

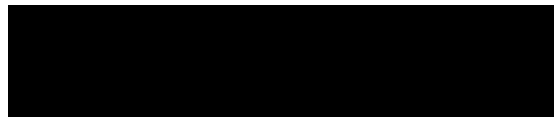
Heritage of Western Australia Act 1990
Section 29

HERITAGE AGREEMENT

between

HERITAGE COUNCIL OF WESTERN AUSTRALIA

and



in respect of

PERTH CHEST CLINIC
(HCWA Place No. 2050)

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HERITAGE AGREEMENT

Perth Chest Clinic 15-17 Murray Street Perth

THIS AGREEMENT is made between the following parties:

1. **HERITAGE COUNCIL OF WESTERN AUSTRALIA** a corporate body established pursuant to the *Heritage of Western Australia Act 1990*, of 491 Wellington Street, Perth, Western Australia 6000 (the "Council"); and
2. [REDACTED] (the "Owner").

RECITALS:

- A. The Council's objects are to identify, conserve and, where appropriate, enhance those places which are of significance to the cultural heritage of Western Australia; facilitate development that is in harmony with the cultural heritage; and promote public awareness and knowledge of Western Australia's cultural heritage.
- B. The Owner is the Registered Proprietor of the Land.
- C. The Place has been identified as being of cultural significance, and was entered in the Register of Heritage Places on a permanent basis pursuant to the Act on 31 May 2013.
- D. Pursuant to the Government Heritage Property Disposal Process the Owner is required to enter into an agreement with the Council binding on the current and successive owners of the Place to ensure its ongoing conservation and maintenance.
- E. The Council and the Owner wish to enter this Agreement to provide for the conservation of the Place so as to retain its cultural heritage significance for present and future generations.

AGREEMENT:

The Parties agree with each other as follows:

PART 1 DEFINITIONS & CONSTRUCTION

1.1 Definitions

In this Agreement, unless the contrary intention appears:

"Act" means the *Heritage of Western Australia Act (WA) 1990*;

"Agreement" means this Agreement as it may from time to time be varied as permitted by its terms;

"Conservation Works" means the works specified in Item 4 of the Schedule;

"Completion Date" means:

- (a) in the case of **"Urgent Works"** as described in Item 4 of the Schedule, the first anniversary of the Effective Date; and

- (b) in the case of **“Short-term Works”** as described in Item 4 of the Schedule, the second anniversary of the Effective Date;

“Damage” means losses, costs, damages, liabilities, expenses, actions, suits or claims of any kind;

“Development” means the development or use of the Place, including:

- (a) any demolition, erection, construction, alteration of or addition to any building or structure on the Land;
- (b) the carrying out on the Land of any excavation or other works;
- (c) any act or thing that is likely to change the character of the Place or the external appearance of any building;
- (d) any act or thing that would constitute an irreversible alteration of the Significant Fabric; and
- (e) a material change in the Use of the Place;

“Effective Date” means the date on which this Agreement is certified by the Minister pursuant to Section 32(1) of the Act;

“Event of Default” is defined in clause 5.1;

“Interpretation Plan” means the Interpretation Plan in respect of the Place described in Item 6 of the Schedule, as may from time to time be varied with the prior written approval of the Council;

“Interpretive Features” means the physical features created and installed as a result of implementing the Interpretation Plan.

“Land” means the land described in Item 3 of the Schedule;

“Maintenance” means the continuous protective care of the Significant Fabric as specified in Item 5 of the Schedule and the continuous protective care of Interpretive Features;

“Minister” means the Minister responsible for the administration of the Act;

“Owner” means:

- (a) subject to clause 2.2(d), [REDACTED] for so long as [REDACTED] is the registered proprietor of the Land; and
- (b) the Owner or Owners of the Land from time to time, as the expression “owner” is defined in the Act;

“Place” means the place described in Item 1 of the Schedule;

“Register” means the Register of Heritage Places as defined in the Act;

“Significant Fabric” means the elements of physical material of the Place specified in Item 2 of the Schedule, as may be amended from time to time by written agreement of the parties; and

“Use” means the functions of the Place as well as the activities and practices that may occur at the Place.

1.2 Construction

In this Agreement, unless the contrary intention appears:

- (a) a reference to any statute, regulation, proclamation, ordinance or by-law includes all statutes, regulations, proclamations, ordinances or by-laws varying, consolidating or replacing them, and a reference to a statute includes all regulations, proclamations, ordinances and by-laws issued under that statute;

- (b) a covenant or agreement by more than one person binds, and is enforceable against, those persons jointly and each of them severally;
- (c) no rule of construction applies to the disadvantage of a party on the basis that the party was responsible for drafting this Agreement or any part of it;
- (d) a reference to this Agreement or any other document or instrument includes the Agreement, document or instrument (as the case may be) as varied or replaced, notwithstanding any change in the identity of the parties;
- (e) a reference to the Owner doing or refraining from doing anything includes a reference to the Owner causing a person to do, or causing a person to refrain from doing, that thing (as the case may be);
- (f) a reference to any thing is a reference to the whole and each part of it; and
- (g) words and phrases having defined meanings in the Act, unless otherwise defined in this Agreement, have the meanings so defined in the Act.

PART 2 COMMENCEMENT, DURATION AND SCOPE OF THIS AGREEMENT

2.1 Commencement and Duration of this Agreement

- (a) This Agreement is made pursuant to Section 29 of the Act and is conditional upon the Minister
 - (i) being satisfied that this Agreement is necessary for the purposes of, and complies with, the Act; and
 - (ii) certifying that fact upon each executed copy of this Agreement.
- (b) This Agreement commences on the Effective Date and shall be of permanent effect unless terminated with the written consent of the Council.

2.2 Scope of this Agreement

- (a) This Agreement:
 - (i) applies to the Land and the Place;
 - (ii) binds the Land and the Place; and
 - (iii) binds the Owner.
- (b) All of the obligations of the Owner under this Agreement dealing with development or use of the Land or any part of the Land or the conservation or care of any building, natural feature or other object on the Land are covenants made pursuant to section 29(10) of the Act and are intended to run with the Land.
- (c) The rights and obligations of the Owner under this Agreement are not assignable by the Owner without the prior written consent of the Council, which consent shall not be unreasonably withheld.
- (d) Subject to clause 2.2(e), on the person who is at the time the Owner ("**Outgoing Owner**") transferring the whole of that person's interest in the Place to another person, the Outgoing Owner is released from all personal liability under this Agreement. For the avoidance of doubt, this clause 2.2(d) operates only to release the Outgoing Owner personally and does not release, vary or otherwise affect the obligations of the Owner under, or in connection with, this Agreement.

- (e) The provisions of clause 2.2(d) will not apply in respect of any liability or claim which arose prior to the date of registration of the transfer of the whole of the interest of the Outgoing Owner to another person.

PART 3

DEVELOPMENT, CONSERVATION AND INTERPRETATION

3.1 Conservation Works

The Owner must undertake the conservation of the Place and is required to carry out the Conservation Works by the Completion Date. All such works must be referred to the Council for advice prior to the works actually being undertaken.

3.2 Development

Unless approved in advance in writing by the Council, the Owner shall not:

- (a) carry out any Development;
- (b) without prejudice to the generality of clause 3.2(a), do or permit to be done anything on or in relation to the Place which adversely affects the cultural heritage significance or characteristics of the Place;
- (c) sub-divide or make application to sub-divide the Land; or
- (d) remove or demolish or make application to remove or demolish any Significant Fabric.

3.3 Interpretation Plan

The parties acknowledge that the Interpretation Plan is the primary guiding document for the interpretation of the Place and should be read in conjunction with this Agreement as an essential reference document.

3.4 Interpretation Works

- (a) The Owner will undertake the interpretation of the Place in accordance with the Interpretation Plan.
- (b) Prior to the Owner undertaking works to implement the Interpretation Plan; the specific design, content, materials and placement of the resulting Interpretive Features must be referred to the Council for approval. It is assumed by the parties that this will occur as part of the planning approval process.
- (c) Fabrication and installation of Interpretive Features shall be completed no later than the date agreed to by the Council and the Owner.

3.5 Maintenance

The Owner shall ensure that

- (a) the Significant Fabric, as restored and adapted with the approval of the Council, is kept in a proper, safe and sound standard of repair and condition in all respects, in accordance with the Conservation Policy; and
- (b) Interpretive Features fabricated and installed with the approval of the Council, are kept in a proper, safe and sound standard of repair and condition in all respects.

3.6 Conservation Consultant

The Owner must appoint a consultant approved in advance in writing by the Council to supervise Conservation Works, Interpretation Works and any

Development of the Place or other action which requires the approval of the Council under clause 3.2.

3.7 Reporting

- (a) All reports required in this clause shall be prepared on behalf of the Owner by the consultant appointed pursuant to clause 3.6, or such other person with the necessary skills approved in writing in advance by the Council.
- (b) The Owner must ensure that a proper, detailed and comprehensive written report describing the completed Conservation Works is provided within 30 days after the Completion Date of each category of Conservation Works (i.e., "Urgent Works" and "Short-term Works", respectively).
- (c) The Owner must ensure that a proper, detailed and comprehensive written report is provided to the Council within 60 days after receipt of a written request from the Council for a report describing
 - (i) all Development, Conservation Works, Interpretation Works and Maintenance activities which the Owner has undertaken pursuant to this agreement since the later of the Effective Date or the date of any previous report;
 - (ii) the condition of the Significant Fabric at the time of the report; and
 - (iii) any other matters regarding the conservation of the Place as specified in the written request;provided that no more than one such report shall be required within any 12-month period.
- (d) In the event that the Council, acting reasonably, requires further information, detail, explanation or other clarification beyond that provided in a submitted report, the Council will notify the Owner in writing of the particular information required and the time in which the Owner is to provide that information, which shall not be less than 30 days from the date of receipt of the written notice from the Council.
- (e) The Owner's failure to provide any report or additional information required under this Clause 3.7 shall constitute an Event of Default.

3.8 Insurance

- (a) The Owner will maintain an insurance policy with a reputable insurance company approved in advance in writing by the Council, sufficient to enable full and proper replacement, reinstatement or restoration of the Significant Fabric in the case of damage or destruction and provide a copy of such a policy and a Certificate of Currency to the Council. In the event of damage or destruction the Owner shall, using monies recovered from its insurance policy and its own monies, fully and properly replace, reinstate or restore the destroyed or damaged fabric.
- (b) In the event of a dispute between the parties as to whether replacement, reinstatement or restoration of the Significant Fabric is practical and feasible, following an occurrence of damage to or destruction of the Place, prior to seeking any legal remedies the parties will attempt to resolve the dispute through good faith negotiation and, if necessary, informal mediation facilitated by a neutral mediator acceptable to all parties to the dispute. The parties will each bear their own costs associated with any such negotiation or informal mediation.

3.9 Compliance with Statutes

The provisions of this Agreement are in addition to the Act and any other written laws and nothing in this Agreement removes, limits or modifies the obligations on the Owner to comply with all relevant statutory and other requirements in connection with the Development of the Land, Conservation or Maintenance of the Place and/or installation or Maintenance of Interpretive Features, and the Owner is responsible for ascertaining the need for and obtaining all approvals, consents, licences and permits required for Development of the Land, Conservation or Maintenance of the Place and/or installation or Maintenance of Interpretive Features, including planning approvals and building permits, from all relevant bodies and authorities including the local authority.

PART 4 COUNCIL'S RIGHTS OF ENTRY AND POWERS OF INSPECTION

4.1 Council's rights of entry and powers of inspection

- (a) Subject to clause 4.1(b) the Council shall, through its nominated representative or nominated officer from time to time, have the power to enter the Place at reasonable times, and on reasonable prior notice, for any purpose related to the provisions of this Agreement, including without limitation to inspect the Place with a view to ensuring compliance with the provisions of this Agreement.
- (b) Subject to clause 4.1(c), the Council will comply with any reasonable requirement imposed by the Owner for the purpose of exercising the rights of the Council under clause 4.1(a).
- (c) The Owner must do all things necessary to enable the Council to exercise its rights of inspection as set out in clause 4.1(a), including without limitation, ensuring that reasonable access is provided to all parts of the Place and ensuring access to and use of any facility at the Place which is necessary to facilitate inspection.

PART 5 DEFAULT

5.1 Events of default

An Event of Default occurs if:

- (a) the Owner is in breach of, or does not comply with, any of its obligations under this Agreement and the breach or non-compliance continues for 30 business days, or such longer period as is reasonable for rectification having regard to the nature of the breach or non-compliance, after receipt of written notice from the Council to effect compliance; or
- (b) the Owner repudiates or commits a fundamental breach of this Agreement.

5.2 Rights and remedies of Council

In the event any Event of Default occurs, the Council shall be entitled to exercise any one or more of the following powers:

- (a) through its agents, contractors or employees enter the Place and take such actions as are in the Council's reasonable opinion necessary to rectify the Event of Default (including attending to any construction or other works) together with or separately from;

(b) any rights and remedies which may be available to the Council at law or in equity, including applying to the court for an order for specific performance, together with or separately from;

(c) the rights, powers and remedies available to the Council under the Act,

and nothing in this Agreement limits or prejudices or shall hinder the exercise by the Council or the Minister or any other person of any of the rights, powers or remedies available to the Council, the Minister or that person under the Act if an Event of Default occurs, or any other event occurs which is a breach of any provision of the Act.

5.3 Land and Place at risk of Owner

(a) The Land and the Place shall remain at the risk of the Owner in all respects, notwithstanding any provisions in this Agreement dealing with the Development or maintenance of the Land or the Place. Without limitation, all Development and maintenance of the Land or the Place shall be conducted entirely at the risk of the Owner and the Owner shall, subject to clause 5.3(b), indemnify and keep indemnified and save harmless the Council, the Minister, the State of Western Australia and any of their respective servants or agents (each an '**Indemnified Party**') against all Damage incurred or suffered by any of them arising from or in connection with the Development, maintenance or occupation of the Land or the Place by the Owner or any person acting through, on behalf of, or under the direction of the Owner.

(b) The indemnity provided by the Owner in clause 5.3(a) shall be reduced proportionately to the extent that it can be shown any Damage has been caused by a negligent or deliberately malicious act or omission by an Indemnified Party.

5.4 Interest on overdue money

If the Owner becomes liable to pay any amount of money to the Council pursuant to this Agreement or arising from any matter the subject of this Agreement, the Owner shall pay to the Council interest on that amount from and including the due date for payment of the amount to but excluding the actual date of payment of that amount. The interest is to be paid on demand by the Council, is to be calculated on daily balances, and is to be at the rate then payable on judgment debts pursuant to the provisions of the *Supreme Court Act (WA) 1935*.

PART 6 NOTICES

6.1 Form of notices

Any notice, report or other communication which must be given, served or made under or in connection with this Agreement:

(a) must be in writing in order to be valid;

(b) is sufficient if executed by the Party giving, serving or making the notice, or if executed on such Party's behalf by any officer, director, attorney or solicitor having the authority to so act for such Party;

(c) is sufficient, in the case of the Owner's obligations under clause 3.7, if executed by the relevant consultant appointed pursuant to clause 3.6;

(d) will be deemed to have been duly served, given or made in relation to a

person if it is delivered or posted by prepaid priority post to the address, or sent by facsimile or sent by email to the address of that person identified in clause 6.2 or at such other address or number as is notified in writing by that person to the other Parties from time to time; and

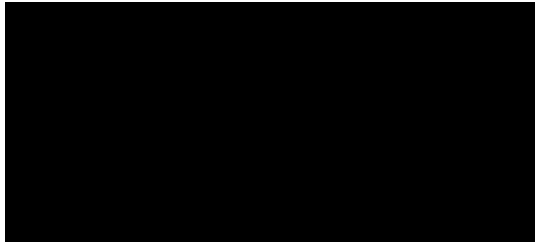
- (e) will be deemed to be served, given or made:
 - (i) if delivered by hand, on delivery;
 - (ii) if sent by prepaid priority post, on the second day after the date of posting;
 - (iii) if sent by facsimile, on receipt of a transmission report confirming successful transmission; and
 - (iv) if sent by email, on receipt of confirmation of successful delivery.

6.2 Address for notices

The details of each Party for the purposes of giving notice are as follows:

- (a) the **Council**: Heritage Council of Western Australia
PO Box 7479
Cloisters Square PO WA 6850
Phone: (08) 6552 4000 Fax: (08) 6552 4001
Email: info@stateheritage.wa.gov.au
ATTENTION: Manager, Development Referrals

- (b) the **Owner**:



PART 7 GENERAL

7.1 Variation to be in writing

No variation of this Agreement will be effective unless in writing and executed by the Council and the Owner.

7.2 Governing Law

This Agreement is governed by the Laws of the State of Western Australia and the parties submit to the jurisdiction of that State.

7.3 Further assurances

Each party shall do all things and execute all further documents as are necessary to give full effect to this Agreement.

7.4 Extension of time by Council

The Council may, at the Council's discretion and by written notice to the Owner, extend any time period for performance by the Owner of any of its obligations under this Agreement.

7.5 Costs

- (a) The Owner shall pay or reimburse the Council on demand for all reasonable costs and expenses reasonably incurred by the Council in relation to:
 - (i) the exercise or enforcement by the Council of any right, power or remedy under this Agreement, at law, in equity or otherwise; and
 - (ii) any act or omission by the Owner causing Damage to the Council, including (without limitation) the Council's legal costs and expenses.
- (b) Each party shall pay all its own legal costs and expenses in relation to the preparation, execution and stamping of this Agreement.

7.6 No Waiver

Any failure to enforce this Agreement or any forbearance, delay or indulgence granted by one party to the other party will not be construed as a waiver of any rights, privileges or immunities created under this Agreement.

THE SCHEDULE

Item 1: Place

Perth Chest Clinic (HCWA Place No. 2050), located at 15-17 Murray Street, Perth, and consists of:

- (a) the Land;
- (b) all buildings, structures and works on the Land from time to time;
- (c) significant machinery and objects identified in Annexure D; and
- (d) any thing in connection with the Land, entered or deemed to be entered in the Register.

Item 2: Significant Fabric

The Significant Fabric of the place includes all of the remaining external walls and roof, brickwork, stucco decorative work, windows, parapets, roof details, door openings, the interior faces of external significant elements, interior timber floors, proscenium arch, roof trusses and timber lined soffits.

Item 3: Land

Lot 500 on Deposited Plan 64479 being the whole of the land comprised in Certificate of Title Volume 2735 Folio 587.

Item 4: Conservation Works

The schedule of works described in Annexure A.

Item 5: Maintenance

The schedule of maintenance activities described in Annexure B.

Item 6: Interpretation Plan


Perth Chest Clinic Interpretation Plan prepared by Griffiths Architects (January 2016), attached as Annexure C.

EXECUTED AS A DEED

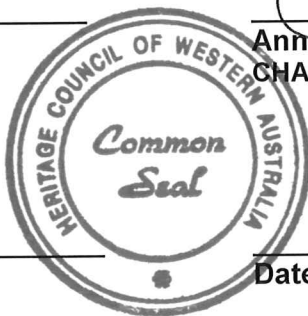
THE COMMON SEAL of the **HERITAGE COUNCIL OF WESTERN AUSTRALIA** is affixed by authority of its Board in the presence of:



Graeme Gammie
EXECUTIVE DIRECTOR



Anne Arnold
CHAIRPERSON

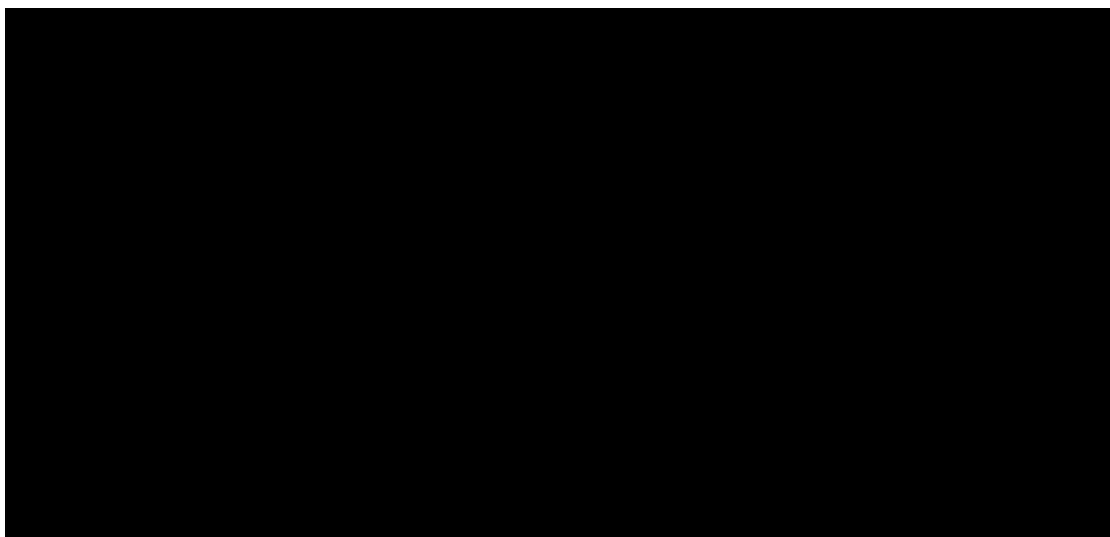


9/2/18

Date signed

9.2.2018

Date signed



**CERTIFICATE UNDER SECTION 32
OF THE HERITAGE OF WESTERN AUSTRALIA ACT (WA) 1990**

I, the Hon. David Templeman MLA, Minister for Local Government; Heritage; Culture and the Arts, hereby certify that this Agreement is necessary for the purposes of, and complies with, the *Heritage of Western Australia Act (WA) 1990*.

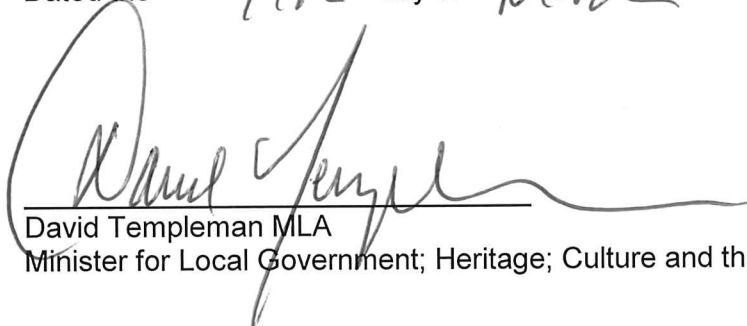
Dated the

19th

day of

March

2018.



David Templeman MLA

Minister for Local Government; Heritage; Culture and the Arts

Annexure A

Conservation Works

Urgent Works (to be completed within 12 months of the Effective Date):

1. Carry out temporary works to maintain structural integrity of building while grouting, diaphragm walls and other surrounding works that may impact on the building are being completed.
2. Maintain security of building during forward works and through to completion and occupation.
3. Carry out termite and pest inspections and treat accordingly, then make good damage caused by infestation.
4. Identify and remove material containing asbestos and replace with similar profile (where appropriate).
5. During partial demolition works, set aside salvage for conservation and repair work and dispose of surplus material after conservation works are complete.
6. Clean out ceiling cavity.

Short-term Works (to be completed within two years of the Effective Date):

7. Repair tuck pointed brick and stucco work to the Murray Street façade. Consider leaving stucco work unpainted, or re-apply stain or silica paint finish (further investigation required prior to finalising methodology).
8. Remove paint from the cut and struck brickwork and stucco work on the east and west elevations and re-point to bring to a uniform finish. Consider leaving stucco work unpainted, or re-apply stain or silica paint finish.
9. Repair, service and re-paint joinery internally and externally with an appropriate paint system.
10. Replace roof and rainwater goods with short-sheet galvanised Z600, then make good and re-paint fascias and birdboards.
11. Fill in sections of walls and make good to original finish where redundant services have been removed.
12. Fill in post-1954 openings where no longer required to match adjacent surfaces.
13. Conserve internal floors, walls and timber ceilings, together with remaining original joinery. Where necessary apply new finishes to match existing types.

Annexure B

Maintenance

The Programme below will form part of the maintenance regime for this place. The programme will be the responsibility of the Owner or the Owner's nominee. Should the property be sold the new proprietor shall nominate the person responsible for carrying out this maintenance schedule. The Heritage Council of Western Australia should be notified of any change of the person responsible.

This schedule is concerned with the significant heritage fabric and the presentation of the place. It does not aim to cover all the statutory requirements concerning plant and machinery. The required inspection of these items should form part of a broader more comprehensive schedule prepared by the proprietor or building manager.

This schedule should be regarded as provisional and should be adapted by mutual agreement to suit circumstance and experience. This schedule should be regarded as a minimum standard. The schedule should be adhered to in any period where the place is wholly or partially unoccupied.

Should the place be subject to damage by fire, infestation, seismic or building activity or alteration of the foundation, an inspection of the building frame by a qualified structural engineer will be required and any recommendations implemented.

Periodic Maintenance Schedule

As needed:

- Keep grass and other vegetation on the perimeter of structures trimmed short.
- Maintain ground levels around buildings to ensure that the masonry wall of the foundation is visible by 300mm in the clear.
- Promptly remove graffiti.

Annually:

- Sweep chimneys and clean fireplaces (if in use).
- Inspect buildings for termites and other potentially damaging pests; treat as necessary.
- Inspect exterior painted timber for deterioration; repaint as necessary.
- Clean gutters and downpipes for free flow, prior to winter.
- Inspect for rising damp or water penetration and repair immediately as necessary.

Five Yearly:

- Inspect metal roofing, fixings, wall flashings, box gutters and downpipes for corrosion and repair as necessary
- Inspect and repair external glazing as necessary.

Annexure C

Interpretation Plan



PERTH CHEST CLINIC INTERPRETATION PLAN

Prepared for [REDACTED]

January 2016


Griffiths Architects



Cover: Murray Street, looking west from Victoria Square (1930), State Library of Western Australia

Revision History

Date of this revision: 21 October 2016

Document	Version	Author	Status	Date	Distribution
Interpretation Plan	05	Griffiths Architects	Submission	21-10-2016	 +SHO
Interpretation Plan	04	Griffiths Architects	Final Draft	12-01-2016	
Interpretation Plan	03	Griffiths Architects	Draft	23-11-2015	
Interpretation Plan	02	Griffiths Architects	Draft	07-03-2014	
Interpretation Plan	01	Griffiths Architects	Draft	07-03-2014	

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1.0 INTRODUCTION

Perth Chest Clinic comprises the 1902 Hibernian Hall and its additions of 1904 and 1947 and later adaptations for *Perth Chest Clinic*, together with the 1956 *Perth Chest Clinic* Building to the east. As part of a large mixed use development that will include the former Fire and Emergency Services building in Hay Street, planning approval has been given that allows all buildings to be removed, other than Hibernian Hall, which is to be conserved and adapted as part of the approved scheme.

The Interpretation Plan was commissioned as part of the development approval conditions of support, to tell the stories of both the Hibernian Hall and *Perth Chest Clinic*.

The Interpretation Plan is based on information contained in the 2010 Heritage Assessment that was prepared for the Heritage Council of Western Australia, and will convey the heritage values identified in the assessment. The target of the interpretation is hotel users and the wider public.

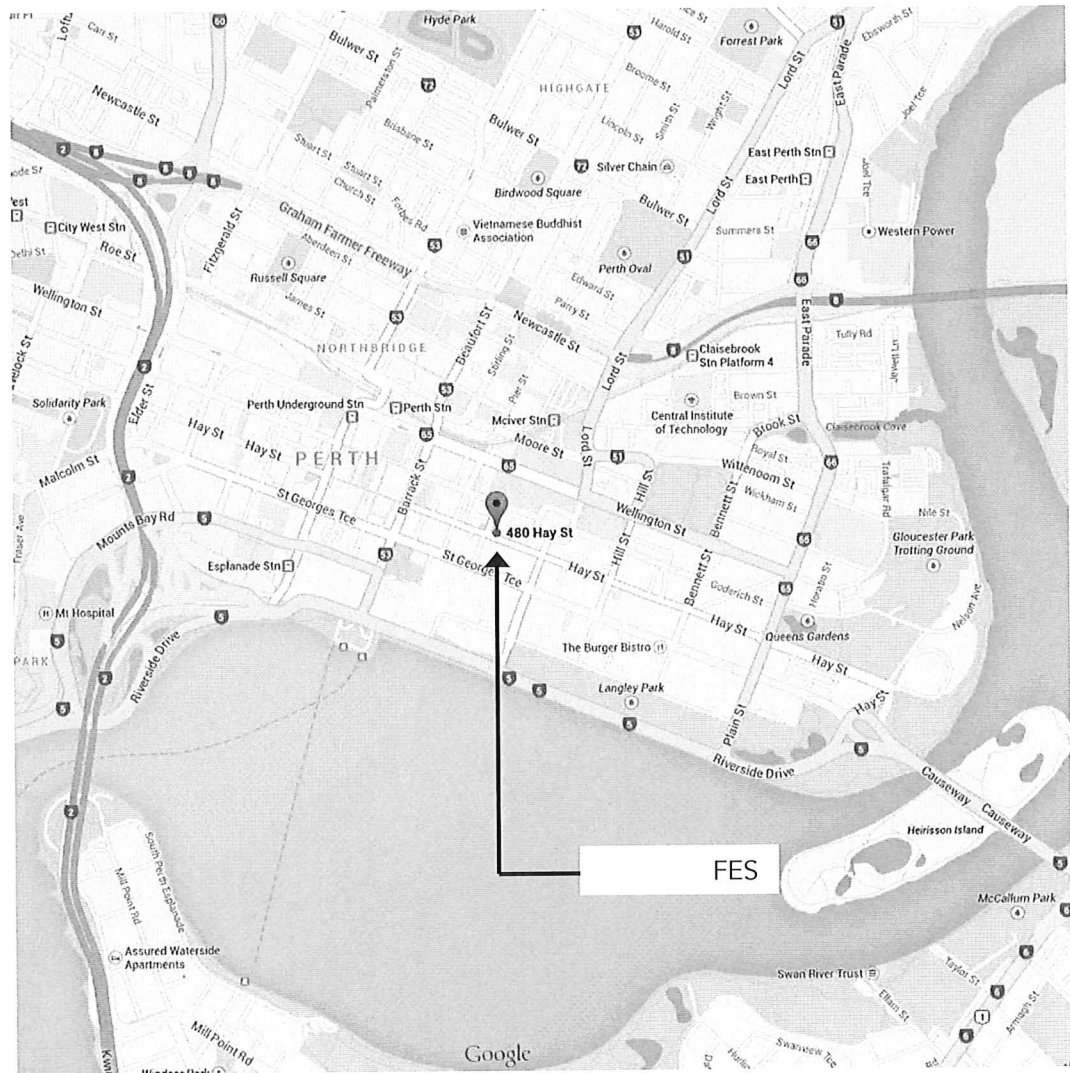


Figure 1. Location plan of Hibernian Hall, Google Maps.

Aims

The aim is to provide a framework for the design and implementation of a narrow variety of forms of interpretation, which will convey the cultural heritage values of *Perth Chest Clinic* in an effective way. It suggests a range of robust approaches, discusses locations for materials and aims to add another layer to the experience of the place.

The document provides information for an interpretation specialist to prepare designs, document and install a selected range of interpretation strategies.

Acknowledgements

██████████ commissioned Griffiths Architects to prepare this Interpretation plan to satisfy conditions of support by the Heritage Council of Western Australia and development approval conditions of the City of Perth.

The following documents were the main references for the development of this plan.

- Griffiths Architects, *Perth Chest Clinic*, Heritage Assessment, September 2010.
- Heritage Council Heritage Assessment *Perth Chest Clinic* Place no 02050

Authors

- Philip Griffiths FRAIA, RIBA, M.ICOMOS, Griffiths Architects;
- Courtenay Heldt, Griffiths Architects.

2.0 STATUTORY HERITAGE LISTINGS AND SIGNIFICANCE

2.1 LISTINGS

- *Perth Chest Clinic* has the following heritage listings:
- Register of Heritage Places: Permanent Entry 31st May 2013;
- Town Planning Scheme: CPS 9th January 2004;
- City of Perth Municipal Inventory: Adopted 13th March 2001;
- National Trust Recorded 12th January 1975.

2.2 STATEMENT OF SIGNIFICANCE

The Statement of Significance is the principal reference for development of the Conservation Policy. The Statement of Significance included below is from the Register of Heritage Places permanent entry 31st May 2013.

Perth Chest Clinic, set in the Murray Street East Precinct, 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), has cultural heritage significance for the following reasons:

the place is associated with the Public Health Department's successful response to tuberculosis, which was a major cause of mortality across Australia in the 19th century and the first half of the 20th century;

the place is associated with Dr. Linley Hensell, who reorganised the way tuberculosis was diagnosed and treated in Western Australia, and Olive Anstey, who initiated, encouraged and supported many innovative programs in various areas of nursing practice, education and administration in Western Australia;

the place is rare as the only dedicated chest clinic in the State;

the Hibernian Hall (fmr) element is associated with the development of institutions to serve the Irish community of Western Australia and later the Roman Catholic community, as it served as Cathedral Hall for St. Mary's Cathedral;

the Hibernian Hall (fmr), in the Federation Free Classical Style, is a fine and intact example of its style and of the community hall building type;

the Hibernian Hall (fmr), designed by prominent Western Australian architects Cavanagh & Cavanagh, is rare as an intact Hibernian Hall from the early 20th century, and;

the Hibernian Hall (fmr) makes a strong visual contribution to Murray Street East Precinct while the Post World War II International Style building demonstrates the further development of the precinct and makes a small contribution to it.

The rear addition to the Hibernian Hall (fmr), garage to the rear of the clinic, parking area and rear property boundary wall have little significance. Externally mounted services are intrusive.

3.0 BRIEF HISTORY

3.1. INTRODUCTION

This summarised history is based on the documentary evidence from the assessment prepared by Griffiths Architects and History Now, as amended by the Heritage Council's Register Committee.

3.2 HISTORY

Perth Chest Clinic, a part of the Murray Street East Precinct and 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 the Federation Free Classical Style. The building was constructed as 'Hibernian Hall' and features a 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 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 attracting widespread Irish Catholic membership.

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

² Jupp, *Australian People*, p. 455

Benefit societies were popular in 19th century Australia, where self-help was the dominant philosophy and 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 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' Fremantle for a number of years prior to this).⁸ On the ground floor were two

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

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

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



Photograph 01 Archbishop of Perth with delegates from the HABCBS 1956, (Battye Library).

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 17th 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 the 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

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

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

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

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

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

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 26th 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 It is currently unknown of what nature these additions and alterations consisted.

There is evidence that the HABC was in financial difficulty in the mid 1920s, since 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 as this function until acquired for use as *Perth Chest Clinic*.

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 Battye Pictorial Collection, 8292B/B/91



Photograph 02 Murray Street, looking west from Victoria Square, c.1930.
The buildings from left to right are Hibernian Hall, St. John Ambulance and the Fire Station.

(Battye Pictorial Collection, 8292B/B/91)

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 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

¹⁸

Larsson, Marina, 'Review of Crienda 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

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 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

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

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 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 per 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 chances for successful treatment at Woorlooloo Sanatorium.²⁶

²³ Quoted Fitzgerald, *Kissing*, p. 129

²⁴ Fitzgerald, *Kissing*, p. 130

²⁵ Fitzgerald, *Kissing*, p. 130

²⁶ Fitzgerald, *Kissing*, pp. 130-31

Perth Chest Clinic 1947 and 1956, alterations 1966 and 1970

Cathedral Hall (as Hibernian Hall had been known since 1930) was purchased in 1947 for conversion into a Chest Clinic and Headquarters for tuberculosis control. It was opened on 7th 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



Photograph 03 Perth Chest Clinic, 1949
(Battye Pictorial Collection, 816B/C/2649).

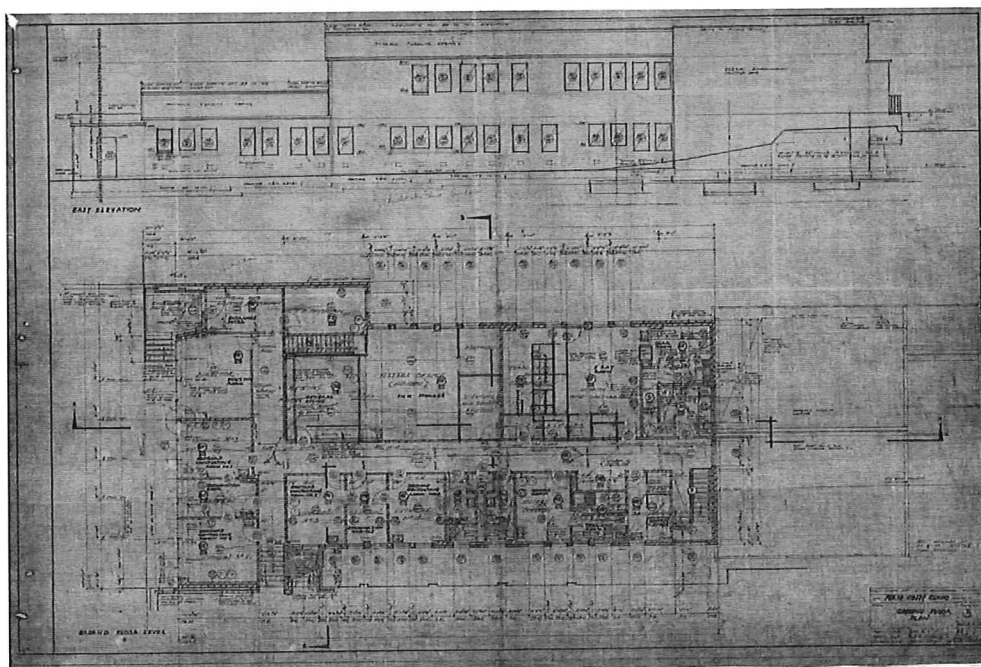
By 1949 the tuberculosis programme was gathering momentum. The death rate that year was the lowest on record (23.5 per 100,000 people) and a new drug, streptomycin, was being used with encouraging results. It was also in 1949 that all patients at RPH were x-rayed for the first time. With the Health Amendment 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

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

²⁸ Johnson, 'Fight', pp. 27-28

an increase in Commonwealth Government funding. 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



Photograph 04 *Perth Chest Clinic* A sketch over the 1953 plan
SORWA Cons 5139 Item 1969-1709.

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

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



Photograph 05 Olive Eva Anstey 1920 – 1983, (Bright Sparcs Biographical Entry).

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!"

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

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



Photograph 06 *Nurses at Perth Chest Clinic, (Trove, National Library of Australia).*

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:

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.

³⁴ *50 Years*, p. 15

³⁵ SRO cons 5639, file 1969/1209

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.*

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

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

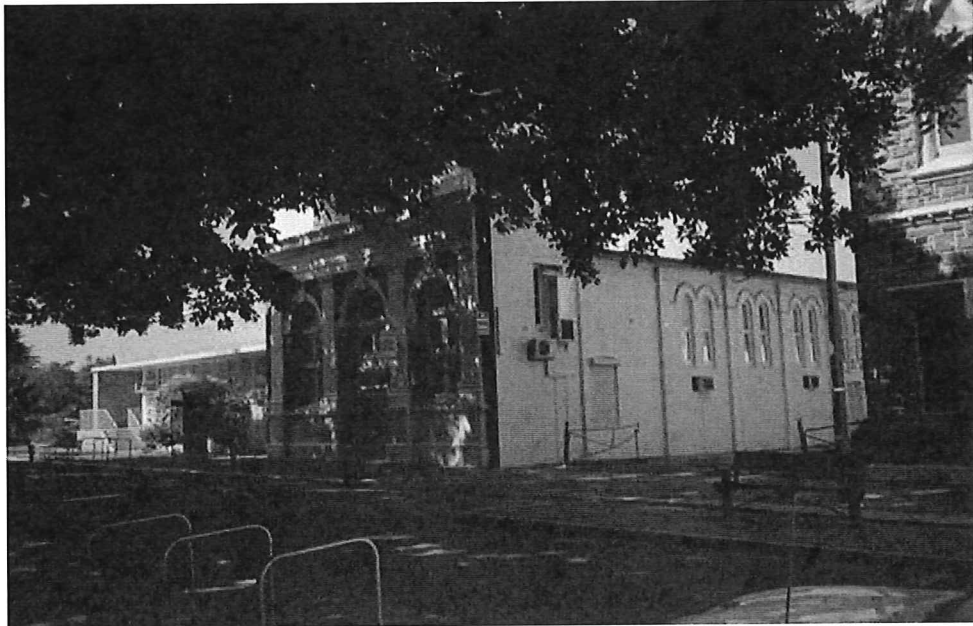
³⁷ SRO cons 5639, file 1969/1209

³⁸ *50 Years*, p. 9

³⁹ *50 Years*, pp. 11-12

⁴⁰ *50 Years*, pp. 12, 20, 22

⁴¹ *50 Years*, p. 22



Photograph 07 Perth Chest Clinic, c. 1997
(Battye Pictorial Collection, BA1693/2).



Photograph 08 Perth Chest Clinic,
2003 (HCWA).

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 expected 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

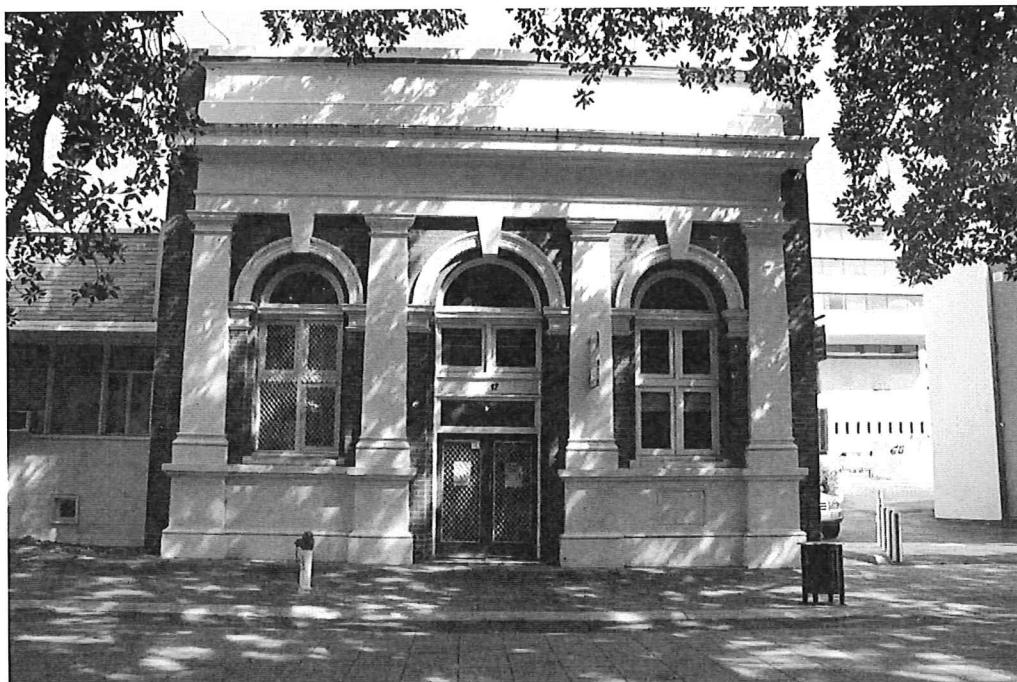
In September 2010, TB Control, Migrant Health, and the Asbestos Review Program remain located at *Perth Chest Clinic*. The Public Health remit of the place remains intact, as it is still the primary contact point for suspected tuberculosis patients and the first point of contact with the health service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



Photograph 09 *Perth Chest Clinic*, context looking east,
Griffiths Architects September 2010.

⁴² Site visit with Cathy Inkpen, 6 September 2010.

⁴³ Site visit with Cathy Inkpen, 6 September 2010



Photograph 10 *Perth Chest Clinic, the former Hibernian Hall*
Griffiths Architects September 2010.



Photograph 11 *Perth Chest Clinic, the 1956 building*
Griffiths Architects September 2010.

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

Through the avenue of Landcorp, the State Government delivered this site together with the former Fire and Emergency Service Headquarters for redevelopment as a major mixed use. In December 2013, final approval was given for the development,

which includes the demolition of all buildings on the amalgamated site other than Hibernian Hall.

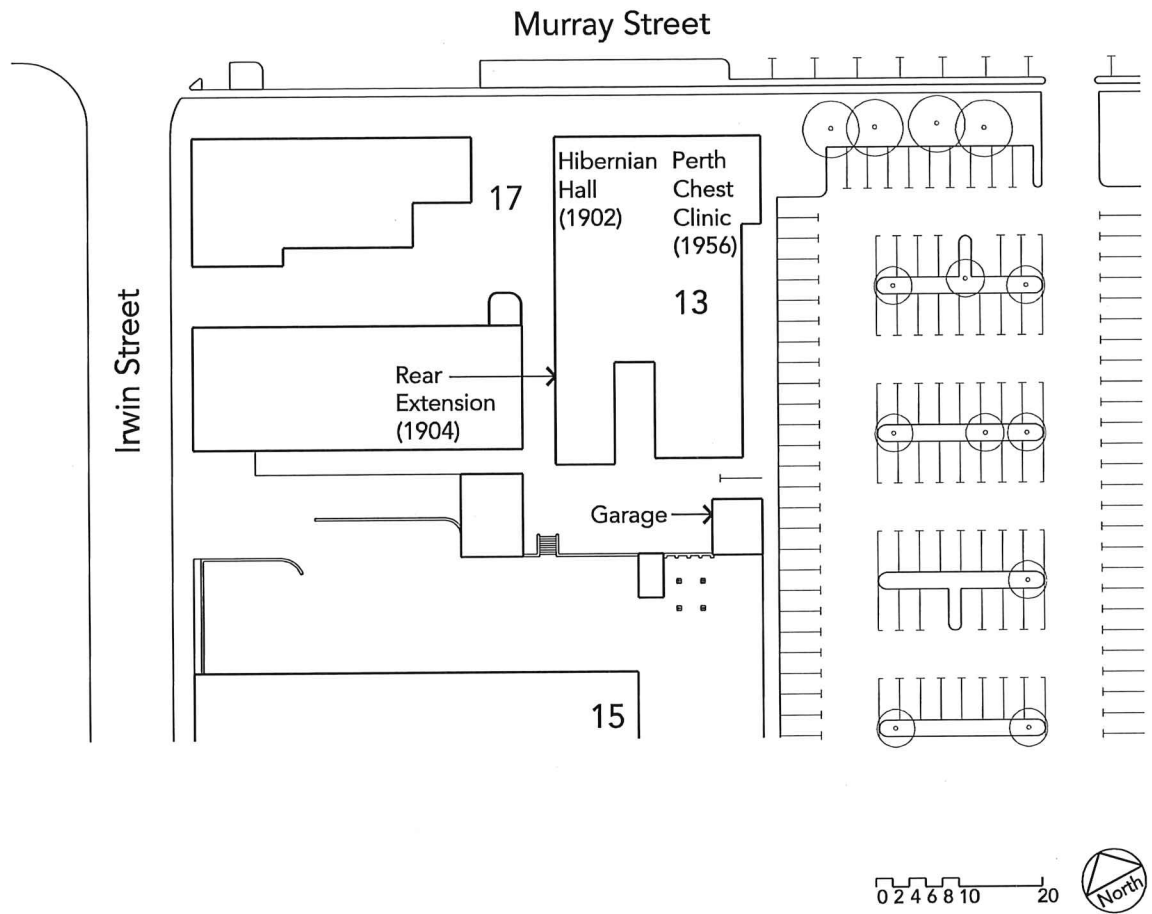


Figure 2

Site Plan – FESA Hotel Development, Griffiths Architects 2014.

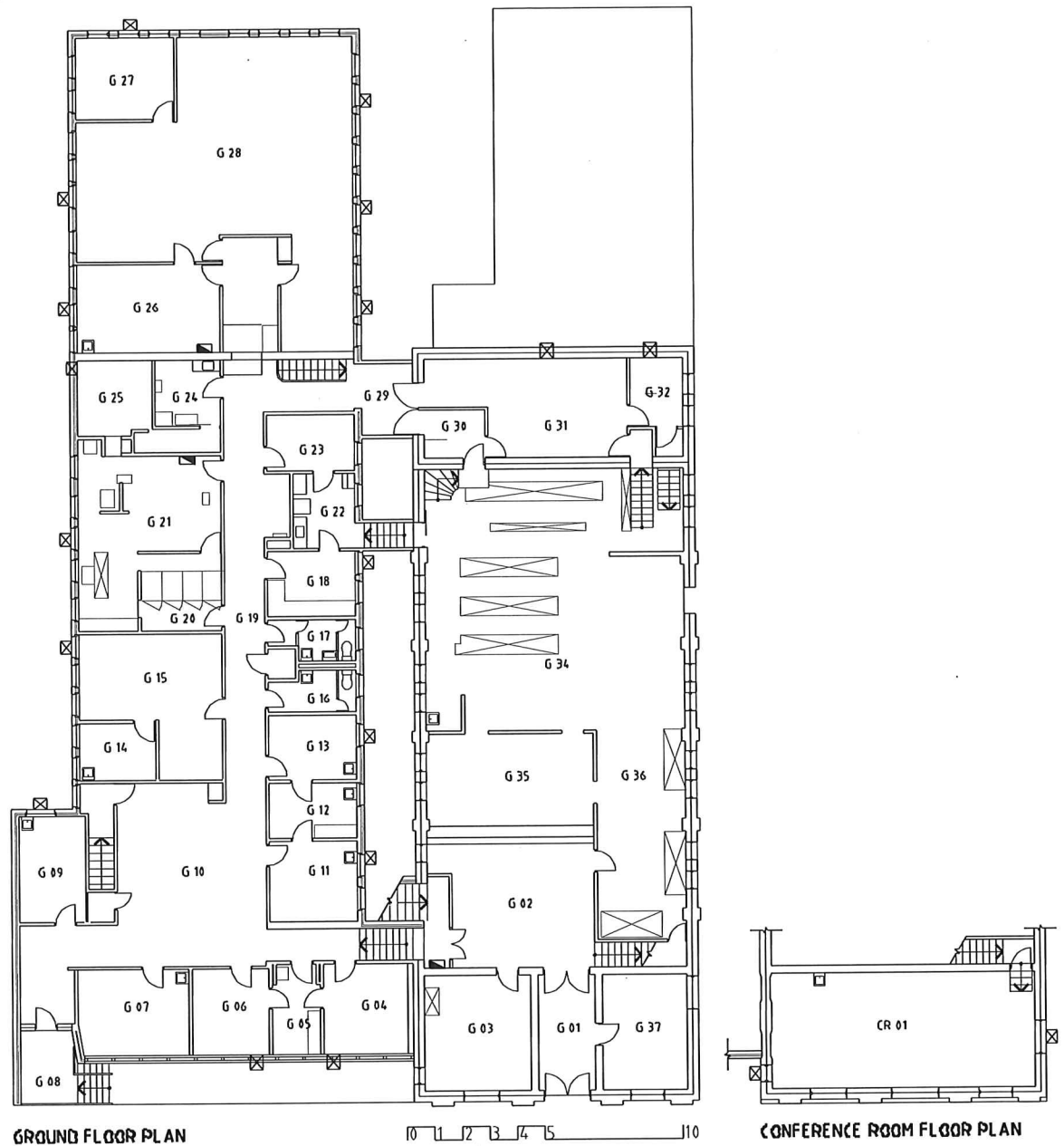


Figure 3 *Perth Chest Clinic, Upper Level Floor Plan, Griffiths Architects 2014.*

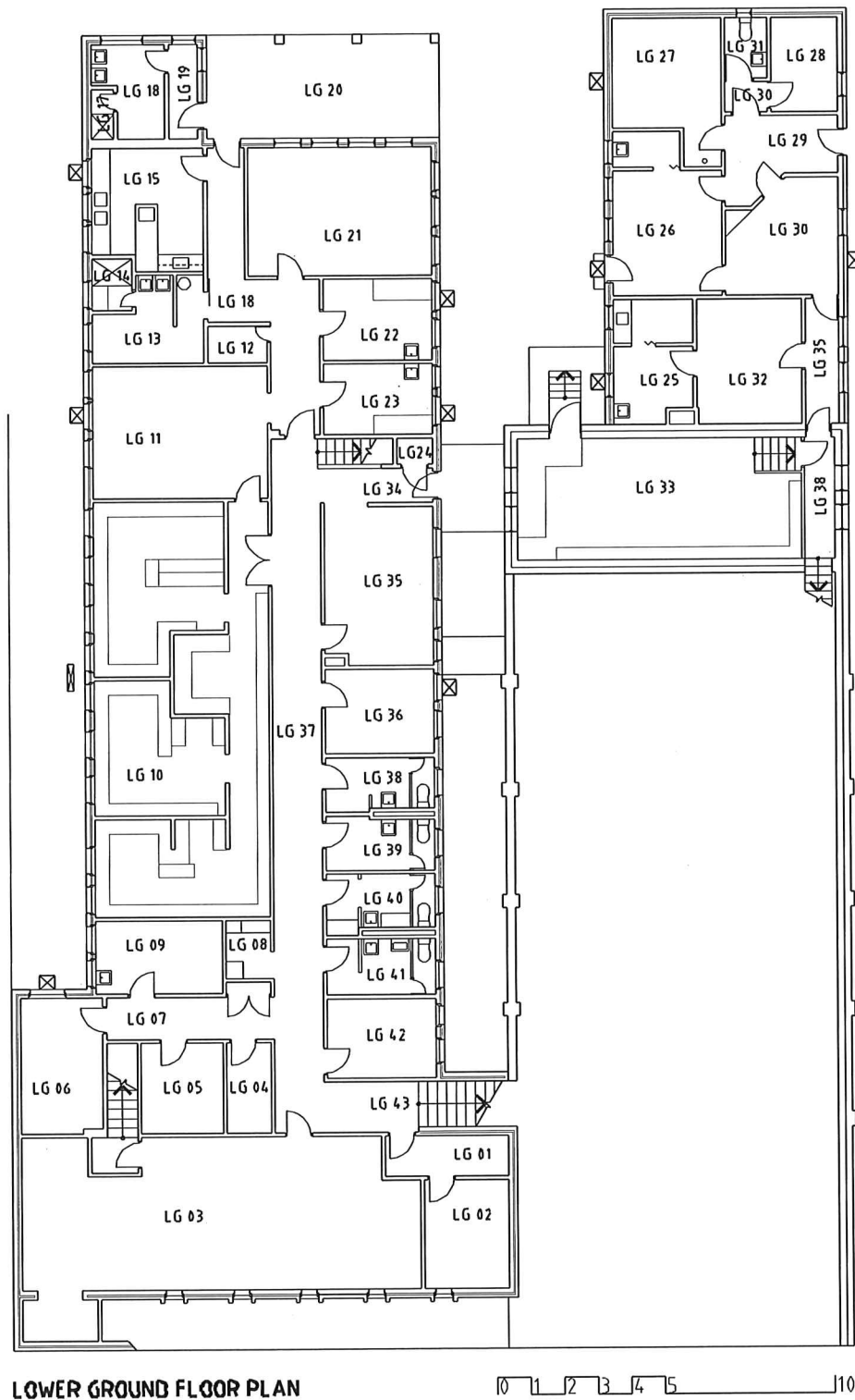


Figure 4 *Perth Chest Clinic, Lower Level Floor Plan, Griffiths Architects 2014.*

4.0 PLACE INVENTORY

4.1 THE PLACE

Perth Chest Clinic is a place with two stories. In the first instance the Hibernian Hall and later Cathedral Hall 1902-1947, and then as the Perth Chest Clinic from 1947, before its amalgamation with a new building to form the whole *Perth Chest Clinic* in 1956, a use that continued at least in name until 2010/11.

The current registered curtilage of *Perth Chest Clinic* includes the whole of the title Lot 500 on Deposited Plan 64479 being the whole of the land contained in Certificate of Title Volume 2735 Folio 587.

4.2 BUILDINGS AND STRUCTURES WITHIN THE SITE

Existing Structures:

- Hibernian Hall (1902);
- Supper room extensions (1904);
- Perth Chest Clinic (1956);
- Out buildings (n.d).

Demolished Structures

Following development approval and demolition the following will be completely removed:

- Supper room extensions (1904);
- Perth Chest Clinic (1956);
- Out buildings (n.d);
- Toilet block (1932, 1950 and 1957), adjacent to North-East Toilet Block.

5.0 KEY THEMES AND STORYLINES

5.1 PROJECT BRIEF

This Interpretation Plan was commissioned to fulfil a condition of development approval. The interpretation plan aims to relate the historical development of the site, its use, identify significant buildings, setting and associated personalities, and clubs.

5.2 HISTORIC THEMES

Using the historic themes developed from the Australian Heritage Council and the Heritage Council of Western Australia in determining significance, the *Perth Chest Clinic* site encompasses the following themes:

Australian Heritage Commission; Australian Historic Themes

2.4.3 Migrating to escape oppression

Particularly after the commencement of transportation and following release from their penal obligations, the colony offered a refuge for Irish convicts and later Irish free settlers, the majority of whom were Roman Catholic.

3.2.6 Providing health services

Perth Chest Clinic provided facilities for diagnosis, treatment and or relative service for tuberculosis from 1947 to 2010.

3.36.3 Developing alternative approaches to good health

Nurse Olive Anstey initiated, encouraged and supported many innovative programs in various areas of nursing practice, education and administration.

8.5 Forming associations

Hibernian Australasian Catholic Benefit Society was formed in part as a reaction to freemasonry and as a practical society based on friendly society models, consolidating a cultural group and proving mutual benefits for its members. Hibernian Hall was an outcome of this movement.

8.6.1 Worshipping together

From about 1930 the building is listed as 'Cathedral Hall', suggesting that it had become a church hall for St. Mary's Cathedral.

Heritage Council of Western Australia Themes

101 Immigration, emigration and refugees

Particularly after the commencement of transportation and following release from their penal obligations, the colony offered a refuge for Irish convicts and later free settlers.

108 Government policy

This clinic represents a shift in both government policy and treatment of TB at both State and Commonwealth tiers of government.

401 Government and politics

Assistance was obtained from the Commonwealth to allow free and universal x-ray examination to detect and then treat TB.

402 Education and science

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 Amendment Act of 1950, it became compulsory for all people over fourteen years of age to undergo an x-ray. This created enormous public awareness of the disease and its treatment.

404 Community services and utilities

Though founded originally as a chest clinic, the Clinic eventually incorporated the Migrant Health Clinic, as screening immigrants for tuberculosis was seen as an important aspect of public health. 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.

405 Sport, recreation and entertainment

Throughout its history as the Hibernian Hall and later Cathedral Hall, the place had a social, recreational and entertainment dimension to its use. Following its opening with a Grand Ball, the place was in demand for events and social occasions.

5.3 THEMES FROM *PERTH CHEST CLINIC* HISTORY

Identified in the Heritage Assessment documentary evidence, the following events may contribute to the identification of relevant themes: -

Particularly after the commencement of transportation and following release from their penal obligations, the colony offered a refuge for Irish convicts and later Irish free settlers, the majority of whom were Roman Catholic.

Hibernian Australasian Catholic Benefit Society was formed in part as a reaction to freemasonry and as a practical society based on friendly society models, consolidating a cultural group and providing mutual benefits for its members. Hibernian Hall was an outcome of this.

Throughout its history as the Hibernian Hall and later Cathedral Hall, the place had a social, recreational and entertainment dimension to its use. Following its opening with a Grand Ball, the place was in demand for events and social occasions.

Perth Chest Clinic provided facilities for diagnosis, treatment and or relative service for tuberculosis from 1947 to 2010.

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 Amendment Act of 1950, it became compulsory for all people over fourteen years of age to undergo an x-ray. This created enormous public awareness of the disease and its treatment.

Though founded originally as a chest clinic, the Clinic eventually incorporated the Migrant Health Clinic, as screening immigrants for tuberculosis was seen as an important aspect of public health. 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.

In terms of themes, the main timeframes and influences were:-

The site, pre 1902

A branch of the Hibernian Australasian Catholic Benefit Society (HABC) opened in Fremantle in 1878, originally with ten members. 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).

1902 Hibernian Hall

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

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 its kind in the city. Cavanagh was later to design the east end of St Mary's Cathedral 1926-30.

1904, tenders were called for 'large additions and alterations' to Hibernian Hall, under architect R. J. Denney, which was mostly likely the supper room to the rear.

From 1930, Hibernian Hall is referred to a Cathedral Hall.

1940s Developments in Treatment

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.

In 1940 Dr Linley Henzell took over the position of State Tuberculosis Physician from Dr Mitchell, who had held the post for 30 years.

During the 1940s the Commonwealth Government became committed to the eradication of tuberculosis in Australia.

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.

1940s

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.

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.

Perth Chest Clinic 1947 and 1956, alterations 1966 and 1970

Cathedral Hall (as Hibernian Hall had been known since 1930) was purchased in 1947 for conversion into a Chest Clinic and Headquarters for tuberculosis control. It was opened on 7th 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.

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

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.

Nurse Olive 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.

The Chest Clinic was expanded in 1956 with the establishment of a separate bacteriological laboratory. 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.

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.

Renovations were undertaken in 1965-66, and again in 1969-70, at a cost of \$29,000. 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'.

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.

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.

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.

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.

At the end of the 20th century, most patients were treated by doctors outside the Perth Chest Clinic.

In 2009 it was decided to relocate the services at *Perth Chest Clinic* to new premises on the corner of Pier and Wellington Streets. This took place at the end of 2010. At this point the place had been a hall for 43 years and chest clinic for 53 years.

Through the avenue of Landcorp, the State Government delivered this site, together with the former Fire and Emergency Service Headquarters for redevelopment as a major hotel redevelopment. In December 2013, final development approval was given for the development, which includes the demolition of all buildings on the amalgamated site other than Hibernian Hall.

5.4 OTHER RELATED PLACES AND LOCALES

The following themes and storylines are those that emerged from identifying other related places and locales:

Hibernian Halls

- Hibernian Hall Fremantle (1897)
- Storey Hall, Melbourne (1887)
- Hibernian Hall Roma, Queensland (1932).

Other Anglo-Irish Halls:

- 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.

Chest Clinics:

- Woorooloo Sanatorium (1915-1958);
- Edward Millen Home (1912), though it was constructed as a maternity home before being adapted in 1921-2;
- Perth Chest Clinics at Perth, Fremantle, Kalgoorlie, Northam and Bunbury;
- Perth Chest Hospital (1958) now Sire Charles Gairdner Hospital;
- Other sites relevant to the history and culture of the Nyungar people of Western Australia, particularly those related to camping, fishing and hunting.

5.5 PEOPLE ASSOCIATED WITH THE SITE

Architects

- Cavanagh & Cavanagh;
- R. J. Dennehy;
- PWD Architectural Division.

Prominent People

- Dr. Linley Henzell;
- Olive Anstey.

5.6 KEY WORDS

Hibernian Australasian Catholic Benefit Society. Hibernian Hall.

St Mary's Cathedral.	Cathedral Hall.
Change.	Perth Chest Clinic.
Major community and health benefits.	Expanded Perth Chest Clinic.
Recent history.	Community and migrant health
Adaptation.	Hibernia Hall becomes an integral part of a new hotel.

5.7 ANALYSIS OF KEY WORDS, THEMES AND STORYLINES

The site has strong significance to the history of Western Australia since the gold boom in its iterations as the Hibernian Club/Cathedral Hall and in its later role as Perth Chest Clinic

Hibernian Australasian Catholic Benefit Society was one of numerous friendly societies designed to assist its members with support and finance. The society's either lost support or were forced to amalgamate to survive. Some survived into the late twentieth century. Many were headquartered in Northbridge in buildings now lost. Some, like the Rechabites Hall and United Friendly Society buildings survive.

Expansion on this line would make useful interpretation and set Hibernian Hall in its social context as well as providing the platform to interpret the Hall itself.

St John's Pro Cathedral was established in 1844 as a precursor to St Mary's Cathedral in 1865 establishing the eastern part of the city as the centre of Catholic worship. The archbishop's palace was built at the same time. The new eastern end of the cathedral was completed in 1930 expanding its capacity and at this time the Hibernian Hall was referred to as Cathedral Hall.

The shift across to its role as Cathedral Hall would be a useful theme to explore in interpretation.

Perhaps the most significant theme that has State heritage value is the role of the adapted Hibernian Hall and late its eastern additions in the role of improving the health of Western Australians. There are numerous strands to explore in relation to the politics, improved treatments, and the people who both ran and benefitted from the work done in the *Perth Chest Clinic* from 1947 to 2010.

Lastly the adaptation of the places is an important element of the story and a theme that should be part of the interpretation.

5.8 KEY AREAS OF THE PLACE

The site is to be developed as a major international hotel, so that any means of interpretation must be cognisant of the new and quite different function.

The interpretation of the place should work on many levels and could comprise both physical and web based media as part of the hotels main website menu.

Fully accessible public spaces

- Murray Street frontage.

Restricted access places

- Entrance area;
- Hibernian Hall interior;
- Other opportunities as the design develops.

6.0 INTERPRETATION POLICIES

The following interpretation policies articulate the core principles and procedures to be followed when interpreting the *Perth Chest Clinic* site. As well as incorporating general good interpretation, principles and philosophy that applies to most places, the policies also evaluate the issues arising from the Statement of Significance and the Conservation Plan for the place, as well as other specific policies that have arisen from further research and analysis undertaken for this report.

6.1 CONSOLIDATED INTERPRETATION POLICIES

General interpretation policies

- 1 The completed Interpretation Plan should be endorsed by the owners as the main guiding document for interpretation of the place.
- 2 The purpose of interpreting the place is to acknowledge, convey, and respect the identified heritage values of the place, whether accessible by the public or not.
- 3 Interpretation of the place should enhance the experience and not compromise all or any part of the place that has been identified as having any level of significance.
- 4 Interpretation should reference the policies arising from the Conservation Plan for *Perth Chest Clinic*.
- 5 Interpretation should embrace and reflect the place as a whole entity, as well as highlight significant elements and individual stories.

- 6 Interpretation should acknowledge and incorporate elements that are extant as well as those no longer extant, particularly those relating to full operation of the place.
- 8 The interpretation should be literal and include the identified uses of the site and buildings through time.
- 9 Interpretation relating to the history and development of the site should not introduce any elements, objects, or storylines that have no relevance or provenance to the place.
- 10 Interpretation tools and devices should be practical, robust, serviceable, and financially manageable.
- 11 A secondary purpose of interpretation will be to convey contextual information on time periods relating to the development precinct referred to as the Murray Street East Precinct.

Functional use of the place

- 12 Interpretation strategies should not interfere with the normal operation of the new mixed use development.

Physical access

- 13 Arrival to, presentation of, and movement through the Hibernian Hall and perhaps beyond can contribute to the interpretation of the place. Arrival and movement through the place must be considered in the location, design, and presentation of interpretation.
- 14 Interpretation should be placed in locations that do not impede movement.

Intellectual access

- 15 Interpretation should offer a range of choices to the visitors on the level of engagement and should be considerate of and accessible to a broad range of abilities and interests. There is a rich resource of documentary evidence available and a combination of words and images should be used. Web based interpretation should also be considered and many hotels in historic or adapted buildings do provide this kind of interpretation.

Reconstruction and reinstatement

- 16 Retention of Hibernian Hall is the principle means of its interpretation. Lettering on the façade apart, there are few opportunities. It is something that might be considered.

Objects, artefacts and related material

- 17 All available primary and secondary documentary evidence material, photographs, maps, plans and ephemera relating specifically to the place and its history in all its uses and functions should be made available to allow interpretation to be refreshed periodically and expanded in scope if circumstances permit.

Signage

- 18 In this instance signage is most likely to be the main means of interpretation, but other means should be considered.
- 19 Interpretation and signage should not obscure or overwhelm the site as a whole to produce visual clutter, nor be designed and constructed in such a way that they become artefacts in themselves. Interpretive signage should be readily distinguishable in style from other signage types.
- 20 Signage should employ to its advantage a hierarchical presentation of information so that important information is stated clearly and then supported by additional or other relevant information. This will assist in reducing visual clutter and in enhancing clarity of information.
- 21 The final content for interpretation, together with its design should be carried out by an experienced copy writer and designer.

7.0 INTERPRETATION STRATEGIES

The purpose of the interpretation strategies is to present a vision for interpreting the place by aligning the key themes and storylines with the interpretation policies. The strategies are a guide to what needs to be interpreted and the most appropriate place and/or mechanism to present the information and stories. It is not the purpose of interpretation to tell the "whole" story or "all" of the stories, but merely to evoke and allude to them and provide enough information to make the experience meaningful.

It is important to approach the interpretation strategies as inter-linked and connected in order to avoid repetition of stories, saturation of information and visual/ aural clutter. All devices and mechanisms support each other and together provide a balance of context and information. Each should be assessed and employed in relation to what story they would tell best according to the medium.

7.1 INTERPRETIVE VISION

Interpretation of the *Perth Chest Clinic* site will aim to highlight the historic significance of the place and enhance the enjoyment and understanding of it as well as facilitate future use of the site. Interpretation implemented on site, and through other means, should contribute to the appreciation of its past, compliment the present, and guide its future in an evocative, emotive, popular and challenging way.

Interpretation will be sensitive to its new adaptive re-use.

7.2 INTERPRETIVE STRATEGIES

The following is a suite of interpretive strategies that would be appropriate to be implemented at the *Perth Chest Clinic* site. It is important to note that the following strategies are not presented in any order of priority nor on the assumption that all of them will be implemented. Some would be considered as essential and others would be implemented if and when opportunities arise.

7.2.1 Redevelopment Works

A number of elements removed during the redevelopment of the former chest clinic site are proposed to be represented through remnant fabric or their former locations shown in changes of material.

Removed Walls

Internal walls to the north of Hibernian Hall are proposed to be removed. 450mm piers will remain where these walls connected with the building envelope and T-

sections will where internal walls connected. The piers and T-sections and will also support the remaining mezzanine balustrade, which is proposed to be conserved.

At the floor level the space formerly occupied by the internal walls will be shown with a change in material.

Mezzanine Floor

The existing mezzanine floor is believed to be an addition in the 1930s when the previously open mezzanine was converted into a bio box. During the works the walls will be investigated to identify evidence of the floor profile before the bio box conversion. If evidence supporting a floor profile is found this will be represented as an indentation showing the depth of the floor in the plaster of the surrounding walls. If no conclusive evidence of the former floor is identified the existing floor will be represented with the same method.

Filled openings

A number of new openings were created in Hibernian Hall during the conversion to the chest clinic in 1956. As part of the redevelopment it is proposed to fill these openings with brickwork offset by 10mm, allowing the former openings to identified.

Bio Box Ceiling

As part of the bio box conversion the timber ceiling in the north most bay of Hibernian Hall was stripped out and replaced with a fire resistant panel ceiling. As part of the redevelopment it is proposed to replace this ceiling with a timber ceiling. This ceiling will not to match the existing ceiling bays to indicate the area of the former bio box.

Chest Clinic 1956 Interface

The 1956 Chest Clinic was built into the existing Hibernian Hall, a concrete lintel from this connection will remain in the exterior wall of the hall.

7.2.2 Signage

Much of the former *Perth Chest Clinic* site will be redeveloped in this scheme, with plans to retain as much of the Hibernian Hall as possible. To this end, any interpretive signage relating to the history of the site or the clinic should be designed and thought of in a permanent way. Refer to Figure 5 for the suggested sign locations. Any one of the internal locations might be an opportunity for an interactive screen rather than didactic panels.

Sign 1 - Location

- Former names of the building and site, including its use 'Hibernian Hall, Cathedral Hall, Perth Chest Clinic.'

Sign 2 – St. John Ambulance Service

- Information on the former site of St. John Ambulance Service.

Sign 3 – Cultural Groups and Societies

- Information on the place's use as 'Cathedral Hall,' part of St. Mary's Cathedral and the Roman Catholic faith.
- Information on the Hibernian Australasian Catholic Benefit Society and Irish immigration to Australia.
- Information on the place's use for social and recreational occasions.

Sign 4 – Treatment of Tuberculosis

- Information on providing facilities for the diagnosis, treatment and other relative services for tuberculosis patients from 1947 – 2010.
- Information on developing alternative approaches to good health.
- Information on the development of Government Policy and funding for the treatment of Tuberculosis.
- Health Amendment Act of 1950 and the development of free universal x-ray examinations for patients over 14 to treat Tuberculosis.
- Screening of migrants for Tuberculosis.

Sign 5 – Prominent People

Information on the Perth Chest Clinic and its association with the following people:

- Dr. Linley Henzell, State Tuberculosis Physician.
- Olive Eva Anstey, 1920-1983, matron of the Perth Chest Hospital.



Figure 5 Upper ground floor plan of *Perth Chest Clinic* and mixed use development showing signage locations. *Griffiths Architects, December 2015.*

7.2.3 Artwork

More evocative interpretation might be made in the form of artwork in a number of locations around the site. The work should be image based and might make use of historic images relating to the different stages of evolution throughout the building and provide images of the place in use.

The imagery could be literal or could be more abstract in the form of an interpretation sculpture, depending on the theme being represented.

7.2.4 Found Objects

Following the renovation of the *Perth Chest Clinic* site, evidence may be revealed of previous structures on the site. These should be conserved and identified if found to be significant. An end custodian of artefacts will need to be determined and will depend on the nature and significance of the artefacts.

7.2.5 Storyboards

As a temporary measure during the redevelopment works at *Perth Chest Clinic*, a storyboard could be developed to explain and highlight the various progressions and alterations of the site. This would give independent snapshots of particular development eras, but not an overall view of the place's development.

Another storyboard might impart an Indigenous story relevant to the site or surrounding area of *Perth Chest Clinic*. Storyboards would support the other interpretive devices previously discussed.

7.2.6 Interactive Screens

Where security can be assured, and interactive screen might be used to replace one of more of the didactic panels and should be considered. An interactive screen provides an opportunity to tell a much richer and more dynamic story.

7.2.7 Website

Websites can be useful interpretive mechanisms and the land owner may consider the use of a website to inform the public of any conservation work to or redevelopment of the site. The information could also include a brief history on the development of the site.

7.2.8 Arrival Experience

An important aspect of the development of *Perth Chest Clinic* is to ensure that visitors are clearly able to identify the place upon approaching the site, and that the first impression they have of the place is a positive, invigorating and welcoming one.

8.0 IMPLEMENTATION TIMELINE

A priority list for implementation of the interpretation strategies outlined in section 7.0 is proposed as the following:

Priority Group 1 - to be completed as part of the project

7.2.1 Redevelopment Works

7.2.2 Signage

7.2.5 Story Boards (if appropriate replacement for signage)

7.2.6 Interactive Screens (if appropriate replacement for signage)

7.2.7 Website

7.2.8 Arrival Experience

Priority Group 2 - to be developed if appropriate

7.2.3 Artwork

7.2.4 Found Objects