



**HERITAGE
COUNCIL**
OF WESTERN AUSTRALIA

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)

- 2.4.3 Migrating to escape oppression
- 3.26 Providing health services
- 3.26.3 Developing alternative approaches to good health
- 8.5 Forming associations
- 8.5.3 Associating for mutual aid
- 8.6.1 Worshipping together

HERITAGE COUNCIL OF WESTERN AUSTRALIA THEME(S)

- 101 Immigration, emigration and refugees
- 108 Government policy
- 401 Government and politics
- 402 Education and science
- 404 Community services and utilities
- 405 Sport, recreation and entertainment
- 406 Religion
- 407 Cultural activities
- 408 Institutions

11.1 AESTHETIC VALUE*

While the 1956 purpose designed section of *Perth Chest Clinic* is a routine expression of the Post World War II International Style, the Hibernian Hall (fmr), built in 1902 in the Federation Free Classical Style, is a fine and intact example of its style and of the community hall building type. (Criterion 1.1)

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

For consistency, all references to garden and landscape types and styles are taken from Ramsay, J. *Parks, Gardens and Special Trees: A Classification and Assessment Method for the Register of the National Estate*, Australian Government Publishing Service, Canberra, 1991, with additional reference to Richards, O. *Theoretical Framework for Designed Landscapes in WA*, unpublished report, 1997.

Perth Chest Clinic is located in the Murray Street East Precinct and the Hibernian Hall (fmr) makes a strong visual contribution to this important collection of predominantly late 19th century and early to mid 20th century heritage places. The 1956 Post World War II International Style building demonstrates the further development of the precinct in the mid 20th century and makes little contribution to the streetscape. (Criterion 1.4)

11. 2. HISTORIC VALUE

Perth Chest Clinic is associated with the Public Health Department's successful response to tuberculosis in the State and of Commonwealth and State cooperation in building diagnostic and hospital services. (Criterion 2.2)

Hibernian Hall (fmr) at *Perth Chest Clinic* is associated with the development of institutions to serve the Irish community of Western Australia. (Criterion 2.2)

Hibernian Hall (fmr) at *Perth Chest Clinic* is associated with the Roman Catholic community, as it served as Cathedral Hall for St. Mary's Cathedral (1930). (Criterion 2.2)

Hibernian Hall (fmr), the 1902 part of *Perth Chest Clinic*, was designed by prominent Western Australian architects Cavanagh & Cavanagh. (Criterion 2.3)

Perth Chest Clinic is associated with Dr Linley Henzell, who reorganised the way tuberculosis was diagnosed and treated in Western Australia. (Criterion 2.3)

Perth Chest Clinic is associated with Olive Anstey, who initiated, encouraged and supported many innovative programs in various areas of nursing practice, education and administration in Western Australia. (Criterion 2.3)

The Hibernian Hall (fmr) is a fine and intact example of a hall designed for community use in the early 20th century. (Criterion 2.4)

11. 3. SCIENTIFIC VALUE

The records generated by *Perth Chest Clinic*, from its foundation in the 1940s to the present, offer an unparalleled resource for understanding the history and treatment of tuberculosis in Western Australia. These records are currently in the process of being scanned, with the originals being destroyed, but some may be transferred offsite for future research. (Criterion 3.1)

11. 4. SOCIAL VALUE

Perth Chest Clinic has significance for those patients and members of staff who have used its services or worked there from 1948 to 2010. (Criterion 4.1)

Perth Chest Clinic has social value as a reminder of the efforts of the Irish community of Western Australia to form mutual aid societies. (Criterion 4.1)

12. DEGREE OF SIGNIFICANCE

12. 1. RARITY

Hibernian Hall (fmr) is rare as an intact Hibernian Hall from the early 20th century. (Criterion 5.1)

Perth Chest Clinic is rare as the only dedicated chest clinic in the State. (Criterion 5.2)

12.2 REPRESENTATIVENESS

The 1956 extension to *Perth Chest Clinic* is representative of PWD's functional approach to architecture in this era and its use of the Post World War II International Style. (Criterion 6.1)

Perth Chest Clinic is representative of buildings which provided governmental responses to significant health issues in the State. (Criterion 6.2)

12.3 CONDITION

All elements of *Perth Chest Clinic* have been reasonably well maintained and with the exception of the garages that are in poor condition, the elements are in fair to good condition.

12.4 INTEGRITY

In 2011, the place retained its function as *Perth Chest Clinic*. The Hibernian Hall (fmr) has been changed to suit the needs of the chest clinic, but the changes required for this function were largely benign and reversible, so that this element retains a moderate degree of integrity. The purpose built *Perth Chest Clinic* remains set up for its intended purpose on the upper level and for migrant health on the lower level. The functions are close to the original intention so this component retains a high level of integrity.

12.5 AUTHENTICITY

Perth Chest Clinic has been altered in numerous ways throughout stages and its continuing adaptation during the chest clinic phase. However, the Hibernian Hall (fmr) element retains predominantly original fabric. Removing the present fit out would reveal a largely intact place so that its authenticity is high. Similarly, the chest clinic building has been adapted for changing practices, but retains much of its authentic fabric and spaces so that it retains a moderate degree of authenticity.

13. SUPPORTING EVIDENCE

The documentation for this place is based on the heritage assessment completed by Philip Griffiths, of Philip Griffiths Architects and Eddie Marcus, historian, in September 2010 with amendments and/or additions by State Heritage Office staff and the Register Committee.

The whole of Lot 500 is recommended to be included in the curtilage.

13.1 DOCUMENTARY EVIDENCE

Perth Chest Clinic, a part of the Murray Street East Precinct, comprises a single-storey brick, stucco and iron roofed building in the Federation Free Classical Style (1902) and a single-storey brick, render and iron roofed building in the Post World War II International Style (1956) and various alterations and additions.

The older part of *Perth Chest Clinic* sits half hidden under a Moreton Bay Fig tree and was built in 1902 in Federation Free Classical Style. The building was constructed as 'Hibernian Hall' and features a large classical facade with prominent pillars, arched openings and a parapet. It was originally designed by Cavanagh & Cavanagh with alterations and additions by R. J. Dennehy. To the east of the 1902 building is a brick 1956 extension designed by the Public Works Department which operated as the diagnostic and consulting rooms for the clinic.

Hibernian Hall (fmr) 1902 and 1904

In the 19th century several Irish businessmen's clubs flourished, including the Celtic in Melbourne and the Shamrock and Irish National clubs in Sydney. These were active in promoting Irish nationalist campaigns, although their primary purpose appears to have been drinking and 'fixing deals'.¹

Several networks of mutual benefit societies, more nationalist in style than substance, also served the Irish-Australian community. These included the St. Patrick's Society (founded 1842), the Hibernian Australasian Catholic Benefit Society (1871) and the Irish Australian Catholic Benefit Society (1869). These societies attended to the 'moral, social and intellectual improvement' of their working class and middle class members. They also made provision for benefits in the case of illness or death.²

Hibernian Associations flourished in the late 19th to early 20th centuries, supported by the Catholic Church, and attracted widespread Irish Catholic membership. Benefit societies were popular in 19th century Australia where self-help was the dominant philosophy, liberalism a principal ideology, and where colonial governments made little provision for public welfare benefits.³ In addition, the formation of the Hibernian Society was a response to a Papal encyclical of 1864 which condemned Freemasonry. Catholics were thereby

¹ Jupp, James (ed), *The Australian People: An Encyclopedia of the Nation, Its People and Their Origins* (Cambridge University Press, 2001), p. 455

² Jupp, *Australian People*, p. 455

³ 'Assessment of Hibernian Hall', Environmental Protection Agency (QLD), viewed online at <http://www.epa.qld.gov.au/chims/placeDetail.html?siteId=17006>, 24 March 2011

placed at odds not only with Freemasonry, but with all affiliated societies including many of the 'friendly societies' in Australia.⁴

Modelled on similar mutual benefit societies established in Britain, the Australian societies provided contributing members with access to financial assistance such as sickness benefits, life insurance, provision of funeral costs, and benefits to members' widows and families. Some societies lent money to their members to finance home construction. Benefit societies also operated as social clubs, organising events such as dances and sports days which played an important role in the social life of the community, particularly in country districts.⁵

Implicit in the Hibernian Australasian Catholic Benefit Society's title are its two principal functions: an organisation committed to the philosophy of a particular cultural group and a provider of welfare. Consequently, the Society has been seen as the lay custodian of the heritage values of the Australian Irish Catholic community. The Society's requirement that all members be 'practical Catholics' indicates a dedication to the preservation of a culture as much as provision of welfare support.⁶

A branch of the Hibernian Australasian Catholic Benefit Society (HABC) opened in Fremantle in 1878, originally with ten members.⁷ In 1897, the Fremantle HABC constructed a Hibernian Hall in 'High Street East', which was a two-storey building in the 'Renaissance style' (although there had been a building operating as a 'Hibernian Hall' in Fremantle for a number of years prior to this).⁸ On the ground floor were two large shops, and an entrance at the centre of the building opened onto a stairway which led to a large hall (50' by 35' 6") and offices.⁹

Erected by St. Patrick's Branch (No. 142) of the HABC, the foundation stone for a Hibernian Hall in Murray Street, Perth, was laid on 17 March 1902. The ceremony was performed by the Rev. Father Keogh, Vicar-General, in the absence of Bishop Gibney who was ill.¹⁰

Among others, the ceremony was attended by T. F. Quinlan, MLA, and architect Michael Cavanagh. As a memento of the occasion, Mr. C. Begley, president of the Society, presented Father Keogh with a silver trowel. Father Keogh praised the Hibernian Societies for keeping alive the Catholic faith in Australia, and for spreading their principles of faith, hope, and charity.¹¹

4 Sweeney, Mary Denise, 'The Hibernian Australasian Catholic Benefit Society - Brisbane branches 1879-1906: A heritage study' (unpublished, University of Queensland, 2005)

5 'Assessment of Hibernian Hall', Environmental Protection Agency (QLD)

6 Sweeney, 'The Hibernian Australasian Catholic Benefit Society'

7 *West Australian*, 28 February 1884, p. 3

8 *West Australian*, 13 January 1893, p. 3

9 *West Australian*, 22 February 1897, p. 2

10 *West Australian*, 18 March 1902, p. 4

11 *West Australian*, 18 March 1902, p. 4

The architects were Cavanagh & Cavanagh, and the contractor was D. Hehir. Michael Cavanagh noted that Hibernian Hall, Murray Street, was intended to be 'one of the most commodious buildings of the kind in the city'.¹²

Michael Cavanagh had arrived in Western Australia from Adelaide in 1895. He established a successful and prominent practice, designing commercial, residential, civic, and ecclesiastical buildings. His work includes the Christian Brothers' and Mercedes Colleges, Manning Chambers and the Central No. 1 Fire Station in Perth, St. Brigid's Convent in Northbridge, the Redemptorist Monastery in North Perth, and St. Patrick's Presbytery and Basilica at Fremantle.¹³

Hibernian Hall, Murray Street, opened on 26 June 1902 with a 'Grand Ball'.¹⁴ The place was subsequently much used for meetings and social occasions, including St. Patrick's Day marches and meetings to promote Home Rule.

In January 1904, tenders were called for 'large additions and alterations' to Hibernian Hall, under architect R. J. Dennehy.¹⁵ The nature of these additions and alterations is currently unknown.

There is evidence that the HABC was in financial difficulty in the mid 1920s, as in October 1924, Hibernian Hall was offered for lease.¹⁶

A c.1930 image of Hibernian Hall, Murray Street,¹⁷ shows the Hall with its street facade looking very similar to its current appearance. To the right of the Hall is the St. John Ambulance building, followed by the Fire Station. The Ambulance building is now demolished.

In 1930 the building is listed in the Post Office Directory as 'Cathedral Hall', suggesting that it had become a church hall for St. Mary's Cathedral. An extension to the rear of 'Cathedral Hall', possibly used as a supper room and kitchens, may have been constructed at this time. It appears to have remained in use for this function until acquired for use as *Perth Chest Clinic*.

Tuberculosis in Western Australia

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. While it can affect any part of the body, it usually affects the lungs.

During the 19th and early 20th centuries, the 'white plague' was a significant public health problem in Australia. Although tuberculosis deaths declined from the 1850s, disability rates remained high until the 1940s, and the disease

12 *West Australian*, 18 March 1902, p. 4

13 McKenzie, Jane, 'Michael Cavanagh F.R.I.B.A. Western Australian Architect 1860-1941: His Life, his Philosophies and His Architecture' (Unpublished, Curtin University, 1992), p. 7

14 *West Australian*, 14 June 1902, p. 1

15 *West Australian*, 11 January 1904, p. 2

16 *West Australian*, 1 October 1924, p. 14

17 Batty Pictorial Collection, 8292B/B/91

continued to be a drain on state health budgets as well as having a devastating effect on the lives of 'tuberculars' and their families.¹⁸

In the 20th century, tuberculosis shifted from being a virtually incurable condition to one which could be detected by x-ray technology and controlled by the use of antibiotics. Even so, there was still a social stigma associated with tuberculosis, and people with the disease remained subject to prejudices which associated them with immoral behaviour. Between 1900 and the 1940s the full and frank disclosure of sufferers' status was the very foundation of effective public health responses, yet family doctors often concealed patients' diagnoses to shield them from stigma.¹⁹

In 1940 Dr Linley Henzell took over the position of State Tuberculosis Physician from Dr Mitchell, who had held the post for 30 years. Several Public Health Commissioners described Henzell as one of the most experienced tuberculosis physicians in Australia. A former graduate of the University of Western Australia, he had arrived in Western Australia with fourteen years experience in tuberculosis at the Cheshire Joint Sanatorium in England. On arrival, he was appointed Principal Medical Officer for the State, and Superintendent of Wooroloo from 1940 to 1949.²⁰

During the 1940s the Commonwealth Government became committed to the eradication of tuberculosis in Australia. The mass x-ray programme for servicemen showed that it was possible to effectively examine large numbers of people for the disease. In 1945, the Commonwealth Government passed the *Tuberculosis Act*, which subsidised the States on a pound-for-pound basis for diagnostic and hospital facilities.²¹

In anticipation of Commonwealth funding, in 1946 Henzell was named State Director of Tuberculosis Control, becoming Health Commissioner in 1950. One of his first steps in improving tuberculosis control in Western Australia was the establishment of Chest Clinics. These would be diagnostic and treatment centres, with free x-ray facilities for patients and doctors to obtain expert opinion.²²

The establishment of the Chest Clinics

The Western Australian tuberculosis clinics were to have the less stigmatising title 'Chest Clinic' and were to be part of general hospital facilities. Henzell was critical of the 'Tuberculosis Dispensaries' in England, which he believed were obsolete in function as well as name. He wrote:

[The] old method of the 'Tuberculosis Dispensary' occupying its own premises, with its own staff, x-ray and bacteriological departments, is wasteful and

18 Larsson, Marina, 'Review of Criena Fitzgerald's *Kissing Can Be Dangerous: The Public Health Campaigns to Prevent and Control Tuberculosis in Western Australia, 1900-1960*', *History Australia*, vol. 4, no. 2, December 2007

19 Larsson, 'Review'

20 Fitzgerald, Criena, *Kissing Can Be Dangerous: The Public Health Campaigns to Prevent and Control Tuberculosis in Western Australia, 1900-1960* (UWA Press, 2006), pp. 127-28. See Heritage Council of Western Australia assessment for *Wooroloo Sanatorium* for more details.

21 Fitzgerald, *Kissing*, p. 126

22 Fitzgerald, *Kissing*, pp. 128-29

stigmatising to the patients attending. A better title is that of 'Chest Clinic' staffed by a 'Tuberculosis Physician' and not a 'Tuberculosis Officer'.²³

For Henzell, the success of a Chest Clinic would rest on the clarity of its x-rays, which had replaced the stethoscope as the key diagnostic tool. Although wartime shortages meant difficulties in obtaining x-ray equipment, Henzell was able to establish clinics at Fremantle, Kalgoorlie, Northam and Bunbury. A tuberculosis clinic already existed at Perth Hospital, run by Dr Roy Muecke, but it was seen as 'manifestly inadequate for the metropolitan area'. Henzell brought this clinic under the auspices of the Public Health Department.²⁴

However, the cost of x-rays hindered public access to the clinics and until adequate Commonwealth funding was obtained, there were no free x-rays for the general public. This meant that people who had been exposed to an infected person had to pay for peace of mind. At £5 5s an x-ray, more than an average week's wages, few could afford this 'luxury'. It was not until 1950 that the Commonwealth funded free x-rays for the public.²⁵

The Chest Clinics brought tuberculosis and its treatment into the public arena, with their obvious presence making the disease a public health concern. Through the establishment of these clinics, Henzell had appropriated tuberculosis to the Public Health Department without threatening the doctor-patient relationship. The clinics were seen as a free specialist service for doctors and their patients, which enabled early diagnosis and increased chance of successful treatment at Wooroloo Sanatorium.²⁶

Perth Chest Clinic 1947 and 1956, alterations 1966 and 1970

Cathedral Hall (as Hibernian Hall (fmr) had been known since 1930) was purchased in 1947 for conversion into a Chest Clinic and Headquarters for tuberculosis control. It was opened on 7 May 1948. That same year, Royal Perth Hospital was opened and the Australian Medical Congress held its conference in Perth, with tuberculosis as its main topic.²⁷

By 1949 the tuberculosis programme was gathering momentum. The death rate that year was the lowest on record (23.5 per 100,000 people) and a new drug, streptomycin, was being used with encouraging results. It was also in 1949 that all patients at RPH were x-rayed for the first time. With the Health Act Amendment Act of 1950, it became compulsory for all people over fourteen years of age to undergo an x-ray.²⁸

In 1950, Alan King became the second Director of Tuberculosis Control, taking over from Henzell. Under his tenure, the programme was greatly expanded, mainly due to an increase in Commonwealth Government funding.

23 Quoted Fitzgerald, *Kissing*, p. 129

24 Fitzgerald, *Kissing*, p. 130

25 Fitzgerald, *Kissing*, p. 130

26 Fitzgerald, *Kissing*, pp. 130-31

27 Johnson, Dorothy, 'History of the Fight Against Tuberculosis in Western Australia' (unpublished, 1955), pp. 25, 27

28 Johnson, 'Fight', pp. 27-28

This necessitated the purchase of 'Wiluna', the nurses quarters located to the east of *Perth Chest Clinic*. This was finally obtained for £9,000 in 1952.²⁹

One nurse employed at *Perth Chest Clinic*, between 1953 and 1957, was Olive Anstey. In May 1958, Anstey was appointed matron of Perth Chest Hospital, and under her leadership, it became a community health centre. She initiated, encouraged and supported many innovative programs in various areas of nursing practice, education and administration.³⁰

The Chest Clinic was expanded in 1956 with the establishment of a separate bacteriological laboratory.³¹ This new building, located to the east of, and attached to, what was now known as 'Old Hall' comprised the main area for receiving and examining patients. The 'Old Hall' appears to have been used for records storage and administration offices.

The original entrance was located at the eastern end of the new building, reached by a short flight of stairs. This led to the Entrance Foyer and Waiting Room. There were four Doctors' Consulting Rooms, a General Office, two Examination Rooms, a Film Storage Room, an X-ray Room with its own Waiting Area and Dressing Cubicles, an associated Dark Room, a Dental Room and a Sterilising Room.³²

One nurse based at *Perth Chest Clinic*, Hannah Gilgan, recalled visiting tuberculosis patients in the late 1950s:

The big challenge was making sure people took their chemotherapy properly. PAS [paraminosalicylic acid] in particular had terrible side effects; it made people feel nauseated all the time. They used to be allowed to have one day's rest from the drugs per week, on Sundays, usually... Home visiting required a great deal of tact. Some people welcomed you into their homes and talked to you quite openly; others might chase you off their property waving a stick!³³

In 1965 there were 63 people working at Perth Chest Clinic: doctors, nurses, administrators (including a Social Services clerk as a tuberculosis allowance was payable), radiographers, x-ray technicians, drivers and a storeman.³⁴

Further renovations were undertaken in 1965-66, and again in 1969-70, at a cost of \$29,000.³⁵ The 1969-70 alterations were undertaken to improve 'patient flow and procedure'. This involved relocating the main entrance and waiting area to the 'Old Hall' and the rearrangement of a number of internal walls within the 1950s extension to reorganise the use of space and place the various sections of staff in a 'more logical locational relationship'. The process for patients was described as follows:

29 SRO cons 4846, file 1951/0893

30 Fitzgerald, Criena, 'Anstey, Olive Eva (1920-83)', *Australian Dictionary of Biography*, vol 17, Melbourne University Press, pp 27-28

31 *50 Years of TB control in Western Australia: The Perth Chest Clinic through the eyes of its former and present directors and staff* (Perth Chest Clinic, 1998), p. 2

32 Public Works Department Plan PN/447/53, Drawing 3, 2 January 1953

33 *50 Years*, p. 13

34 *50 Years*, p. 15

35 SRO cons 5639, file 1969/1209

Chest Clinic patients... to proceed up the ramp to the new building via the stage and new connecting bridge. They will report to the Sisters' station where routine sputum tests, weighing, etc. will be arranged (where appropriate) and directed to the dressing cubicles for x-ray... On completion of the x-ray films they will be directed to the main waiting area to wait to see a Medical Officer. After seeing a doctor they will return to the 'reception and appointment and enquiry' desk via the front stairs to arrange their next appointment before leaving the building.

Patients with doctors' letters but without a specific appointment to proceed via the ramp to the Sisters' station where they will be received and directed to the main x-ray... They are then to wait in the main waiting room until the 100mm film has been passed by a Medical Officer. Only those with abnormal films or suggestive symptoms need be seen by a Medical Officer.

Mining applicants to be processed (administratively) at the reception desk and to proceed to the Sisters' station via the ramp... After having their x-ray they will leave the building via the side door which will be used as an exit only.

Persons attending the contact and BCG Clinic for tuberculin tests and vaccination will already have been instructed by the Sister to report to the appropriate section of the old building and any who present themselves at the reception desk will be directed down the lane.

The two main streams of patient flow may be clearly indicated by the use of coloured lines or arrows on the floor to facilitate the direction of patients.³⁶

In 1971-72 alterations costing \$90,000 were undertaken, and again in 1975 when work was needed to utilise space vacated by the Public Health Laboratories.³⁷

In the late 1970s, Commonwealth funding of tuberculosis treatment had been scaled back and it was proposed to move the Chest Clinic to QEII Medical Centre to bring all the elements of tuberculosis control on one site, and save money at the same time. This did not eventuate due to a number of obstacles.³⁸

The 1984 reorganisation of the various health services into one department meant that everyone was forced to look for greater efficiency and effectiveness. The Clinic gained the Migrant Health Clinic, as screening immigrants for tuberculosis was seen as an important aspect of public health.³⁹ In addition to tuberculosis control and migrant health, after 1990 the Clinic was also home to asthma support, vitamin A advocacy, mine workers' health surveillance, and the industrial diseases medical panel. However, by 1995, there was only one tuberculosis physician operating from Perth Chest Clinic, and six nurses.⁴⁰

At the end of the 20th century, most patients were treated by doctors outside the Perth Chest Clinic, and tuberculosis nurses spent 'more time at

36 SRO cons 5639, file 1969/1209, September 1969

37 SRO cons 5639, file 1969/1209

38 *50 Years*, p. 9

39 *50 Years*, pp. 11-12

40 *50 Years*, pp. 12,20, 22

telephones, computers and fax machines than in home visiting'. Few patients are now hospitalised and many continue to work while taking medication.⁴¹

In 2009 a new radiology room was being fitted in the 1956 building when a work-related accident occurred to a fitter. Inspection of the premises resulted in a decision not to progress with the refitting, but to relocate the services at *Perth Chest Clinic* to new premises on the corner of Pier and Wellington Streets.⁴² This was scheduled to take place at the end of 2010.

A large number of records, including x-rays, are in the process of being scanned and destroyed. Previously, a large amount of the floor area of both the Old Hall and the 1956 extension had been given over to storage of these records.⁴³

In September 2010, TB Control, Migrant Health, and the Asbestos Review Program remained located at *Perth Chest Clinic*. The Public Health remit of the place remained intact, and it was still the primary contact point for suspected tuberculosis patients and the first point of contact with the health service for new migrants, predominantly refugees.

Perth Chest Clinic was scheduled to relocate to newly refurbished premises on the corner of Wellington and Pier Streets late 2010 to early 2011.

13.2 PHYSICAL EVIDENCE

Perth Chest Clinic is a part of the Murray Street East Precinct and comprises a single-storey brick, stucco and iron roofed building in the Federation Free Classical Style⁴⁴ (1902) built as the Hibernian Hall, with a single-storey extension to the rear, and a two-storey brick, render and iron roofed building in the Post World War II International Style⁴⁵ (1956) and various alterations and additions built for the Perth Chest Clinic.

The Murray Street East Precinct is bounded by Pier Street & Victoria Square. The precinct consists of a number of buildings and spaces which include: the Government Printing Office designed by W. B. Hardwick and occupied by the Government printer from 1870 to 1960; the chief secretary's building built in 1912; the Young Australia league building, built in 1927; the Fire Brigade No 1 station; a huge Moreton Bay fig tree opposite the fire station; Royal Perth Hospital Nurses' Quarters and Royal Perth Hospital Administrative Building. The Victoria Square precinct forms a major part of the Murray Street east precinct. The Victoria Square Precinct comprises three main parts: St Mary's Cathedral and its surrounding grounds; the Classical style Presbytery (1859, extended 1920s) and its grounds and the church office (1930s), together with Mercedes School (1895) and the Sisters of Mercy Convent (a two-storey building of chequered brickwork, built 1873) and the pro-Cathedral (a simple rendered building, built in 1845 and the first Roman Catholic Church in Perth).

41 *50 Years*, p. 22

42 Site visit with Cathy Inkpen, 6 September 2010.

43 Site visit with Cathy Inkpen, 6 September 2010

44 Apperly, R., Irving, R., Reynolds, P. *A Pictorial Guide to Identifying Australian Architecture. Styles and Terms from 1788 to the Present*, Angus and Robertson, North Ryde, 1989, pp104-107.

45 Apperly, R., Irving, R., Reynolds, P. *A Pictorial Guide to Identifying Australian Architecture. Styles and Terms from 1788 to the Present*, Angus and Robertson, North Ryde, 1989, pp 214-217.

Also included in the precinct is the streetscape of Murray Street east. Architects who designed parts of the precinct included Richard Roach Jewell (the colony's first architect), L. Le B. Henderson, McMahon (first name unknown), M. C. Cavanagh, B. Hardwick and the firm Oldham, Boas and Ednie Brown.

While the Hibernian Hall (fmr) part of *Perth Chest Clinic* is on the pavement line and makes a strong visual contribution to this streetscape, its 1956 addition to the east is modest in scale, visually recessive and makes little positive visual contribution to the setting.

Perth Chest Clinic comprises the Hibernian Hall on (fmr) on the western part of the site with a single-storey extension to the rear or south, and the two-storey Perth Chest Clinic to the east, with a bitumen paved access way to the east of the old hall and across the rear of the site, with an area for parking and a double garage in the southeast corner of the site.

Hibernian Hall (fmr) [1902 and 1904]

The Hibernian Hall (fmr) part of *Perth Chest Clinic* is a simple rectangular plan building, in English garden wall bond brickwork with cut and struck joints on the secondary elevations and a decoratively treated front wall in tuck-pointed Flemish bond brickwork with classically derived stucco treatments. It has a simple gabled roof now covered with pre-painted corrugated galvanised steel custom orb profiled sheeting, extending to wide eaves on the east and west faces of the building.

The front elevation is divided into three equal bays, with a central entrance flanked by windows. The decorative elements are applied to the brick wall plane and comprise a stucco dado, with a foundation stone panel, surmounted by four Tuscan stucco finished pilasters, topped by a deep stucco entablature and solid balustrade. Arched head windows and the entry doors are set between the columns, with stucco impostes, and archivolts with exaggerated keystones. There are timber windows that include fanlights and a set of glazed timber framed entrance doors. Non-original elements include alterations to the sashes, the removal of the Hibernian Hall bas-relief lettering, removal of the foundation stone, and replacement front doors. The overall composition is a good quality rendering of the Federation Free Classical Style.

The sides of the building have painted brickwork walls constructed on pillow faced limestone foundations. The walls are divided into panels with piers with stucco caps and in each panel there are pairs of high level narrow format double hung sash windows. A continuous moulded stringcourse runs the length of these walls and arches over the paired windows, together with a continuous stucco string at sill level. High and low level vents, and circular downpipes complete the original features. At roof level the wide eaves over-sail the walls and the soffits are lined with birdboards, with a deep timber fascia, scotia, and ogee profile gutter.

More recent elements include additional escape doors, room air conditioners, a number of security shutters to windows, and split air conditioners. Painting has obscured the sharpness of the detail on the walls.

The rear of the building is a continuation of the side elevations, without the detail elements. Most of the elevation is obscured by a later skillion roofed addition. More recent elements on this elevation include 'Shadowline' wall lining to the gable, a window, and split air conditioners.

In spite of the way in which the interior reads on plan, it is essentially the original plan and volume, partitioned with lightweight low height solid and glazed partitions. In plan it comprises a centrally located entrance to the north flanked by a room either side, then the main hall, and stage at the south end at ground floor level. There is a first floor over the entrance, likely to be a later addition, and a generously proportioned area under the stage. The whole of this part of the complex was used for office accommodation, meeting rooms and file storage, but has been part vacated and was due to be fully vacated in the course of 2010.

The entrance lobby and flanking rooms are similarly treated with carpeted timber floors, deep moulded timber skirtings, plain plastered walls, simple Art Deco style plaster cornices and plain plaster ceilings. There are four panel timber doors with original door hardware leading into the flanking rooms, original panel and glazed doors leading into the auditorium space and the timber framed glazed doors that lead back onto the street. The switching is Bakelite on timber switch blocks and steel conduits, as well as more contemporary polyvinyl chloride switches. The construction suggests that the floor over this area was added some time after the initial stage of construction.

The main hall is a large volume, with high level windows down the sides, a filled in proscenium arch at the southern end and sets of stairs leading up to the stage and to the mezzanine over the northern end rooms, as well as steps down to the under-stage area. The roof is supported on timber trusses, with a jarrah lined ceiling in the cathedral pattern and a deep timber friezes along the sidewalls that provide high-level ventilation. The paired windows have deep sloping sills, a continuous string over them, and there are small dossier blocks that accept timber truss legs. A number of non original features include door openings in the east and west walls, a stair to the first floor conference room, filling in of the proscenium arch, filling in to an incised dado, partitions, suspended lighting, wall mounted air conditioners, a glass lobby in the northeast corner, counters, shelving and loosing fittings.

The room over the entrance that was used for conferencing, cuts awkwardly across the front elevation windows and has carpeted timber floors, plastered walls, and plasterboard and covered batten ceiling. There is damp damage to the east wall where it abuts the later building that was constructed for the *Perth Chest Clinic*.

The under-stage area is accessed by a corridor to the west side of the hall that has timber floors, plastered walls and a pressed metal lined ceiling. There is a good deal of damp in the west wall and evidence of termite activity. The under-stage area has timber floors, plastered walls and a ribbed metal lined soffit that would appear to be an original finish. There are timber construction staircases to the east and west of the room, both of which appear to be original construction. The area is filled with shelving designed for the storage of x-rays.

The stage area is fitted out as offices, however the outline of the proscenium arch to the north may still be seen, along with a tie rod. There is a stage trap door in the southwest corner. A suspended ceiling has been installed and is set at a level that cuts across the arch. The space is partly open planned and partly partitioned, with lightweight jarrah veneer faced part glazed partitions.

What appears to be an original opening in the southwest corner of this area leads into the extension to the rear.

Generally this building is in good condition with a small number of defects relating to damp, termite activity and general deterioration of the more vulnerable elements such as timber work. Non original work could be readily removed to reveal the original hall and stage, without damaging authentic fabric.

Single Storey Extension to Hibernian Hall (fmr) [n.d. possibly 1904]

The addition is a simple skillion roof part painted brick construction building constructed on limestone foundations, with timber double hung sash windows. There are header coursed arched head original windows and flat arched windows that are of later construction, though the sashes are in a matching style. This building has timber barges and barge caps and ogee gutters. Most windows are covered with roller shutters. Later features include window and wall mounted air conditioners, painted brickwork, security shutters and external lighting. The design is utilitarian and of poor quality.

The interior features entries from all sides, a lavatory, circulation space and a series of consulting rooms and offices. The place has carpeted and tiled concrete floors, plastered brick walls and plasterboard clad stud walls, plasterboard ceilings, except for one room that has a timber lined soffit, simple cornices, flush doors, and, curiously, a turned timber post in the middle of the plan. It would appear that this space was once a simple arrangement that has been divided up to provide the present accommodation and that the alterations in this area are extensive.

The single-storey extension is in fair condition and is of a significantly poorer quality than the main hall.

Perth Chest Clinic Building (1956, alterations 1966 and 1970)

Although from the street, it presents as a single-storey building, the Perth Chest Clinic building is a two-storey brick, render and iron roofed building in the Post World War II International Style. It is set back off the pavement edge, with a set of steps and landscaping occupying the setback area. The building for the most part is set off its boundaries and the Hibernian Hall (fmr) to the west, except for the front façade and a link towards the rear. Shrubbery obscures part of the western side of the front elevation.

The front of the building reads as a single-storey building and is composed of long horizontal elements in the Post World War II International Style, comprising a tiled plinth with small square windows into the lower level, terrazzo and quarry tiled steps on the eastern side leading up the entrance, with a very simple steel balustered handrail, and then a strongly proportioned east fin wall to terminate the stairs. A thin concrete cantilevered sun hood

rests on the top of this pier and runs the full length of the north elevation, protecting the glazed doors and sidelights to the front entrance, and a series of linked fixed and sliding aluminium windows that extend across the front of the building. The main wall plane extends through the sun hood to a concrete parapet some 22 courses above it, and is terminated with a precast concrete parapet capping. All of the brickwork is laid in stretcher bond and the brick is a salmon pink that was very popular during this period. There has been little change to this elevation. The same styling was not carried though the remainder of the building.

The sides of the building are set off the east boundary and Hibernian Hall (fmr) and are designed in an earlier style that is simple and utilitarian. It is a two-storey building with red stretcher bond brickwork, double hung timber sash windows, a deep timber fascia and metal gutter set on wide eaves. The roof is a very low pitch. Along the east boundary there is a retaining wall to allow light into the windows along the east flank of the building. Window grilles, room air conditioners, and other services have been added to this elevation in a careless fashion so that the overall composition is compromised by subsequent work.

The internal planning is linear, running off an offset corridor, with three links back to the Hibernian Hall (fmr) along the west side.

The upper ground floor has a suite of offices and an examination room across the front of the building, and a large waiting area to the south that was once the reception and waiting area. There is a staircase to the east of this area and then the corridor extends south, with offices, nurses station, and examination rooms flanking it, together with male and female toilets, a kitchen area, and an area that was in the process of being adapted for x-ray equipment when work ceased on it in 2010. The latter work remains incomplete. The walls in this area are plastered, with timber skirtings and sills, carpet tiled concrete floors, flush plaster ceilings with an integral coved cornice, part glazed timber doors, or flush doors, and vitreous china sanitary fittings. The male toilets have large vitreous china urinal stalls. Toilets have vinyl tiled floors and terrazzo partitions. The kitchen has terrazzo floors and what appears to be original cabinetwork. The stair is enclosed with a ply faced glazed partition. A simple light box calling system is mounted on the southern side of the waiting area. Internal spaces are lit by surface mounted fluorescent lights and the spaces conditioned with split and room air conditioners. The new x-ray area is part built in plasterboard partition work.

The rear section of this building to the south is an addition in the same style as the original building. It is essentially a large open space, which is divided by lightweight construction partitions. While it is very similar to the earlier section, the room is divided with a jarrah veneer faced and glazed partition system, together with mobile screens for form workspaces. There are double hung sashes on three sides of the building, so that the space is very bright and also vulnerable to solar heat loads.

The lower ground floor area appears to have been developed in a single sequence and the basic plan reflects that of the floor over it in terms of movement and basic layout. The upper level cantilevers over the lower level

creating some parking spaces to the south. At the northern end and along the eastern side, the rooms are configured for the storage of x-ray records, and other types of record storage. X-ray storage takes the form of timber framed shelving with dividers in a format devised specifically for the task. Along the western side of the building there are offices, toilets, and examination rooms, with further sets of toilets and showers in the southeast corner and a large group area in the southwest corner.

At this level, the ceilings are the skimmed soffits of the floor above, walls are plastered and in toilets part tiled, floors are concrete covered with carpet tiles in office areas, polychromatic vinyl in stores, terrazzo toilet partitions and sanitary ware that match the upper floor. At the southern end of the corridor there are the remains of a dumb waiter. Though some windows match those of the upper floor with a rectangular format, many are square format set at high level.

The lower floor has been adapted in a similar way to the upper floor, though fewer rooms have been touched by change. The building has been reasonably well maintained and is in fair to good condition.

Garages

To the rear or south of *Perth Chest Clinic*, there is a pair of brick construction, skillion roofed garages, with tilting doors. This simple structure is in poor condition.

13.3 COMPARATIVE INFORMATION

Tuberculosis Treatment in Western Australia

Tuberculosis was a major cause of mortality across Australia in the 19th century and the first half of the 20th century. Edward Millen Home (1921-1960), East Victoria Park, was a recuperation facility for tuberculosis patients, built around the former Rotunda (maternity) Hospital (1912), that later altered its function to geriatric care. Still later it became the Autism Centre and then was transferred to the Town of Victoria Park who are restoring it.

At Wooroloo Sanatorium (1915-1958), emphasis was placed on the treatment of tuberculosis through the provision of fresh air and sunlight. Open-air wards were built to allow maximum ventilation and beds to be moved outside. It was replaced by Perth Chest Hospital in 1958, and after a brief period as a geriatric hospital (1960-1970), it became a minimum security prison.

Tuberculosis clinics were established at Perth, Fremantle, Kalgoorlie, Northam and Bunbury. Little information has currently been found regarding the clinics outside of metropolitan Perth.

With advances in medical technology, there was a decreased need for the specialist functions provided at Wooroloo. This resulted in a transfer of patients to Perth Chest Hospital (1958) located near the University of Western Australia School of Medicine. However, shortly after opening Perth Chest Hospital, there was a decrease in the number of tuberculosis patients, and to relieve overcrowding at Royal Perth Hospital, a number of beds were made available at the Chest Hospital for patients with general medical conditions.

The new role called for a name change, and Perth Chest Hospital became Sir Charles Gairdner Hospital in 1963.

Perth Chest Clinic was the only dedicated chest clinic in the State.

Hibernian Halls

Hibernian Hall (1897), High Street, Fremantle was designed by Louis Pearse at a cost of £1,700, and was described at its opening:

The structure is a two-storied one, facing High-street, the ground floor consisting of two commodious rooms suitable for shops, with two living-rooms attached to each. The top storey comprises several offices, with a large hall 51ft. by 35ft., intended for social gatherings. The dividing wall of the ground floor is so constructed that should it be deemed necessary archways can be taken out to connect both rooms.⁴⁶

By 1922, Hibernian Hall had been renamed 'New Scottish Hall', which subsequently became simply 'Scottish Hall'.⁴⁷ The Hall operated as 'Scottish Hall' until at least 1949,⁴⁸ after which its history is currently unclear and requires further research.

The most architecturally significant Hibernian Hall in Australia is now known as Storey Hall (1887), Melbourne. Designed by Tappin, Gilbert and Dennehy, Storey Hall is a three storey building, constructed of stuccoed brick and stone. The principal facade is designed in the manner of the High Renaissance, consisting of a massive podium base of Malmsbury bluestone articulated with quoin work, a large main storey divided into three bays by paired Ionic columns with aedicule window openings, and, above an elaborate cornice, an attic storey. At the parapet level was a statue of Erin with a harp and an Irish Wolfhound, which was removed in 1930. During World War I, Storey Hall was briefly occupied by a feminist pacifist organisation and was a venue for anti-conscription rallies. In 1958 it was purchased by the Royal Melbourne Institute of Technology and renamed Storey Hall in honour of industrialist, Sir John Storey.⁴⁹

Hibernian Hall (1932), Roma, QLD, is a large, timber-framed building, roofed in short-sheet corrugated iron. It has an entrance area with a bio-box over, a large auditorium and a stage area. The front elevation comprises a two-storeyed decorative gable structure with asymmetric single-storeyed wing walls to the side. The ground floor and wing walls are of rendered masonry construction, while the first storey decorative gable is formed in pressed metal sheeting over timber.⁵⁰

There are a small number of additional halls in Western Australia noted as having been constructed by British and Irish ethno-cultural groups:

⁴⁶ *West Australian*, 24 June 1897, p. 11. The Post Office Directories show that the building was located on High Street between Queen Street and Queen Square.

⁴⁷ *West Australian*, 20 March 1922, p. 7

⁴⁸ Post Office Directories (1922-49)

⁴⁹ For more details, see: <http://www.rmit.edu.au/about/heritage/bld16>, accessed 24 March 2011

⁵⁰ For more details, see: 'Assessment of Hibernian Hall', Environmental Protection Agency (QLD), viewed online at <http://www.epa.qld.gov.au/chims/placeDetail.html?siteId=17006>, 24 March 2011

- Caledonian Hall, Brookman Street, Kalgoorlie is included in the State Heritage Office database, although no additional information is currently available, the building was constructed prior to 1899.
- *Protestant Hall (fmr), Perth (1901)* is a two-storey brick, stucco, and iron hall incorporating shops and offices in the Federation Free style, with a statue of William of Orange and bas-relief date '1690' in the front parapet. It was constructed for a Friendly Society, and is entered in the State Register of Heritage Places.
- Caledonian Hall (1903), Fremantle, on the corner of James and Quarry Streets is not included in the State Heritage Office database, but is a large two-storey masonry building with a steeply pitched iron roof. It has long been adapted into retail sales space. When constructed, Caledonian Hall, Fremantle, was described as being in the 'Scottish Baronial' style of architecture, having a main hall on the upper floor, and a circular alcove at one end of the building to hold a statue of Robert Burns. Wall panels around the Hall were designed to accommodate nationalistic pictures.⁵¹
- An 'Irish Hall' was located on the corner of King and Wellington Streets, Perth, but nothing further is currently known about this building.⁵²
- No 'Welsh Halls' have been identified in Western Australia, although there are examples from other States, including Blackstone, QLD, where St David's Day was celebrated in 1912.⁵³

From this information it is fair to conclude that halls of this type are small in number, but that changes of name and use may be concealing other examples.

Halls in the Federation Free Classical Style

There are over 650 halls listed in the State Heritage Office database. They are chiefly agricultural halls, town halls, CWA halls, Freemasons' halls, church halls, trade union halls, friendly society halls, RSL halls, and memorial halls of one type of another.

There are five extant Halls in the Metropolitan Region identified as being in the Federation Free Classical style. These are:

- Drill Hall, Leederville (1909): adapted to become residences and a dental clinic.
- Leederville Town Hall (1904): relatively intact and still in use as a town hall.
- North Fremantle Town Hall (1902): adapted and used as an antiques retail business.
- North Perth Town Hall (1902): relatively intact and still in use as a town hall.

⁵¹ *West Australian*, 29 June 1903, p. 2

⁵² *West Australian*, 20 January 1939, p. 23. 'Irish Hall' was numbered 90 King Street in 1939.

Brisbane Courier, 2 August 1912, p. 6

- Trades Hall (1904): façade intact but the hall was removed to build Curtin House and the associated offices to the north.

Outside of the Metropolitan Region, the following Halls have been identified as being in the Federation Free Classical style:

- Beverley Masonic Lodge (1905): a brick and iron building.
- Friendly Societies Building (1902), Kalgoorlie: a single-storey hall with a pedimented porch entrance with a gable roof. Also known as the Goldfields Irish Club.
- Kalgoorlie & Boulder Amalgamated Workers Assoc Hall (fmr) (1898): brick and stucco walls and a gable corrugated galvanised iron roof. A single-storey building built as a hall with an office as an addition.
- Kingdom Hall, Kalgoorlie (1900): a single-storey building constructed from brick stucco walls and a corrugated galvanised iron roof. Features a balustrated and pedimented parapet.

The Hibernian Hall (fmr) is a restrained example of a Federation Free Classical community hall.

Cavanagh & Cavanagh designed a number of significant buildings in Western Australia, many for the Catholic Church. Among their buildings is *No 1 Fire Station*, located nearly adjacent to *Perth Chest Clinic*.

Few halls not associated with churches have been identified as being designed by Cavanagh & Cavanagh, but two are:⁵⁴

- Dangin Hall (1909, demolished 1964); and,
- Gnowangerup Agricultural Hall (1910): a rectangular brick and iron building, subsequently converted for use as a Masonic Hall, and still extant.

International Style⁵⁵

The International Style, as it emerged in the latter half of the 20th century, was very broadly concerned with an industrially driven aesthetic and imagery, technologically controlled environments, and industrial methods of building production.

Honesty and clarity, inherited from the arts and crafts movement, were also themes to be reckoned with leading to an honest, sometimes brutal use of materials, a clear display of structure, an abhorrence of useless decoration and the rejection of historical 'style'. Other concerns involved the search for simplicity of line, pure form and truthful relationships between form, pattern and colour.⁵⁶ This was sometimes manifest in prismatic building forms using

⁵⁴ Information taken from Heritage Council of Western Australia database

⁵⁵ This section adapted from the Comparative Section in 'Conservation Plan for *ABC Sound Broadcasting and Television Studios*' (2007), National Trust of Australia (Prof John Stephens and Fiona Bush) and Philip Griffiths Architects.

⁵⁶ Rowland, Kurt, 1964, *The Development of Shape*, London, Ginn and Company.

classically considered proportions or 'the matchbox on its end' as Apperly et al. mischievously observe.⁵⁷

Australia imported this form of architecture from the northern hemisphere and models were soon constructed in major capital cities in the post World War II period. In Perth, the first example was constructed in 1956: the MLC building in St. George's Terrace (now virtually lost). It was designed by the Melbourne architectural firm of Bates, Smart and McCutcheon in association with local firm F.G.B Hawkins and Desmond Sands. Following this lead, the construction of curtain walled buildings in Perth included: the T&G building in 1957-60 (Forbes and Fitzhardinge), reclad in the 1990s and no longer recognisable; Council House in 1959-62 (Howlett and Bailey) sympathetically conserved and modernized by Peter Hunt Architect 1997-99; the R&I Bank in 1960 (Vin Davies), now demolished 1997; the ABC Sound Broadcasting and Television Studios also in 1960 (Commonwealth Department of Works), the Post World War II section remains, and Dumas House in 1963-66 (Finn, Van Mens and Maidment) remains mostly intact externally and less so internally. The flurry of building at this time reflects recovery from post war problems and material shortages and a new optimism, signalled by the public acceptance of the international style of building as indicative of a fresh beginning.

Alongside these significant examples, *Perth Chest Clinic* merely applies the style to the front façade, while the remainder of the building reflects an inter-war functional approach, so that this eastern portion of the place is simply representative. The other buildings all carried the style through the entire building, even, in the case of *Council House* to furnishings and soft furnishings.

Conclusion

Perth Chest Clinic is part of the Public Health Department's response to tuberculosis, which included Wooroloo Sanatorium and Perth Chest Hospital. It is believed to be the only dedicated chest clinic in the State. The Hibernian Hall (fmr) is a fine and intact example of Cavanagh & Cavanagh's architectural style. In addition, from the information above, halls of this type appear to be small in number though it is possible changes of name and use may be concealing other examples. That said, it is possible that the *Perth Chest Clinic* Hibernian Hall is the only extant example of a Hibernian Hall in Western Australia.

Although the 1956 Chest Clinic building is part of a small collection of remaining relatively intact buildings in the post World War II International Style, it does not in any way measure up to the quality of the better known examples so it can not be suggested this is a good representative example of this style.

13. 4 KEY REFERENCES

⁵⁷ Apperly, R., R. Irving, et al. (1989). *Identifying Australian Architecture: Styles and Terms from 1788 to the Present*. Sydney, Angus and Robertson. p. 214

13.5 FURTHER RESEARCH
