EXCAVATION PERMIT APPLICATION

Parramatta Hospital Site
Marsden Street
Parramatta

for
Department of Commerce

March 2005

CASEY & LOWE Pty Ltd
Archaeology & Heritage

420 Marrickville Road, Marrickville NSW 2204 • ABN: 32 101 370 129
Tel: (02) 9568 5375 • Fax: (02) 9572 8409 • Email: mary.casey@bigpond.com
EXECUTIVE SUMMARY

BACKGROUND
Casey & Lowe Pty Ltd have been commissioned by the Department of Commerce to undertake an archaeological program on the site of the former Parramatta Hospital, Marsden Street, Parramatta (Fig. 1.1). This S60 application is the first stage of undertaking this work. This site is currently occupied by the mostly vacant twentieth-century buildings of the former Parramatta Hospital with some limited existing medical uses (Fig. 1.4). This is the longest continually-used hospital site in Australia. All the archaeological remains within the site are listed on the State Heritage Register (SHR) and protected under Pt 4, Divisions 2 and 3 of the NSW Heritage Act 1977. Archaeological remains within the area of Brislington, a c. 1820 building to be retained within the new development, are also protected under its own SHR listing. Many of the new buildings within the former hospital area are to be demolished for a new Justice Precinct (Fig. 1.5). Only the northern Jeffery House is to be retained within the redevelopment as part of maintaining medical facilities on site (Fig. 1.5).

STATUTORY CONSTRAINTS
The archaeological remains at the site are protected under the provisions of the NSW Heritage Act 1977 (amended). The archaeological remains at this site are listed on two separate SHR listings (S60). Once a site is registered under Pt 3A S31-38 it is recognised as having a State level of heritage significance. The SHR listings are:

- SHR Item 828: Colonial Hospital Parramatta District Hospital - Historic Elements. This covers all archaeological remains within the hospital site.
- SHR Item 59: Parramatta District Hospital - Brislington & Landscape. This includes the building and any archaeological remains within its curtilage.

The NSW Heritage Council has endorsed a Conservation Management Plan (CMP) for the site. The CMP provides policy guidelines which aim to manage the State significance of the archaeological heritage at the site. All S60 applications will be assessed in light of how they conform to these guidelines. Approvals can only be given in light of concordance with the principles of the CMP. A S60 application may need to be sent to the NSW Heritage Office which will add time to the processing of such approvals. The NSW Heritage Office have advised the Department of Commerce to lodge a single S60 application for the management of the archaeology at the site. Any subsequent variations to that S60 approval will need to be lodged under S65A of the NSW Heritage Act 1977.

Endorsed recommendations of the CMP
Potential remains of State significance, as identified in the CMP, requiring retention within the proposed development are:

- First ‘Tent’ Hospital Archaeological remains, if extant
- Second Hospital archaeological remains, if extant
- Colonial Hospital archaeological remains, if extant
- Convict hut archaeological remains, if extant

A plan (Fig. 3.8) indicating potential remains of State significance to be retained in situ identified three areas:

- The footprint of the 1818 hospital building as found in the 2003 testing.
- The area to the north of the Jeffery House thought likely to contain potential remains of the First Hospital.
- The potential 1790s convict hut remains near Brislington.

The current proposal (Fig. 1.2) identifies the possibility of retaining other remains associated with the Colonial Hospital (c. 1790 to 1848). It should also be noted that there are some inconsistencies between the zoning plan (Fig. 3.8) identifying remains for in situ retention, the recommendations relating to relics of State significance in the CMP and the SHR listing. The current strategy aims to mitigate some of these inconsistencies.

EXCAVATION STRATEGY
The archaeological program will be undertaken in two stages as required by Dept of Commerce (Fig. 6.2).

Stage 1
Executive Summary

- The exposure of the known footprint of the 1818 hospital as well as those sections to the south built in 1844 (Fig. 1.2), the kitchen laundry block.
- Testing to locate other potential remains within Stage 1 area, including the Surgeon’s Residence, other Colonial Hospital (1789–1848) outbuildings and remains, and other significant potential remains that may survive within this area, notably the Second Hospital.
- Concurrent testing for Aboriginal relics.
- Excavation of identified archaeological remains in accordance with Section 6.
- Public interpretation of the Colonial Hospital remains, including at least one Open Day, and general dissemination of information to the public on the archaeological program and its results.
- In situ conservation of the remains of the colonial hospital.

Stage 2

This stage of the site works involves archaeological excavation of the following remains of:

- Structures, services, features, deposits and artefacts associated with the Second Hospital.
- Possible structures, services, features, deposits and artefacts associated with the Third Hospital.
- Possible remains associated with the later nineteenth-century occupation of the two houses on Lot 98 (Brislington) and the rear yards of Lot 99 (Blood Bank).

Archaeological works in this area will involve testing certain parts to determine if potential remains survive, detailed excavation of identified remains and monitoring of some areas. Remains of State significance may be found within this area and it will need to be determined if they should be retained in situ or if salvage excavation and recording will be sufficient.

Management of in situ archaeological remains

- Protection of these remains during the construction program.
- Incorporation of the remains with the public interpretation program for the new Justice Precinct.
- Appropriate management of the conservation of the archaeological remains within the new Justice Precinct.

Artefacts

These will be catalogued, analysed and conserved in accordance with Section 6 and the NSW Heritage Council’s Conditions of Consent.

Excavation Report

A detailed excavation report in accordance with the Management Guidelines (Appendix 2) and to include a:

- List of the research questions and how they evolved during excavation and reporting.
- List of archaeological contexts or units with appropriate comments.
- Stratigraphic matrix and discussion of the site’s phasing.
- Detailed description of the excavation results.
- Computer database catalogue of the artefacts designed to respond to the research questions.
- Analysis of the artefacts within specific contexts and addressing the research questions.
- Synthesis of this material for comparative purposes.
- Additional historical research to aid understanding of the archaeological evidence.
- An interpretation of the site in light of the results and the research questions.

Interpretation Plan

The results of the archaeological program need to be incorporated into the final Interpretation Plan which should be written after the completion of the main archaeological program. The implementation of the Interpretation Plan will need to draw on ideas, themes and materials arising out of the archaeological program and reporting.
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### Appendices

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1.0 Introduction

1.1 Background
Casey & Lowe Pty Ltd have been commissioned by the Department of Commerce to undertake an archaeological program on the site of the former Parramatta Hospital, Marsden Street, Parramatta (Fig. 1.1). This S60 application is the first stage of undertaking this work. This site is currently occupied by the mostly vacant twentieth-century buildings of the former Parramatta Hospital with some limited existing medical uses (Fig. 1.4). This is the longest continually-used hospital site in Australia. All the archaeological remains within the site are listed on the State Heritage Register (SHR) and protected under Pt 4, Divisions 2 and 3 of the NSW Heritage Act 1977. Archaeological remains within the area of Brislington, a c. 1820 building to be retained within the new development, are also protected under its own SHR listing. Many of the new buildings within the former hospital area are to be demolished for a new Justice Precinct (Fig. 1.5). Only the northern Jeffery House is to be retained within the redevelopment as part of maintaining medical facilities on site (Fig. 1.2).

The hospital was built to look after convicts and was built in three different phases. The First Hospital (1789-1792) was in the ‘form’ of a ‘tent’. The Second Hospital was built in brick (1792-1818). The Third Hospital (1818-1848) continued to minister to convicts until 1848 when it became a public hospital for Parramatta. The Colonial Hospital (1789-1848) is used to refer to all three stages of the hospital. During 2003 archaeological testing was undertaken to determine if the archaeological remains of the Third Hospital (1818) were likely to survive (AHMS 2004). Substantial archaeological remains of the sandstock brick footings of the hospital were found. The remains of the Colonial Hospital buildings are within the northeastern corner of the site (Fig. 1.2). The Masterplan development zones were located so as to avoid the areas most likely to contain the remains of the Colonial Hospital (1789-1848) so the remains can be conserved in situ.

A series of reports on the archaeology, heritage and history of this site inform this excavation permit application. These are:

- Parramatta Hospital, An Historical Analysis for an Archaeological Assessment of the Site (draft, Terry Kass 1990).
- Historical and Archaeological Analysis of Parramatta Hospital, Parramatta, NSW (Edward Higginbotham & Associates 1990).
- Report on the Archaeological Excavation of the site of the new Blood Bank, Parramatta Hospital, George Street, Parramatta. (Edward Higginbotham, for DPW, Health Department, August 1994).
- Heritage Study, Sulman and Power Building, Parramatta Hospital, (Rod Howard and Wendy Thorp, for State Property, 1998).
- Parramatta Hospital Site, Archaeological Test Excavations (Stages 1 & 2), Final Report, (DPWS Heritage Design Services for DPWS Major Developments, June 2001).
- An Archaeological Assessment, Research Design & Excavation Methodology, Colonial Hospital Site, Parramatta, NSW (AHMS, for NSW DPWS, February 2003).
- Archaeological Assessment and Excavation Permit Application Proposed Parramatta Children’s Court Site, cnr George & O’Connell Streets, Parramatta, (Casey & Lowe Pty Ltd, Government Architect’s Office on behalf of NSW Attorney-General’s Department, January 2004).
Introduction

- Parramatta District Hospital, Marsden Street, Parramatta, NSW, Report on Archaeological Test Investigations at the Colonial Hospital Site (1818-1900), (AHMS, for the Government Architect’s Office, NSW Department of Commerce, August 2004).

The NSW Heritage Council has endorsed the Conservation Management Plan (Heritage Design Services, 2003), for the site.

An assessment of Aboriginal heritage significance has been written for this site by Dr Laila Haglund, as a sub-consultant to Casey & Lowe, for the archaeological testing stage of this proposed development. A Preliminary Research Permit has been lodged as part of the overall archaeological program with the Department of Conservation and Environment. Dr Haglund undertook the archaeological testing on the adjacent Parramatta Children’s Court site and has applied for a permit to undertake testing for the northwestern residential area.

1.2 Study Area

Historically, the study area is part of Section 19 of the Town of Parramatta. It consists of the northern land alienated by 1792 for hospital purposes. The southern area is Lots 98 and 99. These areas are part of PHALMS Archaeological Management Units 2868. Brislington is on Lot 98 and the Blood Bank building is on Lot 99. The western part of the study area (entrance road adjacent to the Blood Bank) incorporates the eastern strip of Lot 102 (Fig. 1.3). A range of terms are used in this report in relation to the Convict Hospital and its phases:

- Colonial Hospital includes all phases of the convict hospital between 1789 and 1848.
- First Hospital refers to the phase 1789 to 1792
- Second Hospital refers the phase 1792 to 1818
- Third Hospital refers to the phase 1818 to 1848.
Figure 1.2: Plan of the archaeological remains to be retained *in situ*, buildings to be retained and the location of the study area. The archaeological remains of the hospital cluster in the northeastern area of the site. Based on approved Masterplan, Department of Commerce.
Figure 1.3: Lot numbers relate to early boundaries (black) while blue lines are the modern property boundaries. The study area is indicated in red. PHALMS, based on 1823 plan.

Figure 1.4: Plan of current buildings layout overlaid onto the 1895 Colonial Hospital plan. This plan shows the 1818 footings exposed during testing in 2003. Dept Commerce.
Figure 1.5: Approved Masterplan building envelopes within the subject area. Dept of Commerce.
1.3 Report Methodology
This report is a S60 excavation permit application. As the earlier archaeological assessments were undertaken sometime previously it is suitable to review our current understanding of the archaeological issues of the site as the starting point for this stage of the project. In addition the AHMS report (2003) specifically concentrated on the third hospital. It should be noted that the Conservation Management Plan does not incorporate knowledge of all plans for the site as identified in Higginbotham’s 1990 assessment, notably the c. 1792 plan which shows a range of buildings within the study area. This report is divided into the following sections.

- **Section 1**: Background to the project
- **Section 2**: Re-analyses the historical sources for the site as well as incorporates information and text from the previous reports.
- **Section 3**: Reviews earlier reports as outline in Section 1.1 as sets out the Archaeological Context.
- **Section 4**: Outlines the nature of the archaeological potential for the site.
- **Section 5**: Reviews the heritage significance of the archaeological remains.
- **Section 6**: Detailed excavation strategy for the site.

1.4 Statutory Constraints

1.4.1 NSW Heritage Act 1977 (amended 1999)
The archaeological remains at the site are protected under the provisions of the NSW Heritage Act 1977 (amended). The archaeological remains at this site are listed on two separate SHR listings. Once a site is registered under Pt 3A S31-38 it is recognised as having a State level of heritage significance. The SHR listings are:

- SHR Item 828: Colonial Hospital Parramatta District Hospital - Historic Elements. This covers all archaeological remains within the hospital site.
- SHR Item 59: Parramatta District Hospital - Brislington & Landscape. This includes the building and any archaeological remains within its curtilage.

The NSW Heritage Council has endorsed a Conservation Management Plan (CMP) for the site. The CMP provides policy guidelines which aim to manage the State significance of the archaeological heritage at the site. All S60 applications will be assessed in light of how they conform to these guidelines. Approvals will only be given in light of concordance with the principles of the CMP. A S60 application may need to be sent to the NSW Heritage Council which will add time to the processing of such approvals. The NSW Heritage Office has advised the Department of Commerce to lodge a single S60 application for the management of the archaeology at the site. Any subsequent variations to that approval will need to be lodged under S65A of the NSW Heritage Act 1977. This current report forms the main guideline document of the application under S60.

1.4.2 Sydney Regional Environmental Plan No. 28 - Parramatta

42. (e) To ensure that archaeological sites, potential archaeological sites and Aboriginal places are conserved;

43. (l) The following development may be carried out only with development consent:

(d) moving a relic, or disturbing or excavating any land while knowing, or having reasonable cause to suspect, that the disturbance or excavation will, or is likely to, result in a relic being discovered, exposed, moved damaged or destroyed.

51 (l) Before granting consent for development that will be carried out on any other archaeological site or potential archaeological site that is the site of a heritage item or a site within a conservation area, the consent authority must:
(a) Consider a heritage impact statement explaining how the proposed development would affect the conservation of the site and any relic known or reasonably likely to be located at the site, and

(b) Notify the Heritage Council of its intention to do so and take into consideration any comments received in response within 28 days after the notice is sent.¹

These heritage provisions only apply to Parramatta City Centre, Harris Park and Government Precincts.

1.4.3 Conservation Policies arising from the Conservation Management Plan (2003)
The following policies have been extracted from the CMP 2003, Section 10:

ARCHAEOLOGICAL REMAINS
The Parramatta Hospital site contains known and potential archaeological remains dating from c. 1789, related to all periods of hospital, domestic and industrial usage of the site. The site may also contain hitherto undocumented evidence of Aboriginal occupation, particularly along the river. These remains range from the State significant hospital and convict hut remains, to remains of local significance (19th century residential and industrial phases). The level of disturbance of these remains varies from mostly intact to largely destroyed. The interpretation of the different archaeological phases of the site will be a key element in the understanding of the site history and significance. Planning for archaeological works will need to be taken into account, well in advance of any development program to ensure no delays ensue due to archaeological works. These policies have been developed from previous archaeological studies to the site, as well as the test excavation program undertaken by DPWS in November 2000 and the planned area excavation commencing in late 2002.

1.1 The areas of the Parramatta Hospital site indicated in the Archaeological Zoning Plan (see figure 104, overleaf) should be considered archaeologically sensitive unless these areas have been cleared for redevelopment by an archaeologist, either on the basis of assessment or via excavating any archaeological remains in the subject area.

1.2 Potential archaeological remains of State heritage significance include:
   - the convict huts (c. 1790 - 1820)
   - the Tent Hospital (c. 1789 - 1792)
   - the Second Hospital (c. 1792 - c. 1818) and
   - the Colonial Hospital (1818 - 1901)

1.3 Aboriginal archaeological remains may be present beneath filled areas of the riverbank. If excavation is to occur in the shaded area below a depth of 2m, the area should be examined for Aboriginal relics and approval obtained from National Parks and Wildlife Service for their disturbance.

1.4 These remains should be managed in accordance with recommendations by the Parramatta Historical Archaeological Landscape Management Study (GML 2001), and be retained in situ if present and, where possible, not excavated. Outbuildings associated with the early hospitals are contributory to the State significance and should be subject to full archaeological excavation, if present, however these do not need to be retained in situ.

1.5 Archaeological remains of local heritage significance include 19th century domestic (1820s/30s houses, 1860s houses) and industrial structures (Emu Brewery, tram depot) as well as associated outbuildings. These remains should be recorded, sampled or fully excavated as set out in the detailed recommendations below. None of these remains are of sufficient significance to warrant in situ retention.

¹ Extracted from PHALMS report p. 209.
redevelopment, an archaeologist should be on call to attend site and record information in the event of any unexpected discoveries.

1.6 Any excavation works in archaeologically sensitive areas will require an approval from the NSW Heritage Office. This may be a s60 or a s140 approval depending on the area of the site (s60 for Health, s140 for Attorney-General’s). Any applications should be applied for well in advance of an anticipated start date, to allow for preparation and processing. An archaeological Research Design will be required as a part of the excavation application.

1.7 Archaeological works should be undertaken well in advance of any major redevelopment works, to minimise any delays stemming from the archaeological works program.

1.8 Results of the archaeological excavations should be lodged with the Heritage Office and other public repositories upon completion and should be used to inform a program of interpretive works for the site.

1.9 Should archaeological remains be discovered unexpectedly on site, work should cease in the area of discovery and an archaeologist should be called in to assess the remains.

1.5 Limitations
There was sufficient time and funding to complete this report. Please note that additional research will need to be undertaken during and after the completion of any excavation and reporting on the archaeological results.

1.6 Author Identification
This S60 permit application was written by Dr Mary Casey and reviewed by Tony Lowe, Casey & Lowe Pty Ltd. Chapter 2, the history, was based on previous research undertaken for this site by Terry Kass (1990) and for the CMP (2003). Additional research was undertaken by Mary Casey. Considerable use was made of the maps and inventory sheets in the PHALMS report as well as new images published in Rosen 2003. In addition the research undertaken for the 1990 heritage report by Clive Lucas Stapleton was useful, notably the appendices of archival material and plans.

1.7 Acknowledgements
Caitlin Allen, Government Architect’s Office, Department of Commerce
Gary Fitzhenry, Department of Commerce
Siobhan Lavelle, NSW Heritage Office

1.8 Terminology

Historical Archaeology

Historical Archaeology (in NSW) is the study of the physical remains of the past, in association with historical documents, since the European occupation of NSW in 1788. As well as identifying these remains the study of this material can help elucidate the processes, historical and otherwise, which have created our present surroundings. It includes an examination of how the late eighteenth- and nineteenth-century arrivals lived and coped with a new and alien environment, what they ate, where and how they lived, the consumer items they used and their trade relations, and how gender and cultural groups interacted. The material remains studied include:

2 Many of the definitions used here are taken from the Archaeological Assessments Guidelines, Heritage Office of New South Wales.
* Archaeological Sites:
  - below ground: these contains relics which include building foundations, occupation deposits, rubbish pits, cesspits, wells, other features, and artefacts.
  - above ground: buildings, works, industrial structures and relics that are intact or ruined.

* Cultural Landscapes

* Maritime Sites:
  - shipwrecks
  - structures associated with maritime activities.

Archaeological Potential
Archaeological potential is here used and defined as a site’s potential to contain archaeological relics which fall under the provisions of the *Heritage Act 1977* (amended). This potential is identified through historical research and by judging whether current building or other activities have removed all evidence of known previous land use.

Archaeological Site
A place that contains evidence of past human activity. Below ground sites include building foundations, occupation deposits, features and artefacts. Above ground archaeological sites include buildings, works, industrial structures and relics that are intact or ruined.

Archaeological Investigation or Excavation
The manual excavation of an archaeological site. This type of excavation on historic sites usually involves the stratigraphic excavation of open areas.

Archaeological Monitoring
Archaeological monitoring is recommended for those areas where the impact of the works is not considered to mean the destruction of significant archaeological fabric. Nevertheless the disturbance of features both suspected and unsuspected is possible. In order to provide for the proper assessment and recording of these features an archaeologist should inspect the works site at intervals they consider to be adequate and to be ‘at call’ in case the contractor uncovers remains that should be assessed by the archaeologist.

It is not anticipated that monitoring will impact on the planned works or unduly hold up the contractors’ work schedules. If recording of features is necessary it would be carried out as quickly as possible so that any time delays are minimised.

Monitoring is a regular archaeological practice used on many building and development sites.

Excavation Permit
A permit to disturb or excavate a relic issued by the Heritage Council of New South Wales under Section 60 or Section 140 of the NSW *Heritage Act 1977*.

Research Design
A set of questions which can be investigated using archaeological evidence and a methodology for addressing them. A research design is intended to ensure that archaeological investigations focus on genuine research needs. It is an important tool that ensures that when archaeological resources are destroyed by excavation, their information content can be preserved and can contribute to current and relevant knowledge.

Research Potential
The ability of a site or feature to yield information through archaeological investigation. The significance of archaeological sites is assessed according to their ability to contribute information to substantive research questions.
1.9 Abbreviations

AHMS  Archaeological and Heritage Management Solutions Pty Ltd
Bk    Book
BHA   Brislington House Archives
CT    Certificate of Title
DP    Deposited Plan (LTO)
DPW   Department of Public Works
DPWS  Department of Public Works and Services
HO    Heritage Office
HRA   Historical Records of Australia
HRNSW Historical Records of New South Wales
ML    Mitchell Library, State Library of New South Wales
LTO   Land Titles Office
LTOD  Land Titles Office, Deed
No    Number
OS    Old System (land titles)
PCC   Parramatta Children’s Court
PHALMS Parramatta Historical Archaeology Landscape Management Strategy
SHR   State Heritage Register
SRNSW State Records, New South Wales

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2.0 **Historical and Archaeological Analysis**

2.1 **Aboriginal People**

Parramatta was occupied by the Darug Aboriginal people prior to the arrival of the British in 1788. It is part of their traditional hunting and fishing grounds. The Burramattagal clan of the Darug lived at the head of the harbour. Areas near the Parramatta River were an important area for camping and fishing for 10,000 or more years. In the fresh water they caught mullet, crayfish, shellfish and turtles and in the salt water eels, fish, shellfish and molluscs. Fish were an important part of the diet of people living in the Sydney region in pre-colonial times. Trees, stringybark (*E agglomerates*) and bangalay (*E botryoides*) provided resources for making canoes for fishing. An extensive Aboriginal presence in the area of Parramatta was documented by the British who set out from Sydney Cove to explore the Parramatta River and locate fertile land to grow the crops needed to sustain the new arrivals. For more information on the Aboriginal presence likely to be within the study area, see Haglund 2004.

2.2 **Development of Parramatta**

Parramatta was the second settlement established in Australia, in late 1788. Governor Phillip sent out exploring parties to survey Sydney Harbour and the river at the head of the harbour shortly after landing at Sydney Cove. On Sunday 2 November 1788 Governor Phillip and others, including marines, established a military redoubt at Rose Hill. Convicts were sent to Rose Hill to commence farming as this land was considered to be more fertile than the land near Sydney Cove. Initially an agricultural settlement, it soon became a small town and grew in importance. It should be noted that as early as March 1788 plans were underway to establish a settlement at Parramatta with its more fertile soils and smaller trees more sparsely located and therefore easier to clear for agricultural purposes.

With the success of farming at Rose Hill, Phillip decided to expand the settlement. In 1790 Governor Phillip and Surveyor Augustus Alt laid out a town plan with High Street (George Street) running between the planned site of Government House and the Landing Place at the eastern end of Parramatta, near Harris Street. As set out, George Street was 205 feet (63 m) wide and a mile (1.6 km) long. On either side of the street huts were to be erected, each capable of containing 10 persons and at a distance of 60 feet (18.5 m) from each other, with a garden area allotted at the rear of each hut. The wattle and daub huts had thatched roofs and were to be 12 by 24 feet (3.7 x 7.4 m). The new street and the huts were built by the convicts from July 1790. By September 1790 bricks were being fired for a barracks and store house and 27 huts were being built along High Street (George Street). By November 1790, 32 huts had been completed with two rooms each and a fireplace and brick chimney in one of the rooms.

Phillip renamed the township Parramatta by November 1791. Parramatta means lots of eels and was the name given by the traditional owners. Parramatta township referred to the area from the foot of Rose Hill and the land for one mile along the creek (Parramatta River). In a painting by Brambila (1793), an artist on a Spanish expedition, the main street has rows of modest timber huts regularly spaced along the street leading towards Government House (Fig. 2.1). For a period Parramatta became the main township with Sydney being less important.

In time, as convicts were freed and free settlers acquired houses in the town, a less rudimentary town emerged. Huts, and later houses, were bought and sold although the possessors had no title to them.

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3 PHALMS 2000:94; Australian Museum website.
4 HRNSW Series 1, Vol 2:394.
6 HRNSW 1(2): 539
apart from the right of occupancy of a piece of land assigned to them by the magistrates or the Governor. In order to regularise the situation, the crown commenced to issue leases for town allotments, both in Sydney and Parramatta, for either 14 or 21 years duration. There was a trickle of leases issued from the 1790s onwards, usually to people with business interests in the town who were seeking security of tenure. Between 1790 and 1820 convicts had to provide their own accommodation. After this time convicts were housed in barracks rather than the earlier huts allowing the land to become available for emancipists and new settlers. Soon convicts were sent on assignment to labour on rural properties where the owners had to provide food, clothing and accommodation. Often married convicts were assigned to their free or emancipist spouse or relative.7

After the replacement of Governor Lachlan Macquarie in 1821 by Sir Thomas Brisbane and in the wake of the Bigge commission into the colony, the Surveyor-General, John Oxley, was delegated to create order from the chaos of town tenures across the colony. After Parramatta was comprehensively mapped in 1823, in order to establish the identity of the holders of town lands, many occupiers were offered leases from the crown, which they accepted. All leases were dated as 30 June 1823. On the basis of these leases, householders in Parramatta could apply for a grant of land if they had erected buildings worth over £1,000 or, alternately, they could obtain a grant by the payment of 21 years quit rent.

Since the crown took much greater interest in the nature of landholding in Parramatta after 1823, there is consequently far greater information about the of buildings, improvements and the identity of landholders in Parramatta after that date.

Figure 2.1: Fernando Brambila’s view of convict huts aligned along George Street (middle ground) with Government House (left), 1793. This is the original drawing given by the Spanish visitors to Lieutenant-Governor Grose who sent it to George III. The four figures in the middle ground are probably Spanish naval officers. This image is currently catalogued in the British Library, Maps Library. ML SPF

Interpretations of High Street usually describe it as a very wide avenue and Watkin Tench in November 1790 observed ironically that ‘it is to be of such breadth as will make Pall-Mall and Portland Place “hide their diminished heads” ’. Yet this is not the image presented by early images of Parramatta (Figs 2.1, 2.3). In Evans’ c. 1805 painting there is a relatively narrow dirt road with fences built up to the street frontage (Fig. 2.3). While the houses are set back from the road there were probably gardens in the area between the road and ‘convict hut’. The fences are shown in the Evans’ painting (Fig. 2.3) but not in Brambila’s 1793 drawing (Fig. 2.1) which is interesting, perhaps suggesting that they were erected later, presumably by c. 1805. Brambila does indicate the use of ditches (right foreground) which appear to have also operated as stormwater drainage lines.

Figure 2.2: Detail including the study area of Evans’ 1804 plan of Parramatta. This is not an accurate plan as it shows the George Street part of the study area with similar-sized allotments and it does show two buildings within the hospital area. The laneway is possibly Hospital Lane which is clearly not Marsden Street. Note the creek line which is probably now the drainage channel in the access road west of the Blood Bank - it is shown as a drain on the 1895 plan. William Evans, the artist who drew plan, lived across the road from the study area at lot no. 8. This plan is based on Meehan’s 1804 survey. Rosen 2003:132, 131.

Figure 2.3: Watercolour by Evans, showing High Street Parramatta, c. 1805. The arrow points to the hospital buildings. The beginning of Phillip Street is visible just beyond the line of the hospital. Caroline Simpson Collection, Historic Houses Trust of NSW.

The typical interpretation of a wide High Street is based on descriptions and plans. Annotation on the c. 1792 plan noted ‘High Street 205 feet wide [63 m] and ___ feet in length’. It also noted that Hospital Lane was 75 feet [23 m] wide. It has been interpreted by Morton Herman as Phillip laying out a grand boulevard as in a Renaissance or more probably a Baroque layout. Macquarie then redesigned this alignment and caused the houses to be placed on the narrower street alignment.

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8 Tench 1793 (1979):195.
9 UK Archives, Map CO 700 NSW 4, Town of Parramatta.
Perhaps this interpretation needs to be considered further in the light of these two recently published images. Previous images showing High Street were a single painting or lithograph; the latter must always be treated with suspicion if it is the only evidence available for what an area looked like. Higginbotham in his various reports has adopted the interpretation of the streets and layout as being ramshackle. In the PHLAMS report it was noted that Phillip’s grand avenue ‘was never really achieved. Instead a haphazard development on larger than normal allotments was a feature of the town until the mid-nineteenth century’. The CMP for the Hospital site calls it a ‘landscape of control’ and notes that the ‘tight regimentation reflected the fact that the majority of settlers were convicts and the colonial government sought to impose order on them…The orderly settlement of Parramatta went hand-in-hand with government policy’. This is an issue for further debate which the archaeological evidence of the convict huts may assist to furthering our understanding.

One tentative interpretation is that with the granting of further leaseholds there was a need to fence individual property boundaries because of the ‘private ownership’ of these lands rather than those occupied by convicts. As discussed in Casey & Lowe 2004, Lot 102 and 103 (PCC site to the west) were both leased by 1805, presumably during Governor King’s administration and it is likely that the Evans’ painting illustrates this situation. In addition, on Evans’ c. 1804 plan (Fig. 2.2) lines are used to represent the alignment of the original huts, the presence of fences within the original 205 ft (63 m) roadway and a narrower road alignment. It is likely that Macquarie was responding to this practice as established (or allowed) by King. Further evidence supporting the new use of the front part of the properties is that it was noted in March 1791 that the rear yards of the convict huts were to be used for individual gardens and there was no mention of the front yards. In addition the 1793 drawing is not clear on this issue but suggests this space is being used in relation to the houses rather than as part of the public road. Governor Phillip had of course left the colony some four months earlier and his instructions may no longer have been adhered to.

2.3 Parramatta Hospital

2.3.1 Early Hospitals in Parramatta

Governor Phillip

The first hospital in Parramatta, and the third in the colony, was established by 1790. Watkin Tench observed in November 1790, two years after the settlement was established, ‘…a most wretched hospital, totally destitute of every convenience. Luckily for the gentleman [Thomas Arndell] who superintends this hospital, and still more luckily for those who are doomed in case of sickness to enter it, the air of Rose Hill has hitherto been generally healthy’. By December 1791:

a new hospital has been talked of for the last two years, but it has not yet begun; two long sheds, built in the form of a tent, and thatched, are however finished, and capable of holding two hundred patients; the sick list of to-day contains three hundred and eighty-two names.

14 HRNSW 3:775.
15 This section is based on existing reports CMP 2003, Clive Lucas, Stapleton & Partners (1990), Higginbotham (1990) and Kass (1990).
17 Tench 1793 (1979):246
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Figure 2.4: 1790 plan of Parramatta (not to scale). Detail (left) shows the hospital lane with a building to the right at 90 degrees to the road and one to the left. This is an early map and details are schematic rather than accurate. It certainly represents the High Street, the location of Government House (west end) and the barracks (east end) correctly. This plan does not indicate Marsden Street as the street to the east is Church Street, indicating it predates this alteration to the layout. This plan appears to be the basis of the perception that Hospital Lane became Marsden Street with which Casey & Lowe express doubts.

This was not a ‘tent’ hospital but a building built in the form of a tent. What this means is not clear. It may mean that the building had an exposed timber frame with a central row of timber piers and sides made of canvas or other materials. By 1792 the First Hospital was replaced by the ‘Second Hospital’, a more substantial group of buildings of brick construction. These would have been locally made bricks as the manufacture of bricks was well underway in Parramatta by November 1790.18

The Second Hospital operated from c. 1792 until c. 1818. The foundations of the hospital were laid in April 179219 during Governor Phillip’s administration of the colony. By December 1792:

> At Parramatta a brick hospital, consisting of two wards, were finished this month [December]; and the sick were immediately removed into it. The spot chosen for this building was at some distance from the principal street of the town, and convenient to the water; and, to prevent any improper communication with the other convicts, a space was to be inclosed and paled in round the hospital, in which the sick would have every necessary benefit from air and exercise.20

A plan from c. 1792 and an illustration from early 1793 by Fernando Brambila, a visiting Spanish artist, provide some clues to the range of buildings associated with the Second Hospital at Parramatta (Figs. 2.1, 2.5, 2.6). The c. 1792 plan depicts nine structures within the hospital property while it is

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18 Tench 1793 (1979):196.
19 Collins 1798 (1975), vol 1:173.
20 Collins 1798 (1975), vol 1:207.
possible to see at least six buildings in the Brambila drawing, not including any convict huts. There is a long northern building with a structure next to its western end, a cluster of three nearby, and a longer structure partly obscured behind the Spanish naval officers and another one near the corner of George and Marsden Streets which is probably the convict hut (Lot 98). There is another chimney behind this building which may belong to the long building or to another structure. The building immediately to the north is probably the convict ‘hut’. It is possible that some of these buildings may have been timber.

Figure 2.5: Detail from Brambila’s drawing (Fig. 2.1) showing a group of buildings within the area of the hospital (arrowed), 1793. This is the original drawing given by the Spanish visitors to Lieutenant-Governor Grose who sent it to George III. The four figures in the middle ground are probably Spanish naval officers. ML SPF

Of the nine buildings on the c. 1792 plan two would probably be the two brick wards observed by Collins in December 1792. The location of these two ‘wards’ at some distance from each other may indicate that they were for male and female convict patients with various guards and surgeons’ houses in between. This was the main hospital at this time in the early colony, as the majority of the convicts were at Parramatta rather than at Sydney Cove. Convict labour was essential for the expansion of farming and accommodation within the settlement, and this activity centred on Parramatta in the early 1790s. While Sydney Cove was the home of the Governor and there was still considerable brickmaking activity there, most convicts were engaged in work at Parramatta. The two houses on Marsden Street may be the same as those shown on the 1822 plan (Fig. 2.10). The location of Marsden Street or Hospital Lane is not clear on the 1793 drawing nor is the laneway shown on the c. 1792 plan while both appear on the 1804 plan (Fig. 2.2). Marsden Street is shown on the c. 1792 plan.

21 Comments to this effect were made by both Tench and Collins and it is the generally accepted interpretation of the status quo at this time.
Kass has interpreted Hospital Lane on the 1790 plan as being Marsden Street but this street is also shown as it is the only possible street to the west of Church Street. The evidence of the 1804 plan shows a separate laneway into the hospital grounds as well as Marsden Street to the east of the hospital. The creek line shown on the 1804 plan runs approximately beneath the access road to the west of the Blood Bank.

**Governor Hunter**

Government returns for 1797 noted that the ‘hospital and surgeons’ houses’ were ‘plaistered and whitewashed’. Works at the hospital during 1798 involved putting a new roof on the hospital and building new chimneys. There is a mention of whitewashing and plastering a dispensary which was presumably also within the hospital grounds. In 1799 they ‘new tyled the hospital and the surgeon’s house’. In 1798 an assistant surgeon was running the hospital at Parramatta, ‘a populous place where constant watchfulness and attention is required…’. In May 1799 D’Arcy Wentworth was appointed assistant surgeon at Parramatta replacing James Mileham who returned to Sydney.

David Collins notes that in January 1798 all the brick buildings in Parramatta were being repaired but failure to maintain the buildings meant they ‘were so far decayed as to be scarcely able to support their own weight’. These repairs were implemented under Governor Hunter’s administration (Table 2-1). Governor Phillip’s departure in December 1792 produced a hiatus in able government of the colony. The lack of maintenance on buildings during the first interregnum was fairly common. Governor Hunter’s arrival in September 1795 eventually led to some further work on the hospital but conflicts in the colony made progress difficult for Governor Hunter.

The 1796 engraving a frequently reproduced image of Parramatta is problematic (Fig. 2.7). Being an engraving it is not an original image. Casey & Lowe consider this image to be an unreliable source. In addition it does not show the area of the hospital which is considerably set back from George (High) Street.

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24 HRNSW 3:524.
25 HRNSW 3:753. It should be noted that the CMP reported the construction of a surgeon’s house in 1799 but this is not referenced in HRNSW.
27 HRNSW 3:672.
28 Collins 1802 (1975) vol 2:60.
29 See Casey 2002 for a detailed discussion on the use of early images and how the form of the image affects their reliability.
Governor King
There are a few references to works by Governor King relating to the hospital other than general repairs to the ‘General Hospital’ at Parramatta. The 1804 survey plan and Evans’ c. 1805 watercolour are important documents for the nature of the hospital and adjacent properties at this time (Figs 2.2, 2.3). The 1804 plan shows two L-shaped buildings in the central hospital area and two smaller buildings within fenced areas along the Marsden Street frontage. Evans’ c. 1805 watercolour depicts a L-shaped building (probably two structures) but not the second one which may be obscured by trees. King assigned male convicts to attend to the Parramatta hospital and female convicts as nurses in 1803. The numbers assigned shifted in 1803 shifted from six to four males and between seven to eight female nurses.

Table 2.1: List of early Governors of New South Wales.

<table>
<thead>
<tr>
<th>Governor</th>
<th>Arrival</th>
<th>Departure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur Phillip</td>
<td>January 1788</td>
<td>10 December 1792</td>
</tr>
<tr>
<td><strong>First Interregnum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Hunter</td>
<td>September 1795</td>
<td>September 1800</td>
</tr>
<tr>
<td>Phillip Gidley King</td>
<td>September 1800</td>
<td>August 1806</td>
</tr>
<tr>
<td>William Bligh</td>
<td>6 August 1806</td>
<td>arrested 26 January 1808</td>
</tr>
<tr>
<td><strong>Second Interregnum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lachlan Macquarie</td>
<td>31 December 1809</td>
<td>15 February 1822</td>
</tr>
</tbody>
</table>

Figure 2.7:
Engraving of Parramatta, included in Collins 1796. This is an unreliable depiction of Parramatta and should only be used with caution and in relation to the other images presented in Section 2.

30 HRA (1) 4:319.
31 HRA (1) 4:92-93, 317-318, 505-506.
**Governor Bligh**

There is little evidence for works during Bligh’s administration but we do get an idea of the daily operations of hospital from the arrest and court martial of D’Arcy Wentworth, surgeon, under instruction from Governor Bligh. Wentworth was accused of using patients who had recovered from ill health to work on his nearby Parramatta Estate as well as providing a means for assigned convicts to abscond from their employers who were also providing their rations for the first 14 days of their hospital treatment. This account makes it clear that there were two convicts assigned to the hospital to tend the garden to provide food for patients at the hospital. There was a convict who looked after the dispensary and distributed drugs to the convict patients. It was a typical practice to use the assigned convicts and those whose health had improved on a surgeon’s own lands in the convicts, own time so they could make money.\(^{32}\)

Accusations suggest that Wheeler, a convict assigned to the hospital and who dispensed the drugs, took bribes to let convicts into or keep them at the hospital rather than return them to the settlers they were assigned to. Convicts saw the hospital as a means by which they could escape their assigned work and a possible means of absconding. Convicts who absconded were frequently picked up and sent to Castle Hill.\(^{33}\)

**2.4 Third Hospital, 1817-1848**

Use of the Second Hospital buildings continued for most of Governor Macquarie’s period of administration. Macquarie listed the need for a new hospital at Parramatta as among the desired buildings, although he called it a ‘General Hospital’ rather than a convict hospital who were supposedly the main patients there.\(^{34}\) In 1817 Lieutenant Watts, Macquarie’s aide-de-camp, who enjoyed the confidence of Mrs Macquarie, was ordered to draw up plans for a new hospital. He had already produced plans and supervised work for the Military Hospital on Observatory Hill, Government House at Parramatta, as well as the towers of St Johns Church, Parramatta. He considered that the Second Hospital was ‘entirely decayed and Unfit to be Inhabited by the Sick’.\(^{35}\) Plans for a new hospital were approved on the 16 April 1817 and the hospital was under construction by December 1817.\(^{36}\) As part of preparing for building the new hospital, land leased by Daniel Allen on Marsden Street was acquired in September 1814. The government also purchased Allen’s house which had disappeared by 1822 (Fig. 2.11).\(^{37}\)

Conditions at the Second Hospital were less than ideal and a new hospital was needed. Reverend Samuel Marsden, describing the Second Hospital in 1818, wrote:

> this hospital is open day and night for every infamous character to enter; there are no locks or bolts to any of the doors. There is not so much as a room to lay a dead man or woman in until they can be removed to the grave; but the dead lie in the room with the living patients.\(^{38}\)

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\(^{32}\) HRA (1) 6:156-157, 188-191, 447-453.  
\(^{33}\) HRA (1) 6:190.  
\(^{34}\) Kass 1990:19.  
\(^{35}\) HRA 9:720.  
\(^{36}\) Kass 1990:19.  
\(^{38}\) Marsden in PGNS 1979:3-4.
Macquarie described the new hospital as being ‘built of brick, two Stories high, with an upper and lower Verandah all round, with all necessary Out offices for the residence and occupation of 100 Patients, with Ground for a Garden and for the Patients, to take Air and exercise in, the whole of the premises being enclosed with a High Strong Stockade’. Lycett’s 1819 painting illustrates the completed building and has a brick outbuilding at the rear, probably the kitchen and wash-house (Fig. 2.8). Two sets of plans for the Third Hospital are known to survive (Figs 2.9, 2.10). One was sent to London (Fig. 2.9) and the other, which has a number of differences, appears to be the final plan (Fig. 2.10) as it was signed by the Governor and Watts. The two-storey brick building was oriented along the river and facing to the north. While not as grand as Sydney’s Rum Hospital, it is reminiscent of its style. The building, referred to variously as the ‘Colonial Hospital’, the ‘Convict Hospital’ and the ‘Macquarie Hospital’, continued in use until at least 1896 and formed the core of Parramatta’s health care facilities, initially for the convict population and after 1848 for civilian use.

Watts arrived several years after the construction of the Rum Hospital had commenced, though prior to its completion. He had undertaken some training as an architect in England and was seized upon by Macquarie as someone suitable to help with his grand construction plans for the colony. Watts’ first major task was the design of a new Military Hospital on Observatory Hill, started in 1814 and completed the next year. This hospital, while smaller in scale than the Rum Hospital, reflects the same design philosophy as the Rum hospital. It is a two-storey colonnaded building with a wraparound verandah, with small rooms at the ends for surgery and storage and large central wards. The site also includes a surgeon’s residence, a feature in his design for Parramatta as well. The Military Hospital was converted into a school in 1849 and the verandahs have been enclosed, but much of the original building survives within the modified form. Watts’ hospital designs influenced the design of convict hospitals for the next twenty years.

Major West, who arrived in Parramatta in 1817, took charge of the new hospital, having run as efficiently as possible the previous hospital. He succeeded a series of disastrous managers. The Colonial Hospital accommodated 200 convicts in two wards, with an additional infectious diseases ward in a separate building closer to the river. As a hospital primarily for convicts, the site was enclosed on all sides, initially by a timber stockade and later by a high stone wall. Essential buildings and services were enclosed within the wall, including the hospital itself, a gatehouse, toilets, dining facilities and the morgue. Only scanty information is recorded about these outbuildings save their existence, until after 1848 when the hospital was converted for civilian usage.

Commissioner Bigge described the hospital in 1823:

39 HRA (1) 10:689.
40 Kerr 1984:52.
the present hospital at Parramatta was commenced in the month of August, 1817, and was completed in September 1818. The plan of the new hospital at Parramatta was furnished by Lieutenant Watts, aide-de-camp to Governor Macquarie, and it appears to have been framed on that of Sydney, although the division and arrangement of the apartments is somewhat different.

Mr. West is of the opinion that it is not calculated to contain more than 50 patients, although during the wet season of 1819, and the prevalence of the typhus fever, as many as 95 were admitted. The hospital at Parramatta has nearly the same advantages and defects as that of Sydney.

It is well situated and airy, but has no domestic accommodation. It is at present only surrounded by a high wooden fence.41

Again, as the Colonial Hospital was primarily established for the treatment of convicts, free settlers were required to petition for access to its facilities. By the 1810s, this situation began to change for the civilian population, with several doctors setting up private practices in Parramatta.42 In addition, benevolent societies began to operate in the colony, including the Sisters of Charity.

Transportation of convicts to NSW ceased in 1840 and the government infrastructure built to support them became surplus to needs. The Colonial Hospital in Parramatta became one of many such institutions and in early 1848 moves were made to close the hospital down permanently. This caused immediate consternation in the civilian community who at this stage still did not have a hospital of their own. On 28 March 1848 a public meeting was held to discuss the transfer of the hospital into civilian usage and a petition was sent to the Governor to that effect. In April, the Governor agreed to hand over the hospital, as well as providing £200 per year in support, conditional on a similar sum being raised from contributions or fees charged to patients.43

In response to public outcry and pressure, a scheme was developed to establish the hospital as a public hospital receiving limited government funding, the remainder of funds to be raised by subscription. It was on this basis that the Parramatta District Hospital (as it was now known) opened in late 1848. The hospital received its first bequest on the death of one of its doctors, Dr. Anderson, in 1850, for the sum of £300.

The Hospital had an occasional connection with the Parramatta Benevolent Society, founded in 1838. The Society’s charter was to ‘afford relief to the poor and distressed’ rather than provide health services.44 However, it seems that it often overlapped with providing health services. During the period 1854 to 1862, for example, the Benevolent Society used the upstairs ward of the hospital for housing female paupers. It also appears that the Benevolent Society relied on the hospital to take its overflow cases, or cases for which the Society could not adequately care.45

41 Bigge 1823 in Little 1918: 113-4, extract from CMP.
42 Brown 1937.
43 Little 1918: 114.
45 Benevolent Society Annual Report 1855 in Little 1918:130.
The colonial returns report on a series of repairs to the hospital during the 1830s and 40s, among which were:

- 1832: extension of the surgeon’s residence
- 1844: dead house built
- 1845: external painting

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**Figure 2.9**: Plan of the Parramatta Hospital. This is not signed and there are some difference between this and the signed plans. Privy orientation is different and there were three privy spaces in the right structure, no second staircase within the main building, and the use of some of the spaces is annotated. Also a lodge building is shown. There is no elevation or second floor plan. PRO Map Room, MFQ 1/236

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Figure 2.10: Watts’ plan of the third hospital c. 1817, signed by Governor Macquarie. ML D337.
The 1822 plan provides few details on the hospital building, only the main hospital structure (Fig. 2.11). The 1844 and 1859 plans indicate two groups of structures: the hospital group just off Marsden Street which includes the 1818 building with one to the south and at right angles (Figs 2.12, 2.13). The southern building may have had a range of uses such as those annotated on Figure 2.9 or those later identified on the 1881 plan as kitchen and laundry (Fig. 2.14). The western group are identified in 1881 as the surgeon’s residence, with kitchen, stable and store to the north and possibly a privy further to the north (Fig 2.14). An overlay in the CMP (Fig. 2.28) locates the western group of buildings in a similar location to the accurate 1881 plan. The western group is located under Jeffery House and Kearney House as well as possibly within the carpark immediately east of Kearney House (Fig 4.1). A janitor’s lodge is also on the 1881 plan, to the north of the hospital and on the Marsden Street frontage (Fig. 2.14).

**Figure 2.11:** Detail from Plan of the Town of Parramatta’, 1822, G. C. Stewart. (Redrawn by Campbell in 1926), PHALMS 2000.

**Figure 2.12:** Brownrigg, 1844 plan of the structures within the study area (outlined in red). There were two groups of buildings within the hospital property. There is some inaccuracy in this plan and it is therefore unreliable in overlay.
Figure 2.13: 1859 plan of Parramatta. Shows similar structures to the 1844 plan and as with that plan there are some inaccuracies. Reuss & Brown, *Map of Subdivisions of Parramatta*, 1859, ML ZM3 811.13gbbd, sheet 1 of 2.

Figure 2.14: Detail of the 1881 plan showing the main structures within the hospital property. *Plan of the Reserve for the Hospital, Town of Parramatta*, 1881, E. Elssworth (LDPL P.171.750). See Figure 2.15 for the complete plan.

2.5 **Parramatta District Hospital**

The opening of a public hospital in Parramatta marked a significant phase in the development of the area as an urban centre in its own right. Initially, the hospital was funded on a subscription basis, with funds sought from the general community and a small amount of government subsidy. A phase of renovation and rebuilding was undertaken in this period of the site’s history, reflecting the

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47 The following text is an extract from the 2003 CMP.
Figure 2.15: View of the hospital from the north. The operating theatre is the building immediately to the west (left) of the 1818 hospital. c. 1870, SAG 6/5686

Figure 2.16: c. 1870 photo of the hospital and adjacent buildings. SAG 5/6249

Figure 2.17: Surgeon’s house and outbuildings c. 1870. Detail from Fig. 2.16. SAG 5/6249
Figure 2.18: Janitor’s Lodge with smaller ‘reception lodge’ fronting Marsden Street to the rear. Both buildings are on the 1881 plan (Fig. 2.14). Detail from Fig. 2.15. SAG 6/5686

Figure 2.19: Colonial hospital in the 1880s. SAG 5/6468

Figure 2.20: (below) View of the river bank and the western group of hospital buildings.
Figure 2.21: Plan of the surgeon’s residence, military hospital, Observatory Hill. This was also designed by Watts and the CMP (2003:28) suggests that it, along with the military hospital, is likely to have been a similar design to the c. 1818 surgeon’s residence at Parramatta.

Figure 2.22: Samuel Elyard’s 1873 sketch of the hospital from the west. It shows the Surgeon’s Residence and store with the stone wall around the hospital building with the roof of the southern outbuilding. The hospital buildings are on higher ground than the land to the west where the creek line cut through the property. ML SPF
new focus of the site as a hospital for the general public and free citizens, rather than a prison hospital essentially for convicts. It is reasonable to assume that the stone wall surrounding the site was removed or partially removed during this time as there was no longer a need for enforced separation of the patients from the general populace. The last iron bars, dating from the convict use of the hospital, are noted as being removed in 1871.48 Certainly by the 1880s, photos of the hospital show an iron palisade fence atop a low bullnose plinth, more decorative than functional (Fig. 2.18).

Additional staff began to live on site during this phase, whereas previously there was only one doctor’s residence, to the west of the hospital. A Superintendent and Matron were appointed to live on site (often a husband and wife). The annual reports for this period make it clear there was great difficulty in securing responsible people for these positions and a number of couples were summarily dismissed from their appointments for laziness or drunkenness. From the 1850s, Brislington was taken over by the hospital and established as a residence for doctors and nurses until the late 20th century.

By the 1880s, the hospital was into another phase of expansion as demands from the local population increased. In 1879, various extensions were commenced for the Colonial Hospital, including a detached kitchen wing and laundry, with a breezeway between the two buildings. This extension is shown on the 1881 survey plan of the site and part of this extension is still present on the site. In 1882, reticulated water, a bath house and an Infectious Diseases Ward were also added to the hospital.49 In addition, the role of the hospital began to change, with a dispensary opening in 1883 dispensing medicines and drugs to the public. Despite these upgrades, by 1884 the inadequacy of the Colonial Hospital was felt and discussions were underway regarding the construction of a new hospital on the site. In January 1896 Sydney architects Sulman and Power were appointed to the project. Their design was predicated on an ability to retain the most modern portion of the Colonial Hospital, the 1881 Kitchen Wing, as it was new enough to be useable within the requirements of a modern hospital. This design also allowed a staged approach to construction, as funds became available and it in fact took 5 years before all elements of the Sulman and Power Hospital were constructed.

48 Little 1918:119.
49 PGNA 1979: 20.
Figure 2.23: 1881 Plan of the Reserve for the Hospital, Town of Parramatta, E. Elssworth (LDPL P.171.750) with the approximate position of the study area. Note the position of the stone wall as the southern boundary of the study area.
2.6 Building a New Hospital

2.6.1 Sulman and Power ‘Cottage’ Hospital, 1896-1901
The Sulman and Power Hospital reflected the thinking in hospital design for the era, which was predicated on a belief that exposure to sunlight and fresh air would aid in the healing process. Their hospital, sometimes referred to as the ‘Cottage Hospital’, consisted of two long rectangular wings containing wards, a central two-storey administration wing and the former Colonial Hospital kitchen wing attached at the rear was converted into an operating theatre. Around the wards and the administration wing ran wide verandahs, and patients were wheeled onto the verandah to enjoy the air and the sun.

The original building was designed in 1896 and completed by 1902. Contemporary descriptions of the Sulman and Power building are consistent with those of low scale pavilion hospitals or cottage hospitals. The building has a more domestic character than the earlier colonial hospital. This was in part achieved by the single-storey scale and verandahs which also wrapped around the two-storey wing. A feature commented on in the Cumberland Argus was the use of fanlights to improve solar access to the wards. The building was also noted for its lack of ornament. From the time of its conception funding shortages resulted in the building being completed in stages. Due to this lack of funding, modifications were required to satisfy short term needs, and the stages reflect this.

Figure 2.24: Sulman and Power ‘cottage’ hospital along Marsden Street, 1920s. BHA

2.6.2 Building in the Twentieth Century
Following a series of alterations to the Sulman and Power hospital a new building was erected on the site. New nurses’ accommodation was added with the construction of Kearney House in the 1920s. It was variously altered at later times. The Noller Memorial Kiosk was built in 1936. In 1941 the foundation of Jeffery House was laid and the building was officially opened on the 5th of November 1943. The location of the building required the removal of the northern verandah, formal gardens and the link to the river of the cottage hospital. The two-storey building was refurbished to provide staff quarters and a dining room for doctors on the ground floor. The western wing was to be converted to the nurses’ dining room and bedrooms. The eastern wing was to be converted to a lecture room and boardroom. Drawings were prepared by the Public Works Department. In 1957 the construction of the Accident and Emergency Centre resulted in the removal of much of the eastern wing of the cottage hospital. Toilets and restrooms were added. Since 1991 the building has been used only for storage. Jeffery House is to be refurbished as part of the current site redevelopment proposal.
Figure 2.25: 1940s plan of the hospital showing a series of new buildings by this time. Taken from CMP 2003
Figure 2.26: Various modern buildings mentioned in the report. Taken from CMP 2003:113.
Historical and Archaeological Analysis

Figure 2.27: Plan indicating the various dates of construction of the extant structures. CMP 2003:114.

Figure 2.28: Overlay plan produced for the CMP 2003:115. The 1881 plan (red) is overlaid onto the modern building plan (black). This plan forms the basis for Figure 1.2.
2.7 Lot 98, Brislington House

This lot is on the corner of George and Marsden Streets and contained one of the early convict huts (Figs 2.2, 2.5, 2.6). On the 1804 map it is shown as being leased to Timothy Hollister, an ex-convict and the lease dated 16 July 1804 acknowledged Hollister’s occupation prior to 1804. His house was on the corner of the lane to the surgeon’s house and was bounded on the north by the ‘hospital paling’. In 1800 Hollister was the government overseer at Parramatta and had two assigned convicts. Hollister was still in the house on Lot 98 in 1806. Hollister died in 1821. This allotment was purchased in January 1821 by John Hodges. Hodges noted that he had ‘purchased the Grant of another man. It was a Grant of Govr Phillips [sic] I believe’, meaning it was granted by Phillip prior to his departure in December 1792.

Hodges built Brislington, the brick house on the corner of George and Marsden Streets (Fig. 2.11) and received confirmation of his grant in July 1823. The property containing Brislington was sold in January 1844 to Richard Webb, general dealer of Parramatta and James Slade, gentleman of Sydney for £3000. Kass notes that this was in an attempt to avert a court action by John Ryan against Hodges. There was a Sheriff’s sale arising from the court action which saw John Ryan purchasing the western part of the property. By 1851 George Rattray had consolidated the allotment by purchasing it for £530. He sold it in 1854 for £2,500 to George Alfred Lloyd. Lloyd sold it to George Wigram Allen for £3000 in March 1855. Allen was a large property holder in Sydney and presumably leased the property until it was sold in 1875. The property was held in trust for Sigismund Brown, wife of Walter Brown, a Parramatta doctor. Brown was associated with the hospital and appears to have lived there for much of this period. The hospital resumed part of the land in 1916 and eventually resumed the rest of it in 1947.

The 1844 and 1895 plans show other buildings to the west of Brislington (Figs 2.12, 2.29). The field book sketch plan provides some details of the nature of these structures (Fig. 2.30). It is likely that the weatherboard building to the west of Brislington was there in 1844. It may have been built during the partition of the land in the 1840s. The rate assessment books indicate that the western house was occupied until the early twentieth century (Tables 2-1, 2-2). Dr Brown was resident at Brislington by 1865 and two other generations of this family appear to have lived and practiced in Brislington.

Figure 2.30 indicates that Brislington had two wooden buildings immediately to the west with two other buildings to the rear, one of which is against the hospital stone wall. On Figure 2.29 one of these buildings is drawn larger and there are only three outbuildings rather than the four indicated on the field book. It is possible that one is duplicated in the field book. The stone wall has marked recesses which may be gates or buttresses. The wall turns to the north behind the western house. The western house has a wooden out building and a water closet. The water closet for Brislington is not shown.

In summary Lot 98 should contain remains associated with:

- the convict hut.
- the occupation of Brislington from the 1820s, including outbuildings, privies, features and deposits as well as artefacts.
- the occupation of the western house, probably by the 1840s into the twentieth century, which include outbuildings, privies, features and deposits as well as artefacts.

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50 This section is based on work undertaken by Kass 1990 and Higginbotham 1999.
51 Kass 1990:5.
52 Kass 1990:21, BT 1, 374.
53 LTO No. 73 Bk 8.
54 LTO No 392 Bk 20; No 927 Bk 21; No 612 Bk 32.
55 LTO No 72 Bk 38.
56 LTO No. 983 Bk 149.
57 LTO CT 1106 F. 188; CT 3905, F. 44-45.
### Table 2-2: Residents and occupants recorded in Rate Assessment Books for Lot 98, (extracted from Clive Lucas, Stapleton 1990: Appendix 4).

<table>
<thead>
<tr>
<th>Year</th>
<th>Owner</th>
<th>Occupant</th>
<th>Description</th>
<th>Valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1865</td>
<td>George W. Allen</td>
<td>Patrick Quigley</td>
<td>weatherboard, 2 rm</td>
<td>£6</td>
</tr>
<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Frederick Kellow</td>
<td>weatherboard, 2 rm</td>
<td>£6</td>
</tr>
<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Brick, 6 rm</td>
<td>£80</td>
</tr>
<tr>
<td>1869</td>
<td>George W. Allen</td>
<td>Walter Brown</td>
<td>Wd House</td>
<td>£10</td>
</tr>
<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Br house</td>
<td>£90</td>
</tr>
<tr>
<td>1874</td>
<td>George W. Allen</td>
<td>Frederick Drinkwater</td>
<td>Wd house</td>
<td>£10</td>
</tr>
<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Frederick Drinkwater</td>
<td>Bk house</td>
<td>£90</td>
</tr>
<tr>
<td>1876</td>
<td>Walter Brown</td>
<td>&quot;   &quot;</td>
<td>Wd house</td>
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<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Bk house</td>
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</tr>
<tr>
<td>1882</td>
<td>Walter Brown</td>
<td>William White</td>
<td>Wd house</td>
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</tr>
<tr>
<td></td>
<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Bk house</td>
<td>£110</td>
</tr>
<tr>
<td>1888</td>
<td>Walter Brown</td>
<td>Peter Quinn</td>
<td>Wd house</td>
<td>£26</td>
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<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Bk house</td>
<td>£120</td>
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<tr>
<td>1895</td>
<td>Walter Brown</td>
<td>James Spiars</td>
<td>Wd house</td>
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</tr>
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<td>&quot;   &quot;</td>
<td>Walter Brown</td>
<td>Bk house</td>
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<td>1904</td>
<td>Walter Brown Est</td>
<td>James Speers</td>
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<td>&quot;   &quot;</td>
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<td>&quot;   &quot;</td>
<td>Walter S. Brown</td>
<td>house</td>
<td>£80</td>
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### Table 2-3: Sand’s Directory for Lot 98, (extracted from Clive Lucas, Stapleton 1990: Appendix 5)

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<th>Year</th>
<th>Occupant</th>
<th>Year</th>
<th>Occupant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1884</td>
<td>William White</td>
<td>1924</td>
<td>Dr K.S.M Brown, physician</td>
</tr>
<tr>
<td></td>
<td>Dr Walter Brown</td>
<td></td>
<td>C. Ralston Huxtable, MB</td>
</tr>
<tr>
<td>1888</td>
<td>Dr Walter Brown, ‘Brislington’</td>
<td>1926-1933</td>
<td>Dr K.S.M Brown, physician</td>
</tr>
<tr>
<td>1889</td>
<td>J Speers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1892</td>
<td>Dr Walter Brown, ‘Brislington’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1896</td>
<td>Dr Walter Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1900</td>
<td>Dr Walter Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1905</td>
<td>Dr Walter S. Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1910</td>
<td>Dr Walter S. Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1916</td>
<td>Dr W. Sigismund Brown, surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1920</td>
<td>Dr W. Sigismund Brown, surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1921</td>
<td>Dr K.S.M Brown, physician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.8 Lot 99, area to north and west of the Blood Bank

Part of Lot 99 was excavated in 1993 (Higginbotham 1994). Substantial remains from the convict occupation were found (See Section 3.2.3 below). It is considered likely that there may be limited remains associated with the 1790s convict hut, as well as later occupation which may be impacted by Stage 2 works.
Figure 2.29: 1895 Metropolitan Detail Plan, Parramatta. SLNSW, ML 4/811/1301/1/SHEET 20
Figure 2.30: Field book plan for lot 98, with Brislington, c. 1894, Water Board.
3.0 Archaeological Context

3.1 Parramatta’s Historical Archaeological Management Study
In 2000 the Parramatta Historical Archaeology Landscape Management Study (PHALMS) was produced. Among the aims of that document was to provide a holistic regional research framework and a set of management recommendations to manage the archaeology of Parramatta.

As part of that study, inventory sheets were produced for Archaeological Management Units (AMU) which included a number of individual properties. The study area is in AMU 2868. No plan for this AMU is available but it is numbered as this on the key map. PHALMS overlaps or complements a prior Archaeological Zoning Plan prepared by Edward Higginbotham.

3.2 PHALMS Overlays
The PHALMS report produced a series of overlays of historic plans to assist with the identification of the archaeological potential of all sites within the study area. The overlay of the 1791 plan is inaccurate (because the historic map is inaccurate) and is therefore not reproduced here. The 1804 plan is a problem in that while it is more accurate than the 1791 plan it is still not as accurate as is desirable and there are inconsistencies depending upon which side of George Street a property is on (Fig. 3.1). The overlay of this plan on the site of Charles and George Street that we excavated in 2002 located Charles Street about 100 m further to the west. In addition the layout of the huts is different to that shown on the 1822 plan which we have found to be more accurate. Recent work on a site on the corner of George and Harris Streets has shown the southern side of George Street to be a better fit on the 1804 overlay but still about 5 to 10 m out. This is a product of early surveying techniques. In summary, along the northern side of George Street the further you are away from the starting point, Government House, the more inaccuracies will be present as a result of early surveying techniques. The northern side is more inaccurate than the southern side because there is a curve in George Street which increases this problem. Discussion with Andrew Wilson who did the PHALMS mapping supports this interpretation.

Figure 3.1: Detail of PHALMS overlay of the modern property map onto Evans’ 1804 plan indicating possible locations for the two L-shaped structures within the hospital area. Inaccuracies in the overlay show part of the hospital buildings in the river as well as the two ‘huts’ on Marsden Street. PHALMS 2000.

With specific reference to the study area the overlay of the 1804 (Fig. 3.1) shows the northern buildings to be in the river suggesting there is an additional fit error north-south. This again emphasises the inherent inaccuracies in the 1804 plan showing that it must be used with care.

59 There is no discussion of the ‘fit’ of the overlay plans within the modern system to assess their accuracy or the validity of their use as a model for what is actually likely to be on a site.
60 Casey & Lowe 2002.
There are two versions of the 1822 plan which are reproduced below. Campbell’s 1926 redrawing of this plan indicates two convict huts within the study area (Fig. 3.2). The other PHALMS version of the 1822 overlay (Fig. 3.3) is very similar. Both reveal the presence of two lots each with a convict hut. They also both only show a single building within the hospital grounds.

Recent work by Casey & Lowe on the corner of Charles & George Streets has indicated that the 1822 plan is reasonably accurate - within about 2 metres of probable locations. The 1844 overlay supports the removal of the eastern part of lot 102 from the study area as well as a strip across the northern part of both original lots (Fig. 3.4).

**Figure 3.3:** The original 1822 plan displays the same information as Fig. 3.2. PHALMS 2000

**Figure 3.3:** Campbell’s 1926 redrawing of the 1822 plan shows the main hospital building and a convict building on lot 4, Brislington as well as the hut excavated on the Blood Bank site in 1990. PHALMS 2000

**Figure 3.4:** Overlay of 1844 plan with modern property boundary for the subject site. It indicates two buildings in the area of the main hospital complex as well as the western residential group. The 1844 plan has been found to be inaccurate in the location of buildings on it. PHALMS 2000

### 3.2.1 Identification of Archaeological Potential and Significance

According to the Statement of Significance on the inventory sheet, AMU 2868 has exceptional archaeological research potential and the archaeology should be ‘substantially intact in parts and disturbed in others’. This AMU covers the whole ‘Hospital site’ and the southwestern part of this
AMU constitutes the study area. The whole of the AMU is assessed as being of STATE significance. The PHALMS Statement of Significance is reproduced below:

This AMU has exceptional archaeological research potential. The Parramatta Hospital Site is highly significant because its archaeological evidence is likely to make a major contribution to our knowledge of the European settlement of Parramatta, and therefore Australia, from its earliest days. The archaeological remains, both above and below ground, are surprisingly well preserved, given the extent of development on the site. They possess the ability to demonstrate the historical sequence of settlement in Parramatta, including the government farm of 1788, the development of the Hospital and the town of Parramatta, early convict occupation, local industry (brewery) and late nineteenth-century transport (tramway), from 1790 onwards. The site may also reveal evidence relating to the Aboriginal occupation of the area in both the prehistoric and contact periods (Adapted from Higginbotham 1999; pp 64-67). The physical archaeological evidence within this area may include built landforms, structural features, intact subfloor deposits, open deposits and scatters. Ecological samples and individual artefacts which have potential to yield information relating to major historic themes including Environment, Health, Convicts, Townships, Cultural Sites, Welfare, Commerce and Industry. Archaeological evidence at this site is likely to be substantially intact in parts and disturbed in others. This AMU is of State significance.

3.2.2 PHALMS Management Guidelines

Heritage Significance
The PHALMS report identified the heritage significance of the identified site (AMU 2868). In the case of the subject site they identified it as having a level of STATE significance.

Management Recommendations
AMU 2868 has been identified as having high research potential and requiring a series of management options in light of proposed impacts on the archaeological remains:

- Test Trench and reassess
- Open Area Excavation
- Interpretation: permanent signage
- Interpretation: Public Program
- In situ conservation

PHALMS - Specific Recommendations for the Hospital Site
With sites of State significance it is desirable that some form of in situ conservation of archaeological relics should be appropriately achieved.61 This would assist with the need for some long-term retention of representative ‘reference’ sites. A section of the report specifically referred to the future management of the archaeological resource at the Hospital, which includes the subject site, and the convict huts along George Street. This report identified the significance of the hospital site as being of National and possibly International significance.

3.3 Previous Archaeological Reports and Fieldwork

3.3.1 Historical and Archaeological Analysis of Parramatta Hospital, Parramatta, NSW, 199062
This report identified the potential for archaeological remains for the whole of the hospital site. The main findings from this report was that a conservation area across the George Street part of the block

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61 PHALMS 2000:212.
62 Higginbotham 1990.
should be established to retain the significant remains of a series of four convict huts likely to survive in this area. This recommendation has informed a series of subsequent reports although it should be noted that Higginbotham’s conservation recommendations included a series of options which do not specifically mean that all remains or features should be retained in situ. Higginbotham identified recommendations for the following:

- The sites of the convict huts on Marsden Street, at the north eastern corner of the Hospital allotment, or a selection thereof, should be conserved and displayed.
- The site of the 1792 or earlier Hospital should be conserved and displayed. The identification and final selection of the buildings to be interpreted and displayed being dependent on the results of archaeological excavation.
- The site of the 1817 to 1819 Hospital (main building) should be conserved and displayed.

Recommendations also included the need for display and interpretation of remains within any new development.

3.3.2 Monitoring for Sewer Diversion for New Blood Bank
In 1993 the sewer to the west of the study area was diverted so it could be linked to the new Blood Bank development. This was in the eastern part of Lot 102 and on the western boundary of the study area. The main findings of this monitoring were that there was a large sandstone wall along the George Street frontage (p. 10-11) which is thought to be part of a structure on George Street bridging the creek. There was evidence for the early creek line through this area with the later stormwater line laid along this creek (p. 6-8, 11).

3.3.3 Archaeological Report on the New Blood Bank Site
In 1993/94 an archaeological investigation was undertaken on the site of the Blood Bank, southwest corner of the study area. This uncovered the remains of a convict hut as well as an 1830s house. The study area was identified as including the western part of Lot 102 but there was to be no impact on that site. The archaeological program focused on Lot 99, Section 19.

Evidence of the convict hut consisted of rows of post holes outlining the footprint of the wattle and daub construction. Many of the post holes had flattish stones lying flat in the bottom of the post holes to provide a solid base for the posts. Other remains associated with the hut included possible additions or rebuilds, a basement with some surviving sandstone footings and an artefact-bearing backfill, an unlined well, and evidence of timber drains. The 1830s house consisted of sandstone footings and rubble demolition fill. There were a series of artefacts from the site but it is difficult to determine the range of remains or the results from specific contexts. Typical early ceramics such as lead-glazed pottery were found.

The archaeological program on this site was restricted to the footprint of the Blood Bank building with the result that the northeast part of the convict hut was not excavated as it was not impacted by the development (Fig. 3.5). This also means that early yard pits and deposit may survive as well as later features.

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63 Higginbotham 1990:36-37.
Figure 3.5: Plan of excavation at the Blood Bank in 1993. Extract from Higginbotham, August 1994. Only the footprint of the Blood Bank buildings was excavated. This means that the areas to the north of the building are likely to contain archaeological remains.
3.3.4 Heritage Study, Sulman and Power Building, Parramatta Hospital

This report by Rod Howard and Wendy Thorp was written in 1998 and included an archaeological assessment of the area of the Sulman and Power building. While this report used Higginbotham’s *Archaeological Zoning Plan* it appears to be unaware of his previous reports on the site or the adjacent properties, as outlined above. While this report has a wide discussion of the potential archaeological resource of the specific study area there is no mapping of the archaeological remains or potential. Identified archaeological potential includes:\(^{64}\)

- Pre-European environment
- The first and second hospitals should not be within this area.
- The remains of the Third Hospital and its outbuildings are mostly within the area of the Sulman and Power hospital building.
- Mid-nineteenth-century services and morgue were in the southern area of their study area.
- Some potential for remains associated with the stone boundary wall.
- Identified that there had been leg irons found in the grounds during works in the garden in the early twentieth century.
- Thorp accepts the suggestion that Hospital Lane is Marsden Street. This interpretation is sourced to Kass and Higginbotham.

3.3.5 Historical & Archaeological Management Plan for Parramatta Hospital, Hospital

In 1999 Higginbotham was commissioned to write another report on the archaeology of the Hospital Site, including the subject property. Much of this was a reprise of the earlier assessment but with some additional responses to more specific development proposals. Main archaeological points deriving from this report are:

- Higginbotham identified the 1792 plan as possibly containing both the first and second hospitals (47) and that this plan may only be a sketch plan.
- He quotes the Clive Lucas Stapleton report (1990) for the source of a reference for the dimensions of the second hospital as 80 feet by 20 feet. This source is *A history of Parramatta Hospital* which apparently quotes Collins. The reference in Collins does not include a measurement. Therefore the source of this information is suspect.
- Higginbotham notes in this report that the Surgeon’s Residence was built in 1799 while in his and Kass’s previous reports the 1799 work on the Surgeon’s Residence was limited to the tiling of the roof. The residence was built prior to 1799 as outlined in Section 2 above. It was probably built as part of the Second Hospital. We know that an assistant surgeon was posted to Parramatta by this period and therefore accommodation would have been provided.
- Dates the construction of the lodge on Marsden Street to 1823 and the extension of the Surgeon’s Residence in 1832 (8).
- By 1842 the hospital had four wards and in 1844 the ‘dead house’ and the perimeter stone wall were built (8). Operating theatre added in 1881.
- Chronology of main building phases (p. 68).
- This report reviews the likely condition or potential of the archaeological remains and impacts arising from various twentieth-century buildings. Kearney House, the boiler house and substation were identified as being mostly disturbed (Fig. 3.6). The area of Jeffery House and the Parramatta Health Services were partly disturbed. The Sulman & Power building was thought to have a minor level of disturbance. The latter was tested by AHMS in 2003 (see below).

\(^{64}\) Section 4.5.
Figure 3.6: Higginbotham (1999) identified degree of impact caused by existing buildings on the site.
Archaeological Testing Report

In 2001 MacLaren North undertook archaeological testing at the subject site for DPWS. One test trench was excavated within the current study area (Fig. 3.7). The focus of the testing was in the adjacent former Attorney’s-General Carpark, now the Parramatta Children’s Court (PCC) site but one trench was excavated within the Hospital area. The purposes of testing in this location was to determine if remains belonging to the Surgeon’s Residence as shown on the 1881 plan, were present along with hospital outbuildings and yard surfaces.

A machine trench was opened, 2 m by 5 m, oriented north-south and then extended another 5 m. There were numerous services in this area, including steam tunnels from the boiler room to Jeffery House as well as a row of ornamental trees found on a 1965 plan. The main evidence found in this trench was of recent demolition layers, landscaping, and services cut into natural clay. It was further suggested that the modern ground levels are close to the 1890s levels. Only a few artefacts were found in this trench. Most were modern mixed with fragments of sandstock bricks and a few ceramics.

The results of testing meant it was unlikely that remains of the surgeon’s residence would have survived in this area. Also the natural soil in this area appears to be clay which is different to the PCC site which was alluvial sands.

Figure 3.7: Location of test trenches in 2001. Heritage Design Services, DPWS 2001:6.

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65 *Parramatta Hospital Site, Archaeological Test Excavations (Stages 1 & 2), Final Report*, (Heritage Design Services, DPWS for DPWS, Major Developments, June 2001).

66 See Casey & Lowe 2004 for comments on the testing results for that site.

3.4 Conservation Management Plan for Parramatta Hospital and Attorney-General’s Carpark Site, Heritage Design Services

This CMP is endorsed by the NSW Heritage Council and is designed to provide guidelines and conservation advice for the hospital and adjacent properties. It has adopted many of the recommendations from the above reports. Based on the testing undertaken for the site as a whole a zoning plan was produced (Fig. 3.8). This report recommended the retention in situ of all archaeological remains of State significance which included the three phases of the hospital and the convict hut in Lot 98 near Brislington. Yet only the remains of the 1818 hospital, the ‘tent’ hospital, and the Lot 98 convict hut were identified on the zoning plan (Fig. 3.8). The CMP did not incorporate a detailed understanding of the c. 1792 plan into the identification of potential remains although it did note the State significance of remains associated with the Second Hospital.

We disagree with aspects of archaeological zones for the study area, specifically the identification of part of the study area as being archaeologically sterile. As discussed above, Higginbotham (1994) did not excavate the area to the north of the footprint of the Blood Bank and considers that the remainder of the footprint of the hut and associated yard deposits should survive.68 This area may contain early convict remains as well as later period remains associated with the nineteenth-century occupation of the site. It is considered to have a moderate to low potential to contain these remains. In addition the area around Brislington is not zoned. It is considered likely to have a moderate potential to contain early convict remains as well as later period remains associated with the nineteenth-century occupation of the site. We note that the northern part of the Brislington property is underneath modern hospital buildings and is likely to be disturbed by these buildings.

The CMP identified the need to retain sites of State significance as identified in Figure 3.8. This is the endorsed position of the Heritage Council. It should be noted that the proposed in situ conservation for archaeological relates to the remains of the Colonial Hospital dating from c.1790 to the 1840s as per Figure 1.2 and exceeds the endorsed position.

3.5 Archaeological Testing for the Colonial Hospital, AHMS 2003

During 2003 Peter Douglas of AHMS undertook archaeological testing in the area identified in the CMP as likely to contain the remains of the 1818 hospital footings. A range of remains were found:

- Substantial remains of the 1818 hospital footings of the Third Hospital. While there are some impacts these are thought to be localised. The fabric is generally in excellent condition, and the footprint of the Colonial Hospital is expected to be largely intact below the extant northern part of the Sulman Power building.
- Ephemeral remains predating the 1818 footings, possibly the Second Hospital, were found in the area of the 1818 footings (Trench A).
- Survival of reasonably intact soil profiles in testing areas to the north of the 1818 footings.
- Potential for Aboriginal archaeology in association with undisturbed pre-European landform which may reveal Aboriginal land management practices.
- Higginbotham (1999) assessed the 1818 hospital area as having minor disturbance. The testing in 2003 confirmed this assessment.

Other predictions include:

- Relics of the Tent Hospital to the north of Jeffery House

The AHMS report recommended that:

the Colonial Hospital site is a State significant heritage resource, and is considered worthy of in situ conservation, historic relics at the site should be the subject of detailed archaeological investigation before any future development so that their extent and condition may be examined and documented. In particular, the entire footprint of the Colonial Hospital should be archaeologically investigated between demolition of the

68 Higginbotham 1999:81.
north end of the Sulman Power Hospital and development of any future building design for the site.

The examination of the entire footprint of the hospital is the subject of part of this application.

Figure 3.8: Archaeological zoning plan for the hospital site. CMP (2003: Fig. 104).
4.0 **Archaeological Potential**

4.1 **Overview of Archaeological Potential**
The following is based on the analysis of the detailed history and maps presented in Section 2 and the archaeological context in Section 3.

4.1.1 **Aboriginal Occupation**
The Aboriginal occupation of this site is being analysed by Dr Laila Haglund in a separate report and will be the subject of a testing program under a Preliminary Research Permit from the Department of Environment and Conservation which now manages the National Parks and Wildlife Act.

4.1.2 **Assessment of Archaeological Potential**
Figure 4.1 presents the evidence for where the remains of the Convict Hospital (1789-1848) are likely to be found. This is based on the most accurate information available but definitely includes some degree of inaccuracy or shift in the plans. One issue that seems to be clear from the above analysis and the overlays is that the known hospital remains are within the area of the hospital property and therefore are to the north of the stone wall of the hospital. This wall is located on the approximate position of property boundary line between the hospital and Lots 98 and 99 based on the 1895 plan. Therefore there should be a high level of predictability that Hospital remains should be to the north of this line, basically the northern part of the Masterplan envelope in the eastern half of the site. Figure 4.1 indicates that the known hospital remains should be within the proposed courtyard area. It should also be noted that the potential location for a convict hut on Lot 98 (Brislington) is to the west of Brislington. This hut was located using the 1823 plan which we have found to be the most accurate on other sites.

Higginbotham (1999) identified that Kearney House and the boiler house and substation as being mostly disturbed. The area of Jeffery House and the Parramatta Health Services were partly disturbed. The Sulman & Power building was thought to have caused a minor level of disturbance. The latter is supported by the results of the AHMS testing (2003). The CMP identified these areas as mostly disturbed or containing remains that were of limited significance. It must be noted that the CMP plan (Fig. 3.8) does not identify the potential remains as suggested by the c. 1792 plan. The 1844 extensions to the hospital are identified as being within the disturbed/low significance zone. Under current Heritage Office views these are to be retained in situ and are identified as being of State Significance.

4.1.3 **Historic-Period Occupation**
This section presents a summary analysis of archaeological potential for the study area but focusing on the main structures illustrated in Figure 4.1. The zoning plan (Fig. 3.8) considered many areas to have low significance but testing needs to be undertaken to confirm either the model suggested by the CMP (2003) or by Higginbotham (1999). Higginbotham’s plan does not assess impacts outside of areas of buildings. It should be noted that the geo-technical report identifies there is considerable fill above natural within the area immediately west of Kearney House (Table 4-1). Depths of fill above natural range from 300 to 1200 mm as well as the presence of fill associated with modern elements, such as water pipes.

**Phase 1: 1790 to 1817**
The early colonial period occupation is represented by potential remains of:

- The First Convict Hospital (‘tent’ hospital), outbuildings, services, features, deposits, and artefacts. The timber elements of this structure would be represented by two or three rows of post holes.
- The Second Convict Hospital, surgeon’s residence, outbuildings, services, features, deposits, and artefacts (Fig. 4.1). Some of these are to the north of the Jeffery House while others are
to the south. The remains are expected to be brick footings and possibly brick drains. Possible functions of structures shown on the c. 1792 plan are:

- two hospital wards for male and female convicts
- surgeon’s residence and outbuilding
- dispensary
- guard house
- Daniel Allen’s house and another hut on Marsden Street (?)

- Convict-period occupation of Lots 98 and 99, including structures, fences, services, deposits, features and artefacts. Includes part of the hut excavated by Higginbotham in 1993 for the Blood Bank building and the convict hut to the west of Brislington (Fig. 4.1). The evidence may consist of post holes, brick fireplaces, storage pits, other brick structures, timber lined pits, perhaps a brick well, and early period artefacts, such as locally made slipped and lead-glazed pottery, creamware and Chinese export porcelain.

- The two potential huts on Marsden Street shown on the 1804 plan, including structures, deposits, services, features and artefacts. The type of evidence may consist of post holes of the timber buildings, brick fireplaces, storage pits, other brick structures, timber lined pits, perhaps a brick well and early period artefacts, such as locally made slipped and lead-glazed pottery, creamware and Chinese export porcelain.

The potential for these remains to survive is mainly across the northern part of the site as defined by the 1895 hospital boundary (Fig. 4.1). Kearney House has had some impact on the remains of the Surgeon’s Residence (2nd and 3rd phases) and other remains are beneath Jeffery House.

Phase 2: 1818 to 1896

This phase represents the Third Hospital on the site and the end period of the Colonial Convict Hospital. The remains of the third hospital buildings, including the two storey-building designed by Watts, the surgeon’s residence with its outbuildings, janitor’s lodge, 1844 kitchen and laundry block, entrance lodges, services, a range of landscape elements including the stone wall, fences, paths and garden beds. Note that on the 1881 plan an area of the old garden is indicated. Rebuilding in the 1844 may have resulted in the demolition and replacement of some of the 1818 hospital outbuildings with a new kitchen and laundry wing.

Testing on the site by AHMS identified that significant remains of the 1818 building survive within the study area. Testing by DPWS in 2001 did not find remains of the Surgeon’s Residence to the east of the Kearney House.

These remains are basically those identified from the 1881 and 1895 overlay plan and are all within the area of the Masterplan courtyard (Fig. 4.1).

Remains associated with the occupation of Lots 98 and 99 also relates to this phase.

Phase 3: 1896 to 2001

The construction of a range of hospital buildings during this period have greatly impacted on the potential archaeological remains within the study area. The degree to which they survive across the site will vary greatly. While we have some reservations about the zoning in the CMP (Fig. 3.8), the identification of these areas as disturbed is accurate. As Figure 4.1 indicates, it is possible that remains of the Colonial Hospital (1789 to 1848) survives within the area to the south of the 1818 building.
Figure 4.1: Overlay of the c. 1792 plan (not a survey plan and with a level of inaccuracy) onto the 1895 plan and the modern site plan. The convict hut near Brislington has been located using the 1823 plan which we have found to be the most accurate and therefore it should be considered.

The Department of Commerce commissioned a geo-technical report which covers the study area. This report included results from eleven bore holes drilled in 2004 as well as some drilled in 1998 (Fig. 3.4). Bore holes within the study area are outlined in Table 4-1. These bore holes all contained evidence of fill above natural ranging from 300 to 1200 mm. This suggests that at some point considerable quantities of fill were deposited across the site. Natural soil in this area is sandy clay which is different to what was found on the PCC site to the west where natural consisted of sandy alluvial deposits. This increased the potential for Aboriginal archaeology.

Table 4-1: Results from various bore holes in the GHD (2004) report. The bore holes are located on Figure 4.2.

<table>
<thead>
<tr>
<th>2004 - BH no</th>
<th>Location</th>
<th>Depth (mm) of Fill (inc bitumen) to Natural</th>
<th>Natural</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH 1</td>
<td>MP S2</td>
<td>400</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 3</td>
<td>Council land</td>
<td>700</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 5</td>
<td>MP S1</td>
<td>700</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 6</td>
<td>MP S1</td>
<td>1200</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 8</td>
<td>MP S1</td>
<td>700</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 9</td>
<td>MP S1</td>
<td>700</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>BH 10</td>
<td>MP S1</td>
<td>300 (700)</td>
<td>sandy clay</td>
<td>uncertain if next 400 mm is natural</td>
</tr>
<tr>
<td>BH 11</td>
<td>MP S1</td>
<td>300</td>
<td>sandy clay</td>
<td></td>
</tr>
<tr>
<td>1998 BH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH 1</td>
<td>MP S1</td>
<td>400</td>
<td>clay</td>
<td></td>
</tr>
</tbody>
</table>
| BH 2         | MP S1        | 500                                         | clay    | sandy clay, very moist
may be within a deep feature ie well, cesspit etc
refusal on water pipe – service trench
| BH 3         | MP S1        | 1500                                        | clay    |                                              |
| BH 4         | MP S1        | 1700                                        | clay    |                                              |
Figure 4.2: GHD plan showing location of bore holes.
4.3 Impacts from Proposed Development with Masterplan Areas
The proposed development footprint covers sections of the site (Figs 4.1, 6.1) but provides opportunities to retain most of, if not all of, the State significant archaeology within the development. Impacts from the development of the approved Masterplan areas is not expected to have any impact on known archaeological remains.

There are no known Colonial Hospital (1789-1848) remains within the Masterplan development areas. There is still potential for remains to survive within this area that are associated with the Colonial Hospital (1789-1848). These could include structures, gardens, evidence for fences rubbish dumps, pits, drains, other structures.

The convict hut on Lot 98, immediately west of Brislington, is mostly within an area where intended impacts are limited to landscaping. It is possible the rear part of the L-shaped structure may extend into the southern boundary of the Masterplan Area (Fig. 4.1). Design of the edge of the southern Masterplan area needs to take this into account and should avoid impacts on these remains.

Likely impacts are on the rear yard areas of lots 98 and 99 (Figs 6.1, 6.2) which includes the rear yards of the Convict Huts, the deposits associated with the occupation of Brislington and the adjacent house on Lot 98. The later nineteenth-century occupation of the house on Lot 99 (Blood Bank), which should include remains of timber outbuildings, cesspits, a well or cistern, general rubbish pits, drains and other deposits.
5.0 Heritage Significance

5.1 Heritage Significance
The CMP (2003) includes a Statement of Significance for the site which is reproduced below. This addresses all of the heritage at the site, both standing buildings and archaeology.

5.1.1 Statement of Heritage Significance – CMP 2003

The Parramatta Hospital and Attorney-General’s site contain elements of both State and local heritage significance, evidenced through a combination of physical fabric and historical understanding. The site is the longest continuous health services site in Australia, with the establishment of the Tent Hospital in late 1788, at the initial settlement of Parramatta. The hospital occupied a central position in the Colonial town layout, and has continued to have a central position in modern Parramatta. The Tent Hospital was replaced by two other Colonial period hospitals, the last being designed by Colonial Engineer John Watts, at the request of governor Lachlan Macquarie. The Colonial Hospital, built in 1818, was a typical hospital of the period, sharing important stylistic characteristics with the Rum Hospital and Watts’ Military Hospital on Observatory Hill. With the cessation of transportation, the Colonial Hospital was converted to civilian use in 1848.

The continued change and advancement of medical practice was reflected through the appointment of Florence Nightingale-trained nurses in the 1860s and in the construction of the Sulman and Power-designed Cottage Hospital between 1896 and 1901. The Cottage Hospital was designed with formal gardens and wide verandahs facing the river, to capitalise on the sunlight and breeze, for the benefit of the patients. The changing needs of the Parramatta community are reflected in later 20th century hospital development on the site, including the addition of modern equipment such as x-ray machines in the 1910s, the construction of Jeffery House, as a new hospital to cope with the post-WWII population expansion, and the construction of the now-demolished Maternity Hospital on the Attorney-General’s Carpark site. These 20th century developments relate to a period of rapid, unplanned expansion which was required to meet the demands of the growing population of western Sydney. This expansion saw the loss of many of the 19th century qualities of the site, including the relationship of the site to the river, the formal gardens and many of the aesthetic features of the Cottage Hospital.

The hospital served as a central focus of community attention from the period 1848 until 1979, when in-patient hospital functions were amalgamated with Westmead Hospital. Since that time, the hospital has been recast as the Parramatta Health Service, providing limited out-patient specialised clinic services to a smaller segment of the community. The reduction in service, shifted community focus away from this site to Westmead Hospital and other health care centres.

The Parramatta Hospital site contains many elements of both domestic and industrial history in Parramatta, including examples of convict huts in the archaeological record, relating to the earliest European settlement of Parramatta from 1788. Later domestic structures throughout the 19th century reflect the changing fortunes of the residents as well as changing styles of domestic accommodation, with wattle and daub huts giving way to substantial brick houses.

The only surviving house on the site is Brislington, built c. 1819 by John Hodges, an emancipist convict and colourful historical Parramatta figure. The house later passed to the Brown family of doctors, who resided there until the resumption of the house by the hospital in the 1940s. It was then used for doctors’ and nurses’ accommodation and presently serves as a museum of medical history, run by retired nurses of the hospital.

69 This is an extract from the CMP 2003:166-167.
This pattern of resumption is reflected all along the George St frontage of the block, with domestic and industrial properties being progressively resumed for the expansion of the hospital. The site also contained the Parramatta Steam Tram depot, the first private tramway in this area of Sydney, later governed by the State government. Some of these domestic and industrial uses now survive as archaeological deposits, in various states of intactness, providing further information regarding the site’s history.

The complex history of the site is of State and local significance, but is no longer well reflected through the surviving physical fabric. The most significant element is Brislington, as an early Georgian townhouse in Parramatta through its association with Parramatta Hospital in its various phases. The archaeological remains of the Colonial period hospitals and the convict huts, which exist as potential archaeological remains, are also of State significance as they provide information otherwise unavailable in the historical record with respect to these phases of the site’s history.

Other physical fabric, including the later hospital buildings, are of little significance due to their heavily modified forms and the unplanned expansion during the 20th century, which destroyed the relationship of the site to the river and removed most of the distinctive qualities of the 19th century hospitals in its built form. The Noller Memorial Kiosk and Jeffery House are individually of local significance for architectural qualities and historical association, although it should be noted that Jeffery House compromises the more significant relationship of the site to the river. The change of the hospital from an in-patient hospital to a clinic facility has seen most of the social significance and attention to the site shift to Westmead and other hospitals. Due to the complexity of the site’s history and the existence of much of the early significant phases in archaeological form, good quality interpretation is required to present the site’s history and significance to the public.

**LEVELS OF SIGNIFICANCE**

**Items of State Significance**
- Brislington and grounds
- Tent Hospital archaeological remains, if extant
- Second hospital archaeological remains, if extant
- Colonial Hospital archaeological remains, if extant
- Convict hut archaeological remains, if extant

**Items of local significance**
- 1820s/30s houses archaeological remains
- 1850s/60s archaeological remains
- Jeffery House

The CMP (2003:168) recommended that the following archaeological remains should be retained *in situ*:
- Convict huts State significant, if extant
- Tent Hospital State significant, if extant
- Second Hospital State significant, if extant
- Colonial Hospital State significant, if extant

**5.1.2 AHMS Significance following Completion of Testing**

**Significance of Relics Identified at the Site**

The Colonial Hospital site is a State significant heritage resource assessed as being worthy of in situ conservation by numerous studies including the Conservation Plan and the Parramatta Historical Archaeological Landscape Management Study (PHALMS) - the principal heritage management tool used to regulate development within Parramatta City local government area. The current test excavation results support this assessment without reservation.
Relics revealed by test excavation at the site include State and locally significant archaeological remains relating to the provision of early health services, and convict life in the 18th and 19th Centuries. The relics associated with the early Convict-period Hospitals are clearly of State Significance. They are an historically significant physical remnant of Parramatta’s colonial landscape, and their existence provides an opportunity to re-establish, within any new design for the Hospital site, the visual and conceptual links that once existed between the city’s principal natural and cultural landscape features, including Parramatta River, remnants of Governor Macquarie’s town plan (ie. the layout of main streets), Government House, St John’s Church, and the Barracks at the eastern end of the town.

5.1.3 Comments on Statement of Significance
Analysis in Sections 2, 3, and 4 of this report presented a range of evidence not fully addressed or understood within the CMP. Therefore how does this change the statement of significance for the site? We concur that the archaeological remains associated with the three different hospital phases, termed the Colonial Hospital (1789-1848), are of State significance as are the remains of the convict huts in lots 98 and 99. A draft Statement of Significance purely for the potential archaeological remains within the study area is produced below. This seeks to incorporate the elements of the overall Statement of Significance and aspects of significance identified by AHMS.

5.2 Statement of Significance for the Known and Potential Archaeological Remains
The Parramatta Hospital Site contains the known remains of the Third Hospital (1818-1848) built as part of Parramatta’s Colonial Convict Hospital. These substantial structural remains represent the surviving evidence of the 1818 hospital designed by Watts and built under direction from Governor Macquarie. These remains are one of a group of contemporary structures Watts designed along similar lines and based on existing military practices. These buildings are: the Military Hospital, Observatory Hill; ‘Rum’ Hospital, Macquarie Street; Lancer Barracks, Parramatta. Part or all of these buildings survive.

The Convict Hospital was part of Governor Macquarie’s building program to provide housing and shelter for convicts, as well as a means to manage their interaction with free society. These buildings include the Convict Barracks, Hyde Park; the Female Factory, Parramatta; the Female Orphan School, Rydalmer as well as many other government buildings. Such practices were criticised by Commissioner Bigge as being too expensive and unsuitable for a penal colony. The Third Hospital building operated for many years as an important medical facility, initially for convicts and later for residents of Parramatta. Its construction and later use represents a shifting from a colonial society that had to absorb the outcast convicts of British society to a new order, under self-government that rejected the transportation of convicts and demanded its discontinuation. New South Wales no longer wished to bear the stain of being a penal colony.

The other potential remains of the First and Second Hospitals (1789-1818) represent a rare archaeological resource relating to convict accommodation, the early settlement of Parramatta, the provision of convict health services which were an essential component of the survival of the penal settlement itself. The success of the early colony was dependent on the growing of crops for self-sufficiency and the convict labour force at Parramatta was an integral component of the clearing of ground, planting and harvesting of crops. The hospital was therefore an important part of the system which Governor Phillip established as the basis for survival in the early days of the penal colony. It was also one of the few places where convicts were provided with ‘accommodation’ other than the convict huts along George and Macquarie Streets.

The exposure, retention and interpretation of the remains of the three convict hospitals provides an opportunity for exploring and linking to the physical remnants of Parramatta’s colonial landscape. These remains are a rare and seemingly well-preserved element of the early colonial landscape of Parramatta, which has the potential to make part of the early story readable in the current urban
landscape. It also has the potential to connect to other, surrounding elements of that landscape, including Parramatta River, remnants of Governor Macquarie’s town plan (i.e. the layout of main streets), Government House and Domain, and the Barracks at the eastern end of the town.

The remains of the convict huts on Lots 98 and 99 represent aspects of early convict and free life in Parramatta which is an ever diminishing resource. In relation to the hospital they present different aspects of how convicts were managed during the early colony. The analysis and interpretation of the known and potential archaeological structures, deposits, artefacts and eco-facts at this site may assist with addressing a range of substantive research questions relating to Parramatta convict hospitals and health care for convicts, the nature of convict and free life in colonial Parramatta and the evolving landscape of colonial Parramatta from Aboriginal, to convict and then a free society.
6.0 Archaeological Strategy

6.1 Background
The NSW Heritage Office in association with the Department of Commerce identified a series of requirements for the archaeological program which formed the brief for this project (Appendix 1). Most relevant to the following excavation strategy and this excavation permit application are:

1. Develop a detailed proposal for investigating and recording archaeological evidence within the precinct proposed for in situ conservation (including a research design and methodology).

2. Develop an archaeological strategy outlining the proposed stages of work and protocols for undertaking that work.

3. Immediately following the demolition of existing buildings on the northern half [Stage 1] of the site (with the exception of Jeffery House which sits immediately adjacent to Parramatta River), it is proposed that the main building of the Colonial Hospital will be completely exposed and recorded for both research purposes and to form the basis for future interpretation. This work is also intended to provide an opportunity to experience the site while the entire footprint of the hospital is exposed.

4. Undertake exposure and recording of archaeological evidence within the area proposed for in situ retention and as far as possible aim to test the assumptions of the CMP in regard to the archaeological potential/zoning of the areas outside the proposed area for in situ retention.

5. The potential for evidence of former outbuildings to the Colonial Hospital (including the kitchen and surgeon’s residence) will need to be tested.

6. Ongoing archaeological monitoring and recording will be required in areas outside the area proposed for in situ retention, as the different parts of the precinct are redeveloped.

7. Testing/monitoring of areas to the southern end of the site once demolition of modern buildings adjacent to Brislington has occurred.

6.2 Excavation Strategy
In response to these requirements a series of guidelines are identified as appropriate archaeological methodologies for the archaeological program on a site where the archaeology has State significance. This strategy responds to the issues identified above, to the State significance of the remains, the areas approved for development in the Masterplan, the realities of dealing with complex issues on an archaeological site, and the potential to find remains associated with the Second Hospital not factored into the zoning plan and resulting management framework for the CMP (Fig. 4.1).

Figure 6.1 outlines the structuring principles for managing the archaeological resource on this site. The blue areas are those remains of all phases of the Colonial Hospital (1789-1848) identified in discussions with the NSW Heritage Office and Department of Commerce as requiring in situ conservation as well as the convict hut near Brislington. The hatched areas are the approved Masterplan building envelopes and remains within these areas will require testing/excavation/recording or testing/monitoring/recording. The grey areas have potential for remains to survive but impacts are unclear or unknown at this stage.
Figure 6.1: Plan identifying potential remains of State significance and the appropriate archaeological management strategy.
6.2.1 Remains to be Conserved In situ
The location of known or potential Colonial Hospital (1789-1848) remains to be conserved in situ informed the approved Masterplan (Fig. 1.5) which created a large courtyard area to incorporate these remains (Fig. 6.1). This plan has picked out the known locations of the remains of State significance to be conserved in situ. In addition to those remains of the Third Hospital (1818-1848), this figure identifies the approximate position of the likely remains of the Second Hospital (1792-1818) as overlaid from the c. 1792 plan. All of the Colonial Hospital (1789-1848) remains indicated on Figure 6.1 are to be retained in situ. Figure 6.1 also identifies the remains of the Convict Hut associated with Brislington. In accordance with the CMP this is required to be conserved in situ. It should be noted that the location of Convict Hut on this plan is based on an overlay of the 1823 plan and appears to be different to that shown on the CMP plan (Fig. 4.1). We have found the 1823 plan to be reasonably reliable and are unwilling to discount it.

Potential remains of State significance requiring in situ conservation are the:
- Tent Hospital archaeological remains, if extant
- Second hospital archaeological remains, if extant
- Third Hospital archaeological remains, 1818 footings identified in AHMS testing
- Convict hut archaeological remains, if extant

Curtilage
To maintain the integrity and safety of these remains in perpetuity and also to retain sections of the intact soil profile and ecofacts identified by AHMS as being present in the area adjacent to the 1818 hospital building, and possibly elsewhere on site, a curtilage needs to be placed around these remains. The preferred curtilage around the surviving remains is 10 m. A curtilage should be established once the footings of a building have been identified, fully exposed and recorded. The curtilage will need to be surveyed in to allow its location to form part of ongoing documentation and information for the redevelopment and the management of the archaeological resource into the future.

It should be noted that there is still potential for features, deposits and artefacts associated with the Colonial Hospital (1789 to 1848) to be found outside these conserve in situ areas. Whether these remains need to be retained in situ will depend upon their location, condition and proposed impacts. Extent of recording and removal of such remains will need to be negotiated with the NSW Heritage Office at that time.

Detailed Excavation Methodology and Principles
The archaeological remains to be conserved in situ, as identified on Figure 6.1, which are the subject of this permit application and will be subject to archaeological investigation or other development issues are:
- The known remains of the 1818 hospital footings
- The identified potential remains of all other structures associated all phases of the Colonial Hospital (1789–1848)
- Site of the Convict Hut near Brislington

These first two sets of remains, constituting all the known remains of the Colonial Hospital (1789–1848), will be archaeologically investigated using the following methodologies:

**The known remains of the 1818 hospital building (Stage 1)**
- Monitor machine removal of modern concrete floors.
- Where areas of the 1818 hospital footings have been backfilled for protection during the demolition program:
  - use appropriate machinery to remove steel plates covering the area
  - remove sand fill
- remove geotextile fabric by hand
- clean up areas.

- Expose the footprint of the 1818 building:
  - Where the overburden covering these remains is shallow it will be removed by hand methods using mattock/picks and shovels.
  - Where the overburden is deeper a suitable machine will be used to remove the upper parts of the overburden, followed by hand methods to fully expose the structural remains.
  - The aim of this phase is to locate all the main walls of the hospital as well as internal walls.
  - As part of this process it is likely the exposure of the footings will involve the removal of hospital demolition material, such as: brick, timber, roofing materials, paint and plaster. It is intended to remove this material to expose the footings where necessary. It is likely that some of this material can be left in situ between the wall footings but the height of the demolition will need to be kept no higher than the footings for future management purposes. It is intended to leave as much of the demolition material within the footings as possible. It should be noted that issues associated with public interpretation of this building may affect the extent to which deposits are finally kept.

- Archaeological deposits inside the 1818 footings
  - It is likely that all of the rooms within the footings will contain demolition materials and as discussed above it is intended to leave as much of this in place as feasible.
  - It was identified in the testing report (AHMS 2003) that some trenches should be located to expose the depth of the footings for interpretation purposes.
  - It is proposed that a few test trenches (2-5) should be located within the footings to reveal the nature of the footings as well as the archaeological deposits within the buildings. Types of deposits may include underfloor deposits, construction deposits, and the natural soil profile containing Aboriginal artefacts and ecofacts. This will assist with understanding the sensitivity of these deposits, as well as expose the footings for conservation and interpretative purposes. These would typically be 2 x 2 m trenches. A location plan of these trenches would be provided, based on consultation with the Heritage Office, to the Heritage Office before undertaking these works.

- 10 m curtilage outside the footings:
  - Retain the intact natural soil horizon, and if it has a suitable overburden in place leave covered so as to protect the deposits.
  - Consider usefulness of locating a few test trenches to confirm the evidence for the intactness of the soil profile. Only undertake testing in consultation with the Heritage Office.

- Remains and deposits will be recorded according to detailed Recording Methodology outlined below.
- Artefacts will be dealt with according to the Artefact Methodology outlined below.

Other identified potential remains of the structures and outbuildings associated with all phases of the Colonial Hospital (1789–1848) (Figure 6.1) (Stages 1 & 2)

The proposed excavation methodology is:

- Monitor machine removal of concrete floors, bitumen or other surfaces.
- Undertake testing in areas of identified structures (Figs 6.1, 6.2). If testing finds these remains and/or intact soil horizons then expand the testing areas to fully expose the potential remains of these structures. Inspect potential anomalies indicating the presence of archaeological features/structures.
- Expose the footprint of various Third Hospital buildings. This includes smaller outbuildings in the vicinity of the main 1818-1848 hospital group, i.e. kitchen and laundry, the operating theatre, small structures to south etc.
Where the overburden covering these remains are shallow they will be removed by hand methods using mattock/picks and shovels.
- Where the overburden is deeper a suitable machine will be used to remove the upper parts of the overburden, then use of hand methods to fully expose the structural remains.
- The aim of this phase is to locate surviving structural remains as well as related deposits.
- Treat the 1840s part of the Colonial Hospital in accordance with the methodology employed for the 1818 building. This is because it is presumed that these remains are fairly substantial and in a similar condition.
- Treat the outbuildings associated with the Third Hospital, including the surgeon’s residence group, in accordance with the methodology outlined for the 1818 hospital building. This is because it is presumed that these remains are fairly substantial and in a similar condition.

- The remains of the Second Hospital:
  - Machine testing, strip down to top of natural.
  - If substantial remains are found, where possible/feasible leave the demolition deposits inside the building in situ but know that it is part of the public interpretation and future management of these remains to expose them for recording, interpretation and management purposes.
    - Leave the interior of the buildings unexcavated except for a few (1-5) test holes to investigate the nature of deposits surviving within these spaces. Location of test holes will be provided to the Heritage Office following discussion of these issues.
  - Potential issue with the above approach is that these remains may be ephemeral (as suggested by AHMS 2003). Therefore may need to strip off topsoil down to the A2 horizon to expose such remains.
    - This model would be tested by placing hand-excavated test holes (1x1) in the predicted locations.
    - Based on this result determine viability of expanding testing in consultation with Heritage Office.

- Once remains are identified and exposed survey in curtilage around the hospital remains.
- Remains and deposits will be recorded according to detailed Recording Methodology outlined below.
- Artefacts will be dealt with according to the Artefact Methodology outlined below.

If testing does not identify remains and/or indicates that the there is considerably more disturbance in certain areas we will confirm this by some limited additional testing. If no further remains are found we will then, in consultation with the Heritage Office, rezone these areas according to the results, i.e. highly disturbed, sterile, limited archaeological potential.

**Other Colonial Hospital (1789-1848) remains within the Masterplan courtyard area (Stage 1)**

There are likely to be other remains which are not shown on the various plans such as wells, privies, rubbish pits, drains and artefact scatters. The need to conserve these remains in situ will need to be determined by their condition and any proposed impacts. Decisions about these will be arrived at in consultation with the Heritage Office.

**Other remains pre-1818 within the courtyard area (Stage 1)**

The 1804 plan indicates the likely presence of two structures on Marsden Street (Fig. 2.2). These are likely to be within the courtyard area. These remains are likely to be of timber structures which can only be identified by excavating out any surviving topsoil down to the A2 horizon. Works in these areas would only be undertaken if there were identified impacts. If possible this area should be left alone. If there are any identified impacts in these areas a variation will need to be applied for under S65A of the Heritage Act.
Convict Hut near Brislington (Stage 2)

- This is a site required to be conserved *in situ* as per the endorsed CMP.
- The guiding principle is that the remains of the footprint of the convict hut should be conserved *in situ* and that there should be no disturbance of these remains.
- Intended impacts in this area are mainly limited to landscaping although it is possible that the northern end of the L-shaped ‘hut’ may be within the area of development envelope of the trial courts building (Fig 6.1). This overlay is based on the 1823 plan which we consider to be the most accurate.
- Landscape designs in this area need to respect the potential remains. Any changes of levels should see them raised rather than lowered. Use of masonry structures and footings should be limited and appropriately placed.
- The nature of impacts in this area would need to be discussed with the Heritage Office and a S65A variation applied for, if necessary, once issues are known.

6.0.1 Masterplan Development Areas - Remains to be Excavated, Recorded and Removed

This section applies to the hatched areas on Figure 6.1, the three main development envelopes on the Masterplan. These development areas contain potential remains associated with:

- Possible structures, services, features, deposits and artefacts associated with the rear yard areas of the convict huts in Lots 99 and 98 in the areas adjacent to Brislington and the Blood Bank. Remains within the rear yard areas may include wells, storage pits, cesspits, rubbish pits and other deposits.
- Remains of Local Significance in both Lots 99 and 98 include:
  - the later house remains and associated deposits in the western area of Lot 98, to the west of Brislington, and behind the Blood Bank on Lot 99 (Fig. 6.2).
- Potential unknown remains associated with the Colonial Hospital (1789-1848) under the 4 storey building within the early hospital grounds.

Rear Yard of Lots 98 and 99 (Stage 1 but mostly Stage 2)

The 9–10 storey trial court building and the southern part of the 9–10 storey office building on the Masterplan is within the rear yards of Brislington (Lot 98) and of Lot 99, now the Blood Bank. Therefore development works within these two areas have potential to impact on remains associated with the 215-year occupation of the site. Archaeological remains in these areas will be destroyed by the approved development.

These remains will be archaeologically investigated using the following methodologies:

- Monitor machine removal of modern concrete floors, bitumen or other surfaces
- Undertake testing in areas the identified on Figure 6.2.
  - The 1895 plan provides a guide for the likely presence of later nineteenth-century remains and was used as the basis for locating test trenches. Machine excavated test trenches will be excavated to a depth the archaeologist considers appropriate for finding remains. The test trenching will consist of a series of intermittent trenches along the indicated lines on Figure 6.2. These trenches will be a machine bucket width, approximately 1.5 m, and typically 5 to 10 m long.
  - Inspect potential anomalies indicating the presence of archaeological features/structures.
- If testing finds remains and/or intact soil horizons then the testing areas will be expanded to fully expose the potential remains of these structures or phases through open area excavation.
- If testing does not identify any remains then confirm analysis with Heritage Office. The likely recommendation will be to monitor the bulk excavation and record any remains this way.
- Testing for remains in the rear yard of the Convict Hut and relating to c. 1790 to c. 1820 occupation has no specific historical guides and is less likely to be found by testing using linear trenches. It should be noted that Convict Hut remains are likely to be within the first 15 to 20 m or so behind the hut as the rear yard areas were used for growing food during the
1790s and possibly later. The development area is stepped back from the main part of the Hut. Therefore the suggested methodology would be to strip away any surviving topsoil from the first 10 m along the southern part of the development area to expose any potential remains within this area.

- Any remains will be excavated and recorded using Open Area Stratigraphic Excavation and detailed Recording Methodologies outlined below.
- Artefacts will be dealt with according to the Artefact Methodology outlined below.

**Potential unknown remains associated with the Colonial Hospital (1789-1848) (Stage 1)**

There are no known remains within the area of the northwestern Masterplan development area where a 4-storey building is to be built. The CMP identified this as sterile and in general we agree with this prediction but because of the range of unknowns about the site, especially for the early hospital period, it is considered appropriate to test this model of potential. The need to test the CMP model was identified in the brief as a Heritage Office requirement. We propose to use the following methodology:

- Monitor machine removal of modern concrete floors, bitumen or other surfaces.
- Undertake archaeological testing in accordance with Figure 6.2.
  - Machine excavated test trenches to be excavated to a depth the archaeologist considers appropriate for finding remains. The test trenches will consist of a series of intermittent trenches along the indicated lines on Figure 6.2. These trenches will be a machine bucket width, approximately 1.5 m, and typically 5 to 10 m long.
  - Inspect potential anomalies indicating the presence of archaeological features/structures.
- Testing for Aboriginal archaeology will be undertaken concurrently with the historic period testing and excavation works.
- If remains are found they will be excavated in accordance with the principles of Open Area Stratigraphic Excavation and Recording Methodologies as set out below.
- Artefacts will be dealt with according to the Artefact Methodology outlined below.
- If no remains are found, confirm this analysis with the Heritage Office. The likely recommendation will be archaeological monitoring during bulk excavation:
  - the archaeologists monitor the machine excavation of an area to record any potential archaeological remains.
  - if such remains are found the archaeologists will proceed to clean, excavate and record these remains in as much detail as they consider appropriate and in accordance with the Recording and Artefact Methodologies.

**Remains of the Structure of the Convict Hut to the west of Brislington**

Figure 6.1 suggests that part of the Convict Hut (1823 map) may be impacted by the development envelope of the trial court building. This hut is identified as being necessary to conserve in situ in the CMP. The location of convict huts are difficult to determine with a high degree of accuracy but a best guess using the 1823 plan has been as trialled and been found to be reasonably correct. The 1823 plan is more accurate than the 1804 or 1844 plans. It is suggested that the most likely location of this hut be determined and surveyed and pegged out with an appropriate curtilage established around the perimeter of the probable location of this structure to inform future works. Then impacts need to be designed to avoid its location. If there are proposals to impact nearby then the possible areas of impacts will require archaeological testing to clarify issues associated with this Convict Hut. The guiding principle here is that the Convict Hut remains should be conserved in situ, its most likely location identified and an additional curtilage established for its management within the development area.

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70 This observation is based on the results on the PCC site as well as George and Charles Streets, Parramatta.
71 On another site Casey & Lowe had a surveyor work out the best location of five huts and then peg out the four corners. Eventual excavation of the five huts found this to be within 1 m of the correct location.
Figure 6.2: Indicative plan for location of test trenches in the Masterplan development areas. Testing will consist of a series of intermittent trenches along the indicated lines. These trenches will be a machine bucket width (1.5m) and typically 5 to 10 m long.
6.2.2 Open Area Stratigraphic Excavation Methodology
The basic principles of open area stratigraphic excavation that will be employed on this site are:
- use of machinery to open up areas and to undertake testing
- where remains are found undertake open area stratigraphic excavation and recording
- use of context recording forms and context numbers to record all archaeological information.
- use of Harris matrix as part of the recording program.
- underfloor deposits will be recorded within a 50 cm grid, 5 cm spits and 100% sieved
- well and cesspits will be excavated in 20 cm spits or tip lines (if identifiable), with changes of context numbers where relevant. These deposits will be sieved.
- all structural remains, post holes, and features will be planned.
- use of Department of Commerce surveyors for CAD drawings
- detailed photographic and video recording
- collection, labelling, safe storage, washing, sorting and boxing of artefacts.

6.2.3 Testing Methodology
Testing of areas where it is uncertain if remains are likely to survive will require the use of machinery, either backhoe or bobcat, to remove overburden down to just above the remains or natural soil levels. Because of the potential significance of these remains and the proposal to leave them *in situ* it is essential not to cause any undue damage to these remains.

Testing will focus on those areas considered likely to contain remains. There will also be a need for testing in areas across the site so as to understand the topography and further inform the predictive model of archaeological potential.

In areas where the potential for remains is uncertain, due to likely disturbance or absence of information, testing will be based on a system of intermittent, linear trenches (Fig. 6.2), analysis of the soil profile, and identification of archaeological-related anomalies.

6.2.4 Archaeological Monitoring Methodology
Archaeological monitoring is a methodology we would use where testing has had no substantive result and there is a low expectation that archaeological remains are still present but because there is still some possibility that isolated features such as wells, rubbish pits or deposits may still survive and if they did would be of significance this is the most feasible way to recover them. Monitoring involves an archaeologist or archaeologists being present during bulk excavation of the upper layers (those which may have potential to contain remains) of the site. If relics are found then the work will need to stop in that area so that the archaeologists can clear up the area to determine what has been found. Some use of machinery may be required to assist in this process. Bulk excavation of this isolated area can only recommence once the archaeologists are satisfied that they have completed excavation and recording of the remains. Bulk excavation can continue in other areas.

6.2.5 Recording Methodology
- establish 20 m grid for site
- use of surveying techniques for location remains
- detailed archaeological scale plans
- photographic and video recording
- analysis of fabric and detailed recording of the remains on context sheets according to best practice standards.

6.2.6 Artefact Methodology
The artefacts from the site will be the subject of a detailed cataloguing and analysis program in line with Casey & Lowe’s current practices and our Management Guidelines (Appendix 2). All artefacts
will be catalogued by specialist cataloguers in the system designed by Casey & Lowe and used on all
their excavation sites. An example of this was recently published. An important component of
the cataloguing is the use of minimum item or minimum vessel counts. The faunal material will be
entered into a database designed by Dr Sarah Colley for Casey & Lowe. Where relevant, specialists
will produce reports on the artefacts outlining issues of importance.

In addition, important artefacts will be the subject of materials conservation. This would include
gluing of important and/or early pottery and conservation of important metal artefacts and where
there is significant leather materials. Artefacts to be the subject of materials conservation most likely
to be used in artefact displays within the public spaces of the new Justice Precinct.

6.2.7 Public Interpretation of the Archaeological Program
As these remains are of State significance it is considered important that the general public is given
the opportunity to see the remains as well as know about them. Suggested ways in which to
disseminate information about the site, the history of the site, and the archaeological results are:
1. Place a sign on the fence indicating the presence of the archaeological site to the public and
provide contact details for further information about the site.
2. Make available a public information leaflet about the site by:
   ▪ placing copies of the leaflet on the fence so the members of the public can take it
     away with them.
   ▪ placing the information leaflet on Casey & Lowe’s webpage so there can be wider
distribution of information about the archaeological program.
3. Provided regular updates on the results of the archaeological program on Casey & Lowe’s
   webpage or another alternative webpage, such as the developer and/or the Department of
   Commerce.
4. Provide opportunities for volunteers to participate in appropriate aspects of the
   archaeological program.
5. Media release(s) during the archaeological program to update the public with progress on the
   site.
6. Hold at least one Open Day with public tours of the site. The client will need to cover issues
   of site safety and insurance for such a day. The number of Open Days it is considered
   appropriate to hold will depend upon the extent of the remains and advice from the NSW
   Heritage Office.

6.2.8 Aboriginal Archaeology
Testing for Aboriginal archaeology will be undertaken following completion of the historic-period
archaeological program. The archaeological work for Aboriginal archaeology will be directed by Dr
Laila Haglund, in association with the three representative Aboriginal groups, as per consents from
Department of Environment and Conservation.

6.2.9 Public Interpretation within the completed Parramatta Justice Precinct
The results of the archaeological program need to be incorporated into the Interpretation Plan to be
finalised after the completion of the main archaeological program and the production of the draft
excavation report. Conybeare Morrison is in the process of preparing an Interpretation Strategy.
Interpretation could utilise a range of archaeological media/materials, including:
   ▪ archaeological images and drawings
   ▪ video recordings of the archaeological program
   ▪ artefacts

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72 Casey 2004.
Appropriate archaeological themes addressed in the Research Questions and the Excavation Report will also provide themes that can be explored with the Interpretation Plan. Themes identified in the CMP (2003: Recommendations 10.2):

- health
- convicts
- colonial administration
- the settlement of Parramatta
- the use and change to Parramatta River

Other research themes with a stronger archaeological focus could include:

- The Colonial Convict Hospital, its development and role in early Parramatta
- Exploration of convict and free lives in Parramatta through their material culture
- Early medical practices in colonial Parramatta and Australia
- The evolving landscapes of Parramatta from convict colony to free settlement

6.2.10 *In situ Conservation*

Where remains are to be retained *in situ* it will be necessary to provide appropriate protection of the remains during the building program. The type of protection and the need for any conservation can only be determined once the remains have been exposed. A work method statement detailing protection methods will be developed by Casey & Lowe and the Client and provided to the NSW Heritage Office.

A Conservation Management Plan will need to be written to guide the management of the remains to be retained *in situ* and any that will be exposed within interpretation spaces. This will need to involve the archaeologist and the expertise of a materials conservator. The fragile nature of remains associated with the colonial hospital and their State level of heritage significance requires that they should be appropriately and sensitively managed.

6.3 *Personnel*

This excavation program will be directed by Tony Lowe and Dr Mary Casey of Casey & Lowe with the following staff:

- Site Manager: Franz Reidel
- Supervisors/Planners: Tim Adams, Rowan Ward, Jill Miskella and others as considered appropriate.
- Artefact Cataloguers: Robyn Stocks, Jeanne Harris

We are intending to use a number of assistants and other staff where required.
7.0 Research Questions

7.1 Research Questions
The following questions will be used to inform the methodology used to record the archaeological evidence and analyse of this evidence for the archaeological report.

The PHALMS report identified a series of research questions within a regional research framework. Some of these have been drawn on in the formulation of a series of questions through which to address this archaeological evidence.

The Parramatta Convict Hospitals and Health Care for Convicts

- Nature and evidence of the early buildings.
  - type of building material used and how it fits into current understandings of early building technology.
  - evidence for the construction materials used in the First Hospital.
  - relationship between the actual evidence for the First and Second Hospitals and how this fits with historical evidence and our current understanding of the evolution of the Colonial Hospital complex.
- Nature and evidence for early medical practices and standards at the hospital as revealed through artefacts, spatial relationships within and between structures and how this informs our understanding of colonial society and the struggle for survival during the early settlement.
- Was there a hospital garden to provide medicinal herbs and vegetables for feeding the convicts.
- Nature of the evidence for the accommodation of the convicts, how they were controlled and managed within the hospital space.
  - Evidence for convicts resistance to the types of controls to which they may have been subject while at the hospital.
- Contrasts presented by the convict and surgeon’s accommodation and access to material goods.
- How does the colonial hospital design relate to other known Watts’ hospitals and other contemporary colonial hospitals and institutions?
- How does the hospital, its design, construction and landscaping fit in with Governor Macquarie’s building program for Parramatta specifically and the colony generally?
- Other relevant questions that may arise out of further research or as a result of discoveries on site.

Convict and Free Life in Colonial Parramatta

- What differences were there between the lives of free or forced or institutionalised settlers?
- How did the deprivations of a frontier life alter the way in which free people lived in early colonial Parramatta?
- Nature of early agricultural practices, evidence for dairying etc. Address this issue through both the analysis of archaeological features as well as through analysis of early pottery and pollen samples.

73 I have drawn on some of the more relevant questions in PHALMS 2000 Figure 6.4, p. 167-175. Please note there are a number of important research areas which this research framework has not engaged with, such as constructions of gender identities, frontier theory, resistance to authority, the nature of early pottery and its relation to domestic site activities and early pottery manufacture. The research design uses the term ‘reflect’ in a number of cases. The view of archaeology as a ‘reflection’ of life is old-fashioned and refuted by current attitudes where material culture is seen as reflexive and therefore is both constructed by and constructive of life, society and culture rather than just a simple reflection.
• How does the evidence for the Brown family of doctors relate to the medical evidence found at the Colonial Hospital and archaeological evidence associated with other families/houses within the site?

• Pottery was manufactured in Sydney and probably in Parramatta. It is typically found on early Parramatta sites where it is frequently unglazed. Our understanding of this pottery is fairly limited to date. Recent work by Mary Casey on the analysis of early pottery in Sydney (DMR site and Palmer’s bakehouse at the Conservatorium of Music) has considerably added to our understanding of the type of forms manufactured and used at specialist sites but we know very little about pottery at Parramatta, its manufacture and the forms and their uses.74 The work at sites in Parramatta, notably George & Charles Streets and the Parramatta Children’s Court site, has considerably added to our understanding of early pottery. This work has been catalogued and will be analysed in the near future.

• Consumption and commerce in colonial Parramatta:
  o How does it link into issues associated with local, regional and global economies?
  o What does it tell us about cultural and social practices in colonial Parramatta, relating to lifeways, diet and other issues associated with consumption?
  o How do patterns of consumption further our understanding of how early residents of Parramatta used material culture in the construction of personal and group identity?

These questions relate to the site where there may be evidence associated with convict huts and their late occupation by leaseholders but also relates to Parramatta wide research issues.

Landscape of Colonial Parramatta

• How does the evidence from this site feed into the current perceptions of the convict-period landscape of Parramatta? Other issues to be considered are resistance to the way in which control manifested itself in the landscape and in daily life. Issues of power are central to the expression of landscapes of control.

• Nature and effect of modification of the pre-European landscape.

• Evidence for the pre-European landscape.

• Remaking of the landscape, the social cultural and political context and how it was manifest in this landscape.75 Are many of the same issues influencing the way in which the landscape was formed similar to those which affected the Sydney Domain?

• How does this site relate to the Parramatta Domain and the interaction between these landscapes and people who may have worked in the Domain such as cooper Anthony Landrin who resided within the study area and was known to work at the Government Cooperage and Samuel Larkin who was a government clerk, initially with two governors then with the Commissariat and Government Store?

• Order and amenity: is the layout of houses and other structures the result of cultural and social practices? What was the role of these practices in changing the landscape and modifying people’s behaviour?76

Life in the Various Households within house sites

• The range and variation apparent within the households where a range of families resided.

• Evidence for the nature of childhood and the way in which gender identities were constructed.

74 Casey 1999; Casey & Lowe 2002.
75 This general topic was the focus of Mary Casey’s PhD thesis but in relation to the Sydney Domain but with considerable analysis of the Parramatta Domain (Casey 2002).
76 Some of these issues were the focus of analysis in Casey 2002.
• The nature of the material culture and consumption patterns of the various households; how these remains related to the transformation of their environment from rural town and to an urban place.
• Evidence for economic differences present within the houses and how these might be represented within the archaeological evidence.
• Layout of the house and outbuildings and how this structured life in these households.
• Is there evidence for customary patterns (buildings, food, religious practice, cultural artefacts)?
• How was material culture used to represent personal and/or group identity?

It should be noted that the archaeological evidence may provide us with a range of information we are not expecting and the research questions are likely to evolve depending upon the type of evidence and artefacts found at the site.
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8.1 Bibliography

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