

Modern significance

The challenge of historic buildings

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What is the future of historic buildings in the Australian context? Can we adequately preserve examples of significant built heritage, especially those of the 20th century?

A broad public conception of the historic building is of something that is cherished as a museum piece—an object to be preserved, often painstakingly restored to its former glory, and put on display to the public. In Australia, where there is a paucity of extant built heritage created before the 19th century, we value that which appears old to us. In comparison to that of many other cultures, our built heritage is relatively recent; this has encouraged progressive theory and practices in the assessment and conservation of our built environment. Nevertheless, both the general public and professionals find the question of more modern buildings as heritage problematic, but for different reasons.

In general, we tend to see historic buildings as those that are either grand houses on large estates from the Victorian era—such as the National Trust’s Rippon Lea (Reed & Barnes, 1868) or Como House (1847)—or the opulent remnants of Marvellous Melbourne as seen in commercial and civic buildings such as the Olderfleet Building (William Pitt, 1889) or the Royal Exhibition



Building (Reed & Barnes, 1880). Above all, we have tended to define historic buildings as ones that are beautiful, demonstrating the highest levels of the architect’s art. The rise of the heritage movement from the 1960s and into the 1970s saw many important buildings saved from demolition, restoring a sense of value to buildings that had, during the rise of international modernism in architecture, been considered relics of the past due to their egregious approach to ornament and style. But those battles to save important buildings have helped set in the minds of the public a notion that historic buildings have a certain look and feel.

Good heritage practice, supported by frameworks such as the Burra Charter, does not rely solely on aesthetic significance, but encourages the preservation

of buildings that represent or remember something unique from the past—including their broader social purpose and cultural history. These buildings may have either distant or more recent origins, and may be beautiful or ugly. Heritage practice does not seek to save everything now considered to be old, or to celebrate only the aesthetically pleasing. Good heritage practice will stray from public opinion in what it values, and when, but does so to ensure we preserve what is considered valuable now, as well as what future generations will value as old and significant. Yet those frameworks still presume preservation to be the primary aim, and that we will be able to re-use such buildings for appropriate functions while still retaining their essential fabric and form.

But what if we can’t re-use or preserve buildings of high significance? What if the exigencies of use override the heritage value, or if the buildings themselves cannot be adequately adapted for contemporary use? It is simply not possible to preserve, metaphorically in *aspic*, all buildings deemed worthy of protection. The conundrum of the heritage value of hospital buildings and sites, and the pressures on the institutions that use them to be at

Opposite: Stephenson & Turner (architects), Royal Melbourne Hospital, Parkville (1939–43), photograph by Edwin G. Adamson, c. 1940s. H42790/42, gift of Mr E.V.A. Adamson 1980, State Library Victoria.

Right: Leighton Irwin & Co. (architects), Prince Henry's Hospital, Melbourne (1940, demolished 1994), postcard, c. 1940s. H41.233/100, State Library Victoria.

Below: Stephenson & Turner (architects), Freemasons Hospital, East Melbourne (1935): fire escape stairs viewed from the garden, photograph by Edwin G. Adamson, 1936. H2009.34/4, gift of Stephenson & Turner 1994, State Library Victoria.



the leading edge of medical practice, draw these issues into sharp relief.

In the 1920s and 1930s, a suite of new hospitals was built around Melbourne, including the Mercy Hospital (Stephenson & Meldrum, 1933), the Freemasons Hospital (Stephenson & Meldrum, 1935), the Royal Melbourne Hospital (Stephenson & Turner, 1939–43) and the Heidelberg Repatriation Hospital (Leighton Irwin & Co., 1941). These drew on the latest advances in international hospital design, incorporating technical advances with the progressive language of European modernism, revolutionising hospital design in Australia. Their pedigrees can be traced back to some of the most significant modern buildings in Europe, including Alvar Aalto's famed Paimio Sanatorium in Finland (1928–32), and they received international attention on completion. All are highly significant examples of early modernism in Australia. Yet all remain functioning hospitals on valuable sites that have accreted additions and alterations to their original forms.

But perhaps more importantly, the buildings were never intended to last, designed with only a 30-year lifespan in mind; their designs also advocated the functional and the

minimal, resulting in thin concrete floors and frames, and minimum floor-to-ceiling heights. They are difficult to retrofit to current hospital standards and functions, let alone to adapt for new uses; the accretions that surround them have damaged or destroyed the functional planning of their sites, which forms a key part of their significance. Furthermore, the hospitals need to continue to function, for there are few large greenfield or brownfield sites available in reasonable proximity, to which they could relocate. Inevitably, such hospital buildings are seen as obsolete, ugly examples of high-rise modern buildings, ragged from lack of care and buried beneath extensions and additions; they are unlikely to be loved and celebrated as beautiful objects. These highly significant historic buildings seem destined to go the way of another important hospital, Prince Henry's (Leighton Irwin & Co., 1940), demolished in 1994, their heritage value far outweighed by the immediate needs of their owners and of the communities that the hospitals serve (see above).

These hospitals from the 20th century deeply challenge the precepts of how we should manage and preserve historic buildings as tangible objects. They force us to

consider new means of preserving and understanding our built heritage, and suggest a not-too-distant future where we can no longer afford to keep the object itself as a record of the past, but must look to other means by which we can preserve understanding and appreciation of our built environment.

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