Statement of Recommendation from the Executive Director, Heritage Victoria

Former Queen Victoria Hospital Pavilion, VHR H0956

210 Lonsdale Street, Melbourne, City of Melbourne

Wurundjeri Country

VICTORIA State Government

HERITAGE VICTORIA

Executive Director recommendation

I recommend to the Heritage Council of Victoria (**Heritage Council**) that the Former Queen Victoria Hospital Pavilion, located at 210 Lonsdale Street, Melbourne in the Victorian Heritage Register (**VHR**) be amended. The category of registration is recommended to be Registered Place.

In accordance with section 62 of the *Heritage Act 2017* (**the Act**), I suggest that the Heritage Council determine:

- that the Former Queen Victoria Hospital Pavilion, to the extent of the place shown hatched on Diagram 956, is of State-level significance and is to be included in the VHR in accordance with section 49(1)(ab)(i) of the Act;
- that part of the registered place (being the removed sections of the Remnant Wall/Palisade Fence and the associated land) is not of State-level cultural heritage significance and is not to be included in the Heritage Register in accordance with section 49(1)(ab)(ii) of the Act; and
- that the proposed categories of works or activities which may be carried out in relation to the place for which a permit is under the Act not required will not harm the cultural heritage significance of the place under section 49(3)(a) of the Act.

STEVEN AVERY
Executive Director, Heritage Victoria
Date of recommendation: 13 July 2026

The process from here

1. The Heritage Council publishes the Executive Director's recommendation (section 41)

The Heritage Council will publish the Executive Director's recommendation on its website for a period of 60 days.

2. Making a submission to the Heritage Council (sections 44 and 45)

Within the 60-day publication period, any person or body may make a written submission to the Heritage Council. This submission can support the recommendation, or object to the recommendation and a hearing can be requested in relation to the submission. Information about making a submission and submission forms are available on the Heritage Council's website.

3. Heritage Council determination (sections 46, 46A and 49)

The Heritage Council is an independent statutory body. It is responsible for making the final determination to include or not include the place, object or land in the VHR or amend a place, object or land already in the VHR.

If no submissions are received the Heritage Council must make a determination within 40 days of the publication closing date.

If submissions are received, the Heritage Council may decide to conduct a hearing in relation to the submission. The Heritage Council must conduct a hearing if a submission requests a hearing, and that submission is made is made by person or body with a real or substantial interest in the place, object or land.

If a hearing does take place, the Heritage Council must make a determination within 90 days after the completion of the hearing.

4. Obligations of owners of places, objects and land (sections 42, 42A, 42B, 42C, 42D and 43)

The owner of a place, object or land which is the subject of a recommendation to the Heritage Council has certain obligations under the Act. These relate to advising the Executive Director in writing of any works or activities that are being carried out, proposed or planned for the place, object or land.

The owner also has an obligation to provide a copy of this statement of recommendation to any potential purchasers of the place, object or land before entering into a contract.

5. Further information

The relevant sections of the Act are provided at the end of this report.

Description

The following is a description of the Former Queen Victoria Hospital Pavilion at the time of the site inspection by Heritage Victoria on 1 June 2026.

The place consists of one extant pavilion from the former hospital complex built between 1910-16. The pavilion is situated on a single land title. The main elevation faces Lonsdale Street, with the cast iron and bluestone fence and entrance gates delineating the parcel boundary and framing the entrance to the building.

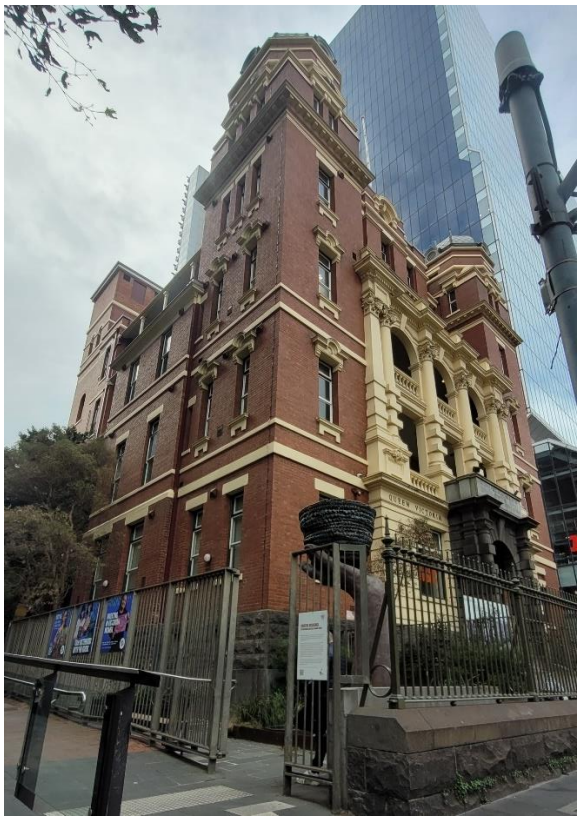
The pavilion is a five story, red brick Edwardian baroque building with the central column flanked by two towers crowned with cupolas. Between the two towers in the centre of the building is a contrasting rendered concrete loggia, which is surmounted by a balcony.

Stairs lead up from the street level to an arched bluestone entrance, topped with a plaque inscribed with ‘The Queen Victoria Memorial Hospital the Queen Elizabeth Block’ in faded lettering. The contemporary name of the place, the Queen Victoria Women’s Centre, is written on a rendered surface beneath the first floor balcony, flanking either side of the bluestone entry arch.

The interior of the ground floor lobby is a reception area, and features a highly decorative plaster ceiling, and original timber service counters on both sides of the foyer. Original architectural details are evident throughout the building, including double hung sash windows, wall tiles, decorative architraves, wooden panels and door frames.

Several modifications were made for the Queen Victoria Women’s Centre (QVWC) during a major program of works in the 1990s. A brick veneer annex on the ground floor on the east side of the building was added, along with a new function space on the roof enclosed with glazing.

Description images



June 2026. Former Queen Victoria Hospital Pavilion from Lonsdale Street, facing north-east (Source: Heritage Victoria).

June 2026. Former Queen Victoria Hospital Pavilion, Lonsdale Street (Source: Heritage Victoria).

June 2026. Former Queen Victoria Hospital Pavilion. Red arrow indicates the 1990s ground floor extension to the east for the QVWC. State Library dome visible in the background. The QV towers development flank the place to the east and west (Source: Heritage Victoria).

February 1993. Interior ground floor lobby (Source: Heritage Victoria file photograph).

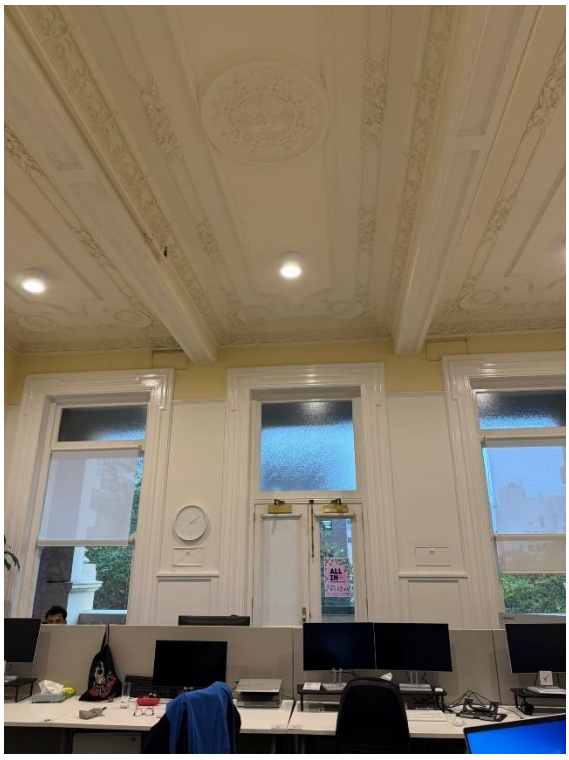
June 2026. Interior ground floor lobby, Queen Victoria Womens Centre (Source: Heritage Victoria).

February 1993. Interior ground floor lobby (Source: Heritage Victoria file photograph).

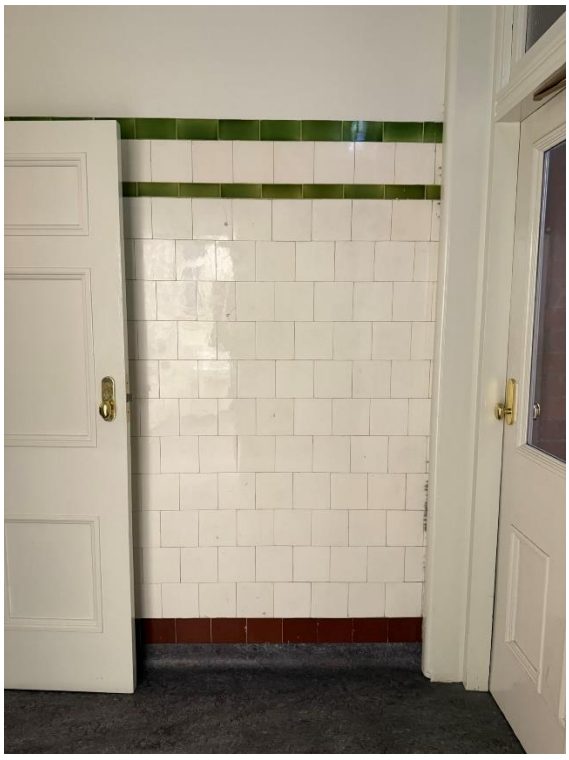
June 2026. Interior ground floor lobby, Queen Victoria Womens Centre (Source: Heritage Victoria).

June 2026. Timber door frame with glazing (Source: Heritage Victoria).

June 2026. First floor timber panneling and door (Source: Heritage Victoria).



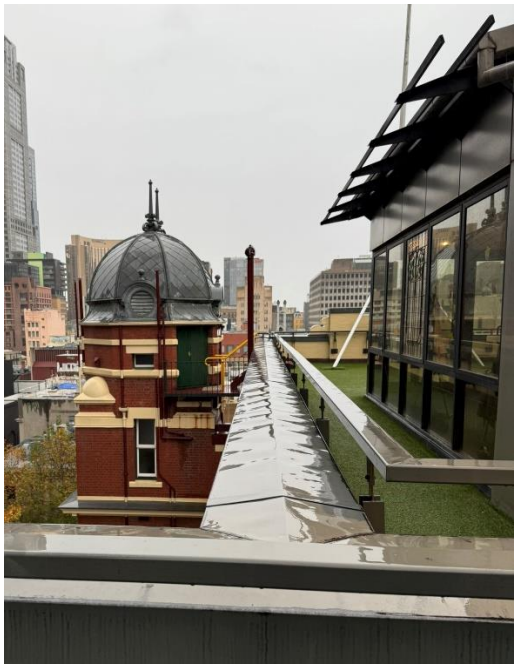
June 2026. First floor, former boardroom with highly decorative ceiling (Source: Heritage Victoria).



June 2026.Original hospital wall tiles on the second floor (Source: Heritage Victoria).

June 2026. Second floor balcony facing Lonsdale Street (Source: Heritage Victoria).

June 2026. Balcony on the west side (Source: Heritage Victoria).



June 2026. Facing south towards the eastern tower and cupola, new roof function space at right (Source: Heritage Victoria).

June 2026. Rear of the pavilion, from the QV courtyard (Source: Heritage Victoria).

Naming approach

The Former Queen Victoria Hospital Pavilion is the last surviving building of a larger hospital complex on Lonsdale Street known by different names over the course of its history.[1] See timeline below. Due to the large number of name changes, this report adopts the following approach:

- The building **Former Queen Victoria Hospital Pavilion** is referred to by that name, or as **Pavilion E**
- It was first known as the **Melbourne Hospital** and became the **Royal Melbourne Hospital**
- The institution **Queen Victoria Hospital** is referred to by that name for the sake of clarity, though in chronological order it has been officially called:
  - Victoria Hospital for Women and Children
  - Queen Victoria Hospital
  - Queen Victoria Memorial Hospital
  - Queen Victoria Medical Centre.

Timeline

Date	Events at the place
1848	The first patients were admitted in March to the new Melbourne Hospital, a two-storey stone building, on Lonsdale Street constructed to a design by Samuel Jackson.
1896	A group of eleven women led by Dr Constance Stone established the Victoria Hospital for Women and Children with the motto 'for women, by women' (*pro feminis a feminis*) located in St David's Hall at the Welsh Church on La Trobe Street (VHR H0536).[2]
1899	The Queen Victoria Hospital moved to its second location, the Governess Institute in Mint Place (demolished).
1901	After the death of Queen Victoria, the 'Queen Victoria Hospital' became known as the 'Queen Victoria Memorial Hospital'.
1910	The construction of the new Melbourne Hospital complex began to the designs of JJ Clarke and EJ Clark.
1912	The foundation stone of Pavilion E of the Melbourne Hospital was laid. This pavilion was the main entry and administration block, with wards on the upper two levels.
1913	The Melbourne Hospital committee meet for the first time in Pavilion E.
1916	Construction completed on all blocks within JJ Clarke and EJ Clark's Melbourne Hospital complex.
1935	The Melbourne Hospital was renamed the Royal Melbourne Hospital through Royal Charter granted by King George V.
1944	The Royal Melbourne Hospital (the institution) relocated to its current site on Grattan Street Parkville, for more space and to be closer to the University of Melbourne, the affiliated medical school.
1945	The Melbourne Hospital sold the Lonsdale Street hospital complex to the State Government.
1946	The Queen Victoria Memorial Hospital moved into the Lonsdale Street site.
1954	Pavilion E was re-named the 'Queen Elizabeth Block'.

[1] Emma Russell, *Bricks or Spirit: The Queen Victoria Hospital Melbourne*, Australian Scholarly Publishing, Melbourne, p. xii

[2] The eleven women were Dr Constance Stone, Dr Clara Stone, Dr Mary Page Stone, Dr Lilian Alexander, Dr Amy Castilla, Dr Freda Gamble, Dr Janet Lindsay Greig, Dr Jane Stocks Greig, Dr Gertrude Halley, Dr Bertha Main and Dr Helen Sexton met on 5 September 1896 and decided to establish a hospital (Russell, *Bricks or Spirit* p. 19).

1963	The Queen Victoria Memorial Hospital became a teaching hospital affiliated with Monash University. This marked a significant step in the transition from the *pro feminis a feminis* model, to being a 'family hospital' accepting male staff and patients.
1975	A Gender Dysphoria clinic was established at the Queen Victoria Memorial Hospital, led by Drs William Walters, Trudy Kennedy and Herbert Bower.
1977	The Queen Victoria Memorial Hospital merged with the Jessie McPherson hospital and McCulloch House to form a new entity the 'Queen Victoria Medical Centre'.
1979	Social worker Lesley Hewitt established Victoria's first hospital clinic for victims/survivors of sexual assault at the Queen Victoria Medical Centre.
1980	Breast screening and treatment clinic established by Lorna Sisely and Edmondo Guili at the Queen Victoria Medical Centre.
1987	The Queen Victoria Medical Centre vacated the site, relocated to Clayton and merged with Prince Henry's Hospital and the Moorabbin Hospital to become the Monash Medical Centre.
1990	Demolition of former hospital buildings commences in 1990, to make the site more attractive for sale. Strong community advocacy saved Pavilion E (VHR H0956) from demolition.
1994	The Minister for Planning allows the demolition of two of the last three pavilions on site (D and F), leaving only Pavilion E and the perimeter fence.
1994	Victorian Government passed the *Queen Victoria Women's Centre Act 1994*
1997	The new organisation 'Queen Victoria Women's Centre' opened in Pavilion E after refurbishment works. It was not a hospital, but housed women's advocacy and support services.
1998	In October 1998, Pavilion E, the perimeter fence and associated land were included in the Victorian Heritage Register.
2001	Construction of the multi-storey residential and retail QV development on the whole city block surrounding Pavilion E commenced.
2003	Most of the perimeter palisade fence was moved to Queens College in accordance with heritage permit P5009. The section of fence within the Women's Centre parcel of land, fronting Lonsdale Street, is retained. The new development 'QV Melbourne' officially opens.
2013	Monash Health (successor organisation to the Queen Victoria Memorial Hospital) apologised for forced adoptions that took place up until the 1970s.
2024	The Queen Victoria Women's Centre (QVWC) celebrates its 30th anniversary.

Terminology and abbreviations

IVF - In vitro Fertilisation

Place - Former Queen Victoria Hospital Pavilion

Pro feminis a feminis - 'For women, by women' the motto and founding principle of the Queen Victoria Hospital

QVWC - Queen Victoria Women's Centre

VHR - Victorian Heritage Register

History

Please be advised that the following history contains the names of Aboriginal people who have passed. It also refers to events that may be distressing.

Statement of Country

The Wurundjeri people have an unbroken connection to the land and waters around Melbourne from time immemorial.

Wurundjeri Country includes Melbourne (Narrm), the Birrarung (Yarra River) and land extending north beyond the Great Dividing Range, west to the Werribee River, and east to Mount Baw Baw.

The Yoorrook Justice Commission (2025) has recorded how British colonisation caused irreparable damage to First Peoples in Victoria through the dispossession of Country, massacres, the introduction of diseases, confinement on missions and reserves, forced labour, the separation of families, and ongoing policies and practices that have resulted in systemic injustice.[3] This dispossession and marginalisation of Aboriginal people was particularly rapid in and around Melbourne in the decades immediately following British occupation.[4] During this period, in hospitals and health care settings Aboriginal people were often excluded and when admitted were not provided the same level of care as British citizens.

Melbourne Hospital

Construction of the first Melbourne Hospital building on the Lonsdale Street site began in 1846 to a design by architect Samuel Jackson and opened in March 1848. It was a two-storey residential style building constructed from stone with separate areas for men and women.[5] The hospital catered to the poor and needy who could not afford to pay for their own medical care. The institution was philanthropic, operated by volunteers and largely funded by private donations. Initially the building accommodated ten patients before extensions increased the capacity to forty. The hospital complex grew, with more buildings added until by 1867 there were about 300 beds.[6]

Aboriginal people could be admitted to the hospital, but they were often refused visitors and treated poorly. For example, in 1881, when his son David was a patient at the Melbourne Hospital, William Barak — a ngurungaeta of the Wurundjeri-willam, artist and leader — was not allowed to visit. When ten-year old David died a short time later, his body was never returned to his family.[7]

By the early twentieth century the facilities had become outdated. Following a design competition in 1905, architects JJ and EJ Clark were commissioned in 1908 to design a larger replacement complex. JJ Clark was a prolific architect and during his time working for the Public Works Department was responsible for the Treasury Building (1858, VHR H1526) and the Royal Mint (1869-72, VHR H0770). The design aesthetic for the hospital is most closely aligned with JJ & EJ Clark's slightly earlier City Baths (1904, VHR H0466) on Swanston Street. JJ Clark undertook a study tour of sixty-one hospitals across Great Britain, Europe, and the United States before preparing final drawings for the new Melbourne Hospital.

Construction proceeded in stages from 1910, the foundation stone for Pavilion E was laid in 1912, and the whole Melbourne Hospital complex was completed in 1916. It was notable as the first hospital in the world built on the pavilion principle at five and six storeys, with nine blocks arranged around wide courtyards designed to maximise ventilation and natural light. Its premises were better equipped, more spacious and the design reflected progress made in medical science in the decades since the first establishment of the institution.[8] In March 1935 the Melbourne Hospital was renamed the 'Royal Melbourne Hospital' by Royal Charter.

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[3] Yoorrook Justice Commission, *Truth be Told*, 2025, https://www.yoorrook.org.au/reports-and-recommendations/reports/yoorrook-official-public-record.

[4] GML Heritage, *South Yarra Heritage Review – Volume 2: Aboriginal Cultural Values Assessment*, 2022, p. 29; *Truth be Told*, p. 46.

[5] Inglis, Ken, '*Hospital and Community: A History of the Royal Melbourne Hospital*', Melbourne University Press, Carlton, 1958, p. 17.

[6] Royal Melbourne Hospital, History of the RMH Parkville, https://www.thermh.org.au/about/about-the-rmh/our-history-and-archives/history-of-the-rmh-parkville accessed 1 July 2026.

[7] This example of the impact of colonisation is provided in the 'Mapping Aboriginal Melbourne' tool developed by the Traditional Owners, the Wurundjeri Woi Wurrung and the Bunurong Boon Wurrung peoples and the City of Melbourne, available online: https://www.melbourne.vic.gov.au/aboriginal-melbourne .

[8] Inglis, Ken, 'Hospital and Communiity' (pp. 78-81) discusses how four new operating theatres were connected to surgical wards, and designed according to principles of asepsis in the new hospital, which provides a stark contrast to the design of the first hospital where (as he discusses on p, 17) 'no specialist knowledge was demanded of [the architect] to plan a room where surgical operations were conducted. A sturdy bench, out of sight and if possible out of sound of the wards, was good enough'.

Queen Victoria Hospital

By 1944 the Royal Melbourne Hospital had outgrown the Lonsdale street site and relocated to its current premises in Grattan Street Parkville. In 1946 the Queen Victoria Hospital, which had similarly outgrown its second home at the Governesses Institute at Mint Place relocated to the Lonsdale Street hospital site. The Queen Victoria Hospital was a ground-breaking institution established by a pioneering group of women led by Dr Constance Stone. They practised medicine under the motto '*pro feminis a feminis':* for women, by women.

During its time in Lonsdale Street, the 'Queen Vic' as it was affectionately known, went through a period of expansion, innovation and change. It joined with Monash University in 1963 to become a teaching hospital. The affiliation meant that both men and women could be appointed as staff, and the hospital would accept men as patients for the first time. It became world renowned for its world-leading IVF research from 1965 led by Professor Carl Wood. Other achievements included the establishment of the first Family Planning clinic in a Victorian hospital in 1972 and a 24-hour sexual assault clinic in 1977. In that year, the Queen Victoria Memorial Hospital amalgamated with the Jessie McPherson Hospital and McCulloch House to form the 'Queen Victoria Medical Centre'.

From 1950s through the 1970s, the Queen Victoria Hospital Lonsdale Street was the site of many forced adoptions, when single mothers were coerced into relinquishing their babies. A formal apology was issued in March 2013.[9]

Pioneering women doctors

Many remarkable women contributed to the success and spirit of the Queen Victoria Hospital. A significant community of skilled doctors, nurses and other allied professionals developed at the hospital. The early pioneers of women's medicine in Victoria were succeeded by a generation of women doctors who continued to advocate for women's health. Dr Kate Campbell, physician and paediatrician, was one of the talented doctors who made the institution special.[10] Dr Campbell was patient-centred in her practise of medicine and was instrumental in the Queen Victoria Hospital becoming Melbourne's first hospital to liberalise visiting hours, allowing free visiting in the children's wards.[11] Dr Campbell was a pioneer of neonatal intensive care and was awarded an OBE in 1954 after her discovery of the link between therapeutic oxygen levels in humidicribs and increased incidences of blindness in premature babies. In 1971 she was elevated to DBE for her services to the welfare of children.

In Dr Campbell's words 'The Queen Vic became the whole basis for women in medicine in the state. It had a very high reputation, and was entirely different from other places.'[12] The Queen Victoria Hospital amalgamated with Prince Henry's Hospital and Moorabbin Hospital, and relocated to Clayton, becoming the Monash Medical Centre in 1987.[13] Evidence of its institutional past can be seen at the chapel at Clayton which is now home to the stained-glass window first donated to the Melbourne Hospital in 1886 by surgeon Dr Beaney.

Queen Victoria Women's Centre

After the hospital vacated the site in 1987, community, feminist groups and heritage advocates mounted a sustained campaign to preserve the buildings and secure ongoing use for women's services. Demolition of the complex began in 1990, and by 2000 only Pavilion E of the former hospital complex survived, thanks to the campaigning to maintain the site as a Women's Centre.

In 1994 the *Queen Victoria Women's Centre Act* was passed which established the Queen Victoria Women's Centre Trust and gave ownership of the remaining pavilion and its land to the Trust to the benefit of Victorian women. The QVWC today maintains the spirit of its forebears, adopting the *pro feminis, a feminis* ethos in its operations. It has functioned as a place for women and gender diverse people to meet and work since 1994. The majority of the remnant bluestone and palisade fencing that once defined the extent of the former hospital complex along Swanston, Lonsdale

[9] Though the numbers of forced adoptions are not known, there were 39,357 adoptions across Victoria between 1950-1975 many of which were co-ereced, and many of which occurred at the Queen Victoria Hospital, which was one of the main maternity hospitals in the State. For further information see: https://www.vic.gov.au/forced-adoption-history. See also Macrae, Helen *Dinner with the Devil*, pp. 91-94

[10] Anecdotal evidence from Rosemary West, who was part of the campaign to save the building, summarises her impression of Dr Campbell as a doctor, but also muses on the impact of the institution: *'As well as her great scientific gifts, there was art. And empathy, and understanding…. Without a hospital run by women, for women, I wonder whether Kate Campbell would have been able to develop her specialty in quite the same way*' as quoted in Helen Macrae 'Dinner with the Devil' p. 87.

[11] 'Dame Kate Campbell DBE' in Victorian Honour Roll of Women, https://www.vic.gov.au/dame-kate-campbell-dbe accessed 17 June, 2026. Helen Macrae in 'Dinner with the Devil' notes that 'in 1955, with Sister Marion Ivers, she introduced free access for parents to their sick and/or newborn children. Prior to this babies slept away from their mothers in nurseries and fathers viewed their new offspring through a glass window' (p.70).

[12] Grimshaw, P and Strahan, L. 'A medical life: An interview with Dame Kate Campbell' in *The Half Open Door,* Hale and Iremonger, Sydney, 1982 p.169

[13] By this time the hospital is officially called the Queen Victoria Medical Centre.

and Russell streets was relocated to Queens College in Parkville in 2003 when the larger site was redeveloped, leaving just the small section directly in front of the pavilion.

Constance Stone is celebrated in the laneway next to QVWC, which was named in her honour, while ‘Red Cape Lane’ within the QV development is a nod to the nurses’ uniforms worn at the Queen Victoria Hospital. Jane Bell, the Lady Superintendent of Nursing at the Melbourne Hospital from 1910 - 1934 is also recognised with a laneway at QV named for her.

Selected Bibliography and Further Reading

First Nations Histories

Mapping Aboriginal Melbourne': https://www.melbourne.vic.gov.au/aboriginal-melbourne

Yoorrook Justice Commission, *Truth be Told*, 2025, https://www.yoorrook.org.au/reports-and-recommendations/reports/yoorrook-official-public-record

Hospital Histories

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Management Plans

Conservation Studio, *Conservation Management Plan - Former Queen Victoria Hospital Tower and Perimeter Fence H0956*, Prepared for Queen Victoria Women's Centre, 2024.

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Biographical information on women who worked at the Queen Victoria Hospital

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Lemon, Barbara, 'Porter, Una Beatrice (1900–1996)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, https://adb.anu.edu.au/biography/porter-una-beatrice-15694/text37490, published online 2020, accessed online 18 June 2026.

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Archival Material

Historic Building Council files, held by Heritage Victoria

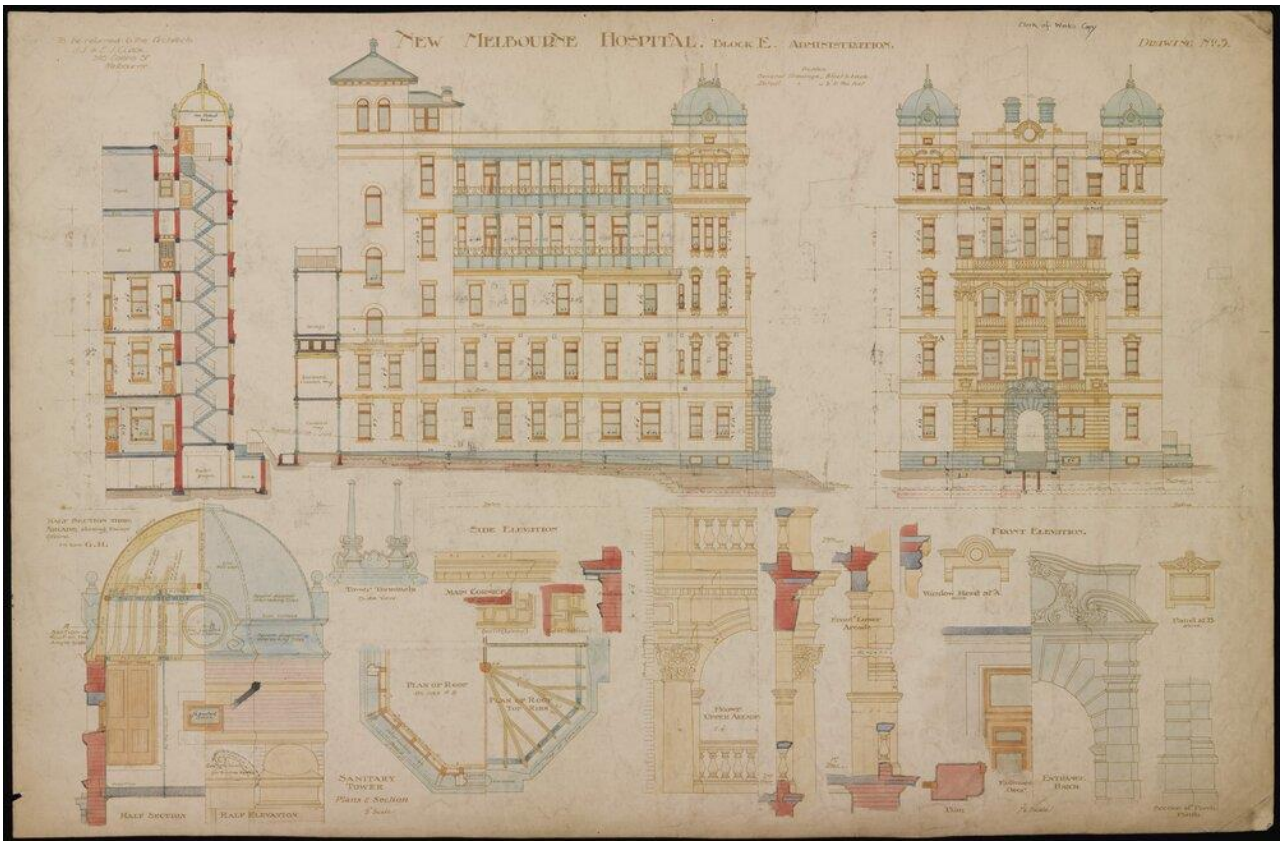
State Library of Victoria, pictures collection

University of Melbourne Archives, Architectural records and artworks of JJ & EJ Clark

Acknowledgements

The Executive Director thanks Ms Keryn Negri, CEO, Queen Victoria Women's Centre, for facilitating Heritage Victoria's site visit and sharing her knowledge of the place.

Historical images



Architectural drawing of New Melbourne Hospital, Drawing No.3 of extant Pavilion E. Side and front elevation, tower and arcade details. Pencil, ink, watercolour on paper (Source: University of Melbourne Archives 1981.0089).

c.1920s, Balconies being used as makeshift wards when overcrowding was a problem (Source: Royal Melbourne Hospital, https://www.thermh.org.au/about/about-the-rmh/our-history-and-archives/history-of-the-rmh-parkville).

c. 1930s The Melbourne Hospital. Note the balconies with beds and patients visible, where the blinds aren't drawn, including on the upper floors of the extant pavilion, which is indicated by the red arrow. (Source: State Library of Victoria).

c.1940s. Queen Victoria Memorial Hospital, corner of Swanston and Lonsdale Streets. Note the perimeter fence. Balconies have had glazing added. Extant pavilion marked with an arrow. (Source: State Library of Victoria).

July 1984. 'Block E', the main entry and administration block, with wards on the upper floors. Note the corridors connecting to the adjacent pavilions at the rear (Source: Heritage Victoria file photograph).

2012. Australia Post issued postcard and stamp honouring the contribution Dame Kate Campbell made to paediatrics and medicine (Source: Melbourne University Archives).

1990, Demolition of the Queen Victoria Hospital, Lonsdale Street, Melbourne (Photo: Kevin Patterson. Source: Royal Historical Society of Victoria).

1993, Queen Victoria Hospital from Jensen House, taken during demolition (Photo: Adrian Flint. Source: State Library of Victoria).

1998. The Former Queen Victoria Hospital Pavilion, after its redevelopment into the Queen Victoria Women's Centre, prior to the development of QV (Source: Heritage Victoria file photograph).

Further information

Registered Aboriginal Party information

The Former Queen Victoria Hospital Pavilion is located on Wurundjeri Country.

Under the *Aboriginal Heritage Act 2006*, the Registered Aboriginal Party for this land is the Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation.

Victorian Aboriginal Heritage Register

The place is not in an area of Aboriginal cultural heritage sensitivity.

(1 June 2026)

Integrity

The integrity of the place is very good. The cultural heritage values of the Former Queen Victoria Hospital Pavilion can be easily read in the extant fabric.

Extant original features, including the balconies on the upper floors, the ground floor entrance and original interior details allow the former use of the place as a hospital to be readily understood.

(1 June 2026)

Intactness

The intactness of the place is very good.

While the complex of pavilions has been demolished and replaced with the QV development, the remaining extant pavilion is intact. The alterations undertaken prior to the opening of the QVWC includes additions to the east side of the ground floor and an enclosed meeting space on the roof.

(1 June 2026)

Condition

The overall condition of the Former Queen Victoria Hospital Pavilion is very good.

(1 June 2026)

Note: The condition of a place or object does not influence the assessment of its cultural heritage significance. A place or object may be in very poor condition and still be of very high cultural heritage significance. Alternatively, a place or object may be in excellent condition but be of low cultural heritage significance.

Amendment recommendation

State-level cultural heritage significance of the place

The cultural heritage significance of the Former Queen Victoria Hospital Pavilion was recognised when it was included in the Register of Government Buildings in 1982 and amended in 1985 and 1988. Its State-level cultural heritage significance was confirmed in 1998 when it was transferred into the Victorian Heritage Register.

Amendment application

On 27 April 2026 the Executive Director accepted an application to amend the registration of the Former Queen Victoria Hospital Pavilion.

Amending the Heritage Council Criteria

This place is currently registered on the basis of the following Criteria:	**The Executive Director recommends that the place is registered on the basis of the following Criteria:**
Criterion A (Historical Significance)	Criterion A (Historical Significance)
Criterion D (Architectural Significance)	Criterion D (Architectural Significance)
Criterion G (Social Significance)	Criterion G (Social Significance)
	Criterion H (Association with a Person of Importance).

Change of name

All registered places and objects in the Register are gazetted under a primary name. Alternative names are recorded and are searchable online in the Victorian Heritage Database (VHD).

Current primary name: Former Queen Victoria Hospital Tower and Perimeter Fence

Proposed primary name: Former Queen Victoria Hospital Pavilion

Reason for change of primary name: The perimeter fence beyond the QVWC Trust land title was removed more than twenty years ago and the remaining section does not need to be highlighted in the name of the place. The hospital was designed as a complex of inter-connected pavilions and the word ‘pavilion’ is prefered to ‘tower’ in the place name to emphasise this history and contrast with the recently developed towers that surround the building.

Alternative name(s) also recorded: Melbourne Hospital, Former Royal Melbourne Hospital, Queen Victoria Women’s Centre.

Statutory requirements under section 40

Terms of the recommendation (section 40(3)(a))

The Executive Director recommends that the registration of the Former Queen Victoria Hospital Pavilion in the VHR is amended.

Information to identify the place or object or land (section 40(3)(b))

Number: VHR H0956

Category: Registered Place.

Name: Former Queen Victoria Hospital Pavilion

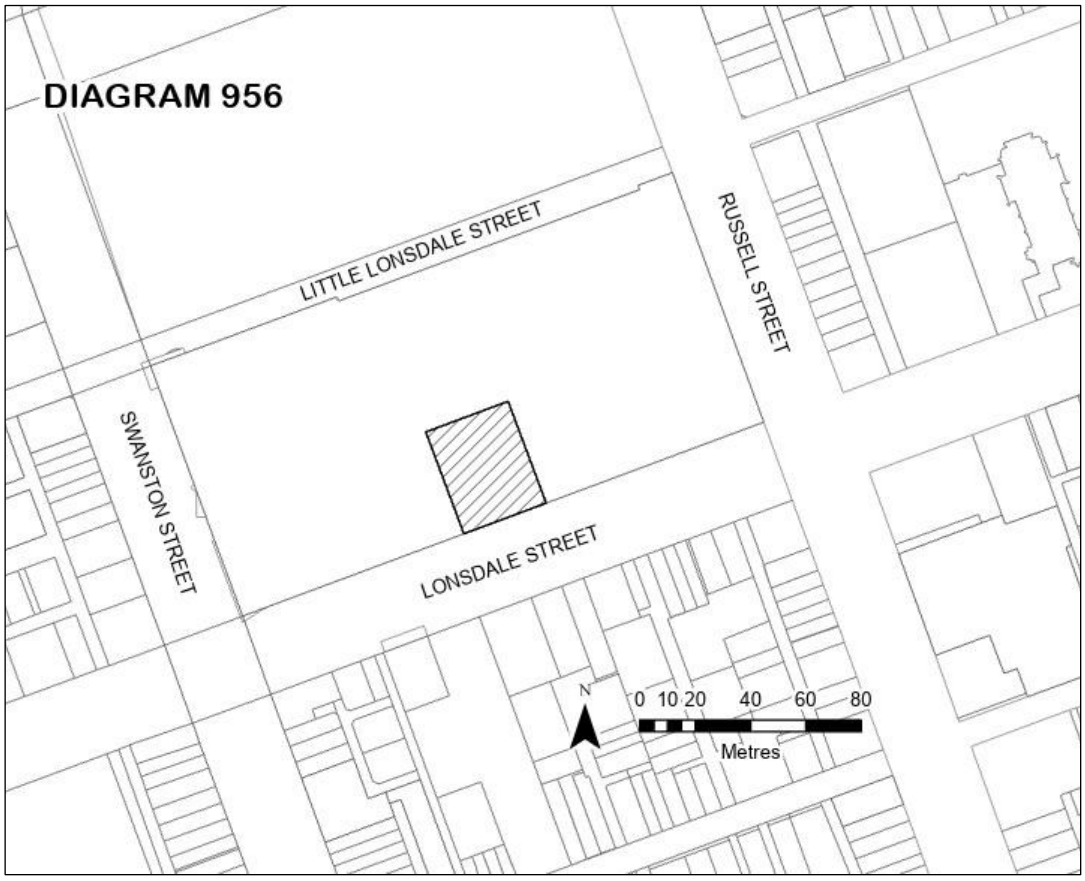
Location: 210 Lonsdale Street, Melbourne

Municipality: Melbourne City

Proposed extent of registration

The Executive Director recommends that the extent of registration for the Former Queen Victoria Hospital Pavilion be gazetted as:

All of the place shown hatched on Diagram 956 encompassing all of Crown Allotment 9C Section 27 City of Melbourne Parish of Melbourne North.



Non-statutory information about the proposed extent of registration

Aerial photo of the place showing proposed extent of registration

Note: This aerial view provides a visual representation of the place. It is not a precise representation of the recommended extent of registration. Due to distortions associated with aerial photography some elements of the place may appear as though they are outside the extent of registration.

Rationale for the proposed extent of registration

The recommended extent of registration comprises all elements and features of State-level cultural heritage significance, including the extant former hospital pavilion and the extant front fence and entry gates.

The recommended extent of the registration is the same as the nominated extent of registration.

The extent does not include the land that was relevant to the fence which is no longer extant.

It should be noted that everything included in the proposed extent of registration including all of the land, all soft and hard landscape features, and all buildings (exteriors, interiors and fixtures), is proposed for inclusion in the VHR. A permit or permit exemption from Heritage Victoria is required for any works within the proposed extent of registration, apart from those identified in the categories of works or activities in this recommendation.

Reasons for the recommendation, including an assessment of the State-level cultural heritage significance of the place (section 40(3)(c))

Following is the Executive Director's assessment of the Former Queen Victoria Hospital Pavilion against the tests set out in *The Victorian Heritage Register Criteria and Thresholds Guidelines (2022)*. A place or object must be found by the Heritage Council to meet Step 2 of at least one criterion to meet the State level threshold for inclusion in the VHR.

The Former Queen Victoria Hospital Pavilion is included in the Register for historical, architectural and social significance (Criteria A, D and G). In addition, the applicant requested consideration of Criteria B and H.

CRITERION A: Importance to the course, or pattern, of Victoria's cultural history.

The place is already included in the Register for historical significance in accordance with Criterion A.

CRITERION B: Possession of uncommon, rare or endangered aspects of Victoria's cultural history.

The application for amendment requested consideration of Criterion B.

Step 1 Test for Criterion B

No.	Test	Yes/No	Reason
B1)	Does the place/object have a clear association with an event, phase, period, process, function, movement, custom or way of life of importance in Victoria's cultural history?	Yes	The Former Queen Victoria Hospital Pavilion has a clear association with the following historical phases which are of importance in Victoria's cultural history: a) Development of hospital services in Victoria and the advancement of medical science b) Provision of health care for women by women
B2)	Is there evidence of the association to the historical phases etc identified at B1)?	Yes	There is evidence of the association between the place and these historical phases in published histories of the Melbourne Hospital and the Queen Victoria Hospital which have been the
B3)	Is there evidence that place/object is rare or uncommon, or has rare or uncommon features?	No	B3(i) There is no evidence that the place is rare or uncommon. The threshold guidelines state that 'rarity' 'should not be applied in cases where the place or object is rare by default, for example as the only one in a specialised class (i.e. there is only one Eye and Ear Hospital in Victoria).'[14] The Queen Victoria Hospital was rare by default, as per the Eye and Ear hospital example. The historical significance of the establishment of the Queen Victoria Hospital for women is considered under Criterion A, and already represented in the register at its first location, the Welsh Church (VHR H0536). B3(ii) There is no evidence that the place has rare or uncommon features.

[14] Heritage Council of Victoria 'The Victorian Heritage Register Criteria and Threshold Guidelines', revised 1 Dec 2022, p. 6

		There is no evidence that the features of the place are rare. There are many Edwardian buildings in the register, and there are many former hospitals in the register.

If B1, B2 AND B3 are satisfied, then Criterion B is likely to be relevant (but not necessarily at the State level)

Executive Director's Response:	No	Criterion B is not likely to be relevant.

CRITERION C: Potential to yield information that will contribute to an understanding of Victoria's cultural history.

Not applicable.

CRITERION D: Importance in demonstrating the principal characteristics of a class of cultural places and objects

The place is already included in the Register for historical significance in accordance with Criterion D.

CRITERION E: Importance in exhibiting particular aesthetic characteristics.

Not applicable.

CRITERION F: Importance in demonstrating a high degree of creative or technical achievement at a particular period.

Not applicable.

CRITERION G: Strong or special association with a particular present-day community or cultural group for social, cultural or spiritual reasons

The place is already included in the Register for historical significance in accordance with Criterion G.

CRITERION H: Special association with the life or works of a person, or group of persons, of importance in Victoria's history.

The application for amendment requested consideration of Criterion **H**.

Step 1 Test for Criterion H

No.	Test	Yes/No	Reason
H1)	Does the place/object have a direct association with a person, or group of persons who has made a strong or influential contribution in their field of endeavour?	Yes	Dr Kate Isabel Campbell DBE H1(i) There is a direct association between the Former Queen Victoria Hospital Pavilion and Dr Kate Campbell. Dr Kate Campbell was honorary paediatrician at the Queen Victoria Memorial Hospital from 1926 to 1965. H1(ii) The person has made a strong or influential contribution in their field. Dr Kate Campbell was a doctor specialising in neonatal paediatrics. She was awarded an Order of the British Empire (Dame Commander) in 1971 for services to the welfare of Australian children.

		Yes	The women who worked at the Queen Victoria Hospital H1(i) There is a direct association between the place and the women who worked there. The women who provided medical care and the hospital support staff all contributed to the institution's unique place in Victoria's medical history. H1(ii) The person has made a strong or influential contribution in their field. The institution of the Queen Vic, and the people who made the place what it was, made a significant contribution to the development of medical services in Victoria.
H2)	Is there evidence of the association between the place/object and the person(s)?	Yes	Dr Kate Isabel Campbell DBE There is evidence of the association between the place and the person. There is documentary evidence of the association. Dr Kate Campbell's career at the place is documented in archival sources and published histories.
		Yes	The women who worked at the Queen Victoria Hospital There is evidence of the association between the place and the group of persons. The women who worked at the Former Queen Victoria Hospital Pavilion set the institution apart from other hospitals, and their collective achievements are well documented.
H3)	Does the association relate: • directly to achievements of the person(s); and • to an enduring and/or close interaction between the person(s) and the place/object?	Yes	Dr Kate Isabel Campbell DBE H3(i) The association between the place and Dr Kate Campbell relates directly to her achievements in the medical field. Dr Kate Campbell's groundbreaking findings on the link between oxygen levels and blindness in premature babies was partly based on her clinical observations during her work at the place. H3(ii) The association relates to a close interaction between Dr Kate Campbell and the place. Dr Campbell's close association with the place goes back to the earliest days of her career, when she undertook a residency there in 1923-1924 at what was then the Melbourne Hospital. In 1926 she was appointed honorary paediatrician at the Queen Victoria Memorial Hospital, a position she held until 1965.
		Yes	The women who worked at the Queen Victoria Hospital H3(i) The association between the place and the women who worked there relates directly to the collective achievements of the cohort.

			H3(ii) The association relates to a close interaction between the group of people and the place. The women who worked at the Queen Victoria Hospital provided leadership across various areas within the hospital, in medical and supporting roles. The women who worked at the place made the Queen Victoria Hospital an entity at the forefront of women's health.
If <u>all facets</u> of H1, H2 AND H3 are satisfied, then Criterion H is likely to be relevant (but not necessarily at the State level)			
Executive Director's Response:		Yes	Criterion H is likely to be relevant.

Step 2 State-level test for Criterion H

No.	Test	Yes/No	Reason
SH1)	Are the life or works of the person/persons important to Victoria's history?	Yes	<u>Dr Kate Isabel Campbell DBE</u> The life of Dr Kate Campbell is important in Victoria's history. Dr Campbell is recognised as the first person to demonstrate the link between increased incidents of blindness in premature babies and excess therapeutic oxygen levels in humidicribs. She was awarded an OBE in 1954, and a DBE in 1971 for her services to children's welfare in Australia. Demonstrating her enduring legacy, Dr Campbell featured on a 2012 Australia Post stamp issue honouring outstanding medical professionals.
		Yes	<u>The women who worked at the Queen Victoria Hospital</u> The life and works of the women who worked at the Queen Victoria Hospital, an important institution that is symbolised in the fabric of the Former Queen Victoria Hospital Pavilion are important in Victoria's history. Collectively they made an outstanding contribution to medical services in Victoria. The many individuals who contributed to healthcare innovations and the spirit of the hospital include: • Dame Mabel Brookes (President 1923-70) • Dr Lorna Lloyd-Green (obstetrician-gynaecologist) who ran the fertility clinic, the forerunner of the IVF program) • Dr Ella MacKnight DBE (obstetrician-gynaecologist from 1935-1964 and President from 1971-77 and established the oncology department) • Isabelle Merry OBE (the first woman to be ordained in Victoria and first hospital chaplain in Australia) • Dr Lorna Sisely OBE (surgeon, the founder of the breast screening and treatment clinic, the first of its kind in Australia, also Dean of the Clinical School 1980-81) • Dr Una Porter CBE (psychiatrist, instrumental in the establishment of the psychiatric clinic)

			• Lesley Hewitt (social worker, in 1979 established Victoria's first .hospital clinic for victims/survivors of sexual assault)
SH2)	Does this place/object allow the association between the person or group of persons and their importance in Victoria's history to be readily appreciated better than most other places or objects in Victoria?	Yes	<u>Dr Kate Isabel Campbell DBE</u> The place allows the association between Dr Kate Campbell and her importance in Victoria's history to be readily appreciated better than most other places or objects in Victoria.
		Yes	<u>The women who worked at the Queen Victoria Hospital</u> The place, as the only remaining pavilion of the once-vast hospital complex, does allow the association between the group of persons and their importance in Victoria's history to be readily appreciated more than most other places or objects in Victoria. The women who worked at the Queen Victoria Hospital collectively improved health outcomes for Victorian women through spearheading innovations in their own fields of expertise. Together they represent the unique spirt of the Queen Victoria Hospital, as an organisation. They continued the work of the founding doctors, championing better medical care for women and breaking down barriers for women pursuing medical careers.

If SH1 <u>and</u> SH2 are satisfied, then Criterion H is likely to be relevant at the State level

Executive Director's Response:	Yes	Criterion H is likely to be relevant at the State level.

Summary of cultural heritage significance (section 40(4))

Statement of significance

The Former Queen Victoria Hospital Pavilion is located on Wurundjeri Country.

What is significant?

The Former Queen Victoria Hospital Pavilion is a five-storey Edwardian Baroque building completed in 1913. It was built as the main entrance and administration block for the Melbourne Hospital, with wards on the upper levels. It is now the only extant building from a larger complex of inter-connected pavilions of the Melbourne Hospital occupying the block bounded by Lonsdale, Swanston, Little Lonsdale and Russell Streets. The pavilion was designed in 1908 by architects JJ and EJ Clark and contains internal fittings and fixtures dating to its time as a hospital. The upper two storeys were used as hospital wards and feature wide open balconies that were designed to give patients access to fresh air and sunlight. The balconies are a significant feature reflecting the cutting-edge principles of hospital design at the time.

The central part of the building features a rendered loggia on the second and third floors surmounted by a balcony. The central bay of the pavilion is flanked by two towers crowned with cupolas. A short section of iron palisade fence on bluestone footings fronts Lonsdale Street, with ornate cast iron gates.

How is it significant?

The Former Queen Victoria Hospital Pavilion is of historical, architectural and social significance to the State of Victoria. It satisfies the following criterion for inclusion in the Victorian Heritage Register:

Criterion A

Importance to the course, or pattern, of Victoria's cultural history.

Criterion D

Importance in demonstrating the principal characteristics of a class of cultural places and objects.

Criterion G

Strong or special association with a particular present-day community or cultural group for social, cultural or spiritual reasons.

Criterion H

Special association with the life or works of a person, or group of persons, of importance in Victoria's history.

Why is it significant?

The Former Queen Victoria Hospital Pavilion is of historical significance for its long association with the history of medicine in Victoria through the operation of hospitals on the site in early Melbourne. The first Melbourne Hospital admitted patients on the site in 1848 and continued to serve as the state's premier public hospital for almost a century. In 1944, the (by then Royal) Melbourne Hospital relocated to Parkville and the Queen Victoria Memorial Hospital moved into the complex in 1946. [Criterion A]

The Former Queen Victoria Hospital Pavilion is of historical significance for its association with the Queen Victoria Hospital, an important institution founded by pioneering women doctors in 1896. It was the first and only hospital in Victoria and the third in the world run 'for women, by women'. The Queen Victoria Hospital (Queen Victoria Memorial Hospital from 1901) moved into the Lonsdale Street complex in 1946 and continued to innovate and provide services to improve women's health outcomes.

The Former Queen Victoria Hospital Pavilion is of historical significance for its associations with the medical breakthroughs and achievements of the Queen Victoria Memorial Hospital (Queen Victoria Medical Centre from 1977). These include the introduction of the establishment of Victoria's first clinic for victims/survivors of sexual assault (1979), a breast screening clinic (1980) and the many successful pregnancies arising from its world-class IVF research program. As one of Melbourne's main maternity hospitals during the period between 1950-1975, the Queen Victoria Memorial Hospital

was the site of many forced adoptions, when single mothers were coerced into relinquishing their babies. A formal apology was issued in March 2013. [Criterion A]

The Former Queen Victoria Hospital Pavilion is of architectural significance as the only surviving remnant of the Melbourne Hospital on Lonsdale Street, and its successor the Queen Victoria Memorial Hospital. This complex was a substantial and notable example of an Edwardian hospital. The hospital was the most advanced in Australia at the time of its construction, demonstrating innovative design whilst incorporating functional elements within a decorative exterior. It was the largest Edwardian hospital in Victoria and designed along the well-established pavilion principles. The remaining multi-storey pavilion with its open balconies is representative of early twentieth century attitudes to hospital design. The Former Queen Victoria Hospital Pavilion demonstrates the work of JJ and EJ Clark, prominent architects who helped shape Melbourne through the Public Works Department in the nineteenth and early twentieth centuries. Although the hospital was completed after the death of JJ Clark, the complex was widely considered the culmination of his career and one of his most important works. [Criterion D]

The Former Queen Victoria Hospital Pavilion is of social significance for its continuing association with organisations that champion the needs and rights of women and gender diverse people at the Queen Victoria Women's Centre. The legacy of the Queen Victoria Hospital which was 'for women, by women' is actively celebrated at the Queen Victoria Women's Centre which was established through an Act of parliament in 1994. [Criterion G]

The Former Queen Victoria Hospital Pavilion is significant for its association with the many talented and accomplished women who contributed to the Queen Victoria Hospital's important place in Victoria's medical history. This cohort of women associated with the place include:

- Dame Mabel Brookes (President 1923-70),
- Dr Lorna Lloyd-Green (obstetrician-gynaecologist) who ran the fertility clinic, the forerunner of the IVF program,
- Lesley Hewitt (social worker), in 1979 established Victoria's first hospital clinic for victims/survivors of sexual assault,
- Dr Ella McKnight DBE (obstetrician-gynaecologist) was also President from 1971-1977 and established the oncology department,
- Isabelle Merry OBE (chaplain) the first woman to be ordained in Victoria and first hospital chaplain in Australia,
- Dr Una Porter CBE (psychiatrist), instrumental in the establishment of the psychiatric clinic, and
- Dr Lorna Sisely OBE (surgeon), the founder of the breast screening and treatment clinic, the first of its kind in Australia, also Dean of the Clinical School 1980-81.

These women, alongside many others, continued the work of the founding doctors who established the '*pro feminis a feminis'* (for women by women) model of care as they forged career paths that blazed a trail for subsequent generations of women doctors. [Criterion H]

The Former Queen Victoria Hospital Pavilion is significant for its association with highly respected paediatrician and pioneer in neonatal care, Dr Kate Campbell DBE (1899 – 1986). Dr Campbell received world-wide recognition for identifying the link between increased incidents of blindness in premature babies and excess therapeutic oxygen levels in humidicribs. She was honorary paediatrician at the Queen Victoria Memorial Hospital from 1926 to 1965. She was known for her commitment to her patients, her diagnostic skills, clinical research and her advocacy for patient- and family-centred care. [Criterion H]

Recommended permit exemptions under section 38

Introduction

A heritage permit is required for all works and activities undertaken in relation to VHR places and objects. Certain works and activities are exempt from a heritage permit, if the proposed works will not harm the cultural heritage significance of the heritage place or object.

Permit Policy

The Executive Director notes the completion of a Conservation Management Plan (CMP) for the place in 2024 by Conservation Studio.

Permit Exemptions

General Permit Exemptions

General exemptions apply to all places and objects included in the VHR. General exemptions have been designed to allow everyday activities, maintenance and changes to your property, which don't harm its cultural heritage significance, to proceed without the need to obtain approvals under the *Heritage Act 2017*.

Places of worship: In some circumstances, you can alter a place of worship to accommodate religious practices without a permit, but you must notify the Executive Director before you start the works or activities at least 20 business days before the works or activities are to commence.

Subdivision/consolidation: Permit exemptions exist for some subdivisions and consolidations. If the subdivision or consolidation is in accordance with a planning permit granted under Part 4 of the *Planning and Environment Act 1987* and the application for the planning permit was referred to the Executive Director as a determining referral authority, a permit is not required.

Specific exemptions may also apply to your registered place or object. If applicable, these are listed below. Specific exemptions are tailored to the conservation and management needs of an individual registered place or object and set out works and activities that are exempt from the requirements of a permit. Specific exemptions prevail if they conflict with general exemptions.

Find out more about heritage permit exemptions here.

Specific Permit Exemptions

The works and activities listed below under the heading 'Exempt works and activities' are not considered to cause harm to the cultural heritage significance of the Former Queen Victoria Hospital Pavilion. These are subject to the following guidelines and conditions:

Guidelines for specific permit exemptions

1. Where there is an inconsistency between permit exemptions specific to the registered place or object ('specific exemptions') established in accordance with either section 49(3) or section 92(3) of the Act and general exemptions established in accordance with section 92(1) of the Act specific exemptions will prevail to the extent of any inconsistency.
2. In specific exemptions, words have the same meaning as in the Act, unless otherwise indicated. Where there is an inconsistency between specific exemptions and the Act, the Act will prevail to the extent of any inconsistency.
3. Nothing in specific exemptions obviates the responsibility of a proponent to obtain the consent of the owner of the registered place or object, or if the registered place or object is situated on Crown Land the land manager as defined in the *Crown Land (Reserves) Act 1978*, prior to undertaking works or activities in accordance with specific exemptions.
4. If a Cultural Heritage Management Plan in accordance with the *Aboriginal Heritage Act 2006* is required for works covered by specific exemptions, specific exemptions will apply only if the Cultural Heritage Management Plan has been approved prior to works or activities commencing. Where there is an inconsistency between specific exemptions and a Cultural Heritage Management Plan for the relevant works and activities, Heritage Victoria must be contacted for advice on the appropriate approval pathway.
5. Specific exemptions do not constitute approvals, authorisations or exemptions under any other legislation, Local Government, State Government or Commonwealth Government requirements, including but not limited to the *Planning and Environment Act 1987*, the *Aboriginal Heritage Act 2006*, and the *Environment Protection and Biodiversity Conservation Act 1999* (Cth). Nothing in this declaration exempts owners or their agents from the responsibility to obtain relevant planning, building or environmental approvals from the responsible authority where applicable.
6. Care should be taken when working with heritage buildings and objects, as historic fabric may contain dangerous and poisonous materials (for example lead paint and asbestos). Appropriate personal protective equipment should be worn at all times. If you are unsure, seek advice from a qualified heritage architect, heritage consultant or local Council heritage advisor.
7. The presence of unsafe materials (for example asbestos, lead paint etc) at a registered place or object does not automatically exempt remedial works or activities in accordance with this category. Approvals under Part 5 of the Act must be obtained to undertake works or activities that are not expressly exempted by the below specific exemptions.
8. All works should be informed by a Conservation Management Plan prepared for the place or object. The Executive Director is not bound by any Conservation Management Plan and permits still must be obtained for works suggested in any Conservation Management Plan.

General conditions for specific permit exemptions

1. All works or activities permitted under specific exemptions must be planned and carried out in a manner which prevents harm to the registered place or object. Harm includes moving, removing or damaging any part of the registered place or object that contributes to its cultural heritage significance.
2. If during the carrying out of works or activities in accordance with specific exemptions original or previously hidden or inaccessible details of the registered place are revealed relating to its cultural heritage significance, including but not limited to historical archaeological remains, such as features, deposits or artefacts, then works must cease and Heritage Victoria notified as soon as possible.
3. If during the carrying out of works or activities in accordance with specific exemptions any Aboriginal cultural heritage is discovered or exposed at any time, all works must cease and the Secretary (as defined in the *Aboriginal Heritage Act 2006*) must be contacted immediately to ascertain requirements under the *Aboriginal Heritage Act 2006*.
4. If during the carrying out of works or activities in accordance with specific exemptions any munitions or other potentially explosive artefacts are discovered, Victoria Police is to be immediately alerted and the site is to be immediately cleared of all personnel.
5. If during the carrying out of works or activities in accordance with specific exemptions any suspected human remains are found the works or activities must cease. The remains must be left in place and protected from harm or damage. Victoria Police and the State Coroner's Office must be notified immediately. If there are reasonable grounds to believe that the remains are Aboriginal, the State Emergency Control Centre must be immediately notified on 1300 888 544, and, as required under s.17(3)(b) of the *Aboriginal Heritage Act 2006*, all details about the location and nature of the human remains must be provided to the Aboriginal Heritage Council (as defined in the *Aboriginal Heritage Act 2006*).

Exempt works and activities

Exterior

1. Minor repairs and maintenance which replace like with like.
2. Removal of extraneous items such as air conditioners, pipe work, ducting, wiring, antennae, aerials etc, and making good.
3. Installation or repair of damp-proofing by either injection method or grouted pocket method.

Regular garden maintenance

4. Installation, removal or replacement of garden watering systems.
5. Lopping, pruning and removal of trees and vegetation

Interior

6. Painting of previously painted walls and ceilings provided that preparation or painting does not remove evidence of the original paint or other decorative scheme.
7. Removal of paint from originally unpainted or oiled joinery, doors, architraves, skirtings and decorative strapping.
8. Installation, removal or replacement of carpets and/or flexible floor coverings.
9. Installation, removal or replacement of curtain track, rods, blinds and other window dressings.
10. Installation, removal or replacement of hooks, nails and other devices for the hanging of mirrors, paintings and other wall mounted artworks.
11. Refurbishment of bathrooms, toilets and or en suites including removal, installation or replacement of sanitary fixtures and associated piping, mirrors, wall and floor coverings.
12. Installation, removal or replacement of kitchen benches and fixtures including sinks, stoves, ovens, refrigerators, dishwashers etc and associated plumbing and wiring.
13. Installation, removal or replacement of ducted, hydronic or concealed radiant type heating provided that the installation does not damage existing skirtings and architraves and provided that the location of the heating unit is concealed from view.
14. Installation, removal or replacement of electrical wiring provided that all new wiring is fully concealed and any original light switches, pull cords, push buttons or power outlets are retained in-situ. Note: if wiring original to the place was carried in timber conduits then the conduits should remain in-situ.
15. Installation, removal or replacement of bulk insulation in the roof space.
16. Installation, removal or replacement of smoke detectors.

Appendix 1: Important information for owners and interested parties

Heritage Council determination (section 49)

The Heritage Council is an independent statutory body that will make a determination on this recommendation under section 49 of the Act. It will consider the recommendation after a period of 60 days from the date the notice of recommendation is published on its website under section 41.

Making a submission to the Heritage Council (section 44)

Within the period of 60 days, any person or body may make a submission to the Heritage Council regarding the recommendation and request a hearing in relation to that submission. Information about making a submission and submission forms are available on the Heritage Council's website. The owner can also make a submission about proposed permit exemptions (Section 40(4)(d).

Consideration of submissions to the Heritage Council (section 46)

(1) The Heritage Council must consider—

(a) any written submission made to it under section 44; and

(b) any further information provided to the Heritage Council in response to a request under section 45.

Conduct of hearings by Heritage Council in relation to a recommendation (section 46A)

(1) The Heritage Council may conduct a hearing in relation to a recommendation under section 37, 38 or 39 in any circumstances that the Heritage Council considers appropriate.

(2) The Heritage Council must conduct a hearing if—

(a) a submission made to it under section 44 includes a request for a hearing before the Heritage Council; and

(b) the submission is made by a person or body with a real or substantial interest in the place, object or land that is the subject of the submission.

Determinations of the Heritage Council (section 49)

(1) After considering a recommendation that a place, object or land should or should not be included in the Heritage Register and any submissions in respect of the recommendation and conducting any hearing, the Heritage Council may—

(a) determine that the place or object is of State-level cultural heritage significance and is to be included in the Heritage Register; or

(ab) in the case of a place, determine that—

(i) part of the place is of State-level cultural heritage significance and is to be included in the Heritage Register; and

(ii) part of the place is not of State-level cultural heritage significance and is not to be included in the Heritage Register; or

(ac) in the case of an object, determine that—

(i) part of the object is of State-level cultural heritage significance and is to be included in the Heritage Register; and

(ii) part of the object is not of State-level cultural heritage significance and is not to be included in the Heritage Register; or

(b) determine that the place or object is not of State-level cultural heritage significance and is not to be included in the Heritage Register; or

(c) in the case of a recommendation in respect of a place, determine that the place or part of the place is not to be included in the Heritage Register but—

(i) refer the recommendation and any submissions to the relevant planning authority or the Minister administering the Planning and Environment Act 1987 to consider the inclusion of the place or part of

the place in a planning scheme in accordance with the objectives set out in section 4(1)(d) of that Act; or

(ii) determine that it is more appropriate for steps to be taken under the Planning and Environment Act 1987 or by any other means to protect or conserve the place or part of the place; or

(ca) in the case of a recommendation in respect of an object nominated under section 27A, determine that the object, or part of the object, is to be included in the Heritage Register if it is integral to understanding the cultural heritage significance of a registered place or a place the Heritage Council has determined to be included in the Heritage Register; or

(d) in the case of a recommendation in respect of additional land nominated under section 27B, determine that the additional land, or any part of the additional land, is to be included in the Heritage Register if—

(i) the State-level cultural heritage significance of the place, or part of the place, would be substantially less if the additional land or any part of the additional land which is or has been used in conjunction with the place were developed; or

(ii) the additional land or any part of the additional land surrounding the place, or part of the place, is important to the protection or conservation of the place or contributes to the understanding of the place.

(2) The Heritage Council must make a determination under subsection (1)—

(a) within 40 days after the date on which written submissions may be made under section 44; or

(b) if any hearing is conducted, within 90 days after the completion of the hearing.

(3) A determination made under subsection (1)(a), (ab), (ac), (ca) or (d)—

(a) may include categories of works or activities which may be carried out in relation to a place, object or land, or part of a place, object or land, for which a permit under this Act is not required, if the Heritage Council considers that the works or activities would not harm the cultural heritage significance of the place, object or land; and

(b) must include a statement of the reasons for the making of the determination.

(4) If the Heritage Council determines to include a place, or part of a place, in the Heritage Register, the Heritage Council may also determine to include land that is not the subject of a nomination under section 27B in the Heritage Register as part of the place if—

(a) the land is ancillary to the place; and

(b) the person who owns the place, or part of the place—

(i) is the owner of the land; and

(ii) consents to its inclusion.

(5) If a member of the Heritage Council makes a submission under section 44 in respect of a recommendation, the member must not take part in the consideration or determination of the Heritage Council.

(6) The Heritage Council must notify the Executive Director of any determination under this section as soon as practicable after the determination.

Obligations of owners (section 42, 42A, 42B, 42C, 42D)

42 Obligations of owners—to advise of works, permits etc. on foot when statement of recommendation given

(1) The owner of a place, object or land to whom a statement of recommendation has been given must advise the Executive Director in writing of—

(a) any works or activities that are being carried out in relation to the place, object or land at the time the statement is given; and

(b) if the place, object or land is a place or additional land, any application for a planning permit or a building permit, or any application for an amendment to a planning permit or a building permit, that has been made in relation to the place or additional land but not determined at the time the statement is given; and

(c) any works or activities that are proposed to be carried out in relation to the place, object or land at the time the statement is given.

(2) An advice under subsection (1) must be given within 10 days after the statement of recommendation is given under section 40.

42A Obligations of owners before determination or inclusion in the Heritage Register—to advise of permits

(1) This section applies if—

(a) an owner of any of the following is given a statement of recommendation—

(i) a place or object nominated under section 27;

(ii) an object nominated under section 27A;

(iii) land nominated under section 27B; and

(b) any of the following occurs within the statement of recommendation period in relation to the place, object or land—

(i) the making of an application for a planning permit or a building permit;

(ii) the making of an application for an amendment to a planning permit or a building permit;

(iii) the grant of a planning permit or building permit;

(iv) the grant of an amendment to a planning permit or building permit.

(2) The owner must advise the Executive Director in writing of—

(a) the making of an application referred to in subsection (1)(b)(i) or (ii), within 10 days of the making of the application; or

(b) a grant referred to in subsection (1)(b)(iii) or (iv), within 10 days of the owner becoming aware of the grant.

42B Obligations of owners before determination or inclusion in the Heritage Register—to advise of activities

(1) This section applies if—

(a) an owner of a place, object or land is given a statement of recommendation; and

(b) within the statement of recommendation period it is proposed that activities that could harm the place, object or land be carried out.

(2) The owner, not less than 10 days before carrying out the activities, must advise the Executive Director in writing of the proposal to do so.

42C Obligations of owners before determination or inclusion in the Heritage Register—to advise of proposal to dispose

(1) This section applies if—

(a) an owner of a place, object or land is given a statement of recommendation; and

(b) within the statement of recommendation period a proposal is made to dispose of the whole or any part of the place, object or land.

(2) The owner, within 10 days after entering into an agreement, arrangement or understanding for the disposal of the whole or any part of the place, object or land, must advise the Executive Director in writing of the proposal to do so.

42D Obligations of owners before determination or inclusion in the Heritage Register—requirement to give statement to purchaser

(1) This section applies if—

(a) an owner of a place, object or land is given a statement of recommendation; and

(b) the owner proposes to dispose of the whole or any part of the place, object or land within the statement of recommendation period.

(2) Before entering into an agreement, arrangement or understanding to dispose of the whole or any part of the place, object or land during the statement of recommendation period, the owner must give a copy of the statement of recommendation to the person who, under the proposed agreement, arrangement or understanding, is to acquire the place, object or land or part of the place, object or land.

Owners of places and objects must comply with obligations (section 43)

An owner of a place, object or land who is subject to an obligation under section 42, 42A, 42B, 42C or 42D must comply with that obligation.

Penalty: In the case of a natural person, 120 penalty units;

In the case of a body corporate, 240 penalty units.

Appendix 2: Existing registration details

Existing extent of registration

1. To the extent of all the buildings marked B1 (Tower) and B2 (Remnant Wall/Palisade Fence) on Diagram 602891 held by the Executive Director.

2. To the extent of all the land marked L1 on Diagram 602891 held by the Executive Director, being all of the land vested in the Queen Victoria Women's Centre Trust (in accordance with s.15 of the Queen Victoria Women's Centre Act 1994) and part of the land described in Certificates of Title Volume 10036 Folio 776, Volume 10036 Folio 784, Volume 10036 Folio 783, Volume 10036 Folio 781, Volume 10036 Folio 780.

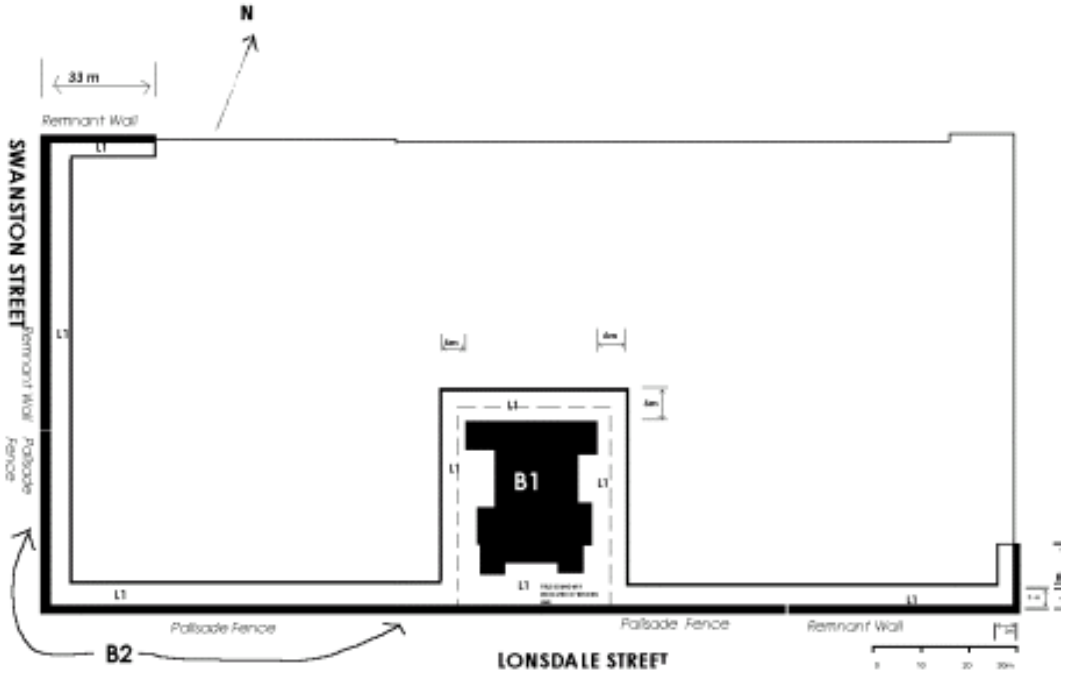
Dated 15 October 1998.

RAY TONKIN

Executive Director

[Victoria Government Gazette G 43 29 October 1998 p.2653]

Existing extent diagram



Existing statement of significance

What is significant?

The former Queen Victoria Hospital Tower and perimeter fence are the last remaining remnants of a hospital complex that once occupied the entire block bounded by Lonsdale, Swanston, Little Lonsdale and Russell Streets. The Tower is a five storey red brick Edwardian building constructed in 1910 to a design by JJ and EJ Clark. The central part of the building features a rendered loggia on the second and third floors, surmounted by a balcony. The Tower is really one of several pavilions that once made up the hospital, and its central bay is itself flanked by two towers crowned with cupolas. An iron palisade fence on blue stone footings runs approximately three-quarters of the length of the Lonsdale Street frontage from Swanston Street and north along part of Swanston Street. Remnant sections of the bluestone base remain on all street frontages. The entrance fittings on Lonsdale Street are a significant reminder of the hospital's former grand scale.

How is it significant?

The former Queen Victoria Hospital Tower and perimeter fence are of architectural, historical and social significance.

The former Queen Victoria Hospital Tower is of architectural significance as the only surviving remnant of the former Queen Victoria Hospital, once a substantial example of an Edwardian hospital. The hospital was considered to be the most advanced in Australia at the time of its construction, demonstrating innovative design whilst incorporating functional elements within a decorative exterior. It was the largest Edwardian hospital in Victoria and designed along the well-established pavilion principles. The remaining multi-storey pavilion with its open balconies is representative of early 20th century attitudes to hospital design. The Tower and fence demonstrate what was once an extraordinary example of a hospital complex and continue to illustrate the work of JJ and EJ Clark, prominent architects who helped shape 19th and 20th century Melbourne through the Public Works Department. Although the hospital was completed after the death of JJ Clark, it was considered to be the culmination of his career and one of his most important works.

The former Queen Victoria Hospital Tower and perimeter fence are of historical significance for their long association with hospitals on the site and the history of medicine in Victoria. The site was first established as a hospital in 1846 when Melbourne's first public hospital was constructed. In 1910 the Melbourne Hospital was built on the site, possibly incorporating some of the earlier buildings. In 1944 the Melbourne Hospital (then known as the Royal Melbourne Hospital) was relocated to Parkville. The Queen Victoria Memorial Hospital commenced operations on the site in 1946 and was established ‘by and for the women of Victoria’. The remnants of the hospital are a reminder of the residential structure of Melbourne in the 19th century and first half of the 20th century. Many of the city’s large public hospitals, such as the Melbourne Hospital, were established at a time when the majority of the population lived close to the city centre, which was the focus of economic, political and social life. After WW2, the process of suburbanisation rapidly gathered pace, and the rationale for centrally-located hospitals disappeared, as eventually did some of the hospitals themselves.

The former Queen Victoria Hospital Tower and perimeter fence are of social significance for their continuing association with medical facilities run for women by women for over forty years.

Existing permit policy and permit exemptions

General Exemptions:

General exemptions apply to all places and objects included in the Victorian Heritage Register (VHR). General exemptions have been designed to allow everyday activities, maintenance and changes to your property, which don’t harm its cultural heritage significance, to proceed without the need to obtain approvals under the Heritage Act 2017.

Places of worship: In some circumstances, you can alter a place of worship to accommodate religious practices without a permit, but you must notify the Executive Director of Heritage Victoria before you start the works or activities at least 20 business days before the works or activities are to commence.

Subdivision/consolidation: Permit exemptions exist for some subdivisions and consolidations. If the subdivision or consolidation is in accordance with a planning permit granted under Part 4 of the *Planning and Environment Act 1987* and the application for the planning permit was referred to the Executive Director of Heritage Victoria as a determining referral authority, a permit is not required.

Specific exemptions may also apply to your registered place or object. If applicable, these are listed below. Specific exemptions are tailored to the conservation and management needs of an individual registered place or object and set out works and activities that are exempt from the requirements of a permit. Specific exemptions prevail if they conflict with general exemptions.

Find out more about heritage permit exemptions here.

Specific Exemptions:

EXEMPTIONS FROM PERMITS:

(Classes of works or activities which may be undertaken without a permit under

Part 4 of the Heritage Act 1995)

General Conditions:

1. All exempted alterations are to be planned and carried out in a manner which prevents damage to the fabric of the registered place or object.

2. Should it become apparent during further inspection or the carrying out of alterations that original or previously hidden or inaccessible details of the place or object are revealed which relate to the significance of the place or object, then the exemption covering such alteration shall cease and the Executive Director shall be notified as soon as possible.

3. I there is a conservation policy and plan approved by the Executive Director, all works shall be in accordance with it.

4. Nothing in this declaration prevents the Executive Director from amending or rescinding all or any of the permit exemptions.

5. Nothing in this declaration exempts owners or their agents from the responsibility to seek relevant planning or building permits from the responsible authority where applicable.

Exterior

* Minor repairs and maintenance which replace like with like.

* Removal of extraneous items such as air conditioners, pipe work, ducting, wiring, antennae, aerials etc, and making good.

* Installation or repair of damp-proofing by either injection method or grouted pocket method.

*** Regular garden maintenance.**

* Installation, removal or replacement of garden watering systems.

Interior

* Painting of previously painted walls and ceilings provided that preparation or painting does not remove evidence of the original paint or other decorative **scheme.**

* Removal of paint from originally unpainted or oiled joinery, doors, architraves, skirtings and decorative strapping.

* Installation, removal or replacement of carpets and/or flexible floor **coverings.**

* Installation, removal or replacement of curtain track, rods, blinds and **other window dressings.**

* Installation, removal or replacement of hooks, nails and other devices for the hanging of mirrors, paintings and other wall mounted artworks.

* Refurbishment of bathrooms, toilets and or en suites including removal, installation or replacement of sanitary fixtures and associated piping, **mirrors, wall and floor coverings.**

* Installation, removal or replacement of kitchen benches and fixtures including sinks, stoves, ovens, refrigerators, dishwashers etc and associated **plumbing and wiring.**

* Installation, removal or replacement of ducted, hydronic or concealed radiant type heating provided that the installation does not damage existing skirtings and architraves and provided that the location of the heating unit **is concealed from view.**

* Installation, removal or replacement of electrical wiring provided that all new wiring is fully concealed and any original light switches, pull cords, push buttons or power outlets are retained in-situ. Note: if wiring original to the place was carried in timber conduits then the conduits should remain **in-situ.**

* Installation, removal or replacement of bulk insulation in the roof space.

* Installation, removal or replacement of smoke detectors.