

**APPENDIX 2: HISTORICAL BACKGROUND OF THE SITE, CONTEXT AND BIBLIOGRAPHY. Prepared by Robyn Burgess, Opus International Consultants for Heritage Assessment of Queen Mary Hospital Site, 6 October 2004.**

A brief chronology is outlined below, followed by further historical details and context.

**Chronology**

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 north-easternmost 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)
- c1902 Croquet lawn laid down
- 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
- 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.
- 1917 Verandah added to Soldiers Block
- 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.
- Date not Certain: 'Clarence House' used for nurses home. It is not clear which this building is – it may be one of the houses in the grounds

1926	A separate women's hospital block was opened (this is the current Chisholm Block in the hospital grounds)
1927-28	Nurses Home built (still in its original location in the hospital grounds)
1929-30	Women's Massage and Bath House built. This is the current Gymnasium building in the hospital grounds, the eastern end of which is on the foundations of the 2 <sup>nd</sup> (1888) bathhouse
1937	Medical Superintendent's House built (the second one? – this may be House Number 3 in the hospital grounds)
1940	A new men's hospital block opened (this is Rutherford Block in the hospital grounds)
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.
1970s-80s	The alcoholics programme was developed to include drug addicts and co-dependent family members
1990	Taha Maori programme introduced, running alongside the main programme for pakeha
2003	Hanmer Clinic, as it had become known, closed due to financial difficulties

## Maori History

No prehistoric sites have been recorded in the area of Hamner Springs at the present time. Ngai Tahu people would have known of the location of the Springs. The area of the Hamner plain was known as *Mania Rauhea*, the 'plain of the shining tussock'<sup>1</sup>, 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 Hamner 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.

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<sup>1</sup> Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983): 37.

Any excursion to the Hamner 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”.<sup>2</sup> 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.<sup>3</sup> In 1860, the Nelson Provincial Government proclaimed a 1072-hectare reserve around the springs.<sup>4</sup> 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 4km 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.<sup>5</sup>

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.<sup>6</sup> This bathhouse has now gone, but was in the location just to the 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.<sup>7</sup> 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.<sup>8</sup>

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<sup>2</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 64.

<sup>3</sup> *Cyclopedia of New Zealand*, Canterbury edition. Vol. 3, part 4, Christchurch, 1903.

<sup>4</sup> *Ibid.*

<sup>5</sup> *Hanmer Springs 1883-1933: 50 Years of Progress*, (reproduced 1983) p13.

<sup>6</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 65.

<sup>7</sup> *Ibid*: 65-6.

<sup>8</sup> *Ibid*: 67-8.

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)<sup>9</sup> close to the springs in 1897 meant that there was now decent accommodation.<sup>10</sup> 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 9<sup>th</sup> December 1897. It had a women's drawing room, a smoking room and a general sitting room.<sup>11</sup> 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.<sup>12</sup> 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.<sup>13</sup> 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.<sup>14</sup> By around the turn of the century additional second-class accommodation had to be added to the Sanatorium.<sup>15</sup> Architectural drawings for the additions, dated August 1899, were by Public Works Department Architect, John Campbell.<sup>16</sup> 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.<sup>17</sup> 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.<sup>18</sup>

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.<sup>19</sup> It was designed in 1899 by the Public Works

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<sup>9</sup> The original Lodge building no longer survives but the Heritage Hotel stands near its place at 1 Conical Hill Road, Hanmer Springs.

<sup>10</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 67.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*

<sup>16</sup> Archives New Zealand (Wellington Branch), PWD Plan 18533 "Additions to Sanatorium, Hanmer".

<sup>17</sup> 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".

<sup>18</sup> *Hanmer Springs 1883-1933: 50 Years of Progress*, (reproduced 1983) p15.

<sup>19</sup> Archives New Zealand (Wellington branch) PWD Plans 18533 5-12.

Engineer's Department (William H Hales was the engineer in chief).<sup>20</sup> 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 added<sup>21</sup>, 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.<sup>22</sup>

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 (ie 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.<sup>23</sup> The architect for the Morgue was John Campbell, the Public Works Department architect who was involved in the Sanatorium building.<sup>24</sup> It was shifted to the southern end of the site some time after 1950.<sup>25</sup> 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 19<sup>th</sup> 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.<sup>26</sup>

At the turn of the 20<sup>th</sup> century, Hanmer was considered the third most important spa in New Zealand (after Rotorua and Te Aroha).<sup>27</sup> 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.<sup>28</sup> The Sanatorium is described as catering for 18 patients.<sup>29</sup> It appears that the treatment in these early days consisted of massage, baths or bathing in

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<sup>20</sup> Ibid.

<sup>21</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 69.

<sup>22</sup> 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<sup>th</sup> century. This building is in the fenced garden area, not inspected by the author.

<sup>23</sup> Archives New Zealand (Wellington branch): PWD Plan 19834.

<sup>24</sup> Archives New Zealand (Wellington branch): PWD Plans 18533.

<sup>25</sup> Plan of the site with the date 2.3.50. Held in the office of the Maintenance Engineer.

<sup>26</sup> Norman Beauchamp (ex plumber at Queen Mary Hospital 1956-1986), pers. comm. 15/6/04).

<sup>27</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 69.

<sup>28</sup> 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.

<sup>29</sup> Rockel, Ian. *Taking the Waters: Early Spas in New Zealand*. 1986: 70.

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 began, on 2 August 1914. (After the fire, visitors/patients to the Sanatorium stayed at a house<sup>30</sup> in the Hanmer village until 1921, when it was merged into Queen Mary Hospital.)<sup>31</sup> 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.<sup>32</sup> 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.<sup>33</sup> 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 ‘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 soldiers’ gain ...”.<sup>34</sup> At the time of making these statements, ‘The Lodge’ was being renovated<sup>35</sup> and returned to accommodation for tourists, as a new purpose-built hospital at Hanmer was erected.<sup>36</sup>

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<sup>30</sup> This house was Brae View. Hanmer Springs 1883-1933: 50 Years of Progress (reproduced 1983) p17.

<sup>31</sup> 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.

<sup>32</sup> Archives New Zealand (Wellington branch), File To 1 37/16: Memo 5 August 1914 63/11 to Dr Wohlmann

<sup>33</sup> Archives New Zealand (Wellington branch), File To 1 37/16, attached with letter from J Duncan, Resident Medical Officers, Hanmer to General Manager, Wellington.

<sup>34</sup> “Hanmer in War Time”, The Press, 18 July 1916: 8.

<sup>35</sup> The Lodge is said to have been completely reconstructed in 1931-2. Rockel, Ian. Taking the Waters: Early Spas in New Zealand. 1986: 72.

<sup>36</sup> “Hanmer in War Time”, The Press, 18 July 1916: 8.

## **Soldiers Block (variously called Soldiers Convalescent Home, Queen Mary 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 work, from the clearing of the ground to the installation of electric light, was carried out by the Public Works Department.<sup>37</sup> 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.<sup>38</sup>*

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

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<sup>37</sup> "For Sick Soldiers, Hanmer Convalescent Home to be opened today", The Press 3 June 1916.

<sup>38</sup> "For Sick Soldiers, Hanmer Convalescent Home to be opened today", The Press 3 June 1916.



*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 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 hospital will be essentially military.<sup>39</sup>*

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.<sup>40</sup> 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.<sup>41</sup>

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<sup>39</sup> "Queen Mary Home for Convalescent Soldiers, Opening Ceremony at Hanmer", Lyttelton Times, 5 June 1916: 5.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

The Public Works officials who were responsible for the new building included Messrs Farr and Birks.<sup>42</sup> 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”.<sup>43</sup> 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.<sup>44</sup> It was built ‘on the large side’ in anticipation of the rush at the end of the war.<sup>45</sup> The Government was said to have appreciated the value of the ‘open-air system adopted at Cambridge<sup>46</sup>, England’ and every hospital was to have a maximum of fresh air.<sup>47</sup> 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 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).<sup>48</sup> The wards had some heaters, but if the wards were designed to make the most of heat from the sun also.<sup>49</sup> 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.<sup>50</sup> The commandant’s quarters and doctor’s room (where each patient was examined weekly)<sup>51</sup> were in this building. There was a great hall (named after Nurse Cavell) which functioned as the billiard room and dining hall combined.<sup>52</sup> The predominantly white kitchen had an enormous stove placed centrally, with two ovens on each side, and fuelled by coal.<sup>53</sup> There was also a pantry and butcher’s shop.

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<sup>42</sup> The King George V Hospital at Rotorua was designed by Hoggard, Prouse and Gummer.

<sup>43</sup> “Queen Mary Home for Convalescent Soldiers, Opening Ceremony at Hanmer”, *Lyttelton Times*, 5 July 1916: 5.

<sup>44</sup> “Queen Mary Hospital, Easter at Hanmer”, *The Press*, 14 April 1917: 7.

<sup>45</sup> *The Press*, 5 June 1916: 2.

<sup>46</sup> 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).

<sup>47</sup> *The Press*, 5 June 1916: 2.

<sup>48</sup> “Queen Mary Hospital, Easter at Hanmer”, *The Press*, 14 April 1917: 7.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

<sup>51</sup> *Ibid.*

<sup>52</sup> *Ibid.*

<sup>53</sup> *Ibid.*

By Easter 1917 the building housed nearly 100 men.<sup>54</sup> 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.<sup>55</sup> Chairs were put on the verandah specifically for the comfort of the soldiers. Everything was said to be painted white – the building, the ironwork of the bedsteads, and the coverlets of the beds.<sup>56</sup> In early 1918 the hospital had 130 men.<sup>57</sup>

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.<sup>58</sup> There were classes in basketwork and carpentry, and training in agriculture, motor engineering, maths and economics.<sup>59</sup>

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.<sup>60</sup> The Health Department officially took over the hospital on 19 January 1922 and the hospital was now named Queen Mary Hospital, a centre for cases of functional nervous diseases and neurosthenia.<sup>61</sup>

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.<sup>62</sup> There was an increase in admissions during the years of the Depression, in the late 1920s and early 1930s.<sup>63</sup>

It appears that when the plans were first begun for the new male pavilion in the late 1930s (ie the Rutherford Block), the old male pavilion (ie 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

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<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> “Queen Mary Hospital, Inspection by Minister, Proposed Improvements”, The Press, 16 February 1918: 2.

<sup>58</sup> Clarke, Russell. “Not Mad, but very ill”: The treatment of New Zealand’s shellshocked soldiers 1914 to 1939. University Thesis, 1991. p91. .

<sup>59</sup> Ibid.

<sup>60</sup> Clarke, Russell. “Not Mad, but very ill”: The treatment of New Zealand’s shellshocked soldiers 1914 to 1939. University Thesis, 1991.

<sup>61</sup> Ibid.

<sup>62</sup> Carberry, Lieut-Col. A D. The New Zealand Medical Service in the Great War 1914-1918. 1924: 516.

<sup>63</sup> Clarke, Russell. “Not mad, but very ill”: the treatment of New Zealand’s shellshocked soldiers 1914 to 1939. University thesis, 1991.

(ie turning steam into hot water for heaters).<sup>64</sup> 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.<sup>65</sup> (It is believed that prior to this the octagonal wards had canvas screens instead of glass windows).<sup>66</sup>

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.<sup>67</sup> 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.

### **Maintenance Engineer's Block (variously known as the 'Carpenter's Building, 'Smithy' and Plumber's Office)**

According to the current maintenance manager, this building (marked on plan) adjoining the Boiler House was constructed at the same time as the Soldiers Block for use by the blacksmith.<sup>68</sup> Further research is required to clarify this. The southern half of this building may be the Carpenter's Workshop used in occupational therapy by soldiers. A 1950 plan appears to show it as being the Plumber's building.<sup>69</sup> The building is single storey with tongue and groove weatherboard cladding and a sash window. It has a raised louvred part in the centre.

### **No. 1 House (possible former doctor's house? Or farm manager's residence?)**

This timber building needs further research and inspection. It may be the original doctor's house, built around the time of the Soldiers Block. It was used by Dr Chisholm who was medical superintendent from 1921.<sup>70</sup>

### **Chapel Building (Occupational Therapy Building)**

A small timber building to the south-west of the Soldiers Block appears to have been the Occupational Therapy Block built for the soldiers, possibly around the same time as the soldiers block. Latterly it was used as a chapel.

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<sup>64</sup> Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1939-45.

<sup>65</sup> Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1941-48 Box/43.

<sup>66</sup> Robert Crawford, draft notes for registration proposal for Soldiers Block, sent to NZ Historic Places Trust, September 2003 (copy held on HPT file).

<sup>67</sup> 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.

<sup>68</sup> Martin Swarbrick, pers comm. 16/6/04.

<sup>69</sup> Unsigned plan of the site, dated 1950, held in the Maintenance Manager's office.

<sup>70</sup> Martin Swarbrick, pers comm. 16/6/04

### **Chisholm Block (Women's Hospital, Women's Pavilion)**

In 1921 Queen Mary Hospital was handed over to the Health Department. At that time all patients were men, with the sole exception of one woman who was receiving treatment and living in the first Nurses' Home.<sup>71</sup>

The Women's Pavilion opened in 1926 at the northern end of the hospital site, with a separate entrance from Jacks Pass Road. The construction of the new women's building meant that the hospital treated both men and women suffering functional nervous diseases. The building appears to have been designed by the Public Works Department.

The verandah of the Chisholm block has a tongue and groove ceiling with coved cornice, with curved and moulded brackets supporting the eaves. The main façade has a series of arches and the main entrances are flanked by pilasters. Features such as pediments and pilasters hark back to the Classical idiom, while the curved stairs and some of the interior features are typical of the Art Deco style.

The new women's hospital was opened on 27 October 1926 to accommodate about 50 female patients.<sup>72</sup> It cost approximately £24,000 to build, which was said at the time to "more than bear comparison with any hospital erected of late years of the Dominion".<sup>73</sup> At the time of its opening it was said at the time to be based on similar lines to hospitals in England, notably the Cassell's bequest hospital for the treatment of nervous diseases.<sup>74,75</sup>

The building is constructed of concrete. It faces Jack's Pass Road and was designed to make the most of the prevailing sunshine. It was hailed as having labour-saving conveniences and this, along with the layout of the building, meant that it was envisaged that it could be comfortably run by three nursing staff and seven hospital aids.<sup>76</sup>

All the furniture for the block was made in Christchurch.<sup>77</sup> An area of the garden was set aside for patients to work in the flower beds as therapy.<sup>78</sup>

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<sup>71</sup> 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.

<sup>72</sup> "North Canterbury, Hanmer Springs", The Press, 27 October 1926

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> English Hospital experts asked about this link are not sure why the Chisholm Block was described as being based on the Cassell's bequest hospital, as there is no such hospital by that name now. There is a hospital in London which was built in 1909-11 with money gifted by Lord Iveagh and Sir Ernest Cassel [*sic*], but in its appearance it is a large Baroque building and not at all like the Soldiers Block. Richardson, Harriet (ed). English Hospitals 1660-1948: A Survey of Their Architecture and Design. Royal Commission on the Historical Monuments of England. 1998: 129.

<sup>76</sup> "North Canterbury, Hanmer Springs", The Press, 27 October 1926.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

In 1933 the building was described as follows:

*The Women's Hospital – a concrete building – is situated in beautiful grounds adjacent to the golf links. There are in this building 32 single bedrooms, three small wards with from five to seven beds and there are also glassed in balconies on which beds may be placed. Each single room has hot and cold water and steam radiator for heating purposes. A feature which, it is noticed, appeals to patients is the signal light system by which a patient who needs attention can readily attract the notice of the staff on duty; the system does away with the noise of bells.*<sup>79</sup>

In early 1945 a 'Quiet Room' was added as an extension to the 'Women's Pavilion' at a cost of £910.<sup>80</sup>

In November 1950 a request was made to the Department of Health with respect to the renovations being undertaken – could consideration be given to closing in the east wing end of the balcony.<sup>81</sup> It was agreed in 1951.

The name of the Women's Hospital or Pavilion appears to have changed to the Chisholm Block, after the Medical Superintendent P Chisholm<sup>82</sup>, about 1952.<sup>83</sup>

In 1957 parts of the verandah were glazed.<sup>84</sup> A plan dated 1957 shows changes.<sup>85</sup>

The building was used for Alcoholic and Drug Rehabilitation between c1965 and 1999.

Sprinklers were added in the 1980s. Hot water instead of steam central heating was introduced in the 1980s. The Kitchen was upgraded in the 1980s.

## **Nurses Home**

It appears that the Nurses Home was built in 1927 or 1928.<sup>86</sup> There are some plans<sup>87</sup> dated 1950 for the building, but it appears that the building was constructed much earlier than this. Therefore the 1950 plan may be a record of the building as it existed at that time or it may outline renovations. The building has undergone a number of alterations

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<sup>79</sup> Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p37.

<sup>80</sup> Archives New Zealand (Christchurch branch), 13/4/6 Queen Mary Hospital, Women's Pavilion, Massage Block and Swimming Pool, 1941-51. Box 144.

<sup>81</sup> Ibid.

<sup>82</sup> Lieut-Colonel P Chisholm worked for the NZMC and when the Department of Health took over the hospital in early 1921, he was made Medical Superintendent for the hospital. He was at Queen Mary Hospital for 23 years.

<sup>83</sup> Archives New Zealand (Christchurch branch), 13/4/6 Queen Mary Hospital, Women's Pavilion, Massage Block and Swimming Pool, 1951-54. Box 144.

<sup>84</sup> Archives New Zealand (Christchurch branch), file CH556 /41ac and /41ad.

<sup>85</sup> Archives New Zealand (Christchurch branch), file CH556 /41ac and /41ad.

<sup>86</sup> Photo of the building labelled at 1928, album held by Robert Crawford and sighted by the author 16/6/04.

<sup>87</sup> Plans in the Maintenance Engineer's Office as at 16/6/04.

and renovations over time, including combining some of the single rooms together to make some 'flats' on the first floor.

The Nurses Home had about 56 rooms. Although it was built primarily as accommodation for female nursing staff, six rooms were also set aside for convalescing women patients.<sup>88</sup> It had become evident that more women required hospital accommodation than the Women's Pavilion block could cater for.

It is not clear if the Nurses Home is the same as Clarence House, described as a nurses home with one patient, since the description suggests Clarence House predated the Women's Pavilion.<sup>89</sup>

### **Visitor Centre Building (Single Men's Quarters)**

A separate Single Men's Quarters (the current Visitor Centre building near the Laundry) was built for male staff, although the date of this is not known. It may belong to the period of the Soldiers Block, as it has the same flaring at the base of the weatherboard cladding, or it could be the same period as the Nurses' Home, or it could be later. Further inspection and research is required to ascertain the heritage values of this building.

The site where the Single Men's Quarters is located is roughly on the site of the kitchen gardens of the Sanatorium complex, shown on a map dated 1898 of the site.

### **Gymnasium (Women's Massage and Bath House)**

The building now called the Gymnasium appears to have been built around 1929 or 1930.<sup>90</sup> It comprised the Women's Massage Department and Bath House, the eastern block of which was built partly over the foundations of the second bathhouse built in 1888 (with 1892 extensions).

The layout and design of the longer western end of the building compared to the off-set squarer plan and lower roof of the eastern end. The block at the eastern end of the building has two metal ventilators at the apex of the roof. The longer western end has a taller roof, ventilation mesh on the soffit of the eaves and ventilation louvres in the western gable. Inside it has a number of cubicles, each with electric sockets. The building has been described as having treatment rooms and dressing rooms were grouped round a central exercise hall which was 30 feet wide by 60 feet long.<sup>91</sup> Like the men's massage department, the women's massage department had shallow immersion baths for electrical and special treatment.<sup>92</sup> Mineral water was piped into the building.

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<sup>88</sup> 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.

<sup>89</sup> Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p47.

<sup>90</sup> Plan January 1929, briefly sighted in Carpenters Building on site.

<sup>91</sup> Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p37.

<sup>92</sup> Ibid.

In 1945 repairs and renovations were carried out at the Women's Massage Department and Bath House Building.<sup>93</sup>

The whole Gymnasium building has been identified as having high levels of asbestos.

Parallel to the Gymnasium, to the south, there had been the third bathhouse building (1900) which became known as The Men's Massage and Bath House once the Women's Massage and Bath House was built in 1929-30. The Men's block has been demolished.

### **Fountain House (New Male Bath and Massage Block)**

In April 1939 a request was made from the Health Department to Public Works for plans for a new male massage block and swimming pool.<sup>94</sup> In 1943 a New Massage Block and Swimming Pool was under construction.<sup>95</sup> This is the current Fountain House, a C-shaped concrete building which incorporates some similar Art Deco architectural motifs as in The New Male Pavilion (Rutherford Block). Although the massage block and swimming pool was for public use, it also appears to have had some specific medical functions. Plans and drawings held in the old Carpenters' part of the Queen Mary Hospital site, briefly sited by the author, are dated 1941 – New Male Bath and Massage Block, Public Works Department. They show the layout of a typical bathroom with bath and a sloping area to an outlet, as well as a UVR room, short wave room and diathermy room.

The first (1884) bathhouse was built just to the north of the north-easternmost wing of the current Fountain House.

The Fountain House is reputed to have high levels of asbestos.

### **House No. 3 (possibly the Medical Superintendent's Residence)**

By November 1936 plans were being drawn for a new residence with the cost to be no more than £2,000.<sup>96</sup> By September 1937 the new Medical Superintendent's residence was in the course of construction.<sup>97</sup>

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<sup>93</sup> Archives New Zealand (Christchurch branch), 13/4/6 Queen Mary Hospital, Women's Pavilion, Massage Block and Swimming Pool, 1941-51. Box 144.

<sup>94</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40).

<sup>95</sup> Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1939-45.

<sup>96</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40).

<sup>97</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40) – letter from the Department of Health to Public Works.



By May 1939 it appears that additions had been added to the residence (or if not the Medical Superintendent's Residence then at least a 'Doctor's Residence') for provide accommodation for a maid.<sup>98</sup>

Further research is required to confirm if House No. 3 is the Medical Superintendent's House. The architecture is typical of a 1930s building.

### **Rutherford Block (New Male Pavilion)**

This concrete block building has a number of radiating wards. It incorporates geometric motifs in an Art Deco style. The building was opened in 1941.<sup>99</sup> The west wing, built on sloping ground, has two storeys which includes a gymnasium on the lower storey. It is believed that the solid concrete walls (7-9" thick) were built this way as the building was intended to be two-storeyed all around.<sup>100</sup>

The building had a laboratory<sup>101</sup>, and an Operating Theatre.<sup>102</sup>

An inspection report of the Government Architect (Mair) by George Penlington dated 12 March 1940 for the New Male Block notes that the new building was nearly completed, and that the contractor was Mr P Graham.<sup>103</sup> The report notes that the west wing was to be finished first and it refers to a Billiard Room and Recreation Room needing grates for fireplaces. It appears that there were some changes in intended use of some parts of the building too, as the report notes that "the enclosed section of the verandah at the end of the west wing is now to be used as a ward" and that the 3'6" door interferes with the arrangement of the beds so its size has to be reduced.<sup>104</sup> There were problems with fixing the cork tiles in the gymnasium, and there is a reference that the roof tiles were of concrete.<sup>105</sup>

There were ongoing problems with the construction of the building right from the outset. These included blistering on the floor of the open verandah and continuing problems with leaking roofs. Soon after, in August 1941, the plastered ceiling of the sitting room in the east wing 'crashed to the floor', and all other ceilings in the building had to be checked.<sup>106</sup> A series of 10 frosts that same month froze the pipes and when they thawed water seeped through the concrete ceilings which caused condensation and flooding in

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<sup>98</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40).

<sup>99</sup> 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.

<sup>100</sup> Martin Swarbrick, pers comm. 16/6/04.

<sup>101</sup> Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1939-45.

<sup>102</sup> Archives New Zealand (Christchurch branch), Queen Mary Hospital Pavilion Pt 4, 13/4/1 – 1949-51 Box 143 or /43.

<sup>103</sup> Archives New Zealand (Christchurch branch), Male Pavilion (Part 2), 13/4/1, 1939-45.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

<sup>106</sup> Ibid.

the west wing.<sup>107</sup> The pipes were subsequently wrapped to avoid freezing in the future. Snow also caused problems with leaking roofs.<sup>108</sup> A general problem with flooding was attributed to the higher ground around the site.<sup>109</sup> Leaking roofs, especially a flat roof over the kitchen, continued for years. The contractor, P Graham, suffered a loss on the job because of the delays. The cork tiles in the building, notably in the gymnasium, proved to be a problem also and successively had to be repaired or replaced.<sup>110</sup>

The New Male Pavilion was eventually renamed the Rutherford Block, after Duncan Rutherford who had been instrumental in the establishment of the original soldiers block during WWI.<sup>111</sup>

### **Other buildings**

The current boiler house may have been constructed prior to 1933.<sup>112</sup> It may be the same as the current centralised boiler house which provided heat and power to the entire hospital site. It has new boilers.<sup>113</sup>

The laundry building has asbestos wall cladding and roofing. It is thought to date from around 1950.<sup>114</sup>

### **Farm and Garden**

A report on the farm at the hospital, dated 1938, states that the total land for the hospital was 244 acres, although the specific hospital grounds and gardens were just 58 acres.<sup>115</sup> The farm was 185 acres – it supplied the hospital and village with milk (from 30 dairy cows), potatoes and other vegetables such as parsnips, carrots and swedes.<sup>116</sup> The

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<sup>107</sup> Ibid.

<sup>108</sup> Ibid.

<sup>109</sup> Ibid.

<sup>110</sup> Ibid.

<sup>111</sup> When war was declared, Rutherford was one of the first to realise the necessity of immediate action to ensure sufficient supplies for soldiers. To this end, he was active in fund-raising and donated generously. Rutherford realised Hanmer's suitability for the rest essential for returned soldiers and to this end offered The Lodge in 1915 to the Government as a hospital for returned men. He also formed a committee of district residents (the Amuri Red Cross) to assist with returned servicemen. As the war dragged on he formed a committee to assist in managing the farms of servicemen who had been sent abroad. Rutherford arranged and paid for the verandah of the Queen Mary Soldiers Block since it did not have one when first built. He was also instrumental in having a tennis court built in the hospital grounds for patients.

<sup>112</sup> Hanmer Springs 1883-1933: 50 Years of Progress, (reproduced 1983) p47.

<sup>113</sup> Martin Swarbrick, Maintenance Engineer, pers comm. 16/6/04.

<sup>114</sup> Annotation to site map by Pam Wilson, New Zealand Historic Places Trust, on discussion with Martin Swarbrick, Maintenance Engineer.

<sup>115</sup> Archives New Zealand (Christchurch branch), CABK 3/242 (Hanmer Springs, Queen Mary).

<sup>116</sup> Ibid.

hospital ran a pasteurisation plant, which was a concrete block building behind the Soldiers Block,<sup>117</sup> and which was dismantled in the mid 1970s.<sup>118</sup>

In October 1938 a request was made for renovations to the Farm Overseer's Residence, as it needed a bathroom.<sup>119</sup> It is not clear where this building was and if it survives.

Also in 1938 a sketch plan was sought for the 'head gardener's cottage' (£800), and it is assumed that a new one was to be drawn for construction.<sup>120</sup>

Further research needs to be carried out on the farm and farm buildings, but at this stage the farm paddock appears to have low to moderate heritage values.

The hospital had a farm manager for the farm. The hospital provided milk for the community, it ran a pasteurisation plant, which was a concrete block building behind the Soldiers Block.<sup>121</sup>

A timber shed-like building in the former gardens of the hospital is sandwiched between two tall macrocarpa trees. This may be the toolshed built around the turn of the century..<sup>122</sup>

### **Golf Course**

There had been a 9-hole golf course in the early part of the 20<sup>th</sup> century but it had fallen into disrepair by the 1920s so the hospital took it over and paid for its upkeep.<sup>123</sup> Patients were generally allowed to play free of charge at the golf club.<sup>124</sup> The section of land where golf course currently is was sold to the golf club in the early 1990s.

### **Relationship with the Hanmer Township**

The hospital has always had a close relationship with the township. It ran the baths, the hospital farm's cows and pasteurisation plant provided milk for the community, and the hospital owned 28 houses within the hospital grounds and outside in the community (for

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<sup>117</sup> Norman Beauchamp (former plumber at Queen Mary Hospital 1956-1986), pers comm. 15/6/04.

<sup>118</sup> Martin Swarbrick, pers comm. 16/6/04.

<sup>119</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40).

<sup>120</sup> Archives New Zealand (Christchurch branch), file CAXP 13/4 (Health Department Queen Mary 1936-40).

<sup>121</sup> According to Martin Swarbrick, this was dismantled in recent decades.

<sup>122</sup> Plan on the wall of the Maintenance Engineer's Office, J?H? Highet, date requires clarification but the site plan it depicts appears to be from around 1904.

<sup>123</sup> Clarke, Russell. "Not mad, but very ill": the treatment of New Zealand's shellshocked soldiers 1914 to 1939. University Thesis. 1991, p91.

<sup>124</sup> Archives New Zealand (Christchurch branch), CABK 3/242 (Hanmer Springs, Queen Mary).

staff).<sup>125</sup> The hospital looked after all services such as electricity and water supplies in the Hanmer township.<sup>126</sup>

## 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 Queen Mary's.<sup>127</sup> In 1949 the Nurses and Midwives Board approved of two six-month 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.<sup>128</sup> 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.<sup>129</sup> 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.

## CONTEXT

### History of Spas and Sanatoria in New Zealand

The following information is derived from Ian Rockel's *Taking the Waters – Early Spa in New Zealand*, published in 1986:

Health spas were elegant social and cultural centres in Europe during the 19th century where the high society mingled as much for gossip as for cures. In New Zealand they were both, although the inherent lack of aristocratic and royal patronage in New Zealand society meant that the development of spas focussed on the natural amenities and were far less ostentatious. From the 1880s, the New Zealand Government was keen to push for the development of spas with first class amenities in order to encourage wealthy

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<sup>125</sup> Norman Beauchamp (former plumber at Queen Mary Hospital 1956-1986), pers comm. 15/6/04.

<sup>126</sup> Norman Beauchamp (former plumber at Queen Mary Hospital 1956-1986), pers comm. 15/6/04. As the hospital's plumber, Mr Beauchamp often spent several days in the village doing plumbing/water services work.

<sup>127</sup> Archives New Zealand, Christchurch office. Notes photocopied headed CAWS (dated 25 May 2004) providing a summary of the administration history of Queen Mary Hospital.

<sup>128</sup> 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.

<sup>129</sup> Archives New Zealand, Christchurch office. Notes photocopied headed CAWS (dated 25 May 2004) providing a summary of the administration history of Queen Mary Hospital.

foreign tourists. When it became clear that this was not happening, there was a refocus on the recreation and health-giving properties that the thermal pools offered.

The three main spas in New Zealand were at Rotorua and Te Aroha in the North Island, and at Hanmer Springs in the South Island. They focussed on recreation and the health-giving properties of bathing and drinking the thermal waters, and were widely marketed. Each had a 'sanatorium', although only the Hanmer Springs and Rotorua sanatoria developed to have medical staff and therefore become more than just a lodging place for invalids and others.

Like Te Aroha, some other smaller spas around the country (Waiwera and Kamo) also advertised as being a 'Sanatorium' but in fact had no medical facilities and were merely lodgings for 'invalids' and other travellers.

Although most spas were developed, to varying degrees, by the government<sup>130</sup>, New Zealand's first spa was developed by its private owner, Robert Graham, at Waiwera, north of Auckland from 1848. Sometimes spas were merely hot springs with no or few amenities. They were considered additional nodes for visitation but were not heavily developed. These smaller springs or spas included those at Maruia Springs, Wairakei, Taupo, Tokaanu, Morere, Te Puia, Awakeri, Okoroire, Okauria, Parakai, Kamo Springs, Ngawha, and variously on the central volcanic plateau and a few in remote areas on the western side of the South Island. The focus of development was at Rotorua, Te Aroha and Hanmer Springs.

In 1847 the Colonial Surgeon wrote of the healing mineral waters of Tikitere, near Rotorua. A Sanatorium was promised by Sir George Grey in 1848, but never followed up. The value of development at Rotorua was advocated by Hon. William Fox, the former Premier, who wrote to the current premier, Julius Vogel in 1874. Widespread Spa development occurred during the term of William Rolleston as the Minister of Lands, from Oct. 1879 to Aug. 1884. Around this time, small scale developments were initiated at Rotorua, Te Aroha and Hanmer Springs.

In an attempt to attract capital to New Zealand, in 1891 the Government sent Camille Malfroy, Custodian of the Rotorua Sanatorium, to report on the quality of European spas. British publicity of the New Zealand spas followed and, at the end of 1897, the Government's representative in London was asked to find a Balneologist, (that is, a scientist who studies bathing as therapeutic treatment and the therapeutic effects of baths – a pool specialist). A German was initially found but not accepted. One was not actually appointed until 1902, after the establishment of the Department of Tourism and Health Resorts. The first Minister of this department, Sir Joseph Ward, and Thomas Dunne, superintendent, felt that Rotorua could be developed as an international spa, with Hanmer and Te Aroha as secondary and other smaller places as nodes in a tourist circuit.

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<sup>130</sup> In 1881, the Thermal Springs District Act was passed, whereby only the Government were permitted to purchase hot springs areas.

In 1901, the new Department of Tourism and Health Resorts took over development of the spas from the Lands and Survey Department. The following year the Government appointed a national Balneologist was appointed. Prior to this, the 'cure' was largely unsupervised and medical personnel were only called in urgent cases.

The second wave of Spa development in New Zealand, under the auspices of the Tourist Department, suffered from the outbreak of World War I at the time of the opening of Rotorua's grand bathhouse. The war cut public spending, caused a decline in patronage and offered free bath treatment for soldiers. Government spending dropped from £23,910 in 1908-9, to £967 in 1917. During the Depression, however, large scale spa development returned, primarily as a result of Joseph Ward's return to power. The Hanmer complex at this time was 'demolishing' two of its early bathhouses and adding its Women's Massage and Bath House (the current Gymnasium building). At Hanmer there the last real phase of spa development was the construction of the New Male Bath and Massage Block (Fountain House Block) in 1943, which combined public bathing with the medical facilities required at the Queen Mary Hospital. Other spa developments continued in Rotorua – which had been the main tourism centre in New Zealand - through until 1965 but thereafter the government lost interest in the tourism aspects with the closing of the main bathhouse in 1966, and the focus being concentrated on the treatment of rheumatic and arthritic conditions.

### ***Rotorua***

Descriptions of the Rotorua Spa/Sanatorium give good insight into how the Hanmer complex would have operated. From 1880 to 1900, natural pools were mainly used although artificial channels were dug for those that were too hot. In 1882, the 'Priest's Bath' area became the site of the first Government Bathhouse in the country. After two years, it was rebuilt as the nails had corroded in the acidic environment. It was originally known as the bath pavilion but renamed the Priests Baths. From 1884-7, the Priest's Baths were open-air pools with awning and dressing boxes. The women's side of the Pavilion, cubicles were erected with two baths. Women were allocated only a few hours of bathing per week prior to the construction of this in 1896.

In 1883, construction began on a hospital near the bath pavilion to serve partly as a sanatorium for invalids using the baths. It opened in December 1885 and accommodated only 12 patients. Its doctor (Glinders) spoke of the benefits of the waters to 'reduce plethora and corpulence without prostration', and the ability to reduce the craving for alcohol. Administration was effectively divided between the Department of Lands and Survey and the Department of Hospitals and Charities. It burnt down in November 1888. A replacement Sanatorium was opened in 1890, controlled by the department of Lands and Survey, the Colonial Secretary's Department, the Lunacy Department, and the Railways Department.

The confusion over the administration of the buildings by different departments led to the creation of the Department of Tourist and Health Resorts in 1901, although the government had already begun the development of spa facilities through the planting of avenues of trees and gardens. The Rotorua Bathhouse ('Tudor Towers') of 1906-8, is a symbol of the Tourist Department and the development of the spa in New Zealand. The half-timbering 'Tudor' style of the Rotorua Bathhouse is based on the old English style of architecture (Tudor) rather than the perceived 'cold sterility' of the traditional Roman marble baths. This 'half timbering' style of architecture was used earlier at Hanmer Springs, albeit on a much less ostentatious scale, at the Hanmer Sanatorium building of 1897 and its 1904 addition.

Numerous treatments were available at the Rotorua bathhouse, including radium water, available for a few years from 1913, a Greville hot air bath, an Electric Light Bath, an Electric four cell bath, a Electric bath used from 1909 to 1950, an X-ray machine (Roentgen), a vibrating chair for obesity, and electro massage and diathermy. Hanmer also appears to have had electro massage, diathermy and electric baths.

The social life of the bathhouses was important. Both Rotorua and Hanmer had a teahouse, tennis courts and croquet lawns. Rotorua also had a band rotunda.

### ***Health Department***

The administration of medical facilities by the Tourist Department was addressed initially when the thermal pool area in Hanmer came under the control of the Health Department in 1921. Since the Hanmer Sanatorium had been destroyed by fire earlier, the few bathhouses were only passed on. A similar step was planned for Rotorua, where the Tourist Department had developed everything except the Sanatorium and Bathhouse and who did not wish to pass over control. Additionally, a Services Convalescent Hospital built during WW1 on Pukeroa, overlooking Ohinemutu, was vacated by the Defence Department in 1921 and taken over by the Health Department. It offered only orthopaedic treatments but meant that Rotorua would be served by two medical departments. By the 1930s, the Tourist Department was willing to pass on the Rotorua Bathhouse, as it became a maintenance nightmare, to the Health Department, who in turn wanted to wait for the building to be replaced.

Although a wing and a nurses' home had been added to the Rotorua Sanatorium in 1908 and 1912, Dr Wohlmann considered the social aspect of the building to be redundant, and a new Sanatorium, closer to the bathhouse, was planned for 1939. A large raft foundation was started, but the outbreak of World War II and the death of Dr John Campbell Duncan, the second Balneologist in 1942, delayed further work. Duncan's replacement, Dr A.J.M. Blair, advocated not the development of the spa, but the use of hydrotherapy and physiotherapy. Transfer of the Rotorua complex to the Health Department in 1947, and the Sanatorium was promptly closed. It was used for another 25 years as a home for elderly men before being demolished.

By the end of the 1940s, a new attitude to geothermal waters was evident. In 1949, the Health Department's annual report commented on the future of the medicinal waters: "The old fashioned spa conception – a conception of treatment which has been responsible for the delayed knowledge of the treatment and causes of the rheumatic diseases – had to be abandoned, and the further exploitation the mineral waters of Rotorua as miraculous cure-alls could not be condoned by the Health Department. A more rational and scientific outlook required to be developed". Geothermal waters became, as a result, almost exclusively recreational pursuits, apart from the work carried out in the Queen Elizabeth Hospital in Pukeroa, Rotorua, formerly the World War II Services Convalescent Hospital, and the Queen Mary Hospital in Hanmer. Both specialised in the treatment of rheumatic diseases and other locomotive dysfunctions such as cerebral palsy. The Queen Mary Hospital at Hanmer was the last hospital functioning in this respect.

### ***Te Aroha***

Te Aroha was considered the North Island 'rival' to Hanmer. As with Hanmer, Te Aroha offered its picturesque setting as an important feature, although, unlike Hanmer, it has largely retained its original buildings. The Cadman bathhouse, built in 1898 at Te Aroha, bears a stylistic resemblance to the original Sanatorium building at Hanmer Springs.

Rockel concludes that government development and then disengagement from the hot pool areas delineate the history of the sites, beginning in the 1880s and finishing with WW1, and then ultimately in the late 1960s in Rotorua, reflecting the lack of resources available to fully develop any of the areas. This was due to a number of causes, including the unique physical problems involved in maintaining the facilities, the Depression, the World Wars, and a change in philosophy. Also relevant was the degree of development of all possible sites during the peak years of 1902 to 1911, reflecting the pressure on the government to secure all the hot water spots and turn them into imitation Rotoruas. Likewise, there was a gradual change in public attitude through changes in fashion and technology. The popularity of the motorcar brought families to the Beach, and the construction of the 'batch' or 'crib' to rest in. The terms 'invalid' and 'sanatorium' were removed from tourist literature after 1920, and fewer reports of miracle cures from the waters meant that public opinion reflected recreational associations with the pools rather than a 'cure'. Ultimately, it was the geographical isolation of New Zealand, that sounded the demise of the spa.

### **Military Hospital History**

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.<sup>131</sup> However, overcrowding at the camp combined with too much moisture in the top soil of the land resulted in a serious epidemic of measles in May 1915 and 33 people died.<sup>132</sup> Victoria Ward at Wellington Hospital opened as a military ward to assist in the control of the measles epidemic.<sup>133</sup> By July 1915 the camp hospital at Trentham itself was enlarged to 200 beds and five NZANS nurses were stationed there (and in June 1918 the bed numbers were increased to 500).<sup>134</sup> There was also a military hospital at Featherston Military Camp established in 1915.<sup>135</sup>

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), Hanmer (The Lodge), Dunedin (Montecillo Military Convalescent Home), Christchurch (Chalmers Wards at Christchurch Hospital and also the Cashmere Military Sanatorium for tuberculosis sufferers), Auckland (the Annexe at Auckland Hospital), Devonport, Timaru, Napier, Wanganui and Invercargill.<sup>136</sup>

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.<sup>137</sup> It was assumed that the chemical or physical effects of a close shell burst was responsible for the soldiers 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.<sup>138</sup> 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.<sup>139</sup>

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.<sup>140</sup> 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 whole time military officer under the

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<sup>131</sup> 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.

<sup>132</sup> Ibid.

<sup>133</sup> Ibid.

<sup>134</sup> Ibid.

<sup>135</sup> Bowman, Ian. *A Conservation Plan for The Rotunda, Otaki* (copy held at the New Zealand Historic Places Trust Library, Wellington).

<sup>136</sup> 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.

<sup>137</sup> Clarke, Russell. "Not mad, but very ill": The treatment of New Zealand's shell-shocked soldiers 1914 to 1939. University Thesis, 1991

<sup>138</sup> Ibid.

<sup>139</sup> Ibid.

<sup>140</sup> Carberry, Lieut-Col. A D . *The New Zealand Medical Service in the Great War 1914-1918.* 1924: 504.

Director General of Medical Services at both the Rotorua and Hanmer convalescent hospitals.<sup>141</sup>

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 sanatoria 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 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.<sup>142</sup>*

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.<sup>143</sup>

In 1919 the Department of Defence organised for the training of Medical Officers in psychotherapy to treat functional nerve cases.<sup>144</sup> Major Tizard and Captain Chisholm were dispatched to England for three months for such training.<sup>145</sup> Chisholm came to Hanmer on 19 December 1919.<sup>146</sup>

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.<sup>147</sup>

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<sup>141</sup> Ibid.

<sup>142</sup> 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.

<sup>143</sup> "Hanmer Springs, Unequaled for Neurasthenic Cases", The Press, 10 November 1917; 'Not Mad But Very Ill'.

<sup>144</sup> Clarke, Russell. "Not Mad, but very ill": The treatment of New Zealand's shellshocked soldiers 1914 to 1939. University Thesis, 1991. p91.

<sup>145</sup> Ibid.

<sup>146</sup> 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.

<sup>147</sup> Website <http://nzetc.org/projects/wh2/> - The Official History of New Zealand in the Second World War.

## DESIGN

### Soldiers Block

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.*<sup>148</sup>

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 Featherstone Camp.<sup>149</sup> 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 19<sup>th</sup> century in tea kiosks and band rotundas. Such octagonal designs for kiosks and rotundas were became fashionable in the late 19<sup>th</sup> 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 kiosks with octagonal or polygonal designs surviving in New

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<sup>148</sup> 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.

<sup>149</sup> 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.

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.<sup>150</sup> 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'.<sup>151</sup> 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.

The King George V Hospital at Rotorua and the Featherston military camp hospital were both constructed in 1915 and both employed an octagonal design.<sup>152</sup> It has been suggested that these buildings were designed under John Campbell, the Government Architect of the period.<sup>153</sup>

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.<sup>154</sup> 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 'floating ceilings'.<sup>155</sup>

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 19<sup>th</sup> and early 20<sup>th</sup> 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.

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<sup>150</sup> 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, Hanmer.

<sup>151</sup> New Zealand Historic Places Trust Register: Otaki Children's Health Camp Rotunda (formerly King George V Hospital), Category I Historic Building, Register Number 4098.

<sup>152</sup> Bowman, Ian. A Conservation Plan for The Rotunda, Otaki (copy held at the New Zealand Historic Places Trust Library, Wellington).

<sup>153</sup> Ibid.

<sup>154</sup> Ibid.

<sup>155</sup> Ibid.

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.

### **Chisholm Block**

Research to date for this assessment suggests that the Chisholm Block could be unique in New Zealand because of the combination of its style and setting. It has qualities of domestic design and its plan links with the Arts and Crafts style of architecture. Two hospitals in Wellington had similarities with the Chisholm Block, namely the Ewart Hospital c1905 (now gone) and, in particular, the Fever Ward c1918 at Wellington Hospital (now known as the Chest Ward/Hospital), although the latter had a two-storeyed central administration block. Medical practices at the Chisholm Block were considered innovative for their time.<sup>156</sup>

### **Morgue**

Research to date appears to show that there are no morgue buildings registered with the New Zealand Historic Places Trust. However, plans of various hospitals that have been reviewed suggest that most hospitals would have had a morgue. The design of the Morgue building incorporates architectural details that were common in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. The Morgue is similar to morgues that were at the Fever (Chest) Hospital in Wellington (two of which survive).

### **Rutherford Block**

Research to date suggests that the Rutherford Block with its radiating wards is representative of a type of hospital block built in the first half of the twentieth century. An article on 'The Changing Aspect of Ward Design' written in the late 1950s suggests that the older hospitals were mostly single storey and the more modern ones are multi-storey. At Queen Mary Hospital, the expansive grounds allowed for single storey buildings with extending plan forms as there was not the pressure to build upwards as there would have been on hospital sites in larger towns and cities. Nevertheless, it is believed that Rutherford Block was designed to potentially have a second storey.<sup>157</sup>

The concept of open verandahs, as used in the Chisholm Block, is used but to a lesser extent in the Rutherford Block. The ongoing problems with leaking roofs and the need for replacement materials suggests that there were design flaws in the building.

The geometric Art Deco features used around the building, especially at the main

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<sup>156</sup> Dr Robert Crawford, former Medical Superintendent, notes for registration proposal, held on file at the Christchurch office of the New Zealand Historic Places Trust.

<sup>157</sup> Martin Swarbrick, pers comm. 16/6/04.

entrances, are typical of a number of 1930s buildings, especially cinemas and some banks.

### **Fountain House**

The Fountain House Block incorporates similar geometric Art Deco features on the exterior as on the Rutherford Block. The design of the building catered for the public entering and purchasing tickets to use the baths, and also for patients staying at the hospital and receiving treatment. The plan of the Fountain House may have been designed to allow for utilising the foundations of earlier bathhouses. In other respects the function and layout of the building is probably representative of bathhouses and massage blocks of the time, although further research is justified to confirm this.

### **Gymnasium**

The design of the Gymnasium is interesting because its eastern end is quite different (in scale, roof height, off-set nature, and style) from the main western end. Plans dated 1929 show this building as the proposed new women's massage department and bathhouse, with the eastern end to be rebuilt incorporating the foundations of the earlier bathhouse. This would explain the off-set nature. The different style of the eastern end may be because that was the entrance area for the public whereas the area at the western end with cubicles may have been primarily for patients. Comparisons with the Rotorua treatment rooms suggests that the cubicle component, with electric points for treatment, and evidently piped mineral water to have shallow bathing areas, were typical of the time.

### **Nurses Home**

Research to date suggests that virtually all hospitals in New Zealand had accommodation for female medical staff, usually called Nurses Homes or Hostels. Accommodation for male staff was usually separate. The existence of a Nurses Home for female staff and a few female patients is therefore typical of the period. However, changes in the philosophy of hospital care in recent decades has meant that many nurses homes/hostels have been demolished and will become increasingly rare.

There is nothing to indicate that the style, design and materials used in the Nurses Home is anything other than representative. The surroundings of the Nurses Home, and interconnection with the Soldiers Block and Chisholm Block adds to its significance, however.

### **Other**

Further research is required on the technological component of the complex as a whole. Preliminary research suggests that the harnessing of the resources of the geothermal area for use in lighting, heating, and medical treatment is similar to the approach used at a number of other spas and the various guises of 'sanatoria'. The waters at Hanmer were

not considered to have quite the same make-up of health-giving properties as at some other places in the North Island, but it was the alpine setting that made it particularly special.

### **International Context**

Preliminary research indicates that the design of the Soldiers Block is not 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.<sup>158</sup> The principle of ‘open air’ sanatoria developed in the late 19<sup>th</sup> 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.<sup>159</sup> 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.<sup>160</sup> 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.<sup>161</sup> 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.<sup>162</sup> The Women’s Pavilion (Chisholm Block) 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.<sup>163</sup> In this respect, the Hanmer hospital is similar with its buildings for occupational therapy, its farm and garden.

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<sup>158</sup> Letter from Tony Calladine, and emails from Harriet Richardson both from English Heritage (UK), June 2004.

<sup>159</sup> Richardson, Harriet (ed). *English Hospitals 1660-1948: A Survey of Their Architecture and Design*. Royal Commission on the Historical Monuments of England. 1998: 145.

<sup>160</sup> *Ibid.*

<sup>161</sup> *Ibid*: 183-186.

<sup>162</sup> *Ibid.*

<sup>163</sup> *Ibid*: 150.

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