

Conservation plan
Soldiers' Block, Queen Mary Hospital,
Hanmer
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Executive summary

Following the recommendations of a report on the heritage values of the Queen Mary Hospital site by Opus International Consultants Ltd in 2004, three conservation plans were commissioned by the Hurunui District Council on the Soldiers' Block, the Chisholm Ward and the Nurses' Hostel. The key findings of this conservation plan on the Soldiers' Block are listed below.

Heritage significance

The building has national and potential international significance as one of two remaining 'Soldiers' Block' hospitals in New Zealand and the only one remaining on its original site. The design was to accommodate soldiers injured in the First World War and is believed to be unique internationally. Its design is based on the contemporary medical belief in fresh air, good ventilation, sun and location in a park-like setting to improve recovery for patients. The uncommon octagonal form of the wards with a central octagonal nurses' station was an efficient plan to maximise patients and minimise staff numbers necessary for supervision.

The building, the first to be constructed at the hospital, is associated with its architects, nationally recognised firm Hoggard, Prouse and Gummer, and is largely authentic in design, materials, craftsmanship and setting.

The building is one of a group of buildings with very high heritage values in the nationally significant Queen Mary Hospital complex, the only such facility in New Zealand to offer treatment of addictions, where treatment was voluntary and where innovative programmes were offered for the first time in the country. There is very high, local, regional and national public esteem for the site and buildings.

Significant heritage spaces

The whole of the exterior and setting has the highest heritage values.

Of those that could be accessed, the following interior spaces have the highest heritage values:

- the two octagonal wards
- the corridors and rooms giving access to the octagonal wards
- the toilets to the octagonal wards
- the central dining hall
- the recreation hall

Framework for conservation

The principle regulatory framework for conservation of the Soldiers' Block includes the:

- Historic Places Act 1993 (HPA)
- Resource Management Act 1991 and 2003 amendment (RMA)
- The Hurunui District Plan
- The Building Act 2004

• The Environment Canterbury Regional Council Regional Policy Statement 1998

Conservation standards within which the conservation of the building should be undertaken are those described in the *ICOMOS NZ Charter*, 1996.

There are significant issues with respect to the condition of the Soldiers' Block.

Conservation policies

There are a number of policies described in the plan in order to:

- Retain, conserve and, where appropriate, enhance heritage values
- Retain and, where appropriate, enhance the character and quality of the building and its elements including the immediate setting
- Ensure that conservation interventions conform to nationally and internationally recognised standards of conservation practice
- Ensure the use of conservation techniques which involve the least degree of intervention, loss of significant fabric and respect of patina
- Permit new works which are discreet and compatible with the above and which will make the place more effective in its use
- Identify elements which adversely affect the place and which are in need of modification or removal
- Provide an approach to the replacement of deteriorated fabric that respects the patina of age of retained significant fabric
- Draw attention to the need for coordination and continuity of conservation decisions

Recommended conservation interventions include:

- Urgent maintenance and repairs to be undertaken
- Fabric of especial significance, which should be conserved with the building
- The need for a full a maintenance plan to be written
- The restoration or reconstruction of high heritage value spaces and elements
- A compatible use found for the building as soon as possible, which should have some level of public access where possible

Implementation of policies

Timeframes are recommended for implementation of the policies, with suggestions for funding, monitoring and management of conservation.



1 Introduction

Liz White, Consents planner, Consents Planner, Hurunui District Council commissioned this conservation plan, in a letter of 3 March, 2010.

Basis for the preparation of the conservation plan

There are a number of national and international guides for preparing conservation plans. A New Zealand guide is the New Zealand Historic Places Trust publication *Preparing Conservation Plans* written by Greg Bowron and Jan Harris. The most appropriate guide is the internationally accepted standard is J.S. Kerr's *The Conservation Plan; A Guide to the Preparation of Conservation Plans for Places of European Cultural Significance* (National Trust of Australia, 1990). This guide is used for this conservation plan but modified to meet New Zealand requirements.

The Kerr guide firstly recommends establishing the significance of the place through research into its physical and social history before assessing significance. The assessment criteria used are those based on the Historic Places Act 1993 (HPA) and relevant international criteria.

The second stage of the conservation plan is a description of the appropriate New Zealand framework within which conservation can take place.

The third stage is the development of conservation policies for long-term care and appropriate to maintain or enhance established areas of significance and within the appropriate framework. This plan uses the *New Zealand ICOMOS Charter for the Conservation of Places of Cultural Heritage Value* (the ICOMOS NZ Charter) to formulate relevant conservation policies, discussing each possible intervention, describing and explaining why they are appropriate for the place.

The final section makes recommendations for implementation of the policies.

Scope and limitations

The commission from the Hurunui District Council was for three separate conservation plans for the Soldiers' Block, the Chisholm Ward and Nurses' Hostel. A requirement of the commission was to use the historical research contained in the document, Burgess, R., *Queen Mary Hospital, Hanmer, Heritage Assessment* for the Hurunui District Council, Opus October 2004. Therefore no additional historical research has been carried out.

The history in common to each of the buildings is repeated in each of the conservation plans, based on the Opus Report, as are the histories of the individual buildings, also based on the Opus Report. A number of elements of the history and architecture of the buildings are common to each of the buildings and these sections are repeated in each of the plans so that each is a stand-alone document.

This plan includes an outline, visually based condition survey, but not a remedial work specification or a cyclical maintenance plan. The plan is not a structural or fire safety survey and does not address specific issues of Building Act compliance. No measured drawings have been prepared for the plan.

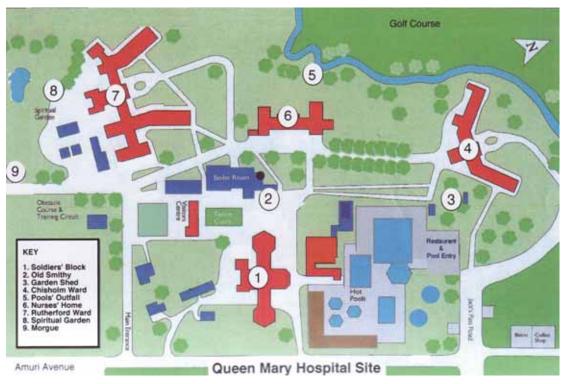
Heritage status

The Chisholm Ward and Soldiers' Block are both listed in the Hurunui District Plan Appendix A8.1 – Schedule of heritage features. The Chisholm Ward is listed as "site H57, Map H/H1, feature Chisholm Ward – Queen Mary Hospital, location, Hanmer Springs". The Soldiers' Block is listed as is listed as "site H57, Map H/H1, feature Soldiers' Block – Queen Mary Hospital, location, Hanmer Springs". The Nurses' Hostel is not listed.

The whole site, including the thermal baths, is registered as an Historic Area by the New Zealand Historic Places Trust (NZHPT), register number 7583, registered in 10 December 2004. It is described as "Queen Mary Hospital (former) and Hanmer Springs Thermal Reserve Historic Area".

The hospital buildings, excluding the thermal baths area, were registered category I with the NZHPT as an Historic Place, register number 7612, registered on 24 June 2005.

The site has an interim Heritage Order placed on it by the Hurunui District Council.



Site plan showing the main buildings of the Queen Mary Hospital, from inside front cover of Crawford, *The Queen Mary Hospital, Hanner Springs, 1916-2003*

Legal description, location and ownership details

The legal description of the site is Part Section 79, Hanmer Town Area, being part of Certificate of Title CB38C/188, Canterbury Registry.

The site is located on the corner of Amuri Avenue and Jacks Pass Road, Hanmer Springs.

The owner of the land and buildings is the Crown Health Funding Agency but it is



expected that the land and buildings will be vested in the Hurunui District Council in the not-too-distant future.

Contributors to the plan

As explained above, the historical sections were researched and written by Robyn Burgess, then of Opus, in 2004. Ian Bowman, architect and conservator, compiled and wrote the remainder of the plan.

Photographic sources

The author took contemporary photographs. The sources of other photographs are identified under each photo.

Acknowledgements

I would like to acknowledge the assistance of Robyn Burgess of the NZHPT who wrote the 2004 Opus Report, local resident and cousin of the author, Ann Wilkshire who alerted me to and provided copies of Dr. Crawford's recently published books on Queen Mary Hospital, Liz White, Consents Planner and Andrew Feierabend, Chief Planner of the Hurunui District Council.

2 The social and physical context

2.1 History of the site and its development¹

Maori History

No prehistoric sites have been recorded in the area of Hanmer Springs at the present time.

Ngai Tahu people would have known of the location of the Springs. The area of the Hanmer plain was known as *Mania Rauhea*, the 'plain of the shining tussock'², but no other traditions are currently known.

The Waiau River was a major route from Canterbury to the West Coast and Marlborough for Ngai Tahu, and the river does pass along the southern boundary of the Hanmer Plain. It is unclear if earlier Ngati Mamoe or Waitaha used the pass. Any occupation that occurred along the Waiau was transitory in nature, in the form of *nohoanga* or campsites. Any excursion to the Hanmer Pools would be indicated by the presence of *nohoanga* remains such as earth ovens and food middens.

Early European Occupation

Evidently the first European to officially record the springs was William Jones, reporting to the *Lyttelton Times* in April 1859, "a remarkable fog....some holes which were filled with water of a temperature varying from milk-warm to almost boiling". The *Cyclopedia of New Zealand* covering South Canterbury (1903) credits Messrs Edward James Lee and Edward Jollie for 'discovering' the Hanmer hot springs, but no date for this is provided. In 1860, the Nelson Provincial Government proclaimed a 1072-hectare reserve around the springs. Visitors up to the 1870s would camp in tents beside the pool or take advantage of accommodation at the Jollies Pass Hotel, built in 1862 some 4 km away.

In 1878, John Fry, owner of the Jollies Pass Hotel, constructed a small two-room Changing Shed next to the main pool in order to take advantage of the popularity of the springs. ⁶

Improved transportation allowed more visitors to reach the pools, and in 1883, the Lands Department began work on improving them. The main pool was excavated and fenced.

In 1884, a bathhouse, complete with four baths, was built around the main pool. This bathhouse has now gone, but was in the location just to the

⁷ Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 65.



¹ Sections 2.1 and 2.2 are quoted from *Historical Background Of The Site, Context And Bibliography*. Prepared by Burgess, R., Opus International Consultants for Heritage Assessment of Queen Mary Hospital Site, 6 October 2004.

² Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983): 37.

³ Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 64.

⁴ Cyclopedia of New Zealand, Canterbury edition. Vol. 3, part 4, Christchurch, 1903.

⁵ Ibid.

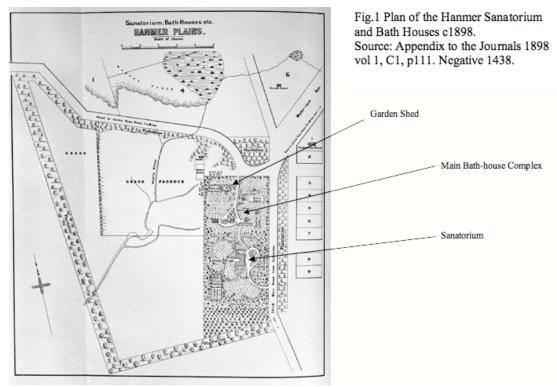
⁶ Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p13.

north of where the north-eastern wing of the current Fountain House is situated.

A second bathhouse was added in 1888, with eight baths inside. The foundations of this bathhouse are incorporated into the eastern end of the current Gymnasium building. The second bathhouse was further added to in 1893 with two more baths and a waiting room. Gas was collected from the springs to heat the waiting room. A men's swimming pool was added nearby, originally as a cold fresh-water pool but it was soon converted to a hot mineral bath.

In 1894, an enclosed women's swimming bath, known as the Marian Pool, was opened near the main pool which had been segregated for men only. This was followed by the construction of a bowling green and tennis court. When a larger pool became available for the men, the main pool was allocated to the women and the Marian pool to girls. 9

People visiting the baths often lived in tents at the springs, but the construction of a government-owned Sanatorium building and a hotel (called The Lodge)¹⁰ close to the springs in 1897 meant that there was now decent accommodation.¹¹ In 1907 The Lodge was leased to Duncan Rutherford, and between 1915 and 1916 to the Red Cross as a hospital for returned soldiers.



The Government Sanatorium ('Spa') was opened on the 9th December 1897. It had a women's drawing room, a smoking room and a general sitting

⁹ Ibid: 67-8.

⁸ Ibid: 65-6.

 $^{^{10}}$ The original Lodge building no longer survives but the Heritage Hotel stands near its place at 1 Conical Hill Road, Hanmer Springs.

¹¹ Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 67.

room. 12 Initially the Hanmer Sanatorium was a sanatorium in name only, as it was really just a lodging house where invalids could stay while they were taking the baths. 13 It was intended for people who couldn't walk any distance. First-class accommodation was available for 40 shillings a week, second-class for 20 shillings. Most of the bedrooms were first class, but this proved to be in error, as most of the wealthy visitors to Hanmer chose to stay at The Lodge. 14 Such a large number of 'second class visitors' required the cheaper accommodation that in January 1898 the manager of the Sanatorium was instructed to erect tents for them. 15 By around the turn of the century additional second-class accommodation had to be added to the Sanatorium. 16 Architectural drawings for the additions, dated August 1899, were by Public Works Department Architect, John Campbell. 17 It is quite likely that Campbell was also the architect for the original 1897 Sanatorium building and indeed the architect for the later Soldiers' Block building erected in its place. Further alterations were carried out to the Spa/Sanatorium building in 1907, including the erection of a dairy separate from the main building. 18 Such a building is seen in early drawings of the Sanatorium. It is likely that the current small brick structure, which stands alone to the south of the Soldiers' Block, is a remnant from that Sanatorium period.

The gasometer which stands in the Public Grounds was erected in 1898, prior to which date gas had been collected from no. 8 Spring into two 400-gallon tanks and used for lighting purposes. 19



Sanatorium/Spa in c.1898. Source: *Appendix to the Journals* 1898, vol 1, C1, p111. Negative 1437, Opus Report

In 1899, a

fountain-house was erected in the grounds. This was located just to the west of the current Fountain House block. A third bathhouse was added in 1900, containing 8 baths, a Turkish bath and massage slabs. ²⁰ It was designed in 1899 by the Public Works Engineer's Department (William H Hales was the

²⁰ Archives New Zealand (Wellington branch) PWD Plans 18533 5-12.



¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Archives New Zealand (Wellington Branch), PWD Plan 18533 "Additions to Sanatorium, Hanmer".

¹⁸ Archives New Zealand (Wellington Branch), Letter Jan 8 1907 "the dairy should be an isolated building and not connected by means of a corridor to the main building".

¹⁹ Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p15.

engineer in chief).²¹ The third bathhouse was located to the south of the current Gymnasium block. A croquet lawn was also laid down. In 1902, a massage department was added²², probably within one of the existing bathhouses. A garden with a tool shed appears in early plans, to the north of the current pools complex, and this may still survive.²³

A tea house opened in 1904–5. This building still survives as the current tea kiosk at the baths, although it is not in its original location, which was closer to where the second bathhouse was (i.e. north of where the current Gymnasium building is.

In 1902 a Morgue was built near the centre of the current hospital site, near the location of the current Maintenance Engineer's office.²⁴ The architect for the Morgue was John Campbell, the Public Works Department architect who was involved in the Sanatorium building.²⁵ It was shifted to the southern end of the site some time after 1950.²⁶ The style of the building, with tongue and groove timbers and gables with half-trusses and finials is reminiscent of features shown in images of the 19th century Sanatorium building. The morgue building has been used to hold the body of anyone who died at the hospital or in the Hanmer community (including motor vehicle accident fatalities) until such time as an undertaker could take the body away. It continued to have that function until at least 1986.²⁷

At the turn of the 20th century, Hanmer was considered the third most important spa in New Zealand (after Rotorua and Te Aroha).²⁸ In 1902 the Tourist Department changed the name from Sanatorium to Spa in order to attract usage of the springs for relaxation purposes and not solely as accommodation for invalids. However, the Department later rethought this policy and reverted to the name 'Sanatorium' basing the institution on a 'proper sanatorium' and it reopened (in the same building) in December 1908 with a medical staff.

In 1909 the first resident medical officer, Dr. Chisson, was appointed, along with a matron, Miss E Rendell.²⁹ The Sanatorium is described as catering for 18 patients.³⁰ It appears that the treatment in these early days consisted of massage, baths or bathing in the open pool, drinking or inhaling the waters and a specially regulated programme of walks to take the 'invigorating air'.

The Sanatorium building was destroyed by fire the day after World War I

²² Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 69.

²¹ Ibid.

 $^{^{23}}$ Further investigation is required to ascertain if the building sandwiched between two tall trees in the former garden of the hospital, adjacent to the current thermal pools complex, is in fact the original gardener's tool shed built in the early 20^{th} century. This building is in the fenced garden area, not inspected by the author.

²⁴ Archives New Zealand (Wellington branch): PWD Plan 19834.

²⁵ Archives New Zealand (Wellington branch): PWD Plans 18533.

²⁶ Plan of the site with the date 2.3.50. Held in the office of the Maintenance Engineer.

²⁷ Norman Beauchamp (ex plumber at Queen Mary Hospital 1956-1986), pers. comm. 15/6/04).

²⁸ Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 69.

²⁹ Petre, M E. 'Queen Mary Hospital, Hanmer Springs: How it Started and What it is', Student Nurses' Supplement, The New Zealand Nursing Journal, February 1959: 31.

³⁰ Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 70.

began, on 2 August 1914. (After the fire, visitors/patients to the Sanatorium stayed at a house³¹ in the Hanmer village until 1921, when it was merged into Queen Mary Hospital.)³² Immediately following the destruction of the Sanatorium building, the general manager at Hanmer, B M Wilson, wrote to the government Balneologist, Dr. Wohlmann in Rotorua, requesting that he provide a rough sketch as to a suitable new Sanatorium.³³ A sketch plan dated 11 May 1915 exists for a Sanatorium which has a cruciform plan, with a central garden area, separate men's and women's wards, dining, kitchen, servants quarters and medical area.³⁴ Such a plan is reminiscent of the European spas. However, the reality of the effects of the war, with large numbers of soldiers returning in need of treatment, meant a rethink of what was required at Hanmer and Wohlmann's designs never reached fruition.

World War I

Prior to the war, the Hanmer Springs complex was a major tourist drawcard as a health resort. Tourism declined dramatically with the war. Business in the town suffered, as it relied on the visitors for support and trade. One of Hanmer's leading residents of the time said in 1916, "Things have gone badly ever since



Digital photograph of an aerial photograph of Queen Mary Hospital Site displayed on the wall of the Maintenance Engineer's Office, dated 1966, RNZAF., from Opus Report

'The Lodge' was closed to the public. ... Shortly after the war broke out Mr Duncan Rutherford decided to transform 'The Lodge' from Hanmer's leading accommodation house into a convalescent home for soldiers, and the result was that the chief house being thus closed to them, the spending class of tourists have since kept away. The consequent loss in business has been very considerable, but still we have gladly put up with this, as our loss has been the

³⁴ Archives New Zealand (Wellington branch), File To 1 37/16, attached with letter from J Duncan, Resident Medical Officers, Hanmer to General Manager, Wellington.



³¹ This house was Brae View. Hanmer Springs 1883-1933: 50 Years of Progress (reproduced 1983) p17.

³² Petre, M E. 'Queen Mary Hospital, Hanmer Springs: How it Started and What it is', Student Nurses' Supplement, The New Zealand Nursing Journal, February 1959: 31.

³³ Archives New Zealand (Wellington branch), File To 1 37/16: Memo 5 August 1914 63/11 to Dr Wohlmann.

soldiers' gain ...". ³⁵ At the time of making these statements, 'The Lodge' was being renovated ³⁶ and returned to accommodation for tourists, as a new purpose-built hospital at Hanmer was erected. ³⁷

Recent History

In 1943 the hospital became a treatment centre for those with functional nervous diseases while also treating the sick from World War 2. Between the years of 1945 and 1972 major changes occurred in the treatment of psychiatric patients. In 1960 the Department of Health handed control of the hospital to the Division of Mental Hygiene (Mental Health) as only psychiatric patients (predominantly those with alcohol problems) were being treated at Oueen Mary's. 38 In 1949 the Nurses and Midwives Board approved of two sixmonth courses a year being held at Queen Mary Hospital so that general nurses could gain experience in psychological nursing. This course continued until at least the late 1950s. 39 Treatment of functional nervous diseases ceased in 1965. In 1972 the North Canterbury Hospital Board took control of the hospital and it was granted a fee simple from the Crown in 1981. It became one of the foremost institutions for the treatment of alcoholism and drug dependencies in the Southern Hemisphere. In 1998 the Queen Mary Hospital was leased by Queen Mary Hospital Limited for the Hanmer Institute (latterly Hanmer Clinics) which was a privately run drug rehabilitation clinic, partly funded by the Ministry of Health. The Clinic closed due to financial difficulties in November 2003.

Hospital for Sick and Wounded Soldiers, (Soldiers' Hospital)

What has been come to be known as the Soldiers' Block was originally described as the Convalescent Home for sick soldiers. It was opened on 3 June 1916 by the Hon G W Russell. The whole of the



Copied from Silverson, page 121, Soldiers' Block opening top left, right and centre. Arrangement of beds in Octagonal wards (note no glazing in window space), Opus Report

Conservation Plan • Soldiers' Block, Queen Mary Hospital, Hanmer

^{35 &}quot;Hanmer in War Time", The Press, 18 July 1916: 8.

³⁶ The Lodge is said to have been completely reconstructed in 1931-2. Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 72.

³⁷ "Hanmer in War Time", The Press, 18 July 1916: 8.

³⁸ Archives New Zealand, Christchurch office. Notes photocopied headed CAWS (dated 25 May 2004) providing a summary of the administration history of Queen Mary Hospital.

³⁹ Petre, M E. 'Queen Mary Hospital, Hanmer Springs: How it Started and What it is', Student Nurses' Supplement, The New Zealand Nursing Journal, February 1959: 31.

⁴⁰ Archives New Zealand, Christchurch office. Notes photocopied headed CAWS (dated 25 May 2004) providing a summary of the administration history of Queen Mary Hospital.

work, from the clearing of the ground to the installation of electric light, was carried out by the Public Works Department.⁴¹ The building was described at the time of its opening as follows:

The building is 303 feet in length, and faces the north. It contains two octagons, dining-hall 64ft x 38ft, capable of seating 250 men, recreation hall room, non-commissioned officers' rooms, commandant's quarters, visitors' bedrooms, doctor's consulting and waiting rooms, dispensary, storerooms, kitchen, pantry, bathrooms, lavatories, and all the necessary sanitary arrangements. The interior is painted a dull white, and is splendidly lighted by electricity. The large dining-hall, which will also be used as a living-room, contains a piano and billiard table, and is heated by two large open fireplaces. The octagons will contain 100 beds each, and, if necessary, provision can be made for 400. They are heated with steam radiators and are very pleasant, cheerful rooms. A splendid view of the mountains and sanatorium grounds can be had from them. The sanitary arrangements are perfect. The recreation room is fitted with every comfort, and will contain a library. Books of every kind will be very welcome, as there is no library in the district for the men to get reading matter from. The commandant's quarters, N.C.O's rooms, etc., are all comfortably furnished. The large storerooms, capable of holding stores for a small army, are equipped with monster bins for flour, sugar, rice, sago, etc, and shelves to hold all other articles. The dispensary which is attached to the doctor's consulting and waiting-rooms, is well stocked and is in charge of a qualified chemist.

In the kitchen, probably the most important place in the building, is a huge "Salamander Cooker," capable of cooking meals for 400 men. It has six large ovens, and innumerable openings on the top to hold various-sized pots and pans. Every convenience has been installed that will help to lighten the labour of the kitchen staff. Commodious rooms are attached for the chief cook and second cook. A large furnace and boiler outside the main building will generate enough steam to properly heat all the radiators in the men's sleeping apartments. A very comfortable house for the doctor is in course of construction, and the laundry is practically completed.

A staff consisting of 26 officers and orderlies has been hard at work for the past week getting the building cleaned up and furnished, and everything looks promising for a very successful opening.⁴²

The Lyttelton Times also reported the opening of the convalescent home in June 1916. It noted:

The Queen Mary Hospital for convalescent soldiers at Hanmer Springs was opened on Saturday with due ceremonial at a very distinguished gathering of the civil and military. The Hospital has been built on the grounds of the Spa. It is a light airy structure, ideally situated from a convalescent's point of view, close to the health-giving

⁴² "For Sick Soldiers, Hanmer Convalescent Home to be opened today", The Press 3 June 1916.



⁴¹ "For Sick Soldiers, Hanmer Convalescent Home to be opened today", The Press 3 June 1916.

springs and baths, and is a fine example, as Surgeon-General Henderson said during the day, of what such a hospital should be. Up till Saturday the returned soldiers at Hanmer had been quartered at The Lodge, which had been given by Mr Duncan Rutherford for the purpose, but from now onward the men will be in their new quarters, where strict military discipline will be observed....

The new hospital building ... is a most comfortable and airy building in which recovery should be rapid. It is painted in light shades inside and out, and the effect is heightened by the very extensive use of windows and skylights, which will make the hospital a warm, sunny retreat on many a winter day. Electric light has been fitted throughout, under the direction of Mr L Birks, of the Public Works Department, and in every other respect the building is up-to-date.

The hospital is practically 400 feet long with a northern frontage. The building consists of two octagons of wards, at the wings, with corridors connecting up with the huge central dining hall, which is 64ft by 38ft, with a seating capacity for 250 men. It will also be used as a living room, and will contain a piano and billiard table. There is an attractive recreation room in which a library will be housed

The octagons, which will contain a hundred beds each for a start, are heated with steam radiators. They have a pleasant outlook, and are cheerful quarters altogether. There are other rooms for the commandant, non-commissioned officers and other, in addition to large storerooms. Last but not least there are the doctor's waiting and consulting rooms, and a dispensary, which will be in charge of a qualified chemist.

The kitchen houses a 'Salamander cooker', with a capacity to meet the wants of 400 men. There are six large ovens and various up-to-date labour saving devices, and there are also rooms for the cooks. A doctor's house is also in the course of erection.

The work of the institution will be carried out by orderlies, and the gentler sex will find no place in the building unless it be as visitors, or

possibly in cases where trained nurse may be necessary. This is in accord with the military regulations, and the new

hospit al will be essenti



Opening of the verandah, Duncan Rutherford (pictured on left) paid for the verandah added to the front of the building in 1917. John Dodds, the local storekeeper stands to the right, Crawford, *The Queen Mary Hospital*, page 2

ally military.43

The opening was performed by Minister of Public Health, the Hon G W Russell, who stated that the new building would last for many years, and would stand as an expression of affection and sympathy from the people of New Zealand towards the soldiers. ⁴⁴ It was envisaged that when the soldiers had ceased to use it, it would be linked up with the public hospital system as a convalescent home. ⁴⁵

The Public Works officials who were responsible for the new building included Messrs Farr and Birks.⁴⁶ It is likely that the government architect, John Campbell, who had been involved in the designs of the Sanatorium building, the Morgue and most an almost identical soldiers military hospital built in a year earlier in Rotorua [see below], was also involved in the design of the Soldiers' Block.

The name given to the new hospital was the "Queen Mary Hospital for Sick and Wounded Soldiers". ⁴⁷ The octagons had been named Kitchener Ward and The Joffre Ward, while the dining hall had been named after Nurse Edith Cavell, a heroine of World War I.

The building was described as being low, with an abundance of glass, and the roof has three massive domes. It was built 'on the large side' in anticipation of the rush at the end of the war. The Government was said to have appreciated the value of the 'open-air system adopted at Cambridge⁵⁰, England' and every hospital was to have a maximum of fresh air. The plan appears to follow the same design as a soldiers hospital built in Rotorua in 1915, with two octagon wings and a central dining hall. The Rotorua [building] did not have the weatherboard flaring out at the base as the Hanmer one does.

Joffre and Kitchener wards were counterparts. The Joffre ward had about 100 beds and in the centre of the ward was a small circular room for use as a dispensary (and where the sergeant slept).⁵² The wards had some heaters, but if the wards were designed to make the most of heat from the sun also.⁵³ Long (white) corridors lead from one ward to another, and off the corridors are doors which led to rooms for the staff. There was also a writing room with a long table and comfortable chairs, for patients to write letters home.⁵⁴

⁵⁴ Ibid.



⁴³ "Queen Mary Home for Convalescent Soldiers, Opening Ceremony at Hanmer", Lyttelton Times, 5 June 1916: 5.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ The King George V Hospital at Rotorua was designed by Hoggard, Prouse and Gummer.

⁴⁷ "Queen Mary Home for Convalescent Soldiers, Opening Ceremony at Hanmer", Lyttelton Times, 5 July 1916: 5.

⁴⁸ "Queen Mary Hospital, Easter at Hanmer", The Press, 14 April 1917: 7.

⁴⁹ The Press, 5 June 1916: 2.

⁵⁰ A first floor loggia at Addenbrooke's Hospital, Cambridge, was adapted for open-air treatment in 1900 (Richardson, Harriet (ed). English Hospitals 1660-1948: A Survey of Their Architecture and Design. Royal Commission on the Historical Monuments of England. 1998: 146).

⁵¹ The Press, 5 June 1916: 2.

⁵² "Queen Mary Hospital, Easter at Hanmer", The Press, 14 April 1917: 7.

⁵³ Ibid.

The commandant's quarters and doctor's room (where each patient was examined weekly)⁵⁵ were in this building. There was a great hall (named after Nurse Cavell) which functioned as the billiard room and dining hall combined.⁵⁶ The predominantly white kitchen had an enormous stove placed centrally, with two ovens on each side, and fuelled by coal.⁵⁷ There was also a pantry and butcher's shop.

By Easter 1917 the building housed nearly 100 men. 58 At that time a spacious verandah was added, "built in something like ten days by a gang of carpenters from Christchurch", as it was brought from Christchurch partly pre-fabricated. 59 Chairs were put on the verandah specifically for the



Christmas dinner in the recreation hall 1917 Crawford, *The Queen Mary Hospital*, page 2

comfort of the soldiers. Everything was said to be painted white – the building, the ironwork of the bedsteads, and the coverlets of the beds. ⁶⁰ In early 1918 the hospital had 130 men. ⁶¹

From June 1919 until December 1921 1,134 soldiers and ex-soldiers were treated specifically for functional nervous diseases at Hanmer. The treatment was for the soldiers to live 'by the clock' during the day, with routine, discipline, activity and rest, sport gardening, physiotherapy and massage for relaxation, as well as occupational and vocational training.⁶² There were classes in basketwork and carpentry, and training in agriculture, motor engineering, maths and economics.⁶³

After World War I, civilian cases were admitted in limited numbers. Initially the patients were just adult males. Authority was transferred to the Health Department, although some patients were still under the regulations of the Department of Defence.⁶⁴ The Health Department officially took over the hospital on 19 January 1922 and the hospital was now named Queen Mary

⁵⁶ Ibid.

⁵⁵ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ "Queen Mary Hospital, Inspection by Minister, Proposed Improvements", The Press, 16 February 1918: 2.

⁶² Clarke, Russell. "Not Mad, but very ill": The treatment of New Zealand's shellshocked soldiers 1914 to 1939. University Thesis, 1991. p91.

⁶³ Ibid.

 $^{^{64}}$ Clarke, Russell. "Not Mad, but very ill": The treatment of New Zealand's shellshocked soldiers 1914 to 1939. University Thesis, 1991.

Hospital, a centre for cases of functional nervous diseases and neurosthenia. 65

After the military hospital and its staff was absorbed into the Public Health

Service, Queen Mary's Hospital became the first civil institution established in New Zealand for the treatment of functional nervous diseases. 66 There was an increase in admissions during the years of the Depression, in the late 1920s and early 1930s. 67



Early days in the ward: Soldiers' Block, Crawford, *The Queen Mary Hospital*, page 2

It appears that when

the plans were first begun for the new male pavilion in the late 1930s (i.e. the Rutherford Block), the old male pavilion (i.e. the Soldiers' Block) was to cease being used for patients. However, by July 1940 the Health Department had changed its mind, as a letter from the Public Works Department to a Christchurch engineer notes that "as it is now decided to continue the use of the Old Male Pavilion, it is advisable to place the steam services in good order" by fixing up hot water Calorifiers (i.e. turning steam into hot water for heaters). Around this time it appears that the windows in the Soldiers' Block were altered or added, and the cost of glazing bars and glazing in existing sashes was put at £60.16s. (It is believed that prior to this the octagonal wards had canvas screens instead of glass windows).

The Soldiers' Block (Old Male Pavilion) officially closed its doors as accommodation for sick soldiers in 1946, but it continued use (at least part of it did) as an Occupational Therapy Department.⁷¹ It subsequently was used as a plumber's store, the Hanmer Village library, the community centre where dances were held, lectures given, billiards and table tennis played, and Alcoholics Anonymous meetings were held. From 1990 to 2003 the Taha Maori programme was housed in the Eastern Ward.

A sprinkler system was installed in the mid 1960s. Brick fireplaces were replaced with log burners in the late 1990s.

⁶⁶ Carberry, Lieut-Col. A D. The New Zealand Medical Service in the Great War 1914-1918. 1924: 516.

⁷¹ Petre, M E. 'Queen Mary Hospital, Hanmer Springs: How it Started and What it is', Student Nurses' Supplement, The New Zealand Nursing Journal, February 1959: 31.



⁶⁵ Ibid.

⁶⁷ Clarke, Russell. "Not mad, but very ill": the treatment of New Zealand's shellshocked soldiers 1914 to 1939. University thesis, 1991.

⁶⁸ Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1939-45.

⁶⁹ Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1941-48 Box/43.

⁷⁰ Robert Crawford, draft notes for registration proposal for Soldiers' Block, sent to NZ Historic Places Trust, September 2003 (copy held on HPT file).

2.2 Outline chronology for the site

[Note events specific to the Soldiers' block are highlighted in bold]

events specific	to the soluters block are highlighted in bold
Pre-European	Maori knowledge of the site
1859	Probably the first European record of the hot springs at Hanmer
1860	1072 ha reserve created around the springs
1878	Two-room changing shed built by main hot pool
1884	First bathhouse built around main pool (location was approximately immediately to the north of the northeasternmost wing of the present Fountain House block)
1888	Second bathhouse built (extended 1893), (location was on the site of the eastern end of the Gymnasium building)
Late 1880s?	Men's fresh water swimming pool built close to second bathhouse, soon converted to hot water bath
1894	Enclosed women's swimming bath (Marion Pool) opened near the main men's pool (location not clear)
Between	
1894-1897	Bowling green and tennis court built
1897	'The Lodge' hotel built as accommodation, located in the Hanmer Township, not in the current hospital grounds (now gone, but approximately where the Hanmer Heritage Hotel stands at the corner of Conical Road)
1897	The Sanatorium building opened, as a kind of lodging house for invalids who were taking the waters
1898	Gasometer erected by pools (still <i>in situ</i> in the public grounds in front of the thermal pool complex, not in the hospital grounds)
1899	A 'fountain house' was erected (this is gone but its location was approximately west of the location of the current Fountain House Block)
1900	Third bathhouse built (location was immediately to the south of the eastern end of the Gymnasium building)
1899-1900	Additions to Sanatorium Building
c1900	Garden and tool shed to the north of the current pools complex
1902	Sanatorium's name changed to Spa
c1902	Morgue erected (now located at the south end of the site – originally it was located near where the current Maintenance Engineer's office is)
4000	

Croquet lawn laid down

c1902

1904-5	Tea kiosk opened at baths (still survives in the baths complex but not quite in its original location)		
c1906	Further alterations were carried out to the Spa building, including the erection of a dairy separate from the main building (this may be the small brick building which stands alone behind the Soldiers' Block)		
1908	Spa building reverted to being a Sanatorium again, this time a proper one with medical staff		
1914	The Sanatorium building burnt down a day after the outbreak of World War I		
1915	Soldiers' Block designed ⁷²		
1916	A Defence Department Hospital opened to treat returned soldiers and proved particularly suitable for shell shock and neurasthenic cases. This is the current Soldiers' Block in the hospital grounds		
	Construction of the Soldiers' Block begun		
	June, Soldiers' Block completed		
	3 June, formally opened		
1917	Verandah added to Soldiers' Block		
Date not			
Date not Certain:	Occupational Therapy Building, Doctor's or Medical Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the Soldiers' Block		
	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the		
Certain:	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the		
Certain:	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the Soldiers' Block 'Clarence House' used for nurses home. It is not clear which		
Certain: Date not Certain:	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the Soldiers' Block 'Clarence House' used for nurses home. It is not clear which this building is – it may be one of the houses in the grounds A separate women's hospital block was opened (this is the		
Certain: Date not Certain:	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the Soldiers' Block 'Clarence House' used for nurses home. It is not clear which this building is – it may be one of the houses in the grounds A separate women's hospital block was opened (this is the current Chisholm Ward in the hospital grounds) Nurses Home built (still in its original location in the hospital		
Certain: Date not Certain: 1926 1927-28	Superintendent's House, Smithy/Plumber's Building, Single Men's Quarters erected. These may be contemporary with the Soldiers' Block 'Clarence House' used for nurses home. It is not clear which this building is – it may be one of the houses in the grounds A separate women's hospital block was opened (this is the current Chisholm Ward in the hospital grounds) Nurses Home built (still in its original location in the hospital grounds) Women's Massage and Bath House built. This is the current Gymnasium building in the hospital grounds, the eastern end		

⁷² Specific dates relating to the Soldiers' Block shown in bold, taken from NZHPT Registration Proposal, Queen Mary Hospital (former) Corner Amuri Avenue and Jacks Pass Road, Hanmer Springs, 25 May, 2005.



Soldiers'	Block	windows	glazed
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1943	New Male Bath and Massage Block built (this is the current Fountain House building)
After 1950	The Morgue building was shifted to its present location
1960s	A programme was developed for alcoholics only
ca. 1965	Installation of a sprinkler system
1970s-80s	The alcoholics programme was developed to include drug addicts and co-dependent family members
1980s	Recladding of north side of building with plastic weatherboards
Unknown	Partitions put into octagonal wards
1990	Taha Maori programme introduced, running alongside the main programme for Pakeha
1990s	Log burner installed in existing fireplaces in dining/recreation room
2003	Hanmer Clinic, as it had become known, closed due to financial difficulties

2.3 People associated with the building

Dr. Percy Chisholm

Dr. Chisholm was Medical Director at Hanmer from 1920 for 23 years.73 When appointed as Superintendent, he was a Captain, but was quickly promoted to Major and then to Lieutenant Colonel. At the time of his appointment he was one of three army experts on functional nervous conditions. The other two were D. E. Fenwick in Wellington, who had once been in charge of Hanmer, and Marshall MacDonald in Dunedin.



Dr. Percy Chisholm with Prime Minister Forbes, MP for Hurunui, and his wife, 1933, Crawford, *Too Good to Last*, page ii

Chisholm trained at the

Maudsley Neurological Hospital, the University Hospital, the Special Hospital for Functional Nerve Diseases, Lancaster Gate, and the Hospital for Nervous Diseases, Queen's Square. These hospitals had been selected for good reasons. Maudsley

⁷³ http://www.historycooperative.org/journals/hah/7.1/weaver.pdf.

Hospital had opened in 1915 for the treatment of shell-shocked soldiers, and at Queen's Square, Dr. Lewi Yealland practised electrotherapy. He was trained under Sir James Mott.⁷⁴

When Hanmer passed to civilian management in early 1922, Chisholm was joined by Dr. William Sowerby who had war-time experience at Maida Vale Neurological Hospital in London. Major Baxter, another army doctor who worked with Chisholm at Hanmer, requested a discharge in 1920 so he could go to London for advanced study.

Hoggard, Prouse and Gummer, architects 75

The firm was formed in 1913 and comprised three significant architects: Jack Hoggard and William Prouse in the Wellington office, and William Gummer in the Auckland office. The three were admitted to the New Zealand Institutes of Architects in 1914 with Prouse as an Associate and Hoggard and Gummer as Fellows. The partnership ended officially in 1921, although a request for dissolution of the partnership was made in 1917. Gummer continued in partnership with Prouse until 1923. Which of the architects is responsible for the design of the Soldiers' Block is not certain, therefore a brief resume of each architect is given.

John Hoggard (1878–1936)⁷⁶, known as Jack, was the eldest son of Thomas and Mary Harriet Hoggard. He was first trained in the practice of his uncle, W C Chatfield and his next employment was with Joshua Charlesworth. In 1906 he travelled to San Francisco to study earthquake resistant design and



William Gummer, private collection, http://www.dnzb.govt.nz/dnzb/

returned in 1907 when he established a partnership with William Prouse. An early building designed by the partnership was the Cadbury factory, 60 Ghuznee Street, which was the first steel framed building in Wellington and possibly in New Zealand. The partnership also designed the Adelphi Theatre in 1912, and the Britannia Theatre in 1913. Following the dissolution of the partnership in 1921, Jack Hoggard designed the Lower Hutt Fire Brigade and Ambulance station in 1924, and the Riddiford Baths complex in 1925,

William John Prouse (1878–1956) came from a timber merchants' family. Although receiving no formal architectural training, Prouse practiced in Wellington for 46 years. Buildings he designed included the Majestic Theatre, Wellington, in 1928, and the Masonic Hotel, Napier in 1932.

⁷⁶ Tod Hoggard, *The life and work of architect John Hoggard*, unpublished, September 1995.



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⁷⁴ http://www.nzetc.org/tm/scholarly/tei-WH1-Medi-t1-g1-t1-body-d22.html.

⁷⁵ These notes are largely taken from the NZHPT Glossary of Architects, Engineers and Designers, 1990.

William Henry Gummer (1884–1966) was articled to W.A Holman, an Auckland architect, and was elected as an associate of the Royal Institute of British Architects in 1910. In the period 1908–1913 he travelled in the United Kingdom, Europe and the United States, during which time he qualified as an Associate of the Royal Institute of British Architects. While overseas, he worked for Sir Edwin Lutyens, leading English architect of the time, and for Daniel Burnham in Chicago. Burnham was a major American architect and one of the founders of the influential Chicago School of Architecture.

In 1923 he formed a partnership with Charles Reginald Ford. Gummer was one of the most outstanding architects working in New Zealand in the first half of this century and was responsible for the stylistically and structurally advanced Tauroa (1916), Craggy Range (1919), Arden (1926), and Te Mata (1935) homesteads, all at Havelock North. Gummer also made a significant contribution to New Zealand's architectural heritage in his war memorials in Dunedin, the Massey Memorial in Wellington, the Bridge of Remembrance in Christchurch, and the National War Memorial in Wellington⁷⁷.

Gummer was an important figure in the New Zealand Institute of Architects. He was elected a Fellow in 1914, four years after having been elected an Associate, was President between 1933 and 1934, and was later elected a life member.

Significant buildings of the partnership include:

Brett Publishing Co Ltd. Fort Street, 1913

Public Trust Office, Auckland 1913

NZ Insurance Co Ltd., Auckland 1914

Princess Theatre, Auckland 1914

Grad Theatre Manners Street, 1914

Offices Lambton Quay next to Public Trust, 1914

Freezing Works, Ngauranga, 1915

NZ Shipping Co and Commonwealth and Dominion Line Building, 1917

Cunard and Co and NZ Shipping Co Waterloo Quay and Ballance Street, 1918

Wellington Woollen Mills, 1919;

State Fire Building, Lambton Quay 1919;

YWCA, Queen Street, Auckland 1919;

Huddart Parker and Co, Quay Street, 1920;

Auckland Star Office, Queen Street, 1920.

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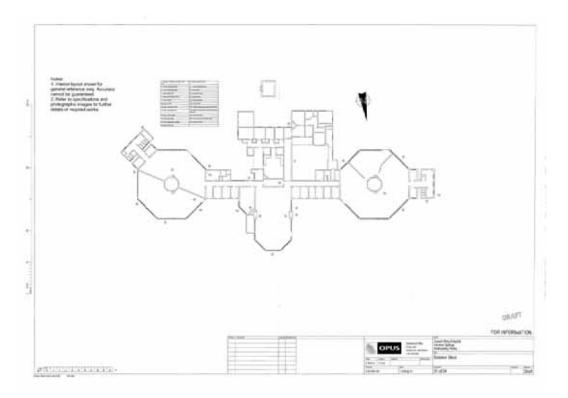
⁷⁷ Peter Shaw, The War Memorials of W.H. Gummer, Art New Zealand, number 48, Spring 1988

2.4 Architectural design

Floor plan

The Soldiers' Block is a single storey building comprising a large central dining hall with two octagonal wards to the east and west which are connected by corridors. The dining hall has a facetted wall facing north. The corridors connecting the wards with the central block have rooms on either side. Each of the wards has a toilet block at their extremities, both of which are in an almost unaltered condition from when the building was first built.

To the south of the dining hall is a small block comprising a recreation hall, a corridor the length of the block, rooms and corridor to the south of the hall and a verandah to the east. To the south and west of this block is a further block, which has different sized rooms and a verandah attached to the west corridor forming a small courtyard.



Elevations

The two octagonal wards have a central lantern with a low-pitched, facetted, hipped roof and a matching roof over the main building. The walls have continuous square casement windows between the upper half of the wall to the underside of the eaves and splayed, timber weatherboarded walls under the windows. The splayed base was a common wall and gable form in Edwardian Arts and Crafts buildings and the later Californian Bungalow houses from the immediate post World War I period to the 1930s. The glazing to the windows was installed after the construction of the building, as described below.

The dining hall wing is similar in roof form to the wards but with a gabled lantern and continuous windows and splayed weatherboard base to the north only. A



verandah projects from the front half of the building, which has been enclosed on the east side housing toilets. To the south of the toilets is another facetted room, possibly the dispensary, which is connected to the east central corridor. Opposite the dispensary is the kitchen, which is also built within the enclosed verandah.

The south of the building maintains the same aesthetic as the north of the building with weatherboarded walls and square headed casement windows, but without the spayed base.

The south-west block has an Arts and Crafts styled projecting window into the courtyard with leaded toplights. The walls facing the courtyard are splayed.

The interiors of the wards and dining hall have exposed timber framing with matchlined ceilings. Large timber trusses with raking wall braces support the roof framing in the dining hall, while series of posts with similar raking braces support the ward roofs. Simple triangular trusses support the recreation hall roof.

Original rooms still have timber match lined ceilings and walls as well as original doors, which are vertical four panelled in the Bungalow style.



Design style and origins⁷⁸

The following description of the design and probable origins is taken from Robyn Burgess's *Queen Mary Hospital, Hanmer, Heritage Assessment*. Ian Bowman researched and wrote the history of the Otaki Rotunda building, which was formerly the Anzac and Suvla Wards of the King V George Hospital in Rotorua and is the same design as that of the Soldiers' Block. This hospital was opened in 1915 when civilian hospitals

Conservation Plan • Soldiers' Block, Queen Mary Hospital, Hanmer

⁷⁸ Burgess, R., author and Ian Bowman, I, peer reviewer, *Queen Mary Hospital, Hanmer, Heritage Assessment* for the Hurunui District Council, Opus October 2004.

could not cope with the influx of sick and injured soldiers from the First World War. Patients of these wards included orthopaedic cases, shell shock and neurasthenia, cases similar to those at Hanmer⁷⁹.

Robyn Burgess used this research as well as extensive research of her own to write the following history, which is quoted in full.

The design of the Queen Mary Soldiers' Home/Block was based on the King George V Hospital at Rotorua (1915), which in turn had been based on octagonal open wards at Trentham and Featherston military camps.

The origins of the design of the octagonal shaped wards have until recently been unclear. It has been suggested that they have developed from the military bell tents. Their lantern has also been likened to some of the ventilation areas of some early bathhouses in New Zealand. However, a literature review by the author on the Trentham Military Training Camp has provided a vital clue as to the origins of the octagon design. At the start of World War I Trentham Camp had makeshift hospital facilities. Initially hospital accommodation utilised the Trentham grandstand and tea kiosk in the racecourse. Will Lawson, in 1917, described the subsequent construction of the military hospital proper in 1915:

After the experience gained in using the octagonal-shaped kiosk in the racecourse, it was decided to adopt the design for camp hospital works. Private subscriptions to build one of these were given by citizens, chiefly in the Wairarapa, and the new hospital was called the Wairarapa Ward. It has a capacity of 62 beds, and is so built, with movable screens on the windows, that the windows on the sheltered side of the building may be kept open, while the exposed ones are closed. In the centre is a glassed-in office with a raised floor, from which elevation the nurse on duty is able to keep an eye on all her patients without having to visit each bed. ⁸⁰

When the Queen Mary Hospital for Returned Soldiers opened in 1916 in Hanmer Springs, its design was reported as being based on the military hospital opened a little earlier in Rotorua. The Rotorua one, in turn, was said to have been based on the design of the 'Wairarapa Ward' at Trentham Military Camp and a military hospital at Featherston Camp. ⁸¹ The development of this specific hospital design therefore was initiated in New Zealand and this could explain why, to date, our research has not shown any international precedents for such a hospital design. It suggests that the hospital design may be unique to New Zealand, reflecting a New Zealand adaptation of an earlier type of design that appeared in the late 19th century in tea kiosks and band rotundas. Such octagonal designs for kiosks and rotundas were became fashionable in the late 19th and were influenced by the Oriental designs displayed at the New Zealand and South Seas Exhibition which was a world fair held in Dunedin in 1889. There are a small number of historic tea

⁸¹ HJHR, 1916: v.2: s.H31, p2. Report of the Inspector-General of Hospitals and Charitable Institutions and Chief Health Officer to the Minister of Public Health, Hospitals and Charitable Aid, Dated 22 June 1916.



⁷⁹ Margaret Tennant, op cit, page 79.

⁸⁰ Lawson, Will. Historic Trentham 1914-1917: The Story of a New Zealand Military Training Camp, and some account of the daily round of the troops within its bounds. 1917: 14-15.

kiosks with octagonal or polygonal designs surviving in New Zealand, such as the 101 year old Riccarton Racecourse Tea House.

As at Rotorua, the Hanmer building had two octagonal wards linked by a corridor with a large hall between them. The octagonal wards had a nurses' station at their centre, which enabled the nurses to monitor the patients. The lantern roof at the centre and the large windows that encircled the wards maximised the available sun and air, considered vital for recuperating patients. Hospital designs of this type arose from a gradual recognition about the importance of fresh air, sunlight and cleanliness for healing, which began to have physical results from the late 19th century. Today the Soldiers Ward at Hanmer Springs is believed to be the only one of this design to survive in New Zealand. Both octagonal wards from King George V Hospital at Rotorua were moved to the Otaki Children's Health Camp, where one of them still stands today – this remaining one at Otaki has been described as 'of outstanding national significance'. The Soldiers Ward at Hanmer is of even greater significance as the only complex of this design to survive intact and still on the site for which it was designed.



ANZAC and Suvla wards at King George V Hospital, Rotorua, Health Camp Board Collection

The King George V Hospital at Rotorua and the Featherston military camp hospital were both constructed in 1915 and both employed an octagonal design. ⁸⁴ It has been suggested that these buildings were designed under John Campbell, the Government Architect of the period [see below]. ⁸⁵

The description at the time of the opening of King George V Hospital helps to understand how this type of design was meant to work. The observation post was housed in the central octagonal space under the lantern, presumably for light and ease of supervision. The rotundas, which could be opened up, made the most of the theory of the beneficial effects of fresh air. They had continuous glazing around the main walls, with the ceilings appearing more solid in comparison, hence the description of these buildings as having

86 Ibid.

⁸² From submission to the Canterbury District Health Board/Council by Jennie Hamilton of the New Zealand Historic Places Trust, 2004 (May?), copied from the NZHPT file on Queen Mary Hospital, Hanner.

⁸³ New Zealand Historic Places Trust Register: Otaki Children's Health Camp Rotunda (formerly King George V Hospital), Category I Historic Building, Register Number 4098.

⁸⁴ Bowman, Ian. A Conservation Plan for The Rotunda, Otaki (copy held at the New Zealand Historic Places Trust Library, Wellington).

⁸⁵ Ibid.

'floating ceilings'.87

The octagon plan has been used extensively in the Classical and Renaissance periods in Europe. However, it is not clear that the Greek and Roman temples or the Renaissance architecture of Europe was particularly influential in the design of the Soldiers' Block. Rather, one suggestion for the octagon plan being used for the military in New Zealand is that its origins are from the bell tent used by soldiers in the 19th and early 20th centuries, because in effect, they looked like and functioned much like tents. Even the lantern at the top of the octagonal wards is reminiscent of ventilation flaps at the top of tents.

It is possible that the raised lantern design derives from earlier bathhouses.

Photographs of bathhouses at Kamo, dated 1905 and 1907 show buildings that have a raised lantern which has fenestration all around (see photograph attached, fig 18 in Appendix 4), although the plan form of those bathhouses appears to be square and not octagonal.

Research into the Otaki Rotunda building determined that the architects for that building were Wellington architects, Hoggard, Prouse and Gummer. The plan is identical to the Soldiers' Block at Hanmer and therefore it is almost certain that Hoggard, Prouse and Gummer were the architects for the Soldiers' Block, possibly commissioned by the Government Architect, John Campbell, as suggested by Robyn Burgess. The NZHPT Registration Assessment reiterates that Hoggard, Prouse and Gummer designed the Soldiers' Block and that the firm also designed the hospital buildings at Trentham, Featherston, and Rotorua. The description of the Rotorua hospital, below, is identical to that of the Soldiers' block.

The ground plan is that of a cross, at the east and west ends of which are octagonal dormitories, each for 200 men. The walls are closed board for 3ft 6in from the floor, thence an open space of about 5ft to the eaves. The openings can be closed by vertically siding sashes filled with waterproof Hessian. The dormitories have high lantern roofs. In the corridor connecting the dormitories are 10 rooms for officers or non-commissioned officers, opening with French windows to the verandah. North of the corridor, and forming one arm of the cross, is a large dining hall, with walls similar to those of the dormitories. South of the corridor are the kitchen, pantry, storeroom, waiting-room, and the commandant's quarters. In the centre of each dormitory is an octagonal room, with glass walls for attendants. Outside each is a large lavatory, octagonal in form. The building is of wood with an iron roof and concrete foundation. ⁸⁸

According to Tennant, the wards had been considered as being temporary structures only and their speedy erection at the hospital was reflected in leaks and other defects resulting in continuous and costly maintenance⁸⁹.

International context⁹⁰

Preliminary research indicates that the design of the Soldiers' Block is not

88 New Zealand Herald, 12 January, 1916.

⁸⁹ Margaret Tennant, op cit, page 79.

⁹⁰ Quoted from Burgess, R. Opus Report, op cit.



⁸⁷ Ibid.

typical of any known sanatoria, convalescent home or hospital in England. The Royal Commission on the Historical Monuments of England (now part of English Heritage) has published a large volume on the full range of hospital types in England. Correspondence with the editor of that volume, and extracts sent to the author from English Heritage, suggest that there may be no hospital buildings in England like Soldiers' Block. 91 The principle of 'open air' sanatoria developed in the late 19th century, initially for cases of tuberculosis and then for other types of semi-convalescing patients in general. These buildings encouraged large amounts of fresh air and sunshine through for patient recovery. One of the earliest sanatoria in England was the Manchester Sanatorium at Bowden (1884) which had a south-facing wing designed on a half-butterfly plan, which consisted of wards set high above the ground level, with casement windows reaching almost to the floor and a large conservatory or 'sun bath' where the patients could bask in the sunlight. 92 This idea of patients being encouraged to 'live in the open air as much as possible' set the standard for nearly all subsequent sanatoria in England. 93 Another key hospital that influenced future development was the Ida Hospital at Cookridge, England, (1887-8) which was built with verandahs for the use of patients, and a half-butterfly plan, with the pavilion wards angled southwards so that there was a more even distribution of light than would otherwise have been gained from keeping the wards in one line.⁹⁴ The Ida Cookridge hospital is an early example of what became to be a standard form in England for sanatoria in the 1890s, pre-dating its vogue in Arts and Crafts domestic architecture where butterfly plans were used extensively. The Women's Pavilion (Chisholm Ward) follows this type of design and therefore is typical of some of the English sanatoria, albeit old-fashioned for a 1926 building.

The Cambridge Tuberculosis Colony was originally established in 1916 at Bourne (and moved to Papworth in 1918) had as its main purpose to rehabilitate sufferers, and patients were trained in a variety of trades, from carpentry to boot-repairing, and from cabinet-making to farming. In this respect, the Hanmer hospital is similar with its buildings for occupational therapy, its farm and garden.

Background to hospital architecture

While the earliest hospitals date back to Antiquity and a number survive in Europe from the Middle Ages and the Renaissance, the Georgian period saw a considerable advance in the number and design of hospitals⁹⁷. The style of these buildings is, logically, Georgian and this became a standard style for many hospitals since that time. Bethlehem Hospital, 1675-76, designed by Robert Hooke began this Georgian architectural tradition for hospitals, which was continued in other subsequent major

⁹¹ Letter from Tony Calladine, and emails from Harriet Richardson both from English Heritage (UK), June 2004.

⁵² Richardson, Harriet (ed). English Hospitals 1660-1948: A Survey of Their Architecture and Design. Royal Commission on the Historical Monuments of England. 1998: 145.

⁹³ Ibid.

⁹⁴ Ibid: 183-186.

⁹⁵ Ibid.

⁹⁶ Ibid: 150.

⁹⁷ Nikolaus Pevsner, A History of Building Types, Princeton University Press, 1976, page 139.

hospitals. These include the London Hospital, 1751-57, by Boulton Mainwaring, Rotunda Hospital, Dublin, of 1745, by Richard Cassels, and the Bootham Asylum, York, 1772-1777, by John Carr. The 17th century hospital design used cruciform and courtyard planning, while the later 18th and 19th centuries saw the popularity of the pavilion form, where wards were in individual buildings connected by corridors.

Many hospitals were designed in the Georgian style in New Zealand such as the main hospitals in Auckland, Wellington and Palmerston North while Kew Hospital in Invercargill was designed in the Italianate style and Christchurch Hospital was designed in the Elizabethan style.

The early twentieth century saw the recognition of access to open air as being as crucial for improving health. Among preventative measures in hospital design at this time were large opening windows and open verandahs from which patients were able to gain fresh air. Crichton and McKay used these principles when designing Wellington's Ewart Hospital (now demolished) and the Chest hospital, as did Arthur Griffin in his design for Nelson hospital (also demolished). These three hospitals of the immediate post–World War I period clearly reflect the open air concept as they had large numbers of high and low level windows in each ward and large partially glazed verandahs off each ward and at the ends of each wing.

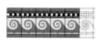
The same principle became popular in the design of schools, which were termed 'open air schools'. In these designs all sides of the classrooms could be opened for fresh air. This was a concept imported from Germany and the first of these classrooms was opened in 1914 in Wellington South.

The location of the hospital in a large open park-like setting allowed for the planting of large gardens. The gardens were available for patients to walk among and, if bed ridden, to look out at, giving health benefits. The contribution of gardens to the improvement of society in general was well recognised in the planting of public gardens in the latter half of the 19th century. The garden cities and garden suburbs expanded the garden concept dramatically. These urban design principles were popular in providing healthy living environments where benefit of the country could be enjoyed in the town.

Military Hospital History98

After the departure of the main body of New Zealand soldiers to Egypt in October 1914, an army camp was set up in Trentham in the Hutt Valley near Wellington to train reinforcements. However, overcrowding at the camp, combined with too much moisture in the top soil of the camp resulted in a serious epidemic of measles in May 1915 when 33 people died. The Victoria Ward at Wellington Hospital opened as a military ward to assist in the control of the measles epidemic. By July 1915 the camp hospital at Trentham itself was enlarged to 200 beds and five NZANS nurses were stationed there. In June 1918 the bed numbers were increased to 500. A

¹⁰² Ibid.



⁹⁸ Quoted from Burgess, R, Opus Report, op cit.

⁹⁹ Kendall, Sherayl and Corbett, David. New Zealand Military Nursing: A History of the Royal New Zealand Nursing Corps, Boer War to Present Day. 1990: 43.

¹⁰⁰ Ibid. ¹⁰¹ Ibid.

military hospital was established at Featherston Military Camp in 1915. 103

The King George V Hospital at Rotorua, built in 1915, soon became the chief military hospital in New Zealand, providing a convalescent depot for returned invalids. Other military convalescent homes were set up early in the war period in Wellington (in the home of Attorney-General, Sir Francis Bell), in Hanmer (The Lodge), in Dunedin (Montecillo Military Convalescent Home), in Christchurch (Chalmers Wards at Christchurch Hospital and also the Cashmere Military Sanatorium for tuberculosis sufferers), at Auckland (the Annexe at Auckland Hospital), as well as at Devonport, Timaru, Napier, Wanganui and Invercargill. ¹⁰⁴

A major illness for returning soldiers was the so-called 'shell shock'. 'Shell shock' is a misnomer first used in an article in February 1915 by Dr. C S Myers of the Royal Medical Corps. ¹⁰⁵ It was assumed that the chemical or physical effects of a close shell burst were responsible for the soldier's sensory losses. The idea caught the public imagination and 'shell shock' became a term used for any mental illness that arose from war induced anxiety neuroses. ¹⁰⁶ In December 1915 it was agreed that soldiers returning to New Zealand who had illnesses other than physical injury were not suitable for the usual hospitals. ¹⁰⁷

When military patients were first sent to the Rotorua hospital in 1915 it soon became evident that military representation was necessary in order to maintain discipline. Accordingly, an arrangement was soon made that military patients would be under the control of the Defence Minister. Colonel Valentine of the Public Health Department was loaned to the Defence Department to become a full time military officer under the Director General of Medical Services at both the Rotorua and Hanmer convalescent hospitals. 109

The report of the Inspector-General of Hospitals and Charitable Institutions and Chief Health Officer dated 22 June 1916 said the following of Military Convalescent Hospitals:

Under your auspices hospitals for our sick and wounded have been erected at Rotorua, and more recently at Hanmer. Very excellent results have been reported from the former place, which amply justify your decision to take over the thermal springs and sanitoria for the benefit of our sick and wounded.

Features of the new hospitals referred to are the facilities for treating the patients in the open air, and the octagon-shaped wards which have

107 Ibid

¹⁰⁹ Ibid.

¹⁰³ Bowman, Ian. A Conservation Plan for The Rotunda, Otaki (copy held at the New Zealand Historic Places Trust Library, Wellington).

¹⁰⁴ Kendall, Sherayl and Corbett, David. New Zealand Military Nursing: A History of the Royal New Zealand Nursing Corps, Boer War to Present Day. 1990: 43.

¹⁰⁵ Clarke, Russell. "Not mad, but very ill": The treatment of New Zealand's shell-shocked soldiers 1914 to 1939. University Thesis, 1991.

¹⁰⁶ Ibid.

¹⁰⁸ Carberry, Lieut-Col. A D . The New Zealand Medical Service in the Great War 1914-1918. 1924: 504.

been erected for the more effectual carrying-out of this principle have given the greatest satisfaction to the medical officers at Trentham and Featherston Camps, where, owing to the generosity of certain residents of the Wairarapa, I was first able to experiment in this direction. It was on the experience of the "Wairarapa Ward" at Trentham that I felt justified in recommending that wards on similar lines should be erected at Rotorua and Hanmer. ¹¹⁰

When Queen Mary Hospital at Hanmer Springs opened in 1916 it had 20-40 convalescent patients. It was to be a convalescent home for soldiers, providing a soothing environment for healing. Hanmer soon became *the* place where neurasthenic, shell-shock and other functional nervous diseases were treated. ¹¹¹

In 1919 the Department of Defence organised for the training of Medical Officers in psychotherapy to treat functional nerve cases. Major Tizard and Captain Chisholm were dispatched to England for three months for such training. Chisholm came to Hanmer on 19 December 1919.

In military terms, in World War II, only Rotorua and Hanmer Springs had proper convalescent hospitals, which were provided by the government and which catered for long term care. Other places merely had convalescent depots, for short term care, established in close proximity to military camps 115

The setting

The landscape and setting have been fully described in the Lucas Associates' report, particularly the Summary and Historic Role sections, with the key elements of the setting of the buildings being the various hospital buildings located within the extensive, park-like grounds with large mature trees and lawns surrounding the buildings with an alpine backdrop. Of particular landscape interest to the Soldiers' block is its proximity to the road, which is lined with hedges and a gate giving access to the road. To the north is a fenced area with demolished buildings and a building site. To the north east is a majestic avenue of trees set in an expansive lawn, visible from the Soldiers' Block linking the Nurses' Hostel and the Chisholm Ward.

2.5 Construction and materials

The NZHPT criteria of assessment of heritage value include technology and engineering, which considers that materials and method of construction of buildings can be of significance. The Soldiers' Block is constructed with a timber roof, wall

 $^{^{115}}$ Website $\underline{\text{http://nzetc.org/projects/wh2/}}$ - The Official History of New Zealand in the Second World War.



¹¹⁰ HJHR, 1916: v.2: s.H31, p2. Report of the Inspector-General of Hospitals and Charitable Institutions and Chief Health Officer to the Minister of Public Health, Hospitals and Charitable Aid, Dated 22 June 1916.

[&]quot;Hanmer Springs, Unequalled for Neurasthenic Cases", The Press, 10 November 1917; 'Not Mad But Very Ill'.

¹¹² Clarke, Russell. "Not Mad, but very ill": The treatment of New Zealand's shellshocked soldiers 1914 to 1939. University Thesis, 1991. p91.

Lieut-Col A D Carberry writes that Chisholm trained in England under Sir James Mott and took command of the Hanmer hospital in 1920. Carberry, Lieut-Col. A D. The New Zealand Medical Service in the Great War 1914-1918. 1924: 510.

and floor framing with timber weatherboard cladding on the exterior and a corrugated iron/steel roof with timber lined soffit. Chimneys are brick. The verandah is timber framed with a corrugated iron/steel roof. Door and window joinery is timber. Interior ceilings and walls are generally timber match lining with timber strip flooring.

The following is an outline history of the most common materials.

Brick manufacture

The first recorded brickfields in the colony were two in Auckland, four in Wellington and four in Nelson in 1844. Probably the oldest brick kiln in New Zealand is at Upokongaro near Wanganui, which dates from 1857¹¹⁶. The earliest in Christchurch was Jackson and Bishop who established their brickworks in 1861. By the 1870's additional brickmakers included George Reynolds in Hereford Street, the Farnley Brick, Drain Pipe and Pottery Works



operating from St Martins and Malvern Hills owned by Austin and Kirk, Langdon and Company, W. Neighbours and three other brickyards by 1879.

Otago produced some of the greatest numbers of bricks and most extensive brickyards. The first was the Howell brickyard, which opened in Filleul Street, in Dunedin. The gold rushes led to a huge demand for bricks. By 1862 there were four brickyards in Dunedin and two years later there were another ten. The most significant of these included the Water of Leith Brick and Tile Works in North East Valley, the Shiel Brick and Tile Works at Saddle Hill near Mosgiel and the Walton Park Brick and Tile Company Limited at Fairfield.

Jack Diamond considered that by the 1890s Hoffmann kilns were common in New Zealand following the trends overseas¹¹⁷. Eaves identified Hoffmann kilns existing in Auckland in the 1860s, with Bourkes Brickworks having constructed a Hoffmann kiln in 1862¹¹⁸. Nine Hoffmann kilns are noted by Eaves as being constructed between 1862 and 1904 in Auckland¹¹⁹. The Tonks family, well known early Wellington settlers had established a brickmaking business in 1846 in Webb Street, and Enoch Tonks, son of the founder of the business constructed a Hoffmann kiln in the 1890s¹²⁰. Coates Ltd. of Huntly constructed a Hoffmann kiln in the early 1900s, while Napier, Patea and Palmerston North are other North Island noted as having Hoffmann kilns by Thornton¹²¹. The Palmerston North kiln is the only other continuous kiln to remain in New Zealand.

Ashburton used two Hoffmann kilns until well into the 20th century, with Crum's Avondale kiln, likely to have been built in the 1880's, the last to be demolished in the late 1980s¹²². In 1877 Thomas Hill of Rangiora constructed a circular Hoffmann kiln

120 Thornton, G., New Zealand's Industrial Heritage, Reed, 1982, page 115

Conservation Plan • Soldiers' Block, Queen Mary Hospital, Hanmer

¹¹⁶ Thornton, G., New Zealand's Industrial Heritage, Reed, 1982, page 115.

¹¹⁷ Diamond, J., "Machines come to brickmaking", Historic Places in New Zealand, March 1985, page 8
¹¹⁸ ibid, page 84

¹¹⁹ ibid, page 84

¹²¹ ibid, pages 117-119

¹²² Hanrahan, M., "Crum's Kiln", Historic Places in New Zealand, March 1985, page 9

for his firm Rangiora Brick and Tile Works¹²³. Ruins of the kiln still exist with parts of the tunnel chamber still intact. A Hoffmann kiln was in operation by 1874 at Anderson's Bay in Dunedin at the Lee, Smith and Fotheringham brickworks¹²⁴. Christian Myers, an immigrant from Germany established his own brickworks in Invercargill in 1863, and his plant included a Hoffmann kiln¹²⁵.

Galvanised corrugated iron

The strengthening effect of crimping or corrugating flat sheets had been known for centuries, but a commercial technique was not successful until the early 1840s. Henry Robinson Palmer (1795–1844), the founder of the English Institute of Civil Engineers, is credited with inventing corrugated iron in London in 1828. London in 1828. Uniformity in the product was not developed until the 1860s. Iron and steel, whilst strong materials, were subjects to correspond to the most discretized building material only became possible with the development of thin ignitive days and 1906 cess to coat sheet steel. The process coated thin layers of zinc by hot-dipping, which was perfected in 1837. At first hand-dipping and then electro-plating developed, which meant larger sheet sizes could be galvanised. Initially corrugated iron was made from wrought iron, but by the 1850s galvanised corrugated iron sheets were available. Wrought iron was gradually replaced by mild steel from the 1890s.

From 1839 galvanised roofing was used in the United States and later in Australia and India. Since the late 1850s corrugated iron has been widely used in New Zealand for roof and wall cladding, and has become part of this country's vernacular. Corrugated iron was produced in Australia from the 1860s and in 1921 the English firm, John Lysaght, set up a large-scale corrugating and galvanising plant in Newcastle. R and T Haworth, the first manufacturer in New Zealand, started producing galvanised iron in Dunedin in 1864 from imported steel plate. Production was based on a single

sheet system, but in 1961 continuous sheet rolling and galvanising plants were established, with the product coming to be known as 'long run'.

Early catalogues for corrugated iron showed several profiles were made. These varied in both the depth of the corrugations and the pitch or spacing of the corrugations. The greater the depth of corrugation, the wider the span between roof supports.



www.teara.govt.nz/EarthSeaAndSky/MineralResources/IronAndSteel/5/en.



¹²³ Hills, D., Thomas Hills, A Brickmaker, Rangiora, DA Hills, Christchurch, 1977

¹²⁴ Thornton, op cit, page 120

¹²⁵ ibid, page 121

¹²⁶ www.corrugated-iron-club.info/iron1.html.

www.heritage.vic.gov.au/pages/pdfs/Roofing.pdf.

^{128 &#}x27;Corrugated Iron', Te Ara: The Encyclopedia of New Zealand,

Timber

The earliest recorded European use of timber in New Zealand was in Captain Cook's journal of 9 October, 1769.

after landing as above mentioned we had not gone a hundred yards into the woods before we found a tree that girted 19 feet eight inches, six feet above the ground, and having a quadrant with me, I found its length from the root to the first branch to be 89 feet; it was as straight as an arrow and taper' nut very little in proportion to its length, so that I judged that there was 356 solid feet of timber in this tree, clear of the branches.....Here are forests of vast extent full of the straightest and cleanest trees we have ever seen.

The timber was pit sawn, a method of cutting timber which was common until the 1860's.

An extensive timber trade developed following Cook's observations, as England needed a dependable supply of timber after American Independence in 1776, as the US had supplied much of England's timber requirements. There was a need especially for masts and other ship timbers for the British navy in India.

Sealing and whaling industries required timber for boats and housing, store houses, casks for oil, and making wharves. Missionaries became involved in the timber industry, felling and selling timber to pay for their missions as well as constructing boats for travelling around the coasts. The first was built for Marsden, which was a 20 ton flat bottomed boat.

The first circular saws were in action in Mercury Bay in 1837 and this form of sawing timber superseded pit sawing by the 1860's. The *Nelson Examiner* of 15 February 1845 reports on a circular saw two feet in diameter cutting 100 feet per hour in a mill in Waimea South. The first circular saws were water powered, then they were powered by steam, and finally by electricity, with the first electric machine used in 1906.

Kauri was used for masts, spars, ships, wharves, bridges, sleepers, tramways, struts for underground mines, general building construction, weatherboards and was split for

shingles. Rimu, was used for house construction, weatherboards, framing and is now used for furniture and veneers. Matai, was used for piles, bridges, wharves, sleepers, bed plates for machinery, flooring and weatherboards. Totara, was used for piles railway sleepers, tramways, house timbers, bridges, shingles, window joinery and exterior verandah flooring.



3 Building significance assessment

3.1 Assessment criteria

New Zealand Historic Places Trust best practice guide

There are a number of national and international criteria for the assessment of heritage values. These include those of the World Heritage Convention (WHC) described in *The Management Guidelines for World Cultural Heritage Sites (ICCROM, UNESCO, ICOMOS)* written by Bernard Feilden and Jukka Jokilehto in 1993. National criteria are included in the (New Zealand) Historic Places Act 1993 (HPA) and various regional and local authority District Plan criteria.

The Hurunui District Council District Plan does not have specific criteria for assessment and refers to heritage resources that have been identified by regional and national organisations. In Chapter 8 Heritage Resources, it discusses heritage:

Heritage features are some of the District's significant resources. Such features include historic buildings, sites or areas, and features of aesthetic or spiritual importance which contribute to the environmental quality of the District. It is important that the value of these resources is recognised and protected.....

Heritage is a subjective issue, requiring the translation of community expressed values into achievable goals. The identification and protection of District's heritage values should come from local initiatives, as well as from regional, national or overseas sources.

The Environment Canterbury Regional Council, in their Regional Policy Statement, 1998, Section 20.4 Regional Significance identified "(g) Heritage sites, places or areas that contribute to or reflect the cultural or spiritual identity, or evolution of the Canterbury region, including the different stages of human occupation." Their criteria for selecting places of regional significance are largely those of the HPA but relating to Canterbury.

Also based on the HPA but reorganised under three major headings, the NZHPT has written best practice criteria "for use by local authorities and communities to encourage a systematic and transparent approach to identification and assessment of historic heritage". The guide¹²⁹ groups values under:

Physical values

Archaeological information

The potential for information about human history through archaeology

Architecture

Architectural significance through design and use of materials or craftsmanship

Technology and engineering

Significant innovation or invention in the use of construction, technology or materials

¹²⁹ NZHPT Sustainable Management of Historic Heritage Guidance Information Sheet 2, 2007



- Scientific
 - The potential for scientific information on the region
- Rarity
- Representativeness
- Integrity
- Vulnerability
- Context or group

Historic values

- People
- Patterns
- Events

Cultural values

- Identity
- Public esteem
- Commemorative
- Education
- Tangata whenua
- Statutory recognition

Measure of value

The HPA 1993 equates significance and value. Kerr defines significance as the "ability to demonstrate" particular values. The "ability" is modified according to relative rarity and level of authenticity or integrity, as suggested in the NZHPT guide. While this guide discusses the issue of integrity, a fuller explanation and definition is warranted.

The WHC concept of authenticity was considered as being crucial to assessments (although a clear definition was not provided) in order to consider appropriate treatment strategies. The areas of authenticity in the *Guidelines* comprised design, material, craftsmanship and setting. It was considered that these areas of authenticity did not allow for cultural differences, which led to the 1994 ICOMOS *Nara Document on Authenticity*. In this document relative values were described with respect to: "form and design, materials and substance, use and function, traditions and techniques, location and setting, and spirit and feeling". ¹³⁰

Again a specific definition of authenticity was not provided. This was left until 2000 when the ICOMOS Riga Charter on Authenticity and Historical Reconstruction in Relationship to Cultural Heritage, confirmed in Riga, Latvia, defined authenticity as:

The measure of the degree to which the attributes of cultural heritage [including form and design, materials and substance, use and function, traditions and techniques, location and setting, and spirit and feeling] credibly

¹³⁰ See ICOMOS (1994).

and accurately bear witness to their significance.

This concept of authenticity is used to assess heritage values in this plan.

3.2 General assessment of significance

The following assessment discusses each of the NZHPT best practice guide criteria in turn.

Physical values

Archaeological information

Appendix 5 of the Opus Report comprises an archaeological report. The findings of the report are that there are elements of potential archaeological value within the Hospital site, which were part of the 19th century thermal (and Sanatorium) complex. It is also possible that the site has pre-European archaeology.

Architecture

The block is a replica of three other hospital buildings designed specifically for the army in the latter part of the second decade of the twentieth century. These hospitals give a clear understanding of a design-response to health care of the period. These included isolation, being located in a park-like setting, having access to plenty of sun and fresh air, good air circulation in the wards, ease of supervision of patients by the nursing staff, and quiet surroundings. The design of the lantern in the centre of the roof allowed for central natural light and increased ventilation from the stack effect, while the structure supporting the lantern defined the work station of the supervisor. In the Hanmer building, to these attributes was added community dining and good recreation facilities. The origin of the octagonal wards has been traced to the improvised use by the army of an octagonal tea-kiosk in 1915 at the Trentham Race course, which was found to be a suitable building form. The splayed base was consistent with the contemporary Arts and Crafts style and the later Californian Bungalow style, which became popular in the 1920s and 1930s.

Technology and engineering

The building is constructed using standard timber framing techniques, but adapted for an unusual form. The trabeated structural system is clearly visible with posts and beams supporting the lantern and the centre span of the roof. Ventilation was a major requirement for hospitals of the period, which is exemplified in this building. The lantern was an efficient, passive means of providing good ventilation. Steam radiators from the geo-thermal baths within the compound provided heating in the wards.

Scientific

As with the other ward buildings at the hospital, a significant scientific value of the Soldiers' Block and of the site in general was its location within a geothermal area. Medical theories of the time linked bathing and inhaling steam to help patients with functional nervous diseases. The Opus Report suggests that the "Queen Mary Hospital was the first place in New Zealand



Otaki Health Camp, 2001, Ian Bowman

where Electro Convulsive Therapy (ECT) was used to improve mood.¹³¹ Queen Mary Hospital is also believed to be among the first in the world to mount a concerted psychotherapeutic programme for the rehabilitation of alcoholics and, later, drug addicts.¹³²"

The setting of the building was designed as a therapeutic landscape and for self- sufficiency, while also being closely associated with early professional horticulturalists and landscape architects (refer to Appendices 3 and 4, Revised Landscape Assessment, Lucas Associates, October 2004).

Rarity

The Soldiers' Block was the first to be constructed at the hospital and it is the only intact building of its type and design remaining on its original site. The only other similar building, the Otaki Rotunda, was relocated from Rotorua. The design is believed to be unique internationally.



• Representativeness

The building is representative of an approach to military hospital design of the period and contemporary medical thinking on health measures.

Integrity

See below under the heading "Authenticity".

Vulnerability

The building is unoccupied and, despite an on-site caretaker and an alarm system, the building is being vandalised. There are some repairs and maintenance issues, which need addressing, and these are covered in this plan. As the building has no current use, its immediate to long-term future is uncertain. Being constructed of timber, the building is vulnerable to fire, although a sprinkler system is installed. The costs of maintenance and repairs are a potential issue where there is no use for the building. Being Council owned it is presumed there is no danger of demolition while incompatible development should be avoided if this plan is followed.

• Context or group

The block is one of a group of buildings comprising the Queen Mary Hospital, one of two surviving military hospitals designed in 1915 and constructed in 1916, and one of many buildings designed by the architectural firm Hoggard, Prouse and Gummer.

Historic values

• People

The block is associated with all patients and the staff who worked in it since

¹³¹ Robert Crawford, pers comm. 16/6/04.

¹³² Robert Crawford, letter to Hurunui District Council 31 July 2004.

its opening in 1916 until it was closed in 2003, particularly Dr. Percy Chisholm, its first Superintendent. The building is also associated with Hoggard, Prouse and Gummer, who designed it.

Events

The building was opened in 1916 and closed in 2003.

Patterns

As with other buildings on the site and other hospital buildings, the Soldiers' Block reflects the attitudes to health care in general and psychiatric health in particular. The Queen Mary complex was especially associated with the care of returned soldiers after World War I and from 1920, the treatment of civilian patients with Functional Nervous Disorders. Later the hospital was the major centre of treatment of alcoholism and addictions.

Cultural values

Identity

The building is a significant building on the Queen Mary Hospital site and as the oldest and most well known, it is possibly the best recognised building associated with the hospital.

Public esteem

There has been considerable interest in the whole hospital site particularly since its closure and the need to retain the complex intact because of its significant national heritage values. The Queen Mary Reserve Trust was formed in 2004 to promote the public retention of the site and conservation of its buildings. Through its efforts, the efforts of the NZHPT and the Hurunui District Council, the site and buildings have been secured as a public reserve.

Commemorative

The building is commemorative of the soldiers who suffered physical and mental injuries from the two World Wars and who were treated in the ward. Plaques on the building recognise Duncan Rutherford and the opening of the hospital by the Minister of Health, the Hon. G W Russell.



Education

The block has the potential to educate the public on mental health facilities of the past, the development of public mental health architecture, army hospital design, the work of the Hoggard, Prouse and Gummer and the historic development of Hanmer as a spa resort and hospital complex.

• Tangata whenua

Robyn Burgess notes in the Opus Report "Ngai Tahu representatives have told the Hurunui District Council that there are no Maori values associated with the hospital site".



Statutory recognition

The building is not separately registered by the NZHPT but is registered together with other buildings, as a Category I historic place (register number 7583) and lies within the Historic Area registration (register number 7612). The building is also listed by the Hurunui District Council as part of an historic area.

Authenticity

Form and design

The external form, scale, materials, openings, details and general style of the building have been retained as has the interior planning, form and most of the fittings. The main changes to the block have been internal partitions to the octagonal wards and the various additions to the rear of the building, which are now considered as significant. Although not documented, it is possible that the kitchen and toilets of the central wing have been added at some stage after the original construction. Their partitions are also more recent.

• Materials and substance

New cladding has been installed over the original external cladding. Other details and materials such as roofing, chimneys, framing, many internal linings, window and door joinery, flooring, fire surrounds, and toilets to the octagonal wings have all been retained. Some new linings and partitions have been introduced.

Use and functions

The building currently has no specific use.

• Tradition, techniques, and workmanship

Apart from the added elements listed above, the construction methods, technology and workmanship of the exterior and interior spaces, have all been retained from the original construction.

Location and setting

Much of the setting of the building has been retained largely intact. Buildings immediately to the north have been demolished, however.

Spirit and feeling

The unusual style and form of the building evoke a spirit of military discipline and efficiency as well as a spartan existence somewhat softened by its beautiful setting.

3.3 Detailed schedule of significance of spaces and elements

Explanation

The following is a detailed assessment of the significance of spaces and elements in the Soldiers' Block. Where there are a number of similar spaces, they are assessed together, while some spaces were locked and could not be inspected. The assessment is divided into the NZHPT guide criteria of physical, historic and cultural significance which are assessed according to the following levels of significance:

- Exceptional significance (E) indicates that the space or element has a primary role in understanding the heritage significance of the place
- High significance (H), indicates that the space or element has a secondary role in understanding the heritage significance of the place
- Some significance (S), signifies a minor role in understanding the heritage significance of the place
- Little significance (L), indicates that there is little or no contribution in an understanding the heritage significance of the place

Physical significance may also be assessed as intrusive.

• Intrusive (I), indicates that the heritage significance is adversely affected by the inclusion of the space or element

The spaces are also assessed according to the relative levels of authenticity as Exceptional (E), High (H), Some (S) or Little or none (L) where appropriate.

Fabric used to construct and line the building is listed with each space and are defined as:

- Original or early historic fabric (hf)
- Reproduction or renewed fabric (rf)
- Old but not original fabric (of)
- Non-historic fabric (nhf)

Note that furniture and other items against walls and on floors were not moved for the inspection of areas viewed.

Abbreviations which may be used include 'cgi' for galvanised corrugated iron or steel, 'fhc' for flush hollow core, 'dhsw' for double hung sash window, 'mdf' for medium density fibre board, 'ss' for stainless steel, tg&v for tongue and groove with 'v' jointed timber 'whb' for wash hand basin, and 'wc' for toilet.

The assessments are made on the basis of the information available when writing this plan, and where additional information becomes available, the assessment of spaces and fabric may have to be revised.



Exterior

Roof E E H

Painted corrugated galvanised steel (hf/rf)

Painted metal guttering (rf)

Plastic guttering (nhf)

Painted galvanised steel flashings (hf/rf)

Painted timber fascia (hf)

Painted timber exposed framing to eaves (hf)

Painted timber clerestory to end and central wings (hf)

Brick chimneys to central wing (hf)

Painted timber barge boards to gables (hf)

Painted timber framed hood over east door to west wing corridor (hf)

East wing E E E H

Painted splayed plastic rusticated weatherboards (nhf)

Painted timber shiplap weatherboards to south (hf)

Painted timber casements, some with toplights (hf)

Painted timber ledged and braced door from toilets and from ward to west (hf)

Painted timber architraves and sills to doors and windows (hf)



 \boldsymbol{E}

 \boldsymbol{E}

Fabric

Joining corridor to east wing

Painted splayed plastic rusticated weatherboards (nhf)

Painted timber shiplap weatherboards to south (hf)

Painted timber casements, some with toplights (hf)

Painted timber architraves and sills to windows (hf)

Painted timber glazed panelled door to south (hf)

Painted timber glazed panelled French doors with toplights (hf)



 \boldsymbol{E}

 \boldsymbol{H}

Central wing

Painted splayed plastic rusticated weatherboards (nhf)

Painted concrete base (hf)

Painted timber windows and door joinery (hf)

Painted timber architraves and sills to doors and windows (hf)

Painted timber three panelled doors (hf)

Painted timber casements with toplights (hf)

Marble plaque "Queen Mary hospital for soldiers of the dominion opened by the Hon C W Russell Minister of Public Health 3rd June 1916." (hf)

Brass and timber plaque "This verandah was erected by the late Duncan Rutherford Esq. to whose patriotism and generosity the soldiers owe many kindnesses" (hf)

Painted timber verandah posts to central wing (hf)

Painted timber brackets to overhang over exterior doors to end wings (hf)

Painted timber French doors with toplights to east wing (hf)

Painted timber verandah with tg&v sarking, exposed rafters and timber posts (hf)

Cement rendered brick verandah flooring (hf)



 \boldsymbol{E}



 \boldsymbol{E}

 \boldsymbol{H}

 \boldsymbol{E}

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S

Fabric

West wing

Painted splayed plastic rusticated weatherboards (nhf)

Painted timber shiplap weatherboards to south (hf)

Painted timber casements with toplights (hf)

Painted timber ledged and braced doors from ward and toilets (hf)

Painted timber architraves and sills to doors and windows (hf)

Painted timber steps from ward (hf?)



Joining corridor to west wing

Painted splayed plastic rusticated weatherboards (nhf)

Painted timber shiplap weatherboards to south (hf)

Painted timber casements with toplights (hf)

Painted timber architraves and sills to windows (hf)

Painted timber glazed panelled French doors with toplights (hf)



South wing

Painted timber shiplap weatherboards to south (hf)

Painted timber casements, some with toplights, some leaded (hf)

Painted timber ledged and braced door from toilets (hf)

Painted timber architraves and sills to doors and windows (hf)

Painted timber verandah with timber posts and uncoated flooring (hf)

Painted timber walkway with shiplap weatherboards, painted timber fixed windows, timber posts and painted timber flooring (hf)



Fabric

Setting

Views to and from building

Landscape, lawns, trees, shrubs, paths, picket fence and gate



Interior

Note, as described, not all spaces were inspected as a number were locked, or there was inadequate lighting. Spaces are named according to door labels or from historical descriptions.

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Central wing dining hall

Ceiling

Painted tg&v sarking over exposed timber rafters, purlins (hf)

Painted timber trusses (hf)

Painted timber knee brackets to facetted bay (hf)

Walls

Painted timber tg&v (hf)

Painted timber architraves (hf)

Painted timber coved skirting (hf)

Floor

Coated timber strip? (hf)

Windows

Painted casements with top hung casement toplights (hf)

Standard casement stays, curved sliding top casement stays (of/hf?)

Doors

Painted timber panelled and glazed double to exterior – broken pane (hf)

Painted timber panelled double to south wing (hf)

Hardware (nhf)



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Fabric

Fixtures and fittings

Painted cast iron radiators (of)

Painted brick fire surrounds with painted timber mantle (hf)

Painted timber fhc (nhf)

Toilets either side of dining hall L L L L

Ceiling

Painted hardboard (nhf)

Painted timber scotia (nhf)

Walls

Painted hardboard (nhf)

Formica dado (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Aluminium louvre (nhf)

Doors

Painted fhc (nhf)

Fixtures and fittings

Ceramic basins (nhf)

Ss urinal (nhf)

Cast iron radiator (of)

Kitchen off dining hall L L L L

Ceiling

Painted hardboard (nhf)

Painted timber scotia (nhf)

Walls

Painted hardboard (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Painted timber casement (hf)

Doors



Fabric

Painted three panel with toplight (hf)

Fixtures and fittings

Ss and timber cupboards (nhf)

Ss urinal (nhf)

Cast iron radiator (of)

East side room, dispensary S E H H

Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted softboard (of)

Painted timber architraves (hf)

Floor

Lino (nhf)

Uncoated timber strip (hf?)

Windows

Painted timber casement with top hung casement toplights (hf)

Casement stays as above (of)

Doors

Painted double fhc (of)

Painted timber panelled and glazed with toplight (hf)

Fixtures and fittings

Painted cast iron radiators (hf)

Painted brick fireplace with timber mantelpiece (hf)

East corridor H E E

Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted hardboard (of)

Painted architraves and skirtings (nhf)

<u>Floor</u>

Lino (of)

Uncoated timber strip (hf)

Windows

Painted timber casement with fixed toplight (hf)





Space

physical historic cultural authenticity

Fabric

Doors

Painted timber French panelled and glazed with toplights (hf)

Painted timber panelled and glazed with toplights (hf)

Fixtures and fittings

Painted cast iron radiators (hf)

Typical single bedroom

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Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted softboard (of)

Painted timber architraves and skirtings (of/hf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows -

Doors

Painted timber French panelled and glazed with toplight (hf)

Furniture including rimlock and knob with winder to toplight (hf)

Painted timber three panelled from corridor (hf)

Furniture (hf)

Fixtures and fittings

Painted cast iron radiator (hf)

Painted timber cupboards (nhf)

East octagonal wing

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Ceiling

Painted timber tg&v sarking (hf)

Painted timber framing, posts brackets (hf)

Walls

Painted tg&v sarking (hf)

Painted timber architraves (hf)



Fabric

Floor

Carpet (nhf)

Uncoated timber strip? (hf)

Windows

Clear-coated timber, single hung sash windows with bottom hung casement toplights (hf)

Doors

Painted timber three panel (hf)

Rim lock and knob (hf)

Sliding fhc to south (nhf)

Fixtures and fittings

Painted cast iron radiators (hf)

Painted softboard timber frames partitions (nhf)

Central octagonal room

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Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted tg&v under sill (hf)

Painted timber architraves (hf)

Painted timber coved skirting (hf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Clear-coated timber fixed 9 panes per side (hf)

Painted timber 4 panes top hung casement per side to lantern with winder openers (hf)

Doors

Painted panelled and glazed (hf)

Rim lock and knob (hf)

Fixtures and fittings

Painted cast iron decorative radiators (hf)

Painted timber tg&v cupboards (hf)





Corridor to we block

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Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted tg&v sarking (hf)

Painted architraves (hf)

Painted timber coved skirting (hf)

Floor

Uncoated timber strip (hf)

Lino (hf)

Windows

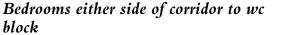
Louvres in timber frame (hf)

Doors

Painted timber three panel (hf) with rim lock (hf)

Wire mesh toplight (hf)

Fixtures and fittings -



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Ceiling

block

Painted timber tg&v with exposed timber rafters (hf)

Walls

Painted tg&v sarking (hf)

Painted architraves (hf)

Floor

Uncoated timber strip (hf)

Windows

Painted timber casement (hf)

Casement fasteners (hf)

Doors

Painted timber three panel (hf) with rim lock (hf)

Wire mesh toplight (hf)

Fixtures and fittings

Painted timber shelf (hf)



Toilet block off east octagonal wing

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Ceiling

Painted timber tg&v with exposed timber truss (hf)

Walls

Painted tg&v sarking (hf)

Painted architraves (hf)

Floor

Ceramic tile (hf)

Windows

Painted timber casement (hf)

Casement fasteners (hf)

Timber framed louvres (hf)

Doors

Painted ledged and braced double (hf)

Rim lock (hf)

Painted timber ledged and braced toilet (hf)

Fixtures and fittings

Painted timber tg&v partitions (hf)

"Adamant" urinals set in tiled surround (hf)

Concrete toilet? with cast iron cistern (hf)

Ceramic wcs with cast iron cistern (hf)

Light fitting (hf)

Room off octagonal ward

Ceiling

Painted softboard and timber battens (nhf)

Walls

Painted softboard and timber battens (nhf)

Painted architraves and skirtings (nhf)

Floor

Lino (nhf)

Uncoated timber strip (hf)





Fabric

Windows

Painted timber casement (nhf)

Casement fasteners (nhf)

Doors

Painted fhc double (nhf)

Fixtures and fittings

Painted cast iron decorative radiator (hf)

East wing south toilets S S S

Ceiling

Painted hardboard (nhf)

Painted timber scotia (nhf)

Walls

Painted hardboard (nhf)

Formica dado (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Painted timber casement (nhf)

Chrome casement stays (nhf)

Aluminium louvres to wc and bathroom (nhf)

Doors

Painted three panelled (of)

Fixtures and fittings

Ss basins (nhf)

Bath (nhf)

Wc (nhf)

Cast iron radiator (of)



Fabric

West corridor H E E

Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted hardboard (of)

Painted architraves and skirtings (nhf)

Floor

Lino (of)

Uncoated timber strip (hf)

Windows

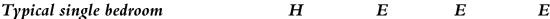
Painted timber casement with fixed toplight (hf)

Doors

Painted timber panelled and glazed with toplights (hf)

Fixtures and fittings

Painted cast iron radiators (hf)



Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted softboard (of)

Painted timber architraves and skirtings (of/hf)

<u>Floor</u>

Lino (nhf)

Uncoated timber strip? (hf)

Windows -

Doors

Painted timber French panelled and glazed with toplight (hf)

Furniture including rimlock and knob with winder to toplight (hf)

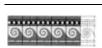
Painted timber three panelled from corridor (hf) furniture (nhf)

Fixtures and fittings

Painted cast iron radiator (hf)

Painted timber cupboards (nhf)





Fabric

West octagonal ward E E E E

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Ceiling

Painted timber tg&v sarking (hf)

Painted timber framing, posts brackets (hf)

Walls

Painted tg&v sarking (hf)

Painted timber architraves (hf)

Floor

Uncoated timber strip? (hf)

Windows

Clear-coated timber, single hung sash windows with bottom hung casement toplights (hf)

Doors

Painted timber three panel (hf)

Rim lock and knob (hf)

Fhc to partitions (nhf)

Fixtures and fittings

Painted cast iron radiators (hf)

Painted hard board timber framed partitions (nhf)

Central octagonal room

Painted asbestos with timber battens (hf)

Walls

Ceiling

Painted tg&v under sill (hf)

Painted timber architraves (hf)

Painted timber coved skirting (hf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)





Fabric

Windows

Clear coated timber fixed 9 panes per side (hf)

Painted timber 4 panes top hung casement per side to lantern with winder openers (hf)

Doors

Painted panelled and glazed (hf)

Rim lock and knob (hf)

Fixtures and fittings

Painted cast iron decorative radiators (hf)

Painted timber tg&v cupboards (hf)

Corridor to we block

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Ceiling

Painted asbestos with timber battens (hf)

Walls

Painted tg&v sarking (hf)

Painted architraves (hf)

Painted timber coved skirting (hf)

Floor

Uncoated timber strip (hf)

Lino (hf)

Windows

Louvres in timber frame (hf)

Doors

Painted timber three panel (hf)

Rim lock (hf)

Wire mesh toplight (hf)

Fixtures and fittings -

Bedrooms either side of corridor to we block

Locked





Toilet block off west octagonal ward

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Ceiling

Painted timber tg&v with exposed timber truss (hf)

Walls

Painted tg&v sarking (hf)

Painted architraves (hf)

Floor

Ceramic tile (hf)

Windows

Painted timber casement (hf)

Casement fasteners (hf)

Timber framed louvres (hf)

<u>Doors</u>

Painted ledged and braced double (hf)

Rim lock (hf)

Painted timber ledged and braced toilet (hf)

Fixtures and fittings

As east (hf)



Corridor behind recreation hall

S

Ceiling

Painted asbestos and timber battens (of)

Walls

Painted hardboard (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows -

Doors

Painted panel and glazed (nhf)

Fixtures and fittings -



Fabric

Whare iti - recreation hall?

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E

Ceiling

Painted tg&v sarking on painted timber trusses (hf)

Painted timber framed lantern light (hf)

Walls

Painted tg&v sarking (hf)

Painted hardboard dado (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Painted timber casement with top hung casement (hf)

Casement stays and sliding casement stays (hf)

Doors

Painted timber ledged and panelled (hf)

Painted timber 3 pane (hf)

Fixtures and fittings

Painted cast iron radiators (hf)

Room behind whare iti - too dark to see

Corridor behind whare iti

Ceiling

Painted asbestos and timber battens (hf?)

Painted hardboard to west (nhf)

Walls

Painted hardboard (nhf)

Painted timber architraves and skirting (hf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

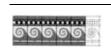
Painted timber fixed to east exit (nhf?)

Painted timber casement to west corridor (nhf)

Doors

Painted timber five panel (nhf)





Space

physical historic cultural authenticity

Fabric

Painted timber three panel to courtyard (hf)

Fixtures and fittings -

Rooms at south S S S

Ceiling

Painted asbestos and timber battens (of)

Walls

Painted softboard and timber battens (nhf)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Painted timber casement with top hung casement toplight (of)

<u>Doors</u>

Painted panel and glazed (nhf)

Fixtures and fittings

Painted cast iron radiator (hf)

Painted timber cupboard (of)

Corridor between west corridor and south L

Ceiling

Painted hardboard (nhf)

Walls

Painted hardboard (nhf)

Painted timber architraves and skirting (nhf?)

Floor

Lino (nhf)

Uncoated timber strip? (hf)

Windows

Painted timber casement (nhf)

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Fabric

<u>Doors</u>

Painted timber three panel to courtyard (hf)

Fixtures and fittings

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South wing

Locked



3.4 Summary statement of heritage significance

The building has national and potential international significance as one of two remaining 'Soldiers' Block' hospitals in New Zealand and the only one remaining on its original site. The design was to accommodate soldiers injured in the First World War and is believed to be unique internationally. Its design is based on the contemporary belief in fresh air, good ventilation, sun and located in a park-like setting to improve recovery for patients. The uncommon octagonal form of the wards with a central octagonal nurses' station was an efficient plan to maximise patients and minimise staff necessary for supervision.

The building, the first to be constructed at the hospital, is associated with its architects, nationally recognised firm Hoggard, Prouse and Gummer, and is largely authentic in design, materials, craftsmanship and setting.

The building is one of a group of buildings with very high heritage values in the nationally significant Queen Mary Hospital complex, the only such facility in New Zealand to offer treatment of addictions, where treatment was voluntary and where innovative programmes were offered for the first time in the country. There is very high local and national public esteem for the site and buildings.

4.0 Framework for conservation

4.1 Aims of the owner

This Conservation Plan has been commissioned to identify appropriate means of conserving the building for the indefinite future and revealing, where appropriate, its significance.

4.2 Regulatory and non-regulatory framework

The NZHPT and the Historic Places Act 1993

The grounds and buildings are listed as an Historic Area with the NZHPT which is required under the HPA 1993 to establish and maintain a register of historic places, historic areas, wahi tapu, and wahi tapu areas. Under part ii, section 22 (3) the Register includes historic places and historic areas.

Registration with the NZHPT is an indication of the heritage value of the place and does not carry with it any form of protection. A heritage order must be issued by the NZHPT for protection by them of a registered place.

The Trust's powers under the Resource Management Act (RMA) 1991 (see below) in relation to historic sites and areas reside in the status given to the Trust under the Act. Under the HPA 1993, structures that were associated with human activity occurring before 1900 come within the definition of "archaeological site" in the Act.

Given that the site of the block has had European occupation since 1883, the site is an archaeological site and an authority for any excavation should be obtained under the HPA 1993.

The NZHPT have published a number of guidelines and these form the basis of recommendations to Councils for Resource and Building Consent applications. These are contained in the NZHPT Sustainable Management of Historic Heritage Guidance Series – Discussion Information Sheets. ¹³³

Resource Management Act 1991 (RMA)

Part ii, Purpose & Principles of the 1991 Act, section 5 states the purpose of the RMA "to promote the sustainable management of natural and physical resources". "Sustainable management" means managing the use, development and protection of natural and physical resources in a way, or at a rate, which enables people and communities to provide for their social, economic and cultural well-being and for their health and safety.

The RMA requires that councils have an overarching philosophy and practice for management of built heritage, particularly through District Plans. The Act requires local authorities to have District Plans that define heritage, identify heritage places and resources for management, and assess heritage values, archaeological and historic sites, incentives, regulatory controls and mapping.

The 2003 RMA amendments elevated historic heritage to being a matter of national importance. Section 6 states: "... Shall recognise and provide for the following matters of national importance" and "(f) the protection of historic heritage from

¹³³ www.historic.org.nz/publications/SustMgt_guidance_series.html



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inappropriate subdivision, use and development".

The RMA 2003 amendments also introduced a definition of historic heritage under the Act, being:

... those natural and physical resources that contribute to an understanding and appreciation of New Zealand's history and cultures, deriving from any of the following qualities:

Archaeological, architectural, cultural, historic, scientific, technological; and includes historic sites, structures, places and areas; and archaeological sites; and sites of significance to Maori, including wahi tapu and surroundings associated with the natural and physical resources.

The main means of carrying out these responsibilities is through District Plan provisions and, where appropriate, requiring resource consents for work that may adversely affect built heritage. Where a resource consent is required under section 93 of the RMA, and a consent authority is satisfied that it has received adequate information for a consent hearing, it shall ensure that notice of every application for resource consent made to it in accordance with the Act is served on the NZHPT if the application relates to:

- Land subject to a heritage order, or
- A requirement for a heritage order, or
- Otherwise identified in the plan as having heritage value and/or affects any historic place, historic area, wahi tapu or wahi tapu area registered under the HPA 1993.

The "affected party" status only comes into force if resource consent is required. Most plans are written in such a way that certain activities on scheduled structures/sites are permitted as-of-right and a resource consent is only required once a certain threshold is passed.

In addition under the RMA, a Heritage Protection Authority (HPA) can be established which can issue protection notices. All Councils are HPA's as is the NZHPT. In 2004 the Hurunui District Council gave a notice of its requirement for a heritage order over the site and buildings. The requirement has not yet been confirmed and remains an interim requirement such that "all works or subdivision on the area affected by it requires the approval of the Council in its capacity as an HPA"¹³⁴.

Hurunui District Council District Plan

Under the RMA 1991, the Hurunui District Council is required to recognise and protect the heritage value of sites, buildings, places or areas. The Council has included in its District Plan sections dealing with heritage. These are in Part 1, Protection of resources with significant value, issue 8 Heritage Resources, Section A8, Heritage and Appendix A8.1, Schedule of heritage features.

The means of identification and control of heritage resources through the District Plan through policies, methods and explanations is described in Issue 8 – Heritage Resources. Heritage incentives, financial incentives and other assistance are included

¹³⁴ Hurunui Council order paper, late 2009, quoted in an email from Liz White dated 22 June, 2010.

under Policy 8.3 "to encourage voluntary protection and conservation of features of heritage value". Under Section A8.1 and 8.2, minor works are permitted activities, all other activities are Discretionary activities (unrestricted) except for demolition or removal, which are Non-complying activities.

Environment Canterbury Regional Policy Statement

The Canterbury Regional Council prepared the operative Regional Policy Statement in 1998. Part II Issue Resolution, Section 8, Landscape Ecology and Heritage, discusses Heritage as a significant issue, with Section 8.2, identifying potential adverse effects of

(e) the historical and cultural heritage of Canterbury including its amenity and recreational values.

Under the same section, Objective four and Policy five encourage the protection and enhancement of built heritage. Section 8.4 explains the results anticipated as being

- (1) Protection or enhancement of distinctive characteristics of the Canterbury region, including.....
- (d) heritage values within historic places or areas identified in Objective 4; Part III, Section 20.4 Regional Matters, discusses heritage matters of regional concern under (1) Matters.
 - (g) Heritage sites, places or areas that contribute to or reflect the cultural or spiritual identity, or evolution of the Canterbury region, including the different stages of human occupation.

In selecting these heritage sites, places or areas, factors to be considered include:

- (i) The extent to which the place reflects important or representative aspects of Canterbury's or New Zealand's history;
- (ii) The association of the place with the events, persons, or ideas of importance in Canterbury's or New Zealand's history
- (iii) The potential of the place to provide knowledge of Canterbury's or New Zealand's history;
- (iv) The importance of the place to Tangata Whenua;
- (v) The community association with, or public esteem for, the place;
- (vi) The potential of the place for public education;
- (vii) The technical accomplishment or value or design of the place;
- (viii) The symbolic or commemorative value of the place;
- (ix) The importance of historic places which date from periods of early settlement in Canterbury;
- (x) Rare types of historic place;
- (xi) The extent to which the place forms part of a wider historical and cultural complex or historical and cultural landscape;
- (xii) The integrity and state of preservation.



Section (2) Regionally significant effects, states

An effect is of regional significance if it has the potential to materially enhance or detract from any matter in 20.4(1).

It should be noted that a revised Policy Statement is currently out for consultation with Chapter 13 of this document referring to heritage.

Building Act 2004

The Building Act 2004 regulates all building work in New Zealand and:

- Sets performance standards, including the New Zealand Building Code (NZBC)
- Establishes a licensing regime for building practitioners
- Requires local authorities (and private organisations) to become registered and accredited building consent authorities to carry out building control functions

The functions of territorial authorities as building consent authorities are outlined in the Building Act 2004. These functions include:

- Issuing building consents
- Issuing project information memorandum
- Issuing notices to fix (section 124)
- Keeping building consent information and the provision of public access to building information
- Carrying out building work (section 220)
- Inspections and enforcement

Under the Building Act 2004 (amendments March 2005), it is the owner's responsibility to:

- Apply for a building consent for any proposed building work
- Provide the necessary information with the building consent application to confirm compliance with the NZBC
- Notify the Council when a change of use is proposed
- Apply for a code compliance certificate on completion of building work
- Ensure that inspection, maintenance and reporting procedures are carried out where required by any compliance schedule
- Maintain the building in a safe and sanitary condition at all times

In exercising functions under the Building Act 2004, building consent authorities need to ensure that buildings are safe, promote physical independence and wellbeing, have adequate fire escape provisions and are designed, constructed and able to be used in ways that promote sustainable development. Also building consent authorities are required to take into account the principles of section 4(2)(f) of the Building Act 2004, which include the need to facilitate the preservation of buildings of significant cultural, historical or heritage value.

With respect to heritage buildings, in applying the purpose of the Building Act 2004

a number of principles are outlined in section 4 which include the importance of recognising any special traditional and cultural aspects of the intended use of a building and "the need to facilitate the preservation of buildings of significant cultural, historical, or heritage value".

The Minister of Building and Construction, the Chief Executive of the Department of Building and Construction, and local authorities are required to "take into account" these principles to the extent they are performing functions or duties, or exercising powers in relation to the grant of waivers or modifications of the NZBC and the adoption or review of policies on dangerous, earthquake-prone and insanitary buildings.

There can be tensions between the requirements of the Building Act 2004 and the purpose and principles of the HPA 1993 and RMA 1991. The tension stems from the focus of ensuring building safety, amenity and access under the Building Act 2004, and the protection of historic heritage as a matter of national importance under the RMA 1991 and the purpose of the HPA 1993 to promote minimum change of heritage buildings in order to conserve and preserve historical and cultural heritage values.

4.3 Conservation standards

ICOMOS

The International Council on Monuments and Sites (ICOMOS) is a non-governmental body organised through UNESCO, which promotes the practice and standards of conservation through its international and national committees. Each committee is required to determine standards for conservation in the member country. The New Zealand National Committee of ICOMOS has been recognised by the NZHPT, the Department of Conservation and many local authorities as the body, which sets conservation standards and ethics for conservation in New Zealand. The New Zealand National Committee has published the ICOMOS New Zealand Charter for the Conservation Of Places of Cultural Heritage Value, 1996 (the ICOMOS NZ Charter) as the guiding standard for conservation and this is included in the appendices to this plan.

This Conservation Plan has been prepared to comply with the principles outlined in the *ICOMOS NZ Charter*. All decisions relating to the conservation of the Soldiers' Block should be made according to the principles in the Charter and all interventions should be consistent with accepted international conservation practice as expressed in the Charter. The key principles can be summarised as:

- All work is to be thoroughly documented
- Any intervention should be to the minimum necessary and reversible where possible
- Any changes should retain significance
- Any change should be based on evidence, not on conjecture
- Intervention may be desirable to prevent further deterioration
- Intervention may be desirable to allow renewal of a significant use
- Intervention may be desirable to improve interpretation by reconstruction



- Intervention may be desirable to minimise risks
- Intervention may be inappropriate where the existing state of the place is evidence of particular cultural significance

Other ICOMOS Charters and recommendations which are relevant to conserving the Soldiers' Block include the Riga Charter on Authenticity and Historical Reconstruction in Relation to Cultural Heritage, (2000), the Nara Document (1994) and the World Management Guidelines for World Cultural Heritage Sites (ICCROM, UNESCO, ICOMOS) of 1993 by Sir Bernard Feilden and Jukka Jokilehto.

Use

Currently the building is empty and does not have a use. The main Charters published by ICOMOS have discussed the issue of use. These include the *ICOMOS NZ Charter*, the *Burra Charter* and the *Venice Charter*. Articles in these Charters largely relate to change of use and the need for adaptation in order to facilitate a change of use. Intervention policy 12 discusses specific areas of adaptation.

The ICOMOS NZ Charter recommends:

... the conservation of a place of cultural heritage value is usually facilitated by it serving a socially, culturally or economically useful purpose. In some cases, alterations and additions may be acceptable where they are essential to continued use, or where they are culturally desirable, or where the conservation of the place cannot otherwise be achieved. Any change, however, should be the minimum necessary and should not detract from the cultural heritage value of the place. Any additions and alterations should be compatible with original fabric but should be sufficiently distinct that they can be read as new work.

The latest version of the *Burra Charter* was formulated in 1999.¹³⁵ Articles 1, 3 and 7 discuss "compatible use".

Article 1 definitions

1.11 Compatible use means a use, which respects the cultural significance of a place. Such a use involves no, or minimal, impact on cultural significance.

Article 3 cautious approach

3.1 Conservation is based on a respect for the existing fabric, use, associations and meanings. It requires a cautious approach of changing as much as necessary but as little as possible. The traces of additions, alterations and earlier treatments to the fabric of a place are evidence of its history and uses which may be part of its significance. Conservation action should assist and not impede their understanding.

Article 7 use

- 7.1 Where the use of a place is of cultural significance it should be retained.
- 7.2 A place should have a compatible use. The policy should identify a use or combination of uses or constraints on uses that retain the cultural significance of the place. New use of a place should involve minimal change,

¹³⁵ See ICOMOS (1999).

to significant fabric and use; should respect associations and meanings; and where appropriate should provide for continuation of practices which contribute to the cultural significance of the place".

The *Venice Charter* does not specifically discuss use other than the need for additions from an implied expansion or change of use.

Article 13

"Additions cannot be allowed except in so far as they do not detract from the interesting parts of the building, its traditional setting, the balance of its composition and its relation with its surroundings.¹³⁶

Authenticity

Herb Stovel paraphrases Jukka Jokilehto's chapter on 'Treatments and Authenticity' in the *World Heritage Operational Guidelines* in explaining the relationship between authenticity and intervention strategies. These strategies:

... must maintain authenticity by maximizing retention of historical material, by ensuring harmony with original design and workmanship, by not allowing new additions to dominate over the original fabric but respecting the archaeological potential meeting the test of authenticity in design, material, workmanship or setting. ... Jokilehto introduces a process for defining appropriate treatments whose first priority is to establish, safeguard and maintain the cultural resource values... and which seeks to ensure that all conservation treatments (e.g. protection, consolidation or restoration) guarantee the protection of the authenticity of the heritage site, prolonging the duration of the authenticity of its integrity and preparing it for interpretation. ¹³⁷

The options for the different levels of intervention are discussed under Intervention Policy (iii).

4.4 Condition

A detailed condition survey was not commissioned as part of the Conservation Plan but some areas of deterioration were noted when completing the survey to identify heritage spaces and fabric. This is as follows:

Exterior

Vegetation growing in guttering





¹³⁷ See Stovel (2008), p 13.



Missing mortar to chimney

¹³⁶ See ICOMOS (1966).

- Moss and lichen growth on chimney
- Extensive peeling of paint from painted timber surfaces, especially doors and fascia
- Cracked and crazed render to brick and rendered steps outside east wing corridor
- Missing bracket to east post of verandah
- Parting architraves to central wing bay
- Rotten sarking to verandah soffit
- Cracked and broken windows
- Rot and algae growth at junction of west octagonal ward and link

Interior

- Rot in east octagonal ward ceiling
- Impact damage to walls, skirtings, architraves and timber panelling
- Worn lino to east wc corridor
- Rot in north and south rooms off east wc corridor
- We extensive rot to the ceiling of the room off the east octagonal ward
- Rotten ceiling to locked room off west octagonal ward off
- Broken glass in door to locked room off west octagonal ward
- Rotten timber ceiling to west octagonal ward
- Missing louvres to east wc corridor
- Peeling and damaged paintwork
- Borer?
- Debris scattered within the interior











5 General conservation policies

5.1 Explanation

Following on from the assessment of significance, and taking into account statutory requirements and the aims of the building owner, a series of conservation policies can be formulated to guide any proposed work on the building.

The purpose of the conservation policies set out in this section is to provide a guide to the development and care of the building in a way that retains the significance of the place. Such policies are framed to:

- Retain, conserve and, where appropriate, enhance heritage values
- Retain and, where appropriate, enhance the character and quality of the building and its elements including the immediate setting
- Ensure that conservation interventions conform to nationally and internationally recognised standards of conservation practice
- Ensure the use of conservation techniques which involve the least degree of intervention, loss of significant fabric and respect of patina
- Permit new works which are discreet and compatible with the above and which will make the place more effective in its use
- Identify elements which adversely affect the place and which are in need of modification or removal
- Provide an approach to the replacement of deteriorated fabric that respects the patina of age of retained significant fabric
- Draw attention to the need for coordination and continuity of conservation decisions

The conservation policies are based on the principles and processes described in the *ICOMOS NZ Charter* and each are discussed in turn as they are relevant to the Soldiers' Block.

The recommended policies are set out in italics. They are followed by the information upon which the recommended policies are based. General Policies concerned with general principles of conservation are stated first, while the more specific policies on appropriate conservation processes follow and are described as Intervention Policies.

5.2 Policies

Adoption of policies

General policy (i)

That the policies identified in this plan be adopted by those responsible for the Soldiers' Block as the guide for future work on it

The conservation policies are designed to guide the owner and users of the Soldiers' Block, while taking into account practical requirements for use while retaining essential heritage values. Adoption of the policies makes a clear statement of intent by



the owners to users, regulatory bodies and others with an interest in the building of a commitment to their long-term conservation using appropriate conservation methods.

Conservation standards

General policy (ii)

That the conservation of the Soldiers' Block shall be carried out in accordance the ICOMOS New Zealand Charter, 1996

The Charter discusses general principles before identifying conservation processes. The principles and practices (definitions are included in the Charter in Appendix 1) are discussed under the following topics.

Conservation practice	13	Conservation processes, degrees of intervention:
Conservation method		
Respect for existing evidence	14	Non-intervention
Setting	15	Maintenance
C	16	Stabilisation
Relocation	17	Repair
Invasive investigation	18	Restoration
Contents	19	Reconstruction
Works of art and special fabric	20	Adaptation
Records	21	Interpretation
	Conservation method Respect for existing evidence Setting Risk mitigation Relocation Invasive investigation Contents Works of art and special fabric	Conservation method Respect for existing evidence Setting Risk mitigation Relocation Invasive investigation Contents Works of art and special fabric 14 15 16 17 18 18 20 21

Typically one or a combination of these processes is appropriate to effect the optimum level of conservation. Each of these processes is discussed in turn.

Regulatory environment

General policy (iii)

That appropriate consents should be applied for, but with reference to conservation principles Relevant legislation includes the RMA 1991, HPA 1993 and the Building Act 2004.

Under the Building Act 2004, alterations to existing buildings or changes of use will require compliance with the NZBC "as nearly as is reasonably practicable". These provisions apply to a building's standard of comfort, health and safety, means of escape from fire, and its access for use by people with disabilities. The NZBC, through the Building Act 2004, therefore has the potential to reduce heritage values by requiring compliance where significant spaces or fabric may be removed or altered. Building Inspectors are required to interpret the NZBC. However, where agreement with a Building Inspector cannot be gained over the retention of significant spaces or fabric affected by Building Act 2004 requirements, dispensation applications (through the Department of Building and Housing) or alternatives should be considered.

The most common issues concern access for people with disabilities and these include the use of lever handle furniture, handrails, ramps, lifts and steps. As the building does not have a current use, it may be that any new use will trigger the need to upgrade the building to meet the requirements of the Building Act. A ramp access will probably be required, as will toilet facilities for people with disabilities.

Resource consents will be required for activities that are deemed discretionary. It is not anticipated that there will be an application for a non-complying activity. Many local authorities recommend the writing of Conservation Plans and compliance with policies in plan then form a basis for considering applications for consents. If a consent is required for the building in the future, stating compliance with the relevant conservation policy could be useful.

Use

General policy (iv)

That a compatible use be found for the Soldiers' Block to retain heritage values and significant heritage fabric

The key principles in the three Charters discussed above are the retention of cultural heritage values and the minimum change to significant fabric, with changes being reversible where possible. The cultural heritage values have been defined above in the building significant assessment and significant fabric has been defined in the inventory. Therefore there should be no or minimal change to the significance and significant fabric listed.

Hospital, residential or educational uses may be more appropriate than other uses as these often require the range and number of spaces as well as the facilities contained within the Soldiers' Block. Other uses are likely to need greater change and, therefore, put the retention of heritage significance at risk. A use that that can be combined with that of the other empty buildings would be preferable to each building having an independent, different use, as this will maintain their historical interdependence.

As the building was once part of a hospital that was open to the public, public accessibility is recommended, where possible.

Review and interpretation of the Conservation Plan

General policy (v)

That this plan be periodically reviewed at appropriate intervals

As more information comes to light, especially from any further research or during conservation work, it is recommended that this plan be reviewed and, where necessary, revised at intervals. As international bodies periodically update conservation principles and new materials and practices come into use, the recommendations made in this plan may require modification in the future.

New information may also be discovered which may have a bearing on the conservation of the structure. In these cases, it would be appropriate to modify the plan to take account of these new developments and it is recommended that the plan be reviewed at five to 10 yearly intervals. The author should carry out the review.



6 Conservation intervention policies

6.1 Explanation

As discussed above, intervention policies follow the *ICOMOS NZ Charter* and the numbering of the headings is based on the Charter clause number.

6.2 Policies

The following are recommended intervention policies.

3 Conservation practice

Intervention policy (i)

Where conservation work is to be undertaken, this shall be designed, documented, and supervised by an appropriately qualified and experienced person in the conservation of built heritage. Tradesmen and conservators skilled in the relevant tasks should carry out the work itself

The Soldiers' Block has national significance, and as such work on the building warrants a high level of conservation. According to the *ICOMOS NZ Charter*, this means the employment of those experts in the conservation of the fabric of the building. The New Zealand Conservators of Cultural Materials (NZCCM) organisation is the only professional body for registration of heritage building conservators whose training and experience are required to design, document and observe any conservation works. An architectural conservator member of the NZCCM should either directly design, document and observe any contracts covering the conservation of heritage fabric or be intimately involved with the process as a specialist independent consultant advising the owner.

A similar level of knowledge, skills and experience is required by those trades' people who carry out the conservation work, particularly in the areas of joinery and timber repair.

4 Conservation method

Intervention policy (ii)

Conservation of the Soldiers' Block shall not diminish heritage significance

Conservation processes should take account of the heritage values of the Soldiers' Block as identified in the spaces and fabric significance assessment. The heritage values of the building as a whole and each of its spaces and fabric define the selection of the appropriate conservation treatment. The aims of the conservation method can be summarised as:

- All work is to be thoroughly documented
- Historic evidence should not be removed, destroyed or falsified
- Any intervention is to the minimum and reversible where possible
- The aesthetic, historical and physical integrity of the cultural property must be respected

- Works should be undertaken by professionals experienced in working with heritage buildings of this type
- The archaeology of the site must be respected

5 Respect for existing evidence

Intervention policy (iii)

That conservation of spaces and fabric shall be determined by the spaces and fabric significance assessment

Conservation policies will be based on the levels of significance of the spaces and elements and their level of authenticity. The conservation of the space or element will generally be determined by the highest level of significance. However where a space or element with a high level of significance but low level of authenticity exists, the range of interventions is very much wider.

Work on the Soldiers' Block should be undertaken with due regard to the significance of the spaces and elements as identified in the heritage assessment of the exterior and interior spaces. Recommended levels of intervention (using the definitions in the *ICOMOS NZ Charter*) are as follows:

- For spaces rated E, interventions should be restricted to preservation (including maintenance and repair), stabilisation and restoration. Adaptation may be allowed only where it is essential for public safety or dispensation from regulatory requirements is not possible, and where no other reasonable option is available. Adaptation must be the minimum possible. The original space should not be altered and elements or fabric in these spaces, which are historic (hf), or old (of), should not be removed or altered
- For spaces rated H, interventions should be restricted to preservation (including maintenance and repair), restoration and adaptation. Adaptation is allowable where the use is compatible and ensures the long-term future of the building and where there is no feasible alternative. With any works taking place, the original fabric, character and quality of the spaces shall be retained. Historic fabric (hf) and old fabric (of) should be retained in its present form in the space
- For spaces rated S, interventions should be aimed at recovering the significance of the spaces. Interventions should be restricted to preservation (including maintenance and repair), restoration and adaptation. The original outline of the spaces should be maintained, while further subdivision is allowable where this is reversible. Original walls to spaces rated S or lower can have openings cut into them while retaining the character of the space. Existing elements should be reused in the same space in as close as possible location to the original, where it is necessary to disturb them. Historic fabric (hf) should be retained in its present form wherever possible and practical
- For spaces rated L, interventions should be aimed at recovering the significance of the spaces for an essential compatible use or to achieve a higher standard of quality and design. Interventions should be restricted to those as for E, H and S
- For spaces rated I, interventions should remove intrusive elements or spaces to



- recover the significance of the place
- That any intervention should involve the least possible loss of heritage values and significant fabric and values should be enhanced where possible
- That any adaptation should use the highest possible standards of design and materials

The levels of authenticity of design, materials, craftsmanship and setting inform appropriate conservation interventions. Where there are high levels of authenticity in design, the aim of the treatment is to respect the design and the historic structure. Conservation processes include maintenance and repair, stabilisation and restoration.

Where there are high levels of authenticity in materials, respect for the original materials should be given and new material should be in keeping but distinguished from the original. This is generally achieved with date stamping of new material. Treatments include maintenance, stabilisation of materials related to the periods of construction, and restorations with appropriate new material where necessary.

High levels of authenticity in workmanship require respect for evidence of workmanship and structural systems. Appropriate treatments include maintenance and repair of original materials and structures, and stabilisation. Restorations requiring new elements should use traditional skills and methods or new techniques where traditional techniques are inadequate.

Where there are high levels of authenticity in the setting, the primary objective is to maintain the relationship of the site with its surroundings. The setting is registered by the NZHPT as an Historic Area, while the Hurunui District Council has an interim Heritage Order on the buildings and site.

Recommendations for conservation of the exterior and spaces are included in the implementation section.

6 Setting

Intervention policy (iv)

That the original setting of the Soldiers' Block is maintained or enhanced

The landscape has been assessed by Lucas Associates. Their recommendations on pages 14 to 18 should be followed.

7 Risk mitigation

Intervention policy (v)

That any man-made or natural risk should be minimised

The building has a number of risks associated with it including vandalism, fire, potential risk from earthquakes and other natural disasters.

Although the building is currently under regular surveillance by a caretaker, and there is an alarm vandalism is still occurring. The building is close to the road and is readily accessible to the public, despite notices prohibiting unauthorised access. Additional monitoring is recommended and possibly connected to the caretaker's residence or a monitoring company.

A well-kept building will appear to be occupied and cared for and will deter vandals. Therefore the building and site should be well maintained. Any broken windows should immediately be repaired and any graffiti removed. Paintwork on the building should be well maintained and any missing downpipes and blocked gutters and gully traps cleaned. Lawns should be mowed and vegetation trimmed. Regular repairs and maintenance will also mitigate any threat from deteriorating fabric.

The building has brick chimneys, which may be an earthquake risk and an assessment of the risk and any necessary measures is recommended.

The building has a sprinkler, which should be maintained, although is relocation is recommended to be less obtrusive.

There is a major potential issue with the asbestos sheet lining. An assessment as to the on-going risk of having the material as an interior lining should be made and, if necessary, it should be replaced with cement sheet lining, which matches in it in all respects other than the inclusion of asbestos.

The condition assessment contained in this plan was outline only. A more detailed assessment is recommended so that work can be specified and the condition of the building monitored over time. An engineering assessment of the brickwork should be carried out at the same time.

It is recommended that a disaster management plan for any natural or man-made risk be drawn up and acted upon. One area to be included in such a plan is the establishment of a store with emergency equipment within the building or nearby for

temporary protection and propping until repairs and maintenance can be completed.

While New Zealand is not a signatory to the Hague Convention which identifies and protects buildings from unnecessary demolition following a major natural event such as an earthquake or tsunami, it is recommended that the Hague symbol is displayed on the exterior of the building to identify it to the relevant authorities so that they are aware of the heritage significance of the building. Civil Defence should be notified of the significance of the building and advised that it will display the Hague symbol.



8 Relocation

It is not intended that the building be relocated and this clause of the ICOMOS NZ Charter is not relevant.

9 Invasive investigations

Intervention policy (vi)

That non-destructive investigative techniques be favoured over destructive. Where destructive techniques are required, these are located in areas not highly visible

It is recommended that any such investigations necessary for conservation be carried out as far as possible using non-destructive investigative techniques. Where there is a



critical need for destructive investigations these should be located in areas of least heritage value. Any permanent damage should be avoided.

Intervention policy (vii)

That investigation or modification of known or suspected archaeological features will be undertaken in accordance with the requirements of section 10 of the HPA 1993

Discussions with the NZHPT are recommended prior to any excavation on the site to determine whether an authority will be needed and, if so, what likely conditions and costs there might be. Where an authority is required, its conditions should be complied with fully. The NZHPT Sustainable Management of Historic Heritage Guidance Series – Discussion Information Sheets 9, 10 and 19 outline the issues and processes to be followed when a building project involves an archaeological site.

10 Contents

Intervention policy (viii)

That all original and authentic material should be conserved in situ

Original or significant fabric generally noted in the heritage assessment of the exterior and interior spaces as historic fabric (hf) or old fabric (of) should not be moved. The only exception is where there is no practical alternative to removing or altering significant fabric in spaces, and where this is absolutely necessary for the ongoing survival of the building. While it is not anticipated that this should be necessary, if it was to happen the fabric should be recorded, catalogued and securely stored until such time that reinstatement or reuse is possible in its original or an appropriate alternative location within the building or site.

Replacement of original fabric should only be considered where the original fabric has deteriorated such that it no longer performs its intended function or it is a hazard to the users of the building. Generally worn and old fabric has value in its own right, contributing the patina of age to the structure.

11 Works of art and special fabric

Intervention policy (ix)

That artefacts associated with the building are conserved with **it**

The building has a number of items of special fabric that were constructed and designed with the building. These include the brass and marble plaques on the exterior of the central wing, fire surrounds in the dining hall, match lining to ceilings and walls, timber scotia moulding, cast iron radiators and the joinery in the nurses'



station in the centre of the octagonal wards. Because of their age and relative rarity, the following elements have especial significance: the urinals, toilet pans and cisterns, toilet partitions, concrete and ceramic receptacle, and door hardware and furniture

including hinges, pull handles and indicator bolts.

12 Records

Intervention policy (x)

That a professional photographic record of the Soldiers' Block is prepared

Recording to a high standard is recommended for archival, research and insurance purposes. Such records can be used for research as well as reconstruction should damage occur and must include photography prepared and stored to an archival standard.

13 Conservation processes, degrees of intervention

14 Non-intervention

Intervention policy (xi)

That intervention, where necessary, is appropriate

Conservation is defined in the *ICOMOS NZ Charter* as caring for a place so as to safeguard its cultural heritage value. As the structure is of significant heritage value, as confirmed in the assessment of heritage values, interventions are appropriate.

15 Maintenance

Intervention policy (xii)

That maintenance is essential to the future survival of the Soldiers' Block and that a plan be prepared, implemented and reviewed yearly according to accepted standard references

Regular maintenance is the most cost-effective method of conserving heritage buildings. This avoids urgent remedial repairs, which can be costly. As New Zealand is in a high earthquake zone, maintenance is probably the most effective action that can be taken to limit the damage in an earthquake. Poorly maintained buildings are most at risk and at least 50% of damage to heritage buildings in earthquakes is attributable to improper maintenance.

It is recommended that a detailed preventative cyclical maintenance plan be commissioned which should be written according to the US National Park Service *Cyclical Maintenance for Historic Buildings.*¹³⁸ The standard for movable cultural property is the National Trust *Manual of Housekeeping* by Hermione Sandwith and Sheila Stainton. Where these publications have been upgraded or superseded, the newer publications should be followed.

Prior to the writing of a detailed plan, the following are standard regular building maintenance actions that should be carried out:

Cleaning gutters	three monthly
Cleaning downpipes, drainage	yearly
Inspecting building	yearly

¹³⁸ See Chambers (1976).





Rodding through all drainage yearly
Checking all services yearly
Trimming trees yearly
External washing and painting touch-up two yearly

Checking and oiling door and window

hardware and furniture five yearly

Checking toilets and wash hand basin

fittings five yearly
Painting whole of building 8-10 yearly
Borer treatment 10 yearly
Repoint brickwork 50-100 yearly

Inspecting building following storm/earthquake

Specific service oriented maintenance such as for sprinkler systems should be carried out by those who are appropriately qualified and experienced. Maintenance should be regularly reviewed at least yearly intervals. A budget should be provided, if one has not already been established, to cover the costs of maintenance including predictable repairs and the replacement of worn non-heritage fabric.

Where original surfaces and finishes, such as varnishes or shellac, still exist, these should be conserved and/or reapplied when necessary.

Installation of insulation is recommended to enhance the usability of the building and to improve its sustainable use. There are a number of possible options for installation of insulation, which should be explored.

16 Stabilisation

Intervention policy (xiii)

Where stabilisation is required, this should be based on the ICOMOS NZ Charter

The process of stabilisation can involve the application of chemical consolidants to maintain the existing form, material and condition of an object through to strengthening against earthquakes. It is appropriate to chemically consolidate fabric, which has high artistic values and is rare, whereas less significant fabric can be repaired according to Intervention Policy (xiv). It is not anticipated that significant fabric identified in the inventory has art value sufficient to warrant chemical consolidation.

As a timber building, it is unlikely to be considered earthquake prone. The brick chimneys may have some risk from earthquakes and an engineering survey of them is recommended.

17 Repair

Intervention policy (xiv)

That repairs and maintenance are carried out as soon as practicable

Any repair work should first identify the cause of defects and the aim of the repair is to

eliminate or reduce the damage where elimination is not possible. Repair should be preferred to replacement and reuse of similar aged matching materials should also be considered before replacement. Repair and replacement of material should be the minimum necessary. As stated above, repairs should match the original in form, quality, profile, dimension, material, colour, texture and strength but be identifiable on close inspection. Date stamping new material or large areas of repair is recommended.

The standard of workmanship in the original fabric should be matched. A technically higher standard of repair may be justified where the life expectancy of the material is increased, the new material is compatible with the old, and the cultural heritage value is not diminished. Generally worn and old but functioning fabric has value in its own right, and contributes the patina of age to the structure.

The following is a summary of repair work with priorities from the general condition observation.

Immediate as soon as possible
Urgent within three months
Necessary within one to three years

Desirable whenever possible, or as use/function changes

Exterior

•	Remove vegetation growing in guttering	immediate
	Repoint chimney	necessary
•	Apply biocide to moss and lichen growth on chimney	necessary
•	Clean down and repaint all painted timber surfaces	urgent
•	Repair cracked and crazed render to brick and rendered steps outside east wing corridor	necessary
•	Reinstate missing bracket to east post of verandah	necessary
•	Repair parting architraves to central wing bay	necessary
•	Repair rotten sarking to verandah soffit	urgent
•	Replace cracked and broken windows	immediate
•	Repair rot and remove algae growth at junction of west octagonal ward and link	urgent

	War w	angeni.
Interi	or	
•	Repair rot in east octagonal ward ceiling	urgent
•	Repair worst impact damage to walls, skirtings, architraves and timber panelling	necessary
•	Replace worn lino to east wc corridor	necessary
•	Repair rot in north and south rooms off east wc corridor	urgent
•	Repair extensive rot to the ceiling of the room off the east octagonal ward	urgent
•	Repair rotten ceiling to locked room off west octagonal ward	urgent
•	Replace broken glass in door to locked room off west octagonal	



ward immediate

Repair rotten timber ceiling to west octagonal ward urgent

- Replace missing louvres to east wc corridor necessary
- Clean down all of interior and repaint necessary

• Treat borer necessary

As stated above, a detailed condition assessment is recommended, which may add additional remedial repairs to the summary of repair work. When the repair work is carried out, this should be recorded in a repairs register, noting the date and repair undertaken.

18 Restoration

Intervention policy (xv)

That restoration of significant non-original spaces or hidden or unattached significant original fabric is recommended where such fabric is identified

Restoration means either the reinstatement of original elements and spaces that exist but are no longer with the heritage object, or elements that have been added and can be removed.

The exterior has seen some changes while the interior has been modified, mainly by the addition of new linings and partitions in the octagonal wards. The removal of the plastic weatherboard lining on the exterior and the removal on non-original ceiling and wall linings and partitions, is recommended to reinstate the original appearance and fabric of the spaces. Reinstating the original fireplaces to the dining hall and dispensary is also recommended to enhance authenticity of their associated spaces.

There are few original electrical fittings and it is recommended that, particularly in the main public spaces, where these are missing, that they are restored, where possible.

A number of the wash hand basins have been removed from the octagonal ward toilet blocks as well as original door hardware and furniture. Their restoration is recommended.

The sprinkler pipes are quite visible and relocating them so that they are more discreet or not visible, where possible, is recommended.

19 Reconstruction

Intervention policy (xvi)

That reconstruction of missing elements and spaces is recommended where these can be indisputably identified to enhance heritage values

Reconstruction means to build again any elements missing from the building in the original form using old or new material.

As most of the building spaces and fabric are original the need for reconstruction is limited largely to interior design and fittings. The interior design and interior and exterior colour schemes are evidence of the architects' designs and their reconstruction would enhance authenticity. Investigation into and restoration of the

original internal and external colour schemes, linings and surfaces is recommended.

Any original fittings manufactured for the building should be retained and maintained where possible.

Where light fittings are missing and cannot be restored, it is recommended that, at least for major spaces, they are specially manufactured to match existing original fittings.

20 Adaptation

Intervention policy (xv)

That adaptation is acceptable only where this is carried out according to the principles of the ICOMOS NZ Charter

Adaptation is defined by this Charter as modifying a place to suit it to a compatible use involving the least possible loss of cultural heritage value. The means of achieving successful adaptation has been quoted in the general policy section under 'Use'. The key issues are that any alterations for adaptation should be the minimum necessary and not detract from the cultural heritage value of the place. As recommended above, any use that would have an institutional accommodation function requiring the number and range of spaces that exist in the Soldiers' Block is recommended as these uses would have least impact on the building. These uses should be explored exhaustively before consideration of any other uses that would requite more modification.

Identified heritage fabric should be retained and conserved.

21 Interpretation

Intervention policy (xvi)

That interpretive material on the history and significance of the Soldiers' Block is displayed publicly

As the building is of national heritage value, its history should be interpreted. Interpretive material on the building and its heritage values allows an understanding and appreciation of its values. Information contained in this Conservation Plan and further research could be used to develop suitable interpretation material. The information could also be used for promotion of the building on the Council's website and in other media.



7 Implementation of policies

Following the general and intervention policies, these recommended actions are given on how the policies might be implemented to ensure heritage values are retained or enhanced.

7.1 General recommendations

The following schedules recommend appropriate actions, based on the relevant conservation policies.

Action	Timeframe	Policy
Adoption of the plan	Immediate or as soon as possible	General policy (i)
Explore potential compatible uses	As soon as possible	General policy (iv), Intervention policy (xv)
Enhance intruder monitoring	Immediate	Intervention policy (v)
Implement recommendations from Lucas Landscape report	Within recommended timeframes	Intervention policy (iv)
Investigate original colour schemes	Prior to repainting	Intervention policy (xvi)
Locate matching light fittings	Ongoing	Intervention policy (xvi)
Raise necessary funds for each intervention	Immediate and ongoing	Intervention policy (xi)
Appoint NZCCM buildings conservator/architect	When conservation interventions confirmed	Intervention policy (i)
Commission engineers to investigate earthquake risk of chimneys	As soon as possible	Intervention policy (xiii)
Commission a full condition and structural survey	As soon as possible	Intervention policy (xiv)
Consider the risks from asbestos sheets and retain or replace according to the assessment	As soon as practicable	Intervention policy (v)
Carry out repairs, maintenance, restoration, reconstruction	According to recommended timeframes	Intervention policies (xiv) – (xvi)
Write a full maintenance plan	As soon as finances permit and	Intervention policy

	in conjunction with repair timeframes	(xii)
On going research	Ongoing	Intervention policy (xvi)
Recording of the building following completion of repairs and maintenance	Within five years	Intervention policy (x)
Review of Conservation Plan	5-10 yearly	General policy (v)
Establishing a disaster management plan including an emergency equipment store	As soon as possible	Intervention policy (v)
Writing interpretive material on the building	When finances permit	Intervention policy (xvi)



7.2 Conservation interventions

Setting	Implement Lucas landscape report	As per Lucas report
Roof and chimneys	Repairs as per schedule in intervention policy (xiv)	To proposed timeframes
Exterior walls	Repairs as per schedule in intervention policy (xiv)	To proposed timeframes
	Reinstate original colour scheme	With next redecoration
Interior	Repairs as per schedule in intervention policy (xiv)	
	Reinstate original colour scheme	With next redecoration
	Install additional intruder monitoring alarm points	As soon as possible
	Reinstate original light fittings, toilet fittings etc.	When finances permit
	Reconfigure sprinkler system to be more discrete	When finances permit
	Install insulation	When finances permit

7.3 Funding

Ongoing funding for restoration, reconstruction, repairs and maintenance is available through the New Zealand Lottery Grants Board. This plan can be used to justify applications for specific stabilisation, repair, maintenance, restoration or reconstruction works. The Hurunui District Council have a policy of funding heritage buildings as described in the District Plan and this building may be an appropriate recipient. Another major funding institution is the Canterbury Community Trust¹³⁹.

139 http://www.commtrust.org.nz/Home

7.4 Monitoring conservation

When repair work recommended is undertaken, the progress and outcomes should be recorded with any ongoing structural monitoring. New information about the building may become known then and this, too, should be recorded. As is recommended for repairs and maintenance, a yearly inspection should be undertaken by a person experienced and qualified in conservation of built heritage. At the time of the inspection, a meeting with the Council officer responsible for the building and any other stakeholders could be called to discuss progress and issues. This will also inform the five to 10 yearly review of the conservation plan. A register of contractors who have worked successfully on the building should be maintained so that they can be called upon when required.

7.5 Management and decision-making

When ownership is vested in the Council, property management will be undertaken by them. It is recommended that the yearly reports by the built heritage conservator should be considered and acted upon, with appropriate funding for the work.



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Appendix 1

ICOMOS New Zealand Charter, 1996for the conservation of places of cultural heritage value

Preamble

New Zealand retains a unique assemblage of places of cultural heritage value relating to its indigenous and its more recent peoples. These areas, landscapes and features, buildings, structures and gardens, archaeological and traditional sites and sacred places and monuments are treasures of distinctive value. New Zealand shares a general responsibility with the rest of humanity to safeguard its cultural heritage for present and future generations. More specifically, New Zealand peoples have particular ways of perceiving, conserving and relating to their cultural heritage.

Following the spirit of the International Charter for the Conservation and Restoration of Monuments and Sites (the Venice Charter 1966), this Charter sets our principles to guide the conservation of places of cultural heritage value in New Zealand. It is intended as a frame of reference for all those who, as owners, territorial authorities, trades persons or professionals, are involved in the different aspects of such work. It aims to provide guidelines for community leaders, organisations and individuals concerned with conservation issues. It is a statement of professional practice for members of ICOMOS New Zealand.

Each section of the Charter should be read in the light of all the others. Definitions of terms used are provided in section 22.

Accordingly this Charter has been adopted by the New Zealand National Committee of the International Council on Monuments and Sites at its Annual General Meeting on 4 October 1992.

1. The purpose of conservation

The purpose of conservation is to care for places of cultural heritage value, their structures, materials and cultural meaning. In general, such places:

- (i). have lasting values and can be appreciated in their own right;
- (ii). teach us about the past and the culture of those who came before us;
- (iii). provide the context for community identity whereby people relate to the land and to those who have gone before;
- (iv). provide variety and contrast in the modern world and a measure against which we can compare the achievements of today; and
- (v). provide visible evidence of the continuity between past, present and future.

2. Indigenous cultural heritage

The indigenous heritage of Maori and Moriori relates to family, local and tribal groups and associations. It is inseparable from identity and well-being and has particular cultural meanings.

The Treaty of Waitangi is the historical basis for indigenous guardianship. It recognises the indigenous people as exercising responsibility for their treasures, monuments and sacred places. This interest extends beyond current legal ownership wherever such heritage exists. Particular knowledge of heritage values is entrusted to chosen guardians. The conservation of places of indigenous cultural heritage value therefore is conditional on decisions made in the indigenous community and should proceed only in this context. Indigenous conservation precepts are fluid and take account of the continuity of life and the needs of the present as well as the responsibilities of guardianship and association with those who have gone before. In particular, protocols of access, authority and ritual are handled at a local level. General principles of ethics and social respect affirm that such protocols should be observed.

3. Conservation practice

Appropriate conservation professionals should be involved in all aspects of conservation work. Indigenous methodologies should be applied as appropriate and may vary from place to place. Conservation results should be in keeping with their cultural content. All necessary consents and permits should be obtained.

Conservation projects should include the following:

- (i) definition of the cultural heritage value of the place, which requires prior researching of any documentary and oral history, a detailed examination of the place and the recording of its physical condition;
- (ii) community consultation, continuing throughout a project as appropriate;
- (iii) preparation of a plan, which meets the conservation principles of this Charter;
- (iv) the implementation of any planned work; and
- (v) the documentation of any research, recording and conservation work, as it proceeds.

General principles

4. Conservation method

Conservation should:

- (i) make use of all relevant conservation values, knowledge, disciplines, arts and crafts;
- (ii) show the greatest respect for and involve the least possible loss of, material of cultural heritage value;
- (iii) involve the least degree of intervention consistent with long term care and the principles of this Charter;
- (iv) take into account the needs, abilities and resources of the particular communities; and
- (v) be fully documented and recorded.

5. Respect for existing evidence

The evidence of time and the contributions of all periods should be respected in conservation. The material of a particular period may be obscured or removed if assessment shows that this would not diminish the cultural heritage value of the place. In these circumstances such material should be documented before it is obscured or removed.



6. Setting

The historical setting of a place should be conserved with the place itself. If the historical setting non longer exists, construction of a setting based on physical and documentary evidence should be the aim. The extent of the appropriate setting may be affected by constraints other than heritage value.

7. Risk mitigation

All places of cultural heritage value should be assessed as to their potential risk from any natural process or event. Where a significant risk is determined, appropriate action to minimise the risk should be undertaken. Where appropriate, a risk mitigation plan should be prepared.

8. Relocation

The site of an historic structure is usually an integral part of its cultural heritage value. Relocation, however, can be a legitimate part of the conservation process where assessment shows that:

- (i) the site is not of associated value (an exceptional circumstance); or
- (ii) relocation is the only means of saving the structure; or
- (iii) relocation provides continuity of cultural heritage value.

A new site should provide a setting compatible with cultural heritage value.

9. Invasive investigation

Invasive investigation of a place can provide knowledge that is not likely to be gained from any other source. Archaeological or structural investigation can be justified where such evidence is about to be lost, or where knowledge may be significantly extended, or where it is necessary to establish the existence of material of cultural heritage value, or where it is necessary for conservation work. The examination should be carried out according to accepted scientific standards. Such investigation should leave the maximum amount of material undisturbed for study by future generations.

10. Contents

Where the contents of a place contribute to its cultural heritage value, they should be regarded as an integral part of the place and be conserved with it.

11. Works of art and special fabric

Carving, painting, weaving, stained glass and other arts associated with a place should be considered integral with a place. Where it is necessary to carry out maintenance and repair of any such material, specialist conservation advice appropriate to the material should be sought.

12. Records

Records of the research and conservation of places of cultural heritage value should be placed in an appropriate archive. Some knowledge of place of indigenous heritage value is not a matter of public record, but is entrusted to guardians within the indigenous community.

Conservation processes

13. Degrees of intervention

Conservation may involve, in increasing extent of intervention: non-intervention, maintenance, stabilisation, repair, restoration, reconstruction or adaptation. Where appropriate, conservation processes may be applied to parts or components of a structure or site. Recreation, meaning the conjectural reconstruction of a place, and replication, meaning to make a copy of an existing place, are outside the scope of this Charter.

14. Non-intervention

In some circumstances, assessment may show that any intervention is undesirable. In particular, undisturbed constancy of spiritual association may be more important than the physical aspects of some places of indigenous heritage value.

15. Maintenance

A place of cultural heritage value should be maintained regularly and according to a plan, except in circumstances where it may be appropriate for places to remain without intervention.

16. Stabilisation

Places of cultural heritage value should be protected from processes of decay, except where decay is appropriate to their value. Although deterioration cannot be totally prevented, it should be slowed by providing stabilisation or support.

17. Repair

Repair of material or of a site should be with original or similar materials. Repair of a technically higher standard than the original workmanship or materials may be justified where the life expectancy of the site or material is increased, the new material is compatible with the old and the cultural heritage value is not diminished. New material should be identifiable.

18. Restoration

Restoration should be based on respect for existing material and on the logical interpretation of all available evidence, so that the place is consistent with its earlier form and meaning. It should only be carried out if the cultural heritage value of the place is recovered or revealed by the process.

The restoration process typically involves reassembly and reinstatement and may involve the removal of accretions.

19. Reconstruction

Reconstruction is distinguished from restoration by the introduction of additional materials where loss has occurred. Reconstruction may be appropriate if it is essential to the function or understanding of a place, if sufficient physical and documentary evidence exists to minimise conjecture and if surviving heritage valued are preserved. Reconstruction should not normally constitute the majority of a place. Generalised representations of typical features or structures should be avoided.



20. Adaptation

The conservation of a place of cultural heritage value is usually facilitated by it serving a socially, culturally or economically useful purpose. In some cases, alterations and additions may be acceptable where they are essential to continued use, or where they are culturally desirable, or where the conservation of the place cannot otherwise be achieved. Any change, however, should be the minimum necessary and should not detract from the cultural heritage value of the place. Any conditions and alterations should be compatible with original fabric but should be sufficiently distinct that they can be read as new work.

21. Interpretation

Interpretation of a place may be appropriate if enhancement of public understanding is required. Relevant protocol should be complied with. Any interpretation should not compromise the values, appearance, structure or materials of a place, or intrude upon the experience of the place.

22. Definitions

For the purposes of this Charter:

adaptation means modifying a place to suit it to a compatible use, involving the least possible loss of cultural heritage value

conservation means the processes of caring for a place so as to safeguard its cultural heritage value

cultural heritage value means possessing historical, archaeological, architectural, technological, aesthetic, scientific, spiritual, social, traditional or other special cultural significance, associated with human activity

maintenance means the protective care of a place

material means physical matter which is the product of human activity or has been modified by human activity

place means any land, including land covered by water and the airspace forming the spatial context to such land, including any landscape, traditional site or sacred place and anything fixed to the land including any archaeological site, garden, building or structure and any body of water, whether fresh or seawater, that forms part of the historical and cultural heritage of New Zealand

preservation means maintaining a place with as little change as possible

reassembly (anastylosis) means putting existing but dismembered parts back together **reconstruction** means to build again in the original form using old or new material **reinstatement** means putting components of earlier material back in position

repair means making good decayed or damaged material

restoration means returning a place as nearly as possible to a known earlier state by reassembly, reinstatement and/or the removal of extraneous additions

stabilisation means the arrest of the processes of decay

structure means any building, equipment, device or other facility made by people and which is fixed to the land., 13 January 1996

Appendix 2 Larger scale plans



