not known if any work was carried out as a result of this report.

In 1995/1996, a carpark was constructed to the north of *Infant Health Centre, Manjimup (fmr)*.⁵⁷

49 Ibid.

50 Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

51 Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. No evidence has been found regarding what the Shire of Manjimup meant by this statement.

52 *West Australian*, 20 February 1984.

53 Phone conversation with Sister Lesley Polley, 17/11/2000.

54 Site Inspection by Alan Kelsall, 16/10/2000.

55 Phone conversation with Sister Lesley Polley, 17/11/2000. At the time, it was noted that the building was structurally sound, but that the roof was in need of repair.

56 Manjimup Infant Health Centre – building assessment, 8/11/1994, Courtesy Karan Walsh, Shire of Manjimup

57 Courtesy Karan Walsh, Shire of Manjimup.

In April / May 2000, the Manjimup Infant Health Clinic was relocated to a new building, which had been constructed with funds provided by the Federal, State and Local Governments. Also housed in the new services building were the family centre and a child minding facility.⁵⁸

At the time it was vacated, *Infant Health Centre, Manjimup (fmr)* was opened to mothers and babies four days a week. On the remaining day of the week, Sister Lesley Polley travelled to clinics at Pemberton, Northcliffe and Walpole.⁵⁹ The Manjimup Infant Health Clinic is still administered by a Management Committee and is one of only a few clinics that continue to operate in this way.⁶⁰

In November 2000, *Infant Health Centre, Manjimup (fmr)* is vacant.

13.2 PHYSICAL EVIDENCE

The site of the *Manjimup Infant Health Centre (fmr)* comprises the clinic, which is a single-storey brick and tile building, and a brick and tile garage. The clinic building has an almost domestic scale similar to a medium sized house of the period in which it was built.

Siting

The *Manjimup Infant Health Centre (fmr)* occupies a flat irregularly shaped site at the corner of Rutherford and Moore Streets, approximately one kilometre from the centre of Manjimup. Manjimup Primary School is located on the opposite side of Rutherford Street. The site is located on the corner of a large open space that is used as a recreational area and includes a football ground.

The site frontage is enclosed by a hedge on the Moore Street boundary and elsewhere by a tubular steel and mesh fence. The rear sides of the site are enclosed by a timber picket fence. A driveway off Rutherford Street serves the garage and bitumenised car park.

The clinic building is located almost centrally within the site. It is set on the diagonal so that the front façade faces east towards the intersection of the two streets. The garage shares the same orientation as the clinic but is sited approximately ten metres to the west; with the rear wall of the garage forming the rear boundary line. Two slightly curved footpaths lead to the front entrance of the clinic. A secondary entrance is located in the north facade of the building and is approached from the car park.

External form and style, and details of each of the building(s)

The clinic is a single-storey building constructed of stretcher bond brickwork walls and a Marseilles patterned terracotta tile roof with lined eaves and timber framed windows.

The main façade of the clinic is composed symmetrically with two hipped roofed wings projecting approximately one metre forward of the main body of the building which has a medium pitch hipped roof. Each projecting wing

⁵⁸ Phone conversation with Sister Lesley Polley, 17/11/2000.

⁵⁹ Phone conversation with Sister Lesley Polley, 17/11/2000. **Note:** In November 2000, the clinic continues to be opened four days a week and on the fifth day the district clinics are visited.

⁶⁰ Phone conversation with Sister Lesley Polley, 17/11/2000. Sister Polley believes that the Manjimup Infant Health Clinic is one of only a few clinics that are still managed by a Committee. Other clinics are thought to be Bridgetown, Busselton and an infant health clinic located in the Wheatbelt. (Phone conversation with Sister Lesley Polley, 17/11/2000.)

has a window opening containing three combined double hung sash windows. The windows have a bullnosed brick on edge sill in which the bricks are set at a steep rake and the head of the window is formed with a single soldier course which is supported by either a steel flat bar or angle. This feature is typical of all windows in the building.

The main entrance to the building is central within the wall between the two wings. The entrance is housed within a semi-circular portico. In plan the inner diameter of the portico matches the length of the wall between the two wings of the façade. The semi-circular portico projects beyond the front line of the wings creating a large covered area.

Much of the architectural interest in this building is concentrated on the design of the entrance portico, which together with the symmetry of the front façade displays a number of the characteristics of the Inter-war Stripped Classical c1915-c1940 style.⁶¹ The simplified rendered entablature of the portico, bearing the words “Manjimup Infant Health Centre”, is supported by six octagonal columns. One pair of columns is set to each side of the axial entrance ramp and the remaining two columns are set beside the brick piers that form the junctions of the portico to the building. A simple curved steel balustrade runs between the columns. The portico has a coloured granolithic concrete floor slab and a flat plaster ceiling. The glazed double entrance door is set within a glazed screen that contains both the doors and a double sash window to each side. Consistent with the other windows and glazed doors in the building, the glazed screen has been divided using an arrangement of glazing bars to give the window openings a horizontal emphasis.

The north façade of the building is nearly symmetrically composed around an almost centrally placed entrance door. The doorway is given additional emphasis by a brick surround that projects 50mm beyond the face of the building. The doorway is approached by a ramp of recent construction. Windows containing two double hung sashes are located to either side of the door.

The west (rear) façade is divided into three distinct elements in the form of a stepped plan. These three elements are the north wing, the south wing and a connecting verandah. The north wing projects beyond the face of the building by approximately one metre. The fascia of the south wing is substantially lower than the north wing and projects by approximately three metres beyond the face of the building. The verandah connecting the two wings is formed by the extension of the main roof of the building and it projects forward by approximately two metres.

The verandah is now fully enclosed but documentary evidence shows that originally the verandah was only partly enclosed. At the time of construction there was a ‘sleep out’ at the north end of the verandah. A one third height brick wall with a continuous sill of bullnosed bricks enclosed the lower part of the sleep out and the upper two thirds comprised a continuous band of adjustable glass louvres. The glass louvres have since been replaced with aluminium framed sliding sashes. The area of open verandah has been enclosed with a low-level wall of timber studwork faced with asbestos cement sheeting to match the height of the abutting brick wall of the sleep out. The upper section of this wall is enclosed with adjustable glass louvres.

⁶¹ Apperly, Richard; Irving, Robert and Reynolds, Peter *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Angus & Robertson, North Ryde, 1989.

Internal layout and details

Documentary evidence shows that the clinic building originally served as both the clinic and the Sister's Residence. However, in the period prior to the closure of the building all the rooms served as part of the clinic. This change in use did not affect the fabric of the building and it remains possible to distinguish between the two original parts of this dual purpose building.

The building was designed with the main public entrance located in the semi-circular portico and the residential entrance located in the middle of the north façade. However, latterly, because of its proximity to the car park, the north side entrance to the building was commonly used as the main public entrance to the building.

The clinic waiting room is located directly beyond the semi-circular entrance portico and is approached through the glazed doors set within the glazed entrance screen. The screen occupies approximately seventy five per cent of the wall area and this helps to create the impression of the two spaces combining to form a single large space making it the major space of this relatively small building. The waiting room is approximately 4.8m x 4.0m with a 3.15m ceiling height. A brick fireplace occupies approximately one third of the north wall of this room. The fire surround is of face brickwork. The fireplace is now filled with an oil heater. The finishing of the room is typical of all the main rooms in the building with plastered walls, a picture rail and a coved cornice. The 200mm high timber skirting has a splayed top and a quarter round at the junction with the floor. The timber doors are stained finished and have a single slightly recessed panel with applied mouldings. The floor is carpeted and the ceiling is fibrous plaster.

The consulting room occupies the south east corner of the building and is housed within the south wing on the front façade. The room is approached through a door in the south wall of the waiting room. The room is 3.6m x 6.3m. The fireplace has plaster surrounds and is situated centrally within the west wall of the room. The fireplace has been filled with a cupboard. A melamine finished bench unit containing a hand basin runs the length of the south wall of the room and appears to be of recent construction. The finishes to the room are the same as the waiting room.

A door in the south west corner of the waiting room leads to a small room that connects with the corridor that runs past the wash room/WC through to the rear verandah. This small room now has no fixtures or fittings but documentary evidence shows that there used to be a system of hanging rails which allowed the room to be divided by curtains into screened spaces.

The door in the north façade was the entrance to the residential section of the building. This led to an entrance hall off which opened a living room on the east side and a bedroom on the west. The hallway led to a corridor that continued through to the kitchen located towards the centre of the building. The corridor runs past the bathroom between the kitchen and the bedroom. A door in the east wall of the corridor leads to the north west corner of the waiting room.

The former living room, which had been serving as a meeting room, occupies the north east corner of the building and forms the north wing of the front façade. The room is approximately 4.3m x 3.6m in size and the finishes are similar to those of the waiting room. There is a fireplace with a face brick surround on the south wall of the living room.

The bedroom is approximately 3.5m x 3.5m in size and is also finished similarly to the waiting room. The room does not have a fireplace, but does have built in cupboards on the south wall.

The bathroom has a tiled floor and it contains a bath with a shower above it and a vanity unit. The plan suggests that originally a hot water heater sat in the south east corner of the room, this space is now fully enclosed. Both the floor tiling and the vanity unit appear to be recent modifications. A waist high, melamine faced bench sits above the bath.

The kitchen is approximately 3.0m x 3.5m in area. Windows in the west wall light the room and overlook the rear verandah. A tiled fireplace in the north wall houses a free-standing gas stove. Original built-in timber cupboards run from the fireplace and continue across under the window. A stainless steel sink unit is built into these units and is located under the window. A floor to ceiling height built-in cupboard / pantry occupies the south east corner of the room.

The verandah occupies the space at the rear of the building between the bedroom and the enclosed laundry. The verandah is fully enclosed and it is divided into two parts. The original plan shows that the room to the north has always been enclosed and served as a sleep-out. This room has a one third high brick external wall with a continuous band of window above it. The sleep-out has a timber floor and a ceiling that is lined on the rake. The other part of the verandah was originally open but is now enclosed by an asbestos cement sheeting lined stud wall with louvre windows above. It has a concrete floor and a ceiling that is lined on the rake.

Subsequent alterations

Manjimup Infant Health Centre (fmr) building is remarkably intact, very few alterations have been made to either the interior or the exterior.

Externally the main changes have been the removal of the steps and integral planter boxes from the side entry and their replacement with a ramp. The rear verandah has been enclosed and the louvred windows of the sleep-out have been replaced with aluminium sliders.

Internally the main alteration has been the refurbishment of the bathroom and the installation of the benches in the bathroom and consultants room. Also the curtain rails that used to divide the small room beside the consultants room have been removed.

Appearance and condition of the building to date

Manjimup Infant Health Centre (fmr) building was well built and appears to be in a good condition both internally and externally. The building has benefited from the regular maintenance regime that was carried out when it was used as a clinic. However, since it has been unoccupied the exterior in particular is starting to show the effects of no longer receiving the same level of maintenance.

The grounds and gardens would be improved by more regular care. The presentation of the front façade would be enhanced by the removal of the mature tree planted to the west of the entry portico.

The garage at the rear of the site is in a sound condition.

13.3 COMPARATIVE INFORMATION

Circa 1940s, Dr. E. M. Stang, Medical Supervisor of Infant Health, produced a 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts'.⁶² This stated that each centre should provide a waiting room, a consulting room, test feeding cubicles, a pre-natal room (if required), a demonstration kitchen, a staff room, a mother's lavatory, and a sheltered area for prams. For country towns, it was believed that the centre should also comprise of living quarters for the nurse. These quarters were to be furnished and to comprise a bedroom, living room, a bathroom and kitchen, a washhouse, a woodshed and a garage.⁶³

Health Department files searched during the preparation of this heritage assessment revealed that the following infant health centres had furnished quarters: Geraldton, Katanning, Narrogin, and *Manjimup Infant Health Centre (fmr)*.⁶⁴ Further to this, the September 1955 report 'Infant Health Work in Western Australia' states that Government assistance had been given to the construction of 12 country centres with quarters and 13 country centres without quarters for the nurse.⁶⁵

Nancy Allen is believed to have been the first woman to pass the examination of the Architects Board of Western Australia in 1932, and was also the first woman to become a member of the Western Australian branch of the Royal Institute of Architects.⁶⁶ W. G. Bennett employed Allen, along with E. T. Dickens, after commencing his own architectural practice in 1936.⁶⁷ When Bennett enlisted at the outbreak of World War Two in 1939, Allen and Bruce Atkinson were left in charge of the architectural firm.⁶⁸ It was during this time that Allen designed *Manjimup Infant Health Centre (fmr)* acting on Bennett's behalf as Honorary Architect. Upon Bennett's return from military service in 1946, the firm was renamed W. G. Bennett and Associates with Allen and her brother George Frederick Douglas Allen as partners.⁶⁹

Manjimup Infant Health Centre (fmr) is representative of the work of the practice of William G Bennett, one of the most successful architectural practices in Perth in the 1930s to 1950s. The firm undertook numerous commissions for such works as Roads Board Halls, Country Shire Offices and Masonic Temples. It also undertook a number of community based service buildings in an honorary capacity during the late 1930s such as the Infant Health Centres at Nedlands and Manjimup, and later at the Police and

⁶² 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts', n.d. (c. 1940s), Information held at Manjimup Child Health Centre, Courtesy Sister Leslie Polly.

⁶³ Ibid.

⁶⁴ Infant Health – Staffing of Centres, op. cit.

⁶⁵ Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.

⁶⁶ Country Women's Association of WA, Pioneer Women's Memorial Fund, n.d. (c. 1960s), Battye Library, PR8894/1.

⁶⁷ Geneve, V., 'William G. Bennett (1896 – 1977)', in Art Deco Society of WA, *Newsletter*, July/August 1992, Vol. 5, No. 4, p. 10.

⁶⁸ Ibid., p. 11.

⁶⁹ Ibid., p. 11. At some point during World War Two, Bennett's practice did close all together. From circa 1942 to 1945, Allen worked in the Architectural Division of the Commonwealth Department of Works and Housing with David Hutchison and reknown West Australian female architect Margaret Pitt Morrison. (Conversation with David Hutchison, 14/11/2000.)

Citizens clubs. In addition the practice designed schools, churches and church halls and a large number of private houses. William G Bennett also designed the Scarborough Hotel (now demolished), the Majestic Hotel, Applecross (now demolished) and the Ocean Beach Hotel, Cottesloe; together with the Plaza Theatre and Arcade in Hay Perth, and the Regal Cinema in Subiaco.⁷⁰

The work of the practice of William G Bennett is typified by a personal style derived from a use of elements characteristic of the Inter-War Functionalist c. 1915 – c.1940, the Inter-War Art Deco c. 1915 – c.1940 and the Inter-War Stripped Classical c. 1915 – c.1940 styles. An underlying characteristic of the style employed by this firm was the way in which these contemporary styles were integrated with elements of more conservative standard planning and building construction from the period. This can be demonstrated in the way Bennett buildings rarely concealed their main areas' roofs behind parapets instead the roofs were usually standard construction hipped and the use of flat or parapetted roofs was limited to balconies and entrances. There is a feeling with Bennett buildings that there was a definite hierarchy of importance given to the facades of a building and rooms within it. This was reflected in the way in which the greatest design attention seems to have been focussed on the main facade, and the main reception rooms of a building. *Manjimup Infant Health Centre (fmr)* exemplifies this design strategy, because while the building is typical of many medium sized houses built during this period, it has been given an appropriate scale and presence by the concentration of stylistic elements in the area of the entrance and waiting room.

13.4 KEY REFERENCES

No key references.

13.5 FURTHER RESEARCH

Contact was made with Battye Library and the University of Western Australia's School of Fine Arts and Architecture and the School's library to see if these collections held any information about architect Nancy Allen, however very little evidence was found. Further research into the work and life of the architect, including buildings designed by her, should be completed at a later date.

The role of Dr Eleanor Stang in infant health policy and practices in Western Australia needs to be further researched as does the Government's commitment to reducing infant and maternal mortality.

Further supporting information in relation to this place may be gleaned from Geneve, Vyonne, 'W.G. Bennett, Cinema Architect', Centre for Fine Art, UWA.

⁷⁰ Geneve, Y., 'William G. Bennett (1896 – 1977)', in Art Deco Society of WA, *Newsletter*, July/August 1992, Vol. 5, No. 4, p. 10-11.